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Discrimination and Exclusion

Some notes for the Rotterdam discussion in „Steps- project“

Introduction:

The following notes are not an answer to Hector's discussion paper *“Achieving equality and diversity in services”*. But somehow they are very much stimulated by it: We are - as Hector writes - concerned about “misclassification” and the “great level of discrimination” that people with learning disabilities experience. And our joint aim is to come to a shared definition of “equality and diversity”, - I think, we can say: “equality in diversity”.

To come to this shared definition, I think we would need an assesment of the obstacles. What are the main obstacles against a living where diversity and equality are combined standards? Hector's paper is more concentrated on the infrastructure of services. He writes: “..services need to be vigilant and question whether or not they themselves measure up on diversity and equality.” My remarks are more focussed on the neighbourhoods and the communities. They try to express the fear, that restructuring services, will have to keep the common status of exclusion and discrimination in mind. To follow Hectors formulation: “... services need to be vigilant and question whether they promote and prepare the communities to measure up with diversity and equality and to combat discrimination”.

Following this idea I would like to start with some notes on exclusion and discrimination, to get myself a better idea on what we are concentrating and on what we should concentrate. These are only my personal remarks, they do not claim to be the expression of “steps team” or the Hamburg Partnership.

Exclusion and discrimination:

In the EU- Proposal we called the Conference in Rotterdam “Reasons for Discrimination”. While preparing the discussion we realised very soon that there is a fault in this title. Discrimination does not need reasons and is normally based on the conviction and prejudices of a so called “natural” inferiority of others and not on reasons. We can speak about terms, factors or traditions of stigmatisation and discrimination but not really about reasons.

At the same time we realised that we always mix “exclusion” and “discrimination” when we think about the daily and structural situation of people with learning disabilities. It seems that even the EU-commission is not very clear in using both expressions.

To avoid this mixture and misunderstandings we changed the title of the Rotterdam-Conference into “Equal opportunities for people with learning disabilities”.

But I think we should not avoid the discussion on exclusion and discrimination. There is a meaningful difference for the practice and for our work in “steps” and I would like to argue in some sentences, why I believe it is worthful, to discuss about both, - aspects of exclusion and aspects of discrimination -, that lead to unequal opportunities as a result. Doing an assessment on the central aspects of both - discrimination and exclusion - seems to me very necessary in order to avoid roll backs or problems in restructuring social services. We have very different developments in “steps”- countries, and our chance is to have a keen attention on aspects and mistakes in each others development. In our visit in London we recognised for example, that the question how to prepare the community is coming up in the last years. This might show, that restructuring social services in a way that the services themselves promote diversity and equality does not automatically mean to promote equality and diversity in the community.

This in mind, I recalled the difference between exclusion and discrimination in my mind, to get a little clearer for Rotterdam, and I would like to share this shortly in order to get answers, contra- arguments etc.

Exclusion:

Exclusion means a lack of opportunities in participation. The discussion on exclusion focuses mainly on exclusion from work and there is enormous literature on exclusion, underclass and globalisation effects. Their authors understand exclusion as result of structures with the effect of less access to the labour market, and - in consequence - to culture, and social relations too. Exclusion is exclusion from the market, the economic flow of goods and mainly work. It is not based on characteristics of a person or a group. It is not “founded” in some kind of “naturalistic” arguments or ideologies that declare another person as inferior. Exclusion seems to be somehow neutral: *it does not mean the person but it afflicts the person*. The results of exclusion are often described in two main axes: one axis is from precariousness of work to non-integration in work; the other is from fragility of relations to social isolation. Theories on exclusion try to understand the interdependence between the two axes. Why do people loose their personal and social relations when they are non-integrated in work.. etc, how exactly these two axes relate to each other?

We can understand people with learning disabilities as one of the most excluded group of persons. They are excluded from work, from the economic flow of goods, they have no economic power as customers and they are excluded from culture and often from social relations. This might lead to the conclusion, that we might describe their situation sufficiently, when we call them excluded. But in my point of view this is too short sighted. With this analysis we will only describe the structural aspects of unequal access and opportunities for them.

Social Immunity:

I think that there is another aspect which afflicts their daily life in another way than exclusion does: Since more than 200 years people in western civilised countries are used to have living conditions, where in people with learning disabilities have no role in. They are not neighbours, nor colleagues or partners. People are used to a situation, where people with learning disabilities are medically, therapeutically or simply geographically reduced to niche- existence, to live in some kind of a parallel

world. They are used to see them as not reliable, not capable to work, to make business, to love and to share the community. They are used that specialists are taking care for them, that caritative systems keep them free of feeling responsible for them. The specialists answer on behalf of them to the basic ethic question, which is claimed to be the central question of all ethics and humanity: "Am I my brothers keeper?". "To be the keeper of my brother", is reduced to "To be the keeper of my not disabled, or not handicapped brother". In short terms: they are used to a world rid of other human expressions than those, which they claim to be "normal". Why should they have an interest to change this situation. Why should for example elder seniors sit together with seniors from sheltered workshops, sharing their leisure time. Why should bosses install working places for people with learning disabilities. Why should I prefer a living unit in my neighbourhood with people with challenging behaviour. For which benefit? These questions are coming up, a long way before active discrimination is to be discussed. I would not call this attitude discrimination. It is the routine of non- contact, or "social immunity" as a result of separated milieus and living conditions.

Discrimination:

And there is besides exclusion and "social immunity" still discrimination. It is the assertion of inferiority based on "naturalistic" arguments and characteristics of a persons behaviour, looking or movement. We face discrimination of people with learning disabilities everywhere. In a very smooth manner for example in speech and language or in a from of paternalistic attitudes towards them. In a more severe way in forms of avoiding contact or not taking them into account in planning and services (in German health-services etc.). And in very severe ways in forms of debates on euthanasia or in personal attacks on their dignity and health.

I am afraid that discrimination is very hard to combat, that it is even more resistant than social immunity and structures of exclusion. For sure there is a strong interdependence between the three of them. Exclusion leads to social immunity and reinforces discrimination. But we know of developments in social psychiatric services in Italy and in youth care in Germany that resentments and discrimination are often refreshed by media and politics, when structures are less excluding and services have changed.

In changing services towards human- rights- based services, we do not face only structural exclusion. We face also this kind of "social immunity" where people are sitting in a glas-house without any contact and the results of this separation. And we face smooth or severe discrimination.

Conclusion:

In "steps" - it seems to me, that we are discussing mostly exclusion and how to combat this. We should continue this discussion. But we should also face the fact of discrimination and social immunity and we should think on strategies to combat these too. I consider it dangerous, not to take active discrimination and the fact of traditions of "social immunity" into account. The result will be at the best, inclusion followed by increasing discrimination and the wish the reinstall the convenient "social immunity". People with learning disabilities will be the victims and a roll-back of re-institutionalisation will be reinforced.