Disability Inclusion
Trainer's Manual

A guide for supporting training capacity for disability inclusion

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▶ TABLE OF CONTENTS

Section 7: Resources 99

Glossary of Terms 138

References 144

FOREWARD

Disability can affect each and every one of us. In recent years we have seen gains made working in line with the United Nation's Convention on the Rights of Persons with Disabilities (UNCRPD) and working to achieve the Sustainable Development Goals – the Agenda 2030. Yet despite all the global initiatives and partnerships, we have a long way to go to achieve the realisation of equal access to services, legal structures and opportunities for all. All of us, including persons with disabilities have the right to realise our dreams, hopes and aspirations, and to feel a sense of belonging. As a society we need to accept the challenge to grow the potential of us all to be valued, productive and contributing members of society. Unless we make an effort to include all, we will inherently exclude.

Most studies or readings tell us that 15% of the global population are persons with disabilities and that this equates to one billion people worldwide. Such statistics often mask the truth and realities of discrimination and structural oppression faced by many poor people, including those with disability. The world can benefit from the potential socio-economic, cultural and political contributions of everyone, including persons with disabilities. The advantages of including all makes for a richer social, cultural and political economy. The language of 'leave no one behind' is easy to say, but more understanding of the systemic and institutional structures that embed the invisibility of marginalised people is needed. Questioning our own assumptions becomes more poignant when we realise that these easily become the stereotypes that inform prejudice.

Changing our attitudes to be more inclusive is the key. We hope this guide will offer ways in which this can be done. Not only focusing on disability inclusion as a theme, it also invests in building the capacities of us all to become trainers to promote inclusion. Sometimes these skills are assumed but not always supported. We hope this guide offers practical tips to develop facilitation skills as well as knowledge on inclusion.

David Curtis & Virak Kheng

Light for the World Cambodia

ACKNOWLEDGMENTS

INTRODUCTION

Please meet the two characters who will accompany you throughout this manual. Chenda - an expert trainer with many years of experience and Bora - a new trainee trainer with lots of enthusiasm.

"Hi! I am Chenda,
I am an expert of Disability Inclusion and Training, and I will be with you for this inclusion journey . Nice to meet you here."

"Hi! I am Bora.
I have a strong passion to be a trainer on disability inclusion. I am interested in knowing how I can do that."

Welcome my friend. Do you have any questions before we start?

Oh yes! Actually, why has this manual been developed? And why do we need it?

Oh! This manual has been developed as part of a training programme for new trainers in disability inclusion – it accompanies a guided training process. Despite a lot of recent gains, we still experience much discrimination and often lack access to basic services such as health and education. We really need to break the barriers to our meaningful inclusion in all aspects of our lives and for that we need change. We hope this manual will help to bring about that change.

As a new trainer, I am worried that I don't know enough about disability and inclusion!

This is exactly what this manual and this training is for! Also don't worry, as a trainer, you don't need to know everything. The idea is to get your trainees learning.

I do not define myself as a person with disability, so can I train other people on this topic?

Yes of course – it's mainly about attitude and respect. We have a saying in our movement "nothing about us without us!" and it's always worth remembering that …. But please don't feel you cannot be a supporter of us – just include us! If as a new trainer, you are able to represent our needs and identify and encourage the support we need, then you are an ally to the movement and a supporter of a more inclusive world.

I am worried that I will not be able to include everyone as I don't have too much experience working with diverse groups of people with and without disabilities.

This is exactly what we hope we will explore together in this manual. The more you become exposed to people with different abilities. This is part of the trainer's journey.

What are we really trying to achieve? What is the anticipated long-term change?

The anticipated change is that decision makers have the ability to identify and remove barriers which exclude persons with disabilities so that we can enjoy equal rights and meaningful participation. Feeling ready?

Yes, ….

Background

More than a billion people in the world have a disability[1]. This equates to 1 in 7 people yet they are often prevented from participation in society. They have the same rights as everyone else to go to school, have employment, marry and be part of community life, yet many are still denied. All people have equal rights, but some people are still being excluded. We all have a role to play to ensure that all people in the community have equal access to services and information.

The Royal Government of Cambodia has decided to work towards the equality of people in Cambodia, including persons with disabilities. This is confirmed in the Rectangular Strategy, the National Strategic Development Plan and the National Disability Strategic Plan, the Law on the Protection and Promotion of the Rights of Persons with Disabilities. Cambodia has also signed and ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

This guide has been written to provide some basic background, and suggested ideas and methods to support disability awareness and inclusion training. It will help develop your training skills and enable you to raise awareness around the importance for disability inclusion and thus empowerment. It was created following consultations with a wide cross section of the disability sector including persons with disabilities. It was developed to fill an identified gap to produce to national trainer's guide for disability inclusion.

This manual aims to provide disability awareness guidelines that encourage a focus on the abilities of all individuals rather than viewing an impairment as a defect of the individual. The environmental and social barriers that often prevent participation in society is outlined, as well as ways that we can

1 WHO. (2011). World Report on Disability.

overcome these obstacles. It includes information and definitions on disabilities, rights, legislation, common myths, stereotypes and challenges facing a person with a disability and practical information about how to communicate with persons with disabilities as well as practical exercises that you can use in disability inclusion training sessions.

Who is the manual for?

The manual is written for people who will be carrying out training on disability inclusion for the mainstream development sector including government. Ideally the user will have some knowledge of training, but this manual will also be useful as a guide for those with limited or no previous experience. It has been written for all those wanting to help others learn and change their attitudes.

Sections in this book

This book is divided into seven sections:

SECTION 1
THINKING ABOUT YOURSELF – AND ABOUT LEARNING.
your attitudes…. your skills as a facilitator…… your experience…… your learning style……how you work with adults.

SECTION 2
COMPETENCIES OF A TRAINER.
Skills of a trainer, practical tips to becoming a good trainer – things to think about to maximise your skills as a trainer.

SECTION 3
MAKING THE MOST OF YOUR TRAINING.
What do you need to prepare in advance? How will you ensure people are learning?

SECTION 4
PREPARING THE TRAINING.
This section helps you to prepare for the training as a trainer.

SECTION 5
MAKING THE TRAINING DISABILITY INCLUSIVE.
How will you make sure that people of all abilities can participate in your training?

SECTION 6
TRAINING CONTENT.
This section has the actual modules for the training that you will provide to the participants.

SECTION 7
RESOURCES.
This section provides extra background material for you as a trainer.

Section 1

Thinking about yourself – and about learning

Disability Inclusion starts with you!

As a trainer it is very important to examine ourselves first before we start to work with and support the capacity of others. Disability awareness begins with you. When we hold a disability awareness workshop, we are asking the participants to question their own prejudices and behaviour, so in the preparation of any workshop we must do the same ourselves. We need to think about our own feelings, our assumptions, our ideas, our experience, our baggage – anything we bring to the training room that might impact on how we interact with others and how we might shape or influence the learning of the group.

Being a trainer can be one of the most rewarding jobs to have. It's a pleasure and a privilege to help a group learn, to help the participants form ideas - to help shape positive change. But with this there are of course responsibilities. We will look into this in more detail in this manual.

The best of me as a trainer…...

Spend a few minutes thinking about the qualities you feel you have related to training – and any things you find challenging.

Spend a minute thinking about the best training environment you have ever been in?

What was the setting?- how did you learn? What made you learn? What methods were used that helped you learn?

Now do the same for a time you didn't learn well – why was that? – how did you feel?

This is good to get you thinking about your own skills and what kind of learning environment you prefer.

Now is a good time to think about how these impact on your training skills. How will you make sure it is most effective and that you create a good learning environment?

Message for participant

We all have different or preferred learning styles and it is worth spending some time to consider this. This will help both understand yourself in terms of how and why you learn as well as help you engage your participants. Such reflection starts us thinking about our own identity, our values, prejudices and beliefs. Learning from this and being honest with ourselves is an important aspect of self-development. We will continue this journey throughout the training. A training should help a person's ability to do something, but in some trainings, participants have not improved by the end. The job of the trainer is to make sure that people learn. To do this, you have to understand how people learn.

What is learning?

Learning is the processing of information we encounter, which leads to changes or an increase in our knowledge and abilities. Learning is a process that changes the way in which people understand the world, what they find important and what they can do.

Characteristics of Adult Learners

Characteristics	What it means for your training
Adults are voluntary learners	Participants usually come by choice. They are committed and want to learn new things. No one is making them attend. You need to make sure you keep up their interest and commitment.
They have competing interests - the realities of their lives	They have other things going on…. Worries about child care, about finances, about their jobs etc… You need to ensure a safe, comfortable and flexible environment.
They are not beginners, but are in a continuing process of growth	If they are 50 years old, they have been learning in some way for 50 years! They will have some set patterns already. Some 'unlearning' may need to take place.
They bring with them a unique package of experiences and values	These will shape how they learn and how they form opinions.
They usually come to learn with intentions. E.g. They want professional development or they need a new skill	This motivation must be supported otherwise they will switch off. You need to keep them engaged and realising the value of the training
They bring expectations about the learning process and have their own set patterns of learning.	This might be based on previous experience. If you are using many new techniques - as often are used in participatory training - then you will need to check that their expectations are being met.
They learn best in an atmosphere of active involvement and participation	They need to be involved in their own learning – not just passive recipients. You can help them direct their own learning outcomes and use methods to check on their progress.
They learn best when the context of the training is close to their own lives / jobs / situations	This links to their reality and adds meaning and context.

They learn best when past, present and future experience is linked	Again the learning is connected to real life. Also, effective learning involves the sharing of experiences. Learners learn from each other. This also applies to you. You will learn a lot from your participants
They can often be more afraid to fail	Our conditioning, our culture, or our work environment, can often make us feel ashamed to admit we don't know all the answers. Again, you need to create an open and honest environment where we can all feel free to express our opinions and feelings.

Adult learning is therefore most productive when[2]:

- Participation in the learning is active
- The learners feel engaged in the design of learning
- Learners become resources for each other
- The learning fills an immediate need and relates to learning goals
- The learners are encouraged to be self-directed – shared responsibility for learning
- Learners listen to each other's opinions and ideas
- Learners are respected and valued – trust is built
- Feedback is provided – this should be corrective but also supportive
- A climate conducive to learning is established – physical environment
- A safe atmosphere is provided – try to minimize worries, issues of self-esteem, nervousness, embarrassment etc…
- Learning activities seem to have relevance to the learner's circumstances and relate to their real worlds
- Reflection is encouraged to help draw conclusions and draw principles for future action
- The learner's past experiences are used in the learning process - experiential
- The individual learners' needs and learning styles are taken into account.

2 http://www.trainer.org.uk/members/theory/learner/adult_learners.htm and other sources.

'Wow that really made me think about my own background as a learner....' - that seems really key for facilitation and also about our different learning styles.... I know I learn very differently to some of my friends.

Learning Style[3]

People learn in different ways. As a trainer, it is important to design your training in a way that uses different styles and approaches so that people with many different learning styles can learn from you.

In this next section, we will present three different theories about the different learning styles people have. Understanding the different possible learning styles will help you to design the best possible training. The three theories we will discuss are:

1. VARK

2. Experiential learning

3. Brain based learning

1. VARK Learning Style

The VARK learning styles model – developed by Fleming and Mills - suggests that most people can be divided into one of four preferred styles of learning. There is, of course, no right or wrong learning style.

Visual Learners:

tend to be vocal, fast talkers, enthusiastic learners with a tendency to interrupt. They often use words and phrases that evoke visual images and love to learn by seeing and visualising.

Strategies: use demonstrations and visually pleasing materials, colour coding, graphs, diagrams, mind maps that can engage and help to visualise contentin a variety of methods.

Auditory learners:

tend to speak more slowly and ar natural listeners. They often think in a linear manner with excellent ability to recall discussions - prefer to have things explained and discussed verbally. They learn by listening and verbalisingand enjoy debate.

Strategies: provide opportunities for discussions and for verbal introduction of ideas and concepts. Try to ensure that sessions are planned and delivered in and organised.logical manner with a clear direction and verbal summary of information at key points.

3 Based on: Light for the World. (2017). Resource Book on Disability Inclusion.

Read-write learners:

prefer for information to be displayed in writing, such as lists of ideas. They emphasise text-based input and output. They enjoy reading and writing in all forms and tend to prefer quiet self-study. This learner type is often associated with more traditional teaching methods.

Strategies: provide reading and text based materials that participants can pre-reador use as a reference. Include exercises to research and process written materials,including diagrams, checklists, and charts. Try to identify read-write learners as they can be a great resource in group work that requires use and analysis of texts.

Kinaesthetic learners:

tend to be natural doers, are active and prefer to learn by doing: problem-solving, discovery, trial and error, using all their senses to engage in learning.

Strategies: include practical participatory problem solving exercises. hands on demonstrations, use of case studies, role plays and group work.

The type of learning that best suits you. This enables you to choose the types of learning that work best for you and of course your participants There is no right or wrong learning style. The point is that there are types of learning that are right for your own preferred learning style.

"When you know your preferred learning style(s) you understand".

[Diagram: Light for the World. (2017). Resource book on disability inclusion. P111]

2. Experiential Learning Style

Experiential learning is a theory – developed by David Kolb - about how people learn new things in an everyday situation. It explains how people learn in a natural setting.

According to the theory, there are four steps in the learning cycle, and each learner has to go through all four stages in order to learn from the experience. The four steps are:

- **Concrete experience:** you carry out a particular action and see the effect of it

- **Reflective observation:** you notice what happened and reflect on what the effect was of the action.

- **Abstract conceptualisation:** you understand the general principle or draw a general lesson from it.

- **Active experimentation:** you try out the new idea or apply the general concept. The application of the idea will provide you with a new experience to start the cycle all over again.

To make learning successful, a trainer should therefore try to ensure that all participants will actively undergo all steps of the learning cycle. This means that to make the training effective, the trainer should make sure that all the steps in the learning cycle are addressed during the training.

Kolb's Cycle of Experiential Learning

NOTES FOR TRAINERS

Enable trainees to test the learning and plan application into their work. E.g. through role plays, case studies, make checklist, action plans.

NOTES FOR TRAINERS

Provide learners with situations to encourage the process of experiencing. E.g. through roles plays, case studies, demonstrations and practical assignments.

Concrete Experience

Active Experimentation

Reflective Observation

Abstract Conceptualisation

NOTES FOR TRAINERS

Generalise from the specific experience and define general theories for effective behaviour. E.g. through presenting models, study literature, structured conversation.

NOTES FOR TRAINERS

Structured reflection, discussion and feedback on the experience. E.g. through a questionnaire, brainstorming, structured, conversation, reviewing video recording.

[Diagram: Light for the World. (2017). Resource book on disability inclusion. P108]

Some people might prefer one step of the experiential learning cycle over the other. This is their personal learning style. This means that there are, according to Kolb, four different learning styles. When participants in a training resist what you are teaching them, it may be that it is because the teaching does not fit with their learning style. Providing them the information in a style that comes naturally to them, may make it easier to accept it. In the table above we present some qualities and pitfalls for each learning style, and typical questions that people may ask those fits with their learning style.

3. Brain based Learning Style

Another theory about how people learn is called brain-based learning[4]. This theory is based on how the structure and function of the brain works: when brain cells continue to be used, then people learn as they build strong neural networks in the brain.

Motivation to learn and 'mind-set'

One part of the theory is that the mind-set that people have will determine whether or not people will develop themselves and be successful.[5]

Some people have a fixed mind-set. In a fixed mind-set, people believe their basic qualities, like their intelligence or talent, are simply fixed traits. They also believe that talent alone creates success, without taking any effort to develop it. If you have a fixed mind-set, then you will be afraid of failure because it means that your basic abilities are not good.

Other people have a growth mind-set. In a growth mind-set, people believe that their most basic abilities can be developed through dedication and hard work—brains and talent are just the starting point. People with a growth mind-set do not mind failure. They see it as an opportunity to learn and improve their performance. They say "Practice makes perfect."

As a trainer, you want to ensure that people have a growth mind-set. This means you need to:

- Make sure that you have a growth mind-set.
- Provide feedback in a way that you praise trainees for their efforts, and not for their intelligence.

Brain-based learning principles[6]

Besides making sure that you and your trainees have a growth mind-set, the second part of brain-based learning is that your goal as a trainer is to make sure that the neural networks in the brain become as strong as possible. There are six principles that a trainer can use to design their training in a way that stimulates the brain as much as possible.

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4   Gulpinar MA. The Principles of Brain-Based Learning and Constructivist Models in Education. Educ Sci Theor Pract. 2005:299-306.

5   Nummela Caine R, Caine G. Unleashing the Power of Perceptual Change the Potential of Brain-Based Teaching. Association for Supervision and Curriculum Development; 1997.

6   Dirksen G. Het Brein Achter Het Leren; Leermotivatie Verhogen En Beter Laten Leren Door Breinkennis. Meppel: Uitgeverij SchoolBV; 2010.

So we can easily link these principles to our methods we use in our training sessions.
Principle 1: Use emotion
Principle 2: Assure repetition
Principle 3: Make it sensory rich
Principle 4: Focus
Principle 5: Encourage creation instead of consumption
Principle 6: Build on existing knowledge

Principle 1: Use emotion

Learning and remembering is easier when emotions are involved. A trainer should make the learning new and exciting.

Methods: challenge the other, create positive atmosphere, humour, tease not tell

Principle 2: Assure repetition

Repetition and practice are crucial. Spreading the same message over time is more effective then presenting everything at the same moment. Give the brain some time to let it sink in, otherwise it gets overloaded. Assure that participants **repeat** a new message a few times during the day or the week. Hereby it is important to not 'just' repeat exactly the same words but to use variation in the way the message is recalled.

Methods: summarize, recap, paraphrase, reminder

Principle 3: Make it sensory rich

By offering information through different senses, several neural networks are activated at the same time. Thereby more 'entry points' are created for the information, more possibilities to add on to the information and more possibilities to recall the learning afterwards. A training is more effective if the **delivery mode of training** is not only presentations with texts. It means that images, play, drawings, stories, music and films should also be used, whenever possible.

Method: use pictures, graphics, video, music, props

Principle 4: Focus

A trainer should make a course as outcome and context oriented as possible. The better people focus the better people learn, understand and recall. A trainer needs to use examples that are closely

linked to the context of the participants of the training. Then it will be easier for them to imagine or visualise how they might use the insight in their situation. In order to focus, it can be very helpful for the participants of the training to think about how they are going to use the new insights or to visualise the outcome. They should imagine themselves using the new skill, attitude or knowledge.

Method: use real life examples, cases, excursions, exposure visits

Principle 5: Encourage creation instead of consumption of knowledge

Trainers should enable and encourage trainees to discover things themselves, exchange experience and work actively. This does not imply that a certain amount of time for knowledge transfer (sending) is not effective. This might be very useful to provide basic knowledge to get started.

Method: practical exercises, simulation, role plays, reflection in groups.

Principle 6: Build on existing knowledge

It is important to link new knowledge to already existing knowledge. The brain always builds on already existing experiences and associations. Making this link between new and old experiences explicit will make new learnings easier to recall. It is important to take time to examine the 'old' information people have and compare it with the 'new' learning. Differences need to become explicit to dissolve the incoherence.

Method: needs assessment, use existing knowledge & skills, use cases/examples from trainees.

So…. We need to understand ourselves more to know how we can work with others and realise that our participants will all learn in different ways.

Yes exactly… and that also helps us understand more about our participants and how we can maximise the effectiveness of our trainings.

This will help me in designing my session when I come to do that.

Section 2
Competencies of a trainer

Now we understand a bit more on why and how our learn, we need to spend some time on the facilitation skills and the training process.

I think much of my formal learning so far has been teacher led – I know that facilitation seems to be very different.

You are right – let's look at this in more detail.

If you are reading this manual, it's probably because you are a trainer on Disability Inclusion or are interested in becoming one. In this section, we will discuss what it means to be a good trainer.

What is a trainer?

You may have heard the term trainer and the term facilitator. Often both are used interchangeably. But there are some important differences.

The focus of training is on learning. The primary job of a trainer is to teach new concepts and skills, and to pass on knowledge to the participants of the training. Training is often associated with the presenting of information.

The focus of facilitation is on thinking. The primary job of a facilitator is to help a group achieve their learning goals by guiding them through a productive learning process. Facilitation is often associated more with interaction.

Both types of skills are important. As a trainer, you need to understand adult learning principles and be able to clearly present theories and concepts. As a facilitator, you need to understand how to design a process and set up group interaction. In both cases, it is important that you can communicate clearly, both verbally and non-verbally and remember that you are also learning yourself.

Is one of these better than the other?

No. It is important that you know the difference, and that you can reflect on when you need to take up which role. It is also important that you know what your strengths and challenges are, and where you can improve.

Throughout this book, we will use the word trainer to refer to you: the person in charge of the learning process. This does not mean we only want you to play the trainer role. Realise that you also have an important job as a facilitator of the learning process – and will need the skills to do so properly!

The requirements of a trainer can be put into three categories:

Personal requirements	Professional requirements	Facilitative functions of the trainer
• Empathy, acceptance, authentic and flexible	• Conceptual knowledge (learning, groups, etc.) • Skills (facilitation, communication, organizing)	• Emotional stimulation • Caring • Attribution of meaning • Executive functions

- If trainers have these personal attributes, just being around the trainers makes participants feel good. This can be easily observed during training programmes, for example during the coffee or tea breaks or lunches. You can see and feel the atmosphere.

- It is all about understanding and interacting with people. Increase your conceptual knowledge and fine tune your skills as a trainer to take the participants and their needs and expectations into consideration.

- In general trainers tend to focus a lot on the executive functions of the training and the content, but trainers should give equal importance to the soft side of the training process (emotional stimulation and caring) to be effective.

Roles to play as a trainer

"Think for a moment about the possible different roles you might have to play in any one training event".

Listener

Organiser

Role Model

Teacher

Timekeeper

Key roles as a trainer

The trainer has to play different roles…

Listener	Organiser	Role model	Teacher
Time keeper	Lecturer	Entertainer	Delegator
Observer	Evaluator Interpreter	Learner	Designer
Negotiator	Moderator	Leader	Manipulator
Instructor	Motivator	Conflict resolver	Summariser

There are many different roles you can take as a trainer. Sometimes it is clear which role you need at that moment. For example, if you are giving the group new information, then you are teaching. If you are managing the group dynamic, you may need to be motivating, negotiating or observing.

It feels a bit overwhelming – like I have so much to learn and be aware of.

Don't worry – many things come naturally and you probably do them already – this just helps you become more aware of the roles. There are also many tips you can use and methods to help you….

Tasks of a trainer

There are a few things a trainer needs to do to make sure all the participants can join in the learning process:

1. Clear Communication

Make sure that instructions for activities are clear and that the group has a shared understanding of the end goal. Ensure that everyone is heard and understood. Clarify details. Speak slowly and clearly, and pause a lot. Make sure every participant understands what you are saying. Communicate clear guidelines and instructions. Structure conversations and apply appropriate group facilitation techniques to keep discussions effective.

This involves the following:

Observing

Observe what the participants are doing. Their body language tells you whether they are interested. Look at their face – are they frowning, nodding, yawning, or looking at you?

Active Listening

Make sure you understand what a participant is saying and why they are sharing this information. This starts by demonstrating interest in what they are saying through making eye contact and showing positive body language. Do not judge or evaluate what the participant is sharing. Once the participant has stopped speaking, reflect back on what you have heard to confirm that you have understood their message correctly.

Admit that you don't know about a certain topic if you genuinely don't. Write the question down on a piece of a paper and try and find out the answer for the participant at a later date.

Listening isn't just about being present while the other person talks. To obtain accurate and complete information and to verify that you understand the information, you will need to deploy a range of active listening skills.

It is always important to check and monitor your own skills – I find this small self-assessment exercise below useful and use it after each training I give".

Self-assessment exercise

Questions	Never	Seldom	sometimes	often	Always
Do I listen for attitudes, perceptions and feelings rather than just facts?					
Do I listen to what is NOT being said?					
Do I avoid interrupting the person who is speaking to me?					
Do I actually pay attention to the person rather than pretend I do?					
Do I listen even though I don't like the person, disagree with them or find them annoying?					
Do I avoid being distracted by their style, voice, behaviour or appearance?					
Am I sure that a person's status does not affect how well I listen to them?					
Do I avoid hearing what I want to hear – letting my expectations determine what I hear?					

"Oh, this is very useful – I will use it to monitor my skills when I carry out a training."

Asking Questions

By asking the participants questions, instead of just giving the answers, you help the group to think about the problem and encourage them to get involved actively.

Use mainly open questions, as these require more than a yes or no answer and stimulate thought and further discussion. Open questions are questions that:

Begin with words such as 'what', 'when', 'why' or 'how'	Contain verbs such as 'explain', 'tell me more about', 'describe' or 'discuss'	Help you to determine what the learner already knows about the subject	Invite the learner to participate

When we are communicating with the participants verbally throughout the training, there are some useful tools to think about:

PROBING:

Probing is used to determine the mood or general opinion of the group about a certain topic or point in the discussion. Just asking for a "thumbs up- thumbs down" survey can be enough to get an impression of the general opinion of the group.

PARAPHRASING:

Paraphrasing means to express the same content that was just stated before but in your own words in order to check that both you and the others have the same understanding.

REDIRECTING QUESTIONS OR COMMENTS:

Redirecting a question to the group helps get participants more involved in the discussion. In addition, it also encourages group reflection.

BRIDGING AND REFERRING BACK:

This helps the group follow the discussion and to connect ideas by recalling earlier discussions or ideas.

SHIFTING PERSPECTIVE:

If the group gets stuck at some point in the discussion, try to shift the perspective and look at the problem from a different angle.

SUMMARIZING:

Repetition promotes understanding, and summarizing what has been discussed so far will help the group build upon the conclusions they have already made.

GIVING POSITIVE REINFORCEMENT:

It's important to encourage people, especially those who are less assertive, to state their opinions. Therefore, when someone brings up a good point, say so, thus showing his/her participation is appreciated, and later on he/she will feel confident enough again to bring up another idea.

INCLUDING QUIETER MEMBERS:

Encourage less talkative members to contribute to the discussion. Ask directly for their opinions and ask if they have any questions. At the same time, keep in mind that people do have different learning and thinking styles and may not feel comfortable if they are 'encouraged' too much. A facilitator needs to be alert to the needs of different participants and help the group move forward together.

2. Managing the process

Timekeeping

Make sure the participants get enough time to accomplish what they need to do. Break activities down into blocks of time and focus the conversation around what is important at that moment. A session usually has a start and end time, and participants usually expect you to respect the end time.

Establish a Safe Environment

Create an environment where everyone feels like they can participate. Understand that everyone has different working styles and personalities, and create opportunities for all types of people to participate in a way they feel comfortable with. Be aware of how people are participating, so that you know when quieter participants need to be drawn into the conversation. Get all individuals in the room to feel like they are in a group with a shared interest. Manage people's different abilities and communication styles, including literacy levels, so the whole group is able to enjoy learning together.

Create Focus

Remove distractions, for example by setting ground rules about phone and email use during group discussions. Remind participants of the goal they are working on to guide their discussion and keep them focused on the goal. It is useful here to remind people of the shared group code of cooperation or ground rules that they develop.

3. Facilitating the Process

When you know what outcome you want to achieve, then you need to think about what might be the best process to achieve it. For example, sometimes you may want to have an open discussion, and at other times a more structured one. It also means using activities that keep the group engaged throughout the event.

Adjust your style of presentation (and even the content of your presentation) based upon the needs of the group. It is completely okay to prepare a three-day workshop but then make some substantial changes on Day 1, if the people you are presenting to want to hear about something else. Always tailor the training to the needs of participants, where possible, and involve them in the planning process.

Different methods to use

Method	Purpose
Lecture	Transferring knowledge, introducing new concepts and theories
Structured Discussion	Exchanging opinions and ideas Problem solving
Small group discussion	Sharing experience Exchanging ideas
Buzz groups	Generate ideas / feedback Reinforce learning
Brainstorming	Gather ideas / innovative thinking Problem solving

Case Study	Analysis
Demonstration	Learning skills
Field Trip	Link theory to practice Observe and reflect
Role Play	Help face difficult situations Bring out human side of learning
Games	Practice learning / reflect / energise
simulation	Empathy / practical
Ice breakers	Knowing each other / interaction
Energisers	Stimulate creativity / introduce new concepts / fun
Homework	To practice learned skills

Pay attention to Group Dynamics

Each group has its own dynamics with the specific and sophisticated interrelations between its members. As a trainer, you want to create a participative atmosphere where everyone is involved. You will need practice to master the skills of picking up on the atmosphere, measuring the emotional temperature, and helping the group achieve its potential. Pay attention to how individuals within the group may be feeling about the course of things. Make sure that people are not left behind or left out of the flow of the discussions. You will need to make sure all participants have the opportunity to participate equally and that some members do not dominate too much.

Record Key Takeaways

Recording key takeaways of a conversation is essential for keeping group progress on track and avoiding circling back to the same topics. As a competent trainer, you should make sure to capture and highlight the key messages – whether that is via visual recording (i.e. arranging post-it notes, sketches, etc made by participants), or written records (i.e. writing up conclusions). All the insights recorded will provide a useful baseline for action-setting and follow-up.

Monitoring your performance

It is useful to check your skills – even as a personal record it helps you improve. I like to monitor my performance after each workshop I deliver as a self-assessment. The tool below is very useful I like to set myself points to improve – but you can always adapt this. It is also good to do this exercise with your co-trainer if you have one and reflect on your skills and capacity together.

Skills I use in my trainings	Self-assessment	Improvement points
1. Listen attentively		
2. Observe body language and group dynamics		
3. Ask the group questions		
4. Answer questions from the group		
5. Summarise what someone has said		
6. Summarise group discussions		
7. Give feedback to individuals		
8. Give feedback to a group		
9. Be open to receive feedback from a group		
10. Encourage quiet people to speak		
11. Encourage dominant people to listen		
12. Facilitate an open discussion during which all group members can their ideas and opinions and participate		
13. Do not judge		
14. Do not project own perceptions onto others		
15. Be friendly and open		
16. Show respect to your group		
14. Do not project own perceptions onto others		
15. Be friendly and open		
16. Show respect to your group		
17. Accept that people have their own worldviews, values and behaviours		
18. Be well organised (resources, room, handouts etc…)		
19. Act as a role model		
20. Be flexible as changing needs emerge		
21. Be part of forming solutions		
22. Handling resistance or conflict		

Getting better …. Your lifelong learning

The best way to get better at training is to practice, practice, practice! Over many hours of delivering different types of training, you will encounter so many different situations in group dynamics: heated debates, opinionated participants, power dynamics between people, etc. The broader your 'toolbox' is, the more skilled you will be in applying the right processes to guide each unique group in its thinking and get the most out of the training for everyone. On the job learning is most effective.

However, there are some ways you can make sure you keep improving.

Co-facilitate with experienced facilitators:	Learn new tools and techniques:	Get trained (and potentially certified):
On-the-job learning from those with more experience is probably the most effective way to boost up your skills. Strive to design facilitation processes together with other facilitators, and you will encounter different perspectives on how to design an effective group process. Co-facilitate discussions, and you will gain first-hand experience in observing how different strategies work to manage conversations and groups.	Keeping an open mind and staying professionally ahead and updated is important. Find time to learn and experiment with new tools and techniques to stay up-to-date. Read books, watch videos, look up online resources and share best practices with colleagues. Keep practicing!!	You may consider attending a general facilitation training, or get trained in specific facilitation skills. Whether you are a beginner, an improver or a professional trainer, facilitation training can help you grow and refine your practice.

Section 3

Making the most of your training

We have looked at learning and trainer competencies, now we need to think about some general skills and approaches that we need as trainers to ensure our workshops go smoothly.
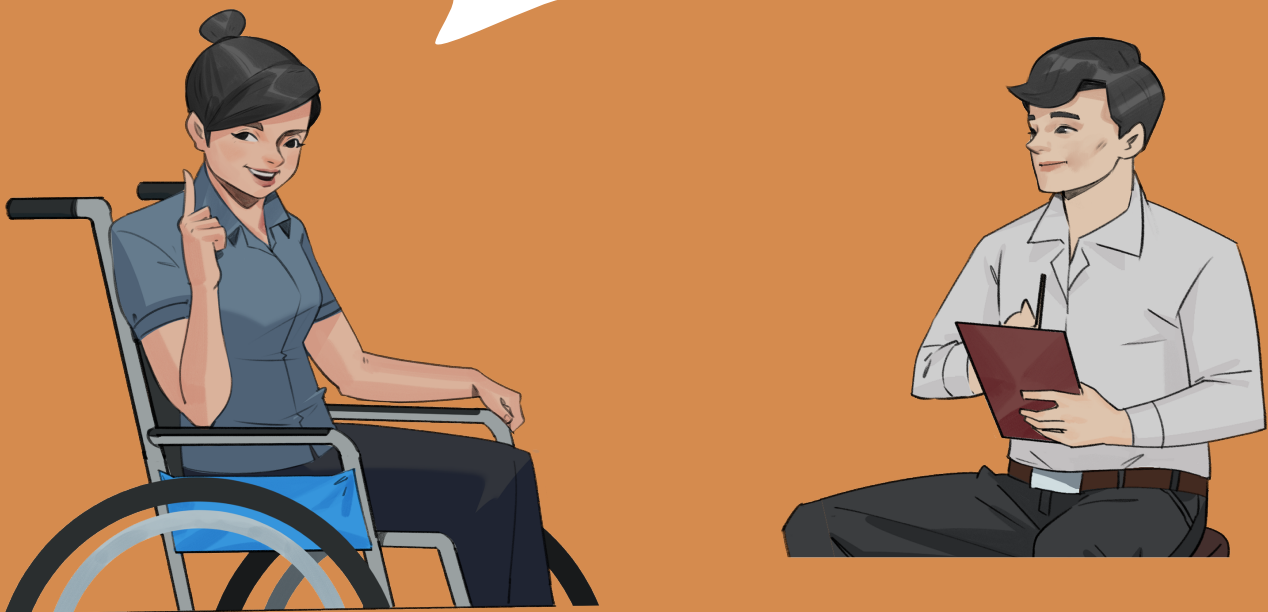
In this section, we will cover some topics that will help you plan your training. What can you do to ensure that your participants are learning as effectively as possible.

The training team

Sometimes, you may have to design and deliver the training alone, but usually you will be working with at least a co-trainer. Sometimes, you will have help with organising and logistics, sometimes you will use external resource people to help. In any case, it is useful to define this as a training team. Be clear about the roles and responsibilities of each member of the team.

With a co-trainer, you must ensure:

- A shared sense of the training objectives.
- A clear co-designed training agenda, programme, and resources.
- Clear roles and responsibilities – who will do what? What session will you be ultimately responsible for.
- How best to support each other. Each session you need to add value and content for each other in a supportive way. You should not be seen to be working in opposite directions. You need to complement each other's' skills and specialisms.
- Enough time to 'walk through' each session – are there any things that could go wrong? Anything to pay special attention to?

Should I try to work with someone who has a disability if I am giving a training on inclusion?

During trainings on the rights and needs of persons with disabilities it is wonderful if one of the trainers is a person with a disability, but we know this isn't always possible. Persons with disabilities are often the best resources because they bring their lived expertise to the training. However, being a person with a disability is not a qualification on its own. The personal and professional requirements of a trainer also apply to trainers with a disability.

- In-depth experience: Persons with disabilities have sometimes lifelong experiences of living with a disability, and can draw on a tremendous amount of personal examples of exclusive (and inclusive) behaviour. This varies from stigmatizing and inaccessible buildings, to not being invited for meetings. This makes the reflection process for participants more effective.

- Role model: Persons with disabilities as trainers are a statement in itself. Many participants with their own pre-conceptions might not expect that a person with a disability can be a trainer. It therefore immediately brings into practice what disability inclusion is about: equal opportunities for everyone. This is a powerful message and helps participants of the training to visualise that persons with disabilities can be included.

- Challenging current thinking and values: Exclusion is caused by inequality, which in turn is the result of negative perceptions and values towards disability. We are often unaware of these negative perceptions. People need to be made aware of these perceptions in order to do something about it. This is very important, otherwise people will keep thinking negatively about persons with disabilities. Trainers with a disability often find it easier to address and discuss such issues.

In the disability movement we use the phrase "nothing about us, without us". This phrase means that persons with disabilities should be talked with and be part of decision-making processes, instead of being talked about. If you only talk about, then they are still excluded and are not able to influence discussions. Persons with disabilities as (co-) trainers can give meaning to discussions and reflections and highlight the values of inclusion, dignity and respect. For participants with a disability, it is also good to know that their needs and ideas are being welcomed and valued.

Training Planning Method

Knowing how people learn and what makes a great trainer is not enough to make a great training. The following steps[7] help to think through how to organise and give structure to a training:

There are 8 key questions to think about:

1 Who? Who is going to be trained?

2 Why? Who are the people to be trained? What is the current situation that needs to change?

3 So that? What is the anticipated change? What will be different after people have been trained?
Only after the first three questions have been answered sufficiently, continue with the remaining five questions.

4 When? When is the training taking place and for how long?

5 Where? Where does the training place, in which location?

6 What? What is the content of the training?

7 What for? What will the trained people be able to do differently? How is follow-up ensured?

8 How? What training techniques are being used to stimulate learning and reflection during the training?

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7 The Jane Vella 8 steps have been described in CBM Disability Inclusive Development Toolkit, Chapter 4 on Inclusive facilitation and training (Jan 2015). http://www.cbm.org/Publications-252011.php.

When all the key information is available the practical planning can start.

For more detailed questions you could ask yourself as you prepare your training have a look at **Resource 1: Alternative Questions for Planning Trainings.**

Designing the training agenda

When designing a training agenda, it can be useful to start by planning objectives for the training.

These objectives will guide you as to what you need to work on with your participants. Objectives work best when they are SMART.

SMART objectives should be:

1. Specific: what are learners expected to be able to do after the course?
2. Measurable or observable.
3. Achievable within the context of the training.
4. Realistic, given the background and experience of trainees.
5. Time realistic – achievable within your limited time.

It is important to think about knowledge, skills and attitudes when we are thinking about our training objectives. This will lead to a well-planned training agenda and importantly help you feel more in control.

Verbs to help you define your objectives

Knowledge	Skills	Attitude	Vague verbs
• Explain	• Demonstrate	• Commit	• Know
• Describe	• Conduct	• Declare	• Be aware of
• Define	• Make	• Feel	• Understand
• List	• Apply	• Will	• Appreciate
• Indicate	• Use	• Motivate	• Believe
• Recall	• Design	• Express	
• Name	• Write	• Propose	
• Summarize	• Prepare	• Plan	
	• Prioritize		
	• Identify		
	• Select		

Agenda Planning

Once you have your objectives, you can start making an agenda for your training. What sessions will you need to achieve your objectives?

The template below can help guide you as you plan your sessions.

Template for session plans

Time	Session topic	Objectives	Methods	Materials needed

Below are useful tips to help you plan a useful training agenda!

- Plan a workshop agenda that works. Leave plenty of time for rests and drink/ toilet breaks.

- If you have a large group, you may need to split the participants into multiple groups. This takes more time than if you have an activity with only one group.

- Remember to plan for ice breakers or other activities that allow participants to get to know each other and become engaged.

- Plan different types of activities and interaction, ranging from presentations to individual work, small group work and large group discussions. This will keep participants engaged.

- Leave plenty of room for discussion and questions. Sometimes, the most learning occurs because someone has asked a particularly interesting question, and the discussion that follows can be enlightening. It's better to try and cover less topics thoroughly than to hurry through many topics but not have time for good discussion or understanding.

- Consider how one topic will flow into the next, as well as how you will wrap up a session properly.

Once you have drafted your agenda, check the following:

- Check the training has a logical flow – do the sessions link to each other
- Check the training meets the objectives in the time allowed
- Assess the variety of training methods – use a mix
- Assess the timing of the sessions – is it realistic?
- Share your design with peers, get feedback and improve it!
- Share your agenda with co-trainers and resource people so they can prepare themselves
- If a trainers' network exists, share the design and ask for tips.

Thinking about the venue

When selecting the right place for the training, it is crucial to think about how accessible the place is for ALL participants. Here you need to think about getting there, getting inside, moving around inside, accessing essential places such as rest rooms, dining rooms etc…

We talk about all aspects of this later in the section on 'making trainings inclusive', but for a specific comprehensive checklist on choosing accessible venues, please see Resource 3: Checklist for choosing accessible training venues.

Setting up the room

Creating the right atmosphere for learning is crucial to any training. We need to think about physical things like the set-up of the room as well as other things like comfort for participants. Of course, we need to think about ALL participants, so it is crucial here we plan for inclusion.

Slide Show facilitator

Chair

For group discussion table
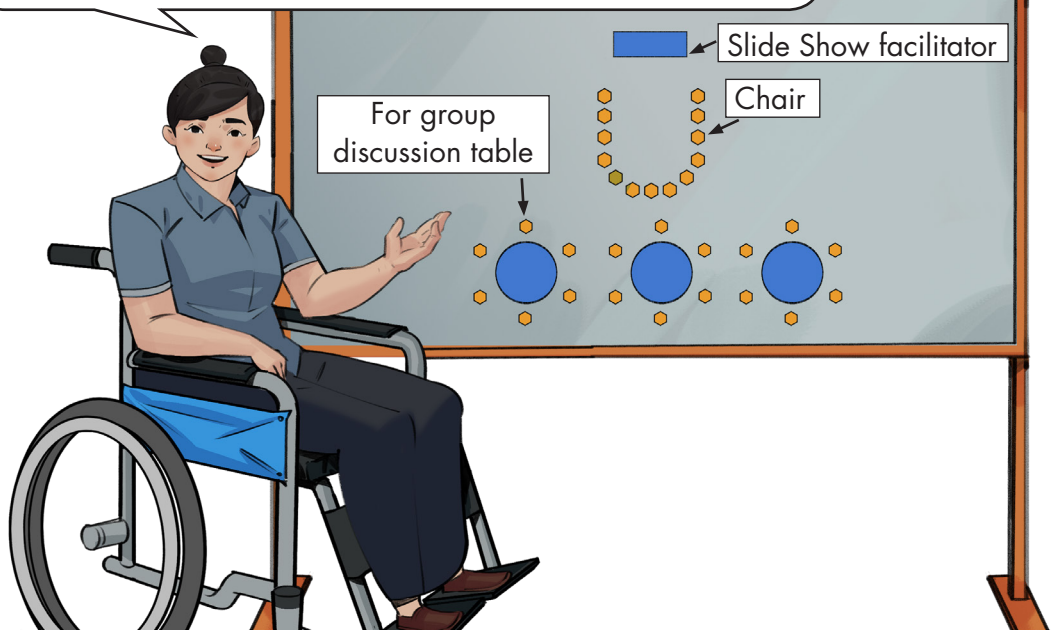
There are different ways that you can set up the room in which the training will take place. The way you set it up will have an impact on how the training works. So, make sure you think about this and make a good decision!

Some examples of room set-ups are given below:

Banquet style   Horseshoe   Theather style

Round table   Class room style   U Shape
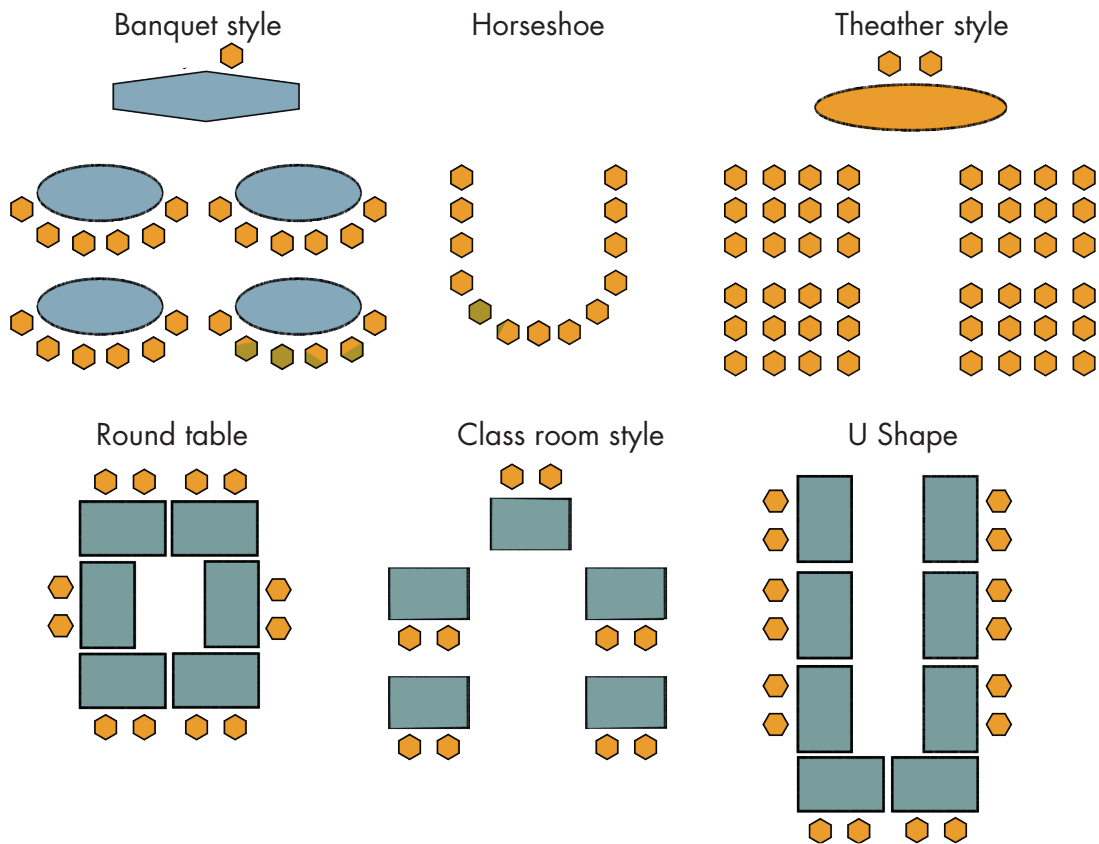
Banquet Table Seating

Advantages:

- More informal setting
- Suitable for small and big groups
- Good for creating interaction/ working in groups

Disadvantages:

- Limited sight when using a presentation screen

Alternatives:

- Use squared tables instead of round tables
- Arrange number of people according to table measure
- Remove platform

Note: Although the facilitator and (if applicable) the guest speaker is positioned in the front, it doesn't mean they should sit there during the whole session. This lay-out allows them to walk around and interact with the participants easily.

Theatre Seating Style

Advantages:

- Suitable for very large groups

- Attention is drawn to the facilitator/ guest speaker
- Good for presentations and lecturers

Disadvantages:

- Limited sight and sound at the back rows

Alternatives:

- Possible with or without tables
- Remove platform

Roundtable Seating Style

Advantages:

- Suitable for smaller meetings
- Helps to facilitate engagement between attendees

Disadvantages:

- Static as there is no room to walk around

Alternatives:

- Create a U-shape/horseshoes or Circle without tables. This gives speakers a chance to walk around and connect with individuals.

There are also some things you can think about to make sure that the room set-up is friendly and inclusive for persons with disabilities.

- Seating at the front of the room is reserved for participants who have a visual or hearing impairment.
- Well-lit spaces are available for presenters and sign language interpreters.
- Sign language interpreters are well positioned and can be seen by people with a hearing impairment.
- Stages and speaking areas are accessible to people with limited mobility.
- Sufficient space is created and some seats removed to allow freedom of movement for people using a wheelchair or other mobility aids.
- Aisle seating is designated for participants using a service animal.
- Cables, wires, microphones are secured away and remove obstacles from aisles and traffic areas.
- The area is free of distracting background noises such as a noisy ventilator system.
- Check accessibility options with persons with disabilities and adapt the room setup according to their preferences.

What is your preferred arrangement sister?

For me I like to have a mixture of a horseshoe style at the front, so we can all sit together and see each other and really interact – and then, if possible, I like to have proper tables set at the back for group work. I need to make sure that I can move around easily to work with the groups at the tables.

Labels in diagram:
- Slide Show / facilitator
- Chair
- For group discussion table
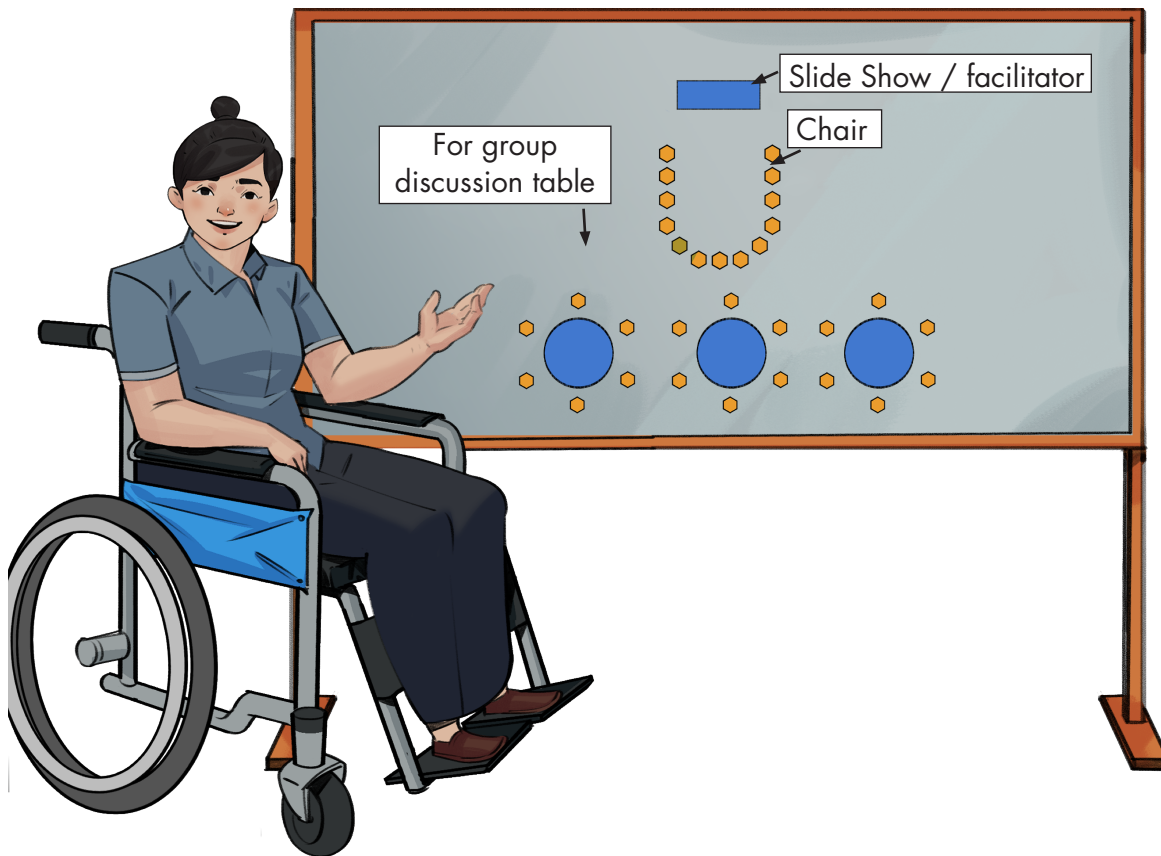
Using Participatory Approaches

A participatory approach is an approach in which all the learners are involved in the process. A good participatory approach improves motivation, increases learning and feelings of ownership and enables empowerment.

- They use inexpensive resources.
- They can be used in many physical settings – informal as well as formal.
- They are interesting and fun – helping to involve people in the subject.
- They are a leveller – they help to make everyone feel equal.
- They help people to build self-confidence.
- They help people to learn about themselves
- They can help people with different learning styles.
- They help people to understand the perspectives of others.
- Participants with different degrees of experience and literacy can use them.
- They prevent individuals from being singled out for what they know, or don't know.
- They are less intimidating for less confident participants.
- They can help people analyse complex situations.
- Outcomes are often documented during the process and do not depend on jargon.
- They are often memorable.

Some people might not value such approaches, or feel comfortable with them. This is especially so for people who are used to being 'pupils' rather than active 'participants' in a learning process.

Participatory approaches can also be hard to document in a report format. It can be difficult to establish clear action points or conclusions from the activity. You can use photographs or keep flipcharts to document learning and conclusions.

Make sure that there is a mix between the creativity and also the learning. Sometimes participants love to be creative and have fun in the sessions. This is fine but you must not lose track of the point and always link it to the learning! Debrief, clarify, feedback and move onto your next training objective.

Solving problems during the training[8]

Despite all your preparations, you may still have issues that come up during your training that need quick solutions. It is useful to use the group themselves to be involved in finding the right balance and help solve the challenges. Below are some common problems, and their solutions.

What to do if one person dominates a group/workshop

There will always be people more outgoing than others, and this is not a problem unless one participant starts to dominate a group or the workshop. Other participants may become reluctant to speak in front of them. In order to counteract this, try nominating people to give input in discussions, and ask participants specific questions about their work or experience to build their confidence. You could also

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make it a rule that after working in smaller groups, a different person each time must report back to the group as a whole. You can also give the dominant person a role in the training e.g to help document a session, to help monitor participation of group members or to help keep time.

What to do if the groups work at different speeds

Be very specific about the time that groups are allowed to discuss something and what time they need to have work finished. For example, tell participants they have 30 minutes in which to discuss a given topic and write up the main points, then let people know when there are only 10 minutes to go, and then when there are five minutes, to get people working more quickly and in a more focused way.

What to do if you get behind on the schedule

It is possible that you may spend more time on one section than you anticipated, or you may do it deliberately because participants are getting a lot out of the session. If a session becomes extended, then something else in the workshop will have to be condensed or left out altogether. You are the best judge to decide what your participants will benefit least from in the workshop, so reduce or omit this section. You may decide to omit a section completely, but still give the handouts for people to look through in their spare time.

What to do if people won't participate

Sometimes people are reluctant to speak in front of a group because they are shy or have little public-speaking experience. Use icebreakers and energisers to get people more comfortable with each other and used to speaking in public. Occasionally nominate quieter participants to play a key role in smaller groups first. Talk to them – try to find the reason. Don't ever force people into situations they are just not comfortable in. Participation should be open to all and be fully inclusive but never forced.

Using games

Trainers use games for a variety of different reasons, including helping people to get to know each other, increasing energy or enthusiasm levels, encouraging team building, reflection. Feeling or making people think about a specific issue.

Games that help people to get to know each other are called ice breakers. When people look sleepy or tired, energisers can be used to get people moving and to give them more enthusiasm. Other games can be used to help people think through issues and can help to address problems that people may encounter when they are working together. Games can also help people to think creatively and laterally. Good games and exercises involve everyone in the group, advance the group process, maximize participation and allow as many people as possible to express themselves in unique ways.

See Resource 12: Icebreakers, Energiser, and Games for a list of games and energisers that can be used for specific purposes throughout your training.

Games should be introduced into a process for a purpose, not just for the sake of playing a game. When planning to play a game, think about the intensity, frequency, duration and intended objective. If there is no reason to a game, then your participants may lose faith in your as a trainer because they think you are not serious about the content.

Sometimes senior officials or "experts" will refuse to participate, which sets a negative tone for the whole group. If people see that their bosses or senior people are involved, their own inhibitions will usually disappear. In groups composed of people from different levels in an organization, games should not be introduced which will accentuate conflicts and differences, including hierarchical position, when the opposite effect is intended.

KEY MESSAGES for participants

- Try to choose games that are appropriate for the local cultural context, for example, thinking carefully about games that involve touch, particularly of different body parts.

- Try to select games in which everyone can participate and be sensitive to the needs and circumstances of the group. For example, some of these games may exclude persons with disabilities, such as difficulty walking or hearing, or people with different levels of comfort with literacy.

- Try to ensure the safety of the group, particularly with games that involve running. For example, try to make sure that there is enough space and that the floor is clear.

- Try not to use only competitive games but also include ones that encourage team building.

- Try to avoid energisers going on for too long. Keep them short and move on to the next planned activity when everyone has had a chance to move about and wake up!

- Use games in the appropriate psychological and physical setting. They are not designed for formal events.

- Familiarize yourself well with all the instructions before application.

- Make sure all materials are quickly available. Avoid ad hoc, and last minute substitutions or improvisation. Avoid using games as "lifesavers".

- Sequence games and exercises carefully in terms of their intensity, frequency and purpose. For instance, avoid putting a whole series of highly interactive games one after the other.

- Avoid turning yourself into an entertainer.

- Stick to your plan. Don't let participants who are familiar with a game put you off. Acknowledge them and use them to support or observe the process.

- Involve potentially resistant people by beginning with milder, less interactive games and exercises, building up their trust gradually.

- Be aware of age, physical condition, or other factors which may cause harm to participants. Have them remove items which may hurt them or which may be damaged in physically active games.

- Do not force people into processes which are against their cultural values or world views. Avoid culture-specific humour and perspectives on gender and sexual stereotypes, unless

you are prepared to undertake a reflective process on such subjects.

- Always plan and carry out debriefing sessions after the exercise. Don't leave participants hanging.

- Choose games carefully, according to the overall topic, time available, objective of the event, group progress and mood at the time, the presence of conflict, etc.

- Use games to introduce more drama, thereby increasing attention, involvement and enthusiasm.
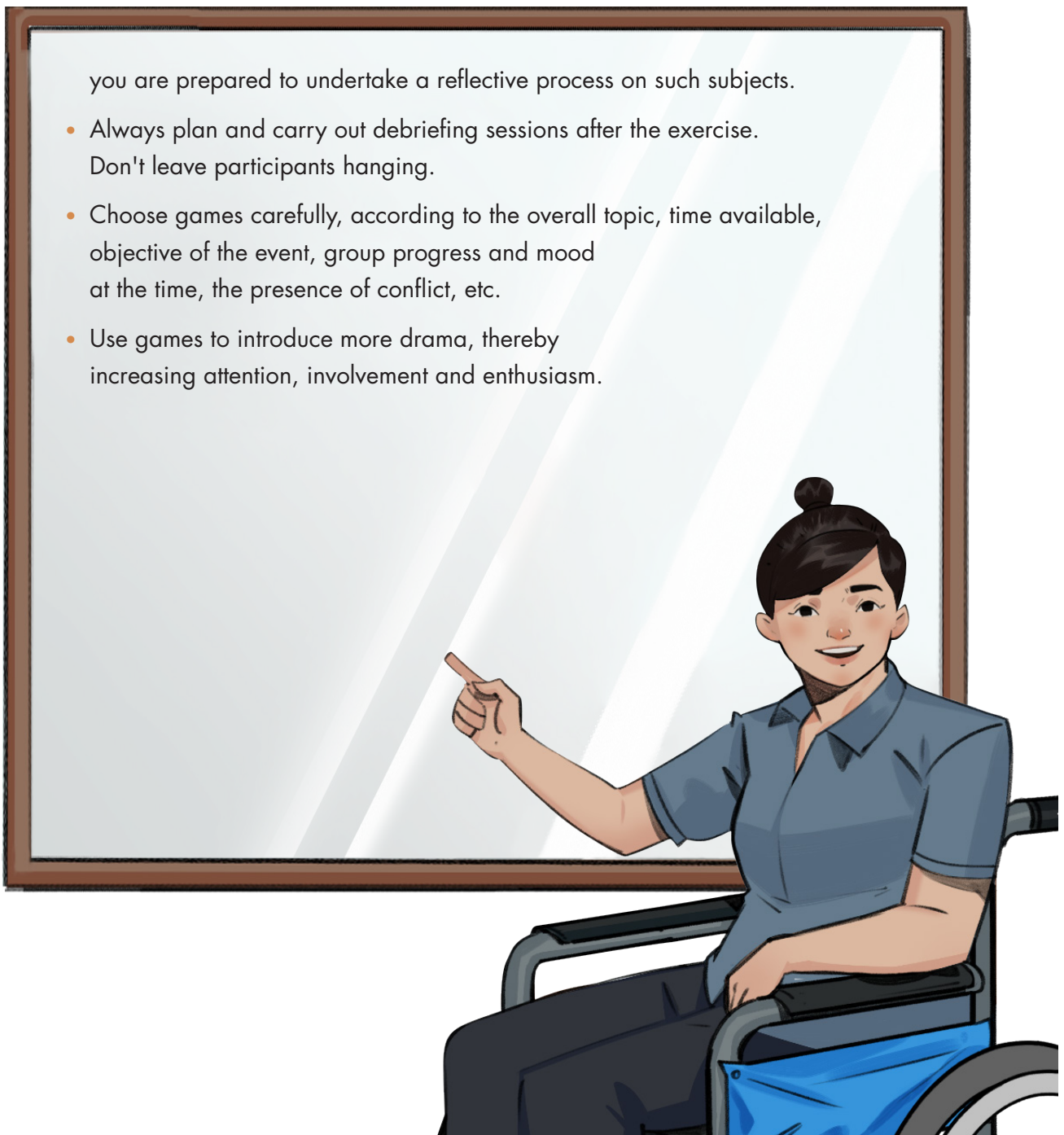
Simulation exercises – a warning[9]

In some trainings on disability, trainers want to use simulation exercises. Simulation exercises are exercises which are used to demonstrate "what it is like to have a disability". Participants in a training are asked to use a wheelchair, or are blindfolded, and are then asked how they feel. This is not ideal and can often end in an unintended result.

These exercises need to be prepared with caution. What happens is that a non-disabled individual can experience an instant impairment. They then feel disoriented and awkward. The result is that they

get a negative view of disability, with disability being something that will make you "less whole" or "unfulfilled." Also, sometimes people will make jokes and act funny during such an exercise. This can be offensive for people with a disability, as for them the experience of disability is real and not a joke.

For this reason, simulation exercises are **not recommended** when these are not accompanied by a very skilled trainer. In case a simulation exercise is felt necessary it is important that the following options are considered by the trainer:

- The exercise is done together with a person with a disability and a discussion is held not on the feeling of being physically limited, but on how society responds to that. For example: going to the open market together with a person in a wheelchair, and discussing with the other participants of the training how other people on the streets that they met were responding.

- Another technique would be to give real life examples of discriminatory events, and then asking participants regarding their feelings on the subject and how they think they would react. For example, someone not being able to take a college entrance exam because the exam is on the second floor and there is no lift or ramp to go upstairs. Participants can then be asked what they think would be a good solution to the discrimination.

- A third option is not to simulate the impairment but to adapt the environment. For example – visual impairment is not simulated but instead a light free environment is. In Bangladesh, India and Cambodia the 'Seeing in the Dark' experience provides a completely dark environment where visually impaired persons guide the sighted visitors. The advantage is that people have a complete experience which does not need to restrict their own physical abilities, and that persons with a visual impairment are valued for their ability.

See Resource 2 for clear guidelines for using simulation exercises.

Monitoring and Evaluation of the training

Monitoring is the quality control part of training. It provides feedback on the trainer's performance, the quality of the design and the delivery of training activities. This is necessary to improve the trainer's performance, participants' learning and the training itself. Evaluation looks more at the effectiveness of the training and should be done at the end of the training, but also at the end of the day.

Checklist:

- Practice self-evaluation during and after each session, day or training event (feedback, checklist, colleague, observer).
- Ask participants to make a written and/or verbal evaluation of the session or course (module, mid-course, end of course).
- Administer a post-test to assess participants if appropriate.
- On completion of the training the participants' progress can be observed during their daily work.
- Discuss trainees' progress with participants/trainers/supervisors/target group.
- Write an evaluation report.

The outcome of evaluation exercises should show whether the objectives have been achieved and if not, why not. Conclusions could then be drawn if the training programme needs to be modified and recommendations be given how the training programme should be changed.

Different tools for training monitoring and evaluation

- Pre (and post) tests.
- Daily informal evaluations.
- Participants own evaluations of the process.
- Check against learning diaries if they are made.
- Formal post workshop evaluation.

Don't forget to give feedback to your participants regularly throughout the training.
- Compliments are positive but don't tell us how to improve
- Criticism is negative but doesn't tell us how to improve
- Feedback can be positive and/or negative and does help us improve."

Is this sometimes-called constructive criticism?

Yes, it's always useful as it helps the individual and the group really learn…. But this can sometimes be hard to take. Make sure you have mentioned this at the start of your workshop. It could be one of your ground rules".
- Build on the positives – acknowledge the strengths
- Be honest about the negatives
- Be specific:
  - Capture the situation
  - Describe the behavior
  - Describe the impact
- Perhaps/ I wonder if/ have you thought about?

Section 4
Preparing the training

Preparation is key for any training. When you prepare well, you have already done half of the work. So, prepare well in advance, this will make you confident and at ease during the training.

Prior to the training

Below you will find a three-week timeline of what should be prepared prior the training. This is very much ideal, and often you need to make some short cuts. But the chart below offers some good practice guidance.

When?	What?
3 weeks before the training	• If working with a co-trainer, contact them and decide on the timetable and division of roles and tasks prior to and during the training; • Arrange the venue for the training and confirm if the venue is fully accessible; • Arrange for sign language interpreter for those sessions when deaf persons do participate; • Inquire about specific needs for participation from invited training participants (e.g. transport, accessibility, language, Braille materials); • Decide which support material can be used for the training (e.g. use of PowerPoint slides and movies depends on availability of electricity; use of primarily written materials on flip charts depends on literacy level; otherwise use less technology and more practical exercises and provide support for writing); • Start reading / developing the trainer manual.
2 weeks prior to the training	• Send all needed materials to be printed (posters, handouts, manuals); • Continue reading / developing the trainer manual.
1 week prior to the training	• Check you have all the needed materials in print or digital format as required; • Collect/buy/prepare all the other needed materials; • Confirm location for accessibility check; • Start preparing the training day by day, module by module and session by session. Prepare you trainers guide and agenda – start to walk through the programme.
One day prior to the training	• Check the accessibility of the training room and adjust accordingly; • Check all available training material and make soft copies of training material available; • Check equipment you plan to use – is it all working? Do you have everything you need? (a final check); • If applicable - call the guest of honour to check time of arrival.

During the training

Also during the training itself preparatory tasks need to be done. In the table below you will find the main activities.

When?	What?
One day prior to the next training day	• Discuss with the co-trainer: what goes well and what needs to be improved. • Check if all training materials (incl. handouts etc.) are present; • Check that all invited guests will attend; • Ensure that you have an attendance sheet; • Go through the programme and training manual, is everything clear/ready/arranged? If not, what still needs to be done? • Try to visualise the training in your head as a preparation and go through the training outline; • Keep a track on logistics and logistic support; • Are participants comfortable – do they have any worries? • Ensure pre and post-test are prepared.

Training material list

This is just a basic list – you will develop more as you expand in your role as a trainer.

General training materials – a suggested list

- Flipchart paper
- Speakers
- White-board
- White-board markers
- Cards
- Sticky stuff
- Tape
- Note-books
- Pens
- Colourful A4 paper
- Name tags
- String
- Any props for role plays
- scissors

Section 5
Making a training disability inclusive

We need to ensure that our training is accessible for the participants. So, this section will cover significant tips in organizing an inclusive training.

You will be giving a training on disability inclusion. This makes it extra important that you ensure that the training you give is also inclusive and accessible to persons with disabilities.

Ask your participants if they have any accessibility requirements before the workshop. This will help you prepare for any needs they may have.

However not all people want to share about their disabilities. Therefore, it is important to always make your training as accessible as possible!

This is not just of benefit for people with impairments! People who cannot read may benefit from oral explanations which you provide for people with visual impairments. People who are sick, old or pregnant may benefit from ramps and other provisions for persons with mobility impairments.

Below is a list of things to think about that will help you in making your event disability inclusive[10].

Selecting a venue

Inclusive practice	Purpose
Identify a location central for the participants with a disability.	To reduce travel time.
Identify a venue that may already be used by people with a disability.	To increase familiarity with venue and possible attendance rates.
Ensure venue has ramp access, accessible toilets, hand rails, etc.	To ensure minimum access requirement for people with a disability.

Promotion

Inclusive practice	Purpose
Develop large size posters with good colour contrast.	For people with vision impairments.
Use a range of communication modes including print media, radio and community announcements to promote consultations.	To enable people with different disabilities to access information.
Identify on promotional information that people with a disability are encouraged to attend.	To ensure people with a disability feel invited and welcomed to the consultation.

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10 Adapted from CBM (2012) Inclusion made easy: A quick program guide to disability in development, Retrieved from http://www.cbm.org/Inclusion-Made-Easy-329091.php, p3.

Communication

Inclusive practice	Purpose
Address the person with a disability and not their carer or guide.	To acknowledge the contribution and value of the person with a disability.
Voice all printed / visual information. (Provide verbal descriptions of content being discussed – don't point or show objects without auditory description).	For audience members that have difficulty following visual content such as those with learning disabilities, intellectual disabilities or vision impairment.
Make sure you have a sign language interpreter available if needed.	To enable persons using sign language to participate in the training on an equal basis.
In question time have one speaker at a time.	Especially useful when using interpreters as they can only interpret for one voice at a time. Will assist with participants with auditory processing difficulties in comprehending what is said. Will assist with participants with vision impairment in facing towards the speaker.
Position yourself at eye level with a person in a wheel chair when talking one on one.	This will prevent the person in a wheelchair from straining their neck.
Feel free to ask a person with a speech difficulties to repeat if not understood.	There is more dignity in this than nodding politely but not hearing what was said. People with speech difficulties are used to repeating from time to time.
Identify yourself if you are wishing to talk to someone with a vision impairment. Inform the person if you are moving away.	Ensures that the individual is aware that you are addressing them. Ensures that the person is aware of your location.
Explain acronyms in full when referred to for the first time.	For entire audience to clarify context of presentation. To clarify content for participants with hearing impairment. To assist in sign language for finger spelling or signing of full words for interpreters. To assist in identifying terms for those with difficulty with short term or long-term memory loss such as those with Acquired Brain Injury (ABI).

Mobility

Inclusive practice	Purpose
Do not touch any mobility aides such as wheelchair, long cane or dog guide (unless permitted or requested such as pushing wheelchair or toileting dog guide).	Mobility aides are an extension of the individual and are a part of their personal space. Dog guides are working when in harness and should not be distracted.
Do not guide someone to a location without first asking. Identify obstacles that may be in the persons way.	Identify where a person wants to sit first as they may have their own preferences. To ensure the individual's safety.
Communicate about preferences for human guide for someone with a vision impairment.	Each individual will have their own preference, whether they follow or take an elbow and which side they prefer to be on if being guided – this will depend on the person, their level of vision and comfort in the environment.

Transportation

Inclusive practice	Purpose
Ensure venue is close to public transport. Provide accessible transportation to consultations for people with a disability if there are not suitable transport options available.	To increase access to venue for people with a disability dependent on public transport. To ensure people with a disability can access venue when public transport is not accessible.

Reading Material

Inclusive practice	Purpose
Provide handouts in large print to all participants (size 16, 1.5 spacing, non-gloss paper, black on white or high colour contrast, sans serif font such as Arial or Verdana). Or provide a digital version for individuals using screen readers.	For audience members that have difficulty taking notes or viewing overheads or have difficulty reading standard print such as those with a learning disability, intellectual disability, physical disability or vision impairment.

Lighting

Inclusive practice	Purpose
Ensure adequate lighting on presenters.	Useful for lip reading for participants who are Deaf or hard of hearing and improves visual identification of location of presenters for participants with vision impairment.

Seating

Inclusive practice	Purpose
Provide option of front row seating for participants with a disability (optional only – dependent on individual preference).	To ensure participants using sign interpreters have unobstructed viewing. To allow for participants with vision impairment to have potential access to visual content. To allow people with mobility disabilities to avoid stairs (if tiered seating).
Ensure wide walkways between and around chairs.	To enable ease of mobility for people in wheelchairs and with walking frames.

Schedule

Inclusive practice	Purpose
Allow for breaks throughout training. Increase time allowance for activities such as meal breaks where relevant.	This will allow rest times for people with a disability, carers and interpreters. This will allow additional time for people with a disability to complete care needs.

In Resource 4 you can find a checklist, specifically for trainers, that will help you prepare your training.

Section 6

Training Content

Now that you have learned about how to facilitate, how people learn and how to plan and develop a good training, are you ready to give the training?

Yes, I'm looking forward to it. Let's get started!

Suggested Training Format

Below I have prepared a simple set of training objectives and an agenda. You will need to adapt this to your own training.

Suggested Training Objectives

Participants will:

- Understand the concept of disability and be able offer definitions of impairment and disability.
- Understand the barriers faced by persons with disability and importantly how strategies can be used to overcome them.
- Increase knowledge about the rights of persons with disabilities.
- Be familiar with appropriate communication and language use.
- Understand the concept of inclusion and how this can be achieved.

Day 1		Day 2	
Time	Session	Time	Session
2 hours	Getting Started (module 1)	2 hours	Rights of People with Disability (module 4)
3 hours	What is Disability (module 2)	2 hours	Communication and Language (module 5)
2 hours	Barriers for People with Disability (module 3)	2 hours	Towards Inclusion (module 6)
		1 hour	Closing

This is a typical 2-day basic training that has been designed to cover the main aspects of a disability inclusion training. This agenda has been designed as a guide only and it would be useful to refer back to the agenda setting section and modify and adapt to develop your own training plan based on the needs you are trying to meet.

It is then useful to make a more detailed session plan with your co-trainer for each session you plan to deliver.

The more detailed you can plan and the more you talk through your session, the more preparation you can do, the better you will feel. You will feel more in control.

Example: Module 1 – Getting started

Time	Module/Topic	Details on method	Materials needed	Who
8:00-8:30	Registration	Welcome participants, help them find a seat Help them feel relaxed and comfortable	Attendance sheet, resource pack	Support team (if available) Special guest
8:30 –8:40	Getting Started Introduction to the training	Presentation of agenda – discuss programme with participants	Printed copy of agenda	You / co-trainer
8:40 – 9:10	Introductions to each other and expectations	Self-portrait method or animal match game	Name tags Card pens	You / co-trainer
9:10-9:30	Ground Rules, logistics and housekeeping	Brainstorm Small group work	Flip charts Pens	You / co-trainer
9:30-10:30	Attitudes – Questioning ourselves	Agree / disagree method Prepare signs	Handout Signs pens	You / co-trainer
10:30-11:00	Break	Give clear instructions on location of restrooms. Be clear on timing for returning		Training team

The training contains six modules. If you have a basic understanding and confidence in each of these, you will be fine to help others learn and understand about disability. They are:

1. Getting Started
2. What is Disability
3. Barriers for People with Disability
4. Rights of People with Disability
5. Communication and Language
6. Towards Inclusion

In section 7, we have prepared some training resources that you may find useful.

Module 1: Getting Started

Objectives of this module:

There are several things that need to be attended to in the first session. Participants must feel welcomed, comfortable, valued and assured. A lot needs to be done to set the right tone and atmosphere. This will be crucial for establishing a bond in the group and will build trust and credibility.

Exercise	Duration
1.1. Introduction to the training	10 minutes
1.2. Introductions to each other and expectations	30 minutes
1.3. Ground Rules, logistics and housekeeping	20 minutes
1.4. Attitudes – Questioning ourselves	60 minutes (could be shortened)

Exercise 1.1. Introduction to the training

🎯 **Objectives:**

At the end of this activity, participants:

- Are reminded of why they are here
- Know what will be covered in the workshop
- Feel comfortable that they are attending a valuable and worthwhile event

⚙️ **Resources:**

- Printed copies of the agenda

🧍⚙️ **Process description:**

Start with a short introduction to the workshop. Why is everyone here? How does this training fit within the work that participants do? What will we cover?

If not already distributed, hand out a copy of the agenda. You can briefly discuss session by session by asking each participant to read aloud one of the sessions. Encourage questions and introduce the concept of participatory approaches.

Give the group a brief outline of the training. Emphasise the need for respect and honesty from the participants. While no one will be made to share anything they feel uncomfortable speaking about, participants should be encouraged to share their own opinions, beliefs and experiences.

Exercise 1.2. Introductions to each other and expectations

🎯 **Objectives:**

At the end of this activity, participants:

- Know each other's name and are comfortable with each other
- Have vocalized their expectations for the workshop
- Start to know the facilitators

⚙️ **Resources:**

- Name-tags for the participants
- A4 sized cardboard which can be folded twice to make a place card which will be on the table in front of them if you have chosen that room layout option
- a piece of A3 card or paper for each participant
- coloured markers
- For option 2: pairs of cards with pictures of animals or birds on them. Ensure that the name of the picture is written in Braille if there are participants with visual impairments attending.

🧍⚙️ **Process description:**

There are two options for introduction exercises below. Choose one, depending on the time you have or the appropriateness for your group. There are more in the resource on energisers, icebreakers and games.

Option 1

Give all participants a piece of paper and ask them to hold it against their forehead. Once the paper is in place, ask everyone to draw a self-portrait on the paper. When this is done, they write their names

on the paper and display them. It's fun as many pictures will not look anything like their owner! You can use this as an opportunity for people to self- introduce, or you can pair people so they introduce each other's picture.

Option 2

Play the Animal Match icebreaker. Randomly distribute the animal or bird cards amongst the participants so that there are pairs of the same animal or bird all around the room. For example, if the total number of participants is 20, use 10 animals or birds and 20 cards.

Inform the participants that two of them have the same picture of animal or bird.

Ask them to identify the partner with same picture without speaking to the group. They can imitate the animal or bird's sound or action only. Allow some time to complete the task.

Once all the participants identify their partners, ask them to get together somewhere and introduce themselves both personally and professionally. Specifically, ask them to find out the answers to the following questions:

What is their name?

Where do they work?

What do they want to get out of this disability awareness session? – what are their expectations?

You can add other questions to make it more fun e.g. what is your favourite food, hobby etc… When hearing the expectations – these should be captured on a flip chart for the whole group. You can ask for a 'helper' to do this. This list will be important for you to refer back to later in the training to check that the expectations have been met Each participant can then introduce their friend.

Begin each day with an icebreaker or energiser. It will encourage everyone in the group to be involved, will create new energy, build good relationships and will make sure no one is sleeping. Ideally this is an opportunity to recap on the previous day as well. This gives you a chance as a trainer to check how the group is feeling and to check on their knowledge retained. We have added a specific icebreaker here for introductions. For other sessions, look at the list of icebreaker ideas in Resource 12.

Exercise 1.3. Ground rules, logistics and housekeeping

Objectives:

At the end of this activity, participants:

- Will know the rules or code of cooperation of the training session
- Will know about breaks, food and other logistics

Resources:

- Flip charts
- markers

Process description:

Group contract – 30 mins

Participants draw their ideas around 'ground rules' and how they would like to work together. They are grouped into groups of 4 – 5 and come up with visual images representing the 'contract' – e.g. no mobile phones, all should participate, keep to time etc… Each group feeds back to plenary and facilitators elicit a group contract or code of cooperation.

This should begin to tease out ideas around power and authority and the respect needed to work well together. Using visual images is a fun and creative way to encourage dialogue during the workshop

Remember to verbally explain when using visual images and always consult with participants with visual impairment – are they comfortable with such exercises?

Presenting the group contract

The group contract or code of cooperation usually comes up with ideas similar to the following:

- Keep on time
- Encourage Interaction
- Mutual Respect
- Team work-every individual has strength and weakness
- Gender equality and communication
- Keep Alert
- Mobiles on silent

- Group Cohesiveness
- Don't dominate sessions – allow all to express themselves
- Inclusion for all
- Reporting and documentation
- Receptive and feel happy
- Two-way communication.

If you are short on time, you could generate this in a brainstorm. The important thing is to get everyone to agree to it as this will help you keep the workshop on track.

Logistics and housekeeping:

Explain to everyone where the rest rooms are and the plans for lunch. Also highlight any safety issues and show fire exits etc.…

Exercise 1.4: Attitudes - Questioning ourselves

🎯 **Objective:** To allow participants to challenge their own beliefs and attitudes around persons with disabilities and to explore prevailing attitudes in their societies

⚙️ **Resources:**

- ☑ Notebooks
- ☑ cards
- ☑ copies of Handout 1 for all participants
- ☑ pens

👤⚙️ **Process Description**

⏰ **Time required:** 60 minutes

This is an important session which will really set the scene for the whole training as it encourages some self-reflection. It also helps us look at where entrenched attitudes come from in our societies.

Process 1 - instant word association. Write the following statements on a flipchart. Quickly show the participants and ask them to say the first word they think…

people who are blind live in a world of......

people who are deaf live in a world of......

Many people will say darkness and silence…base a quick plenary discussion about this as of course people will also experience many positives e.g. creativity, music, colour, imagination etc.… – this encourages the group to open their thinking.

Process 2 - what is in a name?

what words have been used in your lifetime, or in your area that have associations with disability. Self-thinking followed by brainstorm and writing on cards. This can be a difficult session as it can open up many negative stereotypes. It is good if the group (including trainers) includes persons with disabilities themselves as they have lived experience of this.

It is important to turn any negativity from these words into positive discussion - e.g. why do you think people called them that name? Is it right to call someone that name? how would you feel if you were called that etc... It opens up a good debate and one that sets the scene for developing more positive imaging, an issue we come back to later.

Process 3 - what can we all do?

Think of anyone you know with a disability. Someone in your family, someone at work, someone you know from TV. Ask participants to think silently about the roles those people play in society e.g mother, student, artist, singer, bank clerk etc..... Then ask them to think about the characteristics of the role e.g caring, clever, skilful, creative etc....Once they have done this silently and have made a few notes, they can share their ideas with the person next to them. In plenary, you can capture all the positive characteristics and list these on a flip chart.

Is there any difference by the fact someone has a disability?

Process 4 – agree or disagree

Place a poster saying agree at one corner of the room and one saying disagree at the other corner. Stand in the middle and read out the following statements. Ask participants to stand near the poster they agree with. Do this one by one and encourage a discussion where there are disagreements. Do this as an active plenary session. It will encourage good movement and energy and also open up a lot of thinking.

	Statement	Discussion Tips for trainer
1	Children with disabilities should not be allowed to play games which may hurt them.	All children should be allowed to play games when it is appropriate.
2	Persons with disabilities are more efficient than non-disabled people.	Not necessarily. Why would this be so? Maybe people develop new skills to overcome challenges
3	Persons with disabilities tend to be more shy than non-disabled people.	Everyone can be shy.
4	Persons with disabilities cannot improve their situation without the support of non-disabled people.	This opens up a discussion about barriers and capacities.

7	Helping persons with disabilities should be done mostly to gain merit from Buddha and God.	Helping anyone is an act of kindness (as long as they want to be helped !!).
8	Children with disabilities can study in regular schools.	Of course, they can. The school needs to be accessible and inclusive.
9	Disability is a human rights issue.	Yes – persons with disabilities have human rights the same as everyone.
10	Persons with disabilities can occupy higher positions in the society.	Yes of course -it's good to ask the group to think about how many famous or important people they know who have disabilities - what might this say?
11	Persons with disabilities should be pitied.	Anyone experiencing hardship needs support and help – but pity isn't always useful.
12	Persons with disabilities are asexual.	Anyone can have a sexual relationship. Sometimes, there is need to adapt the sexual activity. Persons with disabilities can have children naturally or through adoption. Persons with disabilities, like other people, are sexual beings.

Adapted from TOT Training Manual on "Disability Rights" Prepared by: Handicap International Belgium, 2010.

By the end of this section, participants should:

- Feel comfortable with the group and the plan for the training

- Start to understand and challenge their assumptions about disability

- Challenge their own comfort about the use of language related to disability

- Start to think about differences (or not) that exist in society related to persons with disabilities

- Feel motivated to learn more

Module 2: What is disability?

In this module, we aim to introduce the concepts of impairment and disability, discuss attitudes towards disability, learn some solid facts related to disability and discuss models of disability.

Exercise	Duration
Exercise 2.1 Types of Impairments	45 minutes
Exercise 2.2. Defining Disability	30 minutes
Exercise 2.3. Facts and Myths	60 minutes
Exercise 2.4. The different models of disability	45 minutes

Exercise 2.1 Types of Impairments

🎯 **Objectives:**

• Participants explore the different types of impairments that people can have

⚙️ **Resources:**

• Print images in Resource 5

⏰ **Time Required:** 45 minutes

👥 **Process description:**

Ask participants: "Do you know persons with impairments in your community or family?"

"If yes, what type of impairment do they have according to your observation?" make a list in plenary. Show the cards from Resource 5

When participants no longer give answers, ask them: "Are there other types of impairments you know of that have not yet been mentioned?" Again, show the corresponding card to the group after every answer, and discuss.

If participants are not responsive, then show a few examples of the impairment cards and ask if they know the type of impairment and if they know any other impairments.

At the end of the session, explain that there are many types of impairments, and that each person with a disability is unique.

Show 5 cards or make personas for 5 characters with different impairments. You can take or adapt from Resource number 5.

There are many types of impairments, and it is important to remember there is a huge variety in persons with disabilities. They are not one group!

1. Physical impairments

People who have difficulties in movement, holding/grasping, feeling (touch), coordination and ability to perform physical activities. It may include among others:

• Short stature, paralysis.

• spinal injury, stroke, leprosy.

• loss of limbs.

2. Hearing impairments

People who have difficulty hearing or cannot hear at all. The degrees of hearing impairment vary between mild (difficult to hear soft sound) to profound (completely deaf). Depending on the severity of hearing impairment, it may also affect speech, particularly if it begins before a child acquires language. People might benefit from hearing aids unless they are completely deaf.

3. Visual impairments

This is the partial or total loss of vision or ability to see and read. Vision impairments can be categorised from Partially sighted (some difficulty to see or read) to Totally blind (completely deaf). People who are blind need non-visual resources, such as Braille or audio, to communicate.

4. Speech impairments

This is about an impairment that affects the ability to communicate. Some people have difficulty to express themselves verbally, such as articulation of words. Others, face difficulty in understanding written or spoken language or in using the right words.

A hearing impairment can affect speech development as well. Intellectual impairment may also affect speech due to difficulty in understanding. But this doesn't mean that all people who have difficulty with talking have an intellectual impairment as well.

5. Intellectual impairments

Refer to life-long limitations of the cognitive and intellectual abilities of a person. It usually affects the ability to comprehend and learn; ability to solve problems; ability to remember; ability to learn new information and skills, including social skills. There are different degrees of intellectual impairments, varying from mild, moderate, severe and profound.

> Don't forget to mention that impairments are not all the same and that many can be 'invisible' Levels of Impairment differ greatly – see below. It is also important to remember that some people experience multiple disabilities.

Hearing Impairments

Deaf (unable to hear completely)

Hard of hearing; (able to hear loud and amplified sounds)

Visual Impairments

- Blind (unable to see completely)

- Able to make out shapes and sees blurred images in bright light

- Low Vision (able to see though not clearly and can read large fonts of printed material) or partially sighted (blind in one eye but may be able to see in the other).

Intellectual Impairments

Mild; able to learn practical life skills, able to communicate clearly using simple language, able to perform activities of daily living (self –care, dressing, eating) independently or with minimum support. May have difficulty in learning complicated concept.

Moderate; able to learn practical life skills with patience and support, able to communicate using simple language however some may have difficulty with speech and movement, able to perform activities of daily living with minimum/moderate support. Faces a deeper level of difficulty in learning complicated concepts.

Severe; may learn very simple practical life skills (that involve a lot of routine), understands speech but faces difficulty in communication and movement, may learn very simple activities of daily living but will require some level of supervision. May not be able to learn complicated concepts.

1. Show the participants the pictures you've prepared one by one. Ask them what their instant association is with the person on the picture. If no new observations come up, stick the picture to the wall. Repeat this until all pictures are on the wall.

2. In small groups ask the participants the following:

   a. What type of impairment does the person on each picture have?

   b. What do you think are the challenges for the person on each picture e.g. when living in your community?

   c. What do you think other people in the community think about the person on picture?

   Give the groups 15 minutes to discuss the above question for each picture

3. Write down the answers of the groups on a whiteboard or flipcharts where everyone can see it. Structure the answers according to the following table:

Picture	Impairment	Challenges	Community perception
	Visual impaired (cannot see)	Not going to community meetings	Think he/she can't contribute to community

4. Read out loud some of the answers provided by the participants. This provides good information about their own assumption about disability and the different perceptions on persons with disabilities in the community. But it also illustrates the difference between disability and impairment.

5. Mention that this training is about Disability Inclusion and Disability Awareness, but that you haven't explained yet what 'disability means. This will be done with the next exercise.

In Cambodia, the current Disability Law categorises disability in the following way:

1. Physical disability
2. Intellectual disability
3. Mental disability
4. Neurological disability
5. Sensory impairment (hearing, visual and understanding)
6. Automotor system disability
7. Other disabilities.

It is important also to remember that there are many less visible or 'hidden' disabilities[11] such as:

- Autism.
- Brain injuries.
- Crohn's Disease .
- Chronic Fatigue Syndrome.

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11 https://www.highspeedtraining.co.uk/hub/invisible-disabilities-in-the-workplace/

- Chronic pain.

- Cystic Fibrosis.

- Depression, ADHD, Bipolar Disorder, Schizophrenia, and other mental health conditions.

- Diabetes.

- Epilepsy.

- Fibromyalgia.

- HIV&AIDS.

- Insomnia.

- Learning difficulties, including dyslexia, dyspraxia, dysgraphia, and language processing disorder.

- Lupus.

- Rheumatoid Arthritis.

- Visual and auditory disabilities. These may be invisible if someone wears contact lenses and a hearing aid for example.

KEY MESSAGES for participants

- Attitudes we have about persons with disabilities are shaped by our religious beliefs, prejudice, ignorance, pre-conceived ideas.

- Types of impairments are varied, it is not so easy to cluster them into categories. Especially people also may have different impairments at the same time (multiple impairments).

- Each country is using different categories. The categories used in Cambodia are presented above.

- Be aware that many impairments are invisible.

- You don't need to know all the details of someone's impairment in order to make sure they are included in your programme.

- People with the impairment will be able to be good resources for the group (if they are happy to be so) – they should be seen as experts.

Exercise 2.2 Defining Disability

It is useful to fully understand the definitions here relating to disability so you can fully explain the concept to your participants.

The World Report on Disability

Impairments are problems in body function or alterations in body structure – for example, paralysis or blindness;

Activity limitations are difficulties in executing activities – for example, walking or eating;

Participation restrictions are problems with involvement in any area of life – for example, facing discrimina¬tion in employment or transportation.

Disability refers to difficulties encountered in any or all three areas of functioning. This can also help us understand and measure the positive aspects of functioning such as body functions, activities, participation and environmental facilitation. **"Health conditions"** are diseases, injuries, and disorders, while "impairments" are specific decrements in body functions and structures, often identified as symptoms or signs of health conditions.

Definition from the Cambodia National Law (Article 3)

Persons with disabilities refers to any persons who lack of and or loss of and or damage any body functions and encounter obstacles that may prevent them from participating fully and effectively in social activities on an equal basis with others.

UNCRPD definition:

Persons with disabilities include those who has long term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

◎ **Objectives:**

At the end of the session, participants:

- Can explain the difference between a disability and impairment.
- Understand that disability is the result of a non-inclusive society.

⏰ **Duration:** 60 minutes

Preparation by trainer:

Activity 2.1 needs to be completed first

Prepare slides/ flipcharts with definitions

> **Impairment** are problems in body function or alterations in body structure
>
> **Disability** is when the person has an impairment and experiences a barrier to do an activity.

Resources:

- Table from activity 2.1
- Flipcharts to write on

Process description:

Ask the participants what they think 'disability' means, based on the information of the table. Give participants the opportunity to share what they think.

Explain that the challenges described in the table, are actually reflecting if a person is a person with a disability. To clarify this further, show them the definitions on the slide/flipchart and explain the following:

Impairment is a problem in body function or alterations in body structure. For example, when someone cannot see properly. Impairments can be inborn or acquired throughout life due to for example an injury. Impairments may be temporary or permanent. 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 has an eye problem which cannot be treated, and therefore cannot read a book. If the book was in braille, and the person knew how to read Braille, there would be no barrier for the person to read.

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.

1. **Show** participants a slide/flipchart with the following on it:

IMPAIRMENT + BARRIERS = DISABILITY

This can be shown and explained by the following picture and ask the participants to describe the picture.
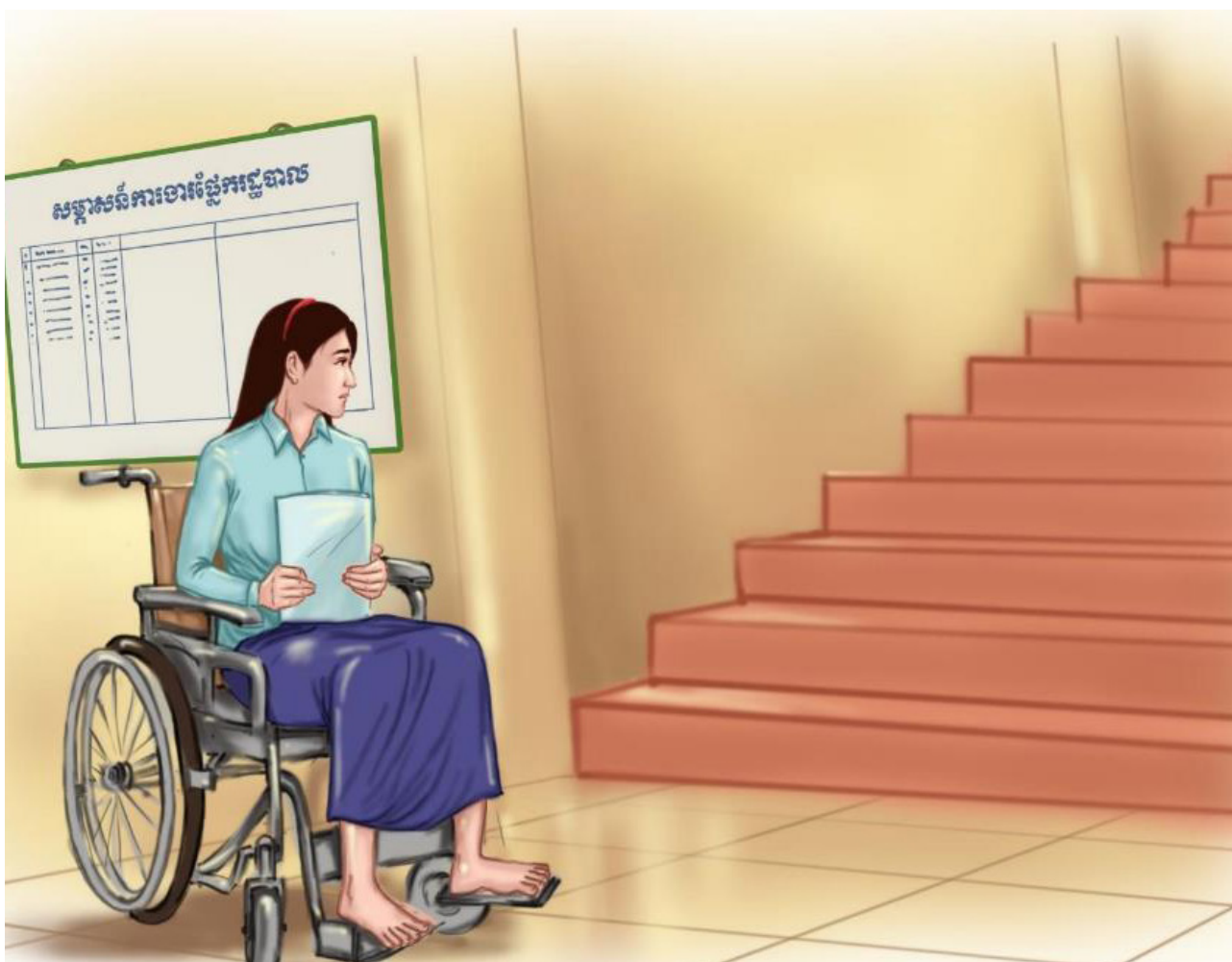
2. **Ask** participants if they have questions on the difference between disability and impairment and answer them.

3. **Explain** the linkages to the previous exercise on impairments and that more will be discussed on barriers later. You can use the examples in the table to explain the formula: disability = impairment + barriers.

This session on definitions needs to be very clear and well understood. Give participants plenty of time to reflect on what it means to them so they fully accept the concept.

Linked to these sessions on impairment identification, we need to think about tools available to help this process. The Washington Group questions (see below) can be a useful way of identifying if people have any challenges relating to functioning for example in walking, seeing, hearing etc….. This helps to identify the functional impairment and is in line with a social model of disability. See below for an example of questions used in a census to identify disability prevalence.

Census questions on disability endorsed by the Washington Group

Introductory phrase:
These questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM.

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 do 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 do at all

3. Do you have difficulty walking or climbing steps?

  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 communicating, for example understanding or being understood?

  a. No - no difficulty

  b. Yes - some difficulty

  c. Yes - a lot of difficulty

  d. Cannot do at all

There are many challenges when collecting data about numbers of persons with disability. A low prevalence of disability identified by national surveys and Census may be related to:

- Translation issues

- Limited knowledge by data enumerator

- Use of the term 'disability' instead of 'difficulty in functioning'

- Asking family member/proxy interviewee instead of a person with disability directly

KEY MESSAGES for participants

An impairment is the loss of a function of the body.

Disability is not about having a loss of function in the body.

There are many different definitions around and it is important to feel comfortable with the one you use.

Disability = impairment + barriers: Disability is about barriers in the environment or the attitude of people, which prevent persons with disabilities from doing everyday activities.

Data collection is difficult and can vary depending on how you ask your questions.

Exercise 2.3 Myths about disability

Background briefing: Justifying the importance of disability issues is the first step towards a more inclusive society for persons with disabilities. Therefore, dispelling myths about disability on a global scale is vital.

🎯 Objective:

To help participants understand the facts around disability on a global scale.

To recap some of the issues covered so far in this course.

🖥️ Materials required:

☑ Big sheet of paper

☑ markers

⏰ Time required: 60 minutes

Preparation: prepare two posters. One saying true and one saying false.

Process 1: Set up two posters at different corners of the room – one saying TRUE and one saying FALSE. Read out each myth statement below and ask the group to stand against the poster the agree with. Allow a discussion to flow between the group so that they explore each issue.

Myths about disability[12]

See the tips below to make sure you round off each discussion against each myth.

Myth statement	Tip for trainer
1. "Disability only affects a minority of people."	According to the WHO, disability affects over 1 billion people or 15% of the population globally. This explains why persons with disabilities are often called the "biggest minority on the planet". Bringing family members into the equation, 2 billion persons or one third of the human race are directly or indirectly affected by disability.
2. "There's no such thing as a universally accepted definition of disability."	It's certainly true that no universal definition of disability exists. In the new UN Convention on the Rights of Persons with Disabilities, a legally binding definition was deliberately avoided, and the preamble recognizes that disability is an evolving concept.
	Nevertheless, internationally the definition from WHO, the International Classification of Functioning, Disability and Health (ICF), has become a key methodological instrument for describing disability. According to this definition, disability is a socially constructed phenomenon that depends on factors in the environment. So people are not inherently disabled but are being disabled by external circumstances.
	The UN Convention expresses it in these terms: "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."
3. "Persons with disabilities are a homogenous group."	**The famous wheelchair pictogram used worldwide as a symbol for** persons with disabilities is misleading, at least in one respect: movement-related disabilities are not the only possible impairments. Other kinds include hearing, visual or intellectual impairment – or combinations of different functional impairments.
	All in all, the category of "persons with disabilities" is incredibly broad, especially considering that disabilities can also change over time. Some disabilities may be temporary and gradually fade away, while others deteriorate and become more and more limiting. In old age most of all, new disabilities can arise – a challenge for our rapidly ageing societies. Similar impairments may also have different effects on different people, e.g. men and women, or persons in rural and urban areas.

12 Adapted from Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) (2010) What you need to know about: Disability and development cooperation – 10 facts or fallacies?, Retrieved from http://www.gtz.de/de/dokumente/gtz2010-0477en-disability-development.pdf.

4.	"Poverty reduction and disability require two separate responses."	Poverty and disability are closely related. Anyone living in poverty is exposed to higher health risks which often result in disability – and individuals as well as families with a member with disability tend to be poorer. The lack of access to decent employment, the higher costs of living, the opportunity costs of caring for disabled relatives – households affected by disability are multiply disadvantaged, which puts them at risk of poverty. These disadvantages and costs could be significantly reduced by improving the accessibility of infrastructure, products and services.

The World Bank estimates that 20% of people belonging to the world's poorest populations live with some sort of disability. Effectively, one in five of all people surviving on less than one US dollar a day and lacking access to clean water, food and clothing is a person with a disability. |
| 5. | "When the majority are better off, persons with disabilities will automatically reap the benefits." | In most cases, persons with disabilities are **simply not reached by traditional development cooperation measures.** This is partly because they number among the poorest of the poor, a group that is invariably hard to reach. But also, because they are stigmatised and discriminated against, persons with disabilities are often excluded from participating in development projects. They are the last people to benefit – or even miss out completely.

Persons with disabilities will not be able to participate in projects until development cooperation everywhere actively takes account of their concerns, rights and specific needs. Unfortunately, **an automatic trickle-down effect does not exist.**

The converse argument comes into play: **when persons with disabilities are better off, the majority will automatically reap the benefits** – of more generally accessible social and physical infrastructure, and the valuable contribution that persons with disabilities can make to the economy and civil society. |
| 6. | "It's better to focus our limited resources on the healthy." | Social inclusion is **not an act of charity but a human right** – as the UN Convention on the Rights of Persons with Disabilities clearly states. Participation and equality of access for all persons are not by-products of effective development cooperation – they are its preconditions.

What's more, the benefits of inclusion are not limited to persons with disabilities. They make life easier for lots of other people, too. If development policy measures in an area like, for example, emergency aid are designed to be inclusive and barrier-free from the outset, then other social groups also benefit, e.g. old people, pregnant women and parents of small children. By removing these barriers, society as a whole can be made more accessible – for everyone. |

7. "Making the environment accessible is too expensive."	The costs of an accessible environment for persons with disabilities are often overestimated. Installing appropriate access for persons with disabilities as part of a new construction project costs only **1-2% of total building costs.** If the needs of persons with disabilities are considered during the planning phase, expensive adaptations and conversions can be avoided later on.
	In any case, there is no reason why accessibility measures have to be high-tech or luxury solutions. Amazing improvements can often be achieved with a little creativity and local resources.
	In contrast, it is wrong to downplay the macroeconomic costs of failing to address accessibility – effectively denying persons with disabilities their right to participate in society on an equal basis. ILO studies have shown that the exclusion of persons with disabilities on the labor market alone causes a **1-7% loss of gross domestic product.**
8. "Accessibility means access for wheelchair users."	Wheelchair access to buildings is one important element, but there is much more to barrier-free design than a few ramps and doorways. Accessibility means **designing all environmental features in a way that will not exclude persons with disabilities.**[14]
	This includes presenting information accessibly, e.g. for persons with intellectual disabilities, or enabling communication with blind and deaf people. Furthermore, discriminatory attitudes and behaviours need to be changed. In this respect, organisations that know about the promote the rights of persons with disabilities can act as a model, e.g. by hiring persons with disabilities as project staff and ensuring the workplace is accessible for them.
9: All persons who use wheelchairs are chronically ill or sickly.	The association between wheelchair use and illness may have evolved through hospitals using wheelchairs to transport sick people. A person may use a wheelchair for a variety of reasons, none of which may have anything to do with lingering illness.
10: Wheelchair use is confining; people who use wheelchairs are "wheelchair-bound."	A wheelchair, like a bicycle or an automobile, is a personal assistive device that enables someone to get around. Wheelchair users often refer to it giving them independence, freedom and choice.
11: All persons with hearing disabilities can read lips.	Lip-reading skills vary among people who use them and are never entirely reliable. This may depend on the education and training they have received.

14 https://www.easterseals.com/explore-resources/facts-about-disability/myths-facts.html

It is very useful to introduce participants to some facts about disability. Often people simply do not know enough about the situation facing people with disability or about their numbers or the challenges they face. This can be a very powerful exercise.

It is a good idea to look creatively at how to do this. Giving people information / facts can be quite boring in a training Quizzes can be a useful way to pass on such info.

Examples include:

- Using a popular quiz format from TV and adapting it e.g who wants to be a millionaire format
- prepare quizzes for use on mobile phones
- play the run around game- where you ask a question and have 3 answers and people stand by the answer they agree with.

see Resource 6 on Disability facts-global

Exercise 2.4. The different models of disability

◎ Objectives:

At the end of the session, participants are able to:

- Look at people with a disability from a rights-based perspective
- Distinguish between the four approaches towards disabilities

⏰ Duration: 30 minutes

🖥 Preparation by Trainer:

- Prepare slides/ flipcharts with statements:
  - o I have cerebral palsy and use a wheelchair, so I can't access the office.
  - o The office has no wheelchair access so I can't work there.
- Prepare slides/ flipcharts with different models
  - o The charity model: disability as a pity issue
  - o The Medical model: disability as illness / disease
  - o The Social Model: disability as a social construct
  - o The Rights Based model: disability as a human right issue

⚙ Resources:

- Power point / whiteboard or flipcharts to write on

👤⚙ Process description:

1. **Explain** that the understanding of disability has evolved over time and that people continue to change their views of disability. These models are helping us to understand how people with a disability are looked upon. Explain the definition of the most prominent models:

The charity model

In the charity model impairment is seen as the problem of the individual person. Persons with a disability are seen as helpless and looked upon with pity. They are not looked upon as persons who can contribute to society.

The Medical model:

The medical model defines disability as an illness or disease. The focus is on "fixing" the person so he or she can be included in society. The focus of this approach is on providing special medical services to persons with disabilities.

The **social model** focuses on the barriers that society places which cause disability, rather than the medical diagnosis. This approach places persons with disabilities at the centre and the focus is on removing barriers they face. It recognizes the capacity of persons with disabilities to be able to contribute to their community and wider society. It is based on the principle that all people must have equal opportunities to participate in society.

The Rights based model

1 Rights based approach,
(from Harris and Enfield, 2003, p.172)

Count Me In, p. 18

Nowadays disability is seen more as a right-based issue. The new rights-based perspective on disability emphasises that persons with disabilities are often prevented from reaching their full potential not because of their impairment, but as a result of legal, attitudinal, architectural, communication and other discriminatory barriers. This approach places persons with disabilities at the centre and the focus is on removing barriers they face. It recognizes the capacity of persons with disabilities to be able to contribute to their community and wider society. It is based on the principle that all people must have equal opportunities to participate in society. Persons with disabilities should be recognised and accepted as full and equal members of society who have important contributions to make to their families and communities, and have a right to access all basic needs – including schooling, health services and rehabilitation services. This new approach aims to give people with disabilities access to regular development programmes, rather than organising special programmes exclusively for persons with disabilities.

2. **Show** the participants the sheet with the following statements:

    a. I have cerebral palsy and use a wheelchair, so I can't access the office.

    b. The office has no wheelchair access so I can't work there.

Ask a volunteer to read the two statements to the group. Lead the group discussion by asking the following questions:

o Which statement represents the medical model and which represents the social model?

o How do these change the way we look at disability and capabilities of someone with a disability?

o Why would it be helpful for someone to view their disability through the social model?

o How would other factors such as poverty or gender affect the discussion about their disability?

Take about 20 minutes for this discussion.

3. **Close** this exercise by summarizing the key messages at the end of this section.

KEY MESSAGES for participants

- The models help us to understand how we (& society) often look at persons with disabilities– but remember that people are people and we need a human dimension to all discussions. The models help look at some factors, but we should never reduce the discussion so that it missed the human dimension..

- Understanding these mind-sets help us to create a positive and rights-based attitude towards people with disabilities

- Disability is a concern of society, not an individual problem.

- The rights-based model promotes inclusion. We will work from the rights-based model.

- Empathy towards persons with disabilities and access to medical services are important, but we should reject pity & medicalisation of people with disabilities.

Module 3: Barriers for persons with a disabilities

Persons with disabilities are not always purposefully excluded from activities and events. They are often not able to attend community and development activities because of barriers that prevent them from accessing activities and information.

Barriers refer to any process, mind-set or structure that prevent men, women and children with disabilities from equal access to information, facilities and basic services that are available to the general population. It is because of barriers that persons with disabilities are prevented from full and effective participation in society.

In this module, participants will learn what barriers are, and learn how barriers can be removed for persons with disabilities to participate in society in an equal way.

Exercise	Duration
3.1 Game of Life	40 minutes
3.2. How barriers create disability	30 minutes
3.3. How barriers can be lowered for persons with disabilities	30 minutes
3.4 Marginalised persons with disabilities	20 minutes

Exercise 3.1. Game of Life

◎ Objectives:

At the end of this activity, participants:

- Understand that there are barriers in society that keep men and women with disabilities from participating.

- Understand that girls and women with disabilities face double discrimination.

⏰ Duration: 40 minutes

🖥 Preparation by trainer:

⚙ Resources:

- Draw the explanation on how to play the game.

- Prepare the Scenario or life events for each character to play with.

🎭 Process description

1. **Explain** the exercise **first** before setting up the room.

   - What will happen? A 'demonstration' on how choices will be affected by who you are and how society looks at you. The trainer asks questions and the participants need to answer according to the character that they represent;

   - What do you need? 4 volunteers (preferably two men and two women)

   - How do you answer?

     o Two steps forward: ++ (very successful experience)

- o One step forward: + (positive experience)
- o One step back: -/+ (not-so-positive, not-so-successful)
- o Two steps back: - (negative/unsuccessful experience)

- Stress that it is important to answer the question as you are your character.

2. **Ask** for four volunteers from among the participants willing to stand for about 30 minutes to represent the following groups:

- men without a disability;
- men with a disability;
- women without a disability;
- women with a disability

If there are volunteers with a disability themselves, it is okay to let them play the role of a non-disabled person, and vice versa. Or if they want to bring in their own lived experience of disability, this is also fine.

3. **Set up** the room. Enough space is needed for four people to stand side-by-side, with the other participants seated around the edges of the room, facing towards the volunteers. Creating a 'corridor' in the middle of the room, enabling you to use the full length of the room for the exercise, is ideal.

Write also the rules on a flipchart/whiteboard (two steps forward: ++ etc.). Write the different characters on cards (readable for all).

4. **Ask** the volunteers to come in the middle and stick the cards with characters on their body. Explain that you'll be telling a life story, taking the characters on a journey from birth to old age. As you reach each significant life event, you'll ask them to respond as they think their character (or their family) would react. Encourage them to avoid thinking about specific impairments or basing decisions on their own life experiences. Also, their response should be based on what they think is currently accurate for their culture and situation – not what it ought to be.

They'll need to take:
- two steps forward for a very positive or very successful experience;
- one step forward for a positive or successful experience;
- one step back for a not-so-positive or not-so-successful experience;
- two steps back for a negative or unsuccessful experience.

Stress again that it is important to answer the question as your character.

5. **Set** the scene for the story. Consider placing the story in the village where the youth club is taking place. Describe it in as much detail as you can.

6. **Start** with the first life event, as if telling a story.

1. Your character is born.
How does your family feel when they see who you are?
Make your moves.'

What might happen:

- family is very happy (son without a disability), two steps forward;
- quite happy (son with a disability/daughter without a disability), one step forward;
- not happy (son with a disability), one step back;
- very unhappy (daughter with a disability), two steps back.

After each life stage and volunteers' responses, allow time for the others to react and comment. If there is a disagreement, the participants should decide by consensus and the volunteer may be asked to change their move. The trainer's role is to assess when to intervene and comment to clarify reasons for decisions and to bring out and discuss any prejudicial points. The specific impairment is not relevant to the main point of this exercise, so try not to focus on this too much.

2. **'Now you are a bit older, and it's time to start thinking about school.**
   How likely is it that you will go to school?
   Make your moves.

3. **Now you'd like to get married, or form a relationship.**
   How much do you think this will be possible for you?
   Make your moves.

4. **You want to make money for your family. You try to get a job.**
   How easy will it be for you to find one?
   Make your moves.

5. **You want to get children.**
   How much will this be a possibility for you?
   Make your moves.

Check if the woman with a disability takes two steps back, or is instructed to do so by the participants. Why did this happen? They may say it's because most women with disabilities are physically unable to have children – a common myth. Two steps back may well be an accurate response for a different reason – women with disabilities may often not have children because society thinks they shouldn't.

6. **Now you're in your 40s. You have a lot of experience in life.**
   You want to help your community by becoming involved in local politics.
   How likely are you to achieve this goal?
   Make your moves.

7. **Ask** the participants:

- Who is in the best position now? Who is in the worst place?
- Volunteers, how does this make you feel?
- What surprised you?
- What do you learn from this exercise?

Ask if participants feel this is realistic? – especially ask participants with disabilities what they think about this exercise – have they experienced such challenges? – are they happy to share any of their experiences?

KEY MESSAGES for participants

- The gap between a man without a disability and the woman with a disability is huge;

- Persons with disabilities move backwards because of a reason;

- These reasons are called barriers: barriers hinder persons with disabilities to participate in society.

And stress again the difference between reality vs. theory. This is how persons with disabilities feel: they want to go to school, get married, get a job etc. But they can't because of the barriers.

Exercise 3.2. How barriers create disability

Objectives:

At the end of the session, participants are:

- Aware of the different kind of barriers persons with disabilities may face

- Have found the solutions to overcome these barriers

Duration: 30 minutes

Preparation by Trainer:

- Flipchart with different barriers on each sheet:
    o Attitude
    o Communication
    o Accessibility
    o Institutional / Legislative

Resources:

- Flipcharts to write on

- Sticky notes

- Pens

Process description:

1. **Divide** the participants in small groups of equal size. Give each group sticky notes and a pen. Let each group represent a different type of impairment e.g. Group xx: Physical impairment, Group xx: Hearing impairment Group 3: Visual impairment

2. **Ask** the participants to put themselves into the shoes of someone with each different impairment. Ask the participants to imagine that they are in different scenarios. For example –

   - at the bank
   - going to college
   - at the shops
   - at the workplace
   - ……think of others

Now they need to think about the barriers that exist. Ask them to write as many barriers that would stop someone with that impairment from participating fully at these places above. Write these barriers down on the small pieces of paper.

3. **Explain** that there are four different barriers by pointing to the flipchart:


Attitudes – when people think negatively about persons with disabilities.

Communication – whether persons with disabilities can share their information, ideas and feelings as well as access information like persons without disabilities.

Accessibility – whether someone is able to physically access a building or service. For example, if someone with a disability is able to use a toilet or go to the health centre.
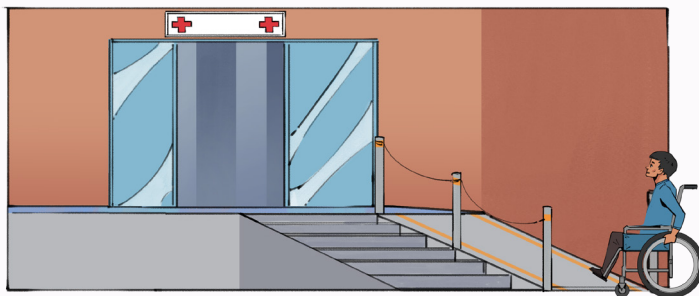
Institutional or legislative barriers – when policies, laws or regulations create barriers – ie selection process for school, university or a job. Laws about decision making – women and sexual and reproductive health; some legal regulations about witness statements / evidence in court if an official sign language is not used.

4. **Invite** one person of each group to present their notes and ask them to stick the note under the categories of barriers they think fit best. Let the other participants help to stick the note to the right barrier.

5. **Challenge** the participants to think whether the barrier is really related to the type of impairment or whether it has to do with other things. For example: is the person with a physical impairment not going to school because the building is not accessible, or because the parents are thinking they cannot learn?

   Repeat this process until all groups had their turn.

6. **Discuss** with the participants if they know about people who can participate in community life, despite their disability. After this discussion, emphasize that persons with disabilities can be successful in life, and that barriers can be removed.

7. **Ask** participants examples of how certain barriers they wrote down on a sticky note can be removed.

Often people fail to identify the barriers that are not physical. It's most common that Expert can think of lack of ramps or lack of handrails as a barrier to entry. However, what is less common is thinking about attitudinal or institutional barriers. Try and encourage participants to think about these less obvious or visible barriers and how they relate to each other.

Think also about the implications of gender, age, ethnicity, sexuality etc…. – try to tease out ideas of multiple challenges or discriminations that exist in society.

After the exercise is complete, start this discussion:

- Was one category of barrier mentioned more so than the other?
- Does this mean that it is more relevant, or that the other barriers were not identified so well?
- Are some of the categories of barriers related?
- Is there one category that is more important than the other?

8. **Close** this session by explaining the key messages of this activity.

KEY MESSAGES for participants

- Barriers prevent persons with disabilities to participate in community life.
- Barriers are related to attitudes, communication, accessibility or institutional rules and regulations. They are constructed.
- Persons with disabilities are able to participate on equal basis with others when barriers are removed.
- Detailed analysis of the barriers needs to be done.

Exercise 3.3. How barriers can be lowered for persons with disabilities

🎯 Objectives:

This exercise should always follow the previous one, so that participants are able to focus on solutions, and not just problems.

At the end of this activity, participants:

- Have started thinking about how barriers can be lowered for persons with disabilities

⏰ Duration: 30 minutes

⬚ Preparation by trainer:

⚙ Resources:

- Big sheets of paper

- Small sheets of paper

👤⚙ Process description:

With the various barriers still up on the big sheets of paper in the front of the room, divide the group up into smaller groups of three. Each group will then be responsible for brainstorming solutions to either the attitudinal, communication, accessibility and institutional/ legislative barriers identified. If the individual groups are still too big, you can divide them up further so that everyone can give input in each group.

After the groups have had time to discuss potential solutions (15 minutes), get them to report back to the wider group. Start the discussion about how we can turn the challenges presented by the barrier exercise into ideas for action that emerged from this exercise.

Make it clear that although it is good that we start thinking about how we can collectively lower barriers for persons with disabilities, it is up to the input of individual persons with disabilities to explicitly identify how this change should occur. We need to give persons with disabilities the power to create change by themselves. Make sure that persons with disabilities if they are in your group talk about their own lived experience here. This will give real context and meaning.

Show participants flip chart:
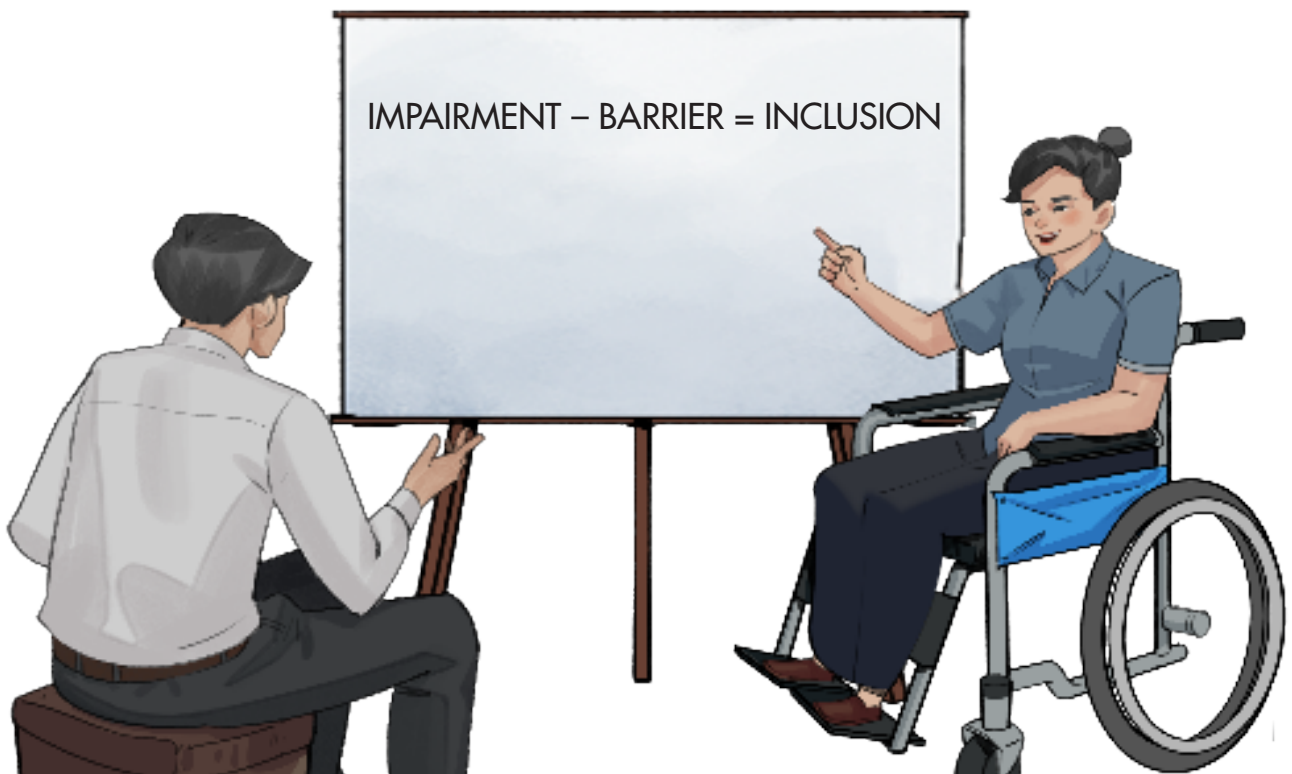
IMPAIRMENT – BARRIER = INCLUSION

Exercise 3.4. Multiple vulnerabilities of persons with disabilities

🎯 Objectives:

At the end of this activity, participants:

- Understand how certain groups of persons with (or without) disabilities are more likely to be further exposed to multiple vulnerabilities and further marginalised.

- Understand how disability and other factors interplay (intersectionality)

⏰ Duration: 30 minutes

Preparation by trainer:

- Prepare the set of identity cards (see below)

👥 Resources:

- Big sheets of paper
- Markers
- Identity cards

Process 1 description:

Line exercise Energiser - Power lines – 20 mins

An imaginary line is drawn across the room. Each participant is given an identity on a post it or label based on profession e.g. doctor, teacher, street cleaner, labourer etc… Then they are asked to form a line based on the question 'who is most likely to be successful'. Then they are given a different identity based on gender and age e.g. young man, old women etc…Participants move up or down the line accordingly and discuss why they should move. They need to negotiate with people they are moving between and discuss the ideas behind their movements. Finally, a further identity is given such as, becomes visually impaired, traumatised survivor of disaster, starts to lose hearing, losing one limb, diagnosed with HIV. Etc…Again participants move up or down the line.

Identity Cards

Doctor	Loss of leg
• Teacher	• Losing vision
• Footballer	• Traffic crash survivor
• Actor	• Diagnosed with HIV
• Street cleaner	• Traumatised disaster survivor
• Labourer	• Acid attack survivor
• Farmer	• Dengue
• Etc… - please add	• Etc… please add

This is a fun and energetic exercise which does bring out a lot of important issues around power, and perceptions and stereotypes. Participants and trainers then gather in plenary discussion and examine how it felt to move up or down the line.

> It is important to get the question right in the first place and indeed this can cause much debate. Who defines success? You may want to base it around income and phrase the question 'who is most likely to earn most?' This again will have another set of assumptions.

KEY MESSAGES for participants

- Disability is not a blanket one size fits all term – we all have many identities.
- Some groups of persons with disabilities are more likely to be marginalised than others.
- Multiple discriminations are linked to multiple oppressions.
- Power dynamics and stereotypes are at the root of discrimination.

Module 4: Rights of people with a disability

In the past, disability was viewed more as a medical issue, with the focus being on the need to 'cure' or 'fix' the disabled person so that they would then fit in society. This put the individual at the center: they needed to be changed, and not the society. It was also seen as a charity issue, based on pity and 'helping' the 'poor vulnerable' person. Nowadays, thankfully, disability is seen as a social / rights-based issue. Persons with disabilities are recognized as valuable individuals, who are often prevented from reaching their full potential due to legal, attitudinal, architectural, communication and other barriers. Persons with disabilities need to be seen as equal members of society, who have the same access to all human rights as others, including the right to education, health services and humanitarian assistance.

Objectives of this module:

Exercise	Duration
4.1. Human Rights	30 minutes
4.2 Human Rights of Persons with Disabilities	15 minutes
4.3 The Protection of Human Rights of Persons with Disabilities	45 minutes

Exercise 4.1. Human Rights

🎯 **Objectives:**

At the end of this activity, participants:

• Understand disability through a human rights framework

• Identify when these human rights are violated

⏰ **Duration:** 35 minutes

👨‍🏫 **Preparation by trainer:** Look through the UN Declaration of Human Rights (Resource 8)

⚙️ **Resources:**

• Big sheet of paper

• Markers

• Copies of Resource 8

🧑‍🏫 **Process description:**

Ask the group to discuss their understanding of human rights.

If nobody offers anything, explain that human rights are a list of rights that every single person is should be able to enjoy as a human being no matter what race, class, gender or religion. Human rights are based on human needs.

Ask the group to brainstorm firstly the basic needs of all humans and also write these suggestions onto a big sheet of paper. These can include the basic requirements for humans such as: food, shelter, and specific needs such as education, health services, self-fulfilment. Then ask them to think about the rights that people have to fulfil their needs.

Now ask the group to brainstorm the needs and rights of persons with disabilities.

Ask the group: do the first rights still apply to the person with disabilities as well?

Answer: **Of course.**

There may be some new needs (such as assistive devices) but they shouldn't replace anything that emerged in the first list that applies to everybody. Such discussion should be linked to the rights of persons with disabilities to fulfil their basic needs.

Distribute Resource 8 and ask the participants to break up into groups of four or five people and get them to talk about which of these rights from the UN's Universal Declaration of Human Rights (UDHR) they think might be often denied to persons with disabilities.

This is a good time to link back to the session on barriers.

Get the group back together and get them to report back to the group about what they discussed. Finally, tell them to start thinking about how we could help lower barriers so that persons with disabilities could attain these rights.

KEY MESSAGES for participants

Every individual should be able to enjoy a set of basic human rights whether they have a disability or not.

Persons with disabilities may have some specific needs (e.g assistive devices) but their overall needs are the same as anyone else.

Of course claiming rights is another issue and often involves more work such as advocacy and challenging prevailing discriminations and power.

Exercise 4.2. Human rights of people with disability

Objectives:

At the end of this activity, participants:

• Understand more about the rights of persons with disabilities and how they are often denied

Duration: 20 minutes

Resources:

• Big sheets of paper

• Markers

Process description:

Write these two scenarios on two separate big sheets of papers:

1. Reaksmey wants to go to university. She sometimes uses a wheelchair. There are many steps without handrails on the campus. She has a physical disability that means she is unable to walk up steps and the lack of handrails prevents Reaksmey from attending classes.

2. Sophorn is 23 years old and was born deaf. His parents are very protective of their son and do not let him leave the house because they fear he will be hurt in the street. He begs them to let him walk down the road to the local store but they refuse to let him go.

Ask a volunteer to read the first scenario out loud to the group. Ask the participants: What human right of Reaksmey's is being ignored?

- A handrail?

- Or the access to education?

Answer: A handrail or a ramp is not a **right,** it is a tool that enables her **right to education** to be accessed.

Have another volunteer read out loud the second scenario and ask the group:

What human right of Sophorn's is being ignored?

- Going shopping ?

- Or independence of movement?

Answer: A shopping trip is not a right, however, Sophorn's right to live and move independently is being denied by his parents, despite their good intentions.

Ensure that participants understand what human rights are in relation to disability and facilitate any discussion that occurs.

Process: split the group into smaller groups and ask each group to come up with 4-5 scenarios similar to the examples. They should set the scene by introducing the character and the setting or environment. Then they should present two questions based on accessing basic human rights.
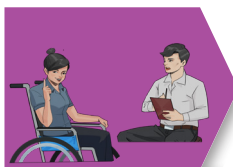
Each group should present their ideas to the rest of the group and facilitate their own discussion.

KEY MESSAGES for participants

Enjoying basic human rights can be blocked in many ways.

Sometimes the blocks are not always from a bad motivation (e.g over protection from family).

Exercise 4.3. The protection of human rights for persons with disabilities

Objectives:

At the end of this activity, participants:

- Have a clear understanding of the UN Convention on the Rights of Persons with disabilities

- Have a clear understanding of the Cambodian legislation on disability

Duration: 45 minutes

Preparation by trainer: Have a look through the UN Convention on the Rights of Persons with disabilities and the Cambodian legislation on disability. Small summaries can be found in Resource 9. It is suggested that participants have a copy of the UNCRPD to hand. Preferably one each, but if not, at least one per group would be needed.

 Resources:

- Big sheets of paper
- Markers
- Copies of Resource 9
- Booklet of UNCRPD
- Scenario for group discussion
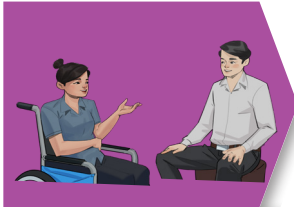
Due to the fact that some human rights are routinely denied to people with disability both the international community and individual states have created laws and guidelines for human rights and disability.

In 2006 the United Nations released a convention (or agreement) that dealt specifically with the rights of persons with disabilities. This is known as the United Nations on the Convention on the Rights of Persons with Disabilities, or UNCRPD. This agreement is different to most of the other UN conventions, as its provisions are binding. This means that countries that have signed the convention have a duty to make sure the concepts discussed in the agreement are being followed. Cambodia has signed this convention.

Cambodia also introduced its own state law to help protect the rights of persons with disabilities in 2009, The Law on the Protection and the Promotion of the Rights of Persons with Disabilities.

Distribute Resource 9 that has a summary of these agreements.

 Process description:

1. In plenary discussion ask participants to brainstorm situations in their own community where the beliefs of these agreements or laws are not being followed. Allow time for a discussion on what people observed and the implications of this

2. Divide the participants into groups of four or five.

Give each group a scenario as outlined below and ask the group to work through the worksheet. Also give out copies of the UNCRPD. They need to identify the impairment, think about all the barriers that might exist and work to find a solution. Finally, they should relate the situation to the UNCRPD. Each group can then share their observations back in plenary.

Worksheet

Situation	Impairment	Barrier	Solution	UNCRPD (related articles)
Sophal is a 7-year-old-boy. He has cerebral palsy and uses a wheelchair. He wants to continue his study in his school but the classroom for 2nd grade students is on the 2nd floor and this school has no elevator.				

Worksheet

Situation 1	Impairment	Barrier	Solution	UNCRPD (related articles)
Sitha, 18, argues with her parents about taking a swimming course. Her mother thinks it is dangerous for her to do so. She is a very active girl who became blind at the age of 10.				

Situation 2	Impairment	Barrier	Solution	UNCRPD (related articles)
Mala is a young woman with an intellectual disability. She is part of a food security project and has earned some money from her income generating activities (chicken farming). She went to the bank together with her mother to open her own bank account. But the bank staff refused to open a bank account for an "abnormal person".				

Situation 3	Impairment	Barrier	Solution	UNCRPD (related articles)
Alexandra wants to join a training provided by a local NGO. She is deaf and will need a sign language interpreter to be able to participate in the training. The NGO does not say anything about accessibility of the training. She doubts whether she should subscribe, because she does not have enough budget to pay for a sign language interpreter.				

Situation 4	Impairment	Barrier	Solution	UNCRPD (related articles)
Kanika, a girl who is blind, has just turned 18 years old. She now has the right to vote. She was so excited until she arrived at the election place, where she found out that the voting paper was not available in Braille. People were not allowed to help her. She had to return home disappointed.				

These are just some ideas of situations. You can add and make up your own – or even better still take some real stories from your participants. You can steer the discussion to the rights under the UNCRPD, but also look at the national laws that are present.

Module 5: Communication and 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.

Objectives of this module:

Exercise	Duration
5.1. Communication etiquette with persons with disabilities	45 minutes
5.2. Respectful language	30 minutes
5.3 Disability Inclusive language	45 minutes

5.1. Communication etiquette with persons with disabilities

Duration: 45 minutes

Process:

1. Ask all participants in plenary to think on their own for a while – ask them to think of a time when they have been in a good (or bad) communication with someone with disability. This could also be communication they have witnessed in others.

2. Once they have made a list of some of the good and bad points, get the group into small groups and ask each group to discuss their observations and together develop a group charter on communication etiquette.

3. Each group presents back to the main group.

You must capture all the points – don't let groups repeat but just add new points until we have developed a training group charter on etiquette for communication. This is an excellent session for asking persons with disabilities in the group to really take a lead – how are they happy to be involved. In the communication process?

Below you can see a sample 9-point charter (with trainer guide tips for explaining and leading the discussions):

1. Treat persons with disabilities as people first. This comes down to the realisation that persons with disabilities have human rights and should be treated with dignity and respect. We all have emotional needs, practical concerns, a need for clear and correct information, and to be heard.

2. Assume that persons with disabilities are as competent cognitively and with communication as you are. In other words, start high and then gradually go low. Speak at a normal pace and a normal volume, and then, if there are still problems with communication, adjust your method of communication to suit.

3. Ask. If you are uncertain how to communicate with the person with a disability, ask the individual how they would like you to communicate with them. This allows the person with a disability to have some control in the situation, and should help identify communication methods that suit them. Do not simply assume that persons with disabilities are unable to do certain things, just by looking at them. Before your offer assistance to a person with a disability, always ask if they want help and what kind of help they want.

4. If the individual is accompanied by a carer or family member, continue to speak to the individual directly. Speak to the individual rather than about them. If for some reason, you are unable to communicate with them despite having tried many methods, ask their permission before you speak to their carer. For example, you could say, "I'm sorry, I'm having problems understanding what you just said. Do you mind if I ask your son about the issues you're having?"

5. Be patient. Many times, persons with disabilities just need more time. If they have a problem speaking, you may just need to give them more time to say what it is they are trying to say. Similarly, if they have a problem with comprehension, they may need more time to understand what it is that you are saying.

6. Use appropriate language. Use person-first language, avoid the use of words that are demeaning or incorrect. However, it is appropriate generally to use words that are in "normal" vocabulary, even if they don't necessarily apply. For example, it is okay to say to someone in a wheelchair: "Let's go for a walk".

7. Use good body language. If the person is in a wheelchair, or is short statured, do not stand over the top of them. Speak with them so that you are both at the same eye level. Also respect the personal space of persons with a disability. Don't touch their assistive devices.

8. Rephrase, don't repeat. If the person hasn't understood the first time, don't simply repeat what you said. Try and rephrase the sentence in a different manner. If that doesn't work after a while, ask them permission to speak to their carer or family member.

9. Be yourself. The more natural you are with your communication, the more the person with a disability will respond – just as with any person. Tell a joke, make them laugh.

5.2 Respectful and disrespectful language on disability

Duration: 30 minutes

Disrespectful language: these describe persons with disabilities as victims, they focus on what a person can't do. They are words that are patronising, and express hatred or disgust.

Respectful language: these are words that focus on what persons with disabilities are capable of doing. They express equality. They do not hurt the person but are natural and positive.

Use "People first" language

- Call a person with a disability by his/her name.
- Refer to a person's disability only when it is related to what you are talking about.
- Don't refer to people in general or generic terms, such as "the girl in the wheelchair" or "that blind man".

- Use terminology where the person is mentioned first, such as "person with hearing impairment".
- If in doubt, you can always ask what terms the person with a disability prefers to use.

Process:

Ask participants in the wider group what words have been used in their communities related to disability. Check the below terms to see what people think – do they agree? Any surprises? any strong disagreements?

Type of impairment	Disrespectful	Respectful
Physical impairment	Ah Kabak	Pika Cheung
	Ah Kabot	Pika Day
	Ah Kvin	Pika Cheung
	Ah Dach Cheung	Pika Cheung
	Ah Kangev	Pika Day
	Ah Peach	Pika Cheung
	Ah Kra Ngeanh	Pika Day
	Ah Kve	Pika Cheung
	Ah Kaem	Pika Khnorng
	Ah Skon Choan	Cerebral Palsy
	Ah Bra kach	Cerebral Palsy or Fit
Visual impairment	Ah Khvak	Pika Phnech
	Ah Ngo Ngit	Pika Khnung kar Meul
	Ah Lev	Pika Phnech
Hearing impairment	Ah Kor (Mute)	Kor Thlong (Deaf)
	Ah Thlong	Pika Khnung Ka Niyeay
	Ah Tamlorng	Pika Khnung Ka Sdab
	Ah Ka Nguor	Pika Khnung Ka Niyeay
	Ah Talan	Pika Khnung Ka Niyeay
Intellectual impairment	Ah Chkuot	Pika Panha
	Ah Lorb	
	Ah Phleu	
	Ah Chkuot Chrouk	
	Ah Ort Krob Teuk	
	Ah Kreas Kralong	
	Ah Brasay Brasat	
	Ah Leukeu	

5.3 Exercise on Disability Inclusive Language

🎯 **Objectives:**

At the end of the session, participants:

- Are motivated to use disability inclusive language
- Know which terms are disability inclusive and which words are disrespectful
- Know which words to use in their local language.

⏰ **Duration:** 45 minutes

🖥️ **Preparation by Trainer:** read the key message section about respectful language to prepare yourself for this exercise. Make a list of respectful language in the most common local languages and at this to the participants handouts.

⚙️ **Resources:** post it notes, pens, flip over sheets

Instructions:

- Explain that words are very powerful. They can hurt people or empower people. Explain that it is important to be careful with the words that we use.

- Form small groups of 3-4 participants.

- Each group writes down words that are used to refer to people with different kind of disabilities in their community. Each word is written on a separate post it notes. They should write down as many words as they know: positives terms, but also negative or discriminatory language.

- Hang two flip overs on the wall. One flip-over with a smiley face, and one with a sad face.

- Ask one group to read out one of their notes. Discuss with the whole group whether this term is okay to use or whether the words are negative and hurtful to persons with disabilities? Stick a positive note on the flip-over with the smiley face, stick the notes with a negative language on the flip over with a sad face.

- If the participants don't understand the exercise, the groups can look at their notes again and stick them on the corresponding flip over.

- Invite everyone to stand around the flip-overs and discuss whether every note is put on the right sheet. Have a discussion about the words that are misplaced. Add disability friendly language if these terms are not mentioned yet. Ask participants with a disability how they feel about the negative words. Let them share their own experiences.

- Finish the exercise by highlighting that only positive disability friendly language should be used. Explain the rules of disability friendly language as explained in the key message on respectful language.

Skip the word "normal"

- When talking about people without disabilities, it is okay to say "people without disabilities".
- Do not refer to them as "normal" or "healthy" people. These terms can make persons with disabilities feel as though there is something wrong with them and that they are "abnormal".

Avoid the word "despite"

- Try to avoid the phrase "despite his or her disability". This phrase belongs to a medical or charity view on disability. It is not "despite his or her disability", but "because of all the barriers in society it is difficult to participate".

Be respectful

- Do not stare and do not point.
- Speak to the person directly.
- Avoid the use of acronyms like "PWD".
- Ask persons with disabilities how they want to be addressed.

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
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	Dwarf, Midget	Someone of short stature
Health Conditions	Victim, Someone "stricken with" a disability (i.e. "someone stricken with cancer" or "an AIDS victim")	Someone "living with" a specific disability (i.e. "someone living with cancer or AIDS")

Now ask the participants if they are aware of any trends in Khmer language that aim to portray persons with disabilities in this more empowering manner. If so, get them to write it on the big sheet of paper and get others who are unaware of them to write them down.

KEY MESSAGES for participants

1. Communicating effectively with persons with disabilities is often about treating them with respect and dignity, while also remembering that they are people first.

2. Language is an important way in which we can frame disability, and therefore using appropriate and inoffensive language around disability is vital.

Module 6: Towards Inclusion

Inclusion can be defined as an approach which respects the full human rights of every person, acknowledging diversity, eradicating poverty and ensuring that all people are fully included and can actively participate in development process and activities, regardless of age, gender, disability, state of health, ethnic origin or any other characteristic.

In this section, we want to focus on what inclusion is, and on how your participants can be inclusive in their actions and their daily work.

What is disability inclusion?

To ensure that persons with disabilities have access to basic services and can get out of poverty, we call for disability inclusion. Disability inclusion is a goal to ensure that persons with disabilities have equal, and reasonable access to basic services, both in developed, developing or humanitarian contexts, as are available to non-disabled persons. Not only is inclusion a goal, but it is also a human rights issue – persons with disabilities have the legal right to be included in any activities which are provided for non-disabled persons.

Including persons with disabilities in regular government and development programmes and services, means that they can be equal members of society. Additionally, it provides persons with disabilities with the possibility to access the same services, such as education and health care, as any other person, leading to their increased participation in society. Lastly, ensuring that persons with disabilities are included in regular services through small adaptations and reasonable accommodation, is more efficient than needing to provide dedicated specialist services (which are often more costly).

The twin track approach

Disability inclusion can be achieved by combining two approaches – disability mainstreaming and disability-specific interventions. This is called the twin-track approach. These approaches need to be addressed at the same time. This can be visualized as two rail tracks running parallel to each other: both needed to arrive at the final destination. The activities under the specific track should steer, as far as possible, towards inclusion in society.

The idea is: inclusion where possible, specific interventions when needed.

• Disability mainstreaming: inclusion in all programmes and ensure equal participation.
• Targeted actions: disability specific interventions to address specific needs and increase empowerment.
• Equality of rights and opportunities for persons with disabilities.
• Participation on equal basis with others.
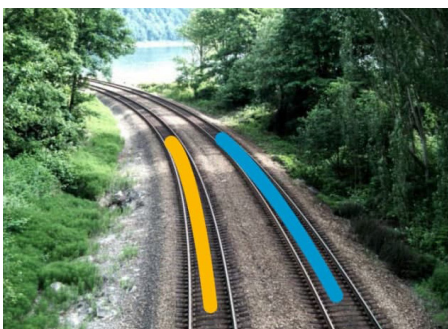
Disability Mainstreaming is the process of removing barriers to participation for persons with disabilities in mainstream organisations and activities. Often, persons with disabilities can participate in social activities with few additional interventions.

Disability Specific Interventions: Provision of disability specific services such as rehabilitation, provision of assistive devices & medical treatment. But also empowerment of people with disabilities.

Resource Book on Disability Inclusion, Light for the World, 2017

Objectives of this module:

Exercise	Duration
6.1 What is inclusion and why does it matter.	60 minutes
6.2 Why include persons with disabilities in ..(health services)	60 minutes

Exercise 6.1. What is Inclusion and Why does it Matter

🎯 Objectives:

At the end of the session, participants:

• Understand the difference between inclusion, segregation and integration

• Acknowledge that including persons with disabilities benefits all

🕐 Duration: 60 minutes

🧑‍🏫 Preparation by Trainer:

• Print or draw the four pictures below
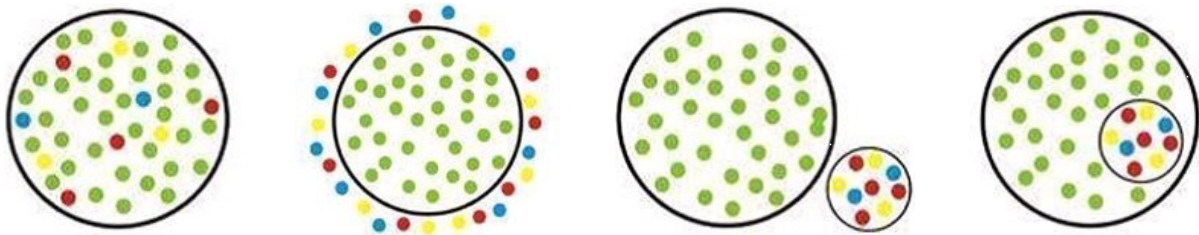
Towards Inclusion p 38

⚙️ Resources:

• Power point/ whiteboard or flipcharts to write on

• Printed materials

• Pens

🧑‍🔧 Process description:

1. Divide the participants in small groups of equal size. Give each group a print of the four pictures and ask them to match them with the following titles:

Inclusion, Exclusion, Segregation, Integration

Give them about 10 minutes to do this exercise.

2. Discuss what matches the different groups have made. Ask them why they think a title matches a certain picture.

3. Show participants the right outcome and explain the meaning by giving the example of education:

EXCLUSION

Exclusion occurs when students are directly or indirectly prevented from or denied access to education in any form.

SEGREGATION

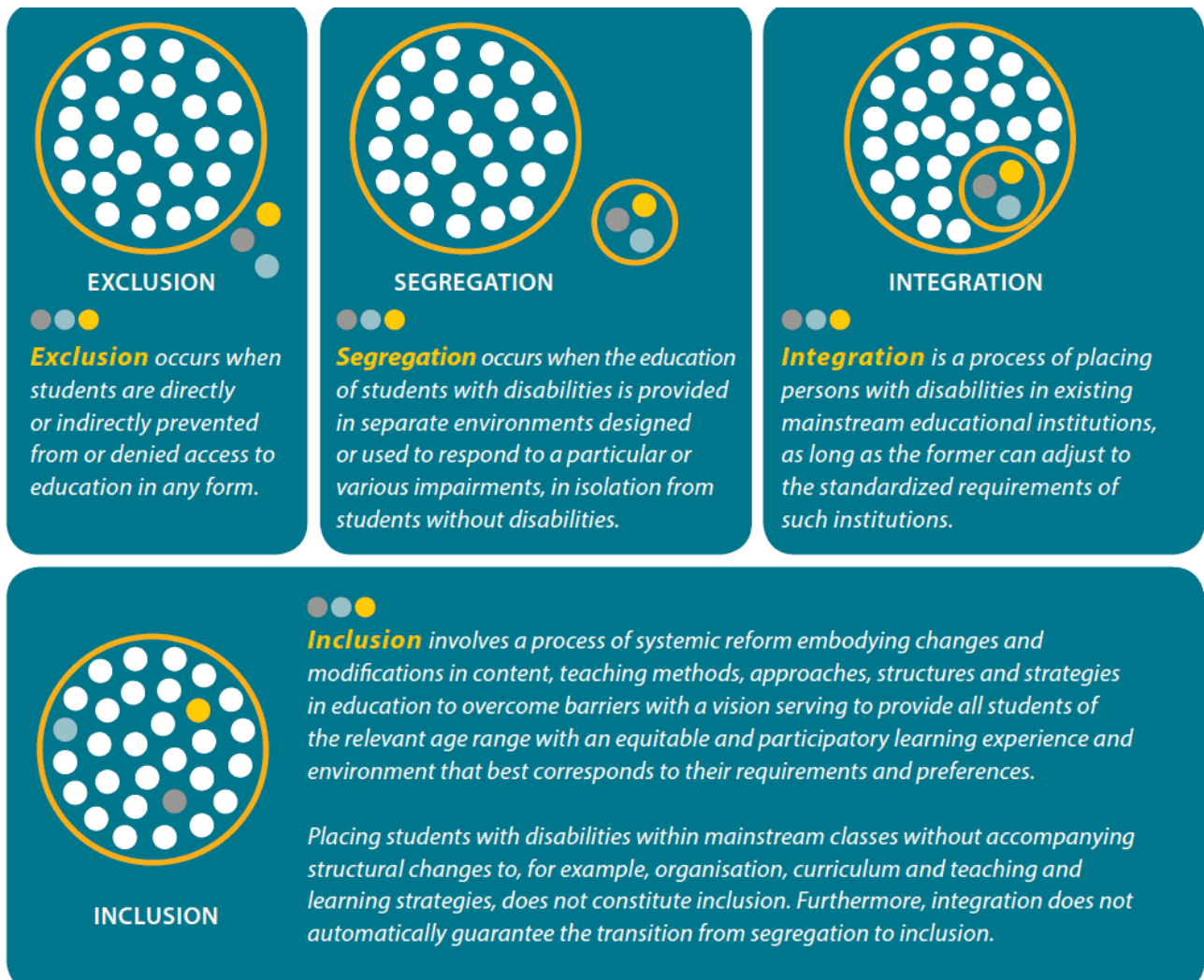*Segregation* occurs when the education of students with disabilities is provided in separate environments designed or used to respond to a particular or various impairments, in isolation from students without disabilities.

INTEGRATION

Integration is a process of placing persons with disabilities in existing mainstream educational institutions, as long as the former can adjust to the standardized requirements of such institutions.

INCLUSION

Inclusion involves a process of systemic reform embodying changes and modifications in content, teaching methods, approaches, structures and strategies in education to overcome barriers with a vision serving to provide all students of the relevant age range with an equitable and participatory learning experience and environment that best corresponds to their requirements and preferences.

Placing students with disabilities within mainstream classes without accompanying structural changes to, for example, organisation, curriculum and teaching and learning strategies, does not constitute inclusion. Furthermore, integration does not automatically guarantee the transition from segregation to inclusion.

4. Ask the groups (same as step 1) to write down benefits when a person with disability is included in employment for example. Let them think about benefits for the individual, his/her family, the community and/or society as a whole. Give them 10 minutes to discuss, where after one representative share what the group wrote down.

5. Write all the benefits of the various groups on a flipchart and ask them to clarify some points and/ or give examples.

6. Explain the general benefits of inclusion of persons with disabilities. You can refer to the examples given by the participants as well:

Individual level: inclusion increases the self-esteem of persons with disabilities. Especially when persons with disabilities are economically active, they are identified with roles that are valued in society such as 'student', 'employee', 'shop owner', 'motorbike mechanic'.

Family level: Inclusion also benefits the family members of persons with disabilities. For example, they can feel proud about their family member with a disability when he/she is earning an income.

Society level: Inclusion also benefits society as a whole. For example, when more people become economically active, expenses on special programmes are likely to reduce.

7. Explain that inclusion can end the poverty cycle and show the image on a slide or chart:

https://www.thinkinclusive.us/inclusion-exclusion-segregation-integration-different/

Poverty is considered both a cause and a consequence of disability.

Cause: Poor people have a higher risk of acquiring a disability because they are often more exposed to situations which can cause disability, such as malnutrition, dangerous work, exposure to violence and limited access to health care.

Consequence: Ddisability increases the risk of becoming poor, as it often means losing a job or not being able to attend school[14]. Persons with disabilities are thus overrepresented among people living in poverty.

Inclusion can end the poverty cycle: Inclusion in employment means higher income and less poverty.

Inclusion is more effective: Inclusion in employment means higher productive and economic development, lower expenditure on social welfare programmes.

The cornerstones of disability inclusion

Disability inclusion is framed within a rights-based approach that considers persons with disabilities as being equally entitled to human rights as people without disabilities. However, in order to ensure that persons with disabilities are reached, it is essential to apply four main principles of inclusion, namely:

• Attitude: respect and dignity

• Communication: inclusive communication

• Accessibility: barrier-free environment

• Participation: active involvement

Distribute resource 11– cornerstones of inclusion.

Distribute resource 11 on key notes on inclusion of persons with disability.

Allow time for participants to review the handout and facilitate a discussion

8. **Close** the session with giving the following key messages:
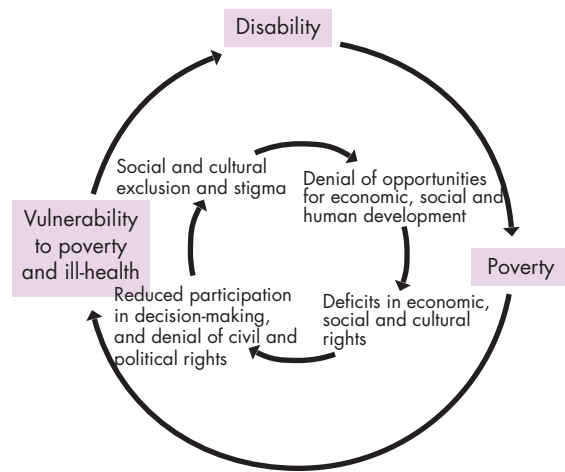
14 World Bank, WHO. World Report on Disability. Washington, DC.; 2011.
https://hpod.law.harvard.edu/pdf/Disability-poverty-and-development.pdf
Department for International Development - DFID (2000). Disability, poverty and development: London

6.2 Why include persons with disabilities in …… (example health)

🎯 Objectives:

At the end of this session, the participants

- Understand the importance of inclusion of persons with disabilities in (health) services.
- Feel urgency to promote inclusion of persons with disabilities in (health) services.
- Understand the impact of exclusion on the lives of persons with disabilities.

⏰ Duration: 60 minutes

Handouts for participants: none

Suggested activities:

1. Why inclusion? Discussion in groups on reasons why inclusion is important (15 minutes)

2. The impact of exclusion: Personal Stories, facts, own experiences of participants (45 minutes)

Preparation by Trainer: preferred room set up: people are sitting in groups of four people around tables that are positioned in half a circle, so they can discuss topics in their table groups and at the same time they are able to engage in plenary discussions.

Process:

1. **Why inclusion.** (15 minutes)

Divide the participants in groups of 4 people and let them discuss why they think inclusion of persons with disabilities in (health care, or other sectors) is important. Let them list down as many reasons and arguments as possible (+_ 7 minutes). Ask group 1 to give three arguments. Write all arguments/ reasons down on a flip chart. Ask group 2 to add three new arguments. Ask group 3 to give three new arguments. Etc. Continue until all arguments have been shared. This is a quick method to get information out. Probably all good reasons for inclusion have been mentioned now. Have a short discussion if the list is complete. Add arguments where needed (you will find some arguments listed below).

2. Impact of exclusion:

Ask the participants to share their own experiences in their table groups: Have they come across situations where they could not provide service to a person with a disability? Or have they seen the effects of exclusion of persons with disabilities from (health services, or other sectors)? Ask each group to share the most impactful story from their group: (25 minutes in total). For this session you can also invite persons with disabilities to share their personal experiences with accessing health services and the impact it has had on their life, this will bring the message across in the best possible way!

Close the session with a general discussion about the impact of exclusion and the importance of inclusion (20 minutes). (see below)

KEY MESSAGES for participants

Why is it important to actively promote inclusion of persons with disabilities in health care (in general)?

- Access to health is a human right (art. 25 UNCRPD).
- There is a strong relation between disability and poverty, with poverty leading to higher prevalence of disability and disability increasing the risk of poverty.
- People with disability are people first and have strengths, capacities and abilities to contribute to the development of their communities. Access to health is an important aspect in this regard.

Facts about exclusion (in general)

- Worldwide persons with disabilities have less access to health care services and therefore experience unmet health care needs, the challenges are greater in low-income countries.
- Persons with disabilities report seeking more health care than people without disabilities. In fact they report greater unmet needs of these services.
- Persons with disabilities are 2x more likely to report that health care providers do not have the adequate skills to meet their needs.
- Persons with disabilities are 3 x more like to be denied healthcare.
- Persons with disabilities are 4x more likely to being treated badly when seeking health care
- Health promotion and prevention activities seldom target persons with disabilities.
- Persons with disabilities are less likely to be contacted by outreach medical workers.

Closure and wrapping up

Duration: 60 minutes

Wrapping Up

Thank the participants for their engagement and offer some time and space to think about how they will take the new learning forward.

> You may want to plan some time for participants to think about and share what their next steps will be. What will they do now? How will they apply their learning into their work? You can ask them to list 4-5 key action points they will commit to.

Evaluation

You have probably used daily evaluation and other forms of rapid monitoring throughout the training. However, it is useful to still plan a more formal evaluation at the end.

Now is a good time to bring back the shared expectations made from the group at the start. Refer back to this in plenary and ask participants if they feel they have achieved this. You can also join in. From your perspective – did you achieve what you set out to?

Ask the participants the following questions:

1. What did you like most about the training?

2. What should be improved?

3. What is the most important insight?

This can be done by giving participants three cards and asking them to write on the cards and display them on the wall, or you can formalise it into a written evaluation, where you can add more questions that might help you find out more about more aspects of the training. Additional questions could be around logistics, venue, support, methodologies used.

Provide an opportunity for participants who still want to share something but do not want to do it plenary; invite participants who want to write their feedback on a card and give it to the trainer.

Emphasise again that they can take home all the tools used within the training and apply them in their own working or even personal environment. This manual is of course here to be a guide! **Encourage** them to use the skills or reflect on them next time they meet a person with a disability, walk into a building, organise a consultative meeting or even design a project!

You may want to close the workshop with a small ceremony to give certificates. Often participants like this. This acts as a good closure

After this session, the training is formally closed and the participants can leave.

Good luck!

Section 7

Resources

In this section, we have prepared some practical resources that you can use as informative handout for your own training.

Resource 1: Alternative questions for preparing trainings.

Robert Chambers' 21 questions

The 21 questions to ask promote reflection on the role of the trainer.

1. Why? What is the purpose of the training? Who determines this? What experience, sharing, analysis, learning or another end is sought?

2. How does it fit? How does this training fit into the longer-term process of learning and change? If there is no such long term processes should you undertake it at all? Or should you negotiate with the sponsors/organisers for greater commitment? Is there strategic value in continuing?

3. Who and how many? Who will the people be? How should they be selected and against what criteria? How many should/or will there be?

4. What expectations? What will they expect? How can you find out? How will you manage conflicting expectations?

5. How participatory? What sort of process? How participatory can and should it be? How much can participants do themselves? Where is the voice of women and men, and if appropriate girls and boys with disabilities in the process? Have you planned to ensure processes are fully inclusive?

6. What is your part? What is your role, contribution: trainer, facilitator, co-learner? What dynamic (positive or negative) might you bring to the event?

7. Who else? Who else could, should or will help, take part or co-facilitate? What role have persons with disabilities played/will play in the process?

8. Where? What venue should be sought, against what criteria? Have you ensured it is fully accessible, conducive to learning and appropriate in terms of costs/supporting local development?

9. When? When should it be? How long should it take? What should the timetable be for preparation? Are there adequate breaks?

10. Finance? What will it cost and who and how will it be paid for? What allowances, if any will participants expect and receive? And who will pay for these? Has there been adequate provision of reasonable accommodation and other accessibility requirements? Are the costs barriers or incentives – in line with real commitment to disability inclusion?

11. Programme? With whom, where, when and how should the programme be planned? Who should be consulted? Have women and men with disabilities been meaningfully involved? Is it strategic to involve community, government, donors?

12. Languages? What languages will be used? Who may be marginalised by language? What can be done about it? Are interpreters, sign language interpreters needed? Are easy read, or supported assistance/ diversified support required?

13. Who? – but not a facilitator and not a participant – will handle travel and logistics? Are extra staff/volunteers needed? Who will provide this?

14. Materials and equipment? What will be needed – materials, equipment, transport, reasonable accommodation, alternative formats etc.?

15. Participants' preparation? What should be sent to participants in advance? What should they do in advance?

16. Local liaisons? Do arrangements need to be made with a local partner/ administration, local communities, DPOs, or other organisations? Who should make these? Are practical exposure visits required/desirable/ appropriate?

17. Outputs? What outputs will there be? A written record, a report? A video? Notes? If so, who will be responsible and what will be the later value, circulations and use of the output(s)? Who will own and use these outputs? Will they be available in accessible formats?

18. Follow up? What follow up can and should there be? With participants? With their organisations? Locally with administration? Communities and organisations? Head offices? And/ or others?

19. Your preparation? What do you need to do to prepare? When and how can you do this? What help do you need?

20. Flexibility? what is best left unplanned? Have you over planned? Have you left spaces for creativity and participation and ownership by participants/partners?

21. What is missing from this list? What else should you be thinking about and preparing for? Ask a colleague who is not involved

The 21 questions may feel a bit overwhelming, but in preparing training programmes, these questions will need to be answered explicitly or indirectly.

Resource 2: guidelines for carefully designed simulations

Burgstahler and Doe (2004)[15]

1. State objectives clearly.

Make it clear to participants at the beginning of the activity what they will do and what they are expected to learn. "Unless the simulation is prefaced with a clear discussion of why we are doing this and what we hope to learn and is followed by a conscientious debriefing about critical thinking processes and values, norms and social change, the simulation has merely served as recreation".

2. Ensure voluntary participation

Allowing people to decline participation eliminates reluctant or resentful participation, maximizes positive outcomes, and creates a sense of safety and trust. Those who choose not to participate may learn just as much from observing the experiences of others and critiquing the simulation activity.

Avoid focusing exclusively on challenges imposed on individuals by a disability, and avoid comparing one disability experience to another in ways that devalue people. In particular, avoid activities that lead to conclusions such as "this disability is far worse than that one," or "I could never live with X, but I could handle Y." Use concrete examples to illustrate both barriers and strategies for overcoming barriers for people with disabilities. Some strategies should highlight solutions employed by an individual (e.g. the use of a braille stylus to make notes); others can show solutions implemented by other individuals (e.g. making training material available in braille print). Make sure that when participants learn about the disability experience, they also learn how people with disabilities cope with inaccessible environments and negative societal attitudes through advocacy, technology and interpersonal skills.

4. Demonstrate the value of Universal Design

Simulations and debriefing discussions should examine the way in which a well-designed environment or activity can maximize access for everyone and minimize the need for individual accommodations. A simulation can be used as an opportunity to share information about how disability rights legislation (e.g. CRPD and the Disability Law), accessible design of technology and facilities (e.g. accessible buildings), and inclusive social practices empower people and ensure equal opportunity (e.g. in the invitation letter asking participants to a training to inform the organisers about their needs to be able to participate fully, "we are happy to accommodate").

5. Include persons with disabilities in planning and delivery of the simulation

People with disabilities need to be consulted when developing simulations and, when possible, involve them in the delivery, debriefing, and evaluation of simulation activities. By interacting with people with disabilities, learners may realize some of their own assumptions about people with disabilities are not based in reality and that people with disabilities are more similar than they are dissimilar to people without disabilities. By hearing from someone who has experience in being disabled, being discriminated against, and developing coping mechanisms, the learner may be able to understand some of challenges faced by people with disabilities and, more importantly, how these challenges may be successfully addressed. While a training activity involving a person with a disability is not as

15 Taken entirely from Burgstahler and Doe with adapted examples. Burgstahler, S., & Doe, T. (2004). Disability-related simulations: If, when, and how to use them. Review of Disability Studies, 1(2), 4-17.

valuable as long-term contact, it can initiate a consciousness shift for people previously unfamiliar with disability issues. However, when a person with a disability participates in a training activity, it should be made clear that one person cannot represent the views and experiences of all people with the same type of disability, and certainly cannot represent people with all types of disabilities.

6. Support positive attitude change

Even though it can be awkward, participants should be encouraged to bring up personal beliefs or assumptions, even if negative, without fear of negative repercussions. Such disclosures can help all participants learn what underlying thoughts often inform discriminatory or exclusionary practices. Personal disclosure of changed attitudes provides a good role model to participants. Even for leaders who themselves have disabilities; it is useful to explain how their previous attitudes might have been dis-empowering. Some may be able to share their changed attitudes about people with types of disabilities other than their own. Trainers should point out that with changes to legislation, knowledge, and design, new perceptions about disability could emerge. Learners should leave with both knowledge and attitudes that support the rights of people with disabilities to participate in society.

7. Debrief thoroughly and reflectively acknowledge discomfort

An important part of successful simulation activities is a full and meaningful debriefing to disengage participants from what is sometimes an emotional experience, as well as to sort out what was learned. During debriefing, participants can discuss what they felt and experienced and then reframe new knowledge and attitudes within the context of intended outcomes, perhaps replacing old attitudes and understandings with new. Trainers should acknowledge that learning about disability and difference can be uncomfortable. Allowing for written responses as well as discussion in small groups and with a larger group may ensure that each person has a chance to reflect on what happened in the simulation, and on what was learned from it.

Tip: Only work with simulation exercises if these **seven guidelines** can **be followed completely**. Then the likelihood that a simulation exercise is prone to lead to discomfort and ridicule of persons with disabilities, is minimized.

Resource 3: Checklist for choosing accessible training venues

	Question		Comments
1	Do the outside pavements have curb ramps (if needed)?	☐ Yes ☐ No	
2	Is the entrance gate large enough (at least 100cm)?	☐ Yes ☐ No	
3	Is there any obstacle on the floor close to the entrance gate (thresholds, trenches, grids, holes in the ground, etc.)?	☐ Yes ☐ No	
4	Is there any obstacle on the floor between the entry gate and the main entrance of the building (steps, narrow path, protruding objects, uneven soil, holes in the ground, trenches, etc.)?	☐ Yes ☐ No	
5	For persons coming by taxi/tuk tuk, is there a drop-on/off space close to the main entrance (less than 30m)?	☐ Yes ☐ No	
6	For persons coming with a private car, is there at least one parking lot for persons with disabilities?	☐ Yes ☐ No	
7	Is the parking lot big enough (360cmx600cm)?	☐ Yes ☐ No	
8	Is there enough space beside the parking lot to get in/out of the car (120cm)?	☐ Yes ☐ No	
9	Is the parking lot close enough to the main entrance of the building (less than 50m)?	☐ Yes ☐ No	
10	Is the path between the parking lot and the entrance clear of obstacles, even, flat, large enough (at least 120cm)?	☐ Yes ☐ No	
11	Is there also a ramp in place in front of the main entrance (if needed)?	☐ Yes ☐No	
12	Is the main entrance door easy to open and use?	☐ Yes ☐ No	
13	Are there accessible toilets close to the reception area?	☐ Yes ☐ No	
14	Are accessible elevators close to the reception area, if any?	☐ Yes ☐ No	

15	If there are steps, is there an accessible ramp as well? (wide at least 120 cm, slope less than 8%)	☐ Yes ☐ No	
16	If the building has more than one floor, is there an accessible elevator in place? (door large at least 95cm)	☐ Yes ☐ No	
17	Does the accessible elevator connect all the floors of the building (including mezzanines)?	☐ Yes ☐ No	
18	Is there at least 1 accessible toilet per floor?	☐ Yes ☐ No	
19	Is the door of the toilet accessible? (net passage width at least 90-95cm, not too hard to push/pull or sliding, handle at a convenient height (85-110cm))	☐ Yes ☐ No	
20	Is the accessible toilet reachable without having to climb stairs?	☐ Yes ☐ No	

Resource 4: Checklist for a disability inclusive training[16]

1. Meetings, presentations and discussions

- Good diversity and representation of people with disability requires sufficient time to make preparations;

- Consult participants before the event to understand everyone's needs;

- Create an open, honest and enabling atmosphere where everyone can express themselves, and for people to repeat and get used to different styles of communication, accents etc. Then people will feel more inclined to share their accessibility needs and feel comfortable when communicating;

- Provide preparation time and support for participants to develop their presentations or arguments;

- Provide information and training on accessible communication;

- Provide a range of communication formats so that everyone gets a chance to communicate in some way. For example, if you have a picture, explain what can be seen. Such as: "this is a picture of a women with sunglasses on – she is blind.";

- Many people have negatives ideas about disability. The trainer needs to demonstrate how talking about disability and persons with disability can be respectful. It is important to lead by example and also correct disrespectful talk from the beginning in a neutral way;

- Think about the speed, clarity, volume of your speech, etc.;

- Employ qualified sign language interpreters and language interpreters, rather than relying on participants to interpret for each other. Arrange backup interpreters to be available in case of emergencies or during long events;

- Provide interpreters with papers, data, etc. well in advance so they are prepared;

- Provide accessible travel arrangements; people can only participate in a meeting or event if they can actually get to it;

- Think about physical environments, accessible meeting facilities and accommodation;

- Make sure that the training room set up allows space for wheelchair access;

- Check if wheelchair users are able to enter the room and make use of the bathroom;

- Make sure tables etc. are not too close together, so that the persons are able to move around;

- Make sure rooms are signed, have sufficient light, space for wheelchair users, and diminish background noise;

- Provide participants with information regarding emergency, evacuation routes and meeting points of the venue;

- Think about timetabling, regular breaks, working days to suit all participants;

- Put plenty of time and effort into planning and organisation before the event – there are lots of little things which can help, or hinder, people's participation and communication.

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2. Simple language

- Keep documents brief and make sure that the content is well organised;

- Avoid jargon and too many long words;

- Use short, simple sentences because:

- not everyone speaks your language as their first language

- not everyone reads, speaks, write or understands things in the same way

- not everyone is able to or wants to pay attention for a long time

- it takes longer to read and is harder to browse through a Braille document;

- Sign language is a language in its own right, with regional and local differences, as with spoken languages.

Remember:

- sign language interpreters need breaks and to be situated in places with maximum visibility, those using sign language interpreters also need good lighting but not with direct sunlight

- make sure there are two sign language interpreters for long meetings and that deaf participants have approved those being employed as meeting standards

- make sure presenters give sufficient time for sign language interpreters to complete translation and to swap between interpreters on long sessions;

- Don't forget about 'body language' and facial expressions – they are simple but can convey a lot;

- Remember when working cross culturally to be mindful that there is very diverse understanding and acceptance of different gestures/expressions.

3. Written documents

- Consult potential users before producing documents;

- Consider: print size, weight, font, contrast, case, colour, paragraph style, margins, line spacing, shading, paper quality;

- Provide: Braille versions, audiotaped versions, language translations as requested;

- If your presentation will be viewed via projector:

- ensure that the type size is large enough to read easily, the type should be larger than on printed handouts

- make sure there is high contrast between the background and the text, the contrast often needs to be more pronounced than on printed material

- use simple slide transitions or avoid animation-like effects altogether

- don't overcrowd slides with text. Three to seven bullet points per slide is a good guide

- make sure video captions and audio transcription are available

- use Alt Text to explain pictures, images, graphics, graphs, tables and flowcharts, so that a screen reader can access them.

4. Planning and financing

For documents you will need to budget for the following potential requirements:

- Braille

- Audio cassette

- Large print

- Easy read versions

- Language translations

- Usual production costs (proof-reading, design or typesetting, printing).

For meetings you will also need to budget for:

- Sign and other language interpretation

- Personal assistants who may assist participants with disabilities

- Facilities, equipment, modification and accessibility adjustments to the venue

- Support staff to help with logistics and documentation.

Resource 5: Impairment information cards

Blindness and visual impairment

Cause

A person can be fully or partly blind from birth or later in life. There can be many causes, the most common are:

- Child blindness is often caused by poor nutrition or an infection
- Trachoma, which is caused by the spread by flies and touch
- River blindness spread by black flies
- Measles
- Brain damage, before, during or after birth
- Eye injuries, because of accidents
- Cataracts, which may be congenial or due to contaminated water or food
- Glaucoma
- Genetic
- Aging

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Symptoms

- Blindness is the inability to see anything. Someone who is visually impaired (partially blind), has limited vision, for example: blurry vision or the inability to distinguish the shapes of objects
- A person can be blind or partially blind with both eyes or with one eye

Support

- Some causes can be cured or operated on (like a cataract surgery)
- A person who is blind should be supported to be independent, for example by learning to walk with a white cane

Deafness and hearing impairment

Cause

A person can be fully or partly deaf from birth or later in life. There can be many causes, the most common are:

- Genetic
- Premature birth
- Lack of iodine during pregnancy
- Drugs or medicines taken by mother during pregnancy

- Ear infections (after birth)

- Meningitis (after birth)

- Aging

- By piercing a sharp object in the ear

Symptoms

- Not responding to surrounding sounds or calls

- Turning head to one side or cupping hand around the ear

Support

- Let a specialist do a hearing test

- A hearing aid may help

- Use sign language or fingerspelling for communication

- Early detection of hearing problems is important for possible treatment and learning to communicate.

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Important Note:

Many children with undetected hearing problems are mistakenly thought of as having learning difficulties. Children with learning issues should therefore have a hearing check.

Amputation / loss of limb

Cause

Rarely, children are born without one or both hands/arms/ feet. More often, children lose an arm because of accidents and increasingly because of war. In other cases, limbs may have been cut off out of necessity due to advanced bone infections or dangerous tumours.

Symptoms

- A loss of some part of the body, being a hand/hands, or an arm/arms leg or foot

- Is not limited to leg, arm or finger, but can also be ear, nose, tongue, breast, genitals.

Support

- It is highly important to care for a stump in order to maintain a good shape and position for a possible fitting of an artificial limb/prosthesis.

- Do regular exercises that strengthen muscles, straighten joints and prepare the healed scar tissue for weight bearing with a prosthesis.

- For amputated hands or arms some people consider grasping aids or adapted tools to assist with daily functioning.

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Polio

Cause

- Polio is a virus that can damage the nerves that control movement in the arms, torso and/ or legs (It has no effect on feeling or mental ability!)

Symptoms

- Majority of infected patients recover without noticing any effect at all.

- Other patients experience diarrhoea, tiredness, light fever or flu

- Only a few patients develop paralysis, which in some cases disappears fully or partly

Support

- There is no treatment for polio. Majority of polio patients are cured with rest and nutritious food

- Stretching the body while on bedrest prevents contractures (shortening of the muscle)

Prevention

- Vaccination at a young age

- Good hygiene

Cerebral Palsy

Cause

- Caused by brain damage that occurred before, during or soon after birth.

Symptoms

- Cerebral palsy affects all developmental stages of a child, both physically and mentally.

- Spasticity is a common characteristic of cerebral palsy. Spasticity is frequent stiffening and stretching of parts of the body. It is the result of poor body balance and is an involuntary reaction to try and prevent falling.

Support

- Brain damage cannot be repaired or cured, but play and active stimulation by parents and caregivers can progressively improve a child's daily functioning.

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Short stature

Cause

- In 1 of 5 children short stature is inherited. This is a result of a random genetic mutation in either the father's sperm or the mother's egg

- Other causes of short stature include metabolic (inherited genetic conditions that cause problems with chemical reactions in the body) or hormonal disorders, such as deficiencies in growth hormones or poor nutrition.

Symptoms

- Results in an adult height of 4'10 (147.32cm) or shorter. The average height of an adult with dwarfism is 4'0 (121.92cm), but typical heights range from 2'8 (81.28cm) to 4'8 (142.24cm).

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- The arms and legs are short for the body, and the head can be disproportionally big, the forehead bulging, and the bridge of the nose flat.

- A child may often have a swayback, pot belly and bowlegs

Support

- The majority of people with short stature do not have an intellectual impairment, have average life expectancy and have reasonably good health.

- Few people with short stature will require surgeries or other medical interventions to address complications and maximise mobility.

Microcephaly

Cause

The causes of microcephaly in most babies are unknown. Some known causes are:

- Genetic disorders

- Difficulties during pregnancy, like infections, malnutrition, use of alcohol and drugs, interruption of the blood supply to the baby's brain.

- The Zika virus spread by the bite of an infected mosquito to a pregnant woman. Passed from a pregnant woman to her foetus during pregnancy, the virus can cause microcephaly.

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Symptoms

- Microcephaly is a birth defect where a baby's head is smaller than expected when compared to babies of the same sex and age.

- Babies with microcephaly often have smaller brains that might not have developed properly.

Support

- Microcephaly is a lifelong condition. There is no known cure or standard treatment for microcephaly

- To improve and maximise their physical and intellectual abilities, early stimulation is important to support and develop speech, daily tasks and physical well-being.

Down syndrome

Cause

Down syndrome is caused by the presence of an extra copy of chromosome 21 in a baby's cells. In the vast majority of cases, this isn't inherited and is simply the result of a one-off genetic mistake in the sperm or egg. The risk of having a child with Down syndrome increases with the age of the mother.

Symptoms

- People with Down syndrome often have certain physical characteristics like small noses and a flat nasal bridge, a protruding tongue, short neck, with excess skin at the back of the neck, small ears.

- Physical development in children with Down

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syndrome is often slower than development of children without Down syndrome.

- Cognitive impairment, problems with thinking and learning, is common in people with Down syndrome and usually ranges from mild to moderate
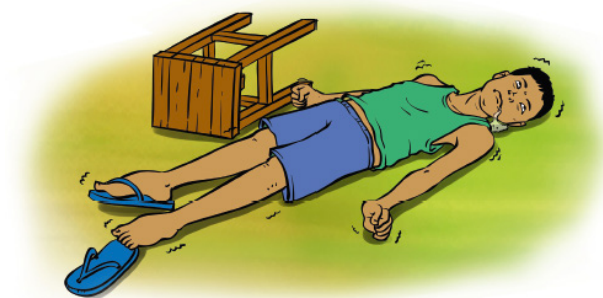
Support

- There is no medication for Down syndrome, but stimulation helps in the development of the child

- Often children with Down syndrome are at greater risk for medical problems, so regular check ups with a doctor is recommended.

- Children with Down syndrome can fully participate in society, if activities are adapted to their capabilities

- If the loss of hearing/vision happens before having learned a regular alphabet, letter and words can be signed in the palm of their hand as a means of communication.

- Using a stick can help a person find their way and give them more confidence.

Epilepsy

Cause

For at least half of epilepsy cases the cause is unknown. However, causes can be:

- Genetic

- Infections in the brain

- Head injuries

- Stroke

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Symptoms

- Epilepsy is characterised by chronic fits, also called seizures or convulsions. Fits are sudden periods of unconsciousness or changes in mental state, often accompanied by jerking movements.

Support

- To reduce or prevent fits, anti-fit medications can be effective.

- During a fit: -

  o Do not put anything in a person's mouth when they are fitting

  o Do not try to control a person's movements.

  o Remove obstacles so the person does not wound themselves

Autism

Cause

- All causes of Autism are not known

- Genes are one of the risk factors that can make a person more likely to develop Autism

- Children born to older parents are at greater risk

- Some children with other impairments, mainly hearing or developmental impairments may develop autistic behaviour if they are severely under stimulated and/or abused.

Symptoms

- Autism can cause significant social, understanding and behavioural challenges, communication difficulties (social and emotional).

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- Often no physical signs or difference in the way they look exist

- They may communicate, interact, behave, and learn in ways that are different from most other people i.e. difficulties relating to others/ repeating actions

Support

- Early intervention treatment services can improve a child's development to learn important skills, such as therapy to help the child talk, walk, and interact with others.

Spinal cord injury

Cause

Common causes of spinal cord damage result from a car accident, falls, sports injuries or disease

Symptoms

Damage or trauma to the spinal cord can result in loss or impaired function of limbs causing reduced mobility or sensation.

- Damage to the spinal cord in the back will affect the movement and sensation in legs and possibly some stomach muscles.

- Damage to the spinal cord in the neck will affect movement and sensation in all four limbs, as well as stomach and chest muscles. This is called paraplegia.

- Can also affect breathing, bladder, bowel, sexual function, sweating and temperature control.

Support

- Every Spinal Cord Injury case is unique - always refer to specialist institutions to help manage a client's medical, functional and social needs.

- Provide social support for the person to accept the injury and adapt to a new lifestyle
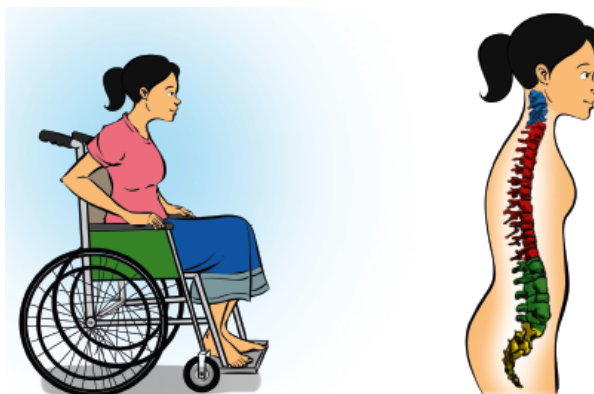
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Resource 6. Disability facts-global

- About 15 per cent of the global population (just over one billion people, or one in seven people) have a disability[17]

- Over **BILLION** people globally experience disability

- About 80 per cent of persons with disabilities live in developing countries and one in five of the world's poorest people have a disability.[18]

- About 70% (690 million) live in the Asia Pacific region.[19]

- Global estimates suggest there are between 93 million and 150 million children with disabilities under the age of 15.[20]

- An estimated 19 per cent of women globally have a disability, compared to 12 per cent of men.[21]

- Seventy-five per cent of persons with disabilities in low- and middle-income countries are women.[22]

- Compared with men without disabilities: women with disabilities are:

  o three times more likely to have unmet needs for health care;

  o three times more likely to be illiterate;

  o two times less likely to be employed

  o two times less likely to use the internet.[23]

- Women with a disability are 2 to 3 times more likely to be victims of physical and sexual abuse than women without a disability.[24]

- Global estimates suggest there are between 93 million and 150 million children with disabilities under the age of 15. Given that disability is often not reported due to stigma, there is reason to believe actual prevalence could be much higher.[25]

- Children with disabilities are four times more likely to experience physical and sexual violence and neglect than their non-disabled peers.[26]

17 World Bank and World Health Organization (WHO), World Report on Disability, 2011, p. 261. Also United Nations Disability Inclusion Strategy, 2019.
18 United Nations Enable, Factsheet on Persons with Disabilities. Also UN Disability Inclusion Strategy, 2019.
19 UN ESCAP https://www.unescap.org/publications/building-disability%E2%80%91inclusive-societies-asia-and-pacific-assessing-progress-incheon (pp1)
20 World Health Organization, World Report on Disability, 2011.
21 World Health Organisation and World Bank, 2011. World Report on Disability. p. 28
22 UN Women (2017). Making the SDGs count for women and girls with disabilities
23 UN Flagship Report on Disability and Development 2018, Realization of the Sustainable Development Goals by, For and With Persons with Disabilities; https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2018/12/UN-Flagship-Report-Disability.pdf
24 Department for International Development (DFID), Disabilities, Poverty and Development, DFID, United Kingdom, 2000.
25 Children with Disabilities in situations of armed conflict, Discussion Paper, 2018, World Report on Disability, 2011.
https://www.unicef.org/disabilities/
https://www.who.int/disabilities/world_report/2011/accessible_en.pdf
26 UNICEF, 2010. Pacific Children with Disabilities.

- More than 46 per cent of older people – those aged 60 years and over—have disabilities.[27]

- Between 3 to 7 per cent of GDP is lost when people with disability are excluded from the labour force.[28]

- Over 85 percent of primary-age children with disability have never attended school, according to a study of 15 developing countries.[29]

- Persons with disabilities are 50% more likely to face catastrophic health expenditures. A rough estimation based on data from seven countries suggests that the disability-related extra costs incurred by persons with disabilities and their families varies between 30% and 40% of the average income, depending on the support requirements of the person concerned.[30]

- Globally more than one billion people worldwide need one or more assistive products

- Globally, only 1 in 10 people who need assistive products have access to them.[31]

- People with mobility, sensory or cognitive disabilities are two to four times more likely than the general population to die or sustain injuries during disaster events.[32]

- For every person killed in a disaster, another three are injured or left with a permanent disability, and many face long-term psychosocial impairments.[33]

Source: taken from 2020 IDPD communications toolkit (DFAT)

27 UN Department of Economic and Social Affairs. Ageing and Disability https://www.un.org/development/desa/disabilities/disability-and-ageing.html

28 International Labour Organization (ILO), The price of excluding people with disabilities from the workplace, http://www.ilo.org/skills/pubs/WCMS_149529/lang–en/index.htm, 2010.

29 Mizunoya, Mitra, Yamasaki; Towards Inclusive Education. (2016): The Impact of Disability on School Attendance Rates in Developing Countries.

30 World Bank and World Health Organization (2011). The World Report on Disability.

31 Assistive technology. Fact sheet. Geneva: World Health Organization; 2018 (http://www.who.int/news-room/fact-sheets/detail/assistive-technology, accessed 4 September 2018)

32 United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) (2017), Disability in Asia and the Pacific: The Facts. Also Fujii, K (2012), quoted in Barker & West (2018), Experiences of individuals with physical disabilities in natural disasters: an integrative review, Australian Journal of Emergency management, Volume 33, No. 3, July 2018

33 WHO. Disasters, Disability and Rehabilitation, 2005. Retrieved from http://www.who.int/violence_injury_prevention/other_injury/en/disaster_disability.pdf

Resource 7: Communication with persons with disabilities

What is **communication**?

Communication is the act of conveying information between one person or group with another, through the use of written, verbal or non-verbal messages. Good communication is complex. It can happen that someone does not understand you, even if you are talking face-to-face and speaking the same language. The failure to understand each other is called 'miscommunication'. This can lead to confusion, misunderstanding or discomfort.

This Booklet specifically focusses on communicating with persons with disabilities. It provides basic information about what communication entails and practical tips to enhance good interaction. The aim is to foster mutual understanding and prevent miscommunication.

Miscommunication can be created by:

1 Different meaning or interpretation of what someone says, based on your:

- Existing knowledge
- Past experiences
- Culture and religion
- Family background
- Age and gender

2 Distraction by internal and external factors, such as:

- Background noise
- Emotions and feelings
- High number of people involved in the conversation

3 The relationship with the person, whether it is a:

- Family member
- Colleague
- Acquaintance
- Stranger

Based on above factors, messages sometimes turn into miscommunication. Always keep in mind that your own understanding of a message is shaped by these variables.

Good communication involves:

1 Creating trust by for example mentioning a shared interest, asking for another's opinion, giving a compliment.

2 Showing interest by asking questions, including open-ended questions that allow free-form answers and closed-ended questions that can be answered with "yes" or "no".

3 Listening actively by giving brief non-verbal and verbal affirmations like nodding, saying "I see", and/or by paraphrasing what someone said; "So if I understand you well, you are saying… (give a summary)".

4 Demonstrating empathy, for example by saying "I understand your situation".

5 Giving recognition and appreciation, for example by saying "I am grateful that you have shared this story with me".

6 Using appropriate (body) language. Don't get too close to someone's personal space, keep a friendly distance.

7 Respecting opinions or decisions, even if they are different from your own.

8 Asking the person how they want to be addressed and if/ how they want to be supported or treated. Adapt your communicating style accordingly.

Good communication needs to be inclusive – it means that information can be understood by everybody. However, sometimes we unintentionally exclude people. You can try to make your communication as inclusive as possible by keeping several key issues in mind. These are described below.

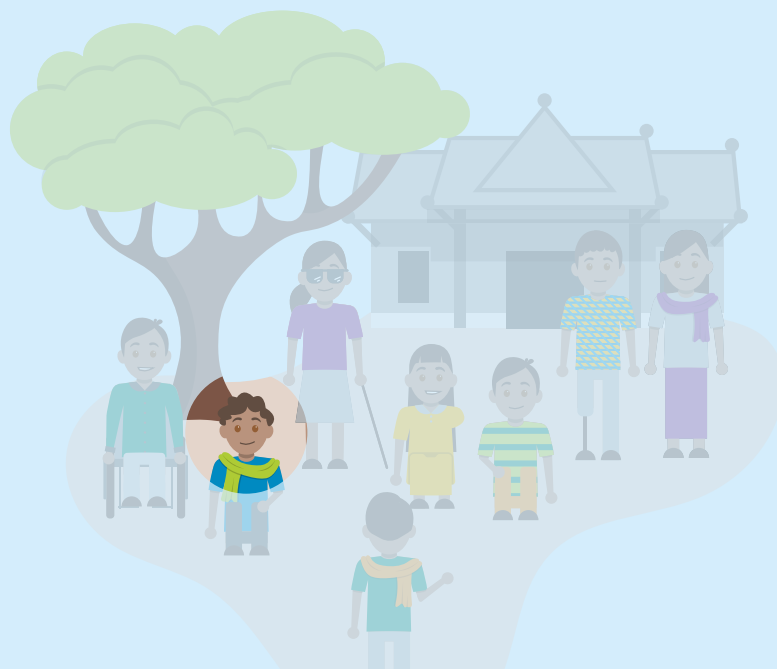# How to **communicate** with persons with a **visual impairment**

1. When meeting for the first time, introduce and describe yourself.

2. If your relationship gets closer, a blind person may feel comfortable to feel your face or features to get to know you better.

3. Identify yourself when meeting someone.

4. Make sure everyone introduces themselves verbally.

5. Inform when people are entering or leaving the room.

6. Speak to the person directly.

7. Address persons by their name, especially in group settings.

8. Describe the space you are in as well as the things you see.

9. Avoid noisy places so the person can clearly hear you.

10. Speak naturally and clearly. There is no need to shout.

11. Ask if the person needs support, and if so what do they need?

12. Be specific in your descriptions. Say, "the table is in front of you", NOT "the table is here".

13. Do not move things or leave things on the floor where someone can fall over them.

14. Be specific when giving directions. Say, "to your right/left" NOT "over there".

15. Use clear signs and documents for people with low vision, such as large letters and colours that are more easily seen.

16. Use information in braille for people who can read braille.

17. Do not be afraid to use phrases like "I will see you".

18. Do not remove or touch someone's assistive device.

19. Do not play with a guide dog without the owner's permission.

20. On stairs or escalators, let the person know whether the stairs/ escalators are going up or down.
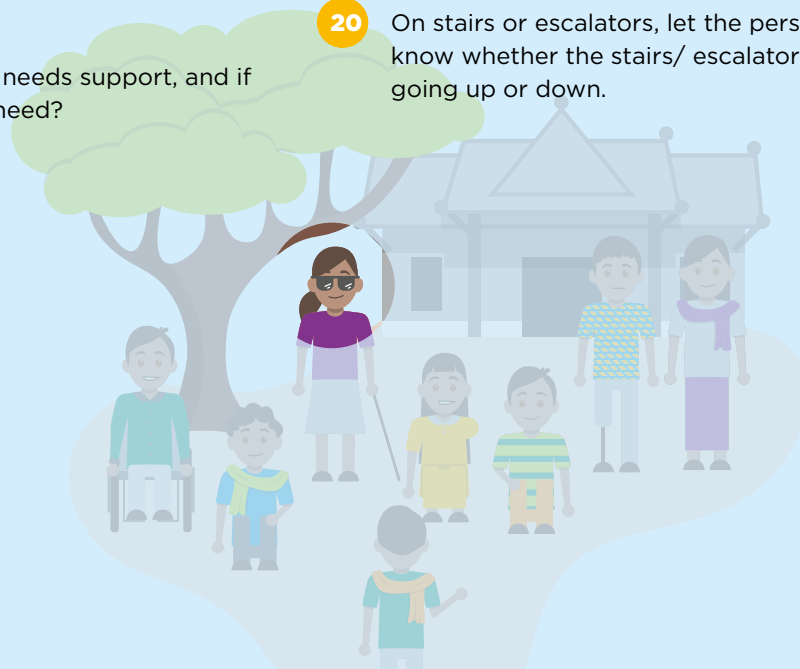
How to **communicate** with persons with

speech difficulties

1. Give the person time to speak.

2. Do not interrupt them or complete their sentences.

3. Do not take over the conversation.

4. Do not pretend you have understood if you haven't.

5. It is okay to ask people to repeat and clarify.

6. Involve someone to support the communication if needed.

7. Remember that speech difficulties are not the same as intellectual impairment

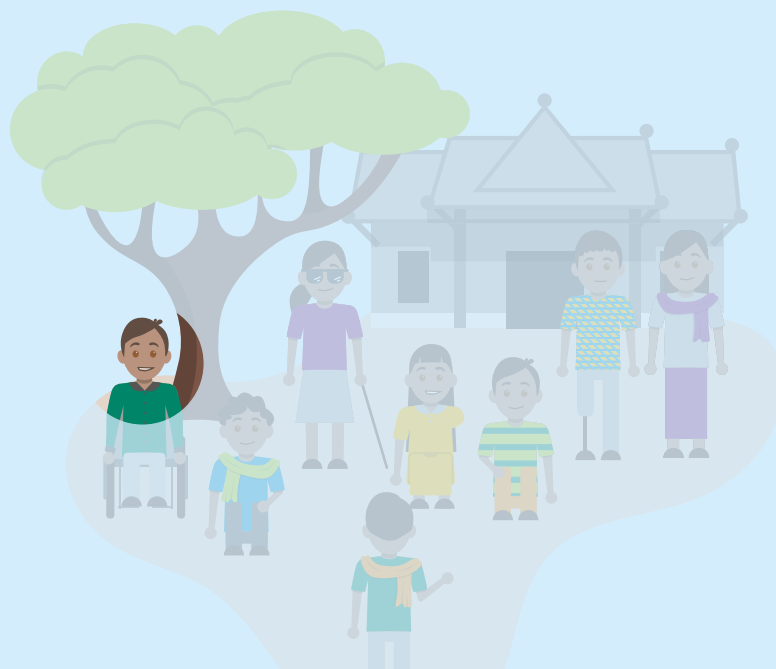# How to **communicate** with persons who are
deaf or hard of hearing

1. Ask how the person would prefer to communicate.

2. Move to a quiet area so there is no or little background noise.

3. Position yourself, the person, and (if present) their interpreter in a place where there is adequate lighting.

4. Stand somewhere where you can be seen easily so you can get their attention when needed.

5. Stand nearby a person who is hard of hearing.

6. Face the person. Some people with hearing disabilities want to see your face so they can read lips and see facial expression.

7. Be aware of mouth coverings for those reading lips.

8. Do not put your hand in front of your face when talking.

9. Check whether the person has understood you, for example by asking for feedback.

10. Speak clearly and at usual volume. Do not shout.

11. Give interpreters time to translate what you said.

12. Speak directly to the person. Do not speak through someone else.

13. Use facial and body expressions to support what you say.

14. Reword the sentence instead of repeating yourself if you are not understood the first time.

15. Provide information in writing if necessary and if the person can read.

16. Send a text message instead of phoning the person.

17. Feel free to use phrases like "did you hear".
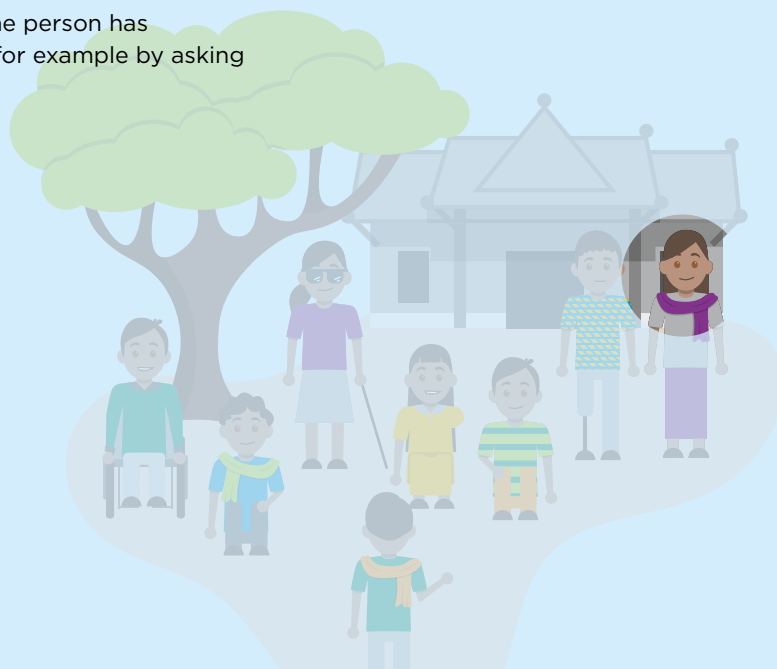
How to **communicate** with persons with a
physical impairment

1 Place yourself at eye level with the person.

2 Talk to the person, not to his or her assistant/ companion.

3 Do not remove or touch someone's assistive device. For example - Treat the wheelchair as part of his/her body space.

4 Ask if the person would like assistance, for example with opening a door or pushing the wheelchair.

5 Ensure clear pathways to intended destinations, at meetings and in restaurants.

6 Make a chair-free space at tables for wheelchair-users.

7 Assisting someone going up or down a staircase if it is needed/ requested. Ask how they feel most comfortable and safe.

8 When telephoning a person, let the phone ring long enough to allow time to reach the phone.

9 Do not be afraid to use words like "run" or "walk".

How to **communicate** with persons with
intellectual or learning disabilities

1. Speak directly to the person, do not talk through his or her assistant/ companion.

2. Speak clearly. Use short sentences and clear words.

3. Talk slowly and allow the person time to respond.

4. Do not use a childish voice or exaggerate.

5. Use gestures and facial expressions.

6. Take time to understand each other.

7. Check whether the person has understood you.

8. Show each other what you mean when you don't understand each other verbally.

9. Adjust your communication according to someone's specific needs: such as use of visual information, audio information (instead of written texts) etc.

10. Involve someone to support the communication if needed.

11. Keep in mind that there are different degrees of intellectual impairments; some people communicate more easily than others.

12. 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 intellect.

13. Be aware that intellectual or learning disabilities are not always visible. Don't judge people on how they react, write or talk.
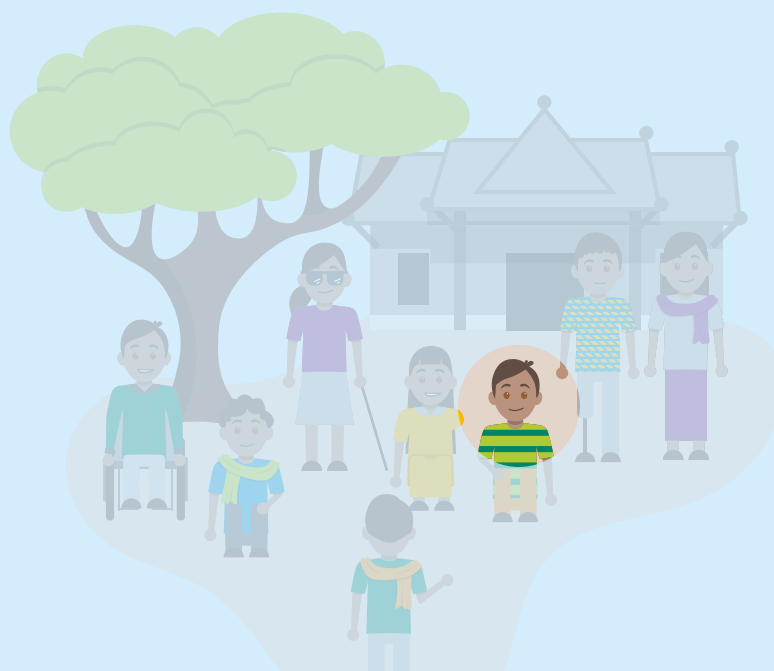
Resource 8: Human Rights

The United Nations Universal Declaration of Human Rights 1948

1. Right to equality
2. Freedom from discrimination
3. Right to life, liberty and personal security
4. Freedom from slavery
5. Freedom from torture and degrading treatment
6. Right to recognition as a person before the law
7. Right to equality before the law
8. Right to remedy by competent tribunal
9. Freedom from arbitrary arrest and exile
10. Right to fair public hearing
11. Right to be considered innocent until proven guilty
12. Freedom from interference with privacy, family, home and correspondence
13. Right to free movement in and out of the country
14. Right to asylum in other countries from persecution
15. Right to a nationality and the freedom to change it
16. Right to marriage and family
17. Right to own property
18. Freedom of belief and religion
19. Freedom of opinion and information
20. Right of peaceful assembly and association
21. Right to participate in Government and in free elections
22. Right to social security
23. Right to desirable work
24. Right to rest and leisure
25. Right to adequate standard of living
26. Right to education
27. Right to participate in the cultural life of community
28. Right to a social order that articulates this document
29. Community duties essential to free and full development
30. Freedom from state or personal interference in the above rights

Resource 9: The UNCRPD and Cambodian Disability Legislation

United Nations Convention on the Rights of Persons with Disabilities[34]

The main parts of this Convention are:

(a) Respect for everyone's inherent dignity, freedom to make their own choices and independence.

(b) Non-discrimination (treating everyone fairly).

(c) Full participation and inclusion in society (being included in your community).

(d) Respect for differences and accepting persons with disabilities as part of human diversity.

(e) Equal opportunity.

(f) Accessibility (having access to transportation, places and information, and not being refused access because you have a disability).

(g) Equality between men and women (having the same opportunities whether you are a girl or a boy).

(h) Respect for the evolving capacity of children with disabilities and their right to preserve their identity (being respected for your abilities and proud of who you are).

The Law on the Protection and the Promotion of the Rights of Persons with Disabilities

The purposes of this law are:

(a) to protect the rights and freedoms of persons with disabilities;

(b) to protect the interests of persons with disabilities;

(c) to prevent, reduce and eliminate discrimination against persons with disabilities and;

(d) to rehabilitate physical, mentally and vocationally in order to ensure that persons with disabilities are able to participate fully and equally in activities within society.

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34 Adapted from UNICEF. (2008). It's about Ability.

Resource 10: How to set up Inclusive Meetings[35]

Outreach – How you identify and invite the disability community, and identify possible barriers

Check	Yes	No	Notes
Have people with a disability / organizations for people with a disability been invited just like other people / other organizations?			
Has invitation been provided in different formats (e.g. both on paper and verbally)?			
Has plain and appropriate language been used to provide information?			
Does the invitation provided information on accessibility of the meeting venue?			
Have participants been asked whether they have any accessibility requirements?			

Accessibility – How barriers to participation are removed

Check	Yes	No	Notes
Have both physical structures as well as communication methods been checked for accessibility?			
Is accessibility for everyone? Also for other groups (e.g. older people; pregnant women; children etc.)			
When developing written materials, has there been a good color contrast between text and background for persons with vision problems?			

Preparing the venue for the meeting

Check	Yes	No	Notes
Has the meeting venue been checked in advance for universal accessibility?			
Is the building physically accessible?			
Are the toilets, corridors and eating areas physically accessible for persons with disabilities?			

How people will get to the event

Check	Yes	No	Notes
Is it possible to get to the event by public transport? If not, is there an alternative (e.g. organize transport with support of a local DPO)?			

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35 Taken from: Light for the World. (2019). Resource Book on Disability Inclusion

Check	Yes	No	Notes
Has information been provided to participants on the meeting venue: how to get there, what support they can receive at the meeting, and if there is any reimbursement for extra expenses?			
Is someone at the entrance of the event, to direct people where they need to go and provide assistance if needed?			

How people will be able to participate in the event

Check	Yes	No	Notes
Do you have information from invitees whether they have any special requirements for accessibility or whether they are bringing a personal assistant?			
Has sign and tactile languages translation for the deaf and deaf-blind respectively been organized and budgeted for if there are people coming who speak sign language or language or tactile sign language?			
Has information in braille, large print or audio been organized and budgeted for if there are people with a visual impairment who are coming?			
Have speakers at the meeting been informed about communication? Ask speakers to speak slowly and clearly, and give any translators who are present time to translate.			
Has the room been arranged so that wheelchairs can pass through? Are there no objects that people can trip over?			
Is the timetable suitable for all participants?			
Are washrooms reasonably accessible to PWDs?			

Resource 11: The cornerstones of disability inclusion

Disability inclusion is framed within a rights-based approach that considers persons with disabilities as being equally entitled to human rights as people without disabilities. However, in order to ensure that persons with disabilities are reached, it is essential to apply four main principles of inclusion, namely:

- Attitude: respect and dignity

- Communication: inclusive communication

- Accessibility: barrier-free environment

- Participation: active involvement

In the next sections you will find more detailed information on each of these principles.

ATTITUDE: RESPECT AND DIGNITY

The UNCRPD

The Convention on the Rights of Persons with Disabilities considers under Article 3 (a) as its first guiding principle "respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons". The principle implies the creation of an enabling society where persons with disabilities are not considered as objects of pity but as equal subjects that can enjoy their rights as persons without disabilities do. In this sense, societal attitude to disability, or the way how persons with disabilities are perceived and treated, may serve either as an enabling or disabling factor of inclusion.

What do we mean by attitudes?

Attitudes are a complex collection of beliefs, values or feelings which describe the way we think or feel about certain situations or people. Our attitudes to others are very often framed by the societal 'norms' and 'customs' that we learn from the childhood.

> Attitude is the way that someone evaluates or judges a certain person, object, event or idea. Described differently, attitude is **the way we think about someone or something**. This can be a positive thought, or a negative one. Often, the way we think about something, influences the way we act.

Attitude as a barrier

Persons with disabilities very often experience negative attitudes from their close environment. In some countries disability is perceived as a curse and is associated with witchcraft. Such beliefs make the family as well as the community feel ashamed about their disabled member, excluding him/her from their gatherings and services offered by the government. Another widespread belief is that persons with disabilities are 'not productive' and cannot study and work as persons without disabilities. For example, parents may believe that their visually-impaired daughter or son cannot study and therefore, they decide not to invest in his/her education. As result, the wrong perception of parents about

disability hinders their child's access to education, minimizing his/her chances of employment later.

Negative attitudes can both be a conscious though, or a subconscious thought, where you are not aware that you think this way. Besides people having negative attitudes towards persons with disabilities, persons with disabilities themselves may also feel that they are worthless and in need of support. They may lack self-esteem and feel unable to learn new things.

Attitude as an enabling factor

Positive attitudes to disability may serve as an empowering factor that can stimulate persons with disabilities to study, acquire a profession, develop skills and live a more independent life. For example, a disabled child who is supported by his parents is able to develop from an early age self-confidence in his/her abilities and talents. The community has a vital role to play in shaping and modelling the attitudes towards disability. If the prominent leaders of a community show respect to their members with disabilities, it may reduce stigma among the wider public, thereby offering persons with disabilities more space and possibilities to do what they could not do before.

COMMUNICATION: INCLUSIVE COMMUNICATION

The UNCRPD

The Convention does not specifically identify communication as a separate principle but considers it as a core element of accessibility. In Article 9 (b) the UN CRPD claims the responsibility of governments to "include the identification and elimination of obstacles and barriers to accessibility …[in] information, communications and other services, including electronic services and emergency services". Besides, in Article 21 the Convention states the right of persons with disabilities to freedom of expression and opinion , and access to information, specifically the provision of information to persons with disabilities in accessible formats and technologies, "facilitating the use of sign languages, Braille and other alternative sources of information".

What do we mean by communication?

Communication is the process of reaching mutual understanding, with participants sharing information, ideas and feelings. This can be written, verbal or nonverbal. Inclusive communication relates to all modes of communication including written information, online information, telephone, and face to face. It involves sharing information in a way that everybody can understand and implies the use of tools that are necessary for supporting specific communication needs of an individual with disabilities.

Communication is a process of reaching mutual understanding, with participants sharing information, ideas, and feelings.

Communication can happen in many ways, for example:

- Non-verbal, that is not using words. This includes gestures, facial expressions, body language, eye contact etc.
- Verbal, using spoken language.
- Written.

Communication barriers

Communication barriers are experienced by people who have disabilities that affect hearing, speaking, writing, and/or understanding, and who use different ways to communicate than people who do not have these disabilities. For example, the written health promotion messages on the boards are not accessible for people with visual impairments. Or the auditory messages without videos or images shown during events are not inclusive of people with hearing impairments. Lack of access to communication does not allow persons with disabilities to lead productive interaction with other people, which intensifies their experience of exclusion.

Inclusive communication styles

Effective communication allows persons with disabilities to build and maintain relationships, to work, to study, to manage their affairs on their own and to express themselves. To ensure that information shared is understood by all persons, these steps are recommended:

- address a person with disability and not his/her caretaker or guide;

- use simple language to make your point;

- identify yourself when you are talking to a person with visual impairment;

- provide verbal descriptions of content on the image, video or printed text;

- invite sign language interpreters to meetings and events;

- position yourself at the eye level with a person in a wheelchair when talking one to one.

It is important to communicate with simple language, respectful language, and in a variety of ways, so that people with different needs can access and react to the information.

ACCESSIBILITY: A BARRIER FREE ENVIRONMENT

The UNCRPD

One of the other general principles (Article 3 (f)) of the UN CRPD is the concept of accessibility. In Article 9 the UN CRPD states the responsibility of government "to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications…, and to other facilities and services open or provided to the public, both in urban and in rural areas".

What do we mean by accessibility?

Accessibility is broadly understood as an ability to access or benefit from any product, device, service or environment. If a product, service or environment is accessible, it means that all people with and without disabilities can assess it without facing any barrier. In 2013, the United Nations High-level Meeting on Disability and Development stressed the importance of ensuring accessibility for inclusion of persons with disabilities in all aspects of development.

> **The definition of accessibility is that a person is able to:**
>
> - Move around freely without obstacles
> - Move around independently (without direct assistance of others)
> - Move around with confidence and respect

Framework for ensuring accessibility

The Convention of the Rights of Persons with Disabilities considers accessibility as a cross-cutting issue that enables persons with disabilities to live independently and participate fully in all aspects of society. The Convention promotes accessibility in:

- design and development as well as availability of new technologies, including those of information and communication technologies (Article 4);

- indoor and outdoor facilities, including schools, housing, medical facilities and workplaces (Article 9);

- independent living within the community (Article 19);

- personal mobility (Article 20);

- possibilities to freely express oneself and access information (Article 21).

Besides, there are seven universal design principles established for inclusive environment, education, communication and other areas of access. Universal design is the idea that anything that is created, is made in such a way that it is easy to use for all people without needing too much adaptation. The seven principles are:

- Equitable use by people with different abilities

- Flexibility in use

- Simple and intuitive use

- Perceptible information

- Tolerance for error

- Low physical effort

- Size and space for approach and use.

Barrier-free access

Accessibility is a very important core element of disability inclusion. An accessible barrier-free environment is a very important step towards fulfilling the rights of persons with disabilities to participate in all areas of community life. A barrier-free environment means more than just physical access such as the building of ramps, but needs to be taken much broader. In a society that offers to all its members an appropriate and equal access to transportation, technology, housing, services and community infrastructure, persons with disabilities have more chance to use its potential for developing their skills and contributing to the communal life. This can mean making reasonable accommodations – small

adjustments to the environment to make it more friendly to persons with all types of abilities.

PARTICIPATION: ACTIVE INVOLVEMENT

The UNCRPD

The principle of participation is also mentioned in Article 3(c) as one of the general principles of the UN Convention. Besides, in Article 33(3) the UN CRPD emphasizes the importance of involving persons with disabilities fully in monitoring processes. Article 29 of CRPD speaks directly about involvement of persons with disabilities in civil society to "effectively and fully participate in the conduct of public affairs without discrimination and on an equal basis with others...".

What do we mean by participation?

Participation implies that the person with a disability can fully take part in everyday, ordinary aspects of life, with an emphasis on building lasting connections with his/her community.

> **Participation** means that someone can take part or share in something. They can express their opinion, and can have influence on any decisions that are being made. This means that participation is not just being physically present somewhere – it means being welcomed to participate actively and meaningfully.

However, the principle does not only highlight the physical presence of persons with disabilities in societal actions and events, but stresses the importance of political engagement of persons with disabilities in decisions that relate to them "so that actions affecting people with a disability are not planned or performed without their input". 'Nothing about us without us' is a slogan that has long characterized the principle of participation within the disability movement.

Barriers to participation

Accessibility, discrimination and negative attitudes can serve as the main barriers to full participation of persons with disabilities in society. For example, prejudices and stereotyping create barriers on the way to education, employment and/or social involvement.

Ensuring participation

In order to enable persons with disabilities to participate fully in societal activities, it is essential to consider different ways of engaging them to ensure meaningful representation, information sharing, consultation, collaboration, mutual decision-making and empowering strategies that help them raise their self-confidence.

To increase the participation of persons with disabilities, it is important to create an environment that welcomes the presence and input of persons with disabilities. For example, when planning an event, it is important to ensure that persons with disabilities are invited and are offered the possibility to share their ideas on a subject.

Resource 12: Icebreakers, Energisers and Games

Icebreakers are an exercise or game that allows the people in the room to relax and get to know each other. It is good to begin a day of training, or the first session after a break such as lunch, with an icebreaker as it will encourage everyone in the group to be involved and not take themselves too seriously.

At times throughout the manual there are suggested icebreakers that are relevant for a particular session. Wherever possible, those icebreakers should be used. However, below are some other suggestions that can be interspersed throughout the training as the need arises.

Below is a list of possible icebreaker, but there are many more that can be found on the internet. An excellent start is the document "100 ways to energise groups: Games to use in workshops, meetings and the community", developed by the International HIV/AIDS Alliance in 2002. It can be downloaded via www.aidsalliance.org.

Animal Match

Preparation: Prepare pairs of identical cards with an animal or bird on them before the session. Ensure that the name of the picture is written in Braille if there are participants with visual impairments attending.

Randomly distribute the cards amongst the participants so that there are pairs of the same animal or bird all around the room. For example if the total number of participants is 20, use 10 animals or birds and 20 cards.

Inform the participants that two of them have the same picture of animal or bird.

Ask them to identify the partner with same picture without speaking to the group. They can imitate the animal or bird's sound or action only. Allow some time to complete the task. Once all the participants identify their partners, ask them to get together somewhere and introduce themselves both personally and professionally. Specifically, ask them to find out the answers to the following questions:

What is their name?

Where do they work?

What do they want to get out of this disability awareness session?

Actions and Communication

Materials needed: Some small prizes for winning groups (such as sweets).

Process: Separate the group and make them form lines of no more than about 20 people. The idea is that each line will compete against the other lines in this game. Have everybody in the line face the back wall.

Explain the rules of the game as such: You will tip the person back of the line (the person at one end of the line who has his/her back facing you) and they will turn around and face you. You will whisper to them a certain action, which nobody else should hear. Once they have understood it, you will then ask them to turn back to the line and tap the next person on the shoulder. The idea is that they will then, without speaking a word, or making any sound at all, make the action that they have been told. Once

the person who is watching has had time to do it, they will then turn around and tap the next person on the shoulder. This person will then turn around and watch the action being performed by the second person. This will continue all the way down the line until the everyone has both watched the action and then passed it on to the next person.

Once it reaches the person at the end of the line, they have to tell you what the action is (of course, make sure they do not reveal the answer if the other groups have not finished). If the answer is correct, you can award the entire group. Repeat the game for several different actions.

The actions that you tell the group can vary, but here are some suggestions:

- Doing the dishes
- Taking a shower
- Driving a car
- Having a baby
- Making a cup of tea
- Playing the violin/guitar

Once the icebreaker has finished, it's important to spend a few minutes asking the participants what lessons they learnt from doing it. In this case, ask them what they learnt about communication from the icebreaker. The lessons you might want to highlight include the fact that communication very much depends on every single person in the chain. Communication is not determined solely by the person who is doing the action, but also by the person who is receiving. Therefore, modifying the communication for the needs of both the receiver and the sender is important.

Getting in Line

This icebreaker will encourage communication, teamwork and most importantly, allow the participants to loosen up and have a laugh. Get the participants to stand up and go to an area where there is plenty of room to move around. If there are many participants in the group, you may have to split them into groups of no more than 20. It is always better if you are the one responsible for dividing up the groups, so that people who know each other do not go in the same group.

Each group should stand in a line, in a random order. When the groups are divided, into lines, tell all participants that you want them to order themselves in each group, according to different criteria. You will shout out the different criteria each time, and they have to get in order from smallest to biggest themselves. If there is more than one group, the first group to do so wins that round and can get a prize (such as lollies etc.). If there is only one group then they compete against themselves.

These are the criteria that you will shout out, one at a time, and the groups will order themselves from smallest to biggest. You will get the groups to order themselves from:

1) Youngest to oldest
2) Smallest hand size to largest hand size
3) Shortest years of experience in current job to greatest years of experience
4) Person who lives closest to where the training is held to person who lives furthest

5) Shortest to tallest

Two True One False

If the group is large, split the participants up into groups of no more than 10. The participants will say two true and one false statement about themselves. The rest of the group will guess which one is false. You may be surprised to learn some crazy things about each other!

Name Game

- Ask the participants to sit in a circle.

- First person of the either ends of the open circle starts by using an adjective starting with the first letter of His/Her first or popular name, followed by their name (for example HELP (in Khmer), etc.)

- Next participant to his/her right will repeat the adjective and name of the previous participant and states his/her name with an adjective.

- This process continues till the last person repeats all the adjectives and names of previous participants along with his/her own.

The 7s game.

Arrange the entire group into a circle. Tell them that they have to go around the circle clockwise and someone will need to say a number each time. This will occur by the first person saying one, and then the person to the left saying two, the next saying three and so on. However, participants are unable to say the number 7, or any multiple of 7 (such as 14, 21, 28 etc) or any number containing the number 7 (eg 17, 27, 37 etc). Instead of saying these numbers, the person must say the word "barriers" in Khmer.

In practice (and it's good to have a practice run with the group), the order should go like this: 1, 2, 3, 4, 5, 6, barriers, 8, 9, 10, 11, 12, 13, barriers, 15, 16, barriers, 18 etc….

It's important to emphasise with the group that speed is really important. If the person whose turn it is hesitates, or says the wrong thing, then the game ends and they are the loser.

Their punishment is that they need to sing any song of their choice. Continue the game a few times, but starting with a different person each time, until a few people have had a chance to sing a song

Once the icebreaker has finished, it's important to spend a few minutes asking the participants what lessons they learnt from doing it. In this case, ask them what they learnt about communication from the icebreaker. The lessons you might want to highlight include the fact that communication very much depends on every single person in the chain. Communication is not determined solely by the person who is doing the action, but also by the person who is receiving. Therefore, modifying the communication for the needs of both the receiver and the sender is important.

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- Youngest to oldest

- Smallest hand size to largest hand size

- Shortest years of experience in current job to greatest years of experience

- Person who lives closest to where the training is held to person who lives furthest

- Shortest to tallest

Two True One False

If the group is large, split the participants up into groups of no more than 10. The participants will say two true and one false statement about themselves. The rest of the group will guess which one is false. You may be surprised to learn some crazy things about each other!

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- Next participant to his/her right will repeat the adjective and name of the previous participant and states his/her name with an adjective.

- This process continues till the last person repeats all the adjectives and names of previous participants along with his/her own.

The self-portrait game

Each participant has a small sheet of paper and a pen. They are to draw a sketch of themselves within 3 minutes (you can adjust the time if certain people need more). After they have finished, they are to give their self-portrait you. You will then shuffle the papers around so they are in a random order. Then, ask one member of the group to come up to the front and select a piece of paper at random. The goal is to then see if they can select who the person on the paper is. If they get it right, you can award a small prize, such as a sweets.

Juggling ball game

Everyone stands in a close circle. (If the group is very large, it may be necessary to split the group into two circles.) The facilitator starts by throwing the ball to someone in the circle, saying their name as they throw it. Continue catching and throwing the ball establishing a pattern for the group. (Each

person must remember who they receive the ball from and who they have thrown it to.) Once everyone has received the ball and a pattern is established, introduce one or two more balls, so that there are always several balls being thrown at the same time, following the set pattern.

Three truths and a lie

Everyone writes their name, along with four pieces of information about themselves on a large sheet of paper. For example, 'Alfonse likes singing, loves football, has five wives and loves PRA'. Participants then circulate with their sheets of paper. They meet in pairs, show their paper to each other, and try to guess which of the 'facts' is a lie.

Names and adjectives

Participants think of an adjective to describe how they are feeling or how they are. The adjective must start with the same letter as their name, for instance, "I'm Henri and I'm happy". Or, "I'm Arun and I'm amazing." As they say this, they can also mime an action that describes the adjective.

Simon says

 The facilitator tells the group that they should follow instructions when the facilitator starts the instruction by saying "Simon says…" If the facilitator does not begin the instructions with the words "Simon says", then the group should not follow the instructions! The facilitator begins by saying something like "Simon says clap your hands" while clapping their hands. The participants follow. The facilitator speeds up the actions, always saying "Simon says" first. After a short while, the "Simon says" is omitted. Those participants who do follow the instructions anyway are 'out' of the game. The game can be continued for as long as it remains fun.

GLOSSARY OF TERMS

Ableism: Prejudice and/or discrimination against people with disabilities.

Accessibility: The quality of being easily used, entered, or reached by people with disabilities; refers to the design of products, devices, services, curricula, or environments.

Access barriers: Any obstruction that prevents people with disabilities from using standard facilities, equipment and resources.

Accessible web design: Creating web pages according to universal design principles to eliminate or reduce barriers, including those that affect people with disabilities.

Accessible technology: A technology that's been designed with the needs of a lot of different users in mind and with built-in customization features so that users can individualize their experience to meet their needs.

Accommodation: An adjustment to make a program, facility, or resource accessible to a person with a disability.

Adaptive technology: Adjusted versions of existing technologies or tools so people with disabilities can more easily use them; helps individuals with disabilities accomplish a specific task.

ADHD: Short for attention-deficit hyperactivity disorder, a condition characterized by symptoms that include inattention, hyperactivity, and impulsivity. But not all of these need to be present for a person to be diagnosed with ADHD.

Aphasia: A brain-based disorder that can affect language learning, speaking, listening, comprehension, reading and/or writing.

Asperger's syndrome: A condition characterized by difficulty with social interactions, unusual or repetitive behaviors, a narrow range of interests, awkward or clumsy movements, and trouble with some aspects of communication, such as understanding sarcasm or body language. In 2013, doctors changed the way they diagnose this disorder. It is now one of several conditions included under the category "autism spectrum disorder."

Assistive technology: Any item, piece of equipment, or product system used to increase, maintain, or improve functional capacities of individuals with disabilities.

Autism spectrum disorder: A developmental disorder characterized by significant difficulty with social interactions and communication. Often referred to as autism or ASD, it includes symptoms such as poor eye contact, repetitive body movements, and difficulty adapting to social situations and responding to sensory input such as certain tastes or textures.

Blindness: Total blindness refers to not being able to see anything at all.

Braille: System of embossed characters formed by using a Braille cell, a combination of six dots consisting of two vertical columns of three dots each. Each simple Braille character is formed by one or more of these dots and occupies a full cell or space. Some Braille may use eight dots.

Captioning: Process of narrating all significant audio content in presentations, video, and other visual formats by using words or symbols to transcribe spoken dialogue, identify speakers, and describe music and sound effects.

Civil society is the term used to describe non state actors (individuals or groups that are not part of the government). It is made up of a wide range of people and groups such as charitable or not for profit organisations, self-help groups, unions, indigenous people organisations, faith based groups and many other activist groups advocating for rights.

Community Based Rehabilitation (CBR): is focused on enhancing the quality of life for people with disabilities and their families; ensuring inclusion and participation. It is a multi-sectoral strategy that empowers persons with disabilities to access and benefit from education, employment, health and social services. CBR is implemented through the combined efforts of people with disabilities, their families and communities, and relevant government and non-government health, education, vocational, social and other services. (WHO CBR guidelines definition).

Convention an agreement between states for regulation of matters affecting all of them

Convention on the Rights of Persons with Disabilities (CRPD): The CRPD is an international human rights treaty, which protects the rights and dignity of persons with disabilities. Parties to the Convention (those who have ratified it) are required to promote, protect, and ensure the full enjoyment of human rights by people with disabilities.

Deafness: Llittle or no functional hearing, even when sound is amplified.

Developmental disability: A severe, long-term disability due to an impairment in a physical, learning, language, or behavior area. It can affect cognitive ability, physical functioning, or both.

Disability is a result of the limitations imposed on people with impairments by attitudinal, institutional, and environmental barriers to their participation in society.

Disability inclusion: The process of creating an environment or workplace where all individuals, including people with disabilities, are full members of the community.

Discrimination: Treating people differently, or less favorably, on the basis of identity, such as disability, race, religion, gender, or sexual orientation.

Dyslexia: A specific learning disability in reading. People with dyslexia have trouble reading accurately and fluently. They may also have trouble with reading comprehension, spelling, and writing.

Equality: Formal equality refers to being respected equally that all persons irrespective of their background or characteristics are born equal. Equal opportunities is a process to ensure that all people regardless of age, sex, race, disability or any other characteristic have access to the same opportunities in life as others in the community

Equity: is where there is formal recognition that women and men, girls and boys have different interests, preferences, needs which may necessitate different treatment and opportunities. It demands a redistribution of typical power relations, structures and resources; transformation in unjust power relations, hegemonies and structures; opening up of access to resources and participation for

traditionally marginalised groups. Equity ultimately is about achieving fairness or equality of outcomes for all

Gender: refers to the social attributes and opportunities associated with being female and male and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned through socialisation processes. They are context/time-specific and changeable.

Hard of hearing: Hearing loss where there may be enough residual hearing that a device like a hearing aid provides enough assistance for the person to process speech.

Hearing impairments: Complete or partial loss of ability to hear caused by a variety of injuries or diseases including congenital defects.

Hearing loss: A general term that describes a broad range of hearing function, including deaf or hard of hearing. It's the total or partial inability to hear sounds and can affect one or both ears.

Human diversity: is an important concept to ensure that diversity of people with regard to race, class, colour, culture, gender, disability is recognised.

Human rights: these are the rights that everyone has just by being human, irrespective of citizenship, nationality, race, ethnicity, language, gender, sexuality, or abilities. You don't have to be a member of a particular group, and nobody needs to give you your rights. Everyone is automatically entitled to enjoy the full range of human rights just because they are human.

Human rights model of disability: The human rights model takes universal human rights as a starting point. People with disabilities are seen to have a right to access all within their society on an equal basis with other. Disability-inclusive development takes a rights-based approach.

Identity-first language: A term that describes how individuals with disabilities prefer to refer to themselves. Those who see their disability as an important part of their self-identity may prefer to use language that refers to their disability, such as "a blind person." Only refer to someone this way if you know that's their preference. Otherwise, use person-first language.

Impairment: an impairment is a problem in body function or structure

Implementation (of a convention): involves States Parties taking whatever actions they need to in order to comply with their legal obligations under a convention.

Inclusion: See disability inclusion

Inclusive development: ensures that marginalised groups actively participate and benefit from the development processes and outcomes, regardless of their age, gender, disability, state of health, ethnic origin, sexual orientation, religion or any other characteristics. It seeks to address the deepening inequality and consequent lack of access to opportunities for those who are excluded

Individual autonomy: is an idea that is generally understood to refer to the capacity to be one's own person, to live one's life according to reasons and motives that are taken as one's own choices and not the product of manipulative or distorting external forces.

Intellectual disability: A disability characterized by limitations in a person's ability to learn at an expected level. A person with an intellectual disability may process information more slowly and have

difficulty with abstract concepts and everyday behaviors and activities. Often referred to as a cognitive disability.

International Classification of Functioning, Disability and Health (ICF): known more commonly as ICF, is a classification of health and health-related domains. As the functioning and disability of an individual occurs in a context, ICF also includes a list of environmental factors.

Invisible disability: A disability that is not immediately apparent; sometimes called a hidden disability.

Job coach: An individual who supports a person with a disability throughout their professional journey, with the ultimate goal of helping them work independently. They provide one-on-one training, tailored to a particular person's needs, for a particular job.

Learning disability: A condition that results in learning challenges or difficulties in particular skill areas, such as reading or math. People with learning disabilities receive, store, process, retrieve, or communicate certain information in different ways. Often referred to as LD, these difficulties are not connected to intelligence and are not caused by problems with hearing or vision or by lack of educational opportunity.

Low vision: Permanently reduced vision loss.

Mainstreaming is about the transformation of unequal social and institutional structures into equal and just structures for all people.

Mainstreaming inclusion: The inclusion of people with disabilities, with or without special accommodations, in programs, activities, and facilities with their non-disabled peers.

Mobility impairment: Disability that affects movement ranging from gross motor skills such as walking to fine motor movement involving manipulation of objects by hand.

Neurodiversity: The idea that brain differences such as autism are normal variations in the human population, rather than deficits or disorders; neurodiversity can also refer to embracing such differences.

Person-first language: A term that describes how individuals with disabilities prefer to refer to themselves. It's best practice to put people first, not their disability. Unless a person specifically prefers identity-first language, always use person-first language, such as "a person who is blind."

Physical accessibility: A form of accessibility that focuses on making physical spaces, such as elevators, reserved parking spots, and restroom stalls, accessible to people who use wheelchairs or who have other physical impairments.

Physical disability: A wide range of conditions, both visible and invisible, that affect a person's movement.

Prejudice An opinion or feeling formed about someone or something beforehand or without knowledge, thought or reason

Rehabilitation: refers to services that help a person keep, restore or improve skills and functioning for daily living and skills related to communication that have been lost or impaired because a person was sick, injured or disabled.

Reasonable accommodation: An adjustment or modification to an environment that allows an individual with a disability for example to apply for a job, perform the essential functions of the job, or enjoy benefits equal to those offered to employees who do not have a disability.

Rights holders: are people who enjoy all fundamental rights and freedoms, without conditions. Usually, rights holders are defined by the Constitution of a country, along with special provisions in some laws. People have rights and freedoms as an essential part of their being human.

Self-determination: is a characteristic of a person that leads them to make choices and decisions based on their own preferences and interests, to monitor and regulate their own actions and to be goal-oriented and self-directing.

Sensory impairment: A disability that affects touch, sight and/or hearing.

Sign language: Manual communication commonly used by deaf. The gestures or symbols in sign language are organized in a linguistic way. Each individual gesture is called a sign. Each sign has three distinct parts; the handshape, the position of the hands, and the movement of the hands.

Social model of disability: this model identifies discrimination not because of an impairment but as a result of limitations imposed by the particular context in which people live. The focus therefore is on removing 'disabling barriers'.

Specific Learning Disability: Disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in difficulties listening, thinking, speaking, reading, writing, spelling, or doing mathematical calculations. Frequent limitations include hyperactivity, distractibility, emotional instability, visual and/or auditory perception difficulties and/or motor limitations, depending on the type(s) of learning disability.

Speech impairment: Problems in communication and related areas such as oral motor function, ranging from simple sound substitutions to the inability to understand or use language or use the oral-motor mechanism for functional speech.

States or State actors: are national governments. State Actors are responsible to ensure that everybody's human rights are respected in their country. Another term that can be used to describe state actors is the term duty bearers.

Sustainable Development Goals: were established by the United Nations in September 2015. It is a joint plan that has 17 goals highlighting three dimensions of development: economic, social and environmental. Governments, UN agencies, non-governmental organisations and business sector have agreed to work in partnership to try to end poverty, promote peace, share wealth and protect the planet by 2030. This plan is also known as 'Agenda 2030'.

United Nations General Assembly: one of the principal organs of the UN, consisting of representatives of all member states. The General Assembly issues Declarations and adopts Conventions on human rights issues, debates relevant issues, and censures states that violate human rights. The actions of the General Assembly are governed by the United Nations Charter.

Universal Design: involves designing products and environments so that the widest range of people possible can use them, without need for adaptation or specialised design. Universal Design evolved from Accessible Design, a design process that addresses the needs of people with disabilities. Universal

Design goes further by recognising that there is a wide spectrum of human abilities. Everyone passes through childhood, periods of temporary illness, injury and old age. By designing for this human diversity, we can create things that will be easier for all people to use.

Visual impairment: A general term that describes a broad range of visual function, from low vision through total blindness.

Washington Group: was formed as a result of the United Nations International Seminar on Measurement of Disability that took place in New York in June 2001. An outcome of that meeting was the recognition that statistical and methodological work was needed at an international level in order to facilitate the comparison of data on disability cross-nationally.

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People's Action for Inclusive Development (PAfID)

David Curtis
Director International / Advisor
david.curtis@pafid.org

Virak Kheng
Director – Cambodia
virak.kheng@pafid.org

Millennium Tower (1st floor), #68 Street 57
Sangkat Boeung Keng Kang 1, Khan Boeung Keng Kang,
Phnom Penh