RICHARD: Ok everyone ready good. Hello everyone, my name is Richard Rieser, I am General Secretary of the Commonwealth Disabled People's Forum and I would like to welcome you to this first module of our CDPF online Disability Equality Capacity Building Course and welcome to all of you for making the effort to join, and we hope you will have a good time throughout the course. I would now like to introduce Sarah Kamau who is our acting Chair, and she comes from Kenya, so over to you Sarah.

SARAH: Thank you Richard. Welcome everyone to this course by the Commonwealth Disabled People Forum, CDPF. I am acting Chair of CDPF which comprises 20 executive members representing 80 Disabled People's Organisations, DPOs, in 47 Commonwealth countries. CDPF restarted in June 2019 in New York and is open to all DPOs run and controlled by disabled people in the Commonwealth countries. We are seeking to improve the position of 450 million people who are disabled with the full range of impairments living in Commonwealth countries, by improving implementation of the United Nations Convention on the Rights of Persons with Disabilities as well as in the Sustainable Development Goals in every country. Following a series of successful online meetings about the impact of COVID-19 pandemic on us, we decided to develop an online training course. This course has 14 modules, each with online presentation, course book chapter with follow up activities, and an online seminar, which those registered for assessment can attend. Everyone else will be able to view these on the CDPF website through protected password. We are hoping to launch the whole course for all who want to follow it in June 2021 and later on offline versions to reach areas without the internet. I wish you all a productive study period and that you can put what you learn to good use and practice it. Welcome. CDPF, there is a language that we use, which I am going to introduce for the sake of contextual understanding of the language. Disabled people. Why we still choose to call ourselves disabled people? In the Commonwealth Disabled People's Forum we call ourselves disabled people because of the development of the social model of disability. In the 19th and 20th century, a disabled person's medical condition was thought to be the root cause of their exclusion from society, an approach now referred to as the medical or individual model of disability. We use this social model of disability where the barriers of environment, attitude and organisation are what disable people with impairments and lead to prejudice and discrimination. So to call ourselves 'persons with disabilities' is to accept that we are objects and powerless. We also view ourselves as united by a common oppression so are proud to identify as disabled people rather than people with disabilities. When we're talking about the UN Convention on the Rights of Persons with Disabilities, we will use people or persons with disabilities. Thank you. RICHARD: Thank you Sarah, and what I am now going to talk about is a model that pre-dated that medical model, which is alive and well in many of our cultures which we call the traditional way of thinking about disability. There isn't one way of disability being thought about, so for instance, looking at this from western culture point of view, for thousands of years people's lives were ruled by superstition, interpretations of nature which depended on all powerful deities, a host of gods. Disabled people were penitent sinners, were figures of fun or freaks, we were often seen as evil or seeking to get our revenge. These stereotypes persist as we will see in a minute in the literature and media today. The worst time for us in history was when we were seen as the 'useless eaters' in Germany's Third Reich, or a race danger in the UK, and other countries which exercise eugenicist policies, and we were either sterilised or exterminated. This wasn't the first mass killing of disabled people, the witch hunts across Europe from 1480 to 1680. Here is a wood cut of three witches hung in Oxford in 1680 and the main evidence brought at their trial was that they were disabled women and therefore had had elicit relationships with the devil. Or you can take this picture from Holland in about 1600 which was in the first wave of building Empire out of Europe, went round, sailed round the world laying claim to many other people's lands, but also brought back a bacteria called leprosy which spread very quickly in the Dutch population. There were round 10% who had leprosy, and they were identified by the people who ran the towns as penitent sinners, and they had to become beggars, they were forced to begging, and the good people of the towns would get their reward in heaven by giving them alms, A-L-M-S, handouts. Or going back even further to Greek mythology, Festus was the only god identified in Greek mythology who was disabled, he had a club foot and therefore he was made fun of, and he was made to work as a blacksmith when all the other gods were just enjoying themselves, with food, women, and relationships. Or take this picture by Bruegel, five or six blind men following on each other, holding on to each other's shoulder. The first one falls over, the second goes, then we can see what's going to happen the third, fourth and fifth and sixth are going to fall over, isn't that funny. So we're objects of humour or here, evil. Evil personified in Shakespeare's play of Richard III, who apparently was vengeful, wanted to kill everyone else off to get to the throne, had a humped back or scoliosis, a withered arm from a spell from a witch and a lame leg. Now we know, because his body was dug up in a Leicestershire carpark six years ago, that he did have scoliosis, but he also had massive upper body development so he could wield a sword, but he didn't have a withered arm and he didn't have a lame leg. Why was this given to him by Shakespeare? Because of course the Tudors had usurped his Richard III and his Crown at the Battle of Bosworth, so they wanted bad propaganda about him. Of course, throughout the world we have this idea of the good looking good, from ancient Greek and Roman right through to modern day magazine covers, the beauty industry, and bad looks bad. Maybe somebody like this with leprosy, but of course leprosy is treatable so there is nothing of a life sentence about it today. But we still associate good with looking whatever good is, and bad with people who look different. Taboos in action, so for instance in Tanzania, Malaki, a boy with intellectual disability was chained to a pole by his family and this report that this comes from show us many, many disabled people, particularly with mental and learning difficulties chained up, but Malaki was liberated and joined the Special Olympics team and went on to the World Games in Abu Dhabi where he was successful. Or on the other side here we have Agnes Mutemi, and her first-born daughter Namibia was mentally ill at the age of two. She had actually some problems with her birth, she was deprived of oxygen, and she was treated very badly in the community and her 38-year-old mother went along with that until she realised she that to fight for her daughter, and these old ideas that she somehow was something bad, had to be challenged in the community. Witches and witch hunts were in the past and we still have that, we tell it to children when we read them stories like Hansel and Gretel, with the witch bent over not being able to see, using a crutch and she eats children, that's how we bring up children with stories like this. There are many traditional tales where we frighten children with witches and witchcraft, but these traditional beliefs are very strong, and in many cultures both in Asia, and Africa, the witch doctor is still seen as a powerful alternative to modern medicine. In India, mythology the Mahabharata shows us many difficult disabled people who are cunning beggars, or in extreme poverty, and not fit to be King such as this blind King but then of course there were people like Asktavakra who had multiple impairments who went on to be a good King, but the tradition and idea of karma that things are passed on all go against disabled people, and there are still many ideas in our society. Let's have another example of how this works, I'll bring in Emile from the Autism Society in South Africa to talk about this, 'it takes a village to kill a child'. Emile.

EMILE: Thank you Richard. Good afternoon everyone. I represent here diversity on the CDPF and I am a self-advocate from South Africa. I am most concerned about the filicide killings of disabled children by their relatives, their thinking comes from the false ideas from myth to folklore. The following article summarises the concern of filicide killings in Africa, specifically Uganda which you see in your course book. In this article, it summarises four main aspects, four main concerns towards filicide killings which is the resolution. The first concern is that disabled children are socially outcast and likely to be denied healthcare in Uganda. Unfortunately these children will likely not go to school, and due to the prejudice which exists in society they will be hidden away by their parents behind closed doors. The second challenge is that specialist medical services are in short supply despite the rocking economic growth. Now Uganda has been seen as the most successful place in South Africa, in Africa specifically, due to the fact that there's a few people that live under the poverty line, and there's cleaner drinking water, but there is a specific need for medical supplies. The third challenge is that the pandemic has caused many hurdles and the spike of sexual and other abuse. This COVID-19 pandemic also provides challenges in terms of transport, and accessibility for food were difficult to access. The fourth challenge was the mercy killings of disabled children, as I elaborated on. To provide your definition, this is the practice where parents abandon their children, in the bush or violently end their children's lives. Several parents will be recounted, and they will be told by the family as well as their friends, to throw their disabled children in the toilets or poison them with medicine. The resolution to address this challenge was the signing of the UNCRPD to protect the disabled, but this public declarations chalk up almost nothing in the lives of parents fighting to give their children alive. Thank you.

RICHARD: Thanks very much Emile. We will go on now just to look briefly at how these traditional ideas can be found when you turn on your TV or your cinema screen, or indeed these days the internet. Because most storylines that we have, where disability is used, use it in a negative way. So for instance, the Indian film Black which was a retelling of the story of Helen Keller, of a deafblind girl, is really played for sympathy and pity. Or the film by Disney of the Hunchback of Notre Dame based on a famous novel by Victor Hugo about scapegoating people, where Esmerelda actually falls in love with Quasi and has a good relationship with him but is hung for associating with him. But in the Disney film, Disney decided, and I have got a letter where they said this, Disney decided that the world wasn't ready yet for a relationship between a non-disabled woman and a disabled man and so they decided the storyline would end with him being friends with a little girl, which is a way we are looked at often. or in the film, another American-Indian film, My Name is Khan. It's about autism, it's all about how amazing he does the most ordinary things. Most people with autism with the right adjustments of course, can do what they need to do, but need to be seen for the people they are. Or take the Batman series where the Penguin, or Two-Face, the baddies are always seen as some impairment. Here he's has got a facial disfigurement, one side of him is good, one side bad. Is that true? Of course it's not. If someone has got a burnt face doesn't mean they are bad. Or this earlier silent movie which shows a car before and after it goes over a man who happened to be a double amputee made up to look like the other, and we laugh, or James Bond films. When we get on to looking at the module on media, and discrimination, we will say more about this, but it's very true that here Doctor No with his metal hands is one of many villains in the James Bond series who are identified because they are disabled. Is that true? Of course it's not, but that's what is reinforced. Or Captain Ahab chasing the whale, vengeful forever because of his lost leg, or this The Evil Child, one of Nollywood's output which is really very poor on disability, and images of disability very negative. Another one from there, Beyond Disability, saying the same things. But there are some improving numbers of films like Margarita With a Straw, an Indian-American film, about the life of a girl with cerebral palsy, or the BBC recent output of six monologues called CripTales which were filmed, made by, and written by disabled people, so there is some chance of improvement, but most of what we see in the media is negative and we need to use Article 8 awareness to challenge this, to move things on. Now, I will go on to Thandiwe who is going to talk about albinism. Thandiwe is another, Thandiwe Mufulo is another of our vice-Chairs, welcome Thandiwe.

THANDIWE: Thanks so much, can you see me?

RICHARD: Yeah, we can see you.

THANDIWE: Can you hear me?

RICHARD: Yeah, we can hear you and see you, off you go.

THANDIWE: Hello?

RICHARD: Yes, off you go.

THANDIWE: Thank you so much. When it comes to albinism, in terms of the category that is there you will find people with albinism you know most of them are, they have got a visual impairment, and they are always tortured, always being degraded, not being seen as humans, and in 29 countries of Africa, that including Ghana, people with albinism are ritually banished, they are being attacked, they are being accused or witchcraft, they, their graves are not, they are not buried in the same place like everybody. Some believe that there is, some believe that there is money, if you kill a person with albinism you will be rich. Most of the time they are victims of kidnap and violent attacks, why are they victims of kidnapping and violent attacks, it's because the belief is there. Here 2015 there were two young men who killed, brutally killed this lady with albinism. Because their instructor told them that they will be rich and then they do ritual process, they killed her for ritual purposes. Who did that? The traditional healers. That if they mixed that body with the body of a person with albinism they are going to be very rich. They killed her. Then June 2016, a 4-year-old young boy was kidnapped by a woman, a young girl of 28 kidnapped him for what? For money. Who said that? The traditional healers. Now when we come to the state you realise that the state in terms of response to violence against persons with albinism, their systems, evidence shows that there is little that is done for them. 2013 there was a document came out, they called it Ekurhuleni Declaration on the Rights of Persons with Albinism. The Declaration it seems promising but when you follow up in the progress how far it has gone, no, the state is failing around that, that is only a document that has come out, 2013. Now, it is very, very important that violence, crime, against persons with albinism, the system should establish, should have a comprehensive data collection, and then legislation needs to be developed to enforce punitive action because at this moment it's neither here nor there. The South African Human Rights they launched an investigate into this but there's no action when it comes to it. So some of the result we pick up when it comes to albinism including people with disabilities, but albinism specifically, it's a challenge. Thank you Chair.

RICHARD: Thank you Thandiwe. Really this is something that we as disabled people's movement, particularly in Africa where this strong, have to do much more to force our governments to implement these Conventions and to educate people, particularly in the rural areas, but of course rural ideas come into town as people migrate to town, so we have to do this work amongst families, to say these old ideas are wrong, you mustn't believe them, and we are fighting for rights and we have rights under the Convention that we will be talking about later. But before we get to that, there was another way of thinking about disability, which was seeing us as objects or charity where we were often patronised. I had polio when I was a small child, I used to see these plastic children with callipers for spasticity or polio, where people put money in their head or in their little box that they held and I felt really funny about that, because it felt like to me. Now diabetes which is another impairing condition which is very dangerous and which in some countries it's not counted as a disability, but it is a hidden impairment, a hidden disability. I wonder how this girl Susan felt, when this poster was up, that she lived under a shadow because she was probably quite adjusted to her condition, checking her blood sugar levels for whether they were too high or too low and adjusting by eating glucose and other food. But the charity that was gathering money made this negative idea about her. Or this, the Multiple Sclerosis Society, you at 21, are struck down and you need a friend for life. Most people I know with multiple sclerosis, it's a much more long-term condition from when it's first diagnosed to when it does finally affect the nerve system and they are unable to do very much and eventually prematurely die but often can be 20, 30, or 40 years’ time. In the UK we used to have something, and they have it in America and Canada, they were got rid of there, something called Telethon, you may have something similar in your country, where well-meaning people come together and do silly things on television, to raise money for disabled people. We said, we don't want your charity, what we want is our rights, and so 2,000 disabled people in 1992 blocked Telethon outside the London Weekend Television Centre and from that direct action movement came which led to lots of other things, but you know the interesting thing, it never happened again after that, because I think the broadcasters got the message that we didn't want to be patronised in that sort of way. So that's one side of charity thinking. Challenging the charity model is of course when governments feel that they can't actually implement the rights that we have, in the Conventions they have signed up to, they go to well-meaning people and say would you like to put your hand in your pocket to treat these poor disabled people and they don't really do things that we want. They set up what they think we want, and here we have in this cartoon, someone saying rights not charity. The guy patting the woman in the wheelchair on the head is saying the public don't want anything to do with you ungrateful disabled. Of course charities do do useful things, but they give support and resources to disabled people, to lessen the so-called suffering or being kind to those less fortunate than ourselves and some charities we'll see in the next slide do do very useful work, but nevertheless pity is utilised to gain resources which have the unintentional impact of demeaning as in their advertising as we have just seen. Many have now changed the image but not all. They don't address the structural barriers through society which we see, which the UNCRPD tells us that we need to address. And so, what we find, when we're working with charities, we have to be careful. And there are big charities, NGOs they often call themselves, but they are charities, they started as charities, like Sightsavers which used to be the Commonwealth Blind Association, or Lennard Cheshire which is still called Lennard Cheshire, or CBM which was the Christian Blind Mission, or Handicap International which is now called Humanity and Inclusion which was a French charity, or Australian charity called Light for the World. These are doing good work and through the IDDC they link up and represent at the UN and elsewhere, but we need to be clear they are not run by, or organised by disabled people, although they may employ disabled people, they don't necessarily answer these questions. And the questions we need to ask, when we are working with these organisations, is do they accept the leadership and thinking of disabled people's organisations? Do they do everything they can, to empower and build the capacity of DPO's? Often the money that's offered from bilateral and multilateral aid agencies requires a huge amount of paperwork and evaluation and so on which most DPOs are not able to do. So are these big charities operating with us, to do some of that work, to empower us to give us those skills so we can control the funding. Do they reject the charity and medical model in favour of the social human rights model? Do they put their organisational, financial and training resources at the disposal of disabled people and DPOs. If the charity provides welfare services and treatment, do they still empower disabled people they work with. Do they actually positively recruit disabled people and put them into positions of leadership, and do they on their managing board, have disabled people with real power. Do they allow disabled people with their organisations, to lead because remember, our slogan is nothing about us, or do they tend to steal our clothes. These are important questions. Of course a bigger model which has again distorted things while being useful for us, because of course it provides medical support, which no disabled person says we don't want, of course we want the medical support, we want the rehabilitation, but we don't want to be seen as ill our whole lives, we want to be seen as disabled people with impairments, long-term impairments. But the medical approach, of course, is to treat and cure, to make as normal as possible. If that can't be achieved, do we end up in a segregated situation in an asylum, a special school, or a home, away from most people. Or are we left isolated in our homes. Not happy to accept people as they are, the impairment has to be focused on. Often, nothing, even with the most ingenious medical science can be done to alter for instance, spinal injury, or blindness in many cases, or deafness in many cases. Profound deafness is a condition that there is no cures for as yet, but we're still treated in this medical model way, whereas actually what we need is adjustments and support to live our lives like other people. This medical model, which sees the impairment, what's wrong with us as the problem, employs millions and millions of people around the world who have been trained in this way of looking at us. Our job as DPOs is to re-educate all these people to say you can be allies in our struggle for rights, but you can't go on seeing that we don't have a voice. We will see in a minute how that clash between the medical establishment and disabled people's rights, led to a change in our position in the world. So that was replaced by an alternative model that was developed, by people particularly in the UK, but others around the world adopted it very soon, in the 1970s the Union of Physically Impaired Against Segregation, you can read about them in the course book, said that actually our problem is not our loss of function, our problem is the barriers beyond us of attitude, the way things are organised, the way the environment is, the way there are barriers to our employment, us getting income so we live in poverty, beliefs that we can't do things, inaccessible information, inaccessible transport, prejudicial and devaluing. All of these things are beyond us as the disabled person as we can see in this model, it is the barriers that disable us, yes the condition is our impairment, but it is the barriers that the disable us. For instance, ignorance and lack of empathy, folklore customs and beliefs, negative attitudes, lack of education and training, inaccessible information, and communication. Denial of our human rights, inaccessible buildings and transport, lack of income and support, and violence, rape and bullying. These are the issues that we as we have already seen, through our examples, are the issues we have to deal with to get equality, and justice and human rights. So, really, there was a big upsurge in thinking about this, in the world in the middle of the last century, from about 1960s onwards people began to say look all of these civil rights organisations round the world and so on, are come bubbling up, isn't it time that we as disabled people has rights as well. And this is embodied in the Convention, which was agreed in 2006, which acknowledges this decades of work and it takes a new height, the movement and stops seeing us as objects of medical treatment, charity, or social protection and moves us to towards viewing persons with disabilities, as it says in the treaty, as subjects with rights, who are capable of claiming those rights and making decisions for their lives based on their free and informed consent as well as being active members of society. We know that this upsurge of self-advocacy struggles often also led by parents when it came to children, who were fighting as allies for their children to have equal shares in education, and an equal and just life, became a disability movement that fought for these things, and wherever we go in the world we can see an upsurge of this movement. It wasn't just in Canada, United States and Europe it was also in Africa, Malaysia, Australia and India, we have seen this upsurge all over the Commonwealth and all over the world. In formulating this paradigm shift it was UPIAS that came up with the distinction between the impairment, which is the loss or limitation of physical, mental or sensory function on a long-term or permanent basis, yes we have an impairment, but how we're treated, what we used to be called handicappism is now disablement, is the loss of limitation of opportunities to take part in the normal life of the community on equal level with others due to physical and social barriers. This was adopted by Disabled People International in Singapore in 1981. The definition allowed the burgeoning disabled people movement round the world to use the social model analysis to the oppression we face and say it's not to do with our individual impairments because it happens all over the place, regardless of what type of impairment we have, and led directly 25 years later to our Convention. Now one really important thing, was a turning point in this history, was by the mid-70s all over Canada, and in many other parts of Europe and Africa, and Asia, there were beginning to be organisations of disabled people that were run by disabled people and saw this as a problem. They came together for something called Rehabilitation International. Now Rehabilitation International was started in the 1920s was really an organisation of medical professionals operating from the medical model, who wanted to do good things for disabled people, but they didn't want to give us control, and someone from the Swedish organisation, they had a pre-meeting before this conference in Winnipeg in Canada and as I said, in each of the areas of Canada there were independent coalitions as there were from elsewhere. They came together and they said why don't we put forward you can't be a member of this Rehabilitation International unless you have at least 50% of your board, those who control things, make the decisions, are disabled people themselves. That fell at the Convention, and so about 400 disabled activists walked out of the 1980 convention in Winnipeg and agreed to set up a committee to work for a new organisation and on that committee were people from Canada, Costa Rica, India, Japan, Sweden, Zimbabwe. They were elected to work out a new organisation and new name, they also put forward that it should be based round the social model, and the first Congress was held in November 1981 in Singapore, which happened to coincide with the UN Year of the Disabled as they called it, and there was a lot of resource and money went into DPI from that point. So I think that history shows us why it was important for us to have self-representation and control of our organisations and that has to continue, and some people would say, including myself, that perhaps our lack of progress since the Convention was passed in 2006 and implemented in 2008, here we are nearly 13 years later, and we are not getting much progress on implementation. It's maybe that our organisations don't have sufficient power or say in our countries, which are controlled and run by disabled people. We maybe have to rebuild that and it's one of the things we're committed to in the Commonwealth Disabled People's Forum. Thank you. I am now doing also the next bit then I will, no, I am now going to ask Sarah to say a little bit about what the paradigm shift has meant in Kenya, Sarah.

SARAH: I would like to explain what this change of perspective has meant to me as a person with disability in Kenya. It has changed my perspective and the way I look at myself, and I am able to fight for my rights or advocate for my rights, in a more confident manner. I have been able to engage persons with disabilities to create awareness, in their DPOs so that they can also fight for their rights as well. As United Disabled Persons of Kenya, an organisation that is an umbrella body for DPOs in Kenya, this has meant that the perspectives make us to do more sensitisation, awareness raising and advocacy work. Because more persons with disabilities out there need to know what their rights are and how they can engage governments stakeholders into being able to include them in development and societal matters. UDPK has also facilitated more DPOs at grass roots level so they can put this voice together as one because speaking as a group makes the voice louder so their voices have been amplified and their visibility has been felt more in the 47 counties around Kenya. The organisation has also increased consultations with Governments and stakeholders, and duty bearers to include disability rights in their agenda. So these perspectives have made people with disability or disabled people and has made the organisation as a whole, to become more vibrant, and has moved out there with strength and engaged the people themselves the DPOs and the governments and any stakeholders who are able to make a difference in the way issues and rights of persons with disabilities are being included in development. Thank you.

RICHARD: Thank you Sarah. Really emphasises - [audio feedback] can you switch off - of this paradigm shift. Along with that paradigm shift, the language we use about disability needs to alter as well, because language is a bit like geology. It is the rocks are set down at the environment and climate that occurred when those rocks were set down, but things evolve, things change, and so to take the metaphor forward, this cartoon 'Who am I?' shows a little boy swimming in a sea and underneath are 50 or so disablist words that might be used in a British school playground, not all of them now but many of them still there, to bully and name call someone who is different physically or mentally. Vegetable, maimed, deformed, clumsy, knock-knees, dim, spazzy, cripple, invalid, dummy, loony, lame, hop-along, idiot, moron, mongol, cloth ears, thick and so on. All of this stuff has a health warning on it, we don't expect people to use it, but we need to know where it comes from and in the course book you will find the derivations of many of these words that are used in English. One of the things you can do for your own community and home language is to look at where the words come from in your language, and at the front of the course book are some lists of stereotypes and sometimes in the language from the South Pacific and from Southern Africa where we have done work in the past, you can make a similar list. Much of this language is hurtful and damaging, and more often than not, it is the start of othering, because if you can distinguish between your in group and out group by calling them names, then the next thing you might do is not include them. Like a little albino boy is maybe not included, or a deafblind boy is not included in games outside the classroom or when people do social things after school or in holidays they don't include them or make friends with them. Once you have isolated people like that it's a fairly easy step to then treating them like they are not really the same as you and we then begin to see violence and discrimination and it ends up with killing, because we're seen as not human by this othering process, and a lot of it is carried through the language we use. So just a few examples, mongol comes from a misunderstanding of people who have an extra chromosome with Down's syndrome, and Langdon Down formulated this theory, so-called progressive man, that mongols were a genetic throwback to an inferior race so he was a racist, we shouldn't really be using language he said. Or take the word 'idiot', that comes from Greek, but was given new meaning under the Mental Deficiency Act in Britain in 1913 which spread to many other parts of the Empire and the Commonwealth, that we should test people to decide if they were feeble-minded or idiots, or imbeciles, and these were all tied to different levels of measuring IQ or reading ability, and we all know that you can teach to test. I'm a teacher myself by background, I can improve or double people's scores by just intensive teaching, so what does that actually tell you about the person? It tells you about the environment they have been through, it doesn't tell you about the person. So, they were still taken and locked away, and had all their human rights taken away from them because of this and this happened right across Canada, Australia, South Africa, Britain and in some other parts and Nigeria and other places so and India. So we know that language can be very powerful and just a couple of more, take the word 'invalid' means to be a not-valid person, or cripple comes from middle German, means to creep and not be really a proper person. Spazzy is one that is still used a lot, it comes from spasticity which is part of the symptoms of cerebral palsy in some forms of cerebral palsy it where there's been a loss of oxygen to the brain during birth, or because of an accident, then people have involuntary spasms. Not a nice thing to call people and yet it's called spazzy. Or 'lame', in modern young people's language on the internet you'll find, oh isn't that lame, then it's even turned round that lame is suddenly something really good but actually inverting it in that way it's still using it because initially, lame is seen as something other than what most people are. So we need to watch the language we have and use. Thank you. Now we're coming to the last bit of what we're talking about and that is that there is a human rights model put up as an alternative to the social model, there are some good arguments for that, we can read about them in the course book but it really is important that we understand that the social model approach goes beyond the human rights model, because it's about empowering us as disabled people to take our future into our hands, and to move forward, and it's about seeing that the social model of disability is really there and yes while there are some weaknesses in the way it was formulated, it wasn't formulated to bring, take account of all rights and the human rights that have laid out in the Convention, UNCRPD, it's a roadmap of how we are to go but without the engine to drive which is social model thinking bringing us together across different impairments, joining up, learning about different access needs of each other and finding common demands that we can place on our Government, to make them do what they have already said they will do, which is implement the Convention, we will not get very far. And to end up this section I want Emile to illustrate this by some thinking around this from an autistic perspective, Emile, can you come back in please.

EMILE: Thank you Richard. Just to provide you a couple of examples. The recent COVID-19 pandemic has shed light on existing inequalities. The COVID pandemic and its disproportionate impact on disabled people, especially, the autism community. The CDPF unites people in the autistic community with a range of disabled people across the Commonwealth. This is because we have much more that unites us rather than divides us. I just want to provide you with a couple of examples that had an impact on the autistic community during this recent pandemic. To mention a few. The recent COVID-19 pandemic disrupted the daily routines of neurodiverse individuals. We also found that healthcare facilities as well as therapeutic interventions, were inaccessible as well as relevant medication. As we are routine-bounded we also found that schools closed, as well as specialist schools transitioned to online teaching. We needed to get used to the health regulations such as wearing a mask, continuously reminding our students to wash their hands, as well as sanitising them as well as to provide social distancing. The majority of the autistic community are dependent on public transport and therefore the COVID-19 pandemic, as well as the nationwide lockdown, provided restrictions for them to travel. We also found that there was insufficient surveillance systems and scarcity for training personnel and I think the following example I want to provide you, actually had a tremendous impact on autistic community, which was the inaccessibility of facilitators to take care of the children with autism as well as to support them during this difficult time, and as such, care givers needed to get special permits in order to support their families. Wow, food for thought. We need solidarity. What unites us is that the disabling barriers and discrimination can be only be successfully overcome if we are socially transformed, led by the United Disabled People's Movement and our allies. Together we can force the implementation of human rights that on paper our governments have signed with the ratification of the UNCRPD. The social model thinking unites us, and the human rights agenda is the roadmap which will make that equality and justice a reality.

RICHARD: Thank you Emile, and that is the end of our first module. I just like to point out that the next thing on your programme will be to join one of two seminars, on 19th of February and you will be written to about those, and they are interactive so you can answer your questions, and before that we would like you to read the course book chapter on this and answer one or more, and the accreditation will depend on this, of the follow up questions and send them, keep them in a folder and send them us to when we ask you to. I hope you have enjoyed this very brief journey around the different thinking on disability, but I hope you will all agree, that if we don't understand these different ways of thinking, we can't really move forward. So I would like to thank all the contributors, Thandwie Mufulo, Emile and Sarah Kamau and all the team including Gemma White who works behind the scenes to support us in doing all of these things. Thank you very much.