

**A teacher's guide to disability and oral history**  
**by Alex White, Philip Mann and Richard Rieser**

# **SPEAKING** **for OURSELVES**



Time to get equal

**scope**

About cerebral palsy.  
For disabled people achieving equality.

**[www.speakingforourselves.org.uk](http://www.speakingforourselves.org.uk)**

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author of ‘Skallagrigg’

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# Foreword by William Horwood, author of ‘Skallagrigg’

Speaking for Ourselves may prove to be one of the most important projects Scope has ever undertaken in its half a century of existence.

First, because as the project's title implies, it will enable the many voices of the people Scope empowers to be heard better – more clearly, more effectively and more passionately – by a wider audience than ever before. This is important, particularly to those at school still learning about society and life and their role in it, because the history of disabled people is a vital part of the history of us all.

Second, because oral (and visual) records of people's lives are one of the most powerful tools in helping us understand each other better. It is easy to pass a disabled person by in the street without making contact; it is nearly impossible to hear and see that same person talking openly about their lives without being in some way changed forever and for the better. The project will make that happen.

Thirdly, without a record of the past and its inhabitants we who live now have no touchstone for the present and future. The young learn from the old, often despite themselves and without quite realizing it, and everybody benefits. Each time someone with cerebral palsy dies without leaving a record of themselves and what life meant for them a treasure house is lost. Speaking for Ourselves is about making that treasure available to all.

Fourthly, and speaking personally as a professional writer, oral history archives are a vital part not only of resurrecting the past for present consumption but of getting it right, or telling the truth. This project will enable those who know the truth to tell it now and for the future.



And finally, we should remember that that future may easily include an individual with cerebral palsy not yet born who one day, decades hence, will be able to listen to someone older tell it like it was because of Speaking for Ourselves. I think we can reasonably say that they may gain not only comfort and inspiration but also the sense that they are part of a wider community that cared enough to make it possible for the voice of the past to be heard for all time.

William Horwood

# 1. Introduction by Richard Rieser

Speaking for Ourselves will provide a timely resource as schools in England, Scotland and Wales prepare to gear up to the duty to promote disability equality. The public sector duty will require all schools to have a Disability Equality Scheme. The scheme will need to show how the school will eradicate disability discrimination both in employment and the delivery of education and associated services, admissions and exclusion. The school will need to show how it eliminates harassment against disabled people and how it plans to promote disability equality.

Schools will need to identify all disabled pupils and staff and monitor their progress. Remember that the Disability Discrimination Act definition (see glossary) goes much wider than what most people consider disabled people, including people with HIV/Aids from the point of diagnosis to those recovering from cancer, from those with learning difficulty or challenging behaviour due to an underlying condition. Currently around 7% of pupils in mainstream schools are likely to come under the definition (this is rather arbitrarily made up of those on school action plus and statemented pupils).

Covering the subject matter contained here and on the DVD will ensure disability is covered fully in different parts of the curriculum:

- Citizenship in KS3 & 4
- Personal Social Health Education in KS2 & 3
- History (using the interviews as a primary source)

By regularly including the experience of disabled people and the changes in their lives will help to promote disability equality and help break down the barriers to valuing difference that still exist.



In some ways we have moved a long way from the experiences recounted by the participants in the project who struggled to assert their humanity against an unyielding system which only viewed disabled people through the lens of the 'medical model'. What disabled people could not do was the focus (rather than what the barriers were) that prevented us being included and the support we would need. It is a testament to the human spirit that so many of the participants achieved so much despite there being no effective legislation. Scope has adopted the word 'disablism' to describe the systematic oppression and discrimination that disabled people have faced and unfortunately still do face too often (as can be seen in our Topic Sheets). The Time to Get Equal campaign is one of many initiatives that are addressing this inequality. The Government's 'Improving the Life Chances of Disabled People' and the widening of the Disability Discrimination Act are two others. At the United Nations over the last five years a negotiation, which has included representatives of disabled people for the first time, is nearing completion to give the world the UN Convention on the Rights of People with Disabilities.

All of these initiatives spring from a transformation in thinking about disabled people – the move from a medical model approach, which view the problem as the disabled person's impairments, to a social model approach, which views the issue as one of equality and the need to remove barriers. These are barriers of environment, social organisation and attitudes. Their removal and the provision of support so disabled people can participate equally in education, employment, family life, leisure, transport, political life and the media remains one of the great challenges of the 21st century. In the Topic Sheets, we provide activities which will help pupils and students develop this shift in their thinking.

The oral history recounted here can be located against the timeline, which demonstrates this shift that has been underway for the last 30 years. The experiences recounted are a concrete resource that can be used to gain an appreciation of the need for disability equality, which can be used with pupils at all levels. We provide some ideas of how these resources can be used, but teachers will be able to adapt and use these materials to fit into schemes of work and lesson plans in myriads of ways.

Part of this transformation has been the development of inclusive education, which although only well established in a minority of schools, has widely developed in the last 15 years. What teachers and those who work alongside them need is the leadership and support of their senior colleagues to:

- develop welcoming and 'can do' attitudes,
- have systematic training in developing more inclusive ways of teaching and learning,

- give support and credence to pupils' and parents' views,
- collaborate with professionals from outside the school, and
- take account of the diverse ways and timing of learning for different pupils
- develop peer support

**Integration** is about one size fitting all, but **inclusion** is not. Inclusion is about restructuring to remove the barriers within the school so that all pupils can achieve and flourish. This therefore does not mean all pupils doing the same activity at the same time or in the same way. For example, a pupil in Year 9 Science with significant learning difficulties can be working in a group doing an experiment as the timekeeper, as this is on her Individual Education Plan target. Another approach would be for the teacher to identify the essential knowledge or understanding they want all the pupils achieve and present it in a way that they all can by having a range of activities to suit the learning styles and aptitudes of the different students in the group.

These were some of the findings of the Reasonable Adjustment Project, which examined how 40 different schools were meeting the needs of the DDA and developing inclusion. This useful training pack can be ordered free to schools from the DfES under the title 'Implementing the Disability Discrimination Act in Schools'.

Though we would hope things have progressed for disabled young people today, the evidence is still there of underachievement, bullying and segregation of disabled pupils. This pack and the materials it contain will help address the need to promote disability equality and inclusion in our schools.

## 2. Ways of looking about disability

### by Richard Rieser



#### The 'traditional model'

Traditionally, in many cultures around the world, people with physical, sensory or mental impairments were thought of as under the spell of witchcraft, possessed by demons, or as penitent sinners, being punished by God for wrong-doing by themselves or their parents.

#### The 'medical model'

With the Age of Enlightenment in the 18th century, came a more scientific understanding of the causes of impairment and, with it, a sense of confidence in medical science's ability to cure, or at least rehabilitate, disabled people. Some

disabled people (often for social or political reasons) were deemed incurable and placed in long-stay institutions and special schools (or, today, in day-care centres). A notion of 'normality' was invested with great pseudo-scientific significance. It was based on assessments of impairments from a deficit point of view against normality: what one cannot do, instead of what one can do. This has been called 'medical model' (or 'individual model') thinking by the disabled people's movement over the last 30 years. This is not to deny the very necessary role of medical science in keeping many disabled people alive, and reducing their pain and discomfort, but it is to argue that disabled people should not be reduced to just their impairments.

The 'medical model' sees disabled people as the problem. They need to be adapted to fit into the world as it is. If this isn't possible, then they should be shut away in a specialised institution or isolated at home, where only their most basic needs are met. The emphasis is on dependence, backed up by the stereotypes of disability that bring out pity, fear and patronising attitudes. Usually, the impairment is focused on, rather than the needs of the person. The power to change disabled people seems to lie with the medical and associated professions, with their talk of cures, normalisation and science. Often, disabled people's lives are handed over to these professionals. Their decisions affect where disabled people go to school; what support they get; where they live; what benefits they are entitled to; whether they can work; and even, at times, whether they are born at all, or allowed to have children themselves.

In addition, the disability movement points out how the built environment imposes further limitations on disabled people. Medical model thinking would say these problems are due to the disabled person's lack of rehabilitation. The disability movement perceives the difficulties disabled people experience as the barriers that disable them and curtail their life chances. These difficulties include in school and higher education, in finding work and suitable work environments, accessing leisure and entertainment facilities, using private and public transport, obtaining suitable housing, or in their personal, family and social life.

Powerful and pervasive medical model views are reinforced in the media, books, films, comics, art and language. Many disabled people internalise negative views of themselves and develop



feelings of low self-esteem and underachievement, which reinforce non-disabled people's assessments of their worth. The medical model, plus the built environment and social attitudes it creates, lead to a cycle of dependency and exclusion that is difficult to break.

This thinking predominates in filmmaking, leisure, work and education. In schools, for instance, special educational needs are considered the problem of the individual, who is seen as different, faulty and needing to be assessed and made as 'normal' as possible.

Increasingly, today, the medical model is being rejected. Many people feel strongly that treating disabled people as needing to be adapted to existing circumstances or, if this is not possible, caring for them in specialised institutions, is wrong.



The 'social model'

In recent years, the disability movement has advocated a different way of looking at disability, which they call the 'social model'. The distinction has been made between impairment and disability:

“Impairment is the loss or limitation of physical, mental or sensory function on a long-term or permanent basis. Disablement is the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers.” Disabled People's International 1981

This starts from the standpoint of all disabled people's right to belong to and be valued in their local community. Using this model, you start by looking at the strengths of the person with the impairment and at the physical and social barriers that obstruct them, whether at school, college, home or work.

Impairment and chronic illness exist and sometimes pose real difficulties. Supporters of the disability movement believe that the discrimination against disabled people is socially created and has little to do with their impairments, and that, regardless of the type or severity of their impairments, disabled people are subjected to a common oppression by the non-disabled world. Disabled people are often made to feel it's their own fault that they are different. If some part, or parts, of your body or mind are limited in their functioning, this is simply an impairment. It doesn't make you any less human. But most people have not been brought up to accept all people as they are; in other words, to value difference. Through fear, ignorance and prejudice, barriers and discrimination develop



that disable some people. These are often reinforced by images in the media. Understanding this process allows disabled people to feel good about themselves and empowers them to fight for their human rights.

The 'social model' approach suggests disabled people's disadvantage is due to a complex form of institutional discrimination, as fundamental to society as sexism or racism. The disability movement believes the 'cure' to the problem of disability lies in changing society. Unlike medically-based cures, this is an achievable goal and benefits everyone.

The obsession with finding medically-based cures also distracts people from looking at the causes of impairment or disablement. In a worldwide sense, most impairments are created by wars, hunger, lack of clean water, exploitation of labour, lack of safety and child abuse. These should be addressed more robustly, rather than just responding to the injuries and impairments that result from them.

In ‘Improving the Life Chances for Disabled People’ (2005), the Prime Minister’s Strategy Team acknowledges the power of social model thinking in eradicating disability discrimination.

MEDICAL MODEL THINKING	SPECIAL MODEL THINKING
child is faulty	child is valued
diagnosis	strengths and needs defined by self and others
labelling	identify barriers and develop solutions
impairment becomes focus of attention	outcome based programme designed
assessment, monitoring, programmes of therapy imposed	resources are made available to ordinary services
segregation and alternative services	training for parents and professionals
ordinary needs put on hold	relationships nurtured
re-entry if normal enough or permanent exclusion	diversity welcomed child is included
society remains unchanged	society evolves

Adapted from Micheline Mason 1994, R Rieser 2000

Challenging prejudice

Medical and social model thinking in schools

Social model thinking has important implications for the education system, and particularly primary and secondary schools. Prejudiced attitudes toward disabled people and all minority groups are not innate. They are learned through contact with the prejudice and ignorance of others.

Therefore, it is appropriate that the challenge to discrimination against disabled people should begin in schools. The fight for the inclusion of all disabled people, however severe their impairments, in one mainstream social system, will not make sense unless people understand the difference between the social and medical models of disability.

The social model has now been adopted by the World Health Organisation.

### 3. What is oral history?

**Identifying the barriers:  
finding solutions exemplar**

**The language we use**

Language is important in all equality agendas, and disability is no different. We use the terms 'disability' and 'impairment' quite separately. Most people have an impairment, however minor – but they are not disabled unless there is a negative social response to them because of the impairment. For instance, a person with impaired vision requiring reading glasses would not see themselves as disabled if they lived in the UK. But if they lived in a rural area of Africa they may well be, as they might have been excluded from a proper education and would find it more difficult to find employment.

Disability describes how society responds to people with impairments; it is not a description of a personal characteristic. A disabled person is not a 'person with a disability' as the person does not own the disability in the way that you might be 'a person with brown hair'. The opposite of disabled is not able-bodied or abled - it is non-disabled or enabled.

This list reflects the views of disabled people themselves. As you will see, the words on the left are passive, victim words, whereas the words on the right respect disabled people as active individuals with control over their own lives.

AVOID	USE INSTEAD
(the) handicapped	disabled people
afflicted by, suffers from, victim of	has (condition or impairment)
confined to a wheelchair, wheelchair-bound	wheelchair user
mental handicap, subnormality	learning disability/ learning difficulty
cripple, invalid	disabled person
spastic	person who has cerebral palsy
able-bodied	non-disabled

You can get more material and information on this thinking from: **www.diseed.org.uk** and **www.scope.org.uk/issues/tellitlikeitis/index.shtml**



Oral history is the recording of people's memories. It is the living history of everyone's unique life experiences.

Oral history records people's experiences on sound and video tape. It is a vital tool for our understanding of the recent past. No longer are we dependent only on the written word.

Oral history enables people who have been hidden from history to be heard, and for those interested in their past to record personal

experiences and those of their families and communities.

Oral history is new and exciting because it is interactive: it is shared history and a rare chance to actually talk to history face to face.

Oral history preserves everyone's past for the future.

To find out more, visit the website of the Oral History Society at **www.ohs.org.uk**

## 4. Guidance for oral history interviewers



The most important things to remember during the interview:

- Choose a quiet place and be aware of things like traffic noise, other people, pets or equipment in the room.
- Sit facing the interviewee, at a slight angle. Sit as close as possible, but at a distance that feels comfortable to you both.
- Ask the interviewee if they have a mobile, and if they could switch it off during the interview. If on, it might cause tape interference and could disturb the flow of the conversation if it rings.
- Set up the recorder so it's not directly between you and the interviewee. You will need to be able to see the recorder, to check it is okay, but ideally the interviewee should not be able to see the

recorder. It helps people to forget that they are being interviewed.

### Listen

Ask questions according to the replies, rather than the any list of prepared questions. You may want to have a list of questions close to hand but only use them if you are stuck. The aim is for the interviewee to do the talking.

If you feel there may be more that the interviewee wants to say, but they have finished a reply, then you can ask things like 'How did that feel?', or 'So what happened next'? or 'Why was that?' These questions can give to interviewee more chance to finish covering a particular theme.

### Get lots of detail

The best approach is to reassure the interviewee that we are seeking a lot of detail in the interview. Listen very carefully to each answer and form your next question from that. Ask for additional information as precisely as possible, but be careful to ask open-ended questions which invite description, comment and opinion. Avoid questions which may be likely to produce only a 'yes' or 'no' answer. Remember not to phrase questions in a way that suggests the answer. Be neutral in style. So, for example, rather than asking 'I suppose you must have had a poor and unhappy childhood?', ask 'Can you describe your childhood?'

### Let things flow

It doesn't matter if the recording isn't strictly chronological. If the conversation jumps time, or changes to another topic, don't worry. If possible, bring the interview back to a logical time frame later. This can be after a break or at the beginning of the next interview session. Be aware of any gaps in testimony, so that nothing is missed. You may have to fill in any gaps later, but the most important thing is to listen to what's being said, and to respond to the opportunities presented by the telling of a memory-rich part of the life story.

### Fact and opinion

All memories are a mixture of fact and opinion, and both are important. It's important to get direct personal experience, rather than things that might have been heard second-hand.

### Don't do the talking

It is important to get the interviewee talking. You need to remain quiet during replies, and please try to avoid accidentally speaking over what the interviewee is saying. Remember not to come in with your next question too soon after the interviewee has apparently finished. This is just in case they continue unexpectedly. In response to an answer, smile, or nod, but please avoid making any encouraging noises or comments.

### Memory joggers

Memory joggers may be useful, but not essential. The most convenient are photographs, though it will depend on the preference of the interviewee. Ornaments or other mementoes may be useful memory joggers, though don't encourage them to be physically handled by you or by the

interviewee. Things may be on display in the room, which you can refer to in conversation. Be careful about handling photographs as well, especially if they are fragile. Watch out for liquids. When you talk with the interviewee a few days before you visit, it may be best to check if the interviewee is prepared to have photos to hand.

Go to **[www.speakingforourselves.org.uk](http://www.speakingforourselves.org.uk)** to download:

- Oral history interviewers' manual
- Copyright form
- Speaking for Ourselves question scheme – part one
- Speaking for Ourselves question scheme – part two

## 5. Disability and cerebral palsy glossary

### Ataxic cerebral palsy

A form of cerebral palsy characterised by problems with balance, co-ordination, shaky hand movements and jerky speech.

### Athetoid cerebral palsy

A form of cerebral palsy characterised by involuntary movements resulting from the rapid change in muscle tone from floppy to tense.

### Cerebral palsy (cp)

Cerebral palsy is a physical condition that makes muscles hard to control. It doesn't necessarily make you less intelligent, but it can make it very hard to communicate or get around by yourself. One in 400 babies born in the UK has cerebral palsy.

### Disability

Definition of Disability Discrimination Act (DDA): "A disabled person is defined as someone who has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities." The Government thinks 7% of pupils in schools come under this definition.

### Disability Discrimination Act 1995 (DDA)

The first significant piece of legislation to prohibit discrimination against disabled people and was an important step forward in the campaign for full civil rights for all disabled people.

### Hemiplegia

Where one side of the body is affected.

### Paraplegia

Impairment of legs only.



### Physiotherapy

Treatment of disorders of movement and function by exercise, manipulation, heat or ultrasound.

### Quadriplegia

All four limbs affected.

### Scope (formerly The Spastics Society)

Scope is a national disability organisation whose focus is people with cerebral palsy. Our aim is that disabled people achieve equality.

### Spastic cerebral palsy

The most common form of cerebral palsy where some muscles become very stiff and weak.

### Speech and Language Therapy

Therapy to assist with communication, eating and drinking difficulties.

## 6. Further resources

### Time to Get Equal

Scope's mission is to drive the change to make our society the first where disabled people achieve equality. Find out more about disablism at **[www.timetogetequal.org.uk](http://www.timetogetequal.org.uk)**

### Scope

To find out more about Scope, please visit **[www.scope.org.uk](http://www.scope.org.uk)**

Download a student pack of information about Scope and cerebral palsy from **[www.scope.org.uk/information/students.shtml](http://www.scope.org.uk/information/students.shtml)**

### Disability Equality in Education

Provides resources, disability equality and inclusion training and consultancy for schools and colleges, visit **[www.diseed.org.uk](http://www.diseed.org.uk)**

### Count Me In

Video of six primary and six secondary schools in England and Wales that are developing inclusive practice. First screened on Channel 4. 55 minutes. Available from DEE, £10.

### Implementing the Disability Discrimination Act in Schools

DfES 2006. Pack including 5.5 hours of DVD on inclusive practice.

### Oral history of Scope

To celebrate its 50th anniversary, Scope commissioned freelance journalist Chris Davies to produce an oral history of Scope entitled 'Changing Society'. It is based on interviews with 17 individuals, the majority of whom, like Chris, have cerebral palsy and have played a significant

role in the organisation's development or who have strong opinions about it.

The 168-page book can be downloaded free from **[www.speakingforourselves.org.uk/resources/index.shtml](http://www.speakingforourselves.org.uk/resources/index.shtml)**

### 'Can you manage stares?': the life of Bill Hargreaves

Bill Hargreaves was a founding member of Scope. When Bill Hargreaves was born in Australia in 1919, he weighed just two and a half pounds. His parents were told that, because he had cerebral palsy, he would 'never walk or work or wed'. Bill's remarkable life defied the doctor's diagnosis. Bill became a campaigner for disabled people's right to work. It was the start of his pioneering work, which was to open up employment, recreation and travel to vast numbers of disabled people both in this country and many others around the world.

Download the 136-page book free at **[www.speakingforourselves.org.uk/resources/index.shtml](http://www.speakingforourselves.org.uk/resources/index.shtml)**

### [www.speakingforourselves.org.uk](http://www.speakingforourselves.org.uk)

See the Speaking for Ourselves website for the collected life stories from the project as well as details of how to obtain further free copies of this material, or to enquire about disability equality training. All audio interviews from Speaking for Ourselves will be held at the British Library Sound Archive at **[www.bl.uk/collections/sound-archive/disability.html](http://www.bl.uk/collections/sound-archive/disability.html)** (type "C1134" in the search box), where you can also book an appointment to hear the interviews in full.



## FILM

Archived film footage from Scope and the Speaking for Ourselves DVD is held by the British Library Sound Archive, British Film Institute and Wellcome Library.

There are a number of films portraying disabled people, some truthfully; some less so! For more details, try ‘Disabling Imagery: A teaching guide to disability and moving image media guide’ (2004) Written by Richard Rieser and published by Disability Equality in Education, with support from the British Film Institute. (ISBN 0954720105) Or visit [www.bfi.org.uk/disablingimagery](http://www.bfi.org.uk/disablingimagery)

## ORAL HISTORY TITLES

### Oral History: Talking About the Past

Robert Perks. The Historical Association in association with the Oral History Society, 1995. ISBN 0852783914. A short and practical guide for beginners. To order a copy, contact Webscribe on 01442 879097 or email [subs@webscribe.co.uk](mailto:subs@webscribe.co.uk)

**Talking in class: oral history and the national curriculum**, Allan Redfern. Essential for oral history projects planning to work with schools and described as a vital manual for teachers. Oral History Society, 1996. ISBN: 0950780472. To order a copy, contact Webscribe on 01442 879097 or email [subs@webscribe.co.uk](mailto:subs@webscribe.co.uk)

### Doing Oral History: A Practical Guide

Donald A Ritchie, Oxford University Press Inc, 2003. ISBN 0195154339. An exploration of all aspects of oral history

### The Voice of the Past: Oral History

Paul Thompson, Oxford University Press, 2000. ISBN: 0192893173. Classic text on oral history.

### Out of Sight: The Experience of

**Disability 1900-1950**, Steve Humphries and Pamela Gordon. Northcote House, 1992. ISBN: 0746306423. Based on interviews with older blind, deaf and physically disabled people, this book provides the first-ever account of their lives. A Channel Four series based on the interviews was broadcast in 1992.

Disability collections at the British Library Sound Archive are at **[www.bl.uk/ collections/ sound-archive/ disability.html](http://www.bl.uk/collections/sound-archive/disability.html)**

More resources can be found at the Oral History Society’s website at **[www.ohs.org.uk/resources/](http://www.ohs.org.uk/resources/)**

## LIFE STORIES OF PEOPLE WITH CEREBRAL PALSY

### I, Alison – Reaching for a Life of My Own

Alison French, with Veronica Groocock Victor Gollancz, 1989. ISBN: 0575044764 Autobiography of Alison French who has cerebral palsy and is the subject of BBC documentaries.

### I Can’t Walk But I Can Crawl

Joan Ross Lucky Duck, 2005. ISBN: 1412918723 Joan (who appears on the Speaking for Ourselves video) describes her childhood, her development as a teenager and her adult life.

**Inner Vision**, Lin Berwick, Arthur James, 1990. ISBN: 0853053065.

**Undefeated**, Lin Berwick, Epworth Press, 1980. ISBN: 0716203545

Two autobiographies by Dr Lin Berwick, MBE (who appears on the Speaking for Ourselves video).

### My Left Foot

Christy Brown, Mandarin, 1989. ISBN: 0749301015. Autobiography describing the childhood and adolescence of Christy Brown, from his birth with cerebral palsy in Dublin in 1932. He recounts his childhood struggle to learn to read, write, paint and finally type, with the toe of his left foot. The book was made into a film with Daniel Day-Lewis.

### My World – The Extraordinary Life of Gail Taylor: An Autobiography

Gail Taylor, The Book Guild, 1997. ISBN: 185776210X Gail Taylor was born with cerebral palsy in 1951 and soon became visually impaired. Later, Gail learned to converse in seven languages.

**Uphill All The Way**, John Hawkrige, Michael Joseph, 1991. ISBN: 0718134699. John Hawkrige was born with cerebral palsy in Leeds in 1948. His autobiography tells the story of his fight to live his life on his own terms. John took early retirement from the Inland Revenue, and in 1988 he climbed the 18,192 feet-high Kala Pattar in the shadow of Everest, pursuing his long-held passion for mountaineering.

**Sticks and Stones: The autobiography of John Hawkrige**, JH Productions, 1987. ISBN: 0951233505

### One Step at a Time – Emmett My Son’s Battle to Walk

Charles Rose, Bloomsbury, 1991. ISBN 0747509565. Story of a boy with cerebral palsy and his family.

**Paula’s Story**, Shirley Flack, Headline, 1997. ISBN: 0747217726. Biography of a member of the Chicken Shed Theatre Company, who has cerebral palsy. Chicken Shed is a world-renowned inclusive theatre company.

**Doran – Child of Courage**, Linda Scotson, Collins, 1985. ISBN 0002173409. Story of a mother and her son who has cerebral palsy.

**So Clear in My Mind**, Alan Counsell, Hutchinson, 1982. ISBN: 009149690X. Alan (who appears on the Speaking for Ourselves video) is a teacher, adviser and councillor, who was born in Blackburn in 1937 with what was later discovered to be cerebral palsy.

**To The Mountain Top**, Meeting the Challenge of Disability, Larry Walters MBE. Larry Walters’ story of how he became a chartered engineer and disability rights champion and overcame society’s preconceptions about what disabled people can achieve. Hayloft Publishing Ltd, 2005. ISBN: 190452432X

**White On Black**, Ruben Gallego, John Murray, 2006. ISBN: 0719561361. Winner of the Russian Booker prize. Ruben was born in Moscow in 1968 with cerebral palsy. He describes his life in the Soviet Union’s network of hidden orphanages.

## POETRY/LITERATURE

### Camilla, Bloody Little Imbecile

Antonia Lister-Kaye, Book Guild, 1991. ISBN: 086332651X. A novel by another participant in the Speaking for Ourselves video, described as a work of fiction based on fact.

**Collected Poems**, Christy Brown Secker & Warburg, 1982. ISBN: 0436070898

**Dam-Burst of Dreams**, Christopher Nolan, Pan, 1988. ISBN: 0330303171. Collected poems and other writings published in 1981 when Christopher Nolan was 15, and which he wrote using a 'unicorn' on his forehead to punch the keys of a typewriter.

**Down all the Days**, Christy Brown. Secker & Warburg, 1970. ISBN: 0436070901. Novel about a disabled boy in Dublin during the '40s and '50s, and written 13 years after 'My Left Foot'.

**A Shadow on Summer**, Christy Brown, Secker & Warburg, 1974. ISBN: 0436070944. Novel about a writer, set in New York and Connecticut.

**Skallagrigg**, William Horwood, Penguin, 1988. ISBN: 0140072063. Novel of the BAFTA-winning film, which describes the lives of Arthur and Ester (who both have cerebral palsy) and Ester's search for Skallagrigg.

**Stoner and Spaz**, Ron Koertge, Walker Books, 2002. ISBN: 0744590558. A beautifully written, uncompromising yet poignant story of the relationship between a boy with cerebral palsy and a girl with a drug habit. Written with forthright humour and explicit dialogue.

**Under the Eye of the Clock: The Life Story of Christopher Nolan**  
Christopher Nolan , Phoenix paperback, 1999. ISBN: 0753807092. Christopher Nolan was born in Ireland, nearly dying at birth from asphyxiation, which caused his disability. 'Under the Eye of the Clock' is a powerful and moving autobiographical novel from a gifted writer with cerebral palsy who has been compared to Joyce, Yeats and Dylan Thomas. First published in 1987, 'Under the Eye of the Clock' is an international bestseller.

**YOUNG PEOPLE'S EXPERIENCES**

**Between Ambition and Achievement**  
Bignall & Butt, Joseph Rowntree Foundation, 2000. ISBN: 1861341938. Study based on interviews with young black disabled people, giving their views and experiences of independence and independent living.

**A Different Life**, Lois Keith, Livewire Books, The Women's Press, 1997. ISBN: 0704349469  
Story of Libby, a disabled teenage girl. The novel is written by a teacher, writer, editor and parent, who in 1985 broke her spine after being hit by a speeding motorist.

**Disability in Adolescence**, Elizabeth M Anderson, Methuen, 1982. ISBN: 0416727409. Reports on an extensive study of the experiences of disabled teenagers, including family and social life, education and psychology.

**Easy for you to Say – Q&As for Teens Living with Chronic Illness or Disability**  
Miriam Kaufman, Firefly Books Ltd, 2005, ISBN: 1554070783. Authoritative, no-nonsense answers to the sorts of questions asked by disabled teenagers.

**No Choice, No Chance – The Educational Experiences of Young People with Disabilities**  
Educable, 2000. ISBN: 1841470218. Research report exploring the choices that young disabled people have when it comes to education, and how these choices affect them when they leave school.

**Taking Charge – Teenagers Talk about Life and Physical Disabilities**  
Kay H Kriegsman (Editor), Woodbine House, 1992. ISBN: 0933149468. A self-help book that delivers a positive message for teens with physical disabilities.

**Whose Voice is it Anyway? Talking to Disabled Young People at School**  
Christine Wilson and Rowen Jade, Alliance for Inclusive Education, 1999. Report of a project aimed at empowering young disabled people, which includes interviews with them.

**GENERAL**

**Mustn't Grumble, Writing by Disabled Women**, Louis Keith (Editor), The Women's Press, 1994. ISBN: 0704343444. A collection of writings by disabled women.

**Pride Against Prejudice: Transforming Attitudes to Disability**, Jenny Morris, The Women's Press, 1991. ISBN 0704342863  
Drawing on her own and other experiences of disability, Jenny Morris confronts the nature of the prejudice against disabled people.

**Lifetimes – A Mutual Biography of Disabled People**, Chris Davies, Understanding Disability Educational Trust, 1993. ISBN: 0951495577. Examines the experiences of 12 disabled people from a variety of backgrounds and areas.

**Out of Sight: Disability Equality In the Classroom – A Human Rights Issue\***  
Richard Rieser and Micheline Mason  
Disability Equality in Education, 1992  
Handbook for teachers that includes thinking of disabled people about history, inclusion, current issues, language, images, and culture.

**Index for Inclusion\***, 1997 CSIE.  
Self-review tool for schools to find out how inclusive they are and monitor their progress towards greater inclusion.

**Education Equality and Human Rights\***  
Edited by Mike Cole, 2000. Routledge, London. Covers Gender, 'Race', Sexuality, Disability and Social Class. Two chapters from Richard Rieser on History and Inclusion.

\*Available from **www.diseed.org.uk**

**If you know of any additional resources to add to this list or for further information, go to:**

**www.speakingforourselves.org.uk**  
**call 020 7619 7228 or write to:**

**Speaking For Ourselves**  
**Scope Creative Services**  
**6 Market Road**  
**London N7 9PW**

# Time to Get Equal

## Did you know that:

- 38% of young disabled people have been bullied at secondary school?
- one in three disabled people has been turned away from pubs, restaurants, theatres and leisure centres?
- over a million disabled people wanting to work are denied the opportunity to earn a living?
- It is time to listen to what the UK's 10 million disabled people want: the same human and civil rights as everyone else.

Find out more at

**[www.timetogetequal.org.uk](http://www.timetogetequal.org.uk)**

## Scope

- Scope is a national disability organisation whose focus is people with cerebral palsy.
- Scope's mission is to drive the change to make our society the first where disabled people achieve equality.

To find out more about Scope, please visit

**[www.scope.org.uk](http://www.scope.org.uk)**

Download a student pack of information about Scope and cerebral palsy from

**[www.scope.org.uk/information/students.shtml](http://www.scope.org.uk/information/students.shtml)**

Time to get equal

**scope**

About cerebral palsy.  
For disabled people achieving equality.

**[www.speakingforourselves.org.uk](http://www.speakingforourselves.org.uk)**