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### Abstract

This paper uses selected case studies to portray discriminatory attitudes to people with disabilities. Situations include community attitudes, exploitation in employment and lack of recreational opportunities. **Keyword: Attitudes**

**DISCRIMINATION AND INTELLECTUAL DISABILITY**

**SELECTED CASE STUDIES**

**1. Community Attitudes**

"When my daughter was three I took her to a playgroup at the local church hall. All the other mothers were talking to each other and playing with the children but they didn't come near me. One woman was handing out play dough. She gave some to all the children except M. When M. got onto a little dinkie and began riding around, a mother came up to me and said, 'would you mind not letting her ride on that, because my child uses that quite a lot.' They were happy to take my money though."

**2. Lack of Information for Parents**

Some parents experience great difficulty in obtaining professional verification that their child actually has a problem of some kind. Parents have reported that they are dismissed as 'neurotic' or 'over-protective' by some doctors, later finding that their fears were justified. In the words of one parent:

"I took her to a clinic a few times but they said I was the one with the problem....My own doctor was no help either but one day I walked home a different way and found a new doctor in the district....He arranged for some tests and they told me that she is moderately retarded with brain damage but at least I know for sure now."

**3. Lack of Educational Provision for Country Children**

With regard to children with more severe disabilities, the Board has received complaints from a number of parents living in country areas who have been unable to secure any enrolment at all for their children who have either severe or multiple disabilities. The mother of one country family complained to us:

"I have been trying to gain a place at ....School (an ex-voluntary association school) for J. aged 9, since 1974, but each time have been denied. The latest refusal was 5 weeks ago and no reason was given. There are other children at the school who are younger and more disabled than my child - I fail to see why an exception is being made of him."

This woman had been working with her family, largely without external support, to teach her son to walk, feed himself etc but pointed out that they

lacked the resources to give him the kind of help available at the school. She went on to say:

"I believed that when all children reached the age of 6 years you were compelled to enrol them at school, so why are we being denied this right? J. is a very important member of our family. For that reason we find it is impossible for us to consider sending him to a large institution like Stockton at Newcastle."

#### **4. Inappropriate Placement in a Nursing Home**

Many inappropriate placements occur at present as illustrated by the following case:

"Nellie, a 50 year old woman with a mild intellectual disability, is in a nursing home where she is very upset at being surrounded by old people, some confined to bed and obviously terminally ill. As a child she attended Glenfield Special School (the only one available at the time). She married, had no children and was widowed early in life, whereupon she lived with her father (and presumably kept house for him) for some years. She then lived independently in a variety of fairly seedy lodgings but members of her family were not prepared to tolerate her disorganised way of life and obtained the nursing home placement. A member of the staff in the nursing home contacted a community health team in the hope of finding a better place for Nellie to live. However, there was no alternative residential in the region and she did not have a health problem so there was no question of a placement in another region. Due to the shortage of group homes and similar places for semi-independent living there is nothing that can be done unless Nellie's family can be talked into letting her go back into lodgings."

#### **5. Institutionalisation**

The policy of the NSW government is to provide accommodation for people with an intellectual disability with behaviour problems or additional complications which require management in a health-care setting, including extremely malformed or damaged babies. In fact as many as half of the people in health-care residential do not require health services but many entered the system before community services were available and before the relatively recent movement to provide a more normal life for people with disabilities. These people are doubly disadvantaged because in addition to their intellectual disability (often only mild in degree) they have spent many years in an unstimulating hospital environment. Denied both the opportunity and the incentive to develop independence and living skills, many long-term residents know the hospital as their only home.

## **6. Exploitation in Employment**

Another case illustrates not only that people with disabilities are more capable than many people expect, but also shows how some employers use the income limitation imposed on invalid pensioners to gain labour at exploitative rates of pay. In this case we received a complaint from a young man who had suffered brain injuries in a car accident. After attending a rehabilitation centre run by the Commonwealth Rehabilitation Service, the vocational counsellor found him a part-time job with a nursery. He had been working there for 18 months when he contacted us. He said:

"I do boring work - just feeding and watering the plants. I work on my own. The others ignore me, sort of. Some of them are more handicapped than me, but they get more money."

When asked how much he earned, S. explained that he worked 3 days a week, 8 hours a day and for this he got \$20. He said that the vocational counsellor had him put on the invalid pension and told the nursery to pay him only a little. (This is probably due to the \$20 limit on allowable income which would enable him to keep all the pension). However, S. didn't want to be on the pension or work only part-time. He said he had tried to persuade the nursery to give him more interesting full-time work and pay him more but as they wouldn't listen he had been looking for another job. He had applied unsuccessfully for full-time jobs of factory hand and gardener. When he talked to us he was hoping to get a job as storeman for a large suburban retailer.

## **7. Lack of Recreational Opportunities**

The following case involves a 16 year old youth ('Tim') with a mild disability whose parents joined a fitness club in the hope that Tim could attend exercise classes and jazz ballet. He has no physical impairments but is very thin. He has a good sense of rhythm and loves dancing to music. The club manager interviewed Tim and after some tests of his co-ordination and ability to follow instructions the manager indicated that he could attend. It was understood that one or other of the parents would be with Tim at all times in case he had any trouble understanding the instructions in the classes.

On the first occasion that Tim and his mother attempted to attend a class one of the owners of the club intervened. He was not prepared to allow Tim in the club, for fear of what other people would think. He thought that the image of the club would suffer from having a person with an intellectual disability attending classes, though apart from Tim's inability to read and his slow speech there is no sign of his impairment. A long interview took place, in the presence of Tim who apparently understood all that was said. The manager appeared to be completely indifferent to any feelings that Tim might have experienced as a result of hearing that he was not fit to attend the club. The manager allegedly said "Don't think we're funny, it's other people who have funny ideas." He also suggested "once you let one in, you let the lot in", probably referring to the people attending two special schools in the locality.

## 8. Air Travel

Two cases concerning air travel came to our notice. In one case a domestic airline (Airline B) requested a doctor's certificate before a young man with a mild disability could be given a ticket (arranged by his parents). The young man had previously flown interstate 3 times on Airline C without need of a certificate. On this occasion the problem was overcome by simply changing back to Airline C. The second case concerned travel between Australia and New Zealand. A 50-year old man with a mild intellectual disability, "John", who lives semi-independently in a group home, works and saves his money. A friend made arrangements for John to fly to New Zealand, but Air New Zealand stated that a medical certificate would be required and the New Zealand government advised that an entry permit would only be granted if an adult accompanied John on the flight. After a social worker and a psychologist declared that John was capable of travelling alone, except for problems in reading and writing, the New Zealand Immigration Office waived the "accompanying adult passenger" requirement to protect other passengers. After long drawn out correspondence between John's doctor and a company doctor in Sydney, John eventually made the trip unaccompanied, though some months later than first planned.