



THE INCLUSIVE BUS COMPANY THE INCLUSIVE BUS CO

Travelling together

**HOW TO INCLUDE DISABLED PEOPLE ON
THE MAIN ROAD OF DEVELOPMENT**

Sue Coe and Lorraine Wapling

ONE WAY ONLY — NO RETURN ONE WAY ONLY — NO

ISBN number 978-0-9564162-1-6

Copyright © World Vision UK 2010

The training materials may be freely used – for non-commercial use – as long as the authors (Sue Coe and Lorraine Wapling) and World Vision UK are acknowledged. Please send copies of any materials in which text or illustrations have been used to the authors. Use of the training and associated material for personal or corporate commercial gain requires prior explicit written permission from the authors.

Sue Coe is Senior Disability Programme Adviser at World Vision UK.
Contact: sue.coe@worldvision.org.uk

Lorraine Wapling is freelance development consultant providing support on the inclusion of disabled people in international development work.
Contact: consultant@wapling.me.uk

Sub-edited by Clive Price.

Clive Price is an award-winning author, popular publicity writer and qualified journalist.
Contact: office@cliveprice.com

World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. Motivated by our Christian faith, World Vision is dedicated to working with the world's most vulnerable people. World Vision serves all people regardless of religion, race, ethnicity or gender.

Financial support for this publication was provided by DFID under its Programme Partnership Arrangement with World Vision UK.

Handouts

more than 80 per cent of disabled people live below the poverty line in developing countries



Handout I

MODELS OF DISABILITY

HOW TO USE THIS HANDOUT

Use this handout with the following activity:

- **Defining disability**

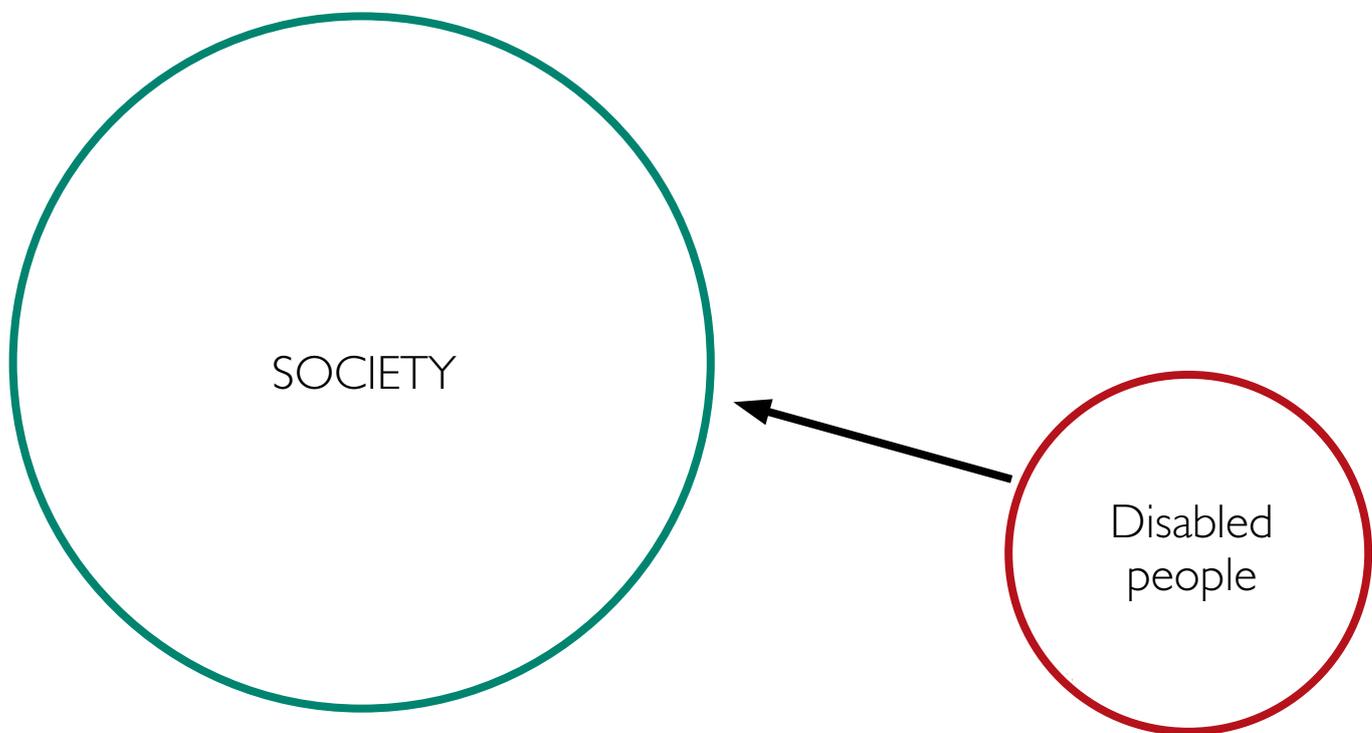
INTRODUCTION

Everyone has a right to such things as health, education and income generation. But the needs of disabled people have traditionally been treated as separate and specialised which has put them outside mainstream society. The UN Convention on the Rights of Persons with Disabilities challenges this narrow approach. The emphasis for inclusion is placed on society rather than on disabled people. They should be seen as whole people with the same needs as others, able to choose how they are supported.

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 model – focuses on barriers being with society's view of disabled people.

Handout 1

INDIVIDUAL MODELS: **MEDICAL APPROACH**

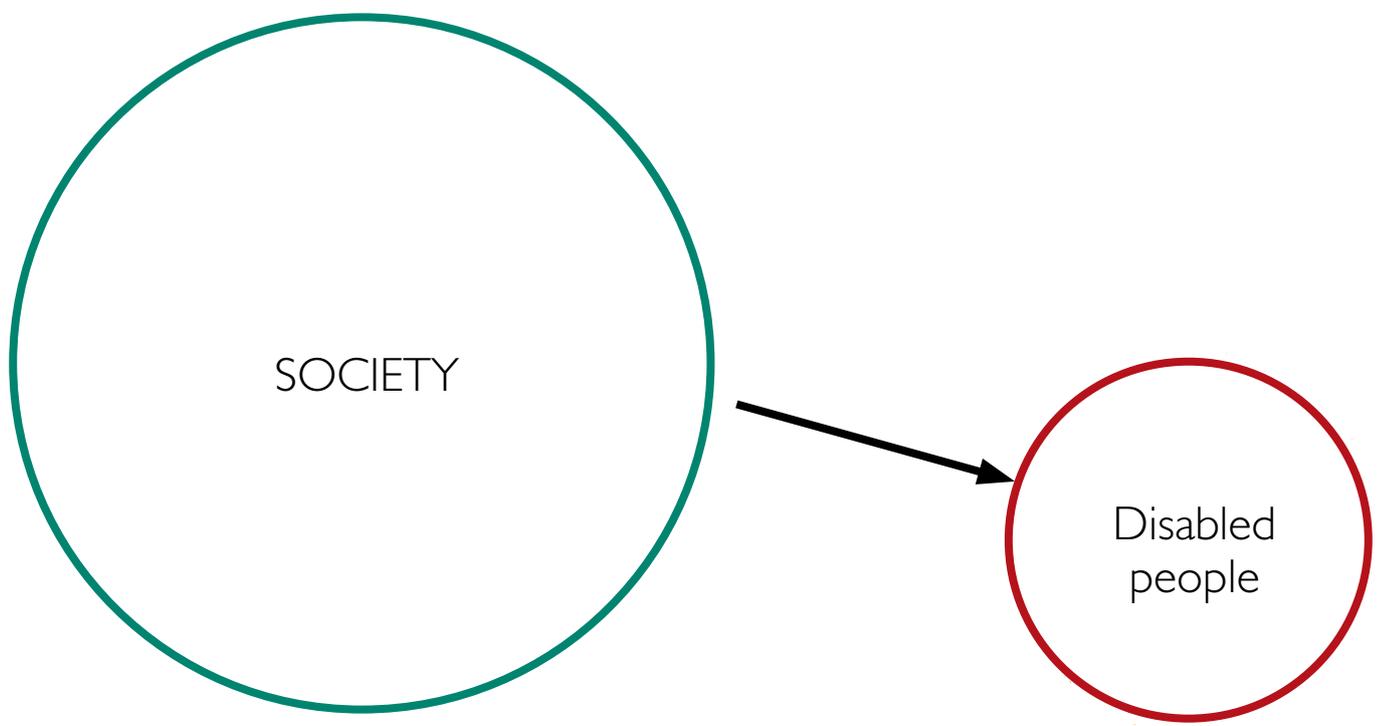


Activities 'fix' disabled person, who is 'sick', so they can join 'normal' society

- **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

Handout 1

INDIVIDUAL MODELS: **CHARITY APPROACH**

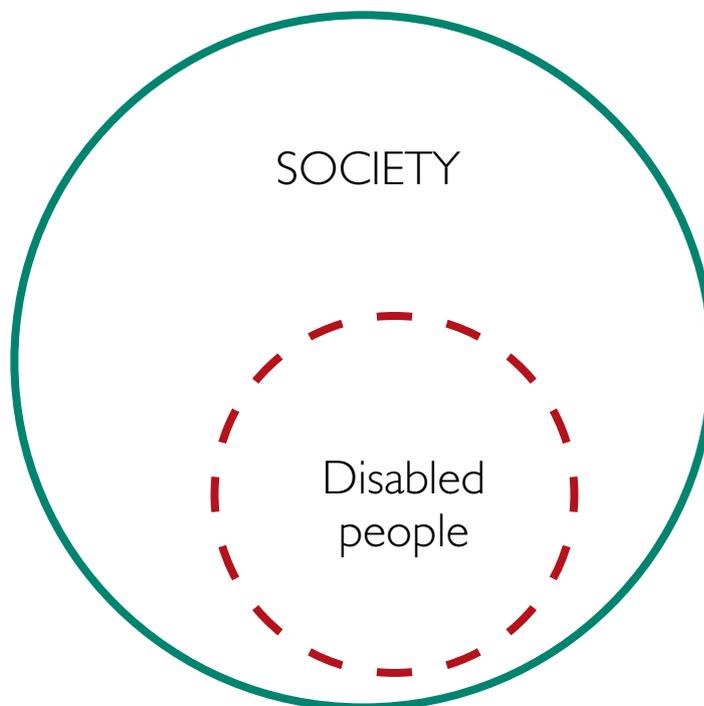


Activities 'help' disabled person who is 'helpless' and outside 'normal' society

- **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

Handout 1

SOCIAL MODEL: **INCLUSIVE APPROACH**



Activities focus on inclusion – disabled people are part of society

- **focuses on society, not disabled people, as the problem**
- regards disabled people 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
- disabled people's needs and rights 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

Handout 2

BARRIERS THAT BLOCK PARTICIPATION

HOW TO USE THIS HANDOUT

Use this handout with the following activity:

- **The wall**

INTRODUCTION

There are three big roadblocks preventing disabled people from participating in society on equal terms with non-disabled people. Here they are...

ATTITUDINAL

Prejudice, discrimination and stigma cause the biggest problems for disabled people, who are assumed to be one or more of the following:

- incapable/inadequate
- of low intelligence
- in need of a 'cure'
- needing 'special' services or support
- dependent
- inspirational/marvellous/exceptional

People who make these judgements treat the disabled person as superfluous or superhuman. They either fail to respond to the individual – with all their inherent personality, strengths and weaknesses – or they assume they have 'superhuman' abilities to cope with their impairment.

Non-disabled people can respond with fear, pity, repulsion, or a sense of superiority. These assumptions and emotions are reinforced by the media. Negative language reflects and can reinforce prejudices. Disabled people wish to change the language used by non-disabled people about them – especially language that is offensive and inaccurate.

Handout 2

ENVIRONMENTAL

Disabled people encounter these barriers in areas such as:

- public transport
- hospitals and clinics
- schools and housing
- shops and marketplaces
- offices and factories
- places of worship
- media and communications
- public information systems

Most people think of the physical barriers in this category – e.g. a health clinic is inaccessible for wheelchair users if it has steps and narrow doorways. It's relatively easy to identify these – in consultation with disabled people – once aware.

But communications can also be disabling for those with sensory impairments – e.g. for Deaf people if there's no sign language; for those with visual impairments if medication isn't appropriately labelled. Poor communication can have devastating results where important school-based education campaigns happen (e.g. HIV and AIDS).

Students with hearing, visual or intellectual impairments are unlikely to access vital information unless their access needs have been met. And since 98 per cent of disabled children in developing countries don't attend school, they'll miss out on important education and information. A Ugandan study found 38 per cent of women and 35 per cent of men with impairments had a sexually transmitted disease at any one time.

Handout 2

INSTITUTIONAL

These barriers exclude or segregate disabled people from many areas:

- legal system
- employment laws
- electoral system
- education policies
- health service provisions
- social services
- belief systems and religion
- humanitarian/development agency policies

Many of the systems we take for granted have become 'no-go' areas for disabled people. Their marginalisation is similar to the negative treatment of women and ethnic minorities.

Exclusion from institutions has a knock-on effect – poorly regulated special education often makes fewer academic demands on pupils, and smaller schools expose them to a limited range of cultural experiences. The virtual exclusion of disabled people from teacher training colleges also limits the number of qualified disabled teachers as role models for disabled and non-disabled pupils in mainstream schools.

Families make assumptions their disabled child will never work independently. So they don't press the government to provide suitable formal education, or encourage the child to pursue a career. With such low expectations, disabled people can easily become fatalistic about their own prospects.

Micro-finance institutions often have policies which are highly discriminatory. They may exclude deaf people on the assumption they won't be able to talk directly with staff; or refuse to lend to a visually impaired businessperson on the grounds they're not likely to make a profit as a disabled entrepreneur. These are real examples.

Handout 3

DISABILITY AND DIFFERENT IMPAIRMENTS

HOW TO USE THIS HANDOUT

Use this handout with the following activity:

- **Unmasking myths**

WHAT DO WE MEAN BY DISABILITY?

- the result of limitations imposed on people with impairments
- those limitations prevent their full participation in society
- attitudinal, environmental and institutional barriers prevent their inclusion.

WHAT DO WE MEAN BY IMPAIRMENTS?

- problems in body function or structure
- examples are: lacking part of or all of a limb; or a limb, organ or body mechanism that doesn't fully function
- may be long-term or short-term, physical, sensory, neurological, intellectual, mental or physiological
- multi-impairments are where a person has more than one impairment
- conditions caused by disease or injury that affect a person's functioning or appearance.

WHAT CAUSES THEM?

- some impairments are congenital due to genetic factors
- other impairments can be caused by an injury or illness before birth
- others can be caused by injury or illness after birth
- a person can have multi-impairments from one or more causes.

HOW DO THEY AFFECT PEOPLE?

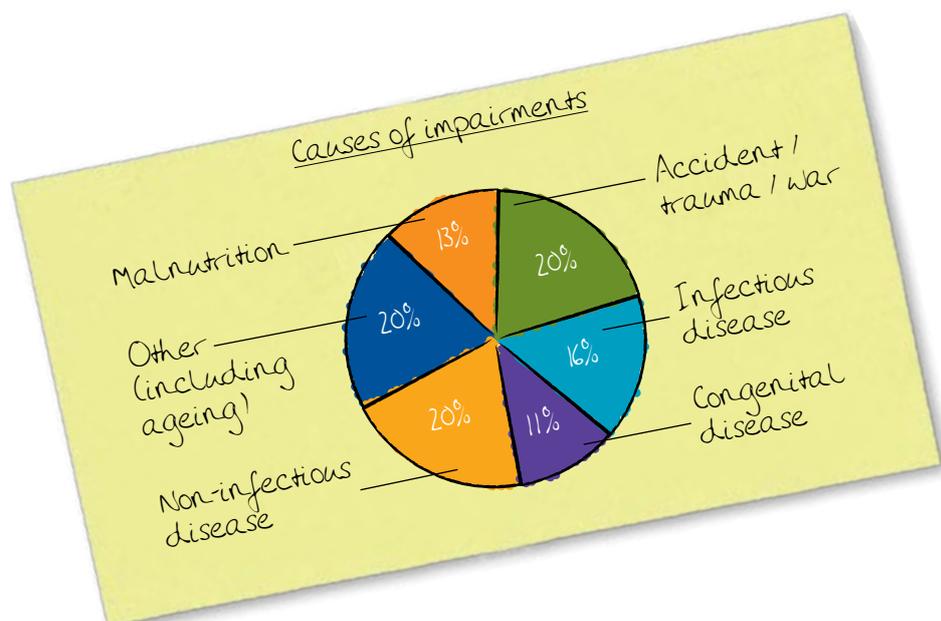
- *physical* impairment affects a person's body movement and/or appearance (e.g. cerebral palsy, limb loss)
- *sensory* impairment affects sight, hearing, speech, smell, taste, sensation/feeling, physical balance (e.g. blindness, hearing loss)
- *neurological* affects nervous system, speech, motor skills, vision, memory, muscles, learning abilities (e.g. epilepsy, multiple sclerosis)

Handout 3

- *intellectual* affects cognitive functioning and behaviour (e.g. Down's syndrome, learning difficulties)
- *mental illness* affects thinking, moods, ability to relate and capacity for coping with life (e.g. schizophrenia, bipolar disorder).

HOW SHOULD WE RESPOND?

- use the social model to understand disability
- challenge stigma and discrimination
- realise that limitations may depend on other factors such as personality, background, support networks, cultural context
- note that regardless of their impairment, a person can be 'disabled' by society because of stigma and prejudice.



Handout 4

THE GLOBAL TRUTH ABOUT DISABILITY

HOW TO USE THIS HANDOUT

Use this handout with the following activity:

- **Excuses excuses**

INTRODUCTION

Not all disabled people have problems with their health or impairment. But most face poverty, discrimination, prejudice and stigma. Many lack access to public services – health, education, clean water, sanitation and housing. Disabled children and adults are more vulnerable to conflict, HIV and AIDS, violence, abuse and neglect.

More than 600 million of the world's population have impairments, with three-quarters of them living in developing countries. In addition, 1 in 4 of the poorest people have an impairment. If you consider the exclusion and discrimination that disabled people and their families face, the impact of these figures will be even greater.

Here is just a selection of facts and figures that paint the real picture for disabled people across the globe.

POVERTY

- there's a direct link between poverty and disabling impairments
- 50 per cent of impairments are preventable and poverty-related
- 20 per cent of impairments are caused by malnutrition
- more than 80 per cent of disabled people live below the poverty line, in developing countries.

EDUCATION

- 98 per cent of disabled children in developing countries don't attend school
- 40 million of the 115 million children who don't attend school have a disability
- disabled female children are less likely to attend school in comparison with disabled male children
- literacy rates for disabled individuals are as low as three per cent globally, impacting important issues such as communication on HIV and AIDS.



Handout 4

Sources

- Australian Council For Overseas Aid
- UK Department For International Development
- United Nations Educational, Scientific and Cultural Organisation
- Child Rights Information Network
- Motivation
- World Health Organisation
- United Nations Children's Fund

HEALTH

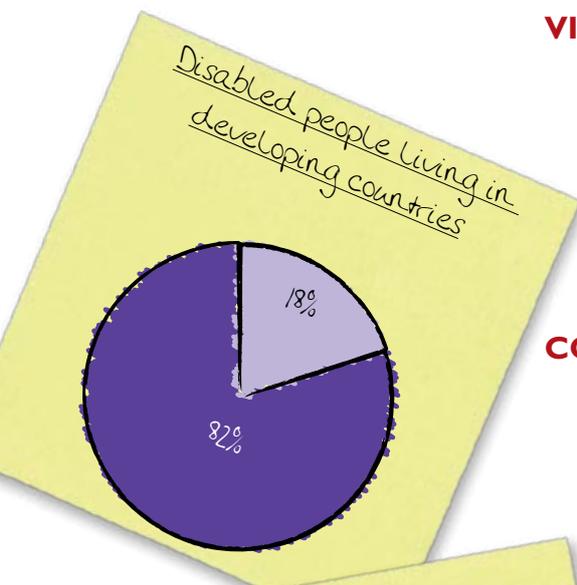
- only two per cent of disabled people in developing countries have access to basic services and rehabilitation
- 80 per cent could have their needs met in the community; only 20 per cent would require specialist attention
- less than 0.1 per cent of deafblind people in developing countries receive appropriate support
- in countries where under-five mortality has decreased to 20 per cent, mortality rates for disabled children may still be 80 per cent
- more than 80 per cent of the 50 million people affected by epilepsy live in developing countries – treatment costs can be as low as \$5 US per year
- 20 million people who need a wheelchair don't have one.

VIOLENCE

- a study in India found 90 per cent of people with intellectual impairments will experience sexual abuse, often in childhood
- disabled children are more likely to experience violence from birth
- disabled children are targeted by sexual predators and can be subject to abuse and maltreatment at school.

CONFLICT/WAR

- for every child killed in armed conflict, three are injured and permanently disabled
- 40 per cent of 26,000 persons killed and injured by landmines every year are children
- more than ten million children are psychologically traumatised by armed conflicts.



Handout 5

COMMON MYTHS ABOUT INCLUSION

HOW TO USE THIS HANDOUT

Use this handout with the following activity:

- **Excuses excuses**

A whole range of reasons are given when you ask why disabled people are not travelling on the 'main road' of development. Here are some of the most commonly held views – along with informed common sense responses.

'We need to sort out the problems of "normal" people first'

Disability IS normal. Disabled people are in every community. It's an expression of the diversity of the human race. Our perceptions are distorted by social norms which keep disabled people out of the public arena, and by the narrow vision of beauty presented in media images. Good development work challenges conditions which exclude the oppressed – disabled people are among the most oppressed.

'It's not cost effective'

Including disabled people is often seen as an 'extra'. It happens in an ideal world. It's a luxury. Saying 'we only have enough money for the basics, so we can't afford to include them' denies the reality that disabled peoples' needs ARE the basics. It doesn't necessarily cost much more to include them in development, especially if it is planned from the outset. For example, physical accessibility is estimated to account for additional construction costs of between 0.1 and 3.0 per cent.

'There aren't many disabled people here, so it's not an issue'

Disability is treated as a specialist area, often because of the misconception that their number is insignificant. This myth arises because many disabled people are invisible. In reality, they may be hidden away due to stigma, or are excluded from meetings because of a lack of access. If aid workers don't see disabled people in their work, they tend to assume they don't exist in the community. Disability affects the family as well as the individual, and they also face discrimination and increased poverty.

'We don't "do" disability'

Disabled people are often regarded as a distinct target group for separate programming. So some agencies specialise in disability and others do not, thinking their needs are already being dealt with. However, only a small

Handout 5

number of disabled people participate in programmes of specialised agencies or targeted work. By not including disabled people, mainstream programmes fail to address the needs of a group who account for at least ten per cent – and perhaps up to 20 per cent – of any given population.

'We don't have the skills'

Working with disabled people is not significantly different from working with any other group. Many needs are the same. Sometimes the approach to meeting them is different. Disabled people themselves are the best experts and can often suggest modifications to make things work for them. It's largely about changing attitudes. Sometimes low-tech simple solutions can have a major impact on accessibility for disabled people.

'Let's create a special programme'

It's unrealistic to expect a single specialist intervention programme to address all the needs and rights of all disabled people – who are a diverse group. Many of these needs are shared by other people and are not disability-specific. They are best addressed within the framework of the whole community.

Perhaps you have come across other reasons why inclusion of disabled people isn't happening – what should a common sense response to them be?

Handout 6

A GUIDE TO DISABILITY ORGANISATIONS

HOW TO USE THIS HANDOUT

Use this handout with the following activities:

- **Reality check**
- **Excuses excuses**

A QUICK TOUR

Disabled people have been excluded from most decision-making processes. Families, communities – and development organisations – have tended to decide on their behalf, even when it directly affects their lives. That could be about undertaking physical therapy, having surgery or being sent away to a ‘special needs’ school.

As a result, they’re rarely consulted or involved in development planning. Few have the opportunity to take up leadership positions. In response, a Disability Movement has been growing around the world. Its aim is to represent the voice of disabled people and lobby for greater inclusion. Conditions vary from country to country. But often there are national organisations for many of the main impairment groups – with branches or committees in towns and villages. If the movement has been established for a while, there may also be a federation or union representing all disabled people in national level policy-making.

Each organisation has a part to play, to ensure disabled people benefit from development. All can be important resources for meeting the needs in your region. However, contacts for consultation about inclusion must be with disabled people themselves – through self-help groups, DPOs or national and international bodies.

DISABLED PEOPLE’S ORGANISATIONS (DPOs)

- are organisations **OF** disabled people
- many represent people with a particular impairment
- in countries where the disability movement isn’t strong, there may only be two or three impairment groups represented
- some national level DPOs are known for their lobbying, such as the National Union of Disabled People Uganda (NUDIPU), and Federation of Disability Organisations in Malawi (FEDOMA)
- some are represented at regional and international level, like the Southern Africa Federation of the Disabled (SAFOD) and Disabled People’s International (DPI)
- many are small, relatively weak in capacity and focus on meeting the immediate needs of their members

Handout 6

- the most important aspect of DPOs is their ability to understand the needs in their locality and to mobilise disabled people
- with support, DPOs can be effective partners in community development programmes for mainstream initiatives.

SELF-HELP GROUPS

- **are groups of disabled people not yet registered as DPOs**
- tend to be more common in rural or semi-urban contexts where DPOs have yet to reach, or for groups who lack the resources to formally apply for registration
- play an important role at local level in connecting disabled people with each other
- often offer social support and can be mobilised to provide economic assistance in emergencies
- can be an important link between disabled people and community development programmes, and should be sought when carrying out assessment activities.

DISABILITY NON-GOVERNMENTAL ORGANISATIONS (NGOs)

- **are organisations working FOR disabled people**
- include large international NGOs like SightSavers, Leonard Cheshire Disability, CBM, Sense International, Sue Ryder Care, Handicap International and Action on Disability and Development
- some specialise in particular impairments, some are more focused on building the capacity of disabled people and their representative organisations
- numerous national NGOs target disabled people specifically, e.g. Uganda Foundation for the Blind, and Association for People with Leprosy in Angola
- include faith-based charities supporting special needs schools or vocational training centres or working to help produce artificial limbs
- in many cases medical/rehabilitation needs may be primary support focus
- many are moving to rights-based approaches.