



# coalition magazine

**A Call To Action**

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**Summer 2017**

## Coalition—Summer 2017

Coalition, the official magazine of the Greater Manchester Coalition of Disabled People aims to act as a forum for debate, analysis, and expression of opinion on all issues relating to disabled people.

Coalition does not knowingly publish any material which is offensive or demeaning to other oppressed groups of people.

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**Front cover image**— Demo at Labour Party HQ, South London - Storming the Gates 1990's

**Contributors for this issue:** Brian Hilton, Eowyn Amath, Lorraine Gradwell, Sue Napolitano, Mathias Warrington, Brett Savage, Mercedes, Nicola McDonagh

## Editorial

First of all, apologies for the length of time it has been since the last issue came out. We have not been able to produce the magazine for a number of reasons (which have generally been resource and capacity issues). However, many of us have felt that the magazine has been sorely missed, and with some nudging from young disabled people on GMCDP's Shaping Our Inclusion project, we have decided to attempt to revive it.

There is currently a sense of renewal at GMCDP and we hope the magazine can be part of this process. We are one year down on the Shaping Our Inclusion project which is looking at developing younger members into future leaders of GMCDP. The new GMCDP website ([www.gmcdp.com](http://www.gmcdp.com)) has just gone live and as part of a recruitment drive, membership fees have been temporarily suspended, meaning that people can become a member of GMCDP for free. It is vital for GMCDP as an organisation and for a wider disabled peoples movement that we come together to share our ideas and experiences, whether that is in person, online or in the pages of the magazine.

So what delights does this edition of the magazine have to offer? Well, there is an update on GMCDP's Shaping Our Inclusion project, the return of the caustic wit of The Sting and a look at how 'Disability' is portrayed in the hit TV series Game of Thrones. We also have 'Call To Action' an article which has some suggestions on how GMCDP members (new and older) can get involved and last but not least we have 'Attack of the Assisted Suicides'

On the page opposite, we have a summary of the Manifesto that GMCDP alongside other Greater Manchester Disabled People's Organisations developed this year. The Manifesto will underpin the organisations direction going forward. The full manifesto can be found on our new website. The manifesto is intended to be a 'living document' which will be continuously added to as time goes on.

We now have a new, improved website. Its the same web address as the last one ([www.gmcdp.com](http://www.gmcdp.com)) but we have re-vamped the content and we think it looks a lot better. If you have any feedback on the website, please get in touch with us.

We do hope that you enjoy this magazine. For its continued survival, it will need contributions. These can be in the form of articles, poetry, cartoons etc. If you would like to submit something for a future issue, please drop us a line. Contact details can be found on the inside cover of this magazine)

# Greater Manchester Coalition of Disabled People's Disabled People's Manifesto

During the summer of 2017, GMCDP has developed a Disabled People's Manifesto in the run up to the election of the new Greater Manchester Mayor. The manifesto has been developed in collaboration with our membership and other local Disabled People's Organisations.

The manifesto had been sent to all the Mayoral candidates, urging them to work with and for disabled people by signing up to the Manifesto. In May 2016, Labour MP Andy Burnham was elected as the inaugural Mayor of Greater Manchester.

The manifesto concentrates on the areas of power and influence that the new mayor will have. Topics include Independent Living, Housing, Inclusive Further Education and Skills Sector, Transport and Disability Hate Crime. The complete Manifesto can be viewed online at [www.gmcdp.com/manifesto](http://www.gmcdp.com/manifesto), but the following brief summary picks out some of the key issues and themes.

**Independent Living:** Various initiatives to ensure that disabled people have the same choice and control as other citizens, at home, at work, and within the community. A key ask is for the new Mayor to lobby central government for a replacement to the Independent Living Fund.

**Housing:** Various asks that promote disabled people right to live in our own homes and that these homes be accessible and enable us to live independent lives. A key ask is for the new Mayor to champion ambitious, but achievable quotas and targets in relation to accessible housing and housing that is capable of adaptation.

**Education:** We ask that the new Mayor promote Inclusive Education across the Further Education and Skills Sector (FESS) within Greater Manchester, in compliance with the United Nations Convention on the Rights of Persons with Disabilities. Also make it a requirement that all adult education establishments provide fully accessible 'entry level qualifications' and numeracy and literacy courses.

**Transport:** We call upon the new Mayor to use their powers of enforcement to ensure that disabled people have increased and monitored access to all forms of transport. Also, that in collaboration with DPO's, the Mayor hosts a "Disabled People's Transport Summit" within the first 18 months of taking up post.

**Other Areas:** There are also key asks in relation to tackling Disability Hate Crime, on Access (built environment & outdoors) and on Information and Communication.



## A Call To Action



Greater Manchester Coalition of Disabled People has a long and proud history of campaigning for the rights of disabled people. It's fair to say that in the 30+ years of our existence, that we have been one of the most active, effective and well respected disabled people's organisation in the country. All of this has been achieved in no small measure by its members.

One of the most important things that any organisation should guard itself against is resting on its laurels and falling into complacency. It is massively important that our organisation remains at the forefront of disability issues and politics and is actively engaged with the disabled people's movement.

To encourage more disabled people to join, we have decided to suspend membership fees for the time being in the hope that we can swell the membership of the organisation. Maybe you have just joined GMCDP and are wondering how you could get more involved

### **Sign 'em up!**

Do you know of any disabled people in Greater Manchester? How about convincing them to join with us? There are approximately 500,000 disabled people living in Greater Manchester. Wouldn't it be great if we could get if we could get a large portion of them to join with us?

Now is probably a great time as membership will be free for the upcoming year. Joining up on the new fangled website should be really easy to do, but we will still have the traditional membership forms too. Failing that, you can always give us a ring or drop us an email.

As always, we aim to meet everyone's access needs, so all of our materials are available in a number of accessible formats.

## **This Magazine!**

As a grass roots membership organisation, we rely on our members getting involved. There can be many ways to do that. Do you have skills that you can lend to the organisation? For example, could you submit something for this magazine (that could be an article, poetry, a cartoon etc... so long as it follows the central theme of disability issues)? Would you be interested in joining the Magazine Working Group, that decides, edits and puts together the magazine? Would you be interested in taking photos for GMCDP?

## **Support our events and workshops!**

GMCDP regularly holds fully accessible events and workshops. These events can be informative and fun. Find out what is going on the website. Sign up to our online newsletter to keep informed.

## **Leadership and the Executive Council**

GMCDP's executive council is elected from the membership by the membership and plays a crucial role in deciding the strategic direction of the organisation and takes the lead on the key areas of activity. There are different roles within the Executive council. Any member of GMCDP can nominate themselves to join the Executive council at the Annual General Meeting – but if you are interested, you can go to the meetings as an observer.

## **Social Media**

GMCDP has both a Facebook and Twitter account. Why not join us and get involved with the conversation? Could you 'live Tweet' at one of our events?



## **Drop us a line**

If any of these things appeal to you, get in touch with us on 0161 636 7534 or email us on [info@gmcdp.com](mailto:info@gmcdp.com)

# The Sting: Entitled liberals just don't care

By Scorpio



After the chaos, confusion and turbulence of the recent election it's important to look at what it all means for disabled people. Let's start by highlighting some of the positives to come out of the last two months (I know it does seem a lot longer, doesn't it?).

The newly elected House of Commons is the most diverse ever. Record numbers of women, black and minority ethnic, LGBT and disabled people are reported to have been elected. Amongst them are Marsha de Cordova and Jared O'Mara who are disabled activists.

Turnout at the election was at its highest since 1997, with young people, in particular, enthusiastically participating. Whilst no official figures are available, with #cripthevote regularly trending on social media it seems that disabled people were also significantly involved.

All the major political parties produced

manifestos aimed specifically at disabled people and the majority were made available in a variety of accessible formats. The Labour Party's manifesto, 'Nothing About You Without You', broke new ground by committing the Party to adopting the Social Model of Disability.

For many of us, the government losing its majority and the declaration of the end of austerity was by far the highlight. However, it's probably best to exercise a degree of caution at this point as it's still unclear what's going to happen to the billions of pounds of cuts still to be delivered from previous budgets.

So far, so good...

But that's about it for good news, because in spite of thousands of printed column inches in the newspapers, hours of television broadcasts and endless online ads and social media traffic disabled people rarely featured in the



campaign.

Even the admission by Penny Mordaunt (Minister for Disabled People) that we are the most discriminated against section of society, including by government, barely received any attention let alone condemnation.

Occasionally our issues were highlighted, but usually in relation to the mainstream agenda; for example when Tory candidate Dominic Raab was challenged by a disabled woman, during a broadcast, about the failure to support independent living his arrogant, dismissive, reply ('that's just a childish wish list') was seen as part of the magic-money-tree narrative rather than an example of the failure of social care. Raab was rewarded for his rudeness by being promoted to Minister after the election.

Social Care did become one of the biggest issues of the election but we continued to be ignored. The focus was on the 'dementia tax' proposed by Theresa Mayhem and the resulting outcry emanating from the entitled elite worried that they would lose their 'right' to pass on their home to their children. Barely a murmur about Mordaunt's announcement that disabled people could face being forced into institutional care. If we're going to do the time let's make sure we do the crime and choose prison as our institution rather than an abusive home.

The sense of entitlement also reared its ugly head in the Green Party manifesto in relation to assisted suicide. At the time we are continuing to fight Do Not Resuscitate orders and court decisions on quality of life being used to remove treatment we don't need doctors being



moved from life-savers to life-takers. Perhaps the most depressing aspect of the election could be found on social media. The number of disabled people proclaiming their support for the Tories was astonishing, especially as their rationale was that they hadn't been personally affected by cuts and the belief that only scroungers and fraudsters had seen their benefits and support services removed.

The quietest input into the election came from the parasite disability charities.

Many claimed that revised charity rules prevented them from speaking out. Others were unable to be critical because they have accepted the 30 pieces of silver and jumped willingly into bed with the government.

Above all it was disheartening to see just how many progressives and historical allies were either unaware of, or unconcerned by, the dehumanisation and demonisation we have faced for much of the last decade.

So now is the time for us to reflect upon how we build upon the positives and tackle the negatives. One thing is for sure, if we don't reinvigorate our organisations, renew our fight and build fresh alliances then we will continue to be pushed out of society. The fight for a free, just and equal society was never more urgent.

# Attack Of The Assisted Suicides And The Sharp Bite Of Austerity

By Brian Hilton

## Olden Rhymes - Modern Times

Little Miss Muffet sat on her tuffet  
Eating her curds and whey -  
Along came a doctor  
Who sat down beside her  
And administered a lethal injection

Say NO to Assisted Suicide



At times, most of the time in fact, it feels like disabled people are under attack.

The most visceral line of attack comes at us via the austerity agenda. The narrative which has been spun by successive governments says that disabled people have had it too easy for too long, that we are bleeding the country dry and that we are unsustainable and an unacceptable expense.

Rights, benefits and services have been under a sustained attack for over a decade now. There was the introduction of a punitive Workfare Programme and the equally insidious bedroom tax. There have been cuts to Disabled Students Allowance, cuts to Access To Work, the closure of the Independent Living Fund and the rationing of Social Care.

There are also the cuts disguised as 'reforms', which are relentless and ongoing. These include the introduction of Employment and Support Allowance to replace Incapacity Benefit, and the change from Disability Living Allowance

to Personal Independence Payment.

So, at a time when we are facing an erosion of our most basic support, it seems a perverse irony that there is increased lobbying for the introduction of Assisted Suicide legislation here in the UK.

Disabled People need support to live, not assistance to die!

I can't think of a single regional or national Disabled People's Organisation, or any of the big Disability Charities if it comes to that, who support the introduction of Assisted Suicide legislation.

It is not only disabled people who oppose Assisted Suicide. The 'British Medical Association, The Association for Palliative Medicine, and The Royal Colleges of Physicians, GPs and Surgeons are all opposed to changing the law in relation to Assisted Suicide.

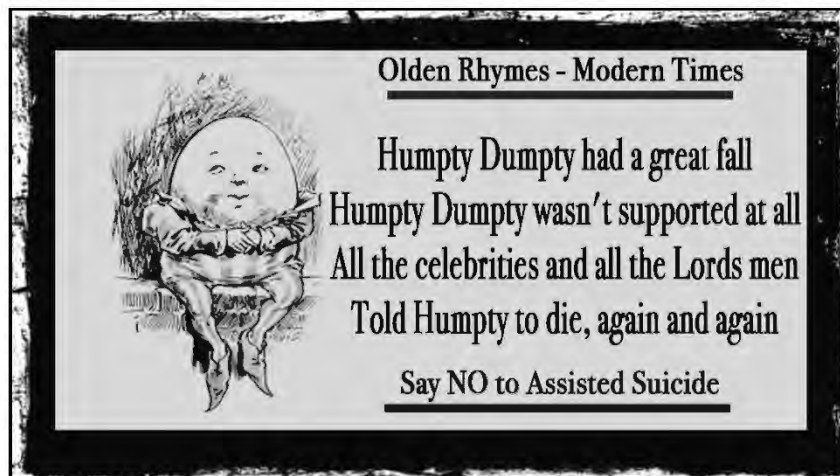
I must admit I have come a little late to the party. I was aware that Assisted

Suicide existed in other countries and vaguely aware that there was opposition to it. However, I slowly I became aware that the stories being reported in the media calling for Assisted Suicide to be made legal in the UK were increasingly using disabled people as the justification for a change in the law. Stories about previously strong, independent men and women (mostly men, mostly white men, mostly white middle class men) who are in constant pain, can no longer walk, or grip a knife and fork or wipe their own bum. Then it hit me, they're talking about me, they're talking about us, they're talking about disabled people being the rationale for why we need Assisted Suicide.

This, for me, is the scariest aspect of Assisted Suicide. Either it is a free for all, and anyone who for whatever reason can decide 'I've had enough' and have the state end their lives, or we decide there should be certain people, certain impairments, a list of desirables and undesirables, a good list and a bad list, those who should live and those who should die!

Many supporters of Assisted Suicide claim that disabled people's opposition to Assisted Suicide is irrelevant because any such legislation would only apply to people who are terminally ill with less than six months to live, and that safeguards would be put in place to protect the vulnerable (I think that means people like me).

However, our concerns are relevant, because we have the evidence from countries like Belgium, Holland and parts of the USA where Assisted Suicide is



already lawful. In almost all cases there has been some kind of 'mission creep' on the criteria of who is eligible. It follows a similar pattern. At first it is limited to those with 'less than six months to live', then is extended to those in 'chronic pain' and eventually encompasses those found to be experiencing 'unbearable suffering'. All such criteria is subjective and ultimately divides society into those deemed worthy to live and those deemed not worthy of life.

So, we vehemently oppose legislation that would give the state the power to end our lives through fear and coercion, and which is then sold to us as 'choice'.

I am not oblivious or unmoved by people who are in constant pain, discomfort or distress. However, I do not believe that the state has any business in assisting its citizens to die.

Imagine the power we could harness if all those, either for or against Assisted Suicide, could instead turn their energies to fighting for better support and palliative care for all.

As they say, United we stand, divided we fall ...

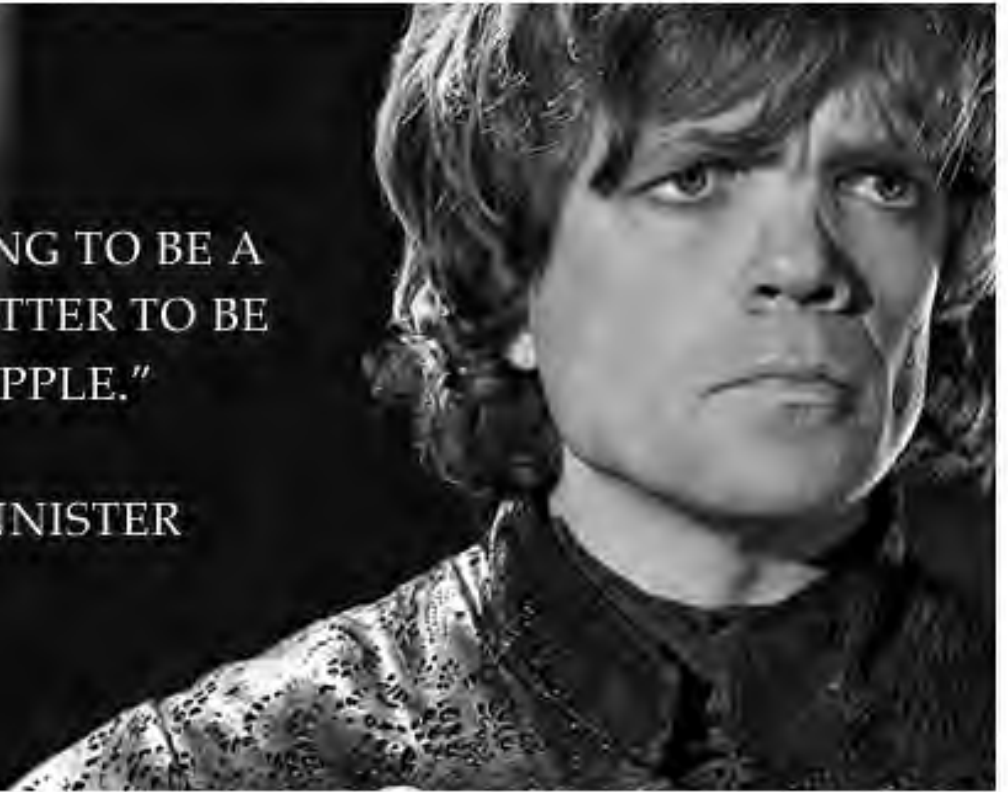
For further information about disabled people's opposition to Assisted Suicide, visit: [www.notdeadvetuk.org](http://www.notdeadvetuk.org)

# Game of Thrones: A Disabled Person's Guide to Westeros

By Brett Savage and Mathias Warrington

"IF YOU'RE GOING TO BE A  
CRIPPLE, IT'S BETTER TO BE  
A RICH CRIPPLE."

TYRION LANNISTER



For those not already in the know, Game Of Thrones is a fantasy series written by George RR Martin which has subsequently been adapted by HBO into a longform television series. This article focuses mainly on the TV adaptation rather than the original book versions.

Set in the fictional continents of Westeros and Essos, Game Of Thrones essays a feudal society based upon the War Of The Roses and Seven Kingdoms of England (although this society also has dragons, zombies and other magical elements). These different societies in Game Of Thrones do represent a lot of historical values which could be best described as Medieval, reflected clearly in their views on disability issues.

What is interesting about Game Of Thrones is that several of the main characters are disabled people. Not only that, attitudes against disabled people

are often highlighted as being the barriers, rather than their impairment. In that sense, Game Of Thrones recognises the social model of disability.

Arguably, Tyrion Lannister is one of the most crucial characters within the series. Although hailing from one of the most powerful and richest families in the land, Tyrion is often derided for being an 'imp'; Tyrion identifies as a Dwarf (this how he refers to himself in the show). For all of his life, Tyrion is often just tolerated because of his family's status. As a result, he decides to live a life of excess, resigned to the fact that he would not be accepted by the society that he lives in.

The rest of his family are groomed for success: his sister Cersei has married the usurper king to become queen; his brother is a high ranking soldier. It is often suggested within the family that Tyrion is best kept occupied in the

twilight world of his hedonistic pursuits. It is also clear that Westerosi society considers Tyrion as someone who shouldn't be taken seriously, and he is often the butt of a lot of public jokes and demonisation.

On the orders of his overbearing father, Tyrion becomes the 'Hand of the King' (essentially the advisor to the king) when his tyrannical nephew becomes the king. It is here where Tyrion demonstrates his canniness, his understanding of the wisdom of crowds and tries (not always successfully) to reign in King Joffrey's rampant sadism. It is often through Tyrion's clear thinking strategies that Westeros maintains a fragile order, often without any kind of credit.

Tyrion has become a firm favourite with fans of the show. Many have praised him for being a fully rounded character rather than a clownish buffoon, who despite occasionally coming unstuck, often uses his quick thinking and charming personality to come out on top. He is also in possession of a fine wit, often delivering the best lines in the show. It has also been noted that Tyrion is presented as a fully sexualised disabled character, which is almost unique in most forms of media.

It is also Tyrion who feels most sharply disability as societal barriers - whether they are the low expectations and limitations set by his family, or through the derision and fear that he faces from the public. When facing his father on trial for being accused of poisoning his nephew, the king, Tyrion says:

**Tywin:** "You admit you poisoned the king?"

**Tyrion:** "No. Of that I'm innocent. I'm guilty of a far more monstrous crime. I'm guilty of being a dwarf".

**Tywin:** "You are not on trial for being a dwarf."

**Tyrion:** "Oh, yes, I am. I've been on trial my entire life".

In the first episode of Game Of Thrones, Brandon Stark is pushed from a castle keep. When he wakes from a coma, he is told that he will never walk again. Coming from a family of warriors, this sends Brandon into depression and much doubt about his future. It is in solidarity with Brandon that Tyrion offers him some plans for an adapted saddle, offered with the notion that he has 'a tender spot in his heart for cripples, bastards and broken things'. Here Tyrion is identifying with the common barriers that they both face beyond their impairments, because of the society they live in. Brandon goes on to play a pivotal role in the series as it turns out that he has psychic powers which are hinted to play a vital part in the show's final supernatural battle.

Interestingly, although Brandon Stark is played by a non disabled person, he has recently spoken out about the under representation of disabled actors in both film and television.

It may well be a well worn trope for characters to gain an impairment and become more sympathetic as a result, but Game Of Thrones does use this to highlight that disability is felt more sharply as societal barriers as opposed to focussing solely on impairment.

At the start of the show, Jaime Lannister (Tyrion's brother) is portrayed as a

thoroughly unlikeable, arrogant and entitled brat. He is famed for his prowess with the sword and holds one of the highest military titles in the land. He is also the person responsible for pushing Brandon Stark out of the castle's keep, which he does with a callous nonchalance. On being captured, Jaime pushes his family name and luck too far and gets his famous sword hand lopped off by a mercenary. Directly after this, Jaime becomes despondent and questions his place in the world. Soon after, Jaime rescues his chaperone from a brutal attack. This begins a redemptive arc for Jaime, although he is never shorn of his unshakeable self belief and entitlement. He continues to serve militarily, but realises that he will never be the swordsman that he once was. This is a fairly unique take in fiction, as often times this brings about the 'super crip', where the character will overcome any deficit through a sheer act of will, and in this case, be able to wield the sword with his other hand, just as well as he did before his impairment. This forces Jaime to think in more strategic terms and be less ruled by his whims. Although it can be said that impairments can be used to illicit sympathy too readily in a story, it could be argued that here they highlight the barriers in an unforgiving world.

Disfigurement is a theme that is used throughout Game of Thrones, and it is often used as a symbol for people who are shunned or marginalised in society. Princess Shireen is hidden away from view, lest she bring shame on the family. The Hound is judged on his appearance as a fearsome enforcer, his appearance is considered to be horrifying. In both respects, the characters are seen as the 'other' and different from the rest of society. Both characters reflect upon this



throughout the show.

One thing that these characters have in common is that they are all from powerful families (in the Hound's case - he works for a noble family) so this might have some effect on the barriers that they might face.

Game of Thrones is fairly unique for a mainstream television show in the fact that it features disabled people as main characters (although they are not always portrayed by disabled actors). Disability is often framed in social model thinking, highlighting societal barriers over impairment. Negative attitudes in society are the barriers, not the impairment itself.

Are we starting to see a more enlightened view of disability issues in mainstream TV? Well, I wouldn't hold your breath – but Game Of Thrones, although by no means perfect— (some of the terminology can certainly be a bit raw) has shown that it is possible to frame these issues in an organic way whilst still servicing the story.



# A Rose By Any Other Name...

By Lorraine Gradwell

'A Rose By Any Other Name' was originally published in Health Matters in 1999. We at Coalition Magazine thought that it was a timely reminder to discuss some of the terminology that is used within the disabled people's movement. This article, and many others, have been collected in Lorraine's book 'A Life Raft In A Stormy Sea'. There is a link to buy the book at the end of the article

...would smell as sweet. Of course. The implication being that the substance or content is the same, no matter what the name. And in a superficial sense this is true. As a disabled woman I remain the same person no matter what you call me — or do I?

I often get called a 'service user' or 'client'; I rarely get called 'handicapped' these days but I have been called 'cripple!' in the street. And at the airport I was called a 'wheelchair Charlie' by the ground crew. My children call me Mum.

In truth, the names we get called — and the status of the people doing the naming — can have an enormous impact on our lives. As another old saying goes 'mud sticks', and if you refer to someone in a particular way for long enough then both the named and the namer come to absorb the underlying message which describes and categorises a person or group of people.

Disabled people have traditionally been 'named' by the medical, welfare and charitable powers and described in terms of what is 'wrong' with us. Many names which are now seen as insults are derived from medical terminology — mongol, spastic, cretin, idiot — even the more generic 'invalid', 'handicapped' and 'disabled' have roots in negative concepts of being at a disadvantage, being neither valid nor able. Language is a moveable feast and the

disabled people's movement has been built on an examination of what it really is to be a disabled person. Disabled people have debated and analysed their situation and arrived at 'the social model of disability'. This is in contrast to the 'medical model of disability' which says that the individual has something wrong with them (eg, they cannot hear) and because of that they are unable to carry out a whole range of activities, such as holding a conversation and using the telephone.

The social model says that all people are different but that society does not take account of everybody's differences; so, for example, if all children learned British Sign Language (BSL) at primary school then deaf people would not need to lip-read and use interpreters. If the existing technology which produces text telephones were incorporated into everyday phone systems then deaf people would have access to this form of communication. The people would be unchanged, no miracle cure needed, but the barriers would be removed.

This rather simplified explanation demonstrates that the social model provides the solution to most, if not all, of the exclusion that disabled people face. If society were to remove the barriers that it constantly places before us, then the disability would be removed. The disabled people's movement has adopted the words 'impairment' and

'disability' to describe ourselves and our situation. It is important to understand the distinction.

Disability is the disadvantage or restriction of activity caused by a society which takes little or no account of people who have impairments and thus excludes them from mainstream activity. Impairment is a characteristic, feature or attribute within an individual which is long term and may or may not be the result of disease, injury or congenital condition.

Disabled people, then, are those people with impairments who are disabled by society, this includes people with physical impairments, people with visual impairments, deaf people, people who are hard of hearing, people with learning difficulties and people who have or have had mental health needs or mental distress. Impairment neither causes nor justifies disability, which, like racism or sexism, is discrimination and social oppression.

It is easy to see why the term 'people with disabilities' is unhelpful — it implies that we 'own' the disability, while it is society which disables us.

I was once in a conference workshop explaining the social model and a participant shook his head and said, "Phew, that's a bit heavy isn't it?" Well, maybe it is, but without a clear analysis of what it means to be a disabled person and, leading on from that, some commonly held understanding of where the problems arise and how to tackle them, then the situation of disabled people in our society will not improve.

The social model also requires that, instead of grouping disabled people into,

for example, deaf people, blind people, wheelchair users and so on, and trying to identify solutions for individuals, we look instead at the common barriers which exclude disabled people from mainstream activities and services.

These barriers can generally be grouped under three headings, namely, physical, organisational, and attitudinal. Physical barriers are steps, stairs, inadequate signs, lack of visual fire alarms, and so on, while organisational barriers are the systems and processes which exclude us, even though the environment may be accessible. A classic example is the 'accessible' toilet, stuffed with mops and buckets (go and look). Or maybe your organisation has text telephones, but neither trains staff to use them nor proactively publishes their availability.

Finally, attitudinal barriers underpin all the others, and continue to discriminate against disabled people in all walks of life. There is plenty of research to show that the attitude of employers, for example, is a major reason why disabled people do not get jobs. The traditional view of disabled people, as passive, dependent, and needing care, prevails in all walks of life, and assumptions are made about our wants and needs. We are not necessarily thought of as partners and lovers, parents, or children of elderly dependent parents. These stereotypes influence service planning and delivery and ensure that disabled people continue to be excluded from mainstream provision.

In terms of healthcare and the widest range of health services, disabled people are seen in a very particular way. Thus it is that no matter whether I present at the clinic with athlete's foot or pregnancy, it's all viewed via my impairment. Services

aimed specifically at disabled people — rehabilitation services, for example — are generally designed and implemented in an accessible way, but mainstream services are a different matter. First, disabled people need to know that the full range of healthcare services is accessible to them throughout their lifetime, from school clinics and ante-natal care to sports injuries clinics and services for elderly people. Second, disabled people need to be confident that they can accompany and support their children, friends, partners and parents in their access to healthcare.

This is, of course, a pretty tall order and if it is tackled from the medical model approach it will never come remotely close to being achieved. The social model, however, requires the removal of barriers, and once removed the benefits apply to many, many people, not just a single person.

In order to remove barriers we must first identify them: this is not the simple process it might seem. Many physical barriers are easily noted — those steps at the front entrance, the poor lighting in the main corridor, the lack of an induction loop at reception — but it is easy to overlook other physical barriers, while organisational and attitudinal barriers are much harder to identify and move.

Expert input is required from disabled people's own organisations which have built up a wealth of experience in this area (for a local contact call the UK Disabled People's Council) and can often provide advice and training on all aspects of access.

As Humpty Dumpty said: 'A word means exactly what I intend it to mean, no more nor less'. In terms of planning, delivering,

monitoring and evaluating services it is essential that we all understand the terminology we use, and this is why definitions are so important; they underpin our understanding.

The social model is still a new way of understanding the situation of disabled people, and requires a whole new mind-set for many people. But the last century has surely demonstrated that the medical model has done practically nothing to effect change for disabled people. The tremendous changes of the last fifteen to twenty years in relation to our activities and access to mainstream society demonstrate the success and validity of the social model.

And finally: people often reveal one of their greatest worries as 'saying the wrong thing'. Don't let this stop you exploring the issues with others — by 'saying the wrong thing' you will enter into discussion, exchange ideas, and widen your understanding. Above all, have the debates and make the changes.

**A Life Raft in a Stormy Sea: Everyday Disability Politics Rooted in the Social Model: Volume one: The Collected Works of Lorraine Gradwell**



Is available at:

<https://www.amazon.co.uk/Life-Raft-Stormy-Sea-Disability/dp/0957260679>

# Shaping Our Inclusion

GMCDP has a long history of being led by strong activists, and our Shaping Our Inclusion project is centred on working with young disabled people who would continue this and are interested in activism, campaigning and leadership. We are working with young people (under 30) to get involved in the organisation and take on roles such as Executive Board members, leaders, trainers, representatives and activists. Having been around for over 30 years, GMCDP is looking to recruit young people who will become the future of this organisation.

## Is this project for you?

Ideally, we are looking for young disabled people who:

- Are aged 18-30
- Live in Greater Manchester
- Want to make a difference for disabled people in Greater Manchester
- Who want to develop their skills in activism (e.g. leadership, project management, strategic thinking, representation, training and campaigning)
- Are politically active (or would like to become more politically active)
- Are willing to promote the Social Model of disability

## What happens if I get involved with the project?

This project provides training and development opportunities throughout the year, and the areas participants can get involved in can be shaped by their own personal interests and experience. Below are just some of the areas you can get involved in:

Primarily, this project is focused on areas



Shaping Our Inclusion members asking new Greater Manchester Mayor Andy Burnham at a round table event held by GMCDP

of leadership, campaigning, strategic thinking and governance. The project meets every fortnight (alternate daytime and evening meetings, to allow everyone the opportunity to attend at least one meeting). We discuss and plan our activities (e.g. upcoming campaigns) but also discuss our thoughts on current day politics, theory and positions of the coalition (e.g. our stance on inclusive education). These meetings tend to be very lively, interesting sessions, and more often than not take place over pizza.

This project is great for both personal development and building skills and experience, but also for you to get involved in a grass roots organisation, and play a true part in the work we do. We are one year into the project so far, and the following is just some of the work project participants have been doing:

- Attended the Labour Disability Roadshow representing the Coalition, and sat down at the table with Jeremy Corbyn, Rebecca Long– Bailey and Debbie Abrahams, discussing areas such education, health and social care



Shaping Our Inclusion member Mathias Warrington speaking to Rebecca Long – Bailey MP at Labour’s Disability Roadshow event in October 2016.

which went on to inform the Labour Party's disability manifesto 'Nothing About You, Without You'

- Worked with the Coalition to help organize, develop and run a Hustings event for the Greater Manchester Mayoral Candidates. Also got together to create questions which they would like to be asked of the candidates at the Hustings
- Helped to arrange a roundtable session with Andy Burnham MP, and asked questions of Andy Burnham directly during the roundtable. One project member impressed Andy Burnham with their question so much, he arranged to have a follow up meeting with them, and they appeared in his manifesto for the GM Mayor campaign
- Participants contributed to our Disabled People’s Manifesto, which was distributed to all the GM Mayor candidates

- Have attended consultations with various organisations, including Contact Theatre

- Have established a Young Disabled People’s Sub Group, which is a formal governance structure made up of young disabled people, members of GMCDP and Executive Board members. This sub group looks at strategy and planning within the organisation for anything which will affect young disabled people

**How do I get involved?**

If this sounds of interest to you, get in touch with one of our project officers, and we can meet up either at our office or in your local area to discuss it further:

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Greater Manchester Coalition of Disabled People has a new website

Go to:

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

**GREATER  
MANCHESTER  
coalition  
—of disabled people—  
G M C D P**



## Poetry Corner

Eureka!!!

Awakening ... liberation ... revelation ... transformation ...

“Training The Trainers”

First day there,  
Nervously listening  
What do I hear?

All these years believing ...  
“you can’t see ... you can’t ...” do that,  
What rubbish they’ve fed me ...  
Oppressors the lot.

I can if they give me  
Their info on tape  
I can if they believe  
I’m worth more than shit.

So bring on the wonderful  
Social Model here ...  
My “road to Damascus”  
So bright and so clear.

Its not “my fault”  
The responsibility is theirs  
To remove the barriers  
And let us all in!!

**Eowyn Amath 1994**

I wrote this poem shortly after my introduction to the Social Model of Disability at a GMCDP Training The Trainers course in 1993. In these days of many organisations (including local authorities, large charities ‘for disabled people and even political parties) saying they have adopted the Social Model but still not quite ‘getting it’, I found it re-assuring to read this poem again and remember what a hugely significant and life-changing day that was for me.

**Eowyn Amath 2017**

## **Special School #2**

Rigid callipers locked down my eight-year old legs –  
I couldn't get up: no help from the nurse,  
    'You have to learn' she said.  
Shooed everyone to breakfast, leaving me alone.  
    The dust was thick down there.  
    And the fluff. It was grubby, at school.  
    I wasn't hurt, was used to falling:  
My crutch would slip, my leg twist, and down I went.  
    My mam would have helped me: or my dad:  
    And it would have been cleaner at home.  
The furniture was lower, the floor nearer somehow,  
    More familiar than this bleak dormitory  
    With its tall hospital beds; and metal lockers;  
    And nothing to hold on to.  
I'd sold myself a pup, a dream of friends and fun:  
Midnight feasts, stern but kindly matrons, jolly japes,  
    Escape from a caring, cloying home.  
I sat on the floor, alone, wondering 'what next?'

**By Lorraine Gradwell**

## **My Place**

I don't want to live in bungalow land,  
On the outer edges of the urban sprawl,  
In a place designed for people-like-us  
Kept safely separate, away from it all

I want to live in the pulse-hot thick-of-it,  
Where the nights jive, where the streets hum,  
Amongst people and politics, struggles and upheaval,  
I'm a dangerous woman, and my time has come

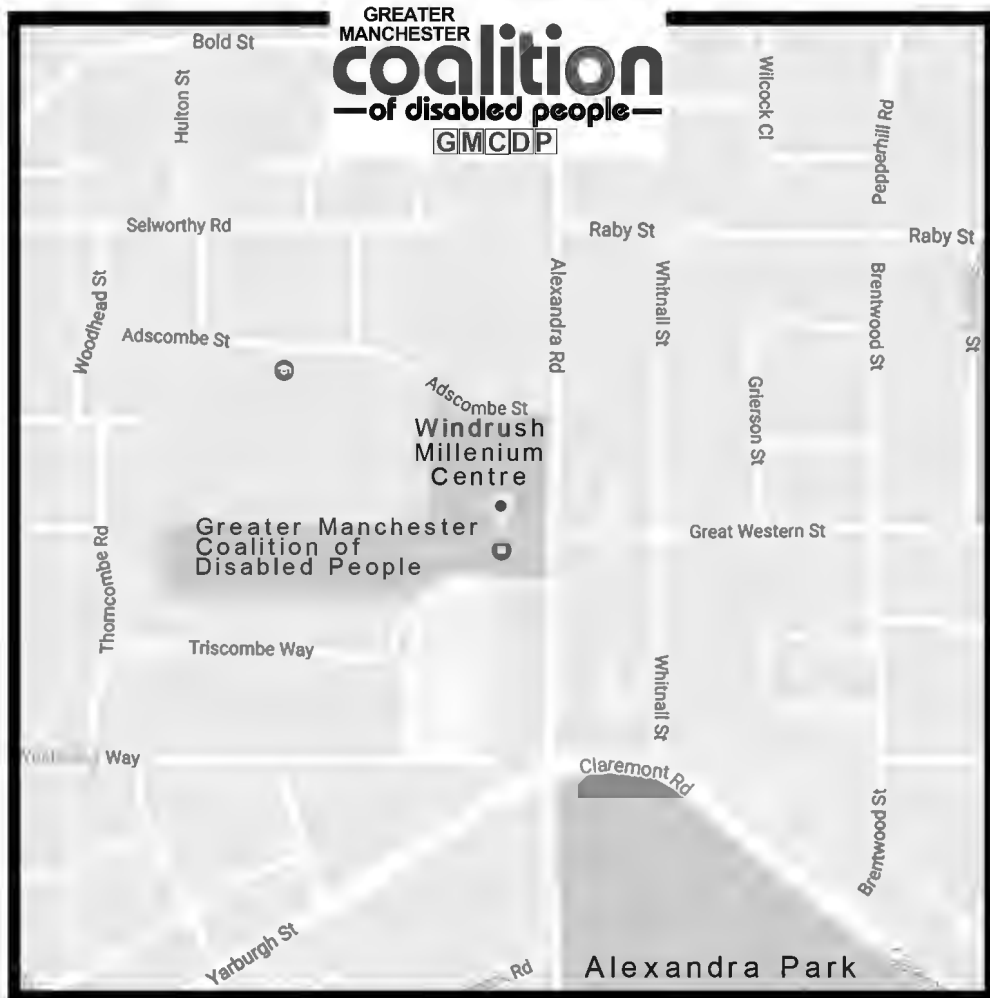
**By Sue Napolitano**

When they said I had autism,  
They said I had no imagination,  
They said I couldn't understand people,  
They said I had no empathy,  
They said I only thought about myself.  
They called my passions obsessions,  
They called my anger meltdowns,  
They called my body clumsy,  
They called my thoughts disordered.  
They called me a burden,  
They called me an inspiration.

When I ran away from my abuser,  
They said I didn't understand danger,  
They said I couldn't feel love,  
They said I had no common sense,  
They said that I was over sensitive.  
They said I didn't know my feelings,  
They said I didn't have any,  
They said the ones I had were wrong,  
They said a lot of things but they never asked me.

When I said I was autistic,  
They said I was faking it,  
They said it wasn't 'real autism',  
They said It wasn't a valid excuse,  
They said I should get over it,  
They said I was mistaken,  
They said 'It must be very mild',  
They said I 'cope so well with it',  
They said I'm nothing like their child

**By Mercedes**



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