



Disability awareness

DLF Factsheet

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INTRODUCTION

The Disabled Living Foundation (DLF) is contacted each year by many people studying different aspects of disability as part of their course work or for their own personal development. This factsheet has been written to give some insight into the issues surrounding disability, particularly focusing on the ways in which disability in society today continues to be a barrier to achievement and equality.

Disability affects all age groups. The Department of Social Security Research Report Disability in Great Britain (published in 1999) puts the number of disabled people in Great Britain at nearly 8.6 million. Some disability groups argue that this figure is too low, as many people may have been excluded from the statistics because of the problems of defining disability. Although attitudes towards disabled people and other minority groups within our society are changing and becoming more positive, there still seems to be an immense lack of understanding about disability. It is often assumed that all disabled people are the same, reinforced by the term the disabled - and how often disabled people seem to be portrayed (particularly in the media) as disadvantaged individuals whose disabilities cause suffering.

However, disabled people have found their voice, particularly through organisations that are set up and run by disabled people - often referred to as the

Disability Movement. Many disabled people argue that society should not be categorised into what is normal and abnormal or different - after all, who and what determines the parameters? When, for example, does having difficulty walking qualify an individual for disabled status? Many people will be affected by illnesses or accidents that will cause temporary impairment at some stage in their lives. Therefore the ability to carry out activities in a variety of different ways should be recognised as being part and parcel of everyday life. The fact that an individual has a disability should not be seen as implying a lack of ability or intellect. It is the environment that imposes the constraints that prevent disabled people from running their lives in exactly the same way as non-disabled people, and it is discriminatory attitudes and ignorance that prevent disabled people being offered the opportunities given to their non-disabled counterparts.

WHAT IS A DISABILITY?

There are several ways of defining disability. The two most widely used definitions are the medical model and the social model (the social model being the one most disabled people themselves, generally, prefer as this emphasises the social restrictions that can prevent disabled people from having an equal opportunity to take part fully in all aspects of life).

The medical model

This definition of disability was composed by the World Health Organisation (WHO) in the early 1980s. This definition defines impairment, disability and handicap as follows:

- **IMPAIRMENT** - loss or abnormality in structure or function;
- **DISABILITY** - inability to perform an activity within the normal range for a human being, because of an impairment;
- **HANDICAP** - inability to carry out normal social roles because of an impairment/disability.

These definitions were initially derived for the convenience of medical personnel. They reinforce the misconception that disability is allied to ill health and that disabled people need the care and attention of the medical profession. These definitions also put the responsibility for functional inability with the disabled person and imply that the answers to solving the problems that arise from living with a disability lie with the medical profession.

The social model

The social model looks at the way in which the lives of disabled people are affected by the barriers that society imposes. Having a disability certainly implies that there is some functional

limitation that has been caused by an illness, accident or medical condition. In some situations, the limitation is accommodated, i.e. person with hearing loss may use a hearing aid to restore his/her hearing; short sightedness can be corrected by wearing glasses or contact lenses. Day-to-day activities may be more difficult for a disabled person because of pain, difficulty in moving or communicating, or because of a learning disability, but an accepting and accommodating society would significantly reduce the effects of disability.

If the social and environmental barriers were eliminated, disabled people would have a more realistic opportunity of living equally alongside non-disabled people.

TYPES OF IMPAIRMENT

The subsequent effects of an illness, accident or medical condition upon the way a person functions can be divided into two main categories; visible and invisible. A visible impairment is one that can be seen; for example a wheelchair user has an obvious physical impairment. Consequently, many people associate disability with using a wheelchair when in fact wheelchair users make up only a small percentage of the disabled population. There are many other forms of visible and invisible impairments and some examples are listed below. They should not be considered in isolation; a person with advanced diabetes, for example, may have a visual impairment and mobility difficulties due to slow circulation and loss of sensation.

- Physical impairment - this denotes difficulty in moving or using all or part of the body. The upper limbs may be restricted making it difficult to reach, grasp and manipulate objects; or there may be a mobility impairment often caused by partial or complete loss of function in the legs, but conditions that affect balance or loss of sensation can also result in mobility difficulties. A person with a mobility impairment may not necessarily be dependant on a wheelchair; he/she may still be ambulant, but find walking difficult.
- Sensory impairment - indicates that there is a loss of hearing or sight.
- Learning disability - suggests that a person has difficulty learning in the commonly accepted way, or at the same pace as his/her peers. It does not mean that he/she cannot learn; often different approaches to learning will help people with a learning disability to understand.
- Communication difficulties - our main forms of communication are by using speech, gesture and the written word. A communication difficulty may arise, for example, when there are difficulties articulating the muscles used for speech or when there are disturbances to the speech area in the brain. We often use gesture to support what we are saying and therefore anyone with a condition that affects their muscle control will have

difficulty forming natural gestures.

- Mental illness - this includes illnesses that result in disorders of mood, perception and motivation, and also conditions that affect the actual brain tissue, giving rise to memory loss or disorientation, as found in Alzheimers disease.
- Hidden disability - a number of conditions affect the human body without there being any outward sign of impairment. Conditions such as heart disease, respiratory disorders and epilepsy may affect the ability of a person to function effectively in particular situations or at certain times.

CULTURAL AND SOCIAL INFLUENCES

What will influence whether and to what extent our lives will be affected by disability? The causes of disability are very diverse and will affect people of all social and cultural backgrounds, but there are some factors that will make us more vulnerable to the causes. For example:

- where we live in the world - e.g. polio and TB are still rife in some developing countries where healthcare provision is inadequate and vaccination programmes have not been fully established;
- income - low income families are more likely to live in homes that are poorly heated, have a less nutritious diet etc, leading to a higher susceptibility to some illnesses;

- lifestyle - the way we live our lives has a direct influence on our health and well being. Stress, smoking, lack of exercise, recklessness are just a few ways that we put ourselves at risk;
- genetic vulnerability - our body make up may determine whether we are susceptible to particular illnesses or diseases.

The environment we live in and our financial circumstances will affect how we manage our disability. People who are better off financially are more able to pay for home adaptations and buy in care, should they need it. They have choices that disabled people on low incomes do not have. People who have acquired a disability later in life are more likely to have invested for a secure future,, while those who are born with a disability may not have had the education and employment opportunities offered to their non-disabled counterparts, and are therefore more likely to be dependant on state benefits and social housing.

Some cultures have a greater commitment to family so that, rightly or wrongly, the immediate and extended family can be relied upon to offer support to the disabled family member. Other cultures have customs that may make life easier or more difficult for disabled people, for example the way we prepare and eat our food, the clothes we wear, the way we manage personal tasks.

BARRIERS TO ABILITY

Disabled people argue that if attitudes towards them, the way physical environments are designed and the way society is organised were changed, then the effect of their impairments would be minimised, giving them a fairer chance of equality. What can be changed and how?

- The environment - both the internal and external environment can be changed to give better access and improved facilities for disabled people. New public buildings should be designed to meet the requirements of the Building Regulations 1991, Approved Document M which set out guidelines on entrances; internal space, for example doorways and corridors; access to other floors within a building; WC facilities etc. Existing buildings should be adapted wherever possible. Outside, consideration of the needs of disabled people would include, for example incorporating dropped kerbs at crossings; providing tactile pavement for blind and partially sighted people; locating street furniture in places where it is not going to be an obstruction, and highlighting it by using colour contrast; including parking spaces that are close to amenities and that are wider to allow wheelchair access; providing public toilets that are wheelchair accessible. Good and considerate design is of benefit to all people, not just those with disabilities.

- The structure of our society - to a certain extent, society dictates how we run our lives. We have rules, protocols and procedures that are based on tradition and are very rarely questioned. We conform because we do not want to be different but, sometimes, these traditional values make it difficult for disabled people to fit in. For example, in the work setting, a company may have strict guidelines on how the working week is structured - the day may start at 8.30am with a briefing session, making it difficult for a disabled person who needs extra time in the morning to get dressed and to the office - to attend. But, if the employer introduced flexitime and scheduled meetings for the middle of the working day, the disabled person would not have any difficulty attending.
- Access to information - we rely on written material for academic studies and in our day-to-day lives to tell us what time the buses are running and how our kitchen appliances operate. This information is only useful to people who can read and/or understand what they are reading. To help people with disabilities, information should be available in plain English, large print and Braille and on audio cassette or via a speech synthesiser. People who are unable to hear the spoken word should have access to a sign language interpreter, or subtitles if the information is on screen.

- Attitudinal barriers - many people have pre-conceived ideas about what disabled people are like, probably because they have had little contact with them in the past. This can lead to patronising attitudes or intolerance because they have not recognised that a disabled person may (through no fault of their own) take longer to do something or tire more easily. People may automatically adopt a discriminatory attitude by making an incorrect assumption that a disabled person would not be as capable as a non-disabled person.

LEGISLATION AFFECTING DISABLED PEOPLE

There is a great deal of legislation affecting the way disabled people can live and run their lives. Some of the legislation that is relevant to topics covered in this fact sheet include:

1970 Chronically Sick & Disabled Persons Act

1986 Disabled Persons (Services, Consultation & Representation Act)

1990 NHS & Community Care Act

1993 Disability Grants Act (Independent Living Fund)

1995 Carers (Recognition & Services) Act

1995 Disability Discrimination Act

1996 Direct Payments Bill

1996 Education Act

2000 Carers and Disabled Children's Act

2001 Special Educational Needs and Disability Act

2005 Disability Discrimination Act

Information about these Acts is available from various sources including a library, the internet, and some of the national disability organisations (see useful organisations).

THE DISABILITY DISCRIMINATION ACT

The Disability Discrimination Act (DDA) was introduced in 1995 after persistent lobbying by disabled people and their representative organisations for comprehensive anti-discrimination legislation. The 1995 Act has been amended by the Disability Discrimination Act 2005 which received Royal Assent in April 2005. The 1995 and 2005 Acts have introduced and extended laws aimed at ending discrimination against disabled people (with disability defined as: A physical or mental impairment which has a substantial long term effect on a person's ability to carry out day-to-day activities) and gave disabled people new rights in relation to:

- access to goods, facilities and services - all organisations that provide goods, services or facilities to the general public (excluding transport and education which are dealt with elsewhere in the Act) must offer a service to disabled people equal to that offered to non-disabled people. It is unlawful to refuse to serve or provide a second rate service to people because they are disabled. Service providers may need to make alterations to the way they provide a service; and they may also be required to adapt their premises to improve physical access to their service;
- buying or renting land or property - it is against the law to treat a disabled person less favourably when he/she is buying or renting land or property such as a house, flat or business premises. For example, it is unlawful to charge a disabled person a higher deposit on rented accommodation; or to refuse him/her accommodation on the grounds of disability, perhaps making pre-judgements on the suitability of the accommodation or the ability of the disabled person to pay;
- employment - the Acts make it unlawful for an employer with 15 or more employees (originally 20; to be reduced to one from 2004) to discriminate against disabled employees or job applicants. If the physical features of the work premises or the working arrangements are preventing a disabled person gaining or staying in employment, then the employer must take reasonable steps to alleviate these barriers. The employer may be required to obtain special

equipment or to adapt existing equipment to enable a disabled person to do all or parts of his/her job that would otherwise be impossible or unreasonably difficult. Assistance with this is likely to be available under the Access to Work scheme from the Employment Service.

- education - the DDA builds upon existing legislation that specifically relates to education, in which education providers have a duty to provide mainstream placements for disabled children, subject to the wishes of their parents, providing the placement is appropriate to the needs of the child; does not conflict with the interests of other children in the school; and it is an efficient use of resources. Schools must include in their annual reports their arrangements for admitting disabled pupils; the way they will ensure that disabled pupils will be treated equally; and the facilities they provide to enable disabled pupils to access the education they are offering. Further and higher education establishments are required to publish disability statements that include for example, the facilities that they have for disabled students. (For details of the Special Educational Needs and Disability Act (SENDA) 2001, which has brought education more fully into the scope of the DDA, contact the Council for Disabled Children or SKILL (National Bureau for Disabled Students);

- transport - access to transport infrastructures such as stations is covered by the access to goods and services part of the DDA. For the transport vehicles themselves, the DDA gives the Government powers to make accessibility regulations to make them accessible to disabled people. For example, all new rail vehicles entering service since 1999, and all new buses and coaches since 2000, have had to comply with accessibility regulations, as do all new taxis. From 2005, all new buses and coaches must be wheelchair accessible.

The DDA set up two independent statutory bodies (the National Disability Council and the Northern Ireland Disability Council) to advise the Government about disability issues and on the implementation of the Act. In April 2000, the National Disability Council was replaced by the Disability Rights Commission (Equality Commission in Northern Ireland). The work of the Commission includes working towards eliminating disability discrimination and promoting equal opportunities, providing advice and information, preparing codes of practice, investigating claims of discrimination and ensuring compliance with the law, and advising the Government on desired legislative changes.

The details given on the DDA in this factsheet are basic and for guidance only (and should not be treated as a complete and authoritative statement of the law). For full details on all aspects of the Disability

Discrimination Acts, contact the DRC helpline (see useful organisations).

EDUCATION

Most parents of children with disabilities would prefer their children to be educated in mainstream schools (inclusive education). It is essential that children with special needs have access to all the learning opportunities that non-disabled children have, preparing them in the best possible way for independent adult life. Mobility difficulties, learning difficulties or sensory impairments should not be barriers to learning. All children should have the opportunity to follow national curriculum subjects. Approaches to learning may need to be adapted, premises may need altering to give physical access, and special equipment may be needed to give all children the opportunity to participate in learning.

Another very important activity occurs at school - social interaction. From the day children enter the educational system and throughout their school life, they are learning about relationships; about behaviour - what is acceptable and what is not; they are developing their personalities and opinions. We are influenced by the people around us. Both disabled and non-disabled children have much to gain from an integrated educational system. A segregated environment such as a special school may be appropriate for, and chosen by,

some severely disabled children and their parents. However, it may not be able to offer the social integration and the development of life skills that a mainstream school can, and is not appropriate or necessary for the majority of disabled children.

EMPLOYMENT

Continuous, paid employment gives financial independence and security, as well as giving people an identity and raising their self-esteem. However, surveys over the years have shown that disabled people have not had the employment opportunities that non-disabled people have; that only a minority of disabled adults under pensionable age were in regular employment, and those who were in employment were more likely to be in lower paid jobs. Consequently, disabled people were less likely to be in a position to prepare themselves for old age by, for example, contributing to a private pension scheme, and were obliged to rely on the basic state pension as their only source of income. Those without employment relied on state benefits considered by many to be inadequate to deal with the basics of life, let alone the added costs many disabled people face.

Schemes such as Access to Work and the provisions of the Disability Discrimination Acts have given a boost to the employment prospects of disabled people, but there is still a great gap between the numbers of disabled and non-disabled people in employment. For example, the percentage of disabled people of working age who were

in employment in early 2003 is around 47% (between 45% and 49% depending on which definition of disability is used), while the equivalent for non-disabled people of working age is around 82% in work. (For up-to-date figures, contact the Disability Rights Commission (see useful organisations)).

Why are comparatively so few disabled adults in employment? The reasons include:

- historically poor investment in education and training which has not given disabled people the skills needed for meaningful employment;
- a still largely inaccessible public transport system which makes it more difficult for disabled people to travel to work;
- many employment premises continue to have poor access and facilities for disabled people;
- previous legislation that should have encouraged employers to employ disabled people was not properly enforced, and measures to assist employment, such as the Access to Work scheme, were not widely known;
- a pervading misconception that disabled people are not as capable as non-disabled people which leads to fewer opportunities being offered to them

Bearing in mind that the day-to-day living costs of many disabled people are comparatively higher (because, for example, they may be obliged to travel by taxi rather than public transport; they may use and run specialised equipment; heating and telephone bills may be higher), it is essential that disabled people receive an adequate income and that help, guidance and training is readily available to every disabled person and to potential employers.

Access to Work schemes help disabled people get the training and assistance they need to compete in the job market. Grants are available to help an employer adapt the work premises and provide equipment that may be necessary for a disabled person to do the job effectively and efficiently. Disability awareness training is available to employers so that they can better understand disability and how to create an inclusive work environment. The employment of disabled people should form an integral part of all equal opportunities policies and practices, and the Disability Discrimination Acts should make it easier for disabled people to become an integrated part of the work force.

HOUSING

Appropriate housing is a key to independent living. However, most homes in Britain are not accessible to disabled people. Stepped entrances, narrow doorways, restricted manoeuvring space, upstairs WC facilities etc limit independent access. Inadequate private sector provision and the lack of

personal financial resources mean that many disabled people rely on accommodation provided by local authorities and housing associations, but suitable accommodation is in short supply. Despite a growing demand (that is likely to increase because of the ageing population), there has been a lack of investment in building homes that incorporate the necessary design features that will make it possible for disabled people to access them with ease.

Consequently, disabled people may have to wait a considerable time before suitable accommodation is offered to them, and they may have to compromise their independence because what is on offer is not 100% suitable. They will also have little choice about where they wish to live.

There is also a tendency to build small groups of special needs housing within larger communities so that, instead of encouraging integration, disabled people are segregated because social interaction between disabled people and non-disabled people is discouraged.

Disabled people need close access to local amenities such as shops, GP surgery and the library, particularly as public transport is often inaccessible.

From October 1999 all new housing has had to meet certain requirements to ensure a degree of accessibility. These

requirements are specified within the Approved Document for Part M of the Building Regulations. Contact the Centre for Accessible Environments for details about this and other access information.

These requirements only apply to new housing built after October 1999. The majority of homes in this country were built before then and are therefore largely inaccessible to disabled people. Disabled Facilities Grants are available to assist with the costs of adaptations. These can be applied for via local authorities but are subject to means testing.

TRANSPORT

Without an accessible transport system, many disabled people are deprived of the freedom to move beyond their immediate environment. Accessible vehicles would obviously make travel easier, but would be irrelevant if the transport infrastructure, i.e. stations, transport information; ticket sales points, remained inaccessible or staff lack the necessary training to enable them to offer appropriate assistance.

Some buses are designed with lower floors to give wheelchair access (which is also helpful to parents with young children), and include features such as colour contrasting and grab rails to help with other mobility and sensory impairments but, unfortunately, these buses are used on only a limited number of routes at present.

Despite the provisions of the DDA, many rail stations, both overground and underground, are still accessed by steps, provide inadequate signs and information to help travellers, and have inaccessible facilities. If disabled people can not easily use public transport, what are their alternatives?

- Buy and run a private car - an expense that many disabled people, especially those who do not receive the higher rate of the mobility component of the Disability Living Allowance, cannot afford because of limited financial resources.
- Use taxis - these do give a door-to-door service and, in this respect, have an advantage over public transport, but they are considerably more expensive to use.
- Use community transport such as Dial-a-Ride. This service is often under resourced with local variation in quality and availability. The user must often book the journey well in advance to be guaranteed a vehicle, and there may be restrictions in the number of journeys an individual can make and how far he/she can travel.

The provisions of the DDA will make transport in the country more accessible to many disabled people, but it will take many years before all public transport is as accessible to the majority of disabled people as it is to non-disabled people.

ACCESS TO LEISURE ACTIVITIES

People choose to take part in social and leisure activities for enjoyment and relaxation; leisure enhances our feeling of general well being. Disabled people should not be excluded from following the recreational and leisure activities of their choice, but there are several reasons why it is more difficult for them to do so. For example:

- physical barriers restrict access to and within leisure amenities and leisure education establishments;
- Lack of financial resources means that disabled people are less able to afford the cost of pursuing their leisure interests;
- disabled people very often have less free time because it takes them longer to carry out essential domestic and personal tasks;
- Many disabled people have fewer social opportunities as a consequence of restricted lifestyles. They may therefore have fewer opportunities to meet people and build relationships.

Some leisure activities such as watching television and reading, take place in the home. However, very few television programmes are accompanied by subtitles or signs and, although books are available in large print and on tape, the range available is often limited. Theatres, cinemas, football stadiums etc are more accessible to

disabled people than they used to be, but people often find that they have no choice where they sit (if they use a wheelchair, for example) or which days they can attend (if they need a signed performance, perhaps). Greater awareness of the needs and rights of disabled people by the leisure industry, the growth of organisations specific to various activities and the involvement of disabled people in those activities and organisations, gradual improvements in public transport, and access to the Internet, have indeed contributed to a widening of access to leisure activities for disabled people. However, much still needs to be done until opportunities of disabled people are as wide as their able-bodied peers.

TERMINOLOGY

The language used when addressing disabled people or used generally to describe disability has an impact on the way disabled people are perceived. It is therefore essential that language presents a positive image not a negative one, and does not cause offence.

The tone of address should also be sensitive to the feelings of disabled people- and accurate. Disabled people are no braver than non-disabled people; neither do they consider themselves to be victims or battling against tragedy. Patronising, sensational or sentimental words and phrases should be avoided. Disabled people are not self-pitying and

their lives are not uninterrupted drudgery. Language that reinforces impressions of apathy or dependence should not be used.

A disabled person, like anyone else, will have his/her own preferences about how he/she would like to be addressed or described, and it is therefore best to ask the individual concerned. For example, some people may use the term people with disabilities in preference to disabled people.

Terminology that is totally unacceptable includes:

- handicapped - this conjures up the image of a subservient person begging for money, cap in hand. The label implies that the individual is to blame for the difficulties he/she encounters when it is the environment and society that causes the handicap;
- the disabled - this lumps people together in a group separate from the rest of society. It is stereotyping according to one aspect of a person, not acknowledging that disabled people have individuality;
- a person is not a condition - to refer to someone as an arthritic or paraplegic is dehumanising. When referring to a specific condition use the form person with;
- spastic - this has been used for many years as a term of abuse and should not be used as a way of describing people with cerebral palsy;

- invalid - Invalid is also used to suggest a person who is ill or sickly, and as disability is not the same as illness, the word should not be used as a description of disabled people
- wheelchair bound or confined to a wheelchair - these terms imply that the disabled person is tied or imprisoned within their wheelchair, when the wheelchair itself is purely a way of providing independent mobility and freedom. A wheelchair user is a more acceptable term;
- backward, retarded or mentally handicapped - all these terms carry a stigma and imply that a person is unable to learn. Learning difficulty or learning disability should be used in preference;
- normal to describe non-disabled people - this implies that disabled people are deviations from the normal.

Useful Organisations

The Disabled Living Foundation

Our website provides direct links to hundreds of disability and other voluntary sector organisations and manufacturers and suppliers of disability-related equipment: www.dlf.org.uk

Arthritis Care
 18 Stephenson Way
 London
 NW1 2HD
 Tel: 020 7380 6500
 Fax: 020 7380 6505
 Helpline: 0808 800 4050
 Email: reception@arthritiscare.org.uk
 Website: www.arthritiscare.org.uk

British Council of Disabled People (BCODP)
 Litchurch Plaza
 Litchurch Lane
 Derby DE24 8AA
 Tel: 01332 295551
 Textphone: 01332 295 581
 Fax: 01332 295580
 Email: info@bcodp.org.uk
 Website: www.bcodp.org.uk

Carers UK
 Ruth Pitter House
 22-25 Glasshouse Yard
 London EC1A 4JT
 Tel: 020 7490 8818
 Fax: 020 7490 8824
 Minicom: 020 7251 8969
 Helpline: 0808 808 7777
 Email: info@ukcarers.org
 Website: www.carersonline.org.uk

Centre for Accessible Environments
 (CAE), 70 South Lambeth Road
 London SW8 1RL
 Tel: 020 7840 0125
 Fax: 020 7840 5811
 Textphone: 020 840 0125
 Email: info@cae.org.uk
 Website: www.cae.org.uk

Council for Disabled Children
8 Wakley Street
London
EC1V 7QE
Tel: 020 7843 6000
Fax: 020 7278 9512
Email: cdc@ncb.org.uk
Website: www.ncb.org.uk

Disability Alliance
Universal House
88-94 Wentworth Street
London
E1 7SA
Tel: 020 7247 8776
Fax: 020 7247 8765
Helpline: 020 7247 8763
Textphone: 020 7247 8776
Email: office.da@dial.pipex.com
Website: www.disabilityalliance.org -
specialises in information on disability-
related income issues such as social
security benefits.

Disability Rights Commission
(FREEPOST) MID 02164
Stratford Upon Avon
CV37 9BR
Tel: 08457 622633
Fax: 08457 778878
Textphone: 08457 622644
Email: enquiry@drc-gb.org
Website: www.drc-gb.org

Employers Forum on Disability
Nutmeg House
60 Gainsford Street
London
SE1 2NY

Tel: 020 7403 3020
Fax: 020 7403 0404
Textphone: 020 7403 3020
Email: efd@employers-forum.co.uk
Website: www.employers-forum.co.uk

Leonard Cheshire Foundation
30 Millbank
London SW1P 4QD
Tel: 020 7802 8200
Fax: 020 7802 8250
Email: info@lc-uk.org
Website: www.leonard-cheshire.org

MENCAP
123 Golden Lane
London
EC1Y 0RT
Tel: 020 7454 0454
Fax: 020 7696 5540
Textphone: 0808 808 8181
Helpline: 0808 808 1111
Email: information@mencap.org.uk
Website: www.mencap.org.uk - for
people with learning disabilities

MIND - The Mental Health Charity
Granta House
15-19 Broadway
London
E15 4BQ
Tel: 020 8519 2122
Fax: 020 8522 1725
Helpline: 0845 766 0163
Email: info@mind.org.uk
Website: www.mind.org.uk

RADAR

Royal Association for Disability and
Rehabilitation
12 City Forum
250 City Road
London EC1V 8AF
Tel: 020 7250 3222
Fax: 020 7250 0212
Textphone: 020 7250 4119
Website: www.radar.org.uk
Email: radar@radar.org.uk - National
campaigning organisation

RNIB

Royal National Institute for Blind
People
105 Judd Street
London
WC1H 9NE
Tel: 020 7388 1266
Fax: 020 7388 2034
Minicom: 0845 758691
Helpline: 0845 766 9999
Email: helpline@rnib.org.uk
Website: www.rnib.org.uk

RNID

Royal Royal National Institute for
Deaf People
19-23 Featherstone Street
London
EC1Y 8SL
Tel: 020 7296 8000
Fax: 020 7296 8199
Minicom: 0808 808 9000
Helpline: 0808 808 0123
Email: informationline@rnid.org.uk
Website: www.rnid.org.uk

SCOPE

PO Box 833
Milton Keynes
MK12 5NY
Tel: 0808 800 3333
Fax: 01908 321051
Helpline: 0808 800 3333
Email: cphelpline@scope.org.uk
Website: www.scope.org.uk - information
and advice on all aspects of cerebral palsy
and disability issues

Skill

National Bureau for Students with
Disabilities
Chapter House
18-20 Crucifix Lane
London
SE1 3JW
Tel: 020 7450 0620
Fax: 020 7450 0650
Helpline: 0800 328 5050
Textphone: 0800 068 2422
Email: skill@skill.org.uk Website:
www.skill.org.uk

Speakability

1 Royal Street
London SE1 7LL
Tel: 020 7261 9572
Fax: 020 7928 9452
Helpline: 020 7261 9572
Email: speakability@speakability.org.uk
Website: www.speakability.org.uk - for
people with speech impairments

Spinal Injuries Association
Suite J, 3rd Floor
Acorn House
387 – 391 Midsummer Boulevard
Central Milton Keynes
MK9 3HP
Tel: 0845 678 6633
Fax: 01908 608 492
Helpline: 0800 980 0501
Email: sia@spinal.co.uk
Website: www.spinal.co.uk

Stroke Association
123-127 Stroke House
Whitecross Street
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Document Services, Saville House, Trinity
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We hope this factsheet has proven useful to you. If you would like to help the DLF continue to provide valuable information such as this, you may wish to consider making a small donation towards our work. As a charity, we rely on the generosity of the public to help us continue to help older and disabled people lead independent lives.

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