

Training Manual

Inclusive Health

For Health Professionals

Version 12-3-2020



NB: this is a template. You have to adjust to your own audience/context



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Basics of disability and inclusion

What is disability?

Disability and impairment are often used as if they are the same word. But they are different things:

Impairment is the loss of a function of the body.

For example, when someone cannot see properly. Impairments are mostly irreversible and lifelong. Sometimes the impairment can be treated, for example in the case of vision by using glasses.

Disability is when the person has an impairment and experiences a barrier to do an activity.

For example, if someone is blind and therefore cannot read printed materials. If the materials were in braille, there would be no barrier for the person to read.

IMPAIRMENT x BARRIERS = DISABILITY

Thus: the impairment is not a problem in itself, but barriers make it problematic for the person with an impairment to participate in activities like others.

KEY MESSAGES

- Impairment is the loss of a function of the body;
- Disability is about barriers in the environment which prevent Persons with Disabilities from doing everyday activities.

Models of defining disability

There are three ways disability has been approached in development. The first two models – medical and charity approaches – focus on barriers to participation being with the disabled individual. The third way – the social or rights based model – focuses on barriers being with society’s view of disabled people.

Individual model: Charity Approach

Activities ‘help’ the person with a disability who is ‘helpless’ and outside ‘normal’ society

- disability is a problem in the person;
- they are seen as ‘unfortunate’, ‘dependent’ or ‘helpless’;
- they are regarded as people who need pity and charity;
- assumes people with impairments cannot contribute to society or support themselves;
- provides them largely with money or gifts, such as food or clothing;
- disabled people become long-term recipients of welfare and support;
- aid provided by specialist organisations not mainstream development;
- disabled people viewed and kept as separate group.

Individual model: Medical Approach

Activities ‘fix’ the person with a disability, who is ‘sick’, so they can join ‘normal’ society

- disability is a problem in the person;
- a traditional understanding of disability;
- focuses on a person’s impairment as the obstacle;
- seeks to ‘cure’ or ‘improve’ individuals to ‘fit’ them into society;
- defines the disabled person only as a patient with medical needs;
- segregates disabled people from the mainstream;
- offers only medical help, carried out by specialists;
- expensive, tends to benefit relatively few.

Social model: Inclusive Approach

Activities focus on inclusion – person with a disability is part of society

- focuses on society, not disabled people, as the problem;
- regards person with a disability as part of society, rather than separate;
- people are disabled by society denying their rights and opportunities;
- sees disability as the social consequences of impairment;
- the needs and rights of a person with a disability are the same as non-disabled people’s – e.g. love, education, employment;
- activities focus on identifying and removing attitudinal, environmental and institutional barriers that block inclusion.

(From Travelling together: How to include disabled people on the main road of development, by Sue Coe and Lorraine Wapling. World Vision, UK 2010)

Different types of impairment

There are different types of impairments that people can have. Some of these are visible; others are difficult to see. The following list are the impairments internationally recognized:

1. Visual impairment;
2. Hearing impairment, deaf or hard of hearing;
3. Physical impairment;
4. Intellectual impairment
5. Psycho social or mental impairment
6. Speech impairment

Important note:

- In most cases, people with an impairment also are disabled due to the many barriers in society. That is why in the training we will refer to persons with a disability.

What barriers do persons with disabilities face?

What are barriers?

Barriers **can keep persons with disabilities from doing things just like other people**. Persons with Disabilities may not be able to do the same activities as others, but if the surroundings and people are welcoming to them, it should not be a problem.

Persons with disabilities can experience barriers in work, social life and at home. The **barriers** may differ per person as persons with disabilities have different types of impairments, but also other differences in other characteristics, such as being a woman, or being from an ethnic tribe.

For example, persons with a physical disability may experience limitations in moving around. They experience a problem when community meetings take place in a building where people need to climb stairs. If a ramp would have been there, they would be able to come and participate in the community meeting.

There are four different categories of barriers:

| | |
|----------------------|--|
| Attitudes | when people think negatively about Persons with Disabilities A common view in many communities is that children and adults with a disability are not capable, have no abilities and are seen as a burden to the family or deserve our pity. These negative views lead to prejudice, negative assumptions, discrimination and stigma. As a consequence communities do not want to associate themselves with people with disabilities and are thus excluded in society. |
| Communication | whether Persons with Disabilities can access information and can share their ideas and feelings Communications can be disabling especially for those with sensory and intellectual impairments – for people who are deaf if there’s no sign language; for those with visual impairments if there is no braille on written documents or digital formats that can be read with speech software. Difficult language is a communication barrier to people with intellectual impairments. |

| | |
|-------------------------------------|--|
| Accessibility | <p>whether someone is able to access a building or service. For example, if someone with a disability is able to use a toilet.</p> <p>People with disabilities encounter accessibility barriers in areas such as:</p> <ul style="list-style-type: none"> • public transport • shops and marketplaces • hospitals and clinics • offices and factories • schools and housing • sport and playgrounds • places of worship |
| Political/ Institutional | <p>when Persons with Disabilities are not able to take part because rules and regulations exclude or discriminate them</p> <p>Examples of such barriers are discriminating legislation, employment laws and electoral systems. In many countries children with disabilities are also excluded by laws that prevent them from accessing school or policies that are not accommodating to support inclusive education. At community level there are examples where micro-credit programmes do not accept people with disabilities in micro-finance groups, believing people with disabilities are not able to refund the credit as they are assumed not able to work or not able to communicate. Not only do the laws and policies exclude, but often also people with disabilities are not consulted or are not represented in decision making bodies.</p> |

Principles of inclusion

- Attitude: respect and dignity
- Communication: inclusive communication
- Accessibility: barrier-free environment
- Participation: active involvement

Respectful Language

Language is a powerful tool for driving prejudice and discrimination. This is particularly so for disability issues. Historically, persons with disabilities have been labelled or called names to emphasize that they are different and do not conform to the societal norms of abilities and beauty. In some countries individuals with disabilities are even addressed by their impairments rather than by their given names.

By using appropriate language, we can:

- Shape positive attitudes and perceptions
- Avoid keeping up old stereotypes

Disability etiquette

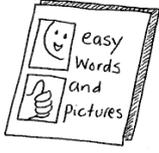
- **Call a person with a disability by his/her name** and refer to a person's disability only when it is related to what you are talking about. For example, don't ask "What's wrong with you?" Don't refer to people in general or generic terms such as "the girl in the wheelchair."
- **Talk directly to the person with a disability** and not to his or her assistant, when you want to talk to the person with a disability.
- **Use person-first language.** Person-first language puts the person before the diagnosis and describes what the person *has* e.g. "a person with diabetes" or "a person with albinism". Don't reduce people to their condition, like "a diabetic" or "an albino". A person is foremost a person and secondly a person with some trait.
- **Ask persons with disabilities** which term they prefer if they have a disability.
- When talking about people without disabilities, it is okay to say "**people without disabilities**." But do not refer to them as "normal" or "healthy." These terms can make persons with disabilities feel as though there is something wrong with them and that they are "abnormal."
- **Avoid the use of Acronyms** like PWD or WWD. It is not nice to reduce people to an acronym.
- **Avoid euphemistic language:** such as people with different abilities.
- Use **respectful language** and avoid disrespectful terminology. (see table below)

Respectful terminology in English

| Disability | Negative Language  | Positive language  |
|---------------------------------|---|--|
| General | Handicapped person, invalid, the impaired, the disabled, PWD, CWD, WWD | Person with a disability |
| Blind or Visual Impairment | Dumb, Invalid | Blind/Visually Impaired; Person who is blind/visually impaired |
| Deaf or Hearing Impairment | Invalid, Deaf-and-Dumb, Deaf-Mute | Deaf or Hard-of-hearing; Person who is deaf or hard of hearing |
| Speech/Communication Disability | Dumb, "One who talks bad" | Person with a speech / communication disability |
| Learning Disability | Retarded, Slow, Brain- Damaged, "Special ed" | Learning disability, Cognitive disability, Person with a learning or cognitive disability |
| Psychosocial Disability | Hyper-sensitive, Psycho, Crazy, Insane, Wacko, Nuts | Person with a Psychosocial disability Users of Mental Health Services |
| Mobility/Physical Disability | Handicapped, Physically Challenged, "Special," Deformed, Cripple, Gimp, Spastic, Spaz, Wheelchair-bound, Lame | Wheelchair user, Physically disabled, Person with a mobility or physical disability |
| Emotional Disability | Emotionally disturbed | Emotionally disabled, Person with an emotional disability |
| Intellectual Disability | Retard, Mentally retarded, "Special ed" | Intellectual disabled/ Person with a cognitive/developmental disability |
| Short Stature, Little Person | Midget | Someone of short stature |
| Health Conditions | Victim, Someone "stricken with" a disability (i.e. "someone stricken | Someone "living with" a specific disability (i.e. |

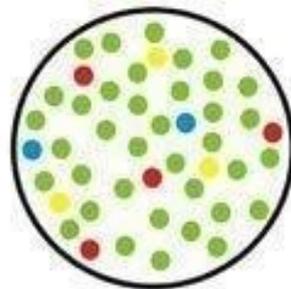
| Disability | Negative Language  | Positive language  |
|-------------------|--|--|
| | with cancer" or "an AIDS victim") | "someone living with cancer or AIDS") |

Accessibility needs

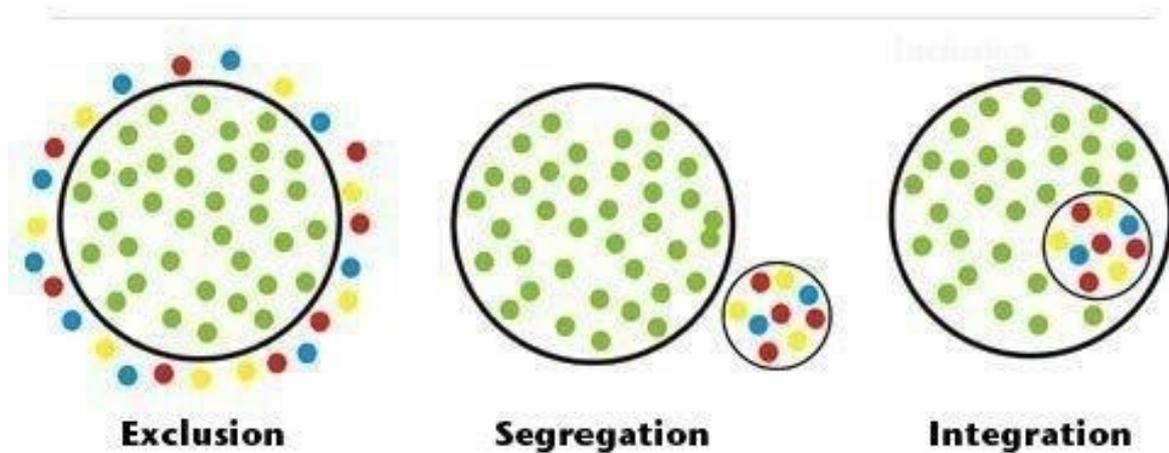
| Category | Accessibility needs |
|--|---|
| <p>Persons with a visual impairment</p>  | <ul style="list-style-type: none"> • Good lighting for persons with low vision • Good tactile markings for identification • Securely fixed handrails • Signage in braille, embossed and/or large letters • Pathways cleared from objects and debris to avoid people to trip over. |
| <p>People with hearing and / or speech impairment</p>   | <ul style="list-style-type: none"> • Clear and visible signage • Provision of written reference information. • Glare free lighting to make lip reading and following sign language easier • Good acoustics in meeting rooms • Alternate methods of communication in public places, such as paper and pen. |
| <p>People with intellectual and/or mental health impairments</p>  | <ul style="list-style-type: none"> • Clear and frequent signage • Quiet and calm place for asking questions • Easy-read written material: clear and simple messages supported by pictures. |
| <p>People with physical impairment (difficulty walking)</p>  | <ul style="list-style-type: none"> • Wide pathways, ramps and doorways to allow a person using a wheelchair to move easily. • Things reachable from a sitting position • Accessible toilets and washing facilities. • Securely fixed handrails • Available seats and benches so people who have difficulty walking can rest. |
| <p>People with physical impairment (difficulty using arms and hands)</p>  | <ul style="list-style-type: none"> • Using lever handles rather than knobs for door handles, taps. • Extended length of pump handles on water pumps and wells to make pump action easier. • Place handrails so they can be easily grasped or leaned on by a person who has limited use of their hands. |

What is Inclusion?

The following four figures show the difference between inclusion, exclusion, segregation and integration. Inclusion in development projects means full and equal participation in all the services of the health center. Inclusion does not happen automatically, barriers need to be removed. In the case of segregation the health clinic trusts that other parties organise separate health services for people with disabilities. In an integrated approach, people with disabilities get access to health programmes, but only through special programmes focussing on people with disabilities. In the case of exclusion, people with disabilities are completely excluded from the project and not able to participate.



Inclusion



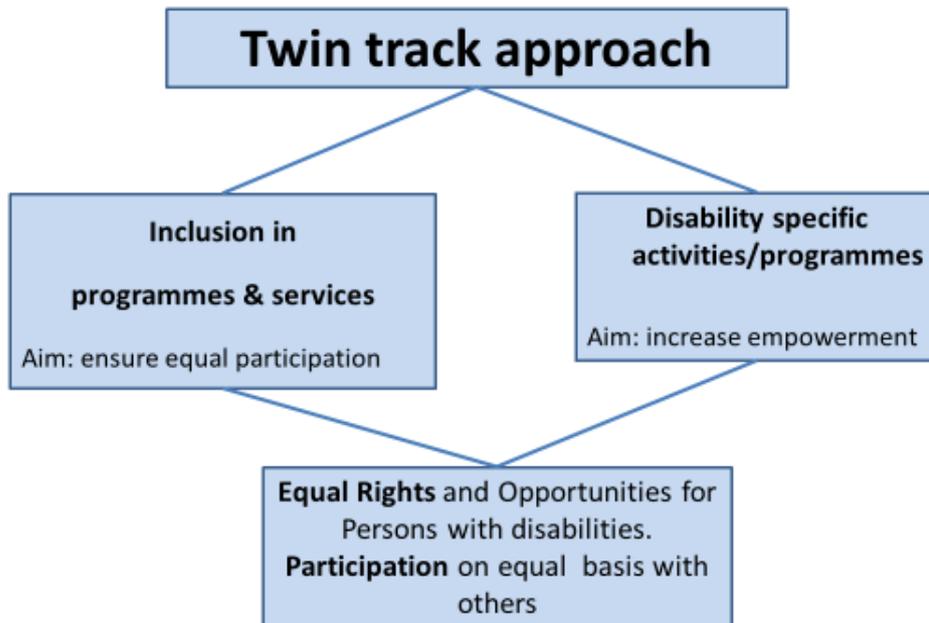
Exclusion

Segregation

Integration

Does this mean that there is no space for activities that focus on a group of people with a specific impairment? The answer is: **it is important to make all health services accessible, and at the same time it may be needed to also organise specific activities for certain groups of people.** For example sex education for girls with an intellectual impairment. These two approaches go hand in hand.

We call this: “twin track approach”. It is explained in the picture below.



What does the UN Convention say about inclusion in health?

Article 25 UNCRPD easy read version

People with disabilities have the right to good health and access to health services including family planning:

Countries will:

- Make sure people with disabilities have access to the same health services as others.
- Make sure people with disabilities get the health services they need because of their disability.
- Make sure services are near to where people live.
- Make sure health professionals give the same service to people with disabilities as to others.
- Make sure people with disabilities are not discriminated against in health and life insurance.
- Make sure people are not refused care or treatment because they have a disability.

Article 25 of the UNCRPD on health

States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:

- (a) Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;
- (b) Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;
- (c) Provide these health services as close as possible to people's own communities, including in rural areas;
- (d) Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care;
- (e) Prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner;
- (f) Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.

Role of different stakeholders in promoting inclusive health services

The actual role of the different stakeholders depends on the country context, but in general the stakeholders have the following roles in promoting inclusive health:

Role of the health center management in promoting inclusive health:

Create a conducive environment for disability inclusion:

- Appoint a focal person.
- Assess the disability inclusiveness of the health center and its services and develop an action plan for improvement of disability inclusive practices
- Broker partnerships with and involve DPOs, rehabilitation centres and other institutions in mainstreaming disability at health center level
- Plan and allocate (minimum) budget for disability inclusion each year (including presentation of this budget to town administration authorities)

Role of Focal Person:

- Contact person & coordinator of capacity building activities
- Reporting on progress
- Keep the topic of disability inclusion on the agenda of management and staff
- Motivate, update and coach staff in the health centers to serve patients with disabilities
- Coach the health extension workers on disability inclusive communication
- Link to management and make sure budgets and plans for inclusion are agreed upon and implemented
- Oversee data collection:
 - Review the work of health extension workers on baseline data collection
 - Organize joint monitoring of Disability activities at health centre level (under the guidance of program partner)
- Build up a network with Disabled People Organisations, local government offices and disability specific organisations;

Role of Health center staff:

- Provide disability inclusive health services
- Direct contact with people with disabilities in the health center
- Counselling of people with disabilities on particular services (like family planning, adolescent development etc.)
- Referral of patients with disabilities to tertiary health care institutions or local rehabilitation services when needed.
- **Optional: Develop and deliver targeted health services for some groups of persons with disabilities (deaf people or people with intellectual disabilities) that miss information provided through regular channels**

Role of Health extension workers:

- Identification & referral of people with disabilities for (Sexual Reproductive/ eye care in NTDs) Health services
- Include people with disabilities in the health services that are delivered at community level.
- Provide disability inclusive community health education and services: such as SRH, malaria prevention etc.
- Inform and involve family members, community members and community leaders when needed.
- **Optional: Baseline data collection on people with disabilities**

Role of DPOs in promoting inclusive health:

- Lobby for inclusion at local government/ health centers
- Bring the barriers that their members face under the attention of management/local leadership.
- Act as resource persons in capacity building of health service providers
- Motivate their members to make use of health services and to report on barriers they come across
- Raise awareness in the communities

Role of disability specific organisations:

- Bring in technical expertise: e.g. training of staff, doing assessments, development of resources
- Use their community network to mobilise people at community level
- Support DPOs in fulfilling their role

Role of local government bodies

- Encourage and promote inclusion of people with disabilities in health in all means possible.
- Support the inclusion process in the clinics.
- Development of inclusive health materials.
- Data collection.
- Provide budget for training, reasonable accommodation and modification of the clinic infrastructures (in case of government health facilities).

Background information per impairment type

How to relate to people with disabilities

Persons with disabilities are not a homogenous group. Each type of impairments has distinct peculiarities and needs. Even non-disabled persons have their likes and dislikes which you get to know.

Therefore, it is good to be aware about what the particular preferences are for an individual, rather than assume.

Do not assume ...¹

- ... a person with a disability either wants or requires assistance.
- ... rejection of aid is meant as a personal affront.
- ... upon acceptance of your help, that you know, without being told, what service to perform.
- ... a person who appears to have one kind of disability also has others.
- ... a disabled person is dissatisfied with his/her quality of life, and is thus seeking pity.
- ... a person with a disability is easily offended.
- ... that a person who does not appear disabled, or who uses assistive devices intermittently instead of all of the time, is faking or imagining their disability.
- ... companions accompanying a person with a disability are there strictly to render service.
- ... a person with a disability will be receptive to personal questions, particularly in a public setting.
- ... that when a person with a disability is in a public place, that they are being escorted by a caretaker, instead of traveling alone.

In general:

- Do not stare at persons with disabilities too much. Like everyone, it makes people uncomfortable.
- Avoid pity. Pity is a negative attitude.
- Communicate directly with the person, even when they are accompanied by an assistant.
- Ask before you render assistance. Unsolicited help may threaten the person's dignity and security.
- Avoid 'heroic' praises. It signifies that you have a lower expectation of him or her.
- Only ask questions about the person's disability if you know that person well.

¹ Wikipedia contributors. (2018, April 10). Disability etiquette. In Wikipedia, The Free Encyclopedia. Retrieved 02:42, October 1, 2018, from https://en.wikipedia.org/w/index.php?title=Disability_etiquette&oldid=835763782

Communication methods and their suitability²

Audio signals

E.g. bells, alarms, sirens, radio, drums, loudspeaker announcements

Ideal for persons with visual impairment. Also useful for other groups

Must be accompanied with training about how to react and support with evacuation

Signs and gestures

E.g. sign language, body language

Possible as support for other methods of communication, if these prove ineffective.

Assess if recipients with hearing impairment are able to communicate through any type of sign language (universal or local).

Visual signals

E.g. flags, lights flashing on/off

Ideal for persons with hearing impairment. Also possible for other groups, except persons with visual impairment.

A combination of audio and visual signals is recommended for urgent warnings (e.g. fire alarms).

Printed materials

E.g. posters, leaflets, pictures

Excludes persons with visual impairment.

Keep messages short and simple, and use illustrations.

If the audience is able to read Braille, consider this as a supplement

² Adapted from: International Federation of Red Cross and Red Crescent Societies. (2015). All under one roof: disability-inclusive shelters and settlements in emergencies.

How to communicate with persons with a visual impairment

Communicating with someone with a visual impairment

- When meeting for the first time, introduce and describe yourself.
- Identify yourself so the person with the visual impairment knows who you are.
- If you get closer in your relationship, a blind person may want to feel your body features as part of getting to know you better.
- Inform the person if you are moving away. Do not leave without telling him or her that you are leaving.
- Describe the space you are in as well as any things you see to the person.
- Be specific in your descriptions. Say, “the table is in front of you”, NOT “the table is here”.
- Avoid comments like ‘over there’ when giving directions. Rather be specific to direct him to his right or left (and not *your* right or left).
- When you are in a group, tell them who is present, or let the group members introduce themselves.
- When conversing in a group setting, address persons by their names.
- When you are talking in a group, use the person’s name when you are directing the conversation to him or her.
- Always talk directly to the person. Do not use a third person to answer your questions.
- Do not move things, or leave things on the floor where someone can fall over them.
- Speak naturally and clearly. There is no need to shout.
- Avoid noisy places so that he or she can hear you clearly.
- Always ask first if the person wants help. Do not help someone without asking him or her first.
- For people with low vision use clear signs and documents. These can be in large letters or with letters that you can feel.
- For blind people who can read braille, you can give written information in braille.
- When preparing printed information for persons with low vision, ask the person his/her preferred formats for personal documents. General information is usually given in Arial 18 point bold.
- Do not be surprised to hear or scared to use phrases like ‘I will see you’. People who cannot see use such phrases, too.
- If you are at a table together for a meal, give a description of the food. If possible, describe where what is on the plate.
- Do not play with or remove the white cane of a person who is blind from where s/he places it. If it is unavoidable for you to place the white cane elsewhere, remember to inform the person. S/he needs the white cane for mobility purposes.
- Do not play with a guide dog without the owner’s permission. It is a distraction. The dog is on duty!

- Avoid revolving doors. On stairs or escalators, assist by putting his / her hand on the railing. Let the person know whether the stairs / escalators are going up or down. Allow him / her a choice between stairs, escalators or lifts.

Specific skills

To guide a blind person:

- Walk alongside and slightly ahead of him/her. Do not hold the person's hand. Allow him/her to hold your arm.
- Bend your arm to your back when passing through a narrow space. S/he will get directly behind you to avoid obstacles.

To seat a blind person:

- Put the person's hand on the back of his/her chair. S/he will be able to sit
- If the chair is backless, put his/her hand on the seat for him/her to be able to sit.

Most importantly, ask someone themselves how they want to be addressed, and how they want to be supported or treated.

How to communicate with persons with a speech impairment

- Allow time for the person to speak. He may speak slower than you are used to.
- Avoid the urge to interrupt or complete the sentence for the person.
- Do not take over the conversation.
- If you do not understand what the person said, ask for repetition.
- Do not pretend you have understood if you haven't.
- Ask if there is somebody close by who may be able to interpret.
- If despite all you are unsuccessful, ask if the message is urgent.

Most importantly, ask someone themselves how they want to be addressed, and how they want to be supported or treated.

How to communicate with people who are deaf or hard of hearing?

- Get the attention of the deaf person. Position yourself where he can see you. If he or she does not react, gently touch their arm or shoulder, or wave.
- Ask the person how he or she prefers to communicate.
- Face the person. People with hearing disabilities want to see your face so they may read your lips and see your facial expression. Get on the same level as the person (e.g. sit if the person is sitting). Do not put your hand in front of your face.
- Talk slowly to someone who has partial hearing.
- Stand nearby so the person who is hard of hearing may hear you in the best possible way.
- Ask short and clear questions that require short answers.
- Move to a quiet area so there is no or little background noise.
- Position yourself, the person, and (if present) their interpreter in a place where there is adequate lighting.
- Speak clearly and at usual volume. Do not shout.
- Check if the person has understood, for example by asking feedback.
- Reword instead of repeating your sentence if he does not understand you the first time.
- Repeat key messages. E.g. by writing them down.
- Use facial and body expressions to support what you say.
- Face and speak directly to the person. Do not direct your speaking to the family member or interpreter of the deaf person.
- In your building, have clear signs to help deaf and hard of hearing identify where to go.
- Provide information in writing if the person can read and write. Have pen and paper with you just in case you need to communicate in writing.
- Do not call him even he gives you his mobile number. Rather send text messages.
- Feel free to use phrases like “did you hear”.

In conference/workshop setting:

- Pay for the Sign Language Interpreter, but let the participant choose his or her own interpreters as much as possible. Always ask what sign language they are using.
- Prepare your workshop well and send programme and other related documents to the Sign Language Interpreter before the session.
- Let the Sign Language Interpreter and the deaf participants decide how they want to be seated in the room

Most importantly, ask someone themselves how they want to be addressed, and how they want to be supported or treated.

How to communicate with someone with a physical impairment

- Address the person who has a physical impairment, not his or her companion.
- Try to place yourself at eye level with the person (i.e. sitting in a chair or kneeling down). Particularly if you are engaged in a long conversation!
- Don't lean on a wheelchair or other assistive device. Treat the wheelchair as part of his/her body space.
- Do not give your items to a wheelchair-user to carry for you.
- Do not condescend to a person in a wheelchair by treating him or her childishly, such as patting on the head or shoulder.
- Ask if the person would like your assistance pushing the wheelchair.
- If a person is having a problem with opening a door, offer to assist.
- Ensure a clear pathway to intended destinations, and at meetings and restaurants, make a chair-free space at tables for a wheelchair-user to sit.
- When assisting a wheelchair-user up or down a stair, ask if he prefers going forwards or backwards.
- When telephoning a person, let the phone ring long enough to allow time to reach the phone.
- Do not avoid words like 'run' or 'walk': wheelchair users use them too.
- Do not remove people's assistive devices (e.g. crutches, wheelchairs, artificial limbs) from where they have placed them. If you do temporarily, remember to return them to where the person has placed them initially.

Most importantly, ask someone themselves how they want to be addressed, and how they want to be supported or treated.

How to communicate with persons with intellectual impairments

- Keep in mind that there are different degrees of intellectual impairments, and some people function at higher levels than others.
- Speak directly to the person and respect their expressed preferences as to choices or decisions.
- Take time and create trust first for the person to feel comfortable with you.
- Speak clearly and use short sentences and easy words.
- Repeat or rephrase what you have said.
- Use pictures or other visuals.
- Do not use a childish voice or exaggerate.
- Use easy-to-read material with simple messages and short sentences.
- Have a quiet and calm place for talking.
- Take your time and don't hurry.
- Use gestures and facial expressions. For example, look sad when you are talking about being unhappy.
- Be patient if the person also has a speech impairment.
- Check with the person if they understand what you are saying. You can ask if she understands what you have just said. If not, repeat yourself or reword your sentence, and check if your language is simple enough.

Most importantly, ask someone themselves how they want to be addressed, and how they want to be supported or treated.

How to communicate with people with learning disabilities

- Some people have difficulties with writing, others with reading, writing or listening. These are specific learning impairments, not intellectual impairments.
- Such persons may be of average or above average intelligence.
- Be aware that learning disabilities are often not visible. So don't judge people on how they react, write or talk. If a person reacts to situations in an unconventional manner, keep in mind that s/he may have limited processing skills which affect their behavior.
- Allow him / her time to respond
- Adjust your communication according to his or her specific needs: such as use of visual information, audio information (instead of written texts) etc.

Most importantly, ask someone themselves how they want to be addressed, and how they want to be supported or treated.

How to communicate with people with psychosocial disabilities

- Psychosocial disabilities are often not visible. Most of the time you will not know that someone has a psychosocial disability because it simply doesn't affect their communication or social interaction
- The general advice is to be cautious about interpreting behavior. If social interaction is difficult. Be non-judgmental; allow time for interaction and decision-making.
- If she/he appears unfocussed or speaks slowly – the person may be experiencing side-effects of medications or sleep disturbance.
- If she is displaying an unusual/inappropriate behaviour – be calm and patient.
- Be aware that mental illnesses are not there all the time

Most importantly, ask someone themselves how they want to be addressed, and how they want to be supported or treated.

Communicating with persons with Autism³

1. Please always keep in mind that communication difficulties are common with Autism. We have difficulties in reading social cues and body language. Be patient and understanding.
2. We tend to take things literally and have often trouble reading between the lines. As a result, we may ask a lot of questions to clarify what is meant by something that you say. I have been told that I ask a lot of questions. Don't be offended by this. It is our way of being sure that we understand what you are telling us. We may repeat back to you in our own words to try and get on the same page as you.
3. If we misunderstand something that you say, please be patient and expand on what you said and explain what you meant. Don't assume a negative or hostile intent from us if we misunderstand something that you said. Keep in mind that communication can be difficult for us. Things that come naturally to you take extra effort by us.
4. Please don't get offended by our communication style. We tend to be frank, honest and matter of fact. Some people may interpret this as blunt or rude. We don't intend to offend you by not sugar coating the things that we say. We don't intend to be rude. Please don't get defensive or assume that we are attacking you. Remember that communicating is hard for us. Don't make negative assumptions. Too often we get corrected or attacked by someone who fails to give us some slack and the benefit of the doubt.

³ <https://autismum.com/2012/05/07/10-tips-on-how-to-communicate-with-autistic-people>

5. Please don't expect eye contact. We may be able to force eye contact, but it is not comfortable for us. Making eye contact takes a conscious effort. This effort may take away from listening and understanding what you are saying. I tend to look at a person's mouth more often than their eyes. Other autistic people will rarely look at your face. This is ok.
6. Please keep in mind that we most likely have been rejected, excluded, ridiculed or bullied in the past. If we seem anxious or insecure this may be due to living in a world that misunderstands us and is often hostile to us. We have to work hard to reach out to others. Please work at reaching back to us with understanding and kindness. If we feel that you are ignoring us we will feel bad about that. We may persist in asking for feedback from you. Please be reassuring and clearly express your support for us.
7. Please don't speak down to us. Treat us as equals. We may sound flat or have an unusual tone to our voice. We may not speak with our voice at all. We may need to type our words. Please be patient with us. It may take us a while to formulate our answers.
8. Please don't talk too loudly or yell at us. It is very jarring to us. It makes me jump when someone comes up to me and talks too loudly. It is like having someone jump out in the dark yelling "BOO!" at me. It causes an adrenalin dump in my body. I don't like this.
9. Please do NOT touch us without warning. It will make us jump. We don't like unexpected touches.
10. Please don't assume that we lack empathy or emotion. We pick up on negative or judgmental attitudes. We know when people look down on us or are hostile to us. We will shut down if you show us a lack of respect.
11. Please keep in mind that we are all different. These issues will vary from person to person. The above tips are written from my perspective as an autistic person. This is just a guide. Feel free to ask me any questions so that I may expand and clarify any areas that aren't clear to you.

How to develop accessible information, education and communication (IEC) materials 4

This tool can be used to adapt and use information, education and communication (IEC) materials in such a way that they can be understood by persons with disabilities.

Analyse existing IEC materials

Use the following questions to evaluate whether it may be necessary to adapt or use targeted approaches to reach people with disabilities.

1. Who will be able to understand this information in its current form?
2. Who won't be able to understand this information in its current form?
3. How does the information reflect the needs of different people in the community? Will people with disabilities and their caregivers see themselves and their experiences reflected in the images?
4. What do people with disabilities think about the IEC materials? Do they have any advice or feedback?

Develop a dissemination plan

Think how information will be disseminated. The matrix below might help to think through this process.

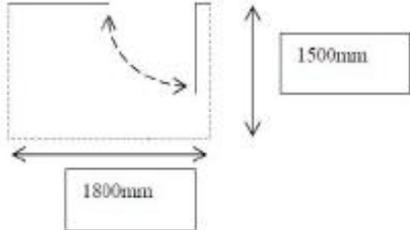
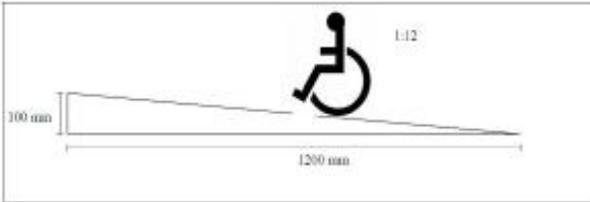
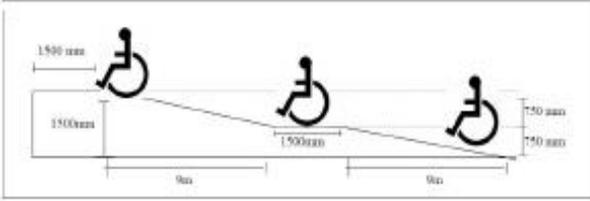
It might help to discuss with men, women, boys and girls with disabilities about issues such as where they go, what time of day, etc., so that your messages will be in places where people will receive them.

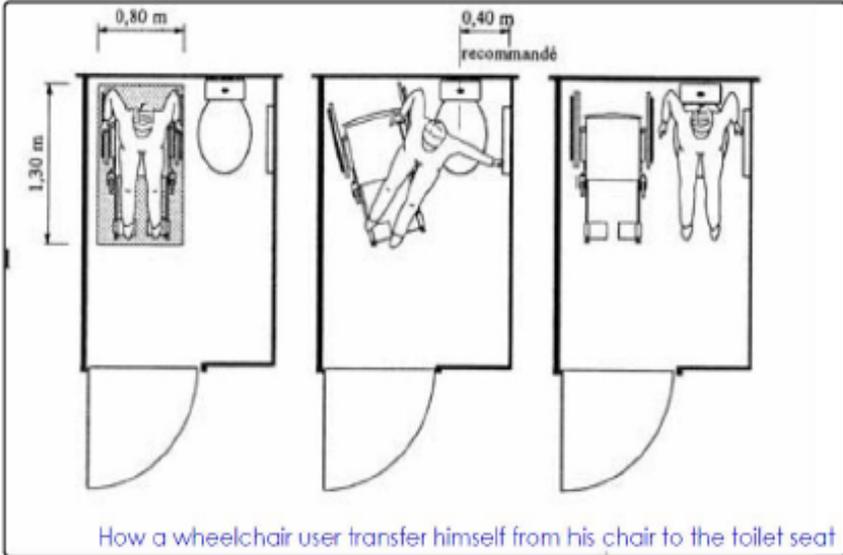
| <i>Type of disability/ impairment and effective communication methods</i> | People who are visually impaired or blind | People who are hearing impaired or deaf | People with intellectual disabilities | People with physical disabilities |
|--|--|--|--|--|
| Radio | ✓ | | ✓ | ✓ |
| Television | For audio content | For visual content | ✓ | ✓ |
| Printed materials: posters, billboards and flyers (dependent upon literacy) | | ✓ | Simplified picture-based messages | ✓ |
| Drama | For spoken content | For visual content | ✓ | ✓ |
| Discussion groups | ✓ | With appropriate sign interpretation | If simplified and accepted by group members | ✓ |

⁴ Adapted from: Women's Refugee Commission. (2015). *Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings: A toolkit for GBV Practitioners*.

Accessibility audit (simple format)

| Questions | Finding (Yes/No/NA) |
|---|---------------------|
| 1. Outside | |
| Are footpaths flat and continuous? | |
| Are footpaths wide enough (1500 mm)? | |
| Are footpaths non-slippery and kept free of obstacles? | |
| Is the building entrance accessible to wheelchair users? | |
| 2. Corridors | |
| Are the corridors clear of obstructions? | |
| Is the width for low traffic corridors at least 1500 mm wide for public corridors? | |
| Is the surface level, smooth and non-slip? | |
| Is the path of travel easy to identify?  | |

| Questions | Finding (Yes/No/NA) |
|---|---------------------|
| 3. Doors | |
| Are the door openings at least 800 mm wide? | |
| Do users have to pass over thresholds higher than 20 mm? | |
| Are the doors easy to open with one hand? | |
| <p>Is the doorways space at least 1500mm x 1800 mm to allow wheelchair users to open doors?</p>  | |
| Are the doors easy to identify? | |
| 4. Ramps, stairs and handrails | |
| Within one floor, is the circulation route free of changes of level or steps and stairs? | |
| <p>Is the maximum slope of planned/ existing ramps or curb ramps 1:12?</p>   | |
| Are ramps at least 1000 mm wide? | |
| Are handrails provided at a height between 800 and 900 mm to enhance safety when using ramps and stairs? | |
| <p>Are stairs and ramps easy to identify?</p>  | |

| Questions | Finding (Yes/No/NA) |
|---|---------------------|
| 5. Waiting areas and associated facilities | |
| Are resting facilities provided at an interval of 20 m? | |
| Do resting facilities provide sufficient space for a wheelchair user? | |
| Are public seats between 450 mm and 500 mm high and the top of tables between 750 mm and 900 mm high with knee space at least 700 mm high and 600 mm deep? | |
| 6. Toilets / Restrooms | |
| Are there accessible toilets? | |
|  <p>How a wheelchair user transfer himself from his chair to the toilet seat</p> | |
| Is the accessible toilet marked as such? | |
| 7. Signage | |
| Are accessible areas, features and facilities identified as such? | |
| Is the location of accessible spaces, features and facilities indicated? | |
| Are all maps, information panels and wall-mounted signs placed at a convenient height between 900 mm and 1800 mm? | |
| Is key information on signs supplemented with embossed letters or Braille? | |
| Are signs clear and easy to read? | |
| 8. Emergency system | |
| Is the emergency route identifiable as such by people with visual impairments? | |
| Can an emergency situation be recognised as such by people with hearing impairments? | |

Identification of people with disabilities

One of the reasons that people with disabilities are often not included in development programmes, is because they are not always visible in society. Some of them are literally hidden away from the community. Others are difficult to see because their disability may not be visible, such as when someone has a communication impairment. It is therefore important to realize that persons with disabilities do live in the community where your project is taking place, and you need to identify who they are and where they are.

Identification of persons with disabilities

The first step is to get an idea of the magnitude of disability in the project area. There are various ways to collect data and information on persons with disabilities in your area²:

- Include disability data in baselines studies for new projects.
- Identify persons with disabilities who are already enrolled in your programmes.
- Link up with local disability-specific organisations or disabled people's organisations and ask them for names and addresses.
- Use existing data from the government or from disability NGOs in your area.
- Talk with community and religious leaders. Explain you want to include persons with disabilities in your programmes. Most likely they will be willing to show you the homes of people with a disability.
- Organise a meeting with people with disabilities and ask them for advice on how to find other disabled people.
- Organise a disability awareness session in the community and ask the participants to help you find persons with disabilities to be enrolled in your programme.
- In the case of childhood disability you can ask children from the programme you support or run (for example, schools or clubs) to identify those children who are not participating.

Because *disability*, as we said in the beginning, is a context-specific concept, it can feel difficult to know who does and who does not have a disability. There are various ways to measure disability. We recommend using the Washington Short Set of questions to help you measure disability in a population.

How to measure prevalence of persons with disabilities

These questions can be used to identify the prevalence persons with disabilities in a community. This is a first step to understand how many people with disabilities may be part of your community or programme. Remember that this is very different from assessment, which is a process used to understand which impairment a person might have, and how much this affects his or her daily life. This does not help you identify individual persons with disabilities, but will tell you how large the group is in a big population.

How to introduce the questions

When trying to measure the prevalence of disability, ask every individual the following questions. Introduce the questions by explaining that the questions ask about difficulties the person may have doing certain activities because of a health problem. Do not beforehand state that these questions are about disability, as in many contexts the term 'disability' has a stigma or is misunderstood, leading interviewees to answering the questions below incorrectly or untruthfully.

The Washington Group Short Set

1. Do you have **difficulty seeing**, even if wearing glasses?
 - a. No - no difficulty
 - b. Yes – some difficulty
 - c. Yes – a lot of difficulty
 - d. Cannot see at all

2. Do you have **difficulty hearing**, even if using a hearing aid?
 - a. No- no difficulty
 - b. Yes – some difficulty
 - c. Yes – a lot of difficulty
 - d. Cannot hear at all

3. Do you have difficulty moving or using part of the body?
 - a. No- no difficulty

- b. Yes – some difficulty
- c. Yes – a lot of difficulty
- d. Cannot do at all

4. Do you have difficulty remembering or concentrating?

- a. No – no difficulty
- b. Yes – some difficulty
- c. Yes – a lot of difficulty
- d. Cannot do at all

5. Do you have **difficulty with self-care** (such as washing all over or dressing)?

- a. No – no difficulty
- b. Yes – some difficulty
- c. Yes – a lot of difficulty
- d. Cannot do at all

6. Using your usual (customary) language, do you have **difficulty speaking**, for example understanding or being understood?

- a. No – no difficulty
- b. Yes – some difficulty
- c. Yes – a lot of difficulty
- d. Cannot speak at all

How to distinguish the type and degree of disabilities?

Fill in the answers in the following table.

| | | | | | |
|----------------|----------------------|-----------------|---------------------|-----------------|-------|
| Name: | | | | | |
| | Degree of difficulty | | | | |
| | No difficulty | Some difficulty | A lot of difficulty | Can't do at all | Total |
| 1. Vision | | | | | |
| 2. Hearing | | | | | |
| 3. Mobility | | | | | |
| 4. Remembering | | | | | |
| 5. Self-Care | | | | | |
| 6. Speaking | | | | | |

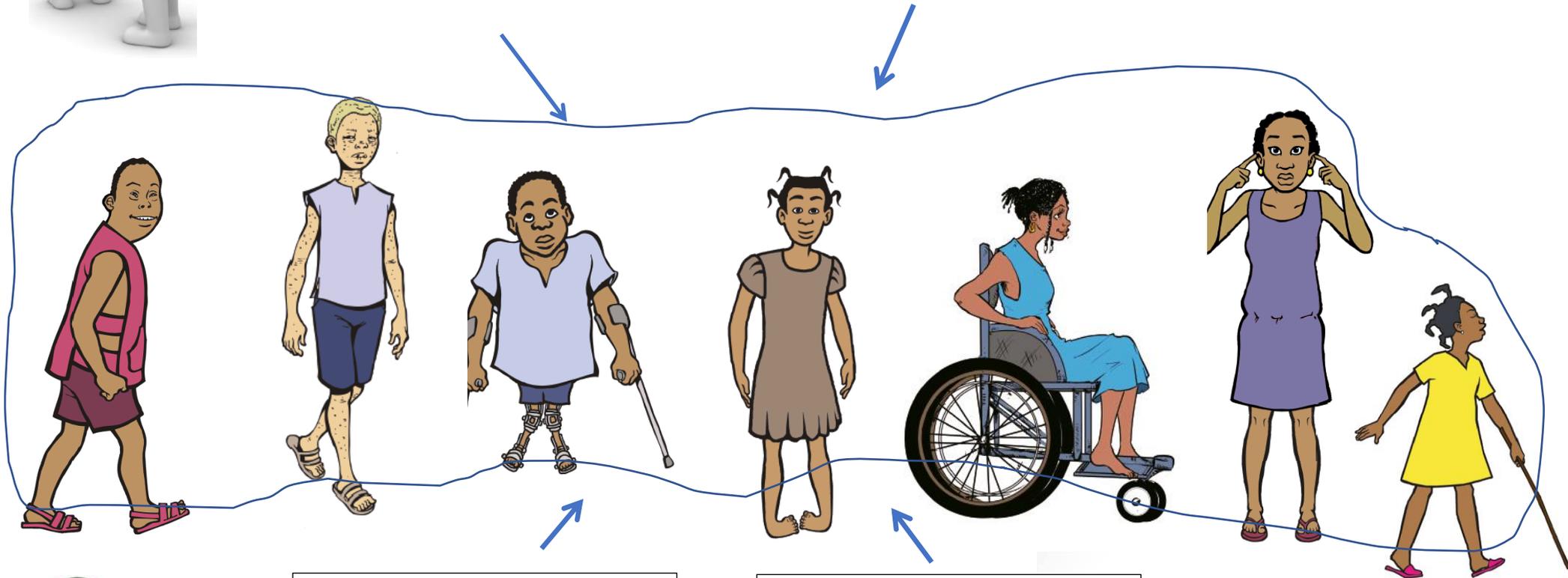
Individuals who answer Some Difficulty, A Lot of Difficulty or Cannot do At All, are considered to have an impairment, and therefore most likely also have a disability.

Handout – Understanding Disability



Negative attitude

Communication barriers



Physical barriers

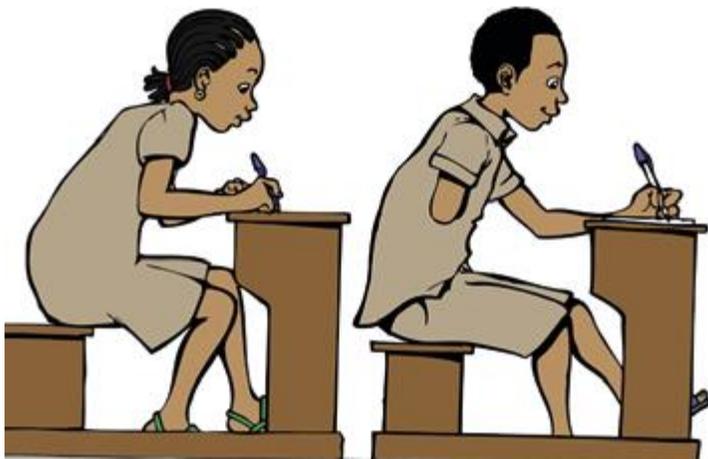
Barriers in laws and rules



Handout - Understanding Inclusion



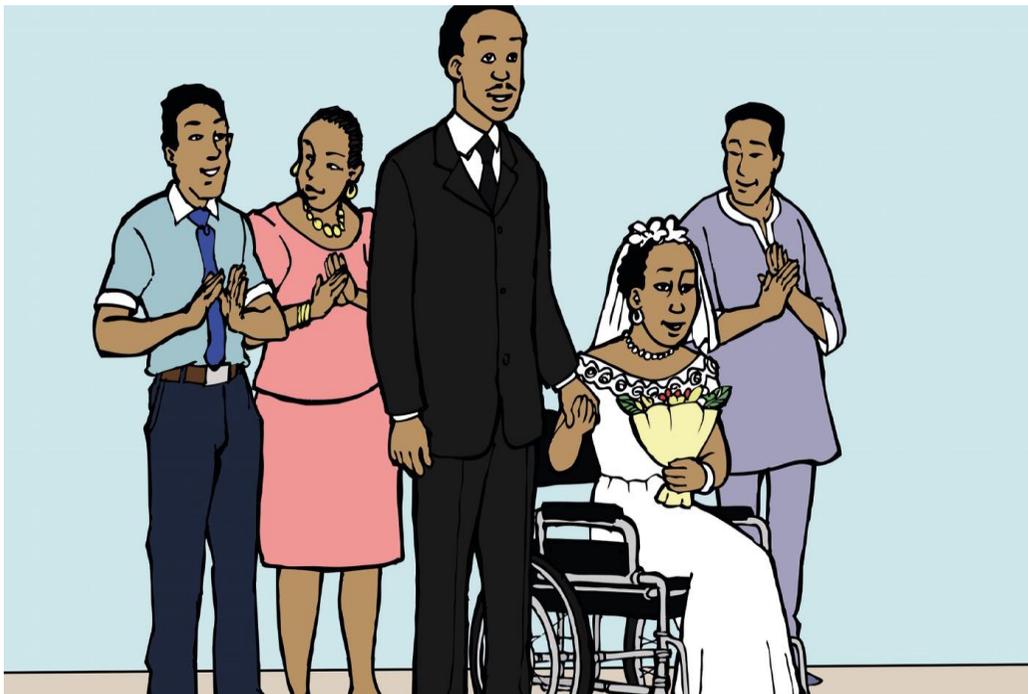
When all the barriers are removed people with disabilities can participate in society in the same way as others





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