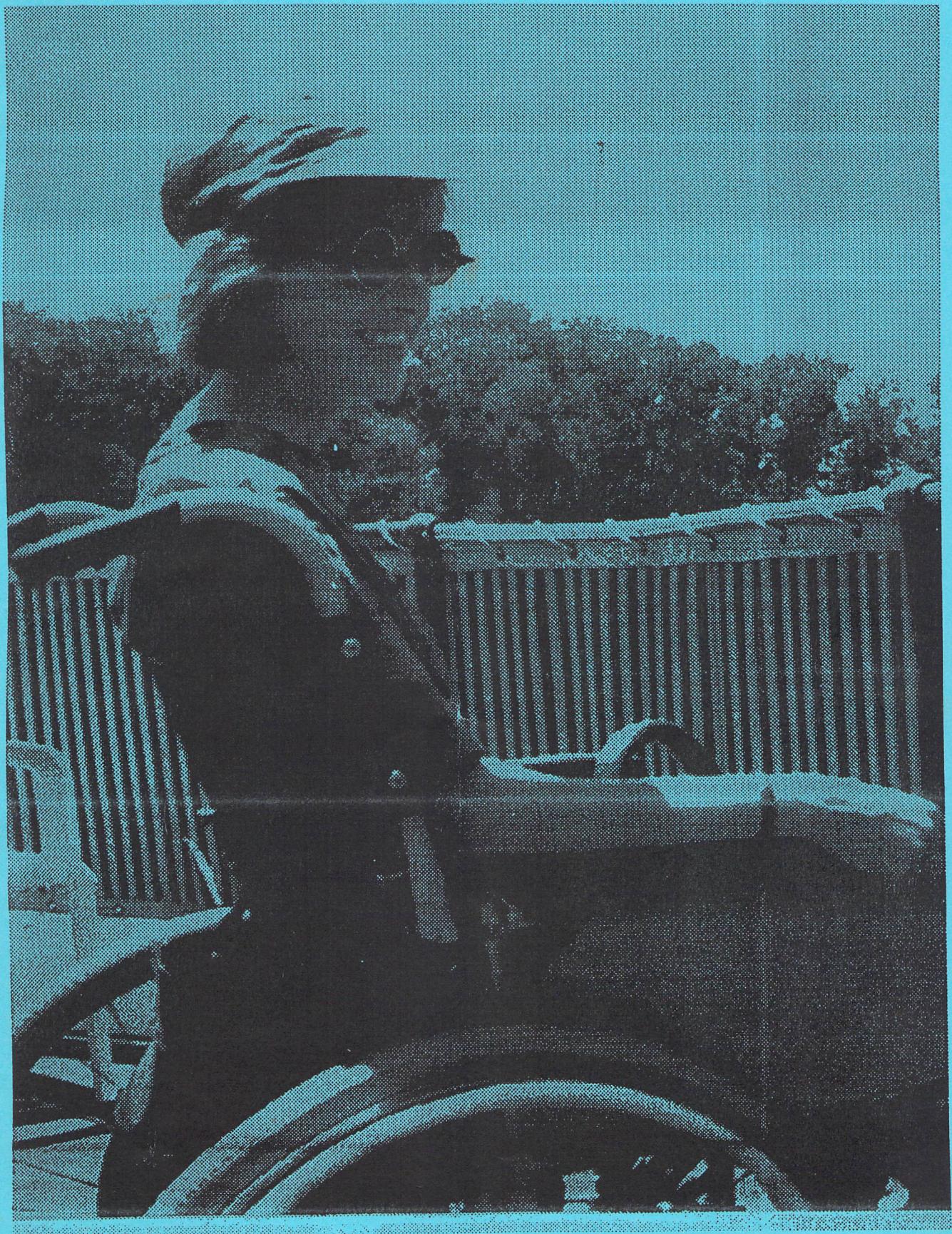


CATHY AVISON

A Celebration



## CONTENTS

Introduction	Page 4
"Positively Employing Disabled People" ("Coalition" magazine, February 1988)	Page 5
"Rights and Wrongs" ("Coalition" magazine, February 1989)	Page 6
"Review of 'Care in the Community'" ("Coalition" magazine, September 1990)	Page 8
"Message from Telethon" ("Coalition" magazine, September 1990)	Page 10
Obituary (GCMDP Information Sheet, 17th April 1992)	Page 11

## CATHY AVISON - A CELEBRATION

**Saturday 28th November 1992**

This commemorative booklet has been produced in honour of the memory of one of Manchester's most popular figures, Cathy Avison. Cathy's life embraced many spheres of the disabled people's movement in the area and her warmth, strength and willingness to support others will be remembered by all those who knew her. In her work within Manchester City Council, Manchester Disability Forum and the Greater Manchester Coalition of Disabled People, and in her personal life as a family member, lover or friend, Cathy's enthusiasm and spirit brought out the best in other people. Her contribution to the independent living movement cannot be overestimated, and she will be sadly missed by all who knew her and worked with her.

Some of Cathy's writings are contained in this booklet. They illustrate the humour and strength which typified Cathy's life.

This day is intended to celebrate her life, her work, and her memory. There will be speakers, songs, poems and space to share your own memories. It is not intended to be sombre affair - there will inevitably be sadness but there will also be many happy memories. Whilst Cathy's death came too soon and should be mourned, her life brought so much happiness and support to so many people that it is right that this should be our abiding memory of the life of Cathy Avison.

\* Donations received from today will be used to further the "Disabled People's Support Fund", set up in Cathy's memory with the intention of supporting disabled people in employing personal assistants and in forming their own support networks.

# POSITIVELY EMPLOYING DISABLED PEOPLE

by Cathy Avison; Equal Opportunities Worker with  
Manchester City Council and GMCDP Executive Council  
Member.

**One of the on-going campaigns of disabled people's organisations is the one aimed at securing anti-discrimination legislation.**

At the moment it is quite lawful to sack someone because they are disabled (especially if they have worked for less than 2 years and are therefore not, in the main, covered by any of the Employment Protection Acts). It is also lawful to refuse to employ someone because they are disabled.

There is legislation (Disabled Persons Employment Act 1944 and 1958) which is *supposed* to be of benefit to disabled people. Under these Acts it is unlawful for an employer to employ a person who is *not* disabled if less than 3% of their workforce is made up of 'registered' disabled people (unless they employ less than 20 people). This particular piece of legislation came into being in order to make sure that disabled ex-servicemen returning from the war were not barred from employment.

Since then, however, this legislation has gradually fallen into disrepute and now is held in contempt by many disabled people.

The body empowered by the government to enforce the legislation is the Manpower Services Commission (MSC). The MSC keeps a 'register' of disabled people, and is also the body to which employers apply for exemption from the requirement to employ 3% disabled people. Exemption can be given if an employer is unable to find enough suitably qualified disabled people to fulfil the quota. An exemption certificate can last for 3 years.

*In reality many employers don't even bother to apply for exemption. They know they will not be prosecuted*, and even if they were they would merely incur a fine of 100. In all the years since the legislation was enacted in 1944, only 5 prosecutions have been brought.

It's obvious from this that the law is not working for disabled people. Worse, the law can actually work against us!

If you decide to register with the MSC, and then decide to apply for a job where the application form requires you to state whether or not you are registered, you are probably reducing your chances of getting an interview. Recent research by the Spastics Society has shown that, where qualifications, experiences and circumstances are similar, the fact that a person is disabled makes them 1.6 times less likely to get a job than an able-bodied person.

## Redressing the balance

All this paints a rather depressing picture for disabled people applying for jobs. It is therefore of paramount importance that those people who are in a position to redress this past and on-going discrimination should do so.



A major advantage to not having anti-discrimination legislation is that it is actually lawful to discriminate in favour of disabled people. I would advocate that all disability organisations should use this to employ more disabled people and advertise for disabled people only. I realise, though, that not everyone will support this view, even in the face of all the evidence we have of the wide-ranging discrimination that disabled people face. They will have doubts as to whether or not it is fair.

Just a glance at the Race Relations Act or Sex Discrimination Act will provide guidance. As it is appropriate to employ women to do work with women (e.g. in a refuge), and black people to do work with black people, so it must be appropriate to employ disabled people to do work with disabled people (i.e. in disability organisations providing services or advice to disabled people).

So we can see that for most disability organisations it is perfectly fair to appoint only disabled people.

At a time when disabled people are accorded relatively few rights (and those have only come through struggle) *we should be making use of any tool available to us to improve the employment prospects of disabled people*. While this is open to us it is deplorable that we should be falling over ourselves to be fair to able-bodied people!

Anyone who recoils in horror at the mention of positive discrimination should think about this: when able-bodied people are given priority over disabled people purely on the grounds of disability (as the research shows) what is this if not positive discrimination in favour of able-bodied people?

# RIGHTS AND WRONGS

*(based on an interview with Brian Abell)*

Brian Abell lives in a flat in Manchester, which he shares with a ferocious looking Dobermann. He's been living there for two years now, and during this time he's had a more or less harmonious relationship with the local Social Services department which provides him with personal care on a 24-hour basis. On the face of it, Brian is living independently and in complete control of his own life, but all is not as it seems. The truth is that Brian is in control just as long as the decisions he makes are considered "safe" by the City Council's legal advisors.

This state of affairs was highlighted by a recent incident. Brian, like most of us, is partial to the odd drink now and again: He's also on prescribed medication. For the past fourteen and a half years this hasn't caused any problems - Brian has judged for himself whether or not to take his medicine after alcohol and has never come to any harm through it.

On this particular occasion, however, Brian (after drinking alcohol) asked his carer to dispense his medication. The carer had spotted the instruction "Not to be taken with alcohol" on the bottles and judged it potentially dangerous to enable Brian to take the drugs, but reluctantly agreed to do so.

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**.....the matter was passed from one person to another until it finally came to rest with the council's lawyers**

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Brian was annoyed by what he considered an infringement of his right to make his own decisions (whatever the risk to himself) and took the matter up with his care organiser and social worker.

In classic bureaucratic style, the matter

was passed on from one person to another until it finally came to rest with the council's lawyers. Not a group of people renowned for their radicalism (where social services are concerned, anyway) they advised that should any harm come to Brian through combining alcohol with prescribed drugs then the person who had enabled him to take them (and the social services department) would be liable. In other words, they could be sued by either Brian or his family for being negligent when they could "reasonably" have foreseen a harmful outcome to their actions.

Brian's own lawyer confirmed that this was the case.

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**Councillors must make a decision about how much control they want disabled people to have over their own lives.**

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Having gone this far there was no turning back. Brian and his carers were in a position where the carers, not Brian himself, must judge how much risk he may take. Even though it is highly unlikely that Brian or his family would sue anyone if any harm came to him as a result of one of his own decisions, he was still dependent on the good will of his carers to accept this. Who could blame them for deciding not to take that risk knowing they could be liable?

In order to try to remedy the situation, Brian has offered to sign an indemnity - i.e. a document stating that he will take full responsibility for his own decisions, and will not hold anyone else liable for any harm that may come to him as a result. At present no-one in social services will draw up such a document, and there is some doubt about whether it would stand up in a court of law



Wendy Wheeler

(i.e. his carers could still be liable).

Brian is also asking the council to indemnify its workers so that if anything did happen to him they would not be individually liable.

Councillors must make a decision about how much control they really want disabled people to have over their own lives. Brian's opinion is that the root of his problem lies in the fact that no-one in this country actually has any rights because we don't have a written Constitution, and is thinking of getting involved with a campaign for a Bill of Rights (Charter '88).

Most of the time, of course, individuals and their carers will work out the ground rules of their relationship for themselves, and disabled people living independently will be able to take risks. However, as long as assistance is needed from another per-

son then the final decision is taken out of the hands of the disabled person and this is supported passively by the law.

Brian's situation raises some interesting questions:

How can we be sure of controlling our own care support?

Would disabled people be better served if we had rights in law?

How far should we expect our carers to go to enable us to take risks? What is our responsibility to them?

*I'd be interested in the thoughts of Coalition members about these questions, and any other issues raised in this article.*

Kathy Avison  
Vice Chair, GMCDP.

## REVIEWS

Review of Care in the Community newsletter No. 9 May 1990 entitled "Care in the Community - lessons from a demonstration programme"

This issue of Care in the Community describes a series of demonstration projects launched by the DHSS (as it then was) and evaluated by the Personal Social Services Research Unit (PSSRU) at the University of Kent. The intention of the research was to compare the relative merits of permanent hospital residence to residence in the community i.e. anything outside of hospital.

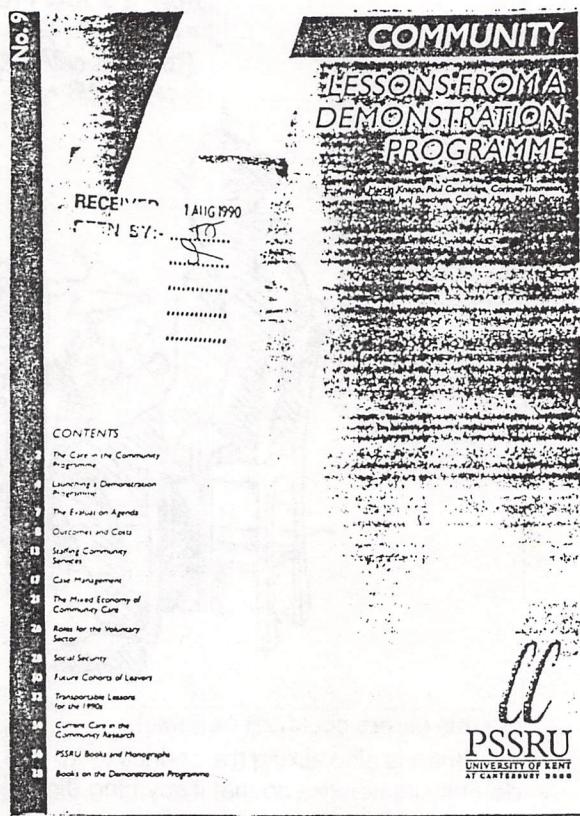
In my experience there are two types (at least) of "caring" professional; the old-fashioned type who know what's best for you and will brook no argument, and the progressive type who are there to empower you. The people who wrote this report are of the latter variety.

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.... we weren't speaking the same language; I was speaking English whilst they were talking socialworkspeak!

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It used to puzzle me that so many of the social workers and rehabilitation officers I came across seemed to be in agreement with me about so many of the things that the disabled people's movement stood for. I hadn't realised that we weren't communicating in the same language; I was speaking English whilst they were talking socialworkspeak. (In actual fact it was probably therapeutic for me as it made me feel "valued", and every good social worker knows it is very important that disabled people are valued.) Socialworkspeak enables the pro-



fessionals who are into empowering to talk in the abstract about "issues" without putting anyone to the trouble of changing what they do in practice.

Despite my by now inbuilt cynicism, I still tend to be hoodwinked by socialworkspeak so when I read this newsletter I was prepared to take it at face value and tell you that although there was nothing earth shattering about any of the projects described, it could be a step in the right direction etc, etc. However, the researchers were carried away by their own rhetoric; not content to gloss over details with phrases like "clients played a part in case management in half the projects" and "self and citizen advocacy proved workable (at worst) and enormously helpful at best", they insisted on illustrating their work with real life case studies.

The case studies gave the game away.

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## Real people's behaviour was being assessed as inappropriate by "care" workers.

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Real people were being discussed rather than abstract issues. Real people were having the values and philosophies of "care" agencies imposed upon them and real people's behaviour was being assessed as inappropriate by "care" workers.

Basically the message I got from this report is that nothing new has been demonstrated by these projects except that professionals are better at deluding us and themselves about unequal power relationships than they used to be (and that's socialworkspeak for "they've still got the money"). Oh, and by the way, the conclusion was that most people prefer not to live in hospital (surprise, surprise) and (again, surprise, surprise) the better the quality of service provided, the more expensive it is. I wonder how much they got paid to come to that earth shattering conclusion?

Just in case you're interested, here are a few of the more obvious examples of socialworkspeak contained in the report:

"Client preferences were influential in some cases" means that some people were allowed to decide what colour socks to wear.

"Translating a philosophy of care into practice demands compromise" means that everything continues unchanged.

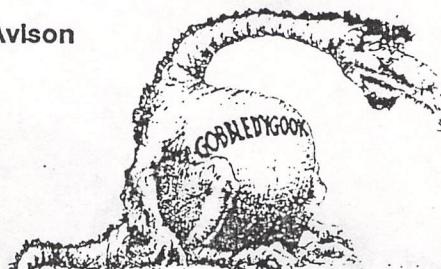
"Service packages had to be constructed in cognisance of what could be provided within available resources" means that there's not enough money so you'll have what you're given.

"Service philosophies in many of the pilot projects were based on radical principles. Normalisation was a prominent value base in most services." Is this a joke ?

"A service model which handles a joint-agency budget at the client level can provide an operational solution to the fragmentation, currently experienced at the macro-organisational level, in the long-term care of elderly people." I gave up on that one.

By the time I'd finished ploughing my way through the whole thing, any positive conclusions had been completely lost on me so I make no apologies for the negativity of this review. I suspect that the way I feel (knowing that this is an example of what is felt to be good practice) I'd rate pretty highly on the CAPE scale which, my newsletter informs me, is a behaviour rating scale used for assessment in some of the projects which "ranges over physical disability, apathy, communication difficulties and social disturbance". *How apathetic do you have to be to qualify for a bathseat?*

Cathy Avlon





### MESSAGE FROM TELETHON

Come and get your money grateful crips,  
This year was better than ever before,  
There'll be millions of Blackpool trips,  
Endless segregated fun in store.  
We know that some of you will protest,  
Never came to terms with your tragic  
fate,  
We don't mind, you do your best,  
And we don't want to discriminate.

It's a message from Telethon to you,  
There's a line of them saying,  
How much they care for you  
And it's said so often, it must be  
true.....

Telethon is good for everyone,  
Prime time slots for plc's,  
Sponsored pub-crawls are lots of fun,  
Pop stars plug their new LPs.  
Those of you at home who ring to give,  
Feel a warm contented glow,  
Dying children get to live,  
You protest, but you don't say "NO"!



It's a message from Telethon to you,  
A whole line of them saying,  
How much they do for you  
And it's said so often, it must be  
true.....

Wheel up and down, belt your slogans out,  
"Rights not charity, give us a say!"  
Safe in the knowledge as you shout,  
A big fat cheque is on its way.  
Where does realism end and selling out  
begin?  
How many principles per credit card?  
Telethon has got you, you'll never really  
win,  
Charity degrades you, but poverty's hard.

It's a message from Telethon to you,  
A whole line of them saying,  
How much they gave to you  
And it's said so often, it must be  
true.....

Cathy Avison



Photos by Lisa Longstaff

## CATHY AVISON

It is with enormous sadness that we report the sudden death of one of the Coalition's most liked and respected figures, Cathy Avison.

Cathy had been involved in the work of GMCDP ever since her return to this area from university in 1986, and served as Co-Chair and as Deputy Chair of this organisation. She soon became a popular figure, and was heavily involved in a whole range of GMCDP initiatives and in the considerable work of managing a growing voluntary organisation. She played a central part in the setting up of the Disability Action Training Project, training and providing much support for fledgling trainers. One of GMCDP's leading trainers, she made a major contribution to raising awareness of disabled people's issues, particularly in the fields of employment and independent living. She was a regular contributor to the "Coalition" magazine, her writing always coloured with the humour and strength that typified her approach to life.

Many severely disabled people have been helped by Cathy to get through the maze of procedures that must be negotiated to secure the means to live independently. Always contactable and approachable, always ready to offer advice and support, her contribution to the independence of disabled people cannot be overstated.

Likewise, Cathy acted as an inspiration and a mentor to people coming newly into the disabled people's movement. The whole movement, particularly in Greater Manchester, has lost one of its strongest and most respected campaigners.

Coalition staff will miss her endless support and willingness to take on work, and the GMCDP will be incalculably the poorer for her loss.

Our thoughts and feelings go out to her family and to her partner, Martin. Cathy, who was 28 years old at the time of her death on Sunday 12th April 1992, was taken from us all too soon.

In Cathy's memory, a fund - "The Disabled People's Support Fund" - has been set up to support disabled people in employing personal assistants and in forming their own support networks. Cheques to be sent to the GMCDP office, please.

# **CATHY AVISON - A CELEBRATION**

## **PROGRAMME**

**2.00pm Welcome**

**Speakers:**

**Cathy's Family**

**GMCDP staff representative - Michelle Brookes**

**Ken Lumb**

**Neville Strowger**

**Mary Meehan**

**Jim Hurst**

**Poems by Sue Napolitano**

**Songs performed by "Something Shady"**

**Space for other contributions**

**"Message From Telethon" - performed by Ian Stanton**

**Refreshments and break**

**4.45pm "Strong Woman" - performed by Johnny Crescendo**

**Close**