

Multi-Level Human Rights Training in an Association for Community Living: First Steps Toward Systemic Change

*Frances Owen, Dorothy Griffiths, Karen Stoner, Leanne Gosse,
Shelley L. Watson, Christine Y. Tardif, Carol Sales, and Barbara Vyrostkó*

Abstract

Persons with intellectual disabilities are at a higher risk of experiencing abuse than members of the general population. The 3Rs: Rights, Respect and Responsibility training program was developed to contribute to abuse prevention. This program has been pilot tested with adults who have intellectual disabilities and staff members in a community agency. The initial results of staff training show a significant post training improvement in staff members' ability to identify rights violations in test scenarios, the nature of the violations, and possible solutions. The need for the use of innovative, multimedia program evaluation for individuals with intellectual disabilities is discussed.

Protection of human rights in services for persons with intellectual disabilities is far from simple. For community care providers, there is a fine balance between respecting the rights of those who use services and fulfilling the responsibility to protect people who may be seen as vulnerable. For example, if a staff member prevents a man who may have limited street safety skills from leaving a staffed home to participate in a community activity, is that staff member violating the individual's rights or acting as a responsible and caring professional? If a staff member insists that a woman who is a brittle diabetic must take her medication when she does not want to do so, is that individual acting in the best interests of this person or is this a rights violation? At first blush, the answer to these questions may appear obvious. However, on closer examination, their complexity becomes more evident. For example, in the first scenario, where is the line between protecting a man from being hit by an oncoming car and preventing him from accessing community activities because he is dependent on staff

members for transportation and supervision? In the second scenario, where is the line between the right to medical self-determination and protecting the woman from a diabetic coma?

As with many ethical dilemmas, there are no easy answers and achieving clarity for individuals who use services for persons with intellectual disabilities and their care providers is a difficult process. In all cases, individual and contextual factors must be carefully weighed. However, the first step on this long road may well be coordinated and consistent training in ethical, rights-sensitive decision-making. Many agencies, such as the Ontario Federation for Cerebral Palsy have attempted to protect human rights through providing information-based, educational materials on human rights to individuals with disabilities and their staff (Frazee, 1998). Human rights have also become part of many educational curricula across North America (e.g., Amnesty International, 1997; B.C. Teachers Federation, 1995; Buckingham, 1998; Flowers, 1998; Human Rights Education Program, n.d.; Ontario Human Rights Commission, n.d.; Pike & Selby, 1997). Training for staff is of central importance because the way care providers view the rights of individuals they support determines how these individuals' rights are upheld (Schultz, 1996).

More important still is training individuals with intellectual disabilities themselves. There is very little evidence in the literature of systematic human rights training being provided to individuals with intellectual disabilities. This article describes a multi-level human rights training program being undertaken by Community Living-Welland/Pelham in partnership with Brock University.

Historical Perspective on Human Rights

Recent advances in the protection of the human rights of individuals with intellectual disabilities have grown from the pain of the past. In the history of services for persons with intellectual disabilities, there have been many contradicting views and underlying fears that have led to the denial of rights within institutions. These fears and the resulting denial of rights were the main reasons, for example, for the sterilization of both men and women with disabilities from the late 1800s to early 1940s (Gunn, 1993; Held, 1993; Radford & Park, 1999; Sobsey, 1994; Wolfensberger, 1972). The eugenics movement, popular during this period, was intended to remove the "tainted" genes from society (Sobsey, 1994; Stratford, 1991). This trend came to a head in Nazi Germany in the later 1930s and early 1940s, when an estimated 90,000 people with various disabilities were involuntarily euthanized

(Brown & Brown, 2003; Scheerenberger, 1983). The discovery of this in 1945 all but ended the eugenics movement, although involuntary sterilization continued in some forms for many years for individuals living in institutions worldwide. This procedure robbed them of their sexuality (Sobsey, 1994).

Although sterilization eventually ceased, the question of what comprised a valued or meaningful quality of life continued in North America well beyond World War II. People with disabilities continued to be seen as persons who neither could have nor deserved a quality of life that would be valued (Stratford, 1991). Even when people with disabilities were no longer being killed or actively discouraged from having children, they continued to be isolated from the outside world, including having their access to their families and to education severely limited. Moreover, socially, throughout the 1950s people with disabilities were not given the option to participate in what was available to people in the general population (Sobsey, 1994).

In the 1960s, the growth of the Community Living movement changed the life circumstances of people with disabilities. This movement was a step towards the independent living and integration of people with disabilities into as many aspects of "normal" life as possible (Radford & Park, 1999; Sobsey, 1994; Wolfensberger, 1972). People were moved from large institutions to nursing homes, private group homes, and smaller, institution-like residential facilities (Sobsey, 1994).

This stride towards "normalization" was a positive one that sought to promote awareness and acceptance of differences among people. The premise underlying this movement was to integrate people with disabilities into the mainstream of everyday life (Wolfensberger, 1972). The goal of "normalization" was to maximize the potential of these individuals in every way by encouraging them to make decisions for themselves, so that they could learn from their choices and thus attain a greater degree of independence (Gunn, 1993). Programs were set in place to encourage increased community-based education, recreation, employment, and even friendships.

Today, people with disabilities are given more choices about their everyday activities than they were prior to the 1960s. However, many people with disabilities still experience limitations of choice with respect to aspects of life that are often taken for granted by people without disabilities, such as the rights to privacy, liberty, equality, and movement. In many cases, these rights are still denied to individuals with disabilities simply because their

care providers determine that these individuals are unable to handle such activities. People with disabilities constantly experience "ableism," which was defined by Lester (1998) as "the idea that a person's abilities or characteristics are determined by disability or that people with disabilities as a group are inferior to nondisabled people" (p. 9). He stated that this inferiority and lack of entitlement can be witnessed easily in the social aspects of the lives of people with disabilities, including education, economics, and employment.

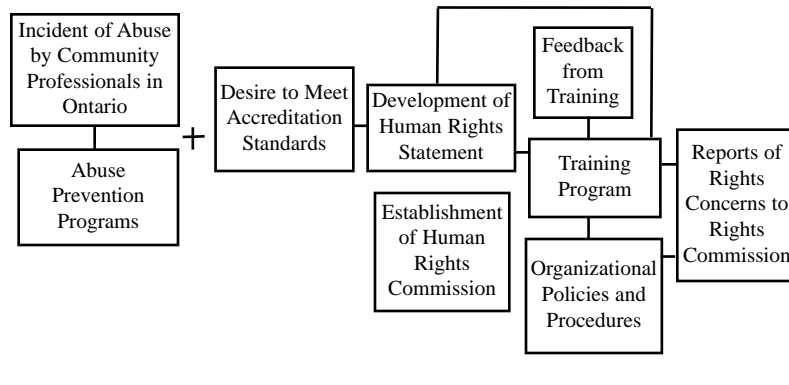
Development of the Human Rights Training Initiative

This action research was prompted by several factors (see Figure 1). In the early 1990s, there was a well-publicized and very disturbing case of an Ontario, Canada community professional being accused of abuse of a variety of service consumers, including persons with intellectual disabilities. This case prompted researchers and care providers associated with Community Living-Welland/Pelham to undertake education and training initiatives focused on abuse prevention. Community Living-Welland/Pelham's history of awareness of, and commitment to, addressing issues of abuse, combined with the organization's commitment to meeting accreditation standards, prompted the organization's Executive Director and managers to focus on the issue of human rights promotion. Consequently, the organization's Executive Director, Board of Directors, and management staff, working with Brock University researchers, developed the human rights statement described below. Following this, the human rights training program was developed to inform individuals served by the Association and their care providers about the organization's human rights statement and its application in everyday life. Trainees were also provided with information about the organization's newly formed Human Rights Commission, which was developed as part of the human rights initiative to address human rights concerns and complaints brought forward by those associated with Community Living-Welland/Pelham.

The human rights initiative at Community Living-Welland/Pelham is a dynamic, transformative process. It started with the development of the human rights statement and the implementation of system-wide human rights training. However, a key element in the process is the organization's commitment to insuring that there is an effective method in place to address the human rights concerns that will inevitably be identified as organization members become aware of their rights. The Human Rights Commission is charged with the responsibility to address these concerns. To be effective, this Commission must have the power to influence policy and procedural

changes in the organization that may be required to address concerns. Issues addressed by the commission may also suggest the need for alterations to the ongoing human rights training program. Feedback from training, based on training evaluations and discussion during training, can be used by the organization's managers to make alterations in the Human Rights Statement to respond to changing needs of the people served by Community Living-Welland/Pelham. Similarly, issues arising from the human rights concerns and complaints brought to the Human Rights Commission can also be fed back to the organization's managers who can use this information to make further changes to the Human Rights Statement. The transformational nature of the human rights initiative is reflected in this double feedback loop from the Commission and the training evaluation process to the organization's policy development and training functions, and the ongoing review of the Human Rights Statement. Figure 1 outlines key elements in the development and implementation of the human rights initiative.

Figure 1. Key factors in the development and maintenance of the human rights training program



The Human Rights Statement of Community Living-Welland/Pelham

Professionals associated with social service agencies strive to treat their consumers with respect. Ensuring that an individual's rights are not being violated is, of course, central to this respect. In the past 30 years, many governments and social support agencies have developed committees, acts, and movements to support people with disabilities - including several human rights statements (Newell, 1996). Some of the statements designed specifically with the needs of persons with disabilities in mind include: The

United Nations Declaration of the Rights of Mentally Retarded Persons (1971), A Declaration on the Rights of Disabled Persons (1975), The Rights of Mentally Retarded and Developmentally Disabled Persons Act (USA, 1987), Americans with Disabilities Act (USA, 1990), Disability Discrimination Act (Australia, 1992), and Developmental Disabilities Act (USA, 1994). As well, many countries, including Canada, have altered their various Acts to specify that persons with disabilities must have human rights equivalent to those of the other citizens of that nation. The Canadian Charter of Rights and Freedoms (1982) states clearly that people have a right to freedom from discrimination based on a number of characteristics, one of which is physical or mental disability. Canada has gone to some lengths to develop guidelines for assessing accommodation requirements for persons with disabilities (e.g., Ontario Human Rights Commission, 2002).

There are many rights documents that have been developed, such as the Canadian Charter of Rights and Freedoms, that should be upheld by all Canadians. These, unfortunately, are often extremely lengthy and sometimes quite difficult to interpret. For this reason, and given the particular needs of each individual service organization, agencies such as those serving people with intellectual disabilities may find it helpful to develop a human rights statement that is specific to their agency's work.

Building on this history of human rights work, Community Living-Welland/Pelham undertook its human rights initiative starting with the establishment of its Human Rights Statement. Using the Canadian Charter of Rights and Freedoms as a guide, as well as the Rights for Individuals with Disabilities laid out by Accreditation Ontario's Enhancing the Rights and Personal Freedoms of People with Disabilities (2000), the agency developed a list of twenty-one rights specific to its consumers and all those associated with the organization. The first eleven are based specifically on the Canadian Charter of Rights and Freedoms and are outlined below.

1. Right to equal treatment without discrimination because of race, ancestry, origin, colour, ethnicity, citizenship, creed, sex, sexual orientation, age, marital status, family status, disability, or other analogous ground
 - with regard to services, goods, facilities, and accommodations
2. Freedom of conscience and religion
 - develop own set of values and beliefs
 - if needed, this includes the assistance to discover various religions/values/beliefs and assistance to participate as much as possible

3. Freedom of opinion and expression
 - have feelings and communicate those feelings
 - express one's thoughts while respecting the thoughts of others
 - advocate for oneself and for others
 - if needed, this includes the assistance to learn ways to advocate as well as to contact someone to advocate on one's behalf
4. Freedom of peaceful assembly and association
 - choose with who, when, where to communicate or spend time, whether formally or informally
 - this includes the participation in deciding where to live and work or from whom to receive support
5. Right to vote
 - has the right to vote in any or every election
 - if needed, this includes the assistance to learn of and about the candidates, transportation to the voting location, and assistance with the actual voting process
6. Right to enter, remain in or leave Canada or any Province
 - to live, work or receive services without discrimination due to disability
7. Right to life, liberty and security
 - life - receiving necessary and life-sustaining medical or surgical treatment
 - liberty - making one's own decisions about any matter that affects his/her life
 - security - individual physical, emotional, and psychological security as well as the security of personal property
8. Right not to be deprived of one's life, liberty, or security except in accordance with the principles of fundamental justice
 - restrictive measures can be justified only in situations where the individual is at risk of harming himself/herself, others, or property and not without clear reasoning, an adequate hearing upholding all legal rights of the citizen, and substantial plans for the removal of the restriction with the best interest of the individual always in the forefront
9. Right not to be subjected to any cruel and/or unusual treatment or punishment
 - physical, emotional, psychological, financial, or sexual abuse or neglect are never acceptable

- in situations where an individual is at risk of harming himself/herself or others, treatment and/or punishment that is not regularly used may be utilized for the protection of that individual and/or others only
 - a review of each unusual treatment or punishment involving an individual or staff will take place following the procedure explained in [the Association's] Human Rights Handbook
 - if any treatment or punishment continues to be used, the situation must be strictly monitored
 - plans for the elimination of the infringement must be established directly following the incident
10. Right to be secure against unreasonable search or seizure
- each individual and his/her possessions should not be examined or seized without his/her permission for any reason unless legal authorities have ordered so by law
11. Right to equal protection and equal benefit of the law
- equality does not always mean being treated the same, but with appropriate accommodations to fully respect and allow for the rights of the individual to be upheld (Stoner et al., 2002b)

Recognizing that its commitment to human rights must extend beyond its own boundaries, the Association also committed itself to advocate for the maintenance of the following principles for persons with intellectual disabilities in the community at large:

1. Right to equal treatment under the law
2. Right to participate in affirmative action programs designed to ameliorate the conditions of individuals or groups who are disadvantaged
3. Right to contract for, possess, and dispose of property
4. Right to income support
5. Right to an education
6. Right to sexual expression, marriage, procreation, and the raising of children
7. Right to privacy
8. Right to adequate health care

9. Right to equal employment opportunities
10. Right to appropriate support services of the individual's own choosing (Stoner, et al., 2002b)

A list of rights such as this is a necessary but insufficient first step on a long and still unfolding journey designed to open a dynamic, ongoing dialogue about issues that challenge organization members to examine the very nature of service delivery.

Human Rights Training

For some, the concept of rights may be so ingrained in their life experiences that it may seem foreign to think of people being unaware that they have rights that they can insist be respected and on which they can rely. However, as Sobsey (1994) pointed out, people who have disabilities cannot exercise their rights until they know that they have them:

The inability to recognize one's rights does not typically appear to result from a disability, but rather from a lack of the kinds of experiences that are necessary in order to learn about them. (p. 196)

Sobsey (1994) emphasized that individuals who have disabilities should be trained about their rights in a context that will support the application of those rights. Without such environmental support, individuals will learn that rights are nothing but empty talk and have little basis in reality. This can be especially dangerous if individuals learn that they are powerless and do not have even the most basic right, such as the right to be free from abuse. This can occur if care providers reinforce compliance in those they serve (Mazzucchelli, 2001).

The rights training undertaken by Community Living-Welland/Pelham has been approached from a systemic perspective rooted in the belief that rights training must involve not only individuals identified as having a disability, but also their care providers who are involved in maintaining their rights. As discussed in the article by Griffiths et al. in this issue, an organization that is undertaking the process of human rights training must first commit to a set of human rights principles that are firmly rooted in the legal and ethical commitments of the province, the country, and the profession or professions with which the organization is aligned. This was not an easy undertaking. It required not only knowledge of provincial and federal law and international standards of practice, but perhaps more important, the courage of all

organization members to engage in organizational self-examination. It also required risking the shift from encouraging compliance to fostering self-determination in those served by the organization, and shifting from the security of protecting individuals to working in partnership with them. With this commitment to change, the organization then undertook systematic training as part of building a broad systemic framework to insure maintenance of these rights, as described in Figure 1.

Human rights and moral education. In their examination of human rights work as moral education, Brabeck and Rogers (2000) discussed the fact that, traditionally, those committed to human rights work focus on the protection of people who are marginalized by increasing public awareness and advocating for governmental change. However, human rights work also extends to education in programs such as those developed to teach children and youth "...about rights and responsibilities and instilling values that will challenge injustices and promote social justice" (p. 2). Brabeck and Rogers drew some parallels between the process of moral education with children and human rights education. To be effective, both of these must permeate the child's environment and must include an examination of the context in which interactions occur, rather than simply relying on a sterile set of principles. However, they point out that despite their similarities, moral educators can learn from "human rights education as it is conducted in Latin American countries and some urban areas, [that] acknowledges its political and historical grounding, and advocates continual contextualized analysis" (p.3). It is this need for contextual analysis that challenges all those who undertake human rights education to be acutely aware of the human rights issues that are present in the environment of those they seek to serve.

Adult education as empowerment. Adult education has been used as a primary tool in the human rights movement and has been associated with liberation of oppressed peoples (Friere, 1983), including those fighting in the U.S. civil rights movement (Herbers, 1998). On the occasion of the fiftieth Anniversary of the Universal Declaration of Human Rights, Lalita Ramdas (1997) suggested that "we need to redefine Adult Education as Human Rights Education on a global scale" (p. 5). Like the human rights education described by Brabeck and Rogers (2000), adult education focuses on the context in which learning takes place. Adult education is characterized by a focus on the personal experience of voluntary participants who are actively engaged in their own learning and that of their fellow learners. Adult educators work to create an open, non-judgmental learning environment in which learners bring their personal experience into the learning context (Hughes, 1999). The 3Rs: Rights, Respect and

Responsibility Training for Persons with Intellectual Disabilities (Stoner, Gosse, Vyrostko, Owen, Griffiths & Sales, 2002a) and The 3Rs: Rights, Respect and Responsibility Training for Staff in Agencies Supporting Persons Who Have Intellectual Disabilities (Stoner, Gosse, Vyrostko, Griffiths, Owen & Sales, 2002b) were developed by Community Living-Welland/Pelham in conjunction with faculty and students at Brock University and in the spirit of adult education as empowerment.

3Rs: Rights, Respect and Responsibility Training. The 3Rs Program has been designed as an adult education program to train individuals served by the Community Living-Welland/Pelham, staff, managers, and Board members on the topic of the Human Rights Statement, its application, and the complaints procedure the organization has established to support the process. Individuals served by the organization receive 8 to 10 two-hour training sessions that include presentations by trainers, discussion of human rights scenarios, and a variety of activities designed to engage participants in examining the nature of each of the Rights to which the organization is committed. Staff, managers, and members of the Board of Directors receive training covering the same material. The program is not voluntary for staff and managers; rather, all are expected to participate in the training. The core of the training program is an emphasis on the use of personal experiences and active trainee participation.

The training programs were designed to introduce each of the three key principles - rights, respect, and responsibility - before moving into examination of the interaction of the three concepts and review of each of the principles included in the organization's Statement of Rights. The training sessions also introduce trainees to the organization's Human Rights Commission, its role and responsibilities, how to make a complaint, and what to expect in response. Two facilitators work with each training group.

Highlights of training for individuals who are services users of Community Living-Welland/Pelham. The training programs for both staff and individuals served by the organization are designed to embrace the same philosophies, concepts, and information, but they differ significantly in the facilitation methods used. The 3Rs: Rights, Respect and Responsibility Training for Persons with Intellectual Disabilities program (Stoner et al., 2002a) was designed to offer people with intellectual disabilities the opportunity to learn about their human rights. The concepts used to form the program - rights, respect, and responsibility - are all complex, abstract terms that may be difficult for some people to comprehend. Since distributed practice, or continued rehearsal of the information will be needed over several years, the agency is continuing to train those they support.

Training blocks of 8 to 10 two-hour sessions are used to facilitate small groups of no more than 10 consumers of the organization's services. In these sessions, the 3Rs concepts are presented using various activities such as role-playing, word-picture association games, and discussions. Four sessions are devoted to the presentation of the concepts of rights, respect, and responsibility and to how these concepts work in concert. Pictures are used to illustrate each of the three concepts and many of the activities to increase interest and for those with reading difficulties. Braille and large print materials would be useful although they are currently not available for the program. When facilitating training, rights, respect, and responsibility concepts are discussed and reviewed continually until the facilitators determine that the trainees have grasped each concept.

Once each concept has been discussed and the group understands how all three interact, facilitators then move into specific discussion of the Community Living-Welland/Pelham Human Rights Statement. Twenty-two "lessons" with accompanying activities are available for the rights laid out in this Human Rights Statement, with an additional session devoted to providing information about how to access the Human Rights Commission. Presentation of these 22 lessons usually takes more than the suggested 8 to 10 sessions. However, in order to avoid trainee burnout, it is suggested that the facilitators end the sessions after 10 and resume at a later date. This need for intermittent training underlines the importance of embedding ongoing training in human rights into the life of the organization so that consciousness of human rights becomes an integral part of the organization's culture.

In keeping with the principles of adult education, human rights training facilitators tailor these blocks of training sessions to each group of trainees. The sessions in which there is discussion and explanation of the specific rights do not have to be presented in a precise order or even in their entirety. Naturally, flexibility and patience are the keys to any successful training program and, in particular, in programs designed to present conceptually complex material to diverse groups of trainees. Since each group of trainees has different abilities, learning styles, attention spans, and interests, it is important for facilitators to monitor these and to adapt the activities when necessary.

In order to appeal to people with different learning styles, sessions include a variety of learning activities. Individual rights are not only explained, trainees are also given the opportunity to "role-play" many activities in which they have a right to participate. An example is the Right to Vote. One of the activities used to explain this right is a mock election. Some people

with intellectual disabilities may be unaware of what voting is, how to choose the candidate to vote for, where to vote, how to vote, and the help that is available if a person requires it. Training participants are also informed of their right to choose not to vote. Training facilitators and participants role-play all of these concepts in the mock election activity that is part of the human rights training program. Activities such as this are designed to be engaging and to facilitate generalization of knowledge beyond the training session by simulating real-life scenarios.

However, no matter how engaging the training activities provided for consumers of the organization's services, it is important that all those who participate in the life of the organization actively support the organization's Human Rights Statement on a day-to-day basis. For this reason, it is necessary to train the staff supporting people with intellectual disabilities about the human rights of those they serve. Without this information being supported in the home and in daily activities, people with intellectual disabilities may become frustrated, confused, and feel that the human rights principles about which they have learned are nothing more than a myth.

Highlights of staff training. The 3Rs: Rights, Respect and Responsibility Training for Staff in Agencies Supporting Persons Who Have Intellectual Disabilities program (Stoner et al., 2002b) was designed to offer information and tools to heighten awareness of human rights in services provided to people with intellectual disabilities. Staff members supporting this population may be aware that the people they serve have human rights, but they may feel a conflict between their responsibility as health and safety care providers and their responsibility to respect every individual's human rights. Most agencies supporting people with intellectual disabilities have policies designed for the protection and safety of their consumers. As illustrated in the examples given in the introduction to this article, such policies can put staff members in the position of having to choose between the maintenance of organizational safety policies and respect for an individual's right to choose to participate in potentially risky behaviours. The dynamic tension between these positions is not easily resolved.

The *3Rs Human Rights Training Program* offers staff a non-judgmental environment within which to reflect on human rights issues they have encountered, and to discuss with the facilitators and other staff members possible solutions for any issues that have yet to be resolved. In the eight hours of training staff receive, they learn about the Community Living-Welland/Pelham Human Rights Statement, the importance of including respect and responsibility with rights, the role of the Human Rights Commission, and positive ways to advocate for review of organizational

policies and procedures. These concepts are discussed, brainstormed, role-played, and debated. Many realistic scenarios are used to improve the generalization of the material to the everyday work of staff members. All of the material used is intended to broaden the perspective of the staff to move beyond a protective role with those they serve, to consider the possibility of a meaningful partnership.

Many of the people supported by staff members are unable to identify when a human rights infringement has occurred and are completely dependent on staff to advocate for them. The 3Rs Program is designed to help staff to become more knowledgeable and effective advocates. The program also equips staff to continue the process of rehearsing the information with the individuals they support.

Evaluation of staff training. As part of the training sessions offered at Community Living-Welland/Pelham, an assessment tool was given to all staff before and after each eight-hour training module to evaluate the trainees' change in human rights knowledge. This evaluation consisted of four fictitious but contextually credible case scenarios. For each scenario, staff trainees were asked the following questions: 1) whether there was a human rights violation and, if so, 2) what was the nature of the violation, 3) who perpetrated it, and 4) what could be done to rectify the situation. If no violation was identified, staff trainees were asked to explain why the behaviour in the scenario was deemed to be acceptable. The four questions identified above were asked following the presentation of each of the four scenarios. The same scenarios and questions were used for both the pre-test and post-test. For all analyses, each staff member's mean score was calculated for each question above, across the four scenarios.

Sixty-two part-time and full-time staff members employed in community residential settings in Community Living-Welland/Pelham completed a pre-test evaluation of their knowledge of human rights. Subsequently, these staff members received 8 hours of training, immediately followed by a post-test evaluation once again testing their knowledge of human rights. Training groups ranged in size from 5 to 12 staff members. Five of the seven training groups completed the training in two-four hour sessions over two consecutive days, while the remaining two groups completed the training in one eight-hour session. Ten staff members did not complete the post-test assessment, and thus the data from a total of 52 participants were analyzed. In some sessions, the activities used to present the information was varied due to time constraints as some staff engaged in longer discussions, leaving less time for role-playing and other activities. The results of the assessment

completed by the staff were analyzed and revealed a significant pre-post change in several areas, indicating an increase in human rights knowledge and application.

In the pre-post evaluation, question one required the participants to indicate whether they believed that each of the four scenarios depicted a human rights violation. The answers for this question were scored either as 0, indicating an incorrect response, or 1, indicating a correct response. Total scores for this question ranged from 0 to 4 (added across the four scenarios), with higher scores indicating greater accuracy in identifying the occurrence of a human rights violation. Questions two to four examined the nature of the violation, the perpetrator in the situation, and the steps that could be taken to rectify the situation, respectively. These questions were all rated using an ordinal scale that was consistent across the four scenarios pertinent to each of these questions. For question two, a 6-point rating scale was used to assign a numerical value to each staff member's open-ended answer, ranging from 0 (incorrect answer) to 5 (correct answer) with exact terminology. Total scores on this question ranged from 0 to 20, added across the four scenarios, with higher scores reflecting greater knowledge of specific human rights violations. Question three was scored using a 3-point scale with answers ranging from 0 (incorrect) to 2 (correct). Total scores on this question ranged from 0 to 8, added across the four scenarios, with higher scores reflecting a more accurate identification of the persons causing the human rights violation. Question 4 was scored on a 3-point scale with answers ranging from 0 (no suggestions) to 2 (three or more suggestions). Total scores on this question ranged from 0 to 8, added across the four scenarios, with higher scores representing an ability to identify more solutions to the human rights violation depicted in the scenarios.

Results. To compare pre and post-test improvements in staffs' knowledge of human rights violations, four separate paired t-tests were conducted. For question one, the results of a paired t-test revealed a significant improvement from pre-test to post-test in the staff's ability to identify a human rights violation. For question two, the results of a paired t-test revealed a significant difference in staff members' ability to identify the specific type of human rights being violated, with the staff demonstrating better performance on the posttest as compared with the pretest. Moreover, the use of proper terminology appeared to improve from the pre-test to the post-test. Another paired t-test for question four revealed a significant difference in staff members' pre-test and post-test scores regarding their ability to identify solutions to depictions of human rights violations. Specifically, the staff members were better able to identify solutions to

depictions of human rights violations on the post-test, as compared with the pre-test. Question three, which focused on identification of the persons causing human rights violations, did not yield significant results. See Table 1 for paired t-test results, the pre-test-post-test comparison means, and overall effect sizes.

Table 1. Paired t-test results for Pre-test minus Post-test Scores for Questions 1-4

	<i>N</i>	<i>Pre</i>	<i>Post</i>	<i>Difference</i>	<i>SD</i>	<i>df</i>	<i>t</i>	<i>d</i>
Question 1	52	3.25	3.44	-0.19	0.66	51	-2.11*	0.26
Question 2	52	2.44	3.01	-0.58	0.81	51	-5.17*	0.66
Question 3	52	2.22	2.37	-0.15	0.66	51	-1.70	0.32
Question 4	52	1.06	1.19	-0.14	0.32	51	-3.12*	0.54

* significant at <0.01

Note: For question #1, all comparison means were calculated using the overall total scores; whereas for questions #2, #3, and #4, comparison means were calculated using average scores.

Note: Using Schwarzer's (1988) meta-analytic software, an unbiased estimate of effect size d was calculated directly from means and standard deviations. This latter approach also avoided overestimating the effect sizes, a problem that can be overlooked in studies involving repeated measures designs (Dunlop, Cortina, Vaslow & Burke, 1996).

As shown in Table 1, the analysis indicated a significant increase in the human rights evaluation scores of the staff members following the completion of the training. Specifically, the analysis indicated that the training had a small, positive effect on staff members' ability to identify a human rights violation, and a medium, positive effect on staff members' ability to identify the nature of depictions of human rights violations and to generate solutions to these violations (Cohen, 1988). Analyses were conducted at the more stringent alpha level of $p<.01$ to account for the increased error introduced by multiple paired t-tests that were used to accommodate the difference among test questions.

Several factors may have mitigated the test results. The first is the fact that staff entered the training with a background understanding of human rights issues so they were not naïve participants. This may have minimized the post training gains. Second, the training provided was introductory and rushed. This resulted in some participant fatigue and did not allow sufficient time for participants to reflect on and apply the material in their work lives. It is quite possible that, had a second post-test been administered, larger effect sizes

would be expected due to intervening rehearsal effects. The third is the fact that the present study did not include a control group. Future research is needed that includes a control group to examine more carefully the effectiveness of the Human Rights Training program.

Evaluation of Training for Persons with Intellectual Disabilities. At this point, there is still a need for the development of an appropriate assessment tool for individuals who have intellectual disabilities. An adapted version of the assessment tool used with the staff in this study was pilot tested with a group of individuals who have intellectual disabilities. The nature of the scenarios was not changed, but the wording of the questions was altered to simplify and clarify the nature of the questions being asked. The scenarios were read aloud to each individual. Subsequently, the questions noted above were asked, with each being asked repetitively if needed. It was found that this assessment tool focused largely on staff issues and thinking, thus rendering it inappropriate for assessing the impact of the human rights training program on individuals who are consumers of the services provided by Community Living-Welland/Pelham.

Accordingly, an amateur video was developed as an adjunct to the existing evaluation protocol in an attempt to clarify the scenarios and also to be used as a training tool in the program offered to individuals with intellectual disabilities. Volunteer high school students acted out the scenarios. Still, the video quality was not as clear as would be necessary to adequately test the utility of this modality. Although the use of this video did not lead to a more effective assessment tool, the potential of video as a teaching tool appears to be worthy of future research.

Community Living-Welland/Pelham Human Rights Commission

Once staff members and individuals served by the organization had received training in the Statement of Human Rights, there was a need to establish a mechanism to which they could turn when they perceived that rights violations were occurring. The Community Living-Welland/Pelham Human Rights Commission is charged with the responsibility for reviewing and arbitrating human rights complaints brought forward by individuals served by the organization and by staff. The membership is divided between voting members, who are not employed by the organization, and nonvoting members, who are. The voting members include a member of the organization's Board of Directors, a lawyer, a police officer, a minister, a psychologist, and an individual served by the organization. Nonvoting members include the organization's Executive Director, an Association

manager responsible for outcomes tracking, and three representatives from part-time staff, full-time staff, and management who are elected by their peers. The decision to elect two to three management full-time and three part-time staff members was taken to insure that at least one representative from each staff group could be available to attend meetings and to conduct reviews of complaints. Nonvoting members serve as resources to the Commission.

In an ideal world, this Commission would exist at arm's length from the organization. However, in a small community such as Welland, Ontario, it is difficult to structure a truly independent body. As currently constituted, the Community Living-Welland/Pelham Human Rights Commission represents people with a blend of perspectives from inside and outside of the Association who will review complaints and make recommendations for remedial and preventive action to the Board of Directors. This current structure leaves both liability and the final decision regarding rights interventions with the Board of Directors.

Staff members and individuals with intellectual disabilities can make complaints to the Human Rights Commission in three different ways. Complainants may choose to: 1) call the Association's Human Rights hotline that is staffed by an administrative assistant at the Association's administrative office; 2) complete a complaint form that they can send to the same administrative assistant; or 3) have a staff member or personal advocate assist them to make a hotline call or to complete the complaint form.

All complaints, whether submitted by telephone or in writing, are sent to the Executive Director of Community Living-Welland/Pelham for review. There are two main possible outcomes for each complaint. The first possible outcome is that the complaint may be mediated by the Executive Director or referred elsewhere within the organization, such as to the appropriate manager or supervisor, before coming to the Commission. The complainant's concern may be settled before being referred to the Commission, in which case the concern and its outcome are reviewed by the Commission at its next meeting. Alternatively, the complainant and/or the Executive Director may choose to have the complaint referred directly to the Commission. The outcome of the Commission's hearing may suggest a course of action that results in resolution of the issue to the satisfaction of the complainant, or the complainant may be dissatisfied with the outcome and choose to appeal the Commission's recommendation to the Association's Board of Directors.

Ongoing Program Research

As identified in the discussion of the training evaluation results, the use of printed scenarios, even when read aloud to participants, proved to be problematic. The response of individuals to the addition of amateur videotape of the scenarios role played by volunteer actors suggested that multimedia resources may provide the flexibility necessary to respond to different learning styles. Plans are in progress to investigate the addition of more elaborate training material to the program to allow for improved presentation of realistic scenarios.

In addition to revising and refining the training materials, the next major step in the implementation of the 3Rs program is to develop a cascade training system. Cascade (Jacobs, 2002) or train-the-trainer models have been used effectively in community health education (DePoy, Burke & Sherwen, 1992), in work with individuals who engage in self-injurious behaviour (Shore, Iwata, Vollmer, Lerman & Zarcone, 1995), and in training technical skills (Green & Reid, 1994). Jacobs (2002) described the utility of cascade training as a method of institutionalizing organizational change. The cascade training planned for Community Living-Welland/Pelham will involve the original trainers in preparing Association staff and managers to become 3Rs trainers. As a result, a cadre of Association trainers will be prepared who can insure that the training is conducted throughout the Association on a regular basis.

Contributions of this action research

It is anticipated that feedback from the human rights training participants and the outcomes from Human Rights Commission rights reviews will stimulate ongoing reflection, discussion, review, and revision of organization policies and procedures as illustrated in Figure 1 (development and maintenance of the human rights training program). This will be a dynamic process with the work of the Commission and changes in organizational policy impacting each other. Simply exposing all constituencies involved with the organization to the material in the 3Rs Program without establishing a supportive analytic infrastructure would be insufficient. Rather, it might well communicate to participants that human rights are something about which one talks but do not exist in reality, as Sobsey (1994) warned. For this reason, undertaking systemically-based human rights training is a significant and ongoing responsibility for service systems.

Acknowledgement

The authors wish to thank Raymond Johns for his help with data analyses. This research was supported by grants from Brock University and Community Living-Welland/Pelham.

References

- Accreditation Ontario. (2000). *Enhancing the rights and personal freedoms of people with disabilities*. Algoma Mills, ON: Author.
- Amnesty International. (1997). *First steps: A manual for starting human rights education*. London: Amnesty International. Retrieved May 28, 2001, from http://www.hrea.org/erc/Library/First_Steps/index_eng.html
- B.C. Teachers Federation. (1995). *Teaching human rights: Valuing dignity, equity & diversity. A human rights education teacher resource guide*. Vancouver, BC: Author.
- Brabeck, M. M., & Rogers, L. (2000). Human rights as a moral issue: Lessons for moral educators for human rights work. *Journal of Moral Education*, 29(2), 167-182.
- Brown, I., & Brown, R. I. (2003). *Quality of life and disability: An approach for community practitioners*. London: Jessica Kingsley Publishers.
- Buckingham, J. (1998). *Teaching human rights*. Saskatoon, SK: Public Legal Education Association of Saskatoon.
- Canadian Charter of Rights and Freedoms, Constitution Act (1982[1]) Schedule B, Part 1.
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Erlbaum.
- DePoy, E., Burke, J. P., & Sherwen, L. (1992). Training trainers: Evaluating services provided to children with HIV and their families. *Research on Social Work Practice*, 2, 39-55.
- Dunlop, W. P., Cortina, J. M., Vaslow, J. B., & Burke, M. J. (1996). Meta-analysis of experiments with matched groups or repeated measures designs. *Psychological Methods*, 1, 170-177.
- Flowers, N. (Ed.). (1998). *Human rights here and now: Celebrating the Universal Declaration of Human Rights*. Minneapolis, MN: Human Rights Resource Center. Retrieved May 30, 2001, from <http://www.hrusa.org/humanrts/edumat/hreduseries/hereandnow/Default.htm>
- Frazer, C. (Ed.). (1998). *Consumer rights for long term care services*. Toronto, ON: Federation for Cerebral Palsy.
- Friere, P. (1983). *Pedagogy of the oppressed*. New York: Continuum
- Green, C. W., & Reid, D. H. (1994). A comprehensive evaluation of a train-the-trainer model for training education staff to assemble adaptive switches. *Journal of Developmental and Physical Disabilities*, 6, 219-238.

- Gunn, M. (1993). Competency and consent: The importance of decision making. In A. Craft (Ed.), *Practice issues in sexuality and learning disabilities* (pp. 116-134). New York: Routledge.
- Held, K. R. (1993). Ethical aspects of sexuality of persons with mental retardation. In M. Nagler (Ed.), *Perspectives on disability* (pp. 255-260). Palo Alto, CA: Health Marketing Research.
- Herbers, S. (1998). Remembrance: Adult education at the national civil rights museum. *Adult Learning*, 9(4), 8.
- Hughes, C. (1999). Facilitation in context: Challenging some basic principles. *Studies in Continuing Education*, 21, 21-43.
- Human Rights Education Program (n.d.). *What are human rights? Let's talk*. Montreal, QC: Canadian Human Rights Foundation.
- Jacobs, R. L. (2002). Institutionalizing organizational change through cascade training. *Journal of European Industrial Training*, 26, 177-182.
- Lester, S. (1998). *Claiming disability*. New York: NY University Press.
- Mazzucchelli, T. G. (2001). Feel safe: A pilot study of a protective behaviours programme for people with intellectual disability. *Journal of Intellectual & Developmental Disability*, 26, 115-126.
- Newell, C. (1996). The disability rights movement in Australia: A note from the trenches. *Disability & Society*, 11, 429-432.
- Ontario Human Rights Commission. (n.d.). *Teaching human rights*. Retrieved May 30, 2001, from <http://www.ohrc.on.ca/english/education/teaching.shtml>
- Ontario Human Rights Commission. (2002). *Policy and guidelines on disability and the duty to accommodate*. Retrieved June 14, 2001, from <http://www.ohrc.on.ca/english/publications/disability-policy.shtml>
- Pike, G., & Selby, D. (1997). *Human rights: An activity file*. Nepean, ON: Bacon & Hughes Ltd.
- Radford, J. P., & Park, D.C. (1999). Historical overview of developmental disabilities in Ontario. In I. Brown & M. Percy (Eds.), *Developmental disabilities in Ontario* (pp. 1-15). Toronto, ON: Front Porch Publishing.
- Ramdass, L. (1997). Adult education, lifelong learning, global knowledge: The challenge and the potential. *Convergence*, 30(4), 34-40.
- Scheerenberger, R. C. (1983). *A history of mental retardation*. Baltimore, MD: Paul H. Brookes Publishing Co.
- Schultz, G. (1996). Taxonomy of rights: A proposed classification system of rights for individuals with mental retardation or developmental disabilities. *Journal of Developmental and Physical Disabilities*, 8, 275-285.
- Schwarzer, R. (1988). Meta-analysis programs. *Behavior Research Methods, Instruments, & Computers*, 20, 338.

- Shore, B. A., Iawata, B. A., Vollmer, T. R., Lerman, D. C., & Zarcone, J. R. (1995). Pyramidal staff training in the extension of treatment for severe behavior disorders. *Journal of Applied Behavior Analysis*, 28, 323-332.
- Sobsey, D. (1994). *Violence and abuse in the lives of people with disabilities: The end of silent acceptance?* Baltimore, MD: Paul H. Brookes Publishing Co.
- Stoner, K., Gosse, L., Vyrostopko, B., Owen, F., Griffiths, D., & Sales, C. (2002a). *3Rs (Rights, Respect and Responsibility): Training for individuals in agencies supporting persons who have intellectual disabilities*. Welland, ON: Community Living-Welland/Pelham.
- Stoner, K., Gosse, L., Vyrostopko, B., Griffiths, D., Owen, F., & Sales, C. (2002b). *3Rs (Rights, Respect and Responsibility): Training for staff in agencies supporting persons who have intellectual disabilities*. Welland, ON: Community Living-Welland/Pelham.
- Stratford, B. (1991). Human rights and equal opportunities for people with mental handicap - with particular reference to Down syndrome. *International Journal of Disability, Development and Education*, 38, 3-13.
- Wolfensberger, W. (1972). *The principle of normalization in human services*. Toronto, ON: National Institute on Mental Retardation (Roche Institute).

Correspondence

Frances Owen
Department of Child and Youth Studies
Brock University
St. Catharines, ON
L2S 3A1
e-mail: fowen@brocku.ca