28523 Describe community values and attitudes and their impact on people with disabilities

Level 3  2 credits

Name:

Workplace:
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Introduction

This learning guide is about community values and attitudes and how these can affect the health and wellbeing of people with disabilities.

How to use your learning guide

This guide supports your learning and prepares you for the unit standard assessment. The activities and scenarios should be used as a general guide for learning.

This guide relates to the following unit standard:

- 28523 Describe community values and attitudes and their impact on people with disabilities (level 3, 2 credits).

This guide is yours to keep. Make it your own by writing notes that help you remember things, or where you need to find more information.

Follow the tips in the notes column.

You may use highlight pens to show important information and ideas, and think about how this information applies to your work.

You might find it helpful to talk to colleagues or your supervisor.

Finish this learning guide before you start on the assessment.

What you will learn

This topic will help you to understand:

- how community values and attitudes have changed over time.
- how community values and attitudes impact on people with disabilities.
Defining disability

Disability is not something individuals have. What individuals have are impairments. Impairment means a limitation to the way a person is able to function. They may be:

- physical, related to body function.
- sensory, such as vision or hearing.
- neurological, related to the nervous system, such as seizures.
- psychiatric or mental - the state of psychological and emotional wellbeing.
- intellectual or cognitive, such as limitations of thought processes, memory, reasoning and learning ability.
- age related, as multiple impairments are common with older age.

The disability or impairment may also be temporary, intermittent, or ongoing. A temporary disability or impairment could be a broken leg, while an intermittent disability or impairment could be a lower back condition which sometimes affects the person’s mobility and wellbeing.

A person’s impairments may be present from birth (congenital) or caused by disease, trauma, accident, illness or a health condition.

Barriers

Our society is built in a way that assumes we can all see signs, read directions, hear announcements, reach buttons, have the strength to open heavy doors and have stable moods and perceptions.

People with disabilities face huge barriers to achieving the life that so many take for granted. Impairments affect daily life and social activities, and can limit access to education, health care and welfare services.

Barriers are created as often society takes no account of the impairments other people have. Barriers may hinder a person’s full and effective participation in society on an equal basis with others.

People with impairments may become disabled if their environment or community does not take their impairments adequately into account, creating barriers which prevent their full participation in society.

Changes in the way disability is viewed in New Zealand led to the removal of many barriers so that people could participate more in their communities. This means that people with disabilities have greater involvement in the decisions which affect their lives.
The Disability Survey

The Disability Survey is a national survey of children and adults and is the most comprehensive source of data on disabled people living in New Zealand. It provides information on the needs of disabled people and the nature of their impairments.

In 2013 there were 1.1 million New Zealanders who identified as living with a disability and this survey allows these people to have their voices heard.

Results from the 2013 New Zealand Disability Survey showed that:

- the most common disability type for adults were physical disabilities.
- diseases or illnesses were the most common cause of disability for adults, followed by accidents or injuries, and ageing.
- the most common type of accident or injury causing disability was one that occurred at work.
- just over half of all disabled people (53%) had more than one type of impairment.
- the most common causes of disability for children existed at birth, and 52% of these children had difficulty learning.
- the percentage of people with disability increased with age, from 11% for children under 15 years old, to 59% for adults aged 65 years and over.
- Māori and Pacific people had higher-than-average disability rates.

People living with a disability are likely to require support with many aspects of daily living.
**What are values and attitudes?**

Community values and attitudes are made up of the values and attitudes of the people who make up the community.

It’s worthwhile considering our personal values and attitudes.

Our core values and core attitudes contribute to making us the people we are.

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Exploring who we are and our identity can be a very personal exercise.

**Write**

Imagine that someone who does not know you has asked you to describe yourself. What would you say to that person?

Think about: What are my values? What are my attitudes?

In two or three sentences note down what you feel you would most likely say to describe yourself.
# Personal values

<table>
<thead>
<tr>
<th>What are values?</th>
<th>What do you believe?</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is important to you?</td>
<td>How do you view the world?</td>
</tr>
</tbody>
</table>

How we answer these types of questions says something about our values. Values are the principles and philosophies by which we live our lives. Our values influence the way we make decisions, think, feel and act.

Who we are is a combination of lots of things, and there are lots of ways in which we might choose to describe ourselves. Learning more about values and attitudes will assist you in describing yourself.

“To get ahead in life you must get a good job.”

“I think family/whanau is important.”

“I believe that when you are young you need to make the most of the opportunities you have to do what you want to do.”

“Support is a really important part of my life and a great way for people to contribute to community spirit.”

“I believe in working hard.”

“School is a good place to learn the basics, like reading and writing, but the best educator is experience.”

Values can relate to and come from a wide range of things. Think about the things you do that are important to you in your life to determine where your values come from.

“It is important to be honest.”

“The most important things in my life are family and church.”

“I believe older people need to be respected for the knowledge and experience they have.”

“We all have a responsibility to work hard and contribute to the support of each other.”

“A family should be a place of support and sharing.”

“Everybody should be treated equally in New Zealand.”
Values can relate to and come from a wide range of things. Make some notes in the margin.

**Ethnicity**
What cultural or national group (if any) do you have a sense of belonging to?

**Religion**
What beliefs and practices do you have in relation to faith, worship and spirituality?

**Culture**
Are there customs, arts, traditions, achievements or institutions of any particular social or ethnic group that are an important part of your life?

**Employment status**
How do you view being employed, self-employed, a salary or wage earner, unemployed or a beneficiary?

**Age**
How do you view being old, young or middle-aged? What do you consider being old, young or middle-aged to be?

**Political perspectives**
What beliefs do you have about government, power, the way the country should be run and your rights?
**Sexual orientation**
What are your beliefs and views of people being attracted to others of the opposite, same or both sexes?

**Gender**
What are your beliefs and views about the roles men and women play in society?

**Family/whānau circumstances**
What does family/whānau mean to you? What do you think is the role of family/whānau?

**Education**
What do you think education is; how important is education; how should it be done?
Personal attitudes

What are attitudes? When we refer to an attitude we are generally referring to the manner of thinking, feeling or behaving towards something.

We might choose to view our values as the reason why we think, feel or behave a certain way, and our attitudes as how we think, feel and behave.

Identifying and describing our attitudes and behaviour means that we need to take notice of what we do in response to things.

“I get really frustrated with people who complain all the time.”
“When it comes to choice between family and work, I always put family first.”

“I get angry with the way people with disabilities are treated.”
“I don’t like it when people push in front of you when you have to wait patiently in line.”

One way to determine what an attitude is, is to think of how we think, feel and behave.

“When I feel I’ve done a good job for the person I’m supporting I feel like a valuable member of the team and I feel happy.”
“I like working here at Meriwood because there is so much cultural diversity.”

“When I’m not consulted about the days I am able to work on the roster, I feel like not coming to work.”
“It is annoying when people are placed on a waiting list for treatment and they need it now.”

“I feel worried about the person I’m supporting when she can’t afford to go to the doctor and she is entitled to receive health care.”
“I am surprised when I learn that not everyone thinks the same as me about the government strategy on disability.”

An easy way to begin identifying our attitudes is to take notice of comments that we make in conversation.

“I think…”
“You should…”
“Why don’t…”
“I always…”

“I like…”
“They are…”
“Isn’t it…”
“If only…”
Community values and attitudes

A community is a group of people who have something in common. This commonality may be the neighbourhood in which they live, their place of work or their leisure environment. Community values and attitudes are made up of the values and attitudes of the people who make up the community.

How are communities informed about disability? What kind of information is the community given about disability?

Evidence of community values and attitudes about disability is displayed in many different ways.

<table>
<thead>
<tr>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newspaper headlines and articles</td>
</tr>
<tr>
<td>‘Madman runs amok’—an article about someone with a mental illness.</td>
</tr>
<tr>
<td>Radio shows</td>
</tr>
<tr>
<td>DJs and radio hosts sometimes portray groups of society in a negative light by the use of terms that create or perpetuate prejudice or stigmas.</td>
</tr>
<tr>
<td>Television programmes</td>
</tr>
<tr>
<td>For example, comedy shows laugh ‘at’ rather than ‘with’ minority groups.</td>
</tr>
<tr>
<td>What is taught at school</td>
</tr>
<tr>
<td>For example, it is only in recent years that the Treaty of Waitangi has been taught in schools.</td>
</tr>
<tr>
<td>Advertising</td>
</tr>
<tr>
<td>How men and women are portrayed in our society and the roles they play.</td>
</tr>
<tr>
<td>Greeting cards</td>
</tr>
<tr>
<td>How humour is used to portray older adults.</td>
</tr>
<tr>
<td>Workplace (organisation) policy</td>
</tr>
<tr>
<td>If there is a sexual harassment policy or workplace bullying policy and procedure.</td>
</tr>
<tr>
<td>Health or education policy</td>
</tr>
<tr>
<td>Who is targeted to receive health care and how health care is prioritised.</td>
</tr>
</tbody>
</table>

Government policies along with laws, regulations and codes of practice are other places where community values and attitudes can be shown.

As with personal values and attitudes, community values and attitudes can change over time.

For example, in the past it was believed that people with disabilities were best educated in separate specialised environments. Currently, the trend is to include people with disabilities in mainstream education.
A history of disability

There have been significant changes to the way people think about disability in the past century, both in New Zealand and overseas.

In the past, people with disabilities were not expected to be included in employment, community life or mainstream education.

Disability, for the greater part of the 20th century, was considered in a medical model with the disability being ‘something wrong’ that had to be fixed. This ‘fix’ was often residential accommodation where the special needs of the person could be met alongside similar others.

The stigma of disability was related to ideas that a disabled person was not as valuable to society. A moral debate about those deserving support (from accident, illness or impairment) resulted in a change to the way disability was viewed by people.

<table>
<thead>
<tr>
<th>Time</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1840</td>
<td>Limited the number of disabled people to reduce the need for financial support. The Imbecile Passengers Act (1882) and the Immigration Restriction Act (1899) discouraged or prohibited people who may become dependent on charity from disembarking in New Zealand.</td>
</tr>
<tr>
<td>1854</td>
<td>Mental institutions established. Mental institutions were places where people who were thought to be mentally unwell were placed. Previously people with a mental illness were put into jail.</td>
</tr>
<tr>
<td>1860</td>
<td>Institutions for orphans, unmarried mothers and the destitute established.</td>
</tr>
<tr>
<td>1880</td>
<td>The first school for deaf children opened in Christchurch.</td>
</tr>
<tr>
<td>1911</td>
<td>The Mental Defectives Act identified mentally deficient people including children, and encouraged institutional care.</td>
</tr>
<tr>
<td>1916</td>
<td>The census still identified people by the terms of “deaf, dumb, blind, lunatics, idiots, epileptics, paralysed, crippled or deformed”.</td>
</tr>
<tr>
<td>1924-29</td>
<td>Legislation was passed allowing a pension for blind people. Templeton Farm established for “high grade imbeciles and low grade feeble-minded cases without psychotic complications”.</td>
</tr>
<tr>
<td>1939-44</td>
<td>Increased awareness of disability for service men returning from WW2 (psychiatric care, rehabilitation, plastic surgery) and the realisation that physical and mental disability could be acquired, requiring rehabilitation.</td>
</tr>
<tr>
<td>Year</td>
<td>Event</td>
</tr>
<tr>
<td>------</td>
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</tr>
<tr>
<td>1949</td>
<td>The Industrial Relations Act 1949 provided opportunities for disabled people to work in mainstream employment and receive a realistic wage.</td>
</tr>
<tr>
<td>1950’s</td>
<td>The beginning of a movement away from large institutions, led by parents of intellectually disabled children dissatisfied with the way their children were treated by health and education professionals. However, bed numbers continued to increase until 1970.</td>
</tr>
<tr>
<td>1960’s</td>
<td>Sheltered employment and workshops for disabled people.</td>
</tr>
<tr>
<td>1970</td>
<td>The government approach to the disabled became rights focused and community based.</td>
</tr>
<tr>
<td>1975</td>
<td>The Disabled Persons Community Welfare Act allowed people with disabilities who were not on ACC to access services to assist them to remain in the community.</td>
</tr>
<tr>
<td>1980</td>
<td>IHC advocated for all children to have the right to go to their local school. In 1989 the law was altered to allow all children this right. Expansion of vocational services, a pan-sector Disabled Persons Assembly (DPA) and increasing de-institutionalisation occurred.</td>
</tr>
<tr>
<td>1982</td>
<td>A principle of entitlement was established through the Accident Compensation Act 1982 which provided assistance to individuals whose disability was caused by an accident.</td>
</tr>
<tr>
<td>1990</td>
<td>A focus on reducing social barriers and a change to funding support for disabled people from welfare to health agencies.</td>
</tr>
<tr>
<td>2000-02</td>
<td>The NZ Disability Strategy was developed based on a social model centred on independence, equal treatment and full participation. The Office for Disability Issues within the Ministry of Social Development was established and the ‘Pathways to Inclusion’ document set out the future direction of vocational services.</td>
</tr>
<tr>
<td>2005</td>
<td>New Zealand’s last large institution (Kimberley) for people with intellectual disabilities was closed.</td>
</tr>
</tbody>
</table>

Over time, specific organisations and services have been developed to support people and families experiencing disability.
How we think about disability now

The prevailing model is the social model of disability, as has been adopted in the New Zealand Disability Strategy. This view is that disabled people are unable to fully participate in society because of limitations placed upon them by systems in society.

People with disabilities now have greater involvement in the decisions which affect their lives. Removal of many barriers means people can participate more in their communities.

New Zealand Disability Strategy

The New Zealand Disability Strategy has a vision and presents a long-term plan for changing New Zealand from a disabling to an inclusive society. It has been developed in consultation with disabled people and the wider disability sector, and reflects many individuals' experiences of disability.

The New Zealand Disability Strategy distinguishes between the impairments that people have and the barriers to social participation that they experience. The Strategy promotes an inclusive society in which participation and leadership by people with disabilities gives them the same access to opportunities as people without disabilities.

New Zealand will be inclusive when people with impairments can say they live in: ‘A society that highly values our lives and continually enhances our full participation.’

Disabled people will be integrated into community life on their own terms, their abilities will be valued, their diversity and interdependence will be recognised, and their human rights will be protected. Achieving this vision will also involve recognising the principles of the Treaty of Waitangi.

An inclusive society means:

- that people with disabilities are visible within society.
- de-institutionalisation.
- non-discrimination and equality.
- reasonable accommodation.
- rights of citizenship.
- an ordinary life anticipated by all New Zealanders.

People living with disability are increasingly visible in the community—the person using a wheelchair, or the child with an intellectual disability going to a mainstream school. The impact of disability is lessened when people are able to participate in ordinary daily life.

As people with disabilities participate more in their community, levels of awareness and acceptance increase.
Creating an inclusive society

For more information about the Disability Strategy and other relevant information - Office for Disability Issues www.odi.govt.nz/


The Disability Strategy is also available in an easy read version, a pictorial version, an audio version, a braille version and a video in New Zealand Sign language.
Key changes that have occurred

The shift in thinking about disability includes a change from it being:

<table>
<thead>
<tr>
<th>An individual problem</th>
<th>A society problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inabilities and inadequacies</td>
<td>Abilities are assets</td>
</tr>
<tr>
<td>Separation, exclusion and discrimination</td>
<td>Inclusion and valuing the individual</td>
</tr>
<tr>
<td>Deficits</td>
<td>Strengths</td>
</tr>
<tr>
<td>Charity based</td>
<td>Rights based</td>
</tr>
<tr>
<td>A paternalistic society making the choices for the person</td>
<td>People with disabilities making their own choices</td>
</tr>
<tr>
<td>Professionals knowing best</td>
<td>Person centred care</td>
</tr>
<tr>
<td>Dependent</td>
<td>Supported independence</td>
</tr>
<tr>
<td>Institutional care</td>
<td>Community based care</td>
</tr>
<tr>
<td>Medical model around control or cure symptoms</td>
<td>A social model centred on the whole person; ‘holistic care’</td>
</tr>
<tr>
<td>All people with disabilities having the same needs</td>
<td>Recognition of diversity of needs</td>
</tr>
<tr>
<td>Patient</td>
<td>Person who needs support</td>
</tr>
</tbody>
</table>

Knowing one’s rights is important.
How do people respond

People with disabilities are sometimes made fun of, belittled or put down. This behaviour may be due to a person’s perceptions and misunderstanding of the health or disability issue or condition, but this is not acceptable.

People with disabilities have been and often are prejudiced against and have a stigma associated with their condition.

Stigma and prejudice can lead others to avoid living with, working with, socialising with, renting accommodation from, or employing the group or person who has been labelled.

It can prevent our communities from wanting to pay for care or treatment. It can cause the person being labelled to become embarrassed or ashamed about their illness or condition.

Here are two questions to consider and answer as you focus on community views, values and attitudes.

Write

How does your community view and behave towards people with disabilities?

Talk

Talk to a family member, a friend, a person you support, or a family member of that person. (Do not identify the person you talk to.)

How do the values and attitudes of the community affect people with disabilities?
Ways to interact in a positive way

Avoid using ‘labels’
When identifying a person with an impairment, the person’s name should come first, and descriptions of the impairment/disability should be used so that the impairment is identified, but is not used to negatively describe the person. For example, not, “Joe is an epileptic” but “Joe has epilepsy”.

Take time to listen and understand the person
A person with a disability may talk slowly, slur their words, and be difficult to understand at times. This does not mean that they can’t understand you or don’t know what to say. Give them time to respond. As you get to know the person, you will better understand their verbal and non-verbal language.

Use positive language
Equipment should be described as something that assists a person, not as something that limits a person for example the person ‘uses’ a wheelchair rather than the person is ‘confined’ to a wheelchair.

Use age appropriate language
This means using communication methods and language that is relevant to the person’s age. For example, when talking with a teenager you might use colloquial language that might be less acceptable to an older person. Do not use ‘baby talk’ when talking to an adult. Do not talk loudly and slowly to someone who is quite capable of understanding.

Other ways to provide support
- Treat the person as you would want to be treated.
- Look, listen, understand the person and their disability.
- Make sure any mobility aids or equipment are nearby and that you know how to use them.
- Be aware of any difficulties the person may experience in the environment, for example, changes of level.
- Observe and report any changes that may indicate medical complications are developing.
**Participation**

The most important support is to enable the person to participate in the ordinary aspects of life that people without a disability sometimes take for granted.

For anyone, the most important factors are:

- to be able to manage their activities of daily living (ADL).
- to have friends.
- to go places.
- to go to school/get a job.
- to have a home with people they chose to live with.
- to communicate with others.

<table>
<thead>
<tr>
<th>Needs</th>
<th>Implications for a person with a disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>Their house will need to be convenient and accessible so that the person can live on their own or with others of their choosing. For example: wheelchair ramps instead of stairs; kitchens configured for easier meal preparation and clean up.</td>
</tr>
<tr>
<td>Mobility and access</td>
<td>This means access for wheelchairs, private vehicles or an ‘accessible’ taxi service, public transport and easy access to places of work, study, leisure, shopping and social support.</td>
</tr>
<tr>
<td>Finance</td>
<td>Having sufficient income to pay for all their requirements for daily living, including the cost of services they cannot provide themselves.</td>
</tr>
<tr>
<td>Personal assistance</td>
<td>Suitable support and help to do the tasks they cannot do for themselves. People living with a disability are likely to require support with many aspects of daily living.</td>
</tr>
</tbody>
</table>

Support that is provided falls into three main categories.

- **Physical support** – for instance, helping with ADL.
- **Cognitive support** – prompting, teaching new skills, helping with problem solving, communication support.
- **Social support** – helping people to interact with others, building and maintaining friendships, and assisting with transportation and accessing community facilities.
Providing support

In our lives we form many different types of relationships. A relationship with the person you support is based upon the need for a service to be supplied to the person. Without that need you and the person you support may otherwise never have met. This also means that the support worker and the person they support may have quite different attitudes and values.

Take care that your values and attitudes do not impact negatively on your working relationship with a person who requires support.

It is important to be able to **recognise** and **respect** the values and attitudes of the people you support.

Respecting someone else’s values and attitudes does not mean that you have to agree with or share that person’s values and attitudes. It simply means that you acknowledge and are considerate of the person’s right to have them.

For example, organisations have values that support self-advocacy so people have a right to speak up for themselves and make their own decisions; but you may think that people you support can’t make decisions and need to be directed in what to do.

We can gain some understanding of a **person’s values** either directly or indirectly.

If appropriate you might ask a person directly about what is important to that person, using questions similar to the ones used when identifying your own personal values earlier in the learning guide.
Indirectly, you may be able to gain some understanding of a person’s values by taking notice of:

- the comments the person makes in general conversation.
- events, activities and groups that the person is involved with.
- books, ornaments, pictures and jewellery that the person has in their home.

One way to determine a **person’s attitude** would be to ask yourself how you would think, feel and behave in the same situation.

Ask yourself and a person you are supporting questions like the ones below. Being aware of the person’s responses, comments and actions when you are providing support will help you to gain some understanding of that person’s attitudes.

- What does the person think a provider and support worker should do?
- How does the person feel about needing and receiving support?

Sometimes when people’s values and attitudes are different or don’t match, friction, disagreements and opposition can result.

<table>
<thead>
<tr>
<th>Values and attitudes</th>
<th>Person</th>
<th>Support worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>The person’s values and attitudes are not in line with the support worker’s values and attitudes.</td>
<td>The person has strong religious beliefs and feels that they should share them with you.</td>
<td>You are not interested in religion and feel people should keep their beliefs to themselves.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Values and attitudes</th>
<th>Person</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>The person’s values and attitudes are not in line with the provider organisation’s values and attitudes.</td>
<td>The person believes they are entitled to care and should be able to decide what it should be.</td>
<td>The provider organisation has specific needs analysis criteria and believes it must stick to them to achieve fair provision for all.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Values and attitudes</th>
<th>Person</th>
<th>Family/whānau</th>
</tr>
</thead>
<tbody>
<tr>
<td>The person’s values and attitudes are not in line with their family/whānau values and attitudes.</td>
<td>The person believes that the family/whānau should be available to assist at all times.</td>
<td>The family/whānau believes that they deserve some time-out on a regular basis.</td>
</tr>
</tbody>
</table>

Remember it is important to be able to recognise and respect the values and attitudes of the people you support.