



A HANDBOOK ON MAINSTREAMING DISABILITY



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A NOTE ON LANGUAGE

In all our disability work, VSO seeks to be guided by disabled people. This includes the language we use. In general, this handbook refers to 'disabled people', because this is the phrase used by Disabled People's International, the worldwide network of disabled people's movements.

In many countries where we work, the national disability movement uses different language – for example, 'people with disabilities' is very common in English speaking countries. DREAM-IT partners in Indonesia use 'diffable', to highlight that disability is not the same as not being able. As far as possible, case studies use the language preferred in that country. This handbook is not intended to create a standard terminology for VSO. In each country, VSO should use the same language as the national disability movement.



This publication has been produced with the assistance of the European Union. The contents of this publication are the sole responsibility of VSO and can in no way be taken to reflect the views of the European Commission.

VSO'S STATEMENT OF VALUES

VSO believes that everyone must be able to exercise their fundamental human rights.

VSO aims to support disabled people in exercising their rights, and to promote their full inclusion and active participation as equal members of their families, communities and societies.

Focus for Change, VSO's Strategic Plan 2002

VSO is committed to tackling disadvantage and exclusion by empowering disadvantaged people to claim and exercise their rights.

For VSO staff and volunteers working in disability, this means promoting the full inclusion and active participation of disabled people within their families, communities and societies. To pursue this aim, we always work in partnership with disabled people's organisations, as well as a range of other organisations depending on the context of each programme.

All VSO staff and volunteers are expected to pursue their work in line with VSO's beliefs and values.

This means:

- **not discriminating ourselves against anyone on the basis of disability or any other factor**
- **promoting equity, non-discrimination and the inclusion and participation of disadvantaged people, including disabled people, in our own work and that of VSO's partners**

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ABBREVIATIONS

ASO	AIDS service organisation
CBR	community-based rehabilitation
CRC	UN Convention on the Rights of the Child
DPO	disabled people's organisation
DREAM-IT	Disability Rights, Empowerment, Awareness & Mobilisation – Indonesia & Thailand
EARC	Education Assessment & Resource Centre
HBC	home-based care
INGO	international non-governmental organisation
IPG	VSO International Programmes Group
MDG	Millennium Development Goal
NGO	non-governmental organisation
PAP	Programme Area Plan
PRSP	Poverty Reduction Strategy Paper
RPM	Regional Programme Manager
VSO-RAISA	VSO's Regional AIDS Initiative of Southern Africa

INTRODUCTION

This handbook aims to give practical guidance to support development organisations to mainstream disability into their work. It is primarily intended for VSO programmes, but could be useful to other development actors interested in mainstreaming disability, such as NGOs, government and donors.

The handbook is drawn from the experience of VSO DREAM-IT (Disability Rights, Empowerment, Awareness & Mobilisation – Indonesia & Thailand), a five-year disability programme carried out jointly by VSO Indonesia and VSO Thailand. Mainstreaming has been a key theme of this programme from the beginning.

A team from DREAM-IT and VSO International reviewed the lessons from DREAM-IT for this handbook. We interviewed VSO programme staff, volunteers and partner organisations, including disabled people's organisations (DPOs) from around the world, to gather their experiences of mainstreaming. We also consulted disabled people and activists to ensure that the handbook is informed by the perspectives and experiences of disabled people – a principle at the heart of VSO's approach to mainstreaming.

HOW TO USE THIS HANDBOOK

Each chapter of the handbook addresses a key topic in mainstreaming disability.

Chapter 1 gives an overview of disability and mainstreaming, and explains why VSO believes it is important to mainstream disability. It outlines a process for getting started and managing disability mainstreaming. **We recommend that you read this chapter first.**

Chapter 2 explains how discrimination works and how to challenge it on an individual basis. It also includes practical hints and tips on interacting with disabled people, and on appropriate language. **You will probably find it useful to read this chapter whatever topics you are interested in.**

Chapters 3 to 8 cover the different elements of VSO's mainstreaming model:

- **Chapter 3** Organisational commitment
- **Chapter 4** Sensitisation
- **Chapter 5** Workplace mainstreaming
- **Chapter 6** Programme mainstreaming: including disabled people in programme management processes
- **Chapter 7** Programme mainstreaming: including disabled people in other programme areas and sectors
 - Section 1 General
 - Section 2 Mainstreaming disability into education programmes
 - Section 3 Mainstreaming disability into HIV & AIDS programmes
 - Section 4 Mainstreaming disability into other programme areas and sectors
- **Chapter 8** Policy

Each chapter or section follows the same basic structure:

- An introduction to the topic, followed by key messages
- Practical advice and lessons, illustrated by real examples
- Case studies from VSO DREAM-IT and VSO's wider mainstreaming experience
- Key resources available on the internet

If you are interested in a specific topic, it should be possible to read the relevant chapter on its own. Over time, as you develop your mainstreaming work, we hope you will work through the entire handbook.

CHAPTER 1: OVERVIEW

KEY MESSAGES

- Disability, and disability mainstreaming, are essentially matters of rights.
- It is essential that disabled people and their organisations play an active role in all mainstreaming activities.
- Mainstreaming is about building disability into existing agendas, frameworks and processes, **not adding on separate disability activities**.
- Effective mainstreaming requires strong management commitment. It needs a clear structure, with ongoing activities and follow-up, and appropriate budget and time allocated to it. It cannot be a ‘one-off’ activity, or left to individuals with no wider support.
- Remember that disabled people are not a single group – they have different priorities and face different levels of discrimination. In particular, disabled women and girls may face double discrimination based on both disability and gender.
- It is necessary to address both people’s specific needs as a result of their impairment, and also the wider social issues of discrimination and exclusion.

WHAT IS DISABILITY?

VSO understands disability as:

The disadvantage and exclusion which arise as an outcome of the interactions between people who have impairments and the social and environmental barriers they face due to the failure of society to take account of their rights and needs

There is a very important distinction in this definition between **impairment** and **disability**.

An impairment is:

A physical, intellectual, mental or sensory characteristic or condition, which places limitations on an individual’s personal or social functioning in comparison with someone who does not have that characteristic or condition

In other words, **impairment is individual**. There are as many different impairments as there are impaired individuals. An impairment can be the result of illness, injury, or a congenital condition. For example, different impairments can affect someone’s physical mobility or dexterity, her ability to learn, to communicate or interact with other people or to hear or see.

In contrast, **disability is social**. It is the exclusion of people with impairments, due to social and environmental discrimination that acts as a barrier to their full and equal participation in mainstream society. Disability is fundamentally an issue of rights.

In day-to-day speech, the words impairment and disability are often used interchangeably. It’s easy to think that they are the same and that disabled people’s participation in mainstream society is limited purely because they have an impairment.

However, having an impairment does not necessarily limit or exclude people. For example, in marathons wheelchair users compete separately from runners, because they are so much faster over a long distance on level ground. Yet the same wheelchair user who beat all the runners might not be able to attend a social event after the marathon, if it is held in a building with steps. This is not because she uses a wheelchair but because the building was not built in an accessible way. This is not because of cost – building a ramp would have cost the same amount as building steps – but because the architect and builder did not consider disabled people’s access. In other words, the wheelchair user is excluded because her needs are not considered as important as those of other people – she is excluded as a result of (often unconscious) **discrimination**.

Discrimination limits disabled people’s most fundamental rights. Where polling cards are not available in Braille or another accessible format, blind people are denied their right to vote. Where schools have no sign language translation, Deaf people are denied their right to education. Where hospitals do not provide information in simple, accessible ways, people with learning difficulties are denied their right to know what is wrong with them or to make decisions about their treatment. Where wells or latrines are physically inaccessible, people with mobility impairments are denied their rights to clean water and sanitation.

VSO understands disability as the **exclusion** of people with impairments from family and social life, equal education, employment and access to basic services because of discrimination. This is also known as the **social model** of disability. VSO uses the social model because it has been developed by disabled people, and best represents their experiences and perspectives.

The social model of disability is often contrasted with the **medical model**, which says that disability is the same as impairment, and so disability can be fixed using medical treatment or therapy alone.

Whilst VSO is committed to supporting appropriate clinical and therapy services for people with impairments, we believe that this is not enough on its own. It is essential to address the specific needs people have as a result of their impairment. For example, a Deaf person needs to learn to sign, and a polio survivor may need crutches. However, a Deaf child who can use sign language still cannot communicate if her parents, teacher and classmates don’t learn it too. A woman who has crutches is still unable to get a loan from a microcredit programme if there is a policy that loans will only be made to women in good health. It is also essential to address these discriminatory barriers.

People with certain kinds of impairment (e.g. leprosy, learning difficulties) are also often discriminated against by other disabled people. Disabled people who belong to another excluded group (e.g. a minority ethnic or religious community, women, slum dwellers) may be multiply excluded: by mainstream society, by other members of their community and by other disabled people.

Although mental ill health is not often considered in discussions of disability, people with mental health problems experience severe discrimination on the basis of their condition. In many countries, the law allows them to be detained without charge and treated without their consent, or denies them the right to make a will, vote or make other decisions. It is not for VSO to define who is and who is not disabled. Some mental health groups have allied themselves with the wider disability movement, and some resist this. However, in general, these organisations focus on issues of rights and discrimination, and use a social model of mental health. It is important to be aware of these parallels, which can also apply to people living with HIV & AIDS (see Chapter 7).

It is particularly important to consider gender issues and the different situations of disabled women and disabled men. Disabled women are still expected to fulfil the same roles and responsibilities as other women in their community. For example, if a girl who has difficulty walking cannot fetch water as a result, her family may consider her less useful than her siblings. They may even feel that she cannot get married because she can’t perform the duties expected of a wife. She may therefore be seen as a failure as a woman, making her very vulnerable to neglect and abuse.

Where programme and services are not gender-sensitive, disabled women and girls are doubly likely to be excluded. For example, where a community mobilisation meeting is held at a place and time that means people need to walk a long way in the dark, women are generally less likely to attend. A blind woman, who may need more assistance to make the trip and who is even more vulnerable to assault, is even less likely to attend.

We can only overcome disability by addressing the social barriers that discriminate against and exclude people with impairments. It isn’t enough for the impaired individual to change – people without impairments must change too.

WHAT IS MAINSTREAMING?

VSO understands mainstreaming as:

The process of engaging in a structured way with an issue as an organisation, at workplace, programme and policy levels, in order to address, and avoid increasing, the negative effects of that issue

In other words, we see mainstreaming as a method for addressing specific issues in areas where they wouldn't normally be addressed. So far, VSO has used mainstreaming to address disability, HIV & AIDS and gender. It would also be possible to mainstream other issues, such as ethnicity or age.

VSO also understands mainstreaming as a way of achieving a specific result. In disability, mainstreaming is a method to promote **inclusion** and to address the barriers that exclude disabled people from full and equal participation in society. Mainstreaming gender is also primarily about inclusion.

Mainstreaming can also be used to achieve other results. For example, HIV & AIDS mainstreaming can be a method for preventing infection or protecting the organisation from the impact of the pandemic, as well as mitigating its effects on people who are infected and affected.

VSO also recognises that mainstreaming means addressing an issue as an organisation. Personal commitment is central to mainstreaming, and every one of us can challenge discrimination and cultural barriers on an individual, face-to-face, basis. However, in order to broaden and sustain these efforts, it is essential for the whole organisation to engage with the issue, from senior management to frontline and administrative staff.

The mainstreaming model

VSO has developed a mainstreaming model to help programme staff put mainstreaming into practice. This has been adapted from our HIV & AIDS mainstreaming model (developed in 2003), based on our experiences of mainstreaming over the last few years. The model has five interconnected elements:

- **Organisational commitment:** the central organisational commitment to mainstreaming the issue, in terms of values (why the organisation is committed) and purpose (what the organisation hopes to achieve). This commitment underpins all mainstreaming activities.
- **Sensitisation:** the process of building people's engagement with the issue and personal commitment to mainstreaming. Sensitisation is about individuals buying in to the organisational commitment.
- **Workplace mainstreaming:** the process of ensuring that organisational policies and practices in the workplace are inclusive, equitable and non-discriminatory, and do not create barriers or reinforce the negative effects of the issue.

In disability mainstreaming, this is about making appropriate adjustments to workplace policies, practice and environment so that disabled people can participate equally in the workplace, as employees or volunteers.

- **Programme mainstreaming:** the process of ensuring that the organisation's programmes and services are inclusive, equitable and non-discriminatory, and do not create barriers or reinforce the negative effects of the issue. As well as looking at programme design and service delivery, this means including excluded people in programme planning, implementation, management and reviewing.

In disability, this involves non-disability service providers and development organisations including disabled people on an equitable basis, in the same settings as non-disabled people.

- **Policy mainstreaming:** the process of addressing wider policy and institutional barriers that exclude people from equal participation or reinforce the negative effects of the issue.

Two essential principles cut across every element of mainstreaming:

- **Meaningful involvement** of people directly affected by the issue is essential for every element.
In disability, this is famously summed up in the rallying cry of the worldwide disability movement 'Nothing About Us Without Us'.
- **Gender** must also be incorporated as part of every element.
Disabled women are doubly discriminated against, as disabled people and as women. It

is essential that our mainstreaming activities take this into account and include women in an equitable and non-discriminatory way.

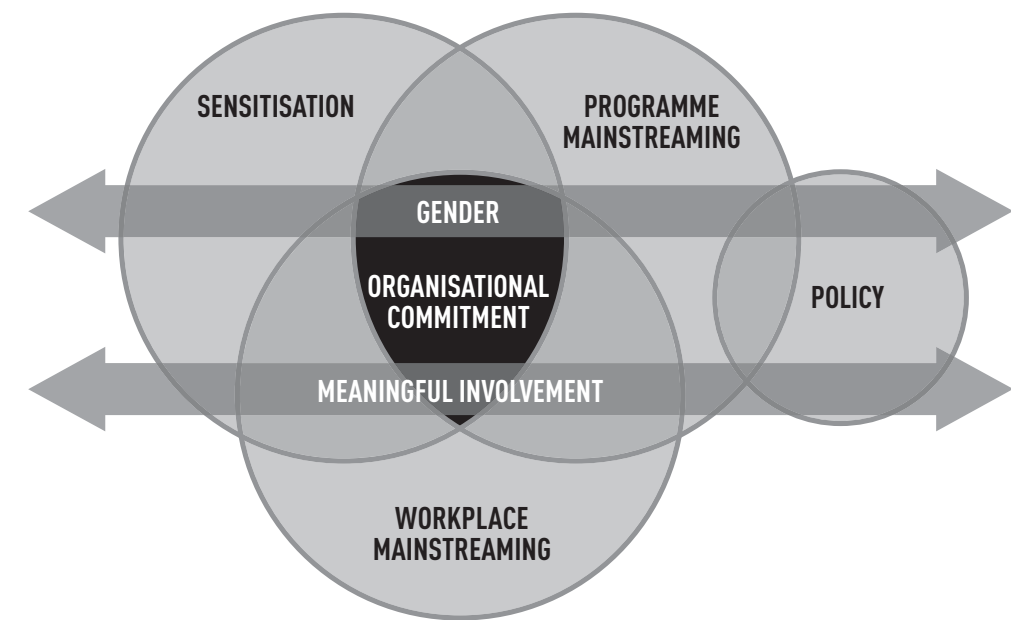


Figure 1: The VSO mainstreaming model

Adapted from HIV & AIDS Mainstreaming Guide for Programme Offices, 2004

Mainstreaming means changing our own internal policies and practices, as well as our programme work. For VSO, because we primarily support partner organisations, mainstreaming also means programme staff and volunteers working with partner organisations to help them make these changes too. In addition to these organisational changes, mainstreaming involves engaging with wider policy barriers.

Whether we work in a VSO programme office, a partner organisation, or another organisation altogether, all the elements of the mainstreaming model are still relevant. Different organisations will begin in different ways, but over time it is essential to address all the elements, and build them into the ongoing work of our organisation.

WHY MAINSTREAM DISABILITY?

‘VSO supports a rights-based, inclusive approach which recognises that society must change if disabled people are to achieve full inclusion and active, barrier-free participation.’

Including Disabled People, VSO Position Paper 2001

Disability programmes

The social model of disability shows how disability is the result of discrimination by mainstream society, as people with impairments are excluded (disabled) by structures, policies and practices at every level that discriminate against them, sometimes actively, often by ignoring them. Mainstreaming is essential if we want to tackle the exclusion of disabled people.

Mainstreaming is one of the four key components of VSO's comprehensive response to disability:

- **Voice:** strengthening the voice of disabled people at every level, particularly through building the capacity of disabled people's organisations (DPOs).

- **Inclusive services:** supporting basic services to include disabled people.
- **Enabling services:** strengthening disability services to meet the specific needs of individuals with impairments that prevent them from participating.
- **Mainstreaming.**

Mainstreaming goes hand in hand with strengthening disabled people's own initiatives and organisations as advocates for inclusion and supporting the provision of enabling services (such as mobility assistance, early childhood development or sign language teaching) so that disabled people have the basic assistance they need to participate.

Promoting inclusive services and mainstreaming are basically two different ways of getting mainstream service providers to include disabled people. So far, VSO's support for inclusive services has tended to focus on partner organisations, and has not always led to internal mainstreaming. For example, a number of VSO country programmes currently support ordinary schools to include disabled children (inclusive services), but they have not yet adjusted their own workplace policies and practices or the rest of VSO's programme work in that country (mainstreaming).

Non-disability programmes

Disability mainstreaming is also relevant for programmes that aren't focused specifically on disability. VSO's understanding of development is based on the concept of **disadvantage**. VSO defines disadvantage as people's lack of access to fundamental rights, including education, a livelihood and a voice in decisions that affect them. VSO is committed to tackling disadvantage by working to combat exclusion, powerlessness, income poverty and **denial of rights**.

'VSO believes that everyone must be able to exercise their fundamental human rights.'

Focus for Change, VSO's Strategic Plan 2002

Mainstreaming is essentially a question of **rights**. Everyone, including every disabled person, has the same fundamental human rights, such as the right to life, to information, to freedom of movement, to education, to family life, to decent work and to a voice in decisions that affect them.

However, disabled people are denied these rights in almost every country in the world. We have already seen how disabled people are prevented from exercising their rights in relation to voting, healthcare, water and sanitation where these services are inaccessible to them. They are often denied other basic rights.

The vast majority of disabled people in the South are denied the **right to education**. It is estimated that up to 98% of disabled children in the South are not in school. Even where disabled children do enrol in school, they tend to drop out very soon, because teaching methods are not adapted to their learning needs and because they often suffer abuse from teachers and fellow pupils. This is particularly true for disabled girls. 'Special' education is only available for a tiny minority, and this sort of segregated provision limits disabled children's participation and interaction with their non-disabled peers, besides being prohibitively expensive.

In many countries, people with learning difficulties, mental health problems or complex impairments such as cerebral palsy are often kept confined, either in the family home or in an institution. This might be the result of a deeply-felt desire to protect them, but still denies their fundamental **rights to liberty and freedom of movement**.

Any programme trying to tackle disadvantage or seeking to take a rights-based approach needs to consider the ways in which disabled people are currently excluded and denied their rights. Some programmes working on VSO's Participation & Governance goal, such as VSO Nepal and VSO Pakistan, have already identified disabled people as particularly disadvantaged. These programmes are now building partnerships with DPOs to strengthen their voice in policy and decision-making processes.

'If disability is left out, you will never make poverty history!'

MacDuff Phiri, VSO Ghana, to Jim Wolfensohn April 2005

Disability is still largely invisible in the wider development agenda, in particular the international Millennium Development Goals (MDGs) and country-level Poverty Reduction Strategy Papers (PRSPs). Disabled people are not mentioned explicitly in the MDGs. As a result, most multilateral and bilateral donors, who tend to focus on the MDGs, do not consider disability as a development priority. This is then reflected by national governments and NGOs.

However, there are signs that disability is gaining recognition as a development issue at international level, particularly by the World Bank. The current UN process to develop a Convention on the Rights of Persons with Disabilities offers an enormous opportunity to raise the visibility of disability around the world.

At a national level, if disabled people appear in PRSPs it tends to be under headings like 'safety nets', 'vulnerable groups' or 'special measures', reflecting the assumption that they are not part of the mainstream poverty reduction agenda. This widespread lack of recognition of disability in policy and funding reinforces the exclusion of disabled people.

Yet if disabled people are not included in mainstream development efforts, international and national development targets cannot be achieved. For example, the second Millennium Development Goal (MDG2) is to achieve universal primary education. As we have seen, up to 98% of disabled children in the South are not in school. In any given country, this represents between 5% and 8% of all children – while these children are excluded from education, we can never achieve Education for All.

There are very limited statistics on the prevalence of impairments in the South, reflecting the lack of attention to disability at policy level. Local surveys in different countries suggest that 5% to 8% of any population, or about one person in every two to three households, have an impairment. These surveys do not generally include mental ill health, which the World Health Organisation estimates at 10-12% of the global burden of disease. This is a lot of people to ignore.

In general, the international development agenda is focused on income poverty, rather than rights and inclusion. The relationships between poverty, impairment and disability are complex and poorly understood – not all people with an impairment are poor, and not all poor people have an impairment. Statistics on disability and poverty in the South are almost non-existent, but local studies suggest that disabled people are more likely to be poor than non-disabled people. Disabled people face discriminatory barriers and additional costs to participate in education and employment. As a result, disabled people in the South tend to have lower levels of education, employment and income than the rest of the population. Disabled children are more likely to be neglected and malnourished, and to die young.

So even in terms of poverty reduction, it is essential to include disabled people. For example, MDG4 is to halve the rate of child mortality. Mortality for disabled children under five in the South is estimated at up to 80%, or 4% to 8% of all children under five. While these children are dying in such numbers, it will be extremely difficult to halve child mortality even in the poorest countries in the world.

'... if we are to achieve the Millennium Development Goals of halving poverty by 2015, dealing with education for all, halving the rates of birth and child mortality, it is simply impossible to conceive of doing that without the inclusion of the disabled community.'

Jim Wolfensohn, President of the World Bank November 2004

How to approach mainstreaming

Mainstreaming is an ongoing process of including disability into all our work. However, this process can seem so huge that we never start. Looking at the experiences gathered for this handbook, we found it was most helpful to think about mainstreaming as a project. Like any other project, it is important to plan and budget first, carry out some activities, then review progress and make a new plan to follow up.

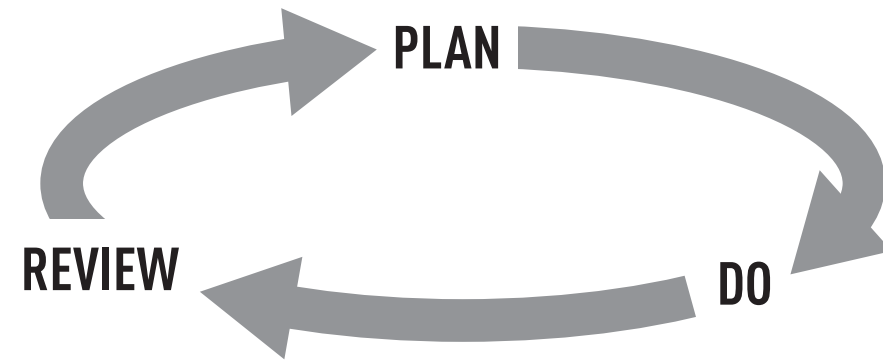


Figure 2: The project cycle

Mainstreaming starts with us. We can all be role models of more equitable and inclusive relationships between disabled and non-disabled people. We can all interact with the disabled people we see around us, and challenge discrimination when we encounter it. However, mainstreaming cannot be left to individuals – we found many examples where committed people had started initiatives, but these had lost momentum. Mainstreaming needs wider organisational support and management commitment.

Mainstreaming usually involves working on an issue that would not ordinarily be seen as the core focus of the organisation, so it is very vulnerable to pressure from other priorities. This is another reason why management support is so important. It also means that mainstreaming projects need a clear long-term structure, with ongoing activities and follow-up, and appropriate budget and time allocated. We found many examples where initial efforts, especially sensitisation activities, were not continued because there were no concrete actions and resources for people to follow up.

It is essential to involve disabled people in the process of mainstreaming from the beginning, and to build relationships with DPOs, who can guide, advise and support us. This ensures that our efforts are informed by the perspectives of disabled people, and helps to make the issue real for non-disabled people and build their engagement and commitment. Since people with learning difficulties and people who have experienced mental ill health do not often have their own representative organisations, it can be more difficult to involve them, but it may be possible to consult them through partnerships with organisations that work with or for these people.

Different VSO programmes have chosen different starting points. For example, some programmes started by focusing on a specific impairment, typically deafness, as Deaf people are often particularly excluded from mainstream development. Our experience shows that any of the internal elements of the mainstreaming model can be a valid entry point:

- VSO India based their mainstreaming (see Chapter 5) on the initial **commitment** of their Country Director.
- For VSO The Philippines, the recruitment of a Deaf volunteer required **workplace** adjustments and also started the process of sensitisation (see Chapter 4). Similarly, a Deaf volunteer started VSO Ghana's work on disability and HIV & AIDS (see Chapter 7).
- Interacting with disabled volunteers or colleagues in the **workplace** has been an important sensitisation process for a number of other VSO programmes (e.g. VSO Namibia, VSO Tanzania, VSO Sri Lanka, VSO Thailand etc).
- For VSO Namibia (see Chapter 6), mainstreaming began with involving disabled people in the **programme** design process for a project proposal to the EC.
- **Programme** level work is probably the most common entry point for disability

mainstreaming in VSO, since this is how most programmes first come into contact with disabled people as partners or volunteers. This was the initial entry point for VSO Thailand (see Case Study 3), and for VSO programmes in Ghana, Guyana, Indonesia, Kenya, Nepal, Pakistan, The Philippines, Rwanda, Sri Lanka, Vietnam and other countries.

- DREAM-IT has seen some excellent initiatives by individual volunteers as a result of disability **sensitisation** (see Chapter 4). However, our experience in disability mainstreaming suggests that sensitisation is most effective in support of workplace or programme mainstreaming activities, rather than as an entry point by itself.

Wherever we start, mainstreaming involves working on all of these elements in a properly planned, joined-up way. As soon as we complete one piece of work, we need to review our progress so far, and plan and budget for the next step.

KEY RESOURCES

VSO Position Paper: *Including Disabled People*

http://www.vso.org.uk/Images/position_papers_including_disabled_tcm8-1602.pdf

Disability KaR: *Lessons from the Disability Knowledge and Research Programme*

<http://www.disabilitykar.net/pdfs/learn.pdf>

CHAPTER 2: DISCRIMINATION, STIGMA AND INTERACTING WITH DISABLED PEOPLE

Mainstreaming disability is about challenging discrimination and the exclusion of disabled people. Mainstreaming starts with us as **individuals**. We can all address discrimination at an individual level. All the people we interviewed for this handbook were personally committed to tackling discrimination, mostly as a result of their personal or professional experience of disability.

Whether or not we have this personal experience, we can all take the first steps towards mainstreaming by interacting with the disabled people around us and challenging the discrimination they encounter every day.

KEY MESSAGES

- Disabled people are more effective than anyone else at challenging discrimination – the biggest contribution non-disabled people can make is to support disabled people and their organisations in doing this.
- We can start by interacting with the disabled people we see around us.
- Disabled people face different levels of discrimination and exclusion – in particular, disabled women and girls may face double discrimination based on both disability and gender.
- Find the most appropriate way to engage with discrimination in your own context – it is generally more effective to demonstrate changes in practice than to tell people to change their attitudes.

DISCRIMINATION

Three closely related factors drive the exclusion of people with impairments:

- Fear
- Invisibility and ignorance
- Stigma

Fear

Parents and other caregivers are often very fearful for their disabled children. They are afraid that the child will have an accident or be abused by other people. Mothers of Deaf children and children with learning difficulties often feel that other people do not know how to interact with their children, and will not treat them properly.

However, this parental fear contributes very greatly to the exclusion and segregation of disabled people. As a result of a desire to protect them, many disabled children, and adults with learning difficulties or mental health problems, are kept inside the household at all times. If it isn't possible to keep a disabled child under constant supervision, or if she has grown too big to manage, she may be tied up to stop her from wandering off or hurting herself.

Parents' fear leads them to hide disabled children

When community-based rehabilitation (CBR) workers supported by VSO Kenya began household visits to identify disabled children, they were initially met with fear and distrust. Some families were afraid the CBR workers were going to take disabled children away – there was even a rumour that they planned to sacrifice the children. It took repeated visits to persuade families to acknowledge that they had a disabled child, often hidden away in a back room.



Marching for
disability rights

Parents often want their child to attend a special school or institution, as they believe that she will receive specialist education and care, and be protected from the ill treatment or abuse they fear in the community. In fact, VSO's experience with special schools, residential centres for people with learning difficulties and psychiatric institutions in Thailand, Ghana, Kazakhstan, Kenya, the Balkans and The Philippines (and elsewhere) suggests that these institutions usually don't have adequate levels of specialist staff or resources, and that disabled children and adults are extremely vulnerable to physical and sexual abuse in these settings.

Restricting the freedom of disabled people, whether they are kept at home or in an institution, is a denial of their most basic rights. It deprives them of social contact and stimulation. This can severely limit the cognitive development of babies and infants, especially if they have hearing impairments or learning difficulties, with the result that they never learn to communicate, respond to other people or care for themselves. This leads to further isolation and exclusion, and increases the pressure on primary caregivers such as mothers and siblings. In institutional settings, this lack of social contact and stimulus leads to disabled people becoming even more dependent, until they are unable to function outside – they become institutionalised.

Invisibility and ignorance

Shut away in the household or in special institutions, disabled people are often invisible outside their immediate family. This can contribute to further segregation, as parents and family members do not see any active disabled people within their community, so they continue to believe that their disabled relative would not be able to function outside.

Even where disabled people do go out into the community, they are often ignored. This happens on an individual, social level. Children may not play with disabled children. Adults may not acknowledge disabled people, or be too embarrassed to interact with them. This may be due to negative social attitudes and stigma around disability, or to the seclusion of disabled people discussed above, which means many people rarely interact with a disabled person. Deaf people and people with learning difficulties are doubly excluded because of the barriers they face in communicating with other people.

Disabled people are also ignored on an institutional level. Schools and education systems, businesses, shops, transport providers, health systems and other service providers, builders and architects, local authorities, development planners and policy makers do not consider the needs of disabled people or try to discover their priorities. This is not usually the result of a deliberate decision to discriminate – in general, people just don't think of including disabled people. This kind of institutional discrimination interacts with and reinforces other factors leading to exclusion. Because disabled people are ignored and excluded, they are not able to participate in society. This makes them less visible, so other people continue to ignore them, and reinforces the idea that they cannot make a contribution.

The medical model of disability (see Chapter 1) also deepens the invisibility of disabled people. Most people and organisations, including development organisations, assume that only specialists can deal with disabled people, and therefore do not consider them in their 'non-disability' work. They may also assume that disabled people only or primarily need medical or corrective assistance. However, the top priorities expressed by disabled people are the same as everyone else: education, a livelihood and family life.

Stigma

In some cultures, impairments are considered a sign of witchcraft or divine punishment for the sins of the person with the impairment or her parents. If a woman has a disabled baby, the father may believe that she has been cursed, and abandon her and the child. Traditional stories and modern myths can reinforce these beliefs.

People with impairments may look or behave differently from other people. Although everyone looks different, most cultures have a model of 'normal' appearance and behaviour, reinforced through images in art and the media, and this can create unease when interacting with people who are different from this 'normal' model.



CBR worker making
a home visit

© VSO/Caroline Penn

In some societies, it is normal to use physical or descriptive labels to refer to people ('the big one', 'the girl with red hair'). When applied to people with impairments, this labelling tends to create a sense that the person is totally defined by the impairment – that nothing else about her is important. Since most common terms for impairments are rude or derogatory, it also tends to reinforce negative attitudes towards disabled people.

Probably more importantly, disabled people are excluded from education and employment in many societies. As a result, they tend to have lower than average levels of income, and may not be able to contribute financially to the household or community. In many societies (both rich and poor), this means that they are not seen as productive or valuable members of the community, but as a burden, or even as worthless. These attitudes are often reinforced in societies where there are relatively large numbers of disabled people making a living by begging.

Beliefs and attitudes like this create a sense of shame about impairment and people with impairments. This is a major factor leading to further discrimination and exclusion.

Parents' shame or guilt leads them to hide disabled children

The CBR programme supported by VSO Kenya found many parents who reported feeling shame and guilt about their disabled children. Some families even built a shed in their banana or maize plantation to keep the children out of sight and ensure that nobody knew of their existence.

This sense of shame profoundly affects disabled people themselves. Denied education and employment, constantly called rude names, told that they are not as important or valuable as others, deprived of contact with other disabled people, afraid of being a burden to their families, even kept hidden and denied any interaction, many disabled people take on this feeling of shame and believe they are worthless.

'I used to see people with disabilities as unable to achieve anything.'

'After the accident, everything was dark for me. My world disappeared and everything good in me also disappeared. I became passive, too sensitive, and did not trust anyone. I became lazy to study and my academic scores dropped. I felt that all advice given to me was mocking me, so I became upset easily. I felt I was the only one who experienced disability because there was no one in my school and neighbourhood who has a disability ... I was shy to face other people. I was not self-confident and I did not often go out of the house.'

Disabled staff members of VSO Indonesia partner organisations

Some impairments attract extra stigma, such as leprosy and mental ill health. This is often related to fear or to differences in appearance. For example, people with mental health problems may behave in unexpected and frightening ways, as may people with certain kinds of learning difficulty. For many centuries, leprosy was falsely believed to be highly contagious, and in addition it can often cause facial disfigurement. Similarly, people with albinism (lack of skin pigment) experience profound stigma in many African countries because they look so different from other people.

'I used to fear [a child who has Down's Syndrome]. He is so big and I could not understand him.'

Teacher's comment after inclusive education training supported by VSO Kenya

People with these impairments may be discriminated against by other disabled people – for example, a number of disabled people's organisations (DPOs) have refused to allow people affected by leprosy to join.

DISABILITY AND OTHER FORMS OF DISCRIMINATION

People with impairments can be male or female, young or old, and belong to different social and ethnic groups. They are also vulnerable to discrimination and exclusion on these grounds as well as their impairment.

Gender discrimination is the most common form of discrimination, and so has the most effect on disabled people. Disabled women and girls face a double burden of discrimination, in which gender and disability interact with and reinforce each other. Disabled women are less likely to get married than non-disabled women, and once married, are more likely to be divorced. In cultures where marriage and motherhood are key female gender roles, disabled women can therefore be seen as failures as women, making them very vulnerable to abuse and neglect within the household. Research suggests that mothers with impairments may refuse to seek even basic enabling support for fear that this would suggest they are unable to fulfil their domestic role. However, this may lead to a woman's impairment getting worse and eventual abandonment by her husband.

Disabled women are excluded from every stage of the development process. In societies where many disabled children are kept hidden, and fewer girls than boys are sent to school, disabled girls are doubly likely to be kept out of school by their families. Research in India has shown that disabled men are more likely to receive rehabilitation services than disabled women, and have more money spent on their rehabilitation.

Disabled women and girls are extremely vulnerable to physical and sexual abuse, with the resulting additional stigma and shame. Women and girls with visual or hearing impairments or learning difficulties, and women and girls in institutional and residential settings are all particularly vulnerable, either because they are less able to protect themselves or because they are unable to report abuse.

The effects on women and girls of impairments that attract extra stigma can be especially severe. For example, women who develop leprosy or mental health problems are highly likely to be physically abused and divorced by their husbands.

Disabled men may find it more difficult to fulfil the male gender roles they are expected to play, such as earning money or taking part in sports or social activities. For example, research supported by VSO Guyana (see Chapter 8) suggests that disabled Guyanese men are more likely to be abandoned by their families than disabled women, because women with moderate impairments can still carry out some household tasks, and women and girls are seen as natural recipients of domestic care, unlike men.

Mothers of disabled children face additional care responsibilities, which add to their overall labour burden. They are also at risk of physical abuse or divorce by the father. Siblings, especially sisters, may be kept at home to help meet the household's increased labour needs.

VSO Ghana, VSO Kenya and VSO Namibia are all working to mainstream disability into HIV & AIDS programmes (see Chapter 7). While all three have largely concentrated on making information and services accessible, particularly to Deaf people, VSO Namibia has also engaged with stigma, which is a major issue in both disability and HIV & AIDS. One early conclusion is that disabled people are as unwilling as anyone else to be tested – they also experience the fear and stigma related to HIV & AIDS.

In situations where family support networks are placed under severe stress by HIV & AIDS, disabled children can be doubly affected. For example, a VSO volunteer working with orphans and vulnerable children in Namibia encountered A, a young orphan with learning difficulties being cared for by a relative who had developed AIDS-related TB:

When we arrived, the carer was lying on a makeshift bed, A was tied to a post by a rope around his foot and the other children were wandering around hungry and uncared for. It was explained to us that A was tied up



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because he continually ran away. When A was asked why he ran away, he said that he did not like being beaten all the time. He had never attended school.

Compared to our work with disability and gender, or disability and HIV & AIDS, VSO has much less experience of how disability interacts with other forms of discrimination, for example on the grounds of ethnicity. While some indigenous community cultures are reported to be more positive about disability and other types of difference, it seems probable that disabled children or mothers from a minority ethnic community are even more likely to be excluded from education or maternal health services provided by the majority community.

CHALLENGING DISCRIMINATION

We have found that the most effective way to challenge discrimination is for disabled people to demonstrate that they can participate in society. Telling people that discrimination is wrong cannot match the impact of seeing disabled people working, bringing up children or performing similarly respected roles within their community.

VSO volunteers who have impairments can also play this role in some situations, although it is important not to focus this responsibility on disabled volunteers, who are recruited for their professional skills and expertise, not because of their impairment. In addition, non-disabled people may not take the ability of a disabled person from a rich country to participate as a sign that disabled people from their own community can do the same.

Non-disabled people's biggest contribution is to support and empower disabled people to play this self-advocacy role. This can be as simple as providing mobility assistance or other enabling support (see Chapter 1), or even pencils and paper, as in one case study from Papua New Guinea (see Case Study 2). VSO volunteers and programme staff also have a role to play in building the capacity of DPOs to express their priorities.

We can all be role models of more equitable relationships between disabled people and non-disabled people. The simplest way to do this is just to interact with disabled people in public, especially in wider social events, for example encouraging non-disabled and disabled children to play together or inviting a local disabled adult to accompany us to a social gathering (see **Interacting with disabled people**, page 19). For example, one of VSO Indonesia's partner organisations working with children with autism regularly takes the children out shopping. Staff encourage the children to ask for what they want, and have conversations with the children in public. This has led to local shopkeepers recognising and interacting directly with the children, rather than their caregiver.

It can be difficult to challenge discrimination, especially when it is seen as having roots in local or national culture. People who were brought up within that culture, including national staff, may find it hard to raise these sensitive issues, or may see attempts to address them as an attack on their culture. Expatriates, including VSO volunteers, are rightly cautious of imposing inappropriate values or undermining the culture of their host country.

However, culture is not uniform or static. Every culture is made up of many different streams, and these streams are constantly interacting with each other, changing and being changed. The cultural values attached to disability and impairment are not always negative – for example, traditional stories often attribute particular wisdom to blind people. Societies that have recently experienced wars of liberation tend to link disabled people with veterans, who are often admired and supported with state benefits, although this may largely benefit men with visible impairments such as missing limbs.

Disabled people are part of their country's culture too, and their perspective is as important as anyone else's. We have mentioned that it is more effective to demonstrate disabled people's participation than to tell people to change their attitudes. This is why it is so important for disabled people to be actively involved in every stage of disability mainstreaming. Many disabled people are already working for change themselves, and VSO has a legitimate role to support them.

While attitudes are clearly important, it is generally more effective to focus on changing behaviour. Neither VSO nor anyone else is in a position to police people's thoughts. However, if we come across discriminatory or disrespectful behaviour, or hear people using derogatory language, it is possible to ask them why they are behaving like that.

VSO India – appropriate language

After a blind person was appointed as a Programme Manager in VSO India, staff sometimes used a derogatory Hindi word for 'blind' to refer to him. Another (non-disabled) Programme Manager asked them 'Why do you use that word? If your father was blind, you wouldn't say that word to him. If your uncle were blind, you wouldn't say that word. So why do you say it?' This approach opened up a serious but friendly discussion with colleagues around language and respect. Following these discussions, administrative staff have now started to challenge each other and Programme Managers over inappropriate behaviour.

It will not help to alienate colleagues and partners. It is important to find ways of approaching these issues that are appropriate to the context, based on relationships of trust with people around us. We also need to consider our own attitudes and values – these are shaped by culture and experience like everyone else's, and it is essential to recognise where we are coming from as well as where we are trying to go.

INTERACTING WITH DISABLED PEOPLE

Many non-disabled people are ill at ease when interacting with disabled people. They may be nervous about accidentally causing offence, or simply embarrassed because they have not spent much time with disabled people.

There are some simple rules that can help those who are uncertain about how to behave. The main principle is to treat everyone with courtesy and respect, including disabled people. Treat each person as an individual, with her own way of interacting.

Other general guidelines include:

- Speak directly to the person, in the same way as you would to anyone else, not to her interpreter or assistant.
- Speak normally and clearly. Don't rush your words, shout or mumble. If you are talking to a person with limited hearing, check that she can understand you.
- Get on the same eye level, and look the person in the eyes (assuming this is culturally appropriate). This is the best way of making sure that your attention is on her and what she is saying.
- Don't treat a disabled adult like a child. Talk to her like an adult. A person's impairment may prompt your concern – but don't restrict her freedom.
- Offer assistance, but don't help someone without asking first. If you are helping someone, always do what she asks you, not what you think is best.
- Try not to stare if something about the person seems unusual to you – while many disabled people are used to being looked at, staring will make anybody self-conscious and uncomfortable.
- Avoid language that you know is rude or derogatory. When talking about people, refer to them by their name rather than their impairment.
- Be polite. Treat the person the same way as you would anyone else.

Disabled people have also suggested more specific guidelines for different kinds of impairment:

Interacting with people with mobility impairments

- Treat people with courtesy and respect. For example, don't leave someone behind by walking off too quickly.
- Just as you wouldn't lean on a person you are talking to, don't lean on someone's wheelchair or other mobility appliance.
- If you are offering assistance, ask before you do anything. In general, move the obstacle (whatever is in the way) rather than the person.
- If you are asked to carry someone, check with her where it is OK to hold her (or her wheelchair/appliance). Always do what she asks you, not what you think is best.

Interacting with people with hearing impairments

Treat people with respect. If the telephone rings or there is a knock at the door while you are talking to a Deaf person, excuse yourself and explain what you are doing. Don't leave her sitting there with no explanation.

Find out how the person likes to communicate – there are a variety of different ways, including speech, sign language, finger spelling, writing or gestures and body language. Each person will use the combination that suits her best.

If you are talking to a person who is lipreading, some simple tips to remember are:

- Get the person's attention before speaking – by calling her name, touching her arm or waving.
- Make sure that the person knows the topic of conversation: this is particularly important for lipreading, as many words look very similar, and Deaf people who read lips depend on context to pick out key words.
- Speak slowly and clearly – but don't shout or exaggerate words, as this will make it much harder to lipread.
- Look directly at the person and maintain eye contact.
- Don't cover your mouth or put anything in it while talking.
- Stand so that your face is clearly lit – not in shadow or in front of a bright light, as this makes it harder for the person to see your mouth.
- Use short sentences.
- Use gestures, body language and facial expressions to help get your message across.
- If you aren't making yourself understood, repeat yourself once. If this doesn't work, try again using different words. If that doesn't work, write it down.
- Use open questions that require more than a 'yes' or 'no' answer. The response to an open question will allow you to make sure that the Deaf person has understood you.



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Many Deaf people communicate with hearing people by speaking. If you find it difficult to understand something a Deaf person has said to you, ask her to repeat it or offer her a pen and paper to write it down. If you are communicating by writing things down, some of the same principles apply:

- Establish the topic of conversation first.
- Use short sentences or phrases – it isn't always necessary to write down every word.
- Write legibly and clearly – printing each letter separately is usually best. If you are in an office setting, it may be possible to use a computer instead.
- Use open questions.
- Face each other after writing down each phrase – eye contact and facial expressions will make your communication much easier.
- Use drawings and diagrams to get your message across.

Even if you are communicating through a sign language interpreter, it is important to remember that you are still talking to the Deaf person. Talk directly to her, not to the interpreter – for example, 'what do you think?' not 'what does she think?'

Remember that sign languages are languages in their own right – for many Deaf people, their first language is a sign language. Different countries have different sign languages, and in many cases different regions have their own dialects, as with spoken language. Learning some simple signs, such as greetings, is a basic courtesy like learning any other language.

Interacting with people with visual impairments

Speak directly to the person, not to her assistant or companions, and speak normally and clearly. Remember that people with visual impairments do not necessarily get the extra

information that you may take for granted – so always explain what is going on:

- Tell the person when you arrive and when you leave.
- Always introduce yourself by name ('Hello Vivian, it's Praveen') and explain why you are there.
- When you first speak to the person, a gentle touch on her arm lets her know that you are talking to her; a handshake helps orient her to where you are.
- If you are in a group, explain who else is with you. Identify yourself each time you speak.
- Use the person's name often, to make it clear when you are speaking to her.

Describing the environment:

- Be specific in giving directions. Do not say 'over there' or 'over here'. Instead say 'on your left or right' or 'immediately behind' or 'in front of you'.
- When a blind or visually impaired person arrives at a new place, tell her who is there, and offer to describe the environment. Make sure that you describe any obstacles or hazards, and whether there are any children or animals around.
- Do not leave the person alone in the centre of a room. Make sure she can touch a table, chair or wall to maintain orientation to her surroundings.
- Be safety conscious, but don't limit the person's freedom. Move the obstacles, not the person.
- A visually impaired person may not describe her environment in the same way that you would. This may reflect limited depth perception or an inability to see shapes or shadows. Discuss the images she describes so that you can both understand each other.

Guiding a blind or visually impaired person:

- Always ask the person if she would like assistance first.
- Always speak first – never take someone's arm or hand without warning.
- If the person does want help, ask her where she wants to go.
- Offer your arm for the person to hold just above the elbow. This will allow her to walk slightly behind you, following you as you turn or step up or down.
- Walk normally – not too slow and definitely not too fast.
- Whenever you come to a turn, a step or an obstacle, pause and tell the person what is coming.
- Guide the person round chairs and through doorways, explaining what you are doing – she will be slightly to one side of you, so give more space as you go round obstacles.
- Don't try to sit her down – just guide one hand to the back or arm of a chair, or to the edge of a table.
- If a blind person has a guide dog, never pet or distract the dog when it is working.

Interacting with people with learning difficulties

Treat each person with respect and be sensitive to her individual needs and behaviour. Different people find different things difficult. Find out each person's preferred way of communicating (how she likes to speak and be spoken to, how she likes to be touched or not). Sometimes people with learning difficulties may behave in unusual or surprising ways. Be sensitive to how you behave and how your actions might cause someone to react – don't panic or respond aggressively.

People with learning difficulties may take more time to understand or respond to what they hear. Some people may find it difficult to concentrate. It might be helpful to think about the ways you communicate with people who do not have the same first language as you, or who are illiterate. In general:

- Speak normally and clearly.
- Use simple, short words – if you have to think about what a word really means, don't use it.
- Use real-life examples and words for real things – people with learning difficulties may find abstract concepts difficult.
- Use short sentences and express one point at a time – people with learning difficulties may find it difficult to remember a list of different things.
- Give the person time to take in what you have said and time to respond – don't rush into

repeating yourself.

- If you aren't making yourself understood, repeat yourself once. If this doesn't work, try again using different words.
- Sometimes it helps to emphasise the most important words in a sentence.
- Use more closed questions with clear options, rather than an open question with many possible answers.
- If you are asking someone with learning difficulties to make a significant decision, it may be best to give her some time to think on her own or with her main caregiver.

Language

Many non-disabled people are concerned about giving offence by using the 'wrong' language. It is obviously important to avoid discriminatory or derogatory language, and to treat everyone with respect, including disabled people. Most of the time, this is a matter of simple courtesy, for example, referring to people by their name rather than their impairment. Different terms are appropriate in different countries, but the key rule is to treat people with courtesy and respect.

In general, avoid describing a person in terms of her condition, like 'Mary is an epileptic'. Using a label like this implies that the only important thing about the person is her impairment. In most circumstances, you should be able to refer to the individual by name. If you have to refer to the impairment, say 'Mary has epilepsy'. Similarly, avoid classifying people by impairment, for example 'the disabled' or 'the blind'. Talk about 'disabled people' or 'blind people' instead.

It is important to think about what the words we use really mean. Avoid words that make disabled people seem weak or dependent, like 'invalid', 'crippled' or 'handicapped', and negative phrases like 'landmine victim' or 'suffering from autism'. Again, if you need to refer to someone's condition, just say that a person 'has' the condition. If a person's impairment is the result of something that happened in the past, there isn't usually any need to refer to this. For example, you can just say 'she uses a wheelchair'. If you do need to refer to a past event, it is often better to describe the event rather than the person: 'she had polio' or 'she was injured by a landmine'.

Phrases like 'wheelchair bound' or 'confined to a wheelchair' imply limitation, but wheelchairs actually give people freedom. A neutral term like 'uses a wheelchair' or 'wheelchair user' is preferable. Some disabled people use 'wheelchair rider'.

Terms like 'special needs' emphasise the difference of disabled people from the rest of the population, and should be avoided, especially when referring to individuals. It is usually more helpful to refer to a child's specific learning needs ('Vivian has autism'). The term 'special education' is used to refer to segregated schooling for disabled children, but it is important to recognise that some disabled people find this language pejorative.

Deaf people's organisations use a capital 'D' when referring to people ('Putu is Deaf', 'the Deaf community', 'education for Deaf children'), to show that Deaf people make up a linguistic and cultural community. The word 'deaf' with a lower case 'd' is used to refer to the condition of not hearing ('I am not completely deaf – I can hear some sounds').

The phrase 'deaf and dumb' is often used to refer to Deaf people. However, most Deaf people are able to make vocal sounds, so 'dumb' (meaning unable to speak) is not accurate. It can also imply that Deaf people are stupid. 'Deaf' is usually fine on its own, although you can say 'Deaf without speech' if a Deaf person is also unable to make vocal sounds.

The term 'people with learning difficulties' is preferred by some people with these impairments as it is easy to understand. The term 'intellectual disability' is also used. Avoid terms like 'mental disability', which could lead to confusion with mental health problems.

Many of the common terms used to refer to people with mental health problems are derogatory, and should be avoided. As with any other condition, avoid labelling people ('he is mentally ill'). People's organisations in the rich world use the term 'psychiatric service user/survivor'. In most of the countries VSO works in, the vast majority of people who experience mental ill health never come into any contact with formal psychiatric services. In the absence of established people's organisations or movements in the countries we work in to guide our language, VSO suggests that terms like 'mental health problem' or 'mental ill health' may be appropriate.

Using 'able bodied' as the opposite of 'disabled' suggests that impairment is only physical, and can imply that non-disabled people are better (more 'able'). The more neutral term 'non-disabled' is therefore preferred.

CASE STUDY 1

VSO Indonesia: enabling a disabled man to participate in his community

Karsten Van Der Oord, a volunteer working in VSO Indonesia's education programme, encountered N running a washing powder stall in his village. N cannot walk, and had lived in his tiny stall for 40 years. He told Karsten that he had only been outside twice and that he would love to be able to watch his brother playing football, go to traditional all-night dances, or just enjoy everyday life in his village.

Karsten learned about an organisation that provides free wheelchairs to disabled Indonesians from VSO DREAM-IT, and helped N complete the application form for his wheelchair.

Since N received the wheelchair, he has been able to make immense changes to his lifestyle. He is able to participate more in local life and is regularly seen attending church, football matches or just enjoying riding around in his wheelchair. His confidence has increased considerably, and other people in the community now interact with him much more. There is always someone from the village willing to push N's wheelchair for him.

Recently he has learned to ride around by himself. He and his brothers have made a gangway that connects his stall with the main road so that now he is free to go wherever he wants.



N starts to learn to use his wheelchair, helped by his family



N makes his house wheelchair accessible

CASE STUDY 2

VSO Papua New Guinea: disabled people challenging discrimination

Some remote villages in Papua New Guinea have begun to address the needs of local disabled people, inspired by the example of young disabled men from their communities.

L, a 19-year-old with juvenile arthritis, started to visit a rehabilitation centre supported by VSO as a result of the work of a local CBR volunteer from his village. On these visits, L started to draw. The centre team encouraged him, giving him drawing materials and a book about how to draw. A VSO volunteer working at the centre asked L to draw daily activities in his village, and then helped him to sell his drawings to other expatriates.

L used the money to buy drawing materials and clothes, and to travel to town to get a prescription for glasses. He also gave money to his community, which is very important in the culture of Papua New Guinea.

The team from the centre were invited to visit L's community, where they were welcomed by hundreds of people, from that community and neighbouring ones. A special area was reserved at the front for local disabled people and their families.

In front of everyone, the community leaders explained how they used to regard people with impairments as 'dead people', who didn't do much and didn't contribute to the community. They were avoided by other people. Then L started to visit the centre. Everyone saw that his mobility was improved and that he had started to make drawings. At one stage he was able

to contribute to the bride price of a relative with money from selling drawings. At the same time, other young disabled people began to participate more in the community, as a result of the CBR project.

The leaders then explained that they had started to wonder whether disabled people were more alive than they had thought. The local CBR volunteer had told the leaders that he wanted to help the disabled people from his community in the community and with the help of the community.

The leaders then announced that they would give a piece of land in the centre of the village, for a building where disabled children could meet and exercise. The community contributed labour and gathered local materials to build a bush house and make simple exercise equipment. Two women from the community offered to work as volunteers at the bush house.

Leaders from other remote communities attended the bush house opening ceremony, and expressed their interest in helping the disabled children from their communities.

Two VSO volunteer doctors in the remote Western Highlands treated T, a young man who was paralysed after a rock fell on his back while panning for gold.

...he was discharged home, which was half way up a mountain. We did not fully appreciate this until one of us went on our first home visit. It took 1½ hours walking up a steep mountain along precarious pathways to get to his house. On arrival, T was found on the floor of his hut. He had been lying there for the whole 2 weeks since his discharge without even once venturing outside. He reported that he had had few family or friends visiting him. They had all been busy working in their gardens.

With support from VSO, T travelled to town to get an appropriate wheelchair. He has become much more confident and empowered, and is now an advocate for change within his community. With his wife and son, and a job teaching computing at the school, he is demonstrating that disabled people can play active family and public roles. The community close to the school where he teaches has built a new house for him and his family. T is now trying to bring assistance to other disabled people in his community and has been exploring different possibilities with VSO.

CHAPTER 3: ORGANISATIONAL COMMITMENT

We will only succeed in mainstreaming disability if we are **committed** to tackling discrimination and the exclusion of disabled people. The people interviewed for this handbook all had this commitment as individuals, mostly based on personal or professional experience of disability.

This individual commitment is key. However, if we rely on this alone mainstreaming will always be vulnerable to staff turnover and the pressure of new organisational priorities. To ensure mainstreaming efforts are sustained, the same level of commitment must be developed within the whole organisation. This will allow the organisation to move forward as a whole and prevent mainstreaming from fragmenting into individual actions or fading away altogether.

Management support is essential to enable ongoing engagement with staff and volunteers, to allow adjustments to organisational policies and processes, and to gain the necessary time and budget for action. For VSO, when a country programme makes a commitment to mainstreaming, that commitment must also be recognised and supported by central management – especially the Regional Programme Manager (RPM).

VSO Thailand developed a ‘statement of intent’ on inclusion for the whole programme (see Case Study 3). However, in most of the examples in this handbook, organisational commitment and management support for mainstreaming has been informal. We found that as a result, it was often lost when key people moved on.

These experiences suggest that it is a good idea to develop an agreed formal statement of the organisation’s commitment to mainstreaming disability. This will help staff, volunteers and partners to understand what disability mainstreaming is, why it is important, and what the organisation expects them to do. The statement will help guide decisions about implementation, prioritisation and resources, and underpin all our mainstreaming activities. It should also help to sustain the organisational commitment when there is a change of management.

KEY MESSAGES

- Involve disabled people and their organisations in building organisational commitment
- Get management buy-in and support for mainstreaming
- Develop a clear rationale for mainstreaming that is linked to your organisation’s existing values and purpose – for example, look at how disability relates to wider development agendas, especially in terms of rights and exclusion
- Develop an understanding of the situation of disabled women & girls and men & boys

PRACTICAL ADVICE AND LESSONS

Gathering experiences for this handbook, we found a wide range of ways to build organisational commitment:

- Organisational commitment is very often the result of **personal commitment by senior managers** (e.g. the Country Directors of VSO’s programmes in Thailand, India and The Gambia). This cannot be manufactured, but it could be helpful to start by finding out if any managers or decision-makers have personal experience of disability.
- **Programme work in disability** is another common way of building organisational commitment: for example, the DREAM-IT programme led VSO Indonesia to build stronger partnerships with disabled people’s organisations (DPOs), recruit staff with personal commitment to disability, and collaborate closely with VSO Thailand, which was already committed to mainstreaming. VSO programmes working in disability can use VSO’s existing corporate commitments to mainstreaming and inclusion to build management support.

- VSO programmes in Ghana, Guyana, Kenya, The Maldives, Namibia, Nepal, Rwanda and Vietnam all reviewed their existing work in special education to develop new **programme plans or funding proposals**. As a result of these reviews, they all made commitments to mainstreaming.
- Committed individuals can build management buy-in by showing how disability is relevant to the organisation’s **existing commitments and values**. For example, staff in VSO Cambodia looked at each of the programme areas to see who was currently excluded and how this would prevent VSO from achieving its objectives in each area. When VSO Nepal and VSO Pakistan were developing their programme areas in Participation & Governance, both programme teams found that disabled people were profoundly excluded from decision-making. Adapting VSO UK’s processes to meet the needs of disabled volunteers was made easier because of the close fit with the organisation’s values in relation to diversity and equal opportunities.
- Disability **legislation** may also provide a helpful framework for organisational commitment. For example, a small group of staff in VSO UK convinced senior managers to introduce workplace adjustments to comply with the UK Disability Discrimination Act.
- Organisational commitment may develop from action, especially **workplace mainstreaming**: for example, VSO The Philippines’s engagement grew out of the recruitment of Deaf volunteers, and the need for adjustments as a result. This approach also gives managers the opportunity to work and interact with disabled people, which is likely to strengthen their personal commitment.

If we are trying to get management support for mainstreaming disability, we need to develop a clear **rationale**, which shows why mainstreaming is important for the organisation. The rationale should explain how mainstreaming disability ties in with the organisation’s values and existing commitments, and outline what the organisation could achieve, and the risks to the organisation of not mainstreaming.

Throughout the development of the rationale, focus on what we can do to support disabled people in realising their rights, including the rights to information, participation, to access basic services, and to earn a living.

Consider the specific strengths and experience of the organisation. Look at what we do already and consider how these objectives and processes could be adapted to stop excluding disabled people. Identify how failing to include disabled people could prevent the organisation from achieving its objectives.

These questions adapted from HIV & AIDS mainstreaming may be a helpful starting point:

- How does disability affect the people we work with and prevent them from escaping disadvantage or exercising their rights?
- How is our work excluding disabled people and adding to their disadvantage?

It can also be helpful to look at the wider context, for example the Millennium Development Goals (MDGs) or other development priorities in our country or sector. Think about where disabled people fit into these priorities. If they are not explicitly included, think about the implications of missing out the 5-8% of the population who have impairments.

Examine areas that the organisation or programme is already committed to, looking for ways in which disabled people’s interests are implied as included but are actually left out:

- Are disabled people already explicitly included in programme priorities or objectives (e.g. inclusive education)? In this case, our mainstreaming efforts could focus on supporting partners to put these commitments into practice. This is often the rationale for starting to mainstream disability in VSO education programmes, e.g. VSO Cambodia and VSO Vietnam.
- Are disabled people excluded altogether or implicitly included but actually not considered in priorities or plans? For example, if the country is committed to Education for All, this includes disabled children too. This may mean that there is a need to strengthen the voice of disabled people in planning and policy-making, as well as in our own work – but it is also likely to mean starting slowly.

Speak to other people and organisations. Identify other actors who are working in disability and mental health and find out what they are doing.

Disabled people are the experts on disability and discrimination: we need to be guided by



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them. Speak to DPOs and disabled individuals to build a model of how disabled people in general are left out:

- Discuss their experiences, needs and priorities.
- Meet disabled women as well as disabled men, as their situation and perspective is likely to be very different.
- Ask about their experiences of discrimination, and how they have challenged discrimination.
- Find out how and where they and other disabled people are excluded and ask them to describe examples of this.
- For VSO programmes, disabled volunteers can also provide important insights. For example, a Deaf volunteer first alerted VSO Ghana to the fact that there was no accessible information available on HIV & AIDS for the Deaf pupils in the school where she was working.

Since people with learning difficulties and people who have experienced mental ill health do not often have their own representative organisations, it can be more difficult for VSO to include their perspective. Many countries have organisations of parents of children with learning difficulties, and VSO Sri Lanka works with some community organisations that explicitly include people with mental health problems. However, it is important to remember that these organisations are not made up of disabled people, and may have different perspectives as a result.

The legal context for disability is another area to explore:

- Look at the rights of disabled people, both those that explicitly apply to disabled people and those that implicitly include them. For example, every country that VSO works in has ratified the UN Convention on the Rights of the Child (CRC). The CRC provides for the right of every child to education – this implicitly includes disabled children although the relevant articles don't mention disability. It also explicitly mentions the rights of disabled children to appropriate services and a full and decent life.
- Identify who is responsible for these rights, especially government bodies. Find out how they currently view and fulfil their roles and responsibilities for meeting the rights of disabled people. Some countries have a government-supported disability coordination body, which can often be a useful contact (see Chapter 8 for examples from Cambodia, Guyana and Namibia).
- Find out about any current laws that concern disability and disabled people, both ones that are intended to improve matters and those that might affect disabled people badly. Find out about the domestic legal status of international rights conventions. In some countries (including Ethiopia, Ghana, India, Indonesia, Namibia, Nigeria, The Philippines, South Africa and Sri Lanka), the law requires organisations to have accessible offices or employment practices. These provisions can provide an important framework for mainstreaming disability, even if they are not yet widely implemented or monitored.
- Talk to your disabled contacts about how these rights and laws work in practice.

Social and cultural factors are as important as the formal policies and official structures related to disability, and disabled people can help us to understand these factors too. How do people understand impairments? How are disabled people viewed and treated? It is also helpful to identify the roles disabled people currently play in their communities, which can be positive as well as negative. Again, it is key to get the perspectives of disabled women as well as disabled men.

The next step is to develop a rationale for mainstreaming, based on these findings. This should present the purpose and benefits of mainstreaming, and how it fits with the organisation's existing commitments, values and obligations. It may also be useful to outline the risks of not mainstreaming disability. It is a good idea to present some initial activities and budget, so that managers can see what they are being asked to support. In VSO programmes, the rationale will eventually need to be presented to the RPM as well as the country management team.

Once we have management agreement, we can use the rationale as the framework for planning our next steps and stating the organisation's commitment.

We strongly recommend developing an explicit organisational statement of values and displaying this publicly. VSO Thailand's statement of intent might be helpful as an example.

VSO Thailand Statement of Intent, April 2002

VSO is working towards the full inclusion of disabled and marginalized people in all aspects of society. VSO staff and volunteers feel that it is important that we are all giving a consistent message through our words and actions. We do, however, recognise that the contexts in which volunteers work will not always allow full inclusion to be possible. All volunteers will receive support and assistance to help them in their role as 'ambassadors' for inclusion.

CASE STUDY 3

VSO Thailand: developing a focus on inclusion

Country Strategic Plan

Until 1999, VSO Thailand's disability work was primarily in special education settings. However, as part of the development of the first Country Strategic Plan, they found that although individual children and teachers had benefited, the majority of placements had failed to bring about organisational change within special schools, nor was there any evidence of institutional change within the wider education system. The government of Thailand also announced 1999 as the Year for the Education of the Disabled, with the goal of ensuring all disabled children have access to education, preferably through their local school. The 1999 Education Act made this explicit in law and paved the way for widespread educational reform.

VSO Thailand's 2000-2005 Country Strategic Plan therefore focused on including and empowering disabled people in mainstream society.

VSO Thailand Country Strategic Plan: three strategic aims

- 1 **Work towards the integration of people with disabilities and other marginalised groups into mainstream education and society**
- 2 **Work towards the provision of rehabilitation services for people with disabilities within the community rather than in residential institutions or institutions in large towns and cities**
- 3 **Support people with disabilities and other marginalised groups in their quest for empowerment and the rights given them in the constitution and the legal code**

In practice most of VSO Thailand's inclusion work related to the first strategic aim, and specifically to mainstream education for disabled children. Their main partner was the Office of the National Primary Education Commission (ONPEC), which is responsible for more than 90% of the primary schools in the country. Volunteers typically worked in the provincial primary education office and from there supported a number of schools identified as 'lead schools' in integrated education. The programme's emphasis was on increasing the willingness of schools to accept disabled children and improving the quality of education of those children in schools.

VSO Thailand also identified the attitude of teachers as crucial to the lack of wider organisational and institutional change before 1999. Technical assistance and advice would not be effective if the people being trained believed that disabled children could not learn or have a useful role in society. In 1999, ONPEC also found that pilot schemes to train mainstream

primary teachers were ineffective if the attitudes of school directors were not addressed.

In response, the new Country Strategic Plan also identified disability as a cross-cutting theme of the VSO Thailand programme. All volunteers were encouraged to raise their colleagues' awareness of the issues. All partner organisations were required to attend a disability awareness session run by disabled people. Partners who wanted to implement changes to make their organisations and services more accessible to disabled people were supported with technical advice from volunteers and small grants. Volunteers were encouraged to record examples of positive changes in behaviour within the organisations they worked with.

In developing the Country Strategic Plan, VSO Thailand also formalised the role of the Special Needs Advisory Group (SNAG). This was a small group of Thai people, mostly women working as implementers within education or disability, e.g. a middle-ranking disabled staff member from a disability NGO, and a special needs teacher. The group was set up to inform VSO Thailand's education work. Members had a very practical perspective, and were able to give practical advice about the kinds of issues volunteers encountered on a day-to-day basis, in order to inform VSO Thailand's decision-making.

DREAM-IT

In June 2000, a workshop was held to develop the concept of DREAM-IT (Disability Rights, Empowerment, Awareness & Mobilisation – Indonesia & Thailand), a regional VSO disability programme in Thailand and Indonesia. The initial project objectives reflect the ongoing development of VSO's rights-based thinking:

DREAM-IT project objectives, 2000



- 1 Build the capacity of VSO's disability partners to better include and/or empower their disabled clients
- 2 Promote the rights of disabled people as a cross-cutting theme in all VSO's work
- 3 Develop and strengthen networks of organisations working to promote the rights of disabled people



DREAM-IT began in April 2001, with initial funding for one year from the British Embassy in Jakarta. This allowed VSO Thailand to run disability awareness training for all new volunteers and their employers. These sessions were run by Thai disabled people and serving VSO volunteers, and focused on promoting practical changes in behaviour at the workplace.

From the beginning (early 2000), the SNAG took an active role in advising on DREAM-IT and managing project activities such as a publicity campaign using positive images of disabled people. In October 2001, VSO Thailand and the SNAG developed an accessibility checklist (see Chapter 6) to ensure that all VSO workshops and meetings were accessible for disabled people.



Images from the 'Disabled People Can Do Anything' campaign

Inclusion

There was a progress review in early 2002, to coincide with the end of year one of DREAM-IT and the mid point of the Country Strategic Plan. In addition, the Country Director was due to leave, and she wanted to institutionalise the changes she had introduced.

The review took place amid emerging tensions in the Thai education system over which model of education to use for disabled children – the policy of integration identified seven different models, from disabled children being in a mainstream class 100% of the time to schools which have special units or rooms where the children spend all their time – but there were discussions about adopting a policy of inclusion that would emphasise children attending mainstream classes.

Although the numbers of disabled children attending school had increased considerably since 1999, the review identified a range of factors contributing to the continued exclusion of disabled children.

Some of these reasons were the same as those leading to the exclusion of non-disabled children:

- Poverty, poor nutrition, lack of transport
- Excluded within the school setting due to lack of resources
- Excluded within the school as the curriculum is irrelevant to their daily lives

Other reasons were specific to disabled children:

- Mainstream society's attitudes and beliefs about disability
- School administrators discouraged the enrolment of disabled children, and parents were unwilling to challenge the authority of school administrators.
- Some parents (especially in rural areas) were unwilling to send their disabled children to school, either because of shame or due to their fear that the child would not be looked after properly.

One teacher in each school, designated as a special needs teacher, was supposed to support other teachers who had disabled children in their classes. However, these designated teachers also had a full teaching workload, and did not have the time to support other teachers.

Other teachers often had no training in working with disabled children, and did not see the education of disabled children as their concern. In some schools all the disabled children ended up in the designated teacher's class whatever their age or ability.

'Parents won't accept that their children are disabled.'

Teacher, Nakorn Nayok, Oct 2001

'Schools won't accept our children.'

Parent of disabled child, Nongbualamphu, Sept 2001

The review also looked at the way that children's learning needs were assessed. Disabled children were assessed by doctors, and categorised according to strictly medical criteria, rather than educational or social needs. While this approach led to some needs being met (for instance a child with a hearing impairment might be helped to get a hearing aid), it also led to children who were previously in a mainstream class spending most of their time away from their peers in a special education room. This was particularly true for children with learning difficulties. It also allowed school administrators to exclude children, as it gave them a concrete basis for saying 'we don't have the resources to help this child, you should take her to the special school.'

The review also looked at VSO's role within this system.

Volunteers were supporting teachers to develop individual education plans for children identified as having special educational needs – assessing children and developing appropriate one-to-one activities and whole class activities. This emphasis on individual education plans tended to single out the disabled child as a special case.

When consulted on volunteer placements, teachers always identified the assessment and categorisation of children as a need. They expected the volunteer to be an expert who would support them to develop activities for the individual child rather than for the whole class.



Play activities for disabled children at the Foundation for Child Development, a VSO Thailand partner

© VSO/Jim Holmes

'We need help in categorising the children.'

Teacher, Nakorn Nayok, Oct 2001



VSO Thailand Inclusive Education Advisor

© VSO/Liba Taylor

One volunteer, based at the central office in Bangkok, was working on a whole school approach, addressing the way that the school operates, rather than focusing on activities for individual disabled children. However, this was only a pilot project, and what was happening in most schools was aimed at disabled children specifically.

The review concluded that rather than supporting an inclusive, whole school approach, VSO could be seen as promoting a ‘special education’ approach to the education of disabled children within the mainstream school system. VSO Thailand’s approach also meant that we were not addressing the exclusion of children from other marginalised groups, e.g. poor or ethnic minority communities.

Although policy seemed to be moving towards the whole school approach, there were still important stakeholders within the

Ministry of Education espousing the integration approach described above, with its focus on individual children changing to fit the school. These debates over the direction of policy created a climate of uncertainty, but also great opportunity for positive change.

Based on these findings, VSO Thailand staff, volunteers and the SNAG decided together that it was important to make a public organisational commitment to inclusion, both to make VSO’s values and purpose clear to everyone, and as a contribution to the ongoing policy debates about education. The decision was also in line with the rights-based approach to disability which VSO had taken corporately with the publication of the Position Paper *Including Disabled People* in 2001, and with VSO Thailand’s work on child rights and violence/corporal punishment in schools.

VSO Thailand therefore changed their language. The programme was renamed ‘Inclusion’, ‘Inclusive education’ replaced ‘integration in mainstream education’ in the programme’s aim, and the Special Needs Advisory Group was renamed the Inclusion Advisory Group. The IAG recommended an appropriate Thai equivalent: *karnmeekwamsuanruamnaisangkom* or ‘participation in society’.

VSO Thailand also developed a statement of intent on inclusion that was shared with all volunteers and partners:

VSO Thailand Statement of Intent, April 2002

VSO is working towards the full inclusion of disabled and marginalized people in all aspects of society. VSO staff and volunteers feel that it is important that we are all giving a consistent message through our words and actions. We do, however, recognise that the contexts in which volunteers work will not always allow full inclusion to be possible. Volunteers will receive support and assistance to help them in their role as ‘ambassadors’ for inclusion.

In developing the statement of intent, VSO Thailand was very conscious that volunteers had to work within the Thai education system and could only implement change in so far as their colleagues were prepared to support it. In particular, as long as inclusive education is seen to concern only disabled (and gifted) children it was very difficult for volunteers to begin to address the needs of other groups of excluded children such as ethnic minorities.

The statement of intent was incorporated into all placement documentation, and communicated to all partners during placement development and evaluation visits.

KEY RESOURCES

EDF Policy Paper: Development Cooperation & Disability
http://www.iddc.org.uk/dis_dev/mainstreaming/edf_policy.pdf

DFID Position Paper: Disability, Poverty & Development
<http://www.dfid.gov.uk/pubs/files/disability.pdf>

World Bank Discussion Paper: Poverty & Disability – A Survey of the Literature
http://siteresources.worldbank.org/DISABILITY/Resources/Poverty/Poverty_and_Disability_A_Survey_of_the_Literature.pdf

CHAPTER 4: SENSITISATION

Sensitisation refers to the process of building people's personal engagement with, and commitment to, disability. All the experiences we have gathered for this handbook show that this is the basis for whole-hearted participation in mainstreaming disability.

Sensitisation is more than just raising awareness of disability. Sensitisation is about people becoming personally engaged with their organisation's commitment to mainstreaming.

It is crucial because mainstreaming starts with each of us – without our individual commitment, there can be no mainstreaming.

KEY MESSAGES

- Ensure that disabled people and their organisations play an active role in sensitisation.
- Have a clear follow-up plan with time, budget and management commitment – sensitisation is an ongoing process, not a one-off event.
- Give people clear guidance on practical actions they can take.
- Find ways to relate to people's experiences, emotions and values – personal engagement is fundamental.
- Help people understand how disability is relevant to their own situation, values and priorities – look at the things they are already committed to and explore how disability fits in.
- Recognise that people will be afraid of getting it wrong and feel embarrassed that they might say something wrong.
- Be prepared to challenge discriminatory behaviour.
- Help people to understand the different experiences of disabled women compared with disabled men.

PRACTICAL ADVICE AND LESSONS

General

Mainstreaming is about achieving equality for disabled people rather than creating awareness of disability. It is about making a real difference. Awareness without clear, practical and resourced follow-up action will not improve the lives of disabled people. It may even make matters worse by raising false expectations. Our experience indicates that there is no point starting sensitisation within an organisation unless we already have specific workplace or programme mainstreaming actions planned and budgeted to take place soon afterwards.

In many of the case studies collected for this handbook, sensitisation was a response to workplace or programme mainstreaming. For example, VSO Sri Lanka's programme work with organisations of people with disabilities has meant that disabled people have begun to visit the office more regularly. This led the administration staff to request training on disability. When sensitisation is linked to an existing practical need like this, it is likely to feel far more relevant and useful for participants.

When trying to sensitise people who don't work in the same workplace as we do, it is vital to concentrate on simple, practical steps that are easy for people to understand and act upon. For example, at their sensitisation sessions for volunteers, VSO Indonesia staff describe activities carried out by previous volunteers. They also provide an information pack with some simple Indonesian words related to disability to support volunteers to begin conversations with their colleagues, and distribute simple awareness raising materials such as T shirts,



Mug and t-shirt from VSO Indonesia

mugs, calendars and postcards.

It is also important to offer practical support and resources to help people carry out follow-up actions. This could include technical advice or visits by staff or volunteers with experience in disability (e.g. DREAM-IT), guidance materials and resources (e.g. VSO Ghana's *Protect Yourself* video on HIV & AIDS, which comes with a facilitator's guide and handouts) or funding for mainstreaming initiatives (DREAM-IT and VSO Namibia both provide small grants to partners and volunteers, and most VSO programmes have some funding for similar small grants which can be used for this purpose).

Sensitisation should help people to understand how discrimination works, and the different experiences of different disabled people. When talking about disability, we have found that many people think of wheelchair users first, and it is important to remember the needs of people with other impairments – in particular, people with learning difficulties are often forgotten about completely. It is also important to explore how disabled women, disabled people from minority ethnic communities and other marginalized groups may experience double discrimination.

It is not useful to concentrate on feeding people information. Raising awareness can often be viewed as an end in itself, instead of preparation for taking action. Sensitisation is about building personal commitment to mainstreaming. This type of commitment and involvement comes primarily from personal experience, not from reading or hearing about disability.

Informal interaction with disabled people

Building personal commitment to disability mainstreaming can happen naturally if people work or socialise with disabled people. Formal sensitisation is often helpful, but it doesn't necessarily have to come first. All the VSO volunteers and staff interviewed for this handbook developed their commitment to mainstreaming through working with disabled people and experiencing the challenges facing disabled individuals at first hand.

Colleagues, volunteers and partners may already have this kind of personal experience. Disabled people make up approximately 12% of the population of European countries and up to 8% in the South, so we are all likely to have a family member or friend who is disabled. It has been estimated that up to one in four of us will experience mental ill health at some point in our lives.

We can build on this by encouraging people to share and reflect on their personal experiences with disabled people, and how these could relate to their professional work. For example, if a colleague working on a livelihoods programme has a blind uncle, encourage her to think about how he makes a living, or how someone like him could take part in the work she does. This approach will help people see disability with a human face, instead of as an abstract idea.

This personal experience can also be obtained by interacting with disabled individuals in work or social settings. It is important to make disability real for people. For example, staff or volunteers working in disability can take colleagues or other volunteers with them to meet the disabled people they work with. As part of VSO Sri Lanka's sensitisation process, the Mental Health Programme Manager took her colleagues to visit a horticultural project supported by VSO and meet people with mental health problems (see also Case Study 12).

We can arrange for disabled staff from partner organisations to attend workshops, conferences or office events. Partners or volunteers could involve disabled people in any type of community meeting or discussion that they are holding anyway. And in any programme, VSO staff could involve disabled people in local meetings with partner organisations or communities to review what has been done and plan what to do next.

It is very important to ensure that we only involve disabled people in processes that are useful to them, for example to feed into decisions about how we will work together, or for networking. They should never be invited just so that colleagues can meet them.

This kind of personal interaction is very powerful, but it has to be part of a structured process with appropriate support. For example, if we invite a Deaf person to a workshop without arranging a sign language interpreter, she will not be able to interact with anyone. It is simply rude to invite someone who uses a trolley or wheelchair to a building without an accessible entrance and toilet. Whenever we invite disabled people, we need to ask them what they need for access and participation, and give other participants basic tips on

interacting with them (see **Interacting with disabled people**, Chapter 2 for simple tips).

There are also risks around informal interaction. People may be rude to a disabled individual, ignore her or avoid her out of embarrassment. It is not polite or fair to expose anyone to this. We need to be prepared to interact with disabled people, and to encourage others to overcome their embarrassment. We also need to be confident in challenging any rude or disrespectful behaviour (see Chapter 2).

Informal interaction can be especially valuable to reinforce formal training. For example, one of the interviewees in Ghana followed up staff sensitisation sessions by inviting disabled people from partner organisations to every office function, allowing staff to keep interacting with disabled people and put what they learned from the sensitisation sessions into practice.

VSO India sensitisation of colleagues

A Programme Manager from VSO India, who is blind, often attends his colleagues' workshops. This gives them, and partners and volunteers working in VSO India's other Programme Areas, direct experience of interacting with a confident and articulate blind person. They see what he can do, how he contributes to the process and how he manages the practicalities, and they can ask him questions in an informal, social setting.

When he attended Programme Staff Induction in the UK, he took this one step further, giving the other new Programme Managers in his group a brief orientation with practical hints and tips for how to interact with him. Over the next two weeks, the other Programme Managers gradually built their confidence and understanding through interacting with him in both formal and social settings.

Disability equality training

Most sensitisation processes also include some formal training to introduce disability mainstreaming, what it is and why it is important. Researching this guide, we found many examples where mainstreaming (of disability, gender or HIV & AIDS) got stuck after training, because there were no activities to put the training into practice. It is always essential to have practical follow-up actions planned after training.

One way that VSO plans to act on this lesson is with a new UK internship scheme for disabled people, where UK teams can apply to have a disabled student placed with them as an intern. A disabled trainer will run sessions for each participating team before the intern arrives, preparing them to work with a disabled person.

This introductory training should always be facilitated by disabled people. This helps to make the issues more real, and lets participants begin interacting with disabled people in a relatively neutral setting. VSO The Gambia, VSO India, VSO Indonesia, VSO Namibia and VSO Thailand all hired disabled people from partner DPOs to carry out introductory sessions for staff or volunteers. VSO Ghana and VSO UK hired local disabled consultants, and VSO The Philippines arranged for their Deaf volunteers to run sessions and develop resources for staff and volunteers.

Mainstreaming is about achieving equality for disabled people, not creating awareness of disability, and training sessions must reflect this. Training should focus on **disability equality**: building people's understanding of disabled people's rights, discrimination against disabled people, and what they can do to address it.

This includes looking at how other forms of discrimination and exclusion affect disabled people. For example, discrimination against women, or the exclusion of people living in remote villages will tend to have extra impact on the disabled people in these groups. This can be very effective when participants are already engaged with rights or exclusion in these other areas. It may also be effective to relate disability mainstreaming to participants' wider values of anti-discrimination and equality.

Many people think of disability largely in terms of physical impairments and wheelchair users. It is important to highlight the range of impairments, especially ones such as learning difficulties, which are often overlooked. To help participants engage with discrimination, it can also be useful to discuss conditions that attract extra stigma, such as leprosy, mental ill health or albinism.

Training shouldn't concentrate on feeding people information, although facilitators need to be able to answer participants' questions. It is more effective to use practical, experiential, participatory methods, for example the VSO Indonesia and IBIS Ghana sessions described below. The Oxfam training manual (see Key resources) includes many examples of experiential sessions.

Practical sensitisation at VSO Indonesia volunteer conference

VSO Indonesia used their Annual Volunteer Conference as a practical sensitisation opportunity. Throughout the conference, people had the opportunity to participate in sessions with a simulated impairment (for example, using a wheelchair or crutches, wearing earplugs, being blindfolded, or having one arm in a sling).

On the final day, participants reflected on their experiences and discussed who would have been included and who would have been excluded from the conference in terms of physical access and access to information.

It is important to structure the training so that it emphasises disability equality and discrimination throughout, as there is a danger that simulation exercises can put too much emphasis on impairment. Some VSO programmes have also found that simulation exercises on their own can lead volunteers to conclude that because they were not able to manage during the simulation, it is impossible for disabled people to participate at all.

IBIS Ghana sensitisation training example

IBIS Ghana carried out a sensitisation session for staff members in 2004 as the new Disability Officer had realised that IBIS staff were not aware of disability issues. He arranged with the Country Director to carry out disability sensitisation for all staff during the annual staff retreat.

During the two hour session, participants carried out a series of everyday tasks, wearing blindfolds, using crutches or wheelchairs or putting cotton wool in their ears to reproduce the experience of impairment for themselves.

This was followed by a feedback session in which participants listed the challenges they faced during the experience. One participant commented that he had come to understand what disability is all about and was now keen to meet disabled people and learn more from them.

Sessions should focus on practical steps that people can take to include disabled people in their work. It is helpful to provide simple written materials with locally appropriate language and practical tips for interacting with disabled people (see Chapter 2).

It is also important to allow people to express and explore their concerns around mainstreaming. Some people will be afraid of getting things wrong, saying the wrong thing or looking foolish. Start by creating a 'safe space' in terms of language: guarantee that nobody will scold participants if they say the wrong thing during the training session.

It is still important to explain how and why certain terms are offensive or inappropriate, and it may be helpful to build up a list of 'don't says' during the session. Generally, people already know what is offensive, and we can simply ask them whether they would speak this way about a family member or friend. However, disability movements in each country also make choices about the language they want to use, and some more neutral language may not be locally appropriate (for example, some English-speaking countries favour the term 'disabled people' and others use 'people with disabilities').

The facilitator should be confident and make people feel comfortable. This is why disabled people are the best facilitators, as they have the most knowledge, and people can ask fairly personal questions about their experiences.

It is very important to be prepared for possible negative responses and how to counter them. These could include:

- 'I'm too embarrassed to try': don't worry, disabled people are used to people getting it wrong – just be polite and respectful and ask people how they want to interact with you. Emphasise that we all make mistakes sometimes.

- ‘So what? There are more pressing issues’: refer back to your organisation’s statement of commitment, if you have one, and your original rationale for action; look at this person’s existing values and commitments and explain how disability is relevant; look at the implications of not including disabled people.
- ‘I don’t believe the social model. It’s all to do with impairment’: use practical exercises and focus on personal experiences; carry out a discrimination exercise (see the VSO Cambodia example below); acknowledge importance of enabling services, but give examples of how people are still excluded (e.g. information, transport, voting, water, community meetings). VSO Ghana’s experience suggests that the example of albinism can be very effective in African countries, as this condition does not usually impose very severe functional limitations, but does attract severe stigma.
- ‘I can’t do anything about disability because I’m not a specialist’: remind people that our skills don’t matter. We can all treat other people with respect, and look at what we do and how disabled people are excluded and try to change that. In addition, many VSO programmes have access to specialist volunteers who can give support.
- ‘It’s different in our culture’: it may be helpful to address particularly negative beliefs about impairment or disability, but it is not usually effective to tell people to change their attitudes. We can challenge cultural barriers by making disability real to people and giving practical, real-life examples of how disabled people are excluded. This is why it is so important for local disabled people to run the training sessions. Chapter 2 has more suggestions for tackling stigma.

Help people to see how disability relates to them as individuals. For example, find out if anyone has a disabled relative or friend. Encourage them to reflect on how this person is treated, and what opportunities she has been denied. It may also be worth reminding people that we are all at risk of impairment – for ourselves, family members etc.

Help people to work through how disability relates to their professional interests, values and commitments. This could involve looking at the implications of excluding 5% to 8% of the population from their work.

It is essential to link the training session to practical follow-up actions, as VSO Cambodia did in their exclusion training.

VSO Cambodia exclusion session plan

What does it feel like?

30 minutes

- 1 Participants enter the room – it is dark, the table is too high & there are not enough chairs.
- 2 Facilitator introduces the meeting in Thai – finds those who speak that language and talks exclusively to them. A handout in a strange language is given out.
- 3 A participant is invited to interview another participant about what he likes to do. The facilitator answers all the questions

Facilitator asks participants to give words that describe their emotions over the past 15 minutes. Record these words on coloured cards.

Discussion:

- Are these situations real?
- Have you ever found yourself in similar situations in real life? Why?
- Are there people who find themselves in this situation all the time? – identify some groups of people.

Facilitator summarises: we all feel excluded at times but some people’s gender, disability, ethnicity, sexuality or where they live can increase the chances of them being excluded.

How inclusive are we?

1 hour

Facilitator arranges participants in pairs and gives each pair a role: Khmer woman from rural Battambang, man who is blind, child who is a wheelchair user, woman who only speaks Cham language, male volunteer who is Deaf.

Pairs walk through the office, starting from the outside. They imagine how that person would feel and what the barriers would be for them in different places in the office.

Participants report back on positive and negative things they have found.

What can we do?

30 minutes

Participants brainstorm changes we can make to the office and record actions.

Each individual identifies one action she can take immediately to make the office more inclusive.

Identify volunteers (including at least one member of administrative staff team) to form inclusion working group – role of group is to develop the action plan and ensure it is implemented.

Towards inclusive programmes

1 hour

Look at objectives and activities for each programme area – as they currently stand, what groups might not be benefiting from work we are doing. Each programme area team reports back. Record on coloured cards and put on board.

Programme area teams identify two actions that would increase inclusion of groups you have identified (e.g. advice to volunteers, way meetings are run, introduce new activity). Add these to inclusion action plan.

Practical skills training

Formal training can also focus on practical skills. The most common example we found was sign language training for offices with Deaf staff or volunteers, which has happened in VSO India, VSO Namibia, VSO The Philippines, VSO Ghana and VSO Tanzania.

This kind of training needs to be directly linked to practical need: although VSO UK also provided sign language training for staff, few people have used their new skill as there are no Deaf staff. In contrast, staff from VSO India and VSO The Philippines have kept up their sign language, as VSO India has a Deaf staff member and VSO The Philippines recruits Deaf volunteers.

VSO Namibia is also planning to introduce regional skills sessions for all volunteers, which will be run by an experienced disability volunteer from that region and focus on practical steps that volunteers can take to promote inclusion and accessibility in their own work, whatever programme area they work in.

Principles for training in practical skills are the same as for disability equality:

- Hire disabled people as trainers where possible. Sign language trainers tend to be hearing, but VSO India hires trainers from a DPO that promotes sign language.
- Use practical, participatory methods.
- Build in a structured follow-up – VSO India have arranged a refresher course in sign language for their admin staff.

Follow ups

Formal training sessions can be a useful introduction, but we need to keep talking about disability. For example, include it as a standing item in staff meetings. Remind people about disability and mainstreaming at every formal programme or staff discussion, when planning

workshops and conferences, sharing or developing plans to work with partners, identifying staff development needs, etc.

Maintaining interest in disability issues

Following the disability session described in the IBIS Ghana sensitisation training example on page 37, the Disability Officer identified some colleagues who were interested in disability. He continued to encourage this interest, for example, regularly taking colleagues with him when going to meet DPOs. He also provided advice to colleagues who wanted to start including disabled people in their own work.

VSO Indonesia staff follow up the initial sensitisation of volunteers as a standard part of the placement visit after 12 - 15 months (see Case Study 4).

We can talk about disability in informal settings too – over coffee, during lunch breaks and at social events. This can provide opportunities to relate mainstreaming to people's own behaviour and encourage them to engage as individuals. Try to maintain an attitude of open, non-judgemental discussion, especially in these informal, social settings.

Keep doing simple things; wear a t-shirt, put up a poster, display a calendar, and be prepared to talk about disability.

If we do come across discriminatory or disrespectful behaviour, or if we hear people using derogatory language, ask them why they are behaving like that – be respectful, but be prepared to challenge people. See Chapter 2 for more advice on tackling discrimination.

It is also important to recognise that people can feel threatened or insecure as a result of mainstreaming activity. We all have a fear of the unknown, and it is important to take these feelings seriously, and engage with them openly. For example, one VSO India staff member complained to a non-disabled Programme Manager that VSO was becoming a disabled people's organisation, with no place for non-disabled staff. The Programme Manager didn't dismiss this comment, but engaged seriously with it, explaining what VSO India is trying to do in disability, and why it is so important for us to practice what we preach, both on principle and for reasons of credibility.

It is also important to review progress regularly with colleagues. Identify and share successes to show that we are making a difference and build people's confidence and engagement. Identify challenges and talk through how to address them.

The most important follow-up is to involve disabled people in the workplace or in our programme work. Unless people interact regularly with disabled people, sensitisation will stay theoretical and gradually fade away.

CASE STUDY 4

VSO Indonesia: sensitisation

VSO Indonesia has used a variety of approaches to build the engagement of partners, volunteers and staff with our Disability Cross-Cutting Theme, which is promoting the rights of people with disabilities and the importance of the inclusion of people with disabilities into all aspects of society.

VSO Indonesia partnership development presentation

A presentation is given to all new contacts and partners at the start of the partnership development process. This includes general information about VSO, volunteers and the Indonesia programmes, as well as information about VSO Indonesia's commitment to the inclusion of people with disabilities. This presentation helps to ensure that all programme managers remember to make all partners aware of the Disability Cross-Cutting Theme.

Placement development

When VSO volunteer placements are developed with partners, partners are reminded of the Disability Cross-Cutting Theme. The placement document always includes a disability objective agreed by VSO and the partner. Volunteers are therefore aware of the disability objective before they arrive in Indonesia.

Standard statement from placement documents

The VSO programme in Indonesia operates a Cross-Cutting Theme that all volunteers are expected to contribute towards. In addition to organisational needs identified, all volunteers are expected to raise awareness about the rights of people with disabilities and the importance of the inclusion of people with disabilities into all aspects of society. After 12 to 15 months in placement, the volunteer is expected to report and document at least one example of how they have improved disability awareness and promoted the inclusion of people with disabilities while in their placement.

In-country training

All volunteers take part in an in-country training programme during their first two months in Indonesia. The programme includes three separate sessions on disability:

- **Disability Programme Area Plan**
This session describes the disability situation in Indonesia, including discrimination, lack of government policies and low general awareness of disability. It also explains the programme rationale, aim and objectives, strategies and main activities, including disability programme volunteers and their work.
- **Disability Cross-Cutting Theme**
This session highlights the volunteers' placement objectives and gives some practical tips and examples from past volunteers. Volunteers receive a disability starter pack, which includes basic information on the disability situation in Indonesia from the PAP; disability volunteer profiles; some simple Indonesian words related to disability; and information about the in-country resources available to support them, particularly VSO disability programme volunteers, partners and staff. Materials that volunteers can use to raise awareness on a simple level in their placement are also provided, including T-shirts with positive statements about disability and mugs printed with sign language (both produced by DPO partners), and calendars and postcards produced by VSO DREAM-IT.
- **Motorcycle training**
During their practice sessions riding a motorcycle on Indonesian roads, we encourage volunteers to visit Yayasan Senang Hati, a local DPO. This provides the opportunity to meet people with disabilities and see a real DPO.

Employers' workshop

The employers' workshop is a two-day workshop that takes place halfway through in-country training. It is the first time that new volunteers and representatives from partner organisations meet, and is an opportunity to ask questions and reach a common understanding of roles and responsibilities.

The workshop includes a disability sensitivity session attended by all new volunteers, partner representatives and new VSO staff. The session involves simulating the experience of impairment, using crutches, wheelchairs, blindfolds and earplugs. The current session facilitators are two people with disabilities from a VSO disability partner organisation, who have been trained as Disability Sensitivity trainers by DREAM-IT.

Feedback from the disability sensitivity session



VSO Indonesia
sensitisation sessions

‘For me, the disability session really opened my mind. Before attending the session, I only knew a little bit about disabilities, but the session made me think a lot more about the feelings of people with disabilities. The simulation exercise was really interesting for me. I used crutches, and just simple things like getting myself a cup of coffee became really difficult.’

Placement visits

Every volunteer is visited by their Programme Manager several times during their placement. By the time of the second visit (after 12 – 15 months), it is expected the volunteer will have done some work towards the Disability Cross-Cutting Theme

objective. The VSO Programme Manager reviews activities and achievements against this objective with the volunteer and the partner organisation.

AVC sessions

The Annual Volunteer Conference (AVC) is a time for VSO staff and volunteers to meet, share knowledge and experiences, and learn together. It is a week of sessions and workshops, which all volunteers and VSO staff attend. Every year one session is allocated to the Disability Cross-Cutting Theme, during which training is given or issues explored by all staff and volunteers. Past sessions have included:

AVC 2004: practical skills training session

The session facilitators were a local Deaf person, two local experts in visual impairments, a VSO volunteer and the VSO Disability Programme Manager (both trained occupational therapists).

The only costs for the session were transport for the external facilitators, and photocopying of materials. The equipment (wheelchairs and blindfolds) were borrowed.

The overall aim was to teach volunteers and staff some practical techniques to assist people with disabilities. At the end of the session all participants could:

- finger spell the alphabet and sign some simple phrases
- safely guide someone who is blind or partially sighted
- safely push someone in a wheelchair

AVC 2005: accessible workshops session



VSO Indonesia
sensitisation sessions

The Disability Programme Manager facilitated the session. The cost of the session was the photocopying of the booklets provided. Equipment (wheelchairs, crutches, blindfolds, scarves, etc) were borrowed or improvised.

The overall aim was to make participants more aware of difficulties experienced by people with different impairments when attending workshops or events. Throughout the AVC, they were therefore given opportunities to participate in activities with a simulated impairment, including:

- using a wheelchair
- using crutches
- having a hearing impairment
- being blind

- having one arm in a sling

On the final day of the conference there was a more formal session. Participants were split into small groups and asked to look at aspects of the workshop from their experiences over the last week. They were asked to think about who would have been included and who would have been excluded from the conference, including:

- physical access, inside the hotel (bedrooms, conference rooms, restaurant, lobby), and outside the hotel (close by footpaths, beach, shops)
- access to information and materials (handouts, flipcharts, media), and facilitation (techniques and methods)

Other sensitisation activities and tools

- Videos: staff watched a film together, that showed wheelchair users who had lived in an institution trying to live independently in the community. Afterwards, staff discussed how they felt watching the film, and asked questions about the situations they had seen in the film. The cost was the purchase of one video.
- Books: The Curious Incident of the Dog in the Night-time is a novel written from the viewpoint of someone with Asperger's Syndrome (a form of autism). Copies in English and Indonesian were circulated to staff, who were asked to read the book and then join a discussion facilitated by a volunteer who was a teacher of children with autism. Volunteers were also asked to read the book, share it with a colleague, and discuss what they felt and learnt. The cost was the purchase of the 10 books that were circulated.
- Calendars and postcards: VSO ran a competition in local schools for children to paint pictures about disability. The winning pictures were made into a calendar and postcards and distributed free to all VSO volunteers, partner organisations and visitors, who were asked to use, distribute and display them.
- T-shirts: VSO have bought and redistributed products made by partner organisations (T-shirts, mugs) that have a positive disability statement. This is a simple way of enabling people (volunteers, staff and others) to make a point and help to start conversations.
- Photographs: photography exhibitions were run by VSO with local partners.
- Volunteers' magazine: Hello Mister! is a monthly magazine produced by VSO volunteers in Indonesia. A number of volunteers have submitted articles related to disability and VSO Indonesia's Cross-Cutting Theme.

KEY RESOURCES

Oxfam: Disability, Equality and Human Rights: A Training Manual for Development and Humanitarian Organisations

This can be ordered for £30 from:

<http://publications.oxfam.org.uk/oxfam/display.asp?isb=0855984856>

CHAPTER 5: WORKPLACE MAINSTREAMING

Mainstreaming starts with us. The easiest place to make practical, appropriate adjustments is in our own workplaces. Workplace mainstreaming is about creating an inclusive, barrier-free workplace where disabled people can participate equally, whether as employees or volunteers.

This includes physical access, accessible communications and work-related information, appropriate policies and procedures and ensuring that other employees treat disabled people equitably, with dignity and respect.

KEY MESSAGES

- Management support is essential.
- Hire disabled people and disabled people's organisations (DPOs) as accessibility and anti-discrimination consultants.
- Remember that accessibility is not just about physical access, it is about ensuring that disabled people are not discriminated against in any way, either passively (e.g. lack of information) or actively (e.g. abuse by other employees or volunteers).
- Address gender: look at whether policies and processes discriminate against women.
- Take small steps: make steady progress with simple, cost-effective adjustments and don't expect to change everything at once.
- Adapt the office, not the person.

PRACTICAL ADVICE AND LESSONS

Management support is key for workplace mainstreaming. Without this, it will be extremely difficult to change recruitment processes, revise policies or get a long-term budget commitment for workplace adjustments.

However, it is usually possible to take small steps to include disabled people more in the workplace, and this can be a powerful way of building management support (see Chapter 3 for other approaches to developing management commitment).

The best method is always to involve disabled people and DPOs. They are the experts on accessibility. It is very helpful on a number of levels to invite disabled people to visit our workplace: we can see things through their eyes, it personalises the issue for other staff, we can start to interact with them and we can ask them for their perspective on the workplace.

It is important not to be overwhelmed by all the things you think might be needed. Just concentrate on doing what you can, in simple, practical steps. Once you have achieved something, however small, use it to involve disabled people a bit more, and share it with colleagues and senior managers to build their engagement with mainstreaming.

Recruiting disabled people

The first step in recruiting more disabled people is to enable them to apply for posts and be interviewed.

Distribute job adverts to disabled people's organisations and networks. State in adverts that we are keen to recruit disabled people, and include information about the organisational commitment to mainstreaming in adverts and recruitment packs.

Supply application forms and recruitment information in accessible formats. The simplest accessible format is an electronic copy (i.e. via email or as a computer file) but large print documents, Braille and audiocassette versions can also be useful. Local DPOs should be able to give advice on accessible formats (see Accessible communications and information below for more details). It is important to make sure adverts state that accessible formats

will be supplied on request.

While gathering examples for this handbook, we found several different approaches to ensure that suitable disabled applicants are interviewed:

- VSO India automatically put applications from disabled people into the shortlisting process. They also ask disabled applicants to complete a second form detailing personal experiences of disability and discrimination, to give them the best chance to present any relevant experience.
- If the interview shortlist does not include any disabled candidates, extend it to a longer list to ensure that disabled candidates are interviewed: VSO Ethiopia used this method to ensure that they interviewed some female candidates, but it could work in the same way for disability.
- VSO UK guarantees that all disabled candidates who meet the minimum shortlisting criteria will be interviewed. All candidates are asked whether they consider themselves to be disabled (this information is not shared with the shortlisters). The shortlisters score all candidates against the same criteria. The highest scoring candidates are shortlisted. Once the shortlisting is completed, HR check whether any non-shortlisted candidates had declared themselves disabled and if so, whether they met the minimum criteria. Those who do are added to the shortlist.

To use any of these approaches, we need to include a standard question on the application form asking applicants whether they consider themselves to be disabled. It is important to guarantee that this information will be kept confidential.

It is crucial to ensure that the reason for choosing a particular approach is clearly communicated to all involved, so that everyone knows what is being done and why. For the same reason, it is vital that all processes are transparent. For example, when VSO Indonesia arranged secondments for disabled people in the VSO programme office, it was made clear that this scheme was specifically designed as a personal development opportunity for disabled people, and would not be open to anyone else.

It is equally important to make changes to the rest of the recruitment process. Review interview and other recruitment requirements to see what adaptations and adjustments are necessary to enable disabled candidates to participate. Ask disabled people or DPOs for advice.

As soon as we decide to interview a disabled candidate, we need to ask her about her access requirements, and then make any necessary adjustments to the interview process. For example, when a blind person was shortlisted, VSO India arranged for a volunteer to read the written exercise to him and type out his answers, and gave him an extra hour to allow for this.

Possible adjustments could include:

- Supplying sign language interpreters for Deaf candidates
- Using a venue with an accessible interview room and toilet
- Providing an assistant
- Providing additional travel expenses (e.g. taking a taxi to the interview)
- Making sure that group exercises do not depend on sight (e.g. throwing balls to each other)

If a disabled candidate is appointed, it is essential to make appropriate workplace adaptations. Discuss the candidate's accessibility needs with her as soon as possible. Ask for information straight away, instead of guessing or waiting until the disabled person actually starts work.

VSO provides central funding for workplace adaptations for disabled staff. Adjustments that have been carried out in VSO offices include:

- Physical adjustments to the office environment
- Software which reads computer files aloud for a blind staff member
- Braille printer and development of a Braille filing system for a blind staff member
- Tape recorders to enable blind people to take notes
- Large text screens for staff with limited vision

- Sign language training for colleagues of Deaf staff
- Provision of mobile phones to enable Deaf people to communicate by text/SMS

In addition to workplace adjustments, it may also be necessary to provide personal assistance, such as:

- Sign language interpreters for Deaf staff, especially during appraisals and performance management processes, training or other events when it is particularly important to be able to understand every word
- Guides/escorts for staff with mobility or visual impairments
- Writers for staff who have difficulty writing, especially during training programmes
- Mentoring or on-the-job support for people with learning difficulties, especially during the induction period or when new responsibilities are introduced

Meaningful employment can in itself enable people to manage mental health problems more effectively. It may also be valuable to provide access to confidential support services for employees who have experienced mental ill health.

Office environment

The most straightforward way to address making our office environment accessible is to have an accessibility audit performed, preferably using a disabled person as a consultant. VSO India and VSO The Gambia both hired local DPOs to carry out accessibility audits.

The first thing to think about is how easy it is to gain physical access to the office itself and then to different essential areas:

- Are the offices on the ground level or are there steps or lift access? If there is any change of level, ramps will be required.
- Are the toilets accessible: is there enough space for a wheelchair to enter the toilet room? Handles or grab bars, an emergency call bell and light/sound fire alarm should be installed.
- Is the office layout suitable? Are desks at the right height and positioned suitably to allow wheelchair users to move around? How are files and other resources stored?
- Are meeting rooms accessible?

Apart from purely physical aspects, think about how communication might be affected for people with different impairments. People with hearing impairments might find conversations difficult in rooms that echo. Blind people might appreciate signs and directions at all entrances, including lifts, in Braille and large print. VSO India has also placed a tactile map of the office at the entrance to the building.

Safety considerations are also crucial. Consider putting posters or stickers on any floor-to-ceiling glass to help people with visual impairments see them. People who are blind or who have visual impairments would also benefit from bumpy warning tiles placed at entrances and before stairs or single steps. Ensure that fire and other alarms have audible and visible elements (e.g. a flashing light), so that Deaf people will notice them. Secure rugs or mats and reduce the polish on floors. Safety instructions should be clearly displayed in simple language – this will benefit everyone, including people with learning difficulties.



Examples of adjustments made by VSO Indonesia

Staff

The behaviour of colleagues is more important for an accessible workplace than physical adjustments. It is essential to make it clear to all employees that disabled people have the same rights to equal participation and fair treatment as everyone else.

We can establish clear expectations by developing an explicit standard of non-discrimination that all employees must sign up to as part of their employment contract, with associated performance management and disciplinary procedures if they do discriminate against disabled people. It is important to concentrate on non-discriminatory behaviour (such as

involving disabled people, interacting openly with disabled colleagues and avoiding derogatory language) in this kind of standard, as it is not feasible or appropriate to police people's attitudes or ways of thinking. It is important to include non-discrimination on the grounds of gender as well.

We can also ensure that new staff members are committed to non-discrimination, by building these values into person specifications and criteria, and assessing them during interviews.

It is important to induct new staff into the organisation's approach to mainstreaming. For example, as part of ActionAid's standard induction programme, every new member of staff is taken through ActionAid's commitment to mainstreaming HIV & AIDS, why ActionAid believes this is important, what the policy is and what is expected of each staff member.

Sensitisation and disability equality training can help employees understand what is expected of them. Training in practical skills can also be helpful to change behaviours in immediate ways. For example, VSO The Philippines staff were taught sign language in order to interact with Deaf volunteers. In VSO India, as well as sign language training for all staff, the Deaf cook and blind Programme Manager learned tactile sign, so they can communicate with each other.

It may be helpful to provide staff with simple practical guidance on interacting with disabled people (see Chapters 2 and 4 for more details).

Policies and processes

As well as accessibility, it is important to assess our existing policies and processes to see where they create or fail to address barriers to disabled people's participation. Again, it is very useful to involve disabled people and DPOs in this process audit. As with an accessibility audit, it is essential to allocate time and budget for following up the recommendations.

Assessing policies and processes for discrimination

VSO UK commissioned a complete review of volunteer recruitment policies, practices and procedures, following the volunteer recruitment journey from hearing about VSO, through initial enquiry, application, selection, assessment, training and medical clearance, to departure, examining each stage for ways in which disabled volunteers were excluded or discriminated against. This audit shaped the ongoing work of VSO UK's disability working group (see Case Study 7 for more details).

The development of an HIV & AIDS workplace policy has been an essential component of VSO's approach to mainstreaming HIV & AIDS at both international and country level. Although there is a corporate VSO policy on disability, we have relatively little experience of addressing disability in this way at country level. However, VSO's experience with HIV & AIDS suggests that the process of developing a workplace policy can be very useful for building awareness and commitment, and identifying future actions.

Extract from the VSO Disability Policy, April 2002

Policy aim

VSO aims to be an Equal Opportunities employer, but the number of disabled people it is engaged with as staff, volunteers or partners, is extremely low. VSO wishes to increase its levels of engagement with disabled people.

VSO recognises that it has to invest resources and energy to remove the barriers (institutional, environmental and attitudinal) that inhibit engagement.

This policy and related strategies are intended to enable VSO to be a more inclusive organisation and specifically to include more disabled people as volunteers and staff.

Policy context

VSO's corporate position on disability is expressed in the corporate Disability Development Goal. The Goal states our intention to promote the full inclusion and active participation of disabled people within their families, communities and societies.

VSO will comply with the relevant disability legislation in the countries that it operates including for example the Disability Discrimination Act (UK), the Human Rights Act and Employment Equity Act (Canada), Algemene Wet Gelijke Behandeling (Dutch). VSO is committed to addressing these barriers to making 'reasonable adjustments' to facilitate the increased involvement of disabled people.

Staff

VSO has achieved 2 Ticks employer status. As a 2 Ticks employer, VSO aims to create a work environment that supports the needs of all staff. In this there is an acceptance that some needs require more action and adjustment on behalf of VSO. VSO will endeavour to accommodate these wherever reasonably possible. In addition VSO runs a guaranteed interview system, whereby any applicant with a disability who meets the minimum needs of the position they have applied for, will be guaranteed an interview.

Strategies to support the policy

Addressing communication barriers by providing information in varied formats and through a variety of channels so that disabled people have equal access.

Identifying and addressing organisational policies, processes and procedures which present unintentional barriers and adversely influence the attitudes of VSO personnel to disabled people in a timely and proportionate manner.

Identifying physical barriers to disabled people's access by undertaking access audits on current and future properties and events venues, and addressing these barriers as appropriate.

Particular areas to highlight in a workplace policy on disability would include:

- Non-discrimination: for example, a statement of organisational commitment in relation to office and programme work (see Chapter 3); standards of behaviour and associated performance management and disciplinary procedures; recruitment and induction based on values/commitment to non-discrimination (see page 44). It is important to include non-discrimination on the grounds of gender as well.
- Disabled staff:
 - Recruitment: for example, statement of criteria and commitment to recruiting disabled women and men; accessible advertising, application and interview processes (see page 44).
 - Reasonable adjustments for disabled staff: for example, access to information; physical access including travel to and from work; policy on personal assistance and additional support (see page 46); flexible working patterns and other adjustments.
 - Touring: for example, minimum expectations; reasonable adjustments and assistance available for disabled staff; time off in lieu; policy on family responsibilities.
 - Staff development: for example, including reasonable adjustments to enable disabled staff to participate.
 - Benefits: including medical and family leave, transport allowance, etc.
- Participation of disabled people and DPOs: for example, the roles of disabled women and men in disability mainstreaming; roles of disabled women and men in governance or

programme management; standards for accessibility of meetings, workshops and other events (see Chapter 6).

- Communications and information: for example, a commitment to provide all information in accessible formats on request; key documents produced in accessible formats; standards on plain language; policy and resources for sign language interpretation.

Many of these policies are relevant to other issues such as gender and HIV & AIDS. As an alternative to developing separate policies on each issue, it might be more efficient to review existing policies on touring, leave or benefits from an overall equal opportunities perspective, including disability, gender and HIV & AIDS. However, this is likely to be a longer-term process, as most organisations have many policies, and in the short term it may still be useful to develop a separate policy on disability.

The lessons and processes suggested in Chapter 3 for developing an organisational rationale for mainstreaming could be helpful for workplace policy development as well.

VSO already has established policies on **child protection**, and it is important to ensure that country level child protection policy makes appropriate provision for disabled children. If you are working with disabled people, it is also important to develop a policy on the protection of vulnerable adults, especially if you are working with people with learning difficulties. Existing child protection policy is a good basis for this.

Accessible communication and documents

Make sure that **information is accessible to everyone**. This includes using sign language or other appropriate techniques to communicate with Deaf staff or visitors (see page 35). For a Deaf person who travels out of the office, it may also mean providing a mobile phone that she can use to communicate by text/SMS.

It is also important to provide written material in accessible formats for blind or visually impaired people, such as large print, Braille, audiotape or electronic versions that can be used with screenreading software.

Our experiences suggest the following guidelines:

- Contact associations of blind or visually impaired people in your country to find out about local Braille transcription, audio taping or large print services.
- You may also be able to produce large print, tape or electronic versions yourself (see *Access for All* in **Key resources** for some useful hints on producing an audio tape).
- Once you have identified what accessible formats are available, include a standard text in all external communications offering to provide these formats on request.
- Send out external communications in electronic versions where possible.
- Produce copies of all major documents in accessible formats, not just disability documents (for example, VSO India's Country Strategic Plan and Programme Area Plans are all available on audio tape and in Braille).
- If you are sending documents electronically, avoid using Adobe pdf format as screenreading software cannot always read these documents: it is better to use Word (.doc), html or text files (e.g. use notepad or .rtf files).

The way the document is written is as important as how you produce it. Many disabled people may have difficulty with long or complex written documents. This applies to people with learning difficulties, and to many other disabled people who have had limited access to education. Many Deaf people have a sign language as their first language, so they will read other languages as a second or third language. Braille takes longer to read than print, produces bigger documents, and is harder to skim through quickly, so long, complex documents are also awkward for Braille readers.

To make documents more accessible:

- Keep sentences, paragraphs and documents short.
- Use a clear, simple structure, with headings for pages and new sections, and a table of contents.
- Use simple words, especially words that are used locally.
- If you have to think how to spell a word, or think about what it really means, don't use it.

- Start with simple examples and things that people already know and build on those, rather than starting with ideas.
- Try to avoid using abbreviations, technical terms or jargon. If you have to use them, explain what they mean and include a glossary of difficult words.
- Use lots of pictures – photographs, simple line drawings and simple diagrams.
- Use a simple font (ideally a sans serif font like Arial), in 12 point, and avoid writing long blocks of text in CAPITAL letters or *italics* – this will make it easier for people with low vision to read your document.

Review and follow-up

It is essential to review our progress and keep following up, both to regularly improve policies and processes based on learning and feedback, and to make sure the adjustments we have already put in place are still appropriate.

After each time we recruit staff (whether disabled or non-disabled), review what we did and learned, and how we could make the process more inclusive in future. Ensure we build non-discrimination into our appraisal and performance management systems.

We can use the findings and recommendations of initial accessibility or process audits to review workplace and policy adjustments so far, and identify next steps. Once we have completed these changes, review implementation and lessons on a regular basis.

Involve disabled people in reviewing our progress on workplace adjustments, and ask for their feedback and suggestions on the workplace. This is also helpful to provide opportunities for staff to practice new ways of working, to see if policy adjustments are being effective, and to check that revised communications are really accessible. Disabled people can act as consultants, as in the VSO India, VSO The Gambia and VSO UK examples described in this chapter.

Disabled people can also be involved in more informal ways. For example, following the staff training session described on page 37, the IBIS Disability Officer made it normal practice to invite DPO representatives to all IBIS functions. This gave staff opportunities to interact with disabled people, and helped the DPOs with networking and making contacts. During his regular programme visits to the DPOs, the Disability Officer then asked disabled people about the behaviour of IBIS staff, to review progress in mainstreaming and gather feedback to reinforce good practice.

It can be useful to bring in non-disabled people too (e.g. partners, donors, media) to share what has been done in the workplace and help sensitise them. VSO Indonesia and VSO India have both invited other organisations to visit their adjusted offices (see Case Study 5 & 6).

CASE STUDY 5

VSO Indonesia: office adaptation and secondments

Adjustments

When the VSO Indonesia Programme Office moved to a new location, VSO Indonesia decided to ensure that the new location had a basic level of physical accessibility. Although the offices are set over two floors, it was decided that the best use of resources was to focus on improving the accessibility of the ground floor.

The following simple adaptations and alterations were made:

- Two small steps at the front entrance were covered with a wooden ramp to allow easy access for wheelchair users.
- Another wooden ramp was placed over the single step at the Resource Centre entrance to allow access for wheelchair users.
- Inside the Resource Centre, the information relating to disability is placed on the lower level shelves. Not all resources can be at a low level due to lack of space, but there is a

member of VSO staff seated next to the Resource Centre who can help people to reach resources stored on higher shelves.

- The Disability Programme office and workspace is on the ground floor, and access to this room is level. This was considered most appropriate, as most of the visitors with disabilities are visiting the Disability Programme team. There was no cost for this, only preplanning.
- A bathroom on the ground floor was designated as a 'bathroom for all'. A disability sign was installed on the entrance door; a wooden wedge was placed over the small step at the entrance; a hand rail was installed beside the toilet; and a washing hose, bucket, ladle, toilet paper and soap were all positioned at a low level and within easy reach of the toilet. The total cost was approximately £10, and everything was installed by the office handyman.

'Before the office adaptations were made, I had to ask for help from people to get in and out of the office and the bathroom. But now it's a lot easier – I can go up and down the ramp myself using my wheelchair, and can use the bathroom completely by myself. Being in the VSO office is now much, much easier!'

Director of DREAM-IT DPO partner, and wheelchair user

These alterations mainly improve physical access for people with mobility difficulties. Although these are only basic adaptations, VSO Indonesia has been able to use the office as an example to other organisations of simple physical adaptations.

Secondments

VSO Indonesia offers secondments to staff with disabilities from partner organisations. They work in the VSO Indonesia Programme Office for several months, mainly with the disability programme staff, but also with other staff. This gives them valuable work experience in a busy office, and an opportunity to improve their skills, particularly in administration and computer use. During the secondment period they receive a basic local salary and their accommodation costs.

S uses a wheelchair. She joined the secondment programme through Senang Hati, a VSO DPO partner based in Bali:

At the beginning I was very scared, and it seemed like a nightmare for me because I knew that the people who worked at VSO were intelligent and came from middle and upper-class society. I had that opinion after I heard and noticed their way of speaking. They often used high-level language, which I heard when I joined their workshop. Before I arrived at the VSO office, I felt very nervous, did not know what I would say, and felt they might laugh at me. Nevertheless, when I arrived at the office, I was warmly accepted. All of the staff were very friendly and welcoming.

At VSO, I learned a lot of things from zero, such as working computers, administration, how to prepare a workshop, and what to do before, during and after a workshop. I can now operate a computer, prepare a workshop from start to finish (but I'm not an expert though; I still need to learn more and more!).

Through DREAM-IT, I not only learnt about administration, programmes, and logistics, but I also had a mental improvement. In the past I was shy with other people, but now not anymore. There were a lot of fantastic experiences that I had during my training at VSO.

J, who is hard of hearing, was employed in VSO's Programme Office from October 2005 to March 2006. J moved to work in Bali as an administrative assistant. He assisted with filing, photocopying, arranging meetings and compiling reports. J admits it was a learning curve for him:

I now know a lot more about admin and filing, and that different

organisations have different structures in how they prepare and organise their systems, I’ve also learnt a lot more about emailing and computers. During my time here I’ve developed my own ideas of how DREAM-IT could improve, and I share these with the team.

J was the only staff member who was hard of hearing during his time in the office, but this didn’t prove a problem: ‘I do have difficulties with hearing and understanding what some people are saying, but this doesn’t bother me. I’m generally a quiet person anyway, so I don’t feel I have to know everything that’s going on in the office! Just so long as I make sure I understand the important things relevant to my role. I’ve learnt the importance of speaking slower to people whose first language is not Indonesian, and they in turn have learnt that they have to speak more slowly for me.’

J returned home after his contract with VSO, and he plans to continue with his video-editing business. He is looking forward to using some of the skills he has learnt at VSO: ‘I’ve really increased my knowledge of how to make reports and proposals, and how to manage programmes, and I hope to use this in the future.’

VSO Indonesia staff also learned from the experience of working with J.

I’ve been working with J for four months now, and initially I thought I’d really have difficulties in communicating with him. But, so far, I’m pleased to say it’s been fine! He speaks clearly and I can understand him well. I’ve found that I’ve had to speak a lot more clearly, and improve my punctuation so that he can understand me. I’ve realised that he’s a quick learner, very smart, and he often points out things that myself or other members of the team haven’t noticed.

Dian Wahyuni, DREAM-IT

Having people with disabilities working in the Programme Office has given all VSO staff opportunities to interact with them on a daily basis, and helps to remind staff to consider the different needs of other people in all VSO’s work.

CASE STUDY 6

VSO India: staff sensitisation, office adaptation and recruitment

Recruiting disabled people

VSO India’s recruitment advertisements include a standard text encouraging disabled people to apply, offering to provide application forms and information in accessible formats, and explaining that the office is fully accessible.

Adverts are always distributed to all VSO’s partner DPOs. They are sent to associations of blind people by email (in India, relatively few blind people read Braille).

When an application is received from a disabled person, it goes straight to the shortlisting phase. The candidate is also sent a self-assessment form that asks about her experience of disability, discrimination and community work. This is to give disabled candidates the best possible opportunity to describe any relevant experience, as many disabled people have not had the same level of formal education or career development as non-disabled people. All applications are shortlisted against the same set of criteria, but disabled candidates are assessed based on the original application and any supplementary information from the self-assessment form.

When a disabled person is shortlisted, VSO India contacts the applicant to ask about her access requirements, and then makes any necessary adjustments to the interview process:

- When a Deaf person was interviewed for the post of cook/cleaner, VSO hired a sign language interpreter from a partner organisation in the disability programme area that promotes Indian Sign Language. This cost approximately Rs1000 (£13).
- When a blind person was shortlisted for a Programme Manager post, VSO arranged for a recently arrived volunteer to read the written exercise to him and type out his answers. An extra hour was allocated to allow for this process. Before the interview day, VSO also

checked with the candidate that he was OK to work with a non-Indian translator.

VSO decided to reserve the post of cook/cleaner for a disabled person, and this was only advertised through disability partners. The post of Programme Manager was open to all, and the blind applicant was appointed because he was the best candidate for the job based on his competencies and experience.

Office environment

When VSO India moved to a new rented office, the Country Director asked the landlord for permission to make the building more accessible to disabled people. The landlord agreed because these adjustments would add rental value to the property. In March 2003, Samarthya (a Delhi-based DPO which promotes a barrier-free environment for disabled persons) carried out an access audit of the VSO India office. Over the next six months, adjustments were made to the office based on the recommendations of the audit. These included some simple adjustments related to visual and hearing impairments and making the ground floor accessible for wheelchair users.

A series of adjustments was made to the main entrances to the compound and office building:

- Strips of bright yellow warning tiles with raised dots were placed in front of the compound entrance gate and at the office entrance, which has one step, to alert people with visual impairments.
- A ramp with handrails (and warning tiles at each end) was installed to allow wheelchair users and other people with mobility impairments to get into the office building.
- An AC unit below a window on the way from the compound entrance to the office was raised to a height of 210cm so that it would not obstruct access or cause a hazard to people with visual impairments.
- A raised tactile layout map of the building (in contrasting colours) and a tactile arrow sign to direct people to reception were placed near the entrance, to assist visitors, including people with visual impairments.
- The doorbell switch was lowered to a height of 120cm so everyone could reach it, including wheelchair users, and outlined in bright yellow to make it stand out clearly.
- The switch was connected to a light bulb as well as a bell, to alert the Deaf staff member.
- A metal kick plate and lever-type door handle were fitted to the office entrance door.
- A small (2cm) edge in the rear doorway was smoothed out.

Some simple, low cost changes were made throughout the building:

- All light switches were lowered to 120cm and outlined in bright yellow.
- A rubber door mat was placed in front of every room to enable people with visual impairments to locate the entrance of each room more easily.
- A name plate was installed outside each person’s office, with their name in Braille and raised letters.
- Handrails were installed on both sides of staircase, firmly grouted into the structure of the building.
- The edges of each step were painted black (5cm strip) to highlight them for people with visual impairments.

The conference room on the ground floor was made fully accessible for people with mobility impairments:

- The narrow (79cm) sliding door was replaced with double swing doors, wide enough to allow a person in a wheelchair and a person standing up to pass through together easily.
- A new table was purchased, which was narrow enough to allow easy access all round the room, and gave adequate leg and knee space for wheelchair users.
- A thin carpet was laid – this reduces echoes, ensuring better acoustics for people with hearing impairments, but is not so thick that it obstructs



Examples of adjustments made by VSO India

wheelchair movement.

Major adjustments were made to the toilet on the ground floor:

- A sign was installed in Braille and raised letters.
- A metal kick plate and lever door handle were installed on the door.
- The WC was moved close to one wall, enabling support on that side and creating space for side transfer from a wheelchair on the other side.
- Grab bars were installed at the rear and on the adjacent wall.
- A back support was installed on the WC to reduce the chance of loss of balance.
- The washbasin was moved to an appropriate height (approx 80cm), with adequate knee space underneath.
- The tap handles and WC flush handle were replaced with lever-type handles.
- Emergency call bells were installed at ground level and at 90cm.
- An alternative door was put in to enable access from the outside in an emergency.

VSO India only tried to make the ground floor accessible to people with mobility impairments – they did not make major structural changes such as installing a lift. Nor did they act on every recommendation. For example, the audit also recommended that all doors should have a large D-shaped handle on each side, so that they could be opened with minimum of force, without grasping, pinching or twisting. Instead, VSO India prioritised adjustments that could be made at reasonable cost for maximum benefit.

Once the physical adjustments were completed, VSO India invited DPOs, other local partner organisations, INGOs and donors to an event to launch their newly accessible office. This was an opportunity to publicise their commitment to accessibility, and also to provide other international organisations with a live example of an accessible workplace. Following this event, the British High Commission has been renovated to make it more accessible.

Staff

Sensitisation

VSO India regularly hires disabled people to run formal staff sensitisation sessions. This began with disability equality training for all staff by a key partner DPO, focusing on the links between disability and poverty. When partner DPOs or disability activists visit Delhi, VSO India arranges for them to run an introduction/refresher session for the staff. Past sessions have covered mental health, blindness, and the situation of disabled villagers.

Induction

When VSO India’s last Disability Programme Manager was recruited, he had no experience of disability, although he had worked in women’s and child rights programmes. His induction included meetings with key DPO partners of VSO India, a one-week visit to Action on Disability & Development (ADD) India, and a two-week trip to Bangladesh to meet ADD Bangladesh and some of their DPO partners.

Other new staff also receive a disability induction. For example, when a new IT support officer joined VSO India recently, he accompanied the Disability Programme Manager on one of his regular tours. Meeting a partner DPO and a VSO volunteer made disability, and VSO’s work, much more real to this new staff member.

Sign language training

When a Deaf person was recruited as a cook/cleaner, all staff took a sign language course. All newly recruited staff now take this course too, as part of their induction.

The training is held at the VSO India office, for two hours a day, three days a week for three months. The sign language trainer is hired from a partner DPO. The total cost of the course is Rs19,000 (£250) for three months. There is a standard rate for sign language interpreters (Rs200 per hour) set by government, but VSO India actually pay Rs500 (£6.50).

The fact that VSO India has a Deaf staff member makes it real and important for all staff. In fact, the administrative staff team recently demanded a refresher course because sign

language is such a live need for them on a day-to-day basis. Two half-day refresher sessions were arranged for the whole team.

When a blind staff member was recruited, VSO India arranged for him and the cook/cleaner both to learn tactile sign language so that they can communicate.

Policies and processes

When appropriate, VSO India has hired sign language interpreters for staff meetings, one example being when the office was developing new disciplinary procedures, to make sure that the Deaf staff member could engage with this process and express his views fully.

When the blind staff member was appointed, VSO paid for screenreading software so that he would be able to use a computer. All the filing cabinets and folders have been labelled in Braille, so that the blind Programme Manager can use the filing system. All staff have also been trained to read Braille.

VSO India has tried to approach disability mainstreaming as part of a wider equality/anti-discrimination approach. For example, they involved a disabled woman from a DPO and a woman from an organisation of HIV positive women in the development of a VSO India gender policy. They are now trying to establish a gender committee with both of these women as members.

Communication

All VSO India communications include a standard sentence explaining that accessible formats are available on request. Communications to blind people’s organisations are always sent in tape or soft copy. Major documents such as the Country Strategy Paper and the Programme Area Plans are all available both in Braille and on tape.

CASE STUDY 7

VSO UK: disabled volunteers

A number of committed individuals have set up various diversity initiatives within VSO UK over the past twenty years. These initiatives have tended to have limited engagement from central management. They accordingly failed to win long-term budget allocations and had little lasting success.

This may have begun to change in 2000, with the appointment of a new UK Director of Recruitment who had an interest in disability. A staff member was given responsibility for disabled volunteers, and carried out a survey of Programme Offices to gather their experiences and lessons related to working with disabled volunteers. A Deaf Volunteers Working Group was also established within the Recruitment Division, to share learning between staff working on the recruitment of Deaf volunteers, mainly for the VSO The Philippines programme (see Case Study 8).

In late 2000, VSO began developing a corporate diversity framework (published May 2001), driven by senior management. As part of this process, each part of VSO UK developed its own disability action plan. This included the decision in December 2000 that the Overseas Division (now IPG) would meet the costs of ‘reasonable adjustments’ for disabled volunteers and programme staff. Up to £1,000 can be spent on each disabled volunteer or programme staff member without prior budget approval. If further resources are needed, this can be arranged with IPG management.

In 2001, VSO published a position paper, *Including Disabled People*, which called for the increased participation of disabled people within VSO as volunteers and staff. As part of the launch of this paper, there was a global workshop on disability in Kenya, attended by a number of UK staff. VSO also started writing a new strategic plan, Focus for Change, which explicitly identified disability as a corporate goal for VSO, and again highlighted the importance of involving disabled people as staff, volunteers and partners.

This series of changes encouraged people to think about diversity and disability in a new light. The Director of Recruitment set up a cross-organisational working group for disability

in 2001, with its own budget. The group quickly arranged an access audit of VSO’s offices in London and training centre in Birmingham by a disability consultant. This audit, in March 2001, looked at the changes that would need to be made to comply with the UK Disability Discrimination Act (DDA).

Over the next year, the disability consultant also held training sessions on the DDA for all UK managers. The working group focused on implementing changes recommended by the access audit, including simple adjustments to make it easier to see, hear and move around, such as: making the reception areas of VSO’s London offices less cluttered; lowering the reception desks so that wheelchair users can see the receptionist; and marking glass separating walls and mirrors with posters so that they do not pose a hazard to people with low vision. Safety was also improved by installing evacuation chairs for people with mobility impairments. Larger changes were made at VSO’s training centre, such as installing an induction loop for people with hearing aids, and a stairlift to make the whole ground floor accessible for wheelchair users.

In 2002, a disabled consultant began to run disability awareness training sessions as part of the induction process for new staff. In addition, he held sessions to work through diversity action plans with managers and discuss how to implement them. Deaf awareness and sign language training were also made available. VSO also joined the Employers’ Forum on Disability, a group of UK businesses and other organisations that provides resources and advice on including disabled staff.

For the year 2002–2003, the Working Group had a central budget of approximately £70,000 for disability initiatives. Most of this budget was allocated for sign language interpreters for pre-departure training of Deaf volunteers, estimated at £7-8,000 per person.

In September 2002, the Working Group arranged a review of volunteer recruitment policies, practices and procedures by another consultant. This followed the volunteer recruitment journey from hearing about VSO, through initial enquiry, application, selection, assessment, training and medical clearance, to departure, examining each stage for ways in which disabled volunteers were excluded or discriminated against.

Example recommendations from the 2002 review

Existing arrangements	Recommendations
The application form is produced in blue on white. Although the font is sans serif, the font size is less than 12 point. The form is available in alternative formats and on-line but this is not stated in the covering letter or on the form itself.	The standard form could be made more visually accessible by printing in black on white. The fact that alternative formats are available should be clearly communicated.
The learning needs analysis form is printed in a very small font (6 point), that is not sans serif.	Review documents in line with guidance provided by the RNIB. Materials in alternative formats should be made available on request.
The booking form for courses asks in a box 15mm deep whether the applicant has ‘Any special needs (e.g. access, diet, resources)?’	More space might be provided on the form, and the question could focus more clearly on accessibility requirements.

Based on the findings of this review, a number of procedures and policies for interacting with disabled volunteers were created. These included guidance on how to respond to disabled enquirers and candidates, how to work with a disabled candidate to identify her access needs and requirements when overseas, and appropriate language. The review also revealed that disabled volunteers from the UK can lose their benefits and housing if they go

overseas, and VSO approached the UK government (unsuccessfully) to find out if benefits regulations could be changed.

Major changes were made to VSO UK training practice:

- Whenever a sign language interpreter is needed for a weekend course, VSO UK hires two interpreters. Each interpreter works for 30 minutes and then takes a break. This means that they are also available to interpret during breaks, meal times, social events, etc. If the course is longer than a weekend, three interpreters are needed. The course trainers and interpreters are paid a supplement to spend additional time with the Deaf volunteer before and during the course.
- Appropriate emergency support is always arranged at VSO’s UK training centre, e.g. an emergency light (to supplement the fire alarm) in the bedroom for volunteers with hearing impairments; a vibrating alarm for volunteers with visual impairments (if this is not available, either a security guard or one of the course trainers arranges to take responsibility for warning the volunteer in case of emergency).
- When a volunteer with a visual impairment attends a training course, the trainers meet in advance to review the whole course and adapt the exercises in order to make them inclusive. The trainer manuals, volunteer guide and script from videos are sent in advance to the volunteer in a format she can access (e.g. Word documents if the volunteer has screenreading software). Icebreakers and energizers are adapted to suit everybody.
- When a volunteer using a wheelchair attends a training course, exercises that would be done on the floor are done at a table. Again, icebreakers and energizers are adapted to suit everybody.
- Some core training videos have been subtitled. This was done initially to allow for Deaf participants to follow them. But once VSO started to train volunteers whose mother tongue is not English, this small adaptation suited a much bigger audience.
- The UK Training Administrator always checks access requirements with volunteers over the phone when booking their first course.

The Working Group decided to prioritise improving accessibility and ensuring appropriate adjustments for the small current intake of disabled volunteers and staff rather than trying to increase recruitment. The number of disabled volunteers each year has stayed fairly steady since the beginning of these initiatives at about 10 per year, most of whom have been Deaf. With the exception of VSO India, the number of disabled staff has remained very low.

Changes were also made in VSO’s country programmes. These were mainly in response to the recruitment of disabled staff or volunteers, and they were funded using the central provision for ‘reasonable adjustments’.

Example of adjustments for a volunteer who uses a wheelchair

A wheelchair user was recruited as a volunteer on VSO’s social work programme in the Balkans. Before accepting the placement, she travelled out to visit her accommodation and the partner organisation she was going to work for. Based on this exploratory visit, the toilet in her flat was made accessible and a ramp was installed in the partner’s office. A car was purchased to enable her to move around, and the partner hired an interpreter/driver/assistant (most volunteers in the Balkans had an interpreter as standard). The total cost of these adjustments, including the initial visit, was £12,000.

Other examples of reasonable adjustments include:

- VSO provides mobile phones for Deaf volunteers and pays the bills so that they can communicate by text/SMS.
- VSO paid for a blind volunteer to fly out by a more expensive route so that her guide dog could travel with her. We also bought a transport box for the dog, and are paying for dog food for the duration of her placement.
- Sign language training for staff in VSO Ghana, VSO Namibia, VSO The Philippines and VSO Tanzania.
- VSO The Philippines has recently applied for funds to make one of their toilets accessible.

In addition, there is a policy that whenever a country programme moves to new office premises, these should be accessible. Although there is no separate budget for this, it was initially supported by the Overseas Division Logistics Officer, who was able to advise programme offices that were moving premises on what to look for to make their new workplace accessible. Her advice was based on recommendations from the Centre for Accessible Environments (www.cae.org.uk). A number of Programme Offices have used this advisory service to find more accessible office premises.

During 2003, the Director of Recruitment left VSO and other major players in the Working Group were seconded to different posts. This led to a lack of leadership and loss of momentum. For example, it was planned that the Working Group's central budget for staff induction on disability would be incorporated into VSO's general staff development budget, but in the absence of anyone from the Working Group to ensure that this happened, it was forgotten and the budget was lost. A lack of funding has meant that a great deal of the training, especially the induction courses and sign language training, are no longer available.

Eventually the Working Group was disbanded, although staff in the UK did manage to retain budgets for 'reasonable adjustment' in country programmes, and a very small amount for training of disabled volunteers (enough for two Deaf volunteers a year).

There are now encouraging signs, with the appointment of a new corporate Diversity Champion in 2005, and the establishment of a central Diversity Team in early 2006. This team is now developing a diversity strategy, in collaboration with the newly formed corporate Disability Goal Steering Group. Actions currently in development include an internship scheme for disabled people, where UK teams can apply to have a disabled student placed with them as an intern, and development of guidance materials on benefits for disabled volunteers. VSO UK is also putting together a funding proposal to raise money for further adjustments in the UK (including another accessible toilet at VSO's London offices) and more support for volunteers overseas.

CASE STUDY 8

VSO The Philippines: working with Deaf volunteers and Deaf partners

VSO The Philippines has worked extensively with Deaf volunteers, in both Deaf and hearing organisations. This began when VSO recruited a Deaf volunteer to work for one of our Deaf partner organisations. VSO The Philippines very quickly recognised the need to communicate with the volunteer and the partner organisation.

A number of activities were developed:

- All staff learned Filipino Sign Language (FSL) for two hours a week for two months. Staff who were interested were able to have more training.
- Two interpreters were employed for all workshops and conferences. Interpreters were recommended by partner organisations.
- At the beginning of each workshop, protocols and tips on how to work with interpreters and include Deaf people were shared with all participants.
- All workshops took into consideration the extra time needed to allow for interpretation and participation.
- Deaf volunteers received two weeks' training in FSL and spent one week interacting with the local Deaf community as the language component of their in-country induction. Partners were involved in organising this.
- The Programme Manager used text and instant messaging to communicate with Deaf volunteers. She would text the volunteer and ask them to go online.

As a result of a Deaf volunteer working with a Deaf art and design group, VSO The Philippines employed that group to design their Country Strategy Paper and then their Livelihoods newsletter. The Livelihoods Programme Assistant was able to communicate with the group without the help of an interpreter using basic FSL and writing. The partner organisation responsible for the Livelihoods newsletter also felt confident to interact with the Deaf group.

Deaf volunteers in The Philippines also produced two papers: *Working with Deaf volunteers* and *Working with Deaf people in workshops*. These were widely used in VSO The Philippines and have proved of use to other programme offices, such as VSO The Gambia and VSO Guyana.

Lessons

- Hearing volunteers often reported that this was the first time that they had been made aware of Deaf culture and they found it extremely interesting. It increased their confidence to interact with Deaf people.
- Hearing volunteers felt uncomfortable sometimes because Deaf volunteers had to write so much to interact. Deaf volunteers didn't mind this, but it did cause difficulty in informal situations, especially in big groups – so Deaf volunteers sometimes didn't participate in social events.
- Deaf volunteers felt 24 months was too long for a placement length and that 18 months was ideal, as they often don't have fluent sign users to talk to during their placement.
- The appointment of a Programme Manager with experience in disability and working with the Deaf was helpful in getting things started.
- The motivation and enthusiasm of Deaf volunteers was key to raising awareness and coming up with practical activities to improve interaction.

KEY RESOURCES

ILO: Managing Disability in the Workplace

<http://www.ilo.org/public/english/employment/skills/disability/download/codeeng.pdf>

Mobility International USA: Checklist for Inclusion

http://www.miusa.org/publications/freeresources/Checklist_for_Inclusion.pdf

CHAPTER 6: PROGRAMME MAINSTREAMING: INCLUDING DISABLED PEOPLE IN PROGRAMME MANAGEMENT PROCESSES

Programme mainstreaming is the process of ensuring that our programmes and services are inclusive, equitable and non-discriminatory, and do not reinforce the negative effects of disability.

Mainstreaming starts with us. If we want disabled people to be included in mainstream development processes, we must start by including them in ours. An important step in programme mainstreaming is to include disabled people in our programme planning, implementation, management and review processes.

KEY MESSAGES

- Include disabled women and men in existing programme management processes – ongoing management and review, not just planning.
- Define an appropriate role for disabled people and their organisations, with clear roles, responsibilities and expectations agreed on all sides.
- Review how existing and planned programmes exclude disabled people.
- Look at the differences for disabled women and girls compared with disabled men and boys, and for other groups such as disabled people from rural areas or ethnic minorities.

PRACTICAL ADVICE AND LESSONS

Who to involve and how

In gathering examples for this handbook we have found that it is important to give careful consideration to selecting who to involve, and in what capacity. Ensure that disabled women are represented, as well as disabled men. For example, VSO The Gambia involved one male and one female representative from each partner disabled people's organisation (DPO) in the process of developing its Programme Area Plan (PAP) (see Case Study 11). Remember that disabled people aren't a single group – people with different impairments, disabled people from excluded groups (such as ethnic minorities) and disabled people living in remote rural areas all have different perspectives and priorities.

Disabled people can therefore take a range of different roles, including:

- DPO representatives: if these people are involved, it is to do with their official capacity as representatives of disability movements.
- disability activists: who should be involved for their individual perspective, commitment and involvement in wider disability debates and policy processes, not as representatives of anybody else.
- disabled people from your target group: these people can give a grassroots perspective and act as sample representatives.

These different people will have different roles to play and different responsibilities in programme management (for three different models, see the VSO Indonesia and VSO Thailand examples below, and Case Study 10). They may well be engaged at different levels. For example, people from our target group may participate in local planning and review processes, whereas a disability activist might attend an annual programme review, but may not be involved in day-to-day decision-making.

Choosing the right participants

VSO Thailand's Inclusion Advisory Group consisted of mid-level activists and practitioners (teachers, members rather than leaders of DPOs), chosen for their frontline perspective and practical input rather than strategic input. In contrast, VSO Indonesia's Country Advisory Team is made up of DPO representatives because the project is partly about strengthening links between Indonesian partner DPOs. However, this made it harder to get a gender balance in the group, because there are relatively few disabled women in leadership positions.

It is important to determine clear criteria for who to involve, what role they should play and why. This is important to explain why particular individuals are selected or not. It will also help those involved to be clear on their role and level of involvement. Without this clarification, disabled people could think that they are final decision-makers when they are only being consulted. On the other hand, they could become unnecessarily involved with meetings and discussions that are irrelevant to their concerns.

In VSO's experience so far, disabled people have typically played an advisory role rather than being decision makers when involved in discussions about a whole programme, although this is not always the case (see Case Study 11). This is often to ensure participants are not put in a position where there might be a conflict of interest. For example, the partner organisations on VSO DREAM-IT's advisory group in Indonesia are also eligible for grants from DREAM-IT, so it would not be appropriate for the group to make decisions about grant allocations. In individual partnerships we have often seen disabled people take more of a joint decision-making role. Whatever role disabled people take, it is important to agree clear responsibilities and expectations on both sides.

If we are involving people with learning difficulties or mental health problems, it is also important to establish clear policies for their protection (see Chapter 5). This may include allowing people extra time or support to give their input, or allowing a period of time for them to reflect and possibly change their decisions before taking action.

Whoever we involve and whatever their responsibilities, the purpose of involving them should be the same – to help ensure that existing and planned programmes do not exclude disabled people or fail to reflect their rights and priorities.

VSO Indonesia Country Advisory Team (CAT) terms of reference

Description and rationale

The CAT will provide advice to ensure that VSO Indonesia's volunteer placements and other activities all contribute to the achievement of:

- The Country Strategic Aim
 - To increase the capacity of DPOs, and organizations working for people with disabilities, to develop and implement activities, which include and empower people with disabilities
 - Raise awareness of the rights of people with disabilities through support for networks and through a cross-cutting theme for all volunteer placements
- The objectives of VSO's Regional Disability Rights Project – DREAM-IT

The CAT will act in an advisory capacity by providing recommendations to VSO, based on their knowledge and experiences in the disability sector in Indonesia.

Role of CAT

The CAT will have the following functions:

- Represent the perspectives of different stakeholders in VSO Indonesia's



Women DPO representatives with VSO Ghana volunteer and Programme Manager

Disability Programme

- Provide advice on the assessment of possible future placements and activities related to people with disabilities and DREAM-IT
- Promote VSO's role in disability to different groups working in disability
- Assist in monitoring and evaluation of the disability programme

Composition of the CAT

The CAT ideally will be composed of the following people:

- People with disabilities, or parents or advocates or representatives appointed by people with disabilities (up to 10 members)
- Executive team (VSO Programme Staff)
- One volunteer

Criteria for selecting members

Members will be selected by the programme office according to their:

- Availability to attend meetings
- Experiences and knowledge of disability sector
- Recommended by partners of VSO or selected by their peers

Language

Meetings will be conducted in Bahasa Indonesia. A sign language interpreter will be available if necessary. Funds for reading aloud for blind members will be available if documents are not available in Braille or on tape. If someone needs other assistance to participate, this will be accommodated.

Finance

Membership is on a voluntary basis and no per diem will be paid. VSO will pay all expenses relating to attending the meeting i.e. travel, accommodation, subsistence and assistance.



VSO Ghana programme area workshop

© VSO/Daniel Jones

Most of the examples of mainstreaming in programme management processes in this handbook relate to disability programmes. However for true mainstreaming it is equally important to involve disabled people in the planning, implementation and review of programmes that are not disability-specific. At the moment, these programmes are more likely to overlook disability and exclude disabled people. They may also be more relevant to the priorities of many disabled people, such as education, a livelihood or a voice in decisions that affect them, than a 'disability' programme that concentrates on clinical services.

Where to involve them

It is important to involve disabled people in the whole cycle of planning, implementing, managing and reviewing our work. This isn't about creating separate 'add-on' events for disabled people – it is about ensuring that disabled people participate in our regular management and consultation processes like any other stakeholders. VSO DREAM-IT developed a simple checklist to make sure that all VSO meetings and workshops were accessible.

VSO DREAM-IT accessibility checklist

1 Ask participants what their needs are regarding:

- travel
- food
- access/assistance
- communication
- child care

2 Check venue before workshop to make sure following are accessible for all participants:

- meeting room
- bedrooms
- toilets
- restaurant
- entrance

3 Make sure presenters have been told to:

- Use simple language
- Use clear visual aids
- Make presentation accessible to all participants

4 Make sure documents:

- use large font
- are in simple language
- are as short as possible
- are available in forms accessible to all participants

5 Try to ensure an atmosphere that enables everyone to participate and which includes:

- a variety of activities
- all participants' views are respected
- opportunities for socialising
- opportunities for all participants to give feedback

When we researched this handbook, we found examples of inclusion at every stage of VSO's programme and partnership planning and review cycle.

Programme development and planning

VSO Indonesia has involved disabled people at each step of planning the next phase of its disability work after DREAM-IT ends in March 2006. This includes drawing out lessons from experience so far, identifying and prioritising possible future programme directions, researching these possibilities in more depth and making the final decision (see Case Study 9 for more details).

The strategic co-ordination of VSO's disability programme in Namibia involved a participatory planning workshop attended by key representatives of the disability movement. The workshop formed the basis on which the programme was assessed and made a number of concrete suggestions that became the objectives and activities of the

programme. It also led to the establishment of the Disability Advisory Group and recognition of the need for disparate groups with common aims to work together.

VSO India interviewed a number of DPO representatives to develop a background paper on disability, which was the basis for developing a full PAP. Disabled people also participated in the PAP development workshop, which had sign language interpretation throughout to enable the full involvement of Deaf participants.

VSO Namibia – consultation workshops with young disabled people



Consultation workshop for young people with disabilities in Outapi

VSO volunteers conducted initial needs assessments with young disabled people in four regions of Namibia (Omusati, Oshana, Oshikoto and Ohangwena) between April and June 2005. Since VSO Namibia’s partner DPOs do not have well established branches in the regions, the needs assessment process was a series of eight consultation workshops with young people with a range of impairments. It was the first time many of the participants had ever attended a workshop.

Material was prepared in Braille and Oshivambo (a local language), and each workshop had a sign language interpreter and an Oshivambo interpreter. Members of the project steering committee attended one consultation workshop.

Sixteen young disabled people from Omusati and Ohangwena were elected to serve on a working committee to follow up the recommendations of the consultation process.

Some of the comments participants made at the workshops included:

- This is the first time I feel proud of myself.
- I have a daughter but nobody believes that she is mine, because who would like to have sex with me?
- I can’t see, so I can’t see who rapes me.
- A girl who has never learned official sign language is making jokes with the sign language interpreter who found a way to communicate with her. It was the first time that she went to a workshop and actually could participate.
- A girl who had learned to read Braille but never received any Braille books was very happy with a Braille questionnaire prepared for the workshop, because now she had something to read.

Partnership development and planning

VSO India’s initial partnership development process includes a set of standard questions about how many disabled people are on the board and senior management of the organisation.

Implementation

During the final year of DREAM-IT, VSO Indonesia’s DPO partners have run a series of exhibitions and seminars on behalf of the project. VSO has provided the funding, and agreed an outline and terms of reference for each event, and the DPO then organises and runs the event itself. Dria Manunggal, the first DPO to run an activity in this way, also sent a representative to visit the other sub-contracted DPOs and share experiences, challenges and lessons.

VSO Cambodia is working with the Disability Action Council (DAC), Cambodia’s national disability coordination body, with representatives from DPOs, government and NGOs, on a large externally-funded inclusive education project that involves a survey of existing educational provision for disabled children in each province. Rather than hire external consultants, the DAC is carrying out this survey with VSO support. This ensures that the project approach is informed by the perspective of disabled people from the start, and also allows DAC to build contacts and credibility with the mainstream Cambodian education system.

VSO Namibia’s national EC-funded disability project has established a local steering

committee in Oshakati, to oversee the establishment of a regional NFPDN office. Meetings of this local committee follow similar protocols to the two national committees (see Case Study 10). The project hires sign language interpreters for the meetings, from the register of interpreters trained by the Namibian National Association of the Deaf (NNAD). This costs N\$200 (£17) per hour. Materials are printed in Braille by the Namibian Federation of the Visually Impaired (NFVI) at no charge to the VSO project.

Partnership reviews

VSO Namibia have started to conduct annual regional level partnership reviews, involving:

- all the volunteers working at the regional Ministry of Education, including the inclusive education advisors
- the Advisory Teacher Team
- the Regional Counsellor (responsible for inclusive education)
- the Regional Director of Education

Rather than looking at the work of a single volunteer, this review process looks at all aspects of education that VSO has supported in the region. This is helping to integrate the work of the inclusive education advisors (who fall under the disability programme area) with the rest of VSO’s work in education, and to increase the profile of inclusive education within the regional Ministry of Education team.

During annual joint reviews with each partner in the HIV & AIDS programme, VSO Bangladesh asks a set of standard questions about what the organisation is doing to promote the inclusion of people living with HIV & AIDS, and what activities and systems are in place to mainstream HIV & AIDS across the organisation. The review process also includes specific questions about the roles of women and men in organisational decision-making and how the partner considers the different situations of women and men both in its programmes and within the organisation. Although this example relates to gender and HIV & AIDS, the same approach could be used with disability.



Participants at a VSO Namibia consultation workshop for young people with disabilities

Programme area reviews

DREAM-IT arranged for DPOs and other disability partners from Thailand and Indonesia to conduct a peer evaluation of the programme, in preparation for the end of DREAM-IT and the closure of VSO Thailand. Disabled people and other stakeholders from Indonesia visited DREAM-IT partner organisations in Thailand, to assess the project’s achievements and make recommendations for the last year of the programme. The Thai partners then visited Indonesia to repeat the process. VSO Indonesia then fed their findings into the development of its new programme area plan (see Case Studies 9 and 15).

The first annual review of VSO Namibia’s EC-funded disability project was conducted by a disabled Namibian activist and consultant. He met individually with representatives of each of the DPOs involved in the project, to look at changes brought about by the project and challenges faced during the year. A participatory evaluation day was then held, where everyone involved in the project was asked for feedback. Like the initial project consultation and the regular steering committee meetings (see Case Study 10), the evaluation day was conducted with sign language interpretation, and held at an accessible venue.

Other workshops and events

It is also important to consider disability when organising any conferences and events, whether these are part of a specific disability programme or not.

DPO staff providing administrative support for VSO Indonesia events

In addition to ensuring accessibility at all its workshops and meetings, VSO Indonesia has also involved disabled people in the running of events. In the past, VSO hired short-term staff to assist with the administration of conferences and other major events. At the suggestion of partner organisations, these contracts were offered to disabled staff of VSO's disability partners. Initially, disabled people worked alongside an experienced event organiser, to improve their skills. After this learning period, they were contracted and paid to provide administrative support to VSO Indonesia. As well as a source of income, this is also valuable staff development for DPOs and their disabled staff.

In general, we found that programmes tend to be stronger at involving disabled people and considering mainstreaming in their initial planning and consultation processes. However, it is just as important to ensure ongoing involvement of disabled people in implementation, management and review processes. This is crucial, to ensure that mainstreaming really happens, to make sure that it is being undertaken appropriately, to respond to the changing context, and to check back regularly against the priorities of disabled people.

As well as the hints and tips below, Save the Children UK's *Access for All* booklet (see **Key resources**) is an excellent source of practical advice for making workshops, meetings and other processes accessible for disabled people.

MAKING MEETINGS AND WORKSHOPS ACCESSIBLE**Preparation: ask people what they need**

- Begin preparation for meetings earlier, and allow more time and budget for the meeting itself – accessibility requires extra time, and may require extra money (for interpretation/translation).
- Ask about participants' requirements in terms of assistance, interpretation and access from your first communication about the meeting onwards.
- In every communication about the meeting, offer to provide information in alternative formats, and give participants an opportunity to inform you of their accessibility requirements.
- Make a final check of every participant's accessibility requirements well before the meeting, in time to arrange any necessary interpretation/translation and assistance.

Preparation: sign language

- If interpretation is required for sign language (or any other language), arrange for a full-time interpreter – even if other participants can sign, they will not be able to interpret and take part in the meeting at the same time.
- It will usually be possible to find an interpreter through organisations of Deaf people.
- For long meetings, you may need one or more backup interpreters.
- Allow additional time for meetings with interpretation into other languages – in effect, everything has to be said twice.
- Provide the agenda and any documents or presentations to interpreters well in advance, so that they can make themselves familiar with the subjects that will be discussed.

'If you invite a Deaf person to a workshop and there is no sign language interpreter, that's even worse than not addressing physical access needs – we think of that almost as a crime.'

Shiv Nair, VSO India

Preparation: other formats

- Provide the agenda, documents and presentations electronically, well in advance. This will allow participants with visual impairments to read the materials in their preferred format (e.g. screenreader, large print).
- If preferred by participants, print and distribute a large print, Braille or audiotape version of all meeting materials – again, this needs to be arranged well in advance.
- Check that participants with visual impairments are able to take notes: people may use a Braille writer, tape recorder or other technological aid (e.g. VSO Namibia purchased dictaphones for Project Steering Committee members with visual impairments); they may want someone to take notes for them.

Preparation: venue

- It is simplest to identify accessible venues and use them for all your meetings (e.g. for all its workshops in Delhi, VSO India uses the same fully accessible venue, and in other key cities it has identified manageable venues; VSO Namibia holds all its disability project meetings at the Disability Resource Centre in Windhoek, as this building is fully accessible for wheelchair users).
- If you are using a new venue, check it in advance.
- In terms of **physical access** – check the entry and exit to the building, the room(s) where the meeting will be held, the toilets, the dining area and the accommodation:
 - steps: make sure there are as few as possible; check for handrails; find out if there are movable ramps that can be securely placed on short sets of steps or a straightforward alternative route;
 - ramps: make sure these are not too steep (ideally gradient of 1 in 14), and wide enough for a wheelchair (1.2m); check for handrails;
 - lifts: make sure these are wide enough for a wheelchair to enter, turn and leave (1.2m); check for spoken announcements of the floor number; check for buttons low enough for a wheelchair user to reach them;
 - doors: make sure these are wide enough for a wheelchair to pass through (1m); check they are easy to open; ensure they are not blocking access when open;
 - space: make sure there is enough width between walls and furniture (including beds, toilets, bath etc) for a wheelchair to pass through without interruption; check for obstacles that could be dangerous for visually impaired people.
- Check the **background noise** of the room where the meeting will be held – this is obviously important for participants with hearing impairments, and also for visually impaired participants who will not pick up visual information, so need to be able to concentrate fully on what is said.
- It is helpful to check the venue with a disabled person, as this will make even small barriers more obvious, and will make accessibility more real to the staff at the venue.
- It is not always (or often) possible to find a fully accessible venue – you will often need to use a venue that is partly accessible, in which case you need to ensure the necessary assistance is available to enable everyone to participate.
- Hotels are often better in terms of physical access.

During the meeting: ground rules

At the start of the meeting, agree some basic ground rules on accessibility:

- Speak clearly and slowly.
- Use short sentences and simple language.
- Don't speak over other people.
- Identify yourself before you make a contribution.
- Agree on an appropriate way to gain attention – for example, if the chair is blind, say that you want to comment rather than raising your hand.

- Give people enough time to understand the topic and respond/make decisions.
- Everyone should feel free to express their accessibility requirements (including moving to another seat or asking for visual aids to be moved if necessary), and to tell other participants if they are not being accessible.

Encourage all participants to follow these ground rules throughout the meeting. If outside speakers join the meeting later, ensure that they are also briefed on these ground rules.

Follow the same basic rules as for any interaction with disabled people – treat people with respect, talk to them as adults, be polite (see Chapter 2 for more details).

During the meeting: sign language interpretation

- Allow extra time for interpretation during the meeting.
- Make sure that people are seated so that the interpreter can hear the presenters/speakers, and participants can see the signer and the presenters/speakers (in case they also want to lip read or look at presentations).

During the meeting: blind/visually impaired participants

- At the start of each session and after each break, ask all participants to identify themselves, so that participants with visual impairments know where everyone is in relation to them.
- Each participant (including the facilitator) should also identify her/himself before contributing to open discussion.
- During small group work, identify yourself when you approach each group, explaining that you are joining or observing.

During the meeting: visual aids

- If you are using flipcharts or other visual aids, describe them clearly so that visually impaired participants know what is being discussed.
- Keep diagrams simple and don't change them too quickly – give participants time to understand what is being presented.
- It may be better to use an overhead transparency or powerpoint presentation, as this can be made larger – if possible, type everything in large font (18 point or more) rather than writing by hand.
- If you are writing by hand, use black or dark blue ink on a white background, and print each letter clearly (not joined up handwriting or block capitals).
- When you add anything to a flipchart, transparency or other visual aid, say what you are adding as you write to enable ongoing participation.
- VSO Namibia's Project Steering Committee meetings do not use flipcharts, slides or other visual materials – participants simply talk.



Playing the networking game at a DREAM-IT workshop

During the meeting: games and exercises

- Avoid games or exercises which require calling out, catching a ball or similar – at the first DREAM-IT networking meeting, we played a 'networking game' in which participants passed a length of rope instead of throwing a ball to each other.
- Exercises which people can do in pairs, supporting each other, are often better.

CASE STUDY 9

DREAM-IT evaluation exchange

DREAM-IT supported DPOs and other disability partners from Thailand and Indonesia to conduct a peer evaluation of VSO's programme in both countries, in preparation for the end of DREAM-IT and the closure of VSO Thailand. The idea for this evaluation exchange came from the VSO Thailand Country Director's experience in VSO Laos. He had invited VSO education programme staff from around the world to conduct the final evaluation of the VSO Laos education programme in 2003.

VSO partners and disability stakeholders from Indonesia visited Thailand to assess progress and make recommendations for the future, then partners and stakeholders from Thailand did the same in Indonesia. This was the first exchange evaluation carried out in VSO. It is also one of the largest and most systematic examples of partner engagement in evaluating a VSO programme.

Twenty-six people from Indonesia, including representatives of DPOs, other disability partners and VSO volunteers, visited Thailand from 31 January to 4 February 2005. They visited all 19 DREAM-IT partners to assess progress against the project's objectives and identify future priorities.

Fourteen Thai partner staff, seven VSO volunteers and two members of the project's Inclusion Advisory Group (see page 61) visited Indonesia in May 2005. They visited all VSO Indonesia's disability partners in East Java, Yogyakarta and Bali. Staff from VSO The Philippines, and disability organisations working with VSO Cambodia and VSO Vietnam also participated in this part of the exchange, to observe the process and make links with disability organisations in Indonesia and Thailand.

Both countries' VSO programme teams identified participants who had worked closely with DREAM-IT and could provide a professional assessment of achievements and progress. In Indonesia, special consideration was given to disabled people who had already attended DREAM-IT training on monitoring and evaluation.

In each country, the week-long evaluation began with an introduction to the process and the three key questions identified by the VSO DREAM-IT team:

- Has VSO's support enabled people with disabilities to participate more fully in society? (This question was taken directly from the overall aim of DREAM-IT).
- How can VSO make sure that it makes the maximum impact for the remainder of the programme?
- How can VSO make sure that positive changes that have taken place will continue after the programme finishes?

Participants then worked as a group on the process for gathering information from each partner organisation. This included making decisions on:

- Specific questions to ask each organisation/group of people who would be interviewed, to get detailed and useful answers to the three big questions.
- How to record information.
- The role that each participant would play (all visits were made in pairs or small groups).
- How to provide the necessary translation/interpretation (some groups required up to four languages – Thai, Bahasa Indonesia, Thai or Indonesian sign language and English).
- Potential challenges and what to do if things went wrong.

Participants had a day with the organisations they were interviewing. Each group recorded their findings in a simple grid, prepared beforehand:

Exchange evaluation findings grid

Name of partner organisation:

Key question

Has VSO's support enabled people with disabilities to participate more fully in society?

How can VSO make sure that it makes the maximum impact for the remainder of the programme?

How can VSO make sure that positive changes that have taken place will continue after the programme finishes?

Source of information

Answers

Answers

Answers

Each completed grid was then translated into English. DREAM-IT staff worked with each group to help them record all the relevant information.

On the final day, each group analysed the information recorded in their grid, using the following questions:

- From the answers you found to question 1, what are the two key changes? Did VSO help them to happen? How?
- From the answers you found to question 2, what still needs to be done?
- From the answers you found to question 3, what will help changes to continue?
- What are the two key things that DREAM-IT needs to do with this organisation before the end of the programme?

Each group's analysis was displayed as an A3 poster. The facilitators looked at the answers and made a list of the common achievements and recommendations. Participants checked this list, and then prioritised key changes and recommendations (initially by identifying two changes and two recommendations in small groups, then by voting on the full list developed by all the groups). Some participants then prepared a presentation to the VSO country team, based on the summarised findings and final priorities.

At the end of the visit to Thailand, participants were each asked to give one recommendation for VSO when arranging the visit to Indonesia, and one piece of advice for Thai participants coming to Indonesia, to ensure that the second visit built on the lessons of the first. The DREAM-IT team also reviewed the process and pulled out some key lessons:

- More time and resources were needed for interpretation, especially for Deaf participants (see below).
- Each small group should only visit one organisation.
- The preparation time (a day and a half) was too short – in particular, participants wanted more time to check their proposed interview questions with each other or with DREAM-IT staff – but unfortunately it was not possible to lengthen this.
- The process generated lots of useful information about changes for disabled children and adults that VSO was not routinely gathering, and produced key recommendations that significantly strengthened VSO Thailand's exit process (see below).
- The process did not generate as much critical feedback as hoped, partly because participants didn't want to be critical, and partly because the Indonesian participants were genuinely impressed by the relatively high level of services and infrastructure for disability in Thailand.

Throughout the process, the DREAM-IT team and other VSO staff provided English-Thai and English-Indonesian interpretation. This caused problems at times when they were trying to

participate as well – for example during partner visits when they were interested in finding things out themselves. Sign language interpreters were also hired, but multiple interpretation (e.g. English-Indonesian-Indonesian sign) took a great deal of time and probably stood in the way of full interaction and engagement with Deaf participants.

Following the exchange, all VSO Thailand volunteers and partners developed an exit plan with clear objectives that were realistic in the time remaining, and ongoing benefits beyond the end of DREAM-IT. Each plan contained an exit statement of what the partner hoped to achieve, which was monitored by VSO Thailand staff using the same specific questions developed during the exchange.

The second leg of the exchange also produced key information about VSO Indonesia's achievements in disability to date. The recommendations from the exchange process fed directly into the development of VSO Indonesia's new disability programme area plan (see Case Study 15).

CASE STUDY 10

VSO Namibia: Project Steering Committee and Project Management Team

VSO Namibia is implementing a national EC-funded disability project in partnership with the National Federation of People with Disabilities in Namibia (NFPDN), the national disability umbrella body. VSO also works in partnership with five national disability membership organisations as part of the project (the Namibian Association of People with Physical Disabilities, the National Federation of the Visually Impaired, the National Association of Differently Abled Women, the Namibian National Association of the Deaf and Heavenly Flowers, an organisation of parents of children with learning difficulties).

When the project began, there was a lack of clarity about the responsibilities of the different parties, leading to some difficulties and misunderstandings. VSO and NFPDN therefore worked together, with the support of a leading Namibian disability activist, to establish a clearer structure. The project now has a **Project Steering Committee** which provides overall strategic direction, and a **Project Management Team** to oversee project implementation. Both committees are convened by NFPDN.

The Project Steering Committee is chaired by the Chair of NFPDN. The other members are:

- the Secretary General of NFPDN
- a member of the NFPDN board
- the coordinators of the five membership DPOs
- the Disability Advisor to the Office of the Prime Minister (who is also disabled)
- representatives of VSO's other main project partners, the Ministry of Health and Social Services (the line ministry for disability in Namibia) and CLaSH (an NGO working with Deaf children)
- VSO's Disability Programme Manager

As well as strengthening local ownership of the project, the committee has had the positive side effect of strengthening communications and understanding between the NFPDN and the disability membership organisations.

The Project Management Team is chaired by the Secretary General of NFPDN, and consists of the Chair and the Administrator of NFPDN, and VSO's Disability Programme Manager, Country Director and Office Manager.

The two committees have Deaf, visually impaired and physically disabled members. A set of simple practical protocols have been established to enable everyone to participate in meetings:

- The meetings are always held at the Disability Resource Centre in Windhoek, as this building is fully accessible for wheelchair users.
- The agenda, minutes of the previous meeting and any presentations or documents for discussion are printed in Braille by NFVI and sent to the blind committee member in advance.

- Management team meeting materials are also sent out in advance by email so that the committee member with low vision can print them out in large print.
- The project has provided dictaphones for both participants with visual impairments to take notes.
- The meetings always have sign language interpretation – the Chair of NFPDN has a personal interpreter.
- Three hours is allocated for each meeting – because of the additional time required for interpretation, this is the equivalent of one to one and a half hours without interpretation.
- In general, the meetings do not use flipcharts, slides or other visual materials – participants simply talk.

CASE STUDY 11

VSO The Gambia: strategic planning and programme development

VSO The Gambia started to research its new country strategy in April 2003. Disabled people were involved in looking at the causes of a number of key issues, including the lack of services for vulnerable groups. By July, disability had emerged as a potential programme area.

VSO invited representatives of DPOs, special schools, and the ministries of health and social welfare to a workshop in August to discuss the causes of lack of empowerment and inclusion of disabled people and whether VSO could intervene in this area.

Between September and December, the working objectives of the disability programme area were agreed in consultation with DPOs.

VSO The Gambia disability programme area objectives

Aim:

To improve the lives of disabled people, women and men, girls and boys in rural and urban areas, through empowerment and improved services.

Objectives:

- 1 To strengthen DPOs so that they represent and provide support to all disabled men and women in the country.
- 2 To increase awareness of disability issues in The Gambia and ensure that the needs of disabled men and women are addressed by poverty reduction strategies.
- 3 Where appropriate, to improve access to services (such as health, education and social welfare) for disabled men and women.

(These were later adapted to take into account the need to mainstream gender in the programme.)

It was recognised that the implementation of the programme would be dependent on external funding, as DPOs in The Gambia are very poorly resourced.

It was seen as essential that disabled people and specifically representatives of DPOs were involved in all stages of the programme, including planning. Between March and June 2004, a number of meetings were held with representatives of DPOs including the Gambia Association of Physically Disabled, Gambia Organisation of the Visually Impaired, Gambia Association of Deaf and Hard Of Hearing, Gambia Physically Disabled Sports Association, National Union of Disabled Youths and Rural Support Of the Disabled. At first, most groups were represented by only one person but then, to ensure gender equity, each organisation was asked to send one male and one female representative.

It was decided that research was needed in key areas before we could develop a programme. The following areas were identified:

- Context of disability in The Gambia
- Needs assessment of DPOs
- Accessibility assessment of VSO by DPOs
- Gender
- HIV & AIDS
- Service provision
- Awareness & attitudes
- Disabled people in rural areas
- Potential funders

Participants from the DPOs volunteered for these groups and research questions and methodology were formulated. VSO provided a few hundred pounds to fund the research, and it was carried out between July and August 2004. A small coordinating committee met regularly to monitor the progress of the research.

In August, a workshop was held with three to five members of each organisation attending. The aims of the workshop were:

- To enable the DPOs and VSO to get to know each other better
- To go through a visioning process to identify the aims and objectives of the organisation and what their needs were (this was the starting point for the needs assessment of DPOs)
- To look at gender issues in the DPOs
- To find the opinions of disabled people regarding the provision of basic services

A second workshop was held in September to:

- Present the research findings and recommendations to other working groups and to senior decision-makers in the DPOs
- Discuss the recommendations
- Prioritise the key areas in which the VSO disability programme will work

Causal maps were produced for each of the key areas, with areas where we felt change could most easily take place. At the end of this workshop a working group was established to take this forward and develop a programme. Each DPO selected one recommendation to work on.

A VSO volunteer also arrived in September to work with GOVI and on the programme development process.

Between October and November, the working group revised the programme's aim and objectives and looked at changes they expected to see as a result of the programme. Then they brainstormed activities and how they would help us work towards the objectives. Possible activities were prioritised into: essential for the achievement of objectives; useful; nice but not necessary.

The proposed programme was presented to donors and other key stakeholders in December 2004. The existing Working Group was formalised into a Steering Committee for the programme.

In February 2005, a VSO volunteer organisational development advisor arrived to support the DPOs. This placement was managed by the Steering Committee, rather than by VSO or any one of the DPOs. Over the next few months, the Steering Committee developed guidelines for the operation of the programme. VSO submitted proposals to various donors, including the British High Commission and PSO. The BHC proposal was successful, and provided funding for the Steering Committee and some limited capacity building activities through to 2006.

VSO capacity-building volunteers started work with GADHOH, GPDSA, RSOD and GAPD in September 2005.

In January 2006, the Steering Committee was expanded to include the national disability umbrella organisation, the Gambia Federation of the Disabled. VSO began to carry out partnership reviews with each DPO to look at progress and challenges so far, and submitted a further funding proposal to UNV.

KEY RESOURCES

Save the Children: Access for All
http://www.savethechildren.org.uk/scuk_cache/scuk/cache/cmsattach/485_accessall.pdf

Mobility International USA: Checklist for Inclusion
http://www.miusa.org/publications/freeresources/Checklist_for_Inclusion.pdf

CHAPTER 7: PROGRAMME MAINSTREAMING: INCLUDING DISABLED PEOPLE IN OTHER PROGRAMME AREAS AND SECTORS

SECTION 1: GENERAL

Programme mainstreaming is the process of ensuring that our programmes and services are inclusive, equitable and non-discriminatory, and do not reinforce the negative effects of disability.

For non-disability services and development programmes, programme mainstreaming involves changing service models to include disabled people on an equitable basis, in the same settings as non-disabled people.

VSO believes this is crucial as disabled people have a right to equal participation and inclusion in basic services and development processes. Disabled people's priorities are primarily those of other people in their communities, such as jobs, family life, education and health care. These priorities and rights can be met most equitably and most efficiently in mainstream settings.

Even if our starting point is supporting partners to include disabled people, it is still essential to mainstream disability internally in our own workplace and programme management processes as well.

KEY MESSAGES

- Ensure that disabled people and their organisations play an active role in all programmes.
- Look at disability in relation to existing agendas, frameworks and models within each sector: use the concepts and language familiar to that sector rather than that of disability.
- Promote the inclusion of disabled people within mainstream and community settings, not separate or special settings: ensure that any specialist organisations and professionals you work with support mainstream providers to include disabled people.
- Disabled people's rights are the main concern of mainstreaming, so it is particularly important to engage with government.
- Programme mainstreaming is a long, slow process – start small and work on easy changes to build confidence and demonstrate success, but after every activity, always ask 'what next?'

PRACTICAL ADVICE AND LESSONS

One way to mainstream disability into our non-disability programme work is to start with the **internal** mainstreaming steps described earlier in this handbook: organisational commitment, sensitisation, workplace mainstreaming and including disabled people in programme management processes. VSO Indonesia began mainstreaming from the inside in this way, with the disability team sensitising their colleagues, volunteers and partner organisations in other programme areas, and making the programme office more accessible to disabled people (see Chapters 4 and 5 for more details). This is now feeding into programme mainstreaming, with the development of a new programme area plan focused on livelihoods for disabled people (see Case Study 15).

Mainstreaming can also begin at **programme** level. For example, VSO Thailand's disability mainstreaming grew out of its programme work on education for disabled children, and then fed back into VSO's ways of working (see Chapter 3 for more details).

For VSO, programme mainstreaming means promoting the inclusion of disabled people in

the work of our partner organisations: supporting partners to mainstream disability. The elements of the mainstreaming model are exactly the same for partners:

- Organisational commitment: by the partner organisation.
- Sensitisation: for partner staff.
- Workplace mainstreaming: within the partner organisation.
- Programme mainstreaming: within the work of the partner organisation.
- Meaningful involvement of disabled people in the process of mainstreaming.
- Consideration of gender at each stage.

In most of the examples in this handbook, VSO volunteers and programme staff have worked with partners to increase disabled people's access to appropriate services such as primary education or HIV & AIDS prevention, i.e. programme mainstreaming by partners. Ideally, in the longer term we would also aim to support partners to mainstream disability internally.

Mainstreaming is about the inclusion of disabled people in mainstream and community services and settings, not separate or special settings. If we are working with specialist organisations and professionals, it is important to make sure that they are supporting mainstream providers to include disabled people, not taking them out of the mainstream. This may mean supporting specialist providers to rethink their role, as VSO Kazakhstan has done, with volunteers helping social welfare organisations to move towards a model of family support, rather than taking disabled children into residential care.

Programme mainstreaming involves working with people who are not primarily focused on disability (e.g. VSO staff, volunteers and partners in non-disability programme areas). So it is particularly important to convince these people that mainstreaming is relevant to them.

Like all mainstreaming efforts, it is important to manage programme mainstreaming as an ongoing project, with a clear purpose and structure. There is no point in carrying out one-off activities, as these will quickly be lost in the pressure of people's main priorities. Plan and budget for a series of activities that build on and support each other.

VSO volunteers and staff have used two main kinds of activity in programme mainstreaming:

- **Persuading** through building organisational commitment or sensitisation.

As well as the VSO Indonesia example, VSO Namibia has also taken this approach, with encouraging success in relation to HIV & AIDS and disability (see page 92). This approach can take a very long time to produce results, and it is essential to link it to practical actions and follow-up.

- **Doing** – taking practical actions to include disabled people.

Many VSO volunteers take this approach, demonstrating how to include disabled people in practice. This can be in their professional work (see Case Study 12 on education) or on an informal, personal basis (see Chapter 2 for examples from Indonesia and PNG). Although this approach often produces fairly quick results, these may not be sustained once the volunteer leaves, so our experience suggests that it needs to be linked to persuading and building organisational commitment.

Whatever approach we take, programme mainstreaming is a long-term process. We should always have a follow-up activity planned – after every activity, ask 'what shall we do next?' It is vital to review our progress on a regular basis and plan what to do next.

For example, if you want to carry out an initial assessment of the situation of disabled people in your programme area, include a workshop to share your findings and plan the next steps, and time and budget to support these plans. If you are providing disability equality training,



Play activities for a disabled child at the Foundation for Child Development, a VSO Thailand partner
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provide simple resources that participants can use in their work, and build in practical follow-up activities to support people to act on the training. If you are going to take practical steps to demonstrate that it is possible to include disabled people, think about how you will publicise these activities and build on any successes.

The experiences and suggestions in this chapter relate mainly to people that we work with directly (e.g. programme staff, volunteers or partners). Since mainstreaming is primarily about disabled people's rights to equal treatment, it is very important to engage with government actors, as the main providers and duty-bearers for basic services and people's rights. If you are working primarily with NGOs, you may therefore need to think about engaging with policy issues (see Chapter 8), rather than or as well as programme mainstreaming.

Planning

Getting an understanding of the existing situation in the programme area is a good starting point for planning. The first step is to make contact with DPOs or disability activists, and with organisations working in the programme area (e.g. existing VSO partners) and ask them about the existing situation:

- Find out what is already being done on disability in this area
- Find out how disabled people are currently excluded from services within the programme area, and what the barriers are (see Chapter 3 for practical advice on this)
- Identify existing or possible responses that VSO could support

Try not to miss out on the perspectives of people with learning difficulties and people who have experienced mental ill health.

If we have management support, we can even get our colleagues to do this themselves. With support from the Country Director, a staff member in VSO Cambodia arranged for programme staff and volunteers to carry out a simple survey looking at who was currently excluded in each programme area, what was already being done to promote inclusion, and how VSO could do more to address these issues.

Persuading

In many of the examples we looked at for this handbook, committed individuals, often working in disability themselves, have worked to persuade VSO staff, volunteers and partner organisations to address disability in non-disability programme areas.

This has often involved building **organisational commitment** (see Chapter 3) to disability mainstreaming. In the rest of this chapter, there are examples from VSO Ghana, VSO India, VSO Kazakhstan, VSO Kenya, VSO The Maldives, VSO Namibia, VSO Thailand and VSO Vietnam. These experiences suggest the following lessons:

- Start with the existing frameworks and commitments within the sector or programme area. Together with disabled people and non-disabled stakeholders in that programme area (e.g. VSO colleagues, volunteers, partners), look at how and where disability is relevant or disabled people are currently excluded. Identify the risks and implications of excluding 5%-8% of the population. Develop a clear rationale for mainstreaming based on the values and commitments of that sector.
- If we are trying to persuade decision-makers or donors, focus on existing policy frameworks and commitments, such as Education for All targets or the Millennium Development Goals (MDGs). Rights-based approaches provide a clear framework to promote mainstreaming, if we are working with organisations that follow these approaches.
- If we are trying to persuade practitioners, it is usually more helpful to focus on values and practical approaches. For example, many education volunteers have used teachers' existing commitment to child-centred methodologies to promote inclusive education, as both methods are about adapting teaching to meet the specific needs of each learner.

A lot of programmes carry out disability awareness training or other **sensitisation** activities for colleagues, partners and volunteers in other programme areas. As with any sensitisation process, it is essential to ensure that disabled people take an active role, to support people to take practical actions, and to relate disability to their own values and commitments (see Chapter 4 for more details).

It is always important to look for **allies**: people who are willing to move already, often because of personal or professional experience of disability. For example, a VSO The Maldives volunteer was able to win high-level support for her work in inclusive education because two important Maldivian politicians have children or grandchildren with learning difficulties. As well as seeking out allies, create opportunities to talk about disability whether in formal settings like meetings or workshops, or informally in social settings, so that it is easy for people to approach you.

Once you have found allies, concentrate on working with them. Invest time and resources in supporting them. Keep reinforcing their engagement and commitment by giving them positive feedback on their efforts and successes – of whatever size.

Be prepared for **resistance**. It will often be possible to help people to overcome their initial concerns through sensitisation (see Chapter 4) or practical support. However, don't try to force people to get involved in mainstreaming – this will only provoke further resistance and is usually a waste of effort.

Doing

We also found a number of examples where people had convinced others to engage with disability by demonstrating changes and successes in practice. This usually involves working with existing disabled service users in a more inclusive way, as in VSO Thailand, VSO Namibia (Case Study 12), and most of the other education examples in this handbook.

In addition, we can all involve the disabled people who we see around us every day in social settings – for example, by encouraging non-disabled and disabled children to play together or inviting a local disabled adult to accompany us to a social gathering (see Chapter 2 for more examples).

Our experiences in this area suggest the following lessons:

- Again, it is very important to look for **allies**. In particular, develop working relationships/partnerships with DPOs, who can provide technical support and a disability perspective.
- Other international NGOs working in disability or taking an inclusive approach can be valuable allies. A joint approach can increase our voice with partner organisations and allows us to combine the expertise of VSO volunteers with the resources provided by other INGOs.

It can also allow us to work in areas with few or very fragile DPOs. For example, VSO disability programmes in Ghana and Sri Lanka have developed links with Basic Needs, an INGO that takes a social model approach to mental ill health.

- Start with easy wins: small, practical steps that we can carry out quickly to build confidence and demonstrate that progress is possible.

We found a number of examples where VSO volunteers had spent huge amounts of time and effort working with one or two individuals with severe impairments. While this work is extremely valuable, it is rarely sustained after the volunteer leaves, as colleagues get the message that working on disability requires far more technical skill and time than they have.

- It is important to be able to provide some kind of response or resources to disabled people or partner organisations. Otherwise we will not be in a position to demonstrate any practical successes. We must be able to respond, arrange follow up or make referrals – and this means building links with other organisations.
- Whenever we have a success, however small, share it with others to build their confidence and engagement. Publicise successes in formal reports and workshops, or informally and socially, to demonstrate what is possible and increase people's awareness and interest.
- Don't try to do everything at once – but do have a clear long-term structure and purpose for mainstreaming. For VSO, it is particularly important to use the practical activities and support offered by volunteers to build the organisational commitment of partners – otherwise mainstreaming will not be sustained in the longer term.

Reviewing and follow-up

It will not be effective to carry out one-off activities with no plan or resources for next steps. We need to make sure that we always have a follow-up activity planned – after every activity, ask ‘what shall we do next?’

It is important to review our mainstreaming activities on a regular basis. This includes looking at our successes and how we can build on them, and at the main challenges and how we can respond to them. It is also important to regularly review the overall situation in terms of the exclusion of disabled people, and whether there have been any improvements. For example, VSO India’s annual review with each partner organisation in its HIV & AIDS and Participation & Governance programme areas includes questions about the participation of disabled people in the organisation and in local decision-making processes. As with the initial planning and activities, it is essential to involve disabled people in reviewing progress.

SECTION 2:
PROGRAMME MAINSTREAMING:
EDUCATION PROGRAMMES

For VSO, mainstreaming disability into education means promoting **inclusive education**: the full participation of all children, including children with impairments, in their local schools.

Inclusive education is based on the following principles:

- All children are different, and difference is normal and valuable
- All children can learn, and all children have different learning needs and rates of development
- All children have the right to education, so schools should accommodate all children
- This means that schools and education systems need to be flexible and adapt to the learning needs of all children – not the other way round

These principles are very similar to those of child-centred learning, and people working in mainstream education systems may sometimes find this an easier way to engage with inclusive education.

Inclusive education is used to describe different approaches in different places. For VSO, inclusive education is about:

- Flexible, adaptable, child-centred approaches to education. This includes different teaching methods to respond to children’s different learning needs, but also includes the school environment, support systems (e.g. sign language, audiology, Braille textbooks and equipment), education management, teacher training, the curriculum and policy framework.

Bringing disabled children into an ordinary classroom with no adjustment or support is not inclusive. A child who cannot see what the teacher is writing or hear what she is saying is not being included as a learner.

- Including all children in the same setting, which is flexible enough to meet their individual learning needs.

Separating disabled children into a special unit attached to a normal school is not usually inclusive. Each disabled child is different, and there is no advantage to putting Deaf children, blind children and children with learning difficulties all together in one special unit. It does not make it any easier to meet their individual learning needs. Children in these units often do not interact with their peers in the rest of the school, and may be teased, bullied or ignored by others.

‘I want to go to school tomorrow.’

‘But this is the school’, I reply.

‘No’, he tells me sternly, ‘this is the room for writing beautifully.’

Pupil in special needs room at Chaotalay School, Thailand 1999

- Providing the support that learners and teachers need in the classroom, in the school and in the education system, but also in the family and the community.
- All excluded children. As well as disabled children, girl children, orphans and children affected by HIV & AIDS, children from nomadic or minority communities, refugees and displaced children, and children from poor households may all be excluded from normal schools. Fully inclusive education would adapt to the needs of all these children.

KEY MESSAGES

- Inclusive education is about adapting the education system to the individual learning needs of each child – not about adapting children to the education system.
- Supporting more inclusive education is a long-term process, which needs to be approached in a strategic and well-structured way.
- Focus on promoting greater inclusion than there is now, whatever your starting point.
- Find allies who are committed to promoting greater inclusion too.
- Start with children who are already in school – then you can negotiate for more children once you have demonstrated what is possible.
- Use child-centred methodologies as a framework for promoting greater inclusion – both approaches are about responding to each individual child's learning needs.
- At policy level, use EFA as a framework – it is impossible to achieve EFA without including disabled children.

Inclusive education for Deaf learners

Inclusive education is never simple, but it is especially complicated in relation to Deaf learners. Many Deaf people's first language is a sign language. This means that sign languages need to be treated like any other mother tongue. Early years and primary teaching for Deaf learners should be in sign language. Throughout their education, Deaf learners need to be able to sign, otherwise they will always be interacting in a second language, if at all. The challenges facing Deafblind children are even greater.

This might seem like an argument for separate or 'special' education for Deaf learners, and some organisations of Deaf people advocate this approach. However, if we separate Deaf learners into special units or schools, they will not interact with hearing people, including their families in many cases. For non-Deaf people to learn to interact with Deaf people, a more inclusive approach is probably needed. In addition, special education is prohibitively expensive, and in most countries special schools will only provide places for a tiny proportion of Deaf children. This is not an easy question to resolve, but in some countries in the South, people are drawing on family support and Deaf adults within the community, providing early years or ongoing sign language teaching, sign language support in the classroom and other low cost solutions to work towards greater inclusion.

PRACTICAL ADVICE AND LESSONS



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Different education systems make different provision for disabled children. In many countries VSO has a long history of support for special schools. Mainstreaming disability into education means promoting a more inclusive approach, whatever the starting point. This is a long-term process, but it is important to be clear about the direction we are working towards.

For example, VSO Thailand supported mainstream primary schools to include disabled learners, in line with the new policy of inclusive education introduced in 1999. As a result of VSO Kenya's support for both special units and the ordinary schools they are attached to, disabled children now participate more in

the whole school. VSO Ghana is facilitating links between special schools and district education offices, in order to strengthen local support systems for inclusion.

In general, VSO's work in inclusive education is in partnership with government. Some programmes, such as VSO Thailand and VSO Namibia, also work with NGOs running specialist schools or services, but this should always be with the aim of supporting mainstream government provision or providing disabled children with the basic enabling support they need to participate in mainstream schools (e.g. learning sign language or

Braille, mobility assistance, audiology, speech and language therapy, etc).

In all VSO's inclusive education programmes, the role of volunteers is to give advice and support to mainstream schools and teachers. It is therefore essential for VSO to recruit volunteers who are committed to inclusion rather than segregated or special education. Although many volunteers with a background in special schools are committed to inclusion, our experience suggests that volunteers who have already worked with disabled children in mainstream settings generally find it easier to promote inclusive education.

Inclusive education has been the main way for VSO to engage with learning difficulties, as there are few organisations of adults with learning difficulties in the countries where we work.

It is also important to address other barriers to education, especially those related to gender and poverty (see VSO Thailand's active involvement of parents, page 85). In particular, it is important to make sure that our work does not expose disabled children to physical or sexual abuse as a result of coming to school. VSO volunteers and staff can use VSO's child protection policy and their own professional experience to promote safe and respectful school environments for all children. One of VSO The Gambia's conditions of partnership with a school is that the school makes a commitment to ending corporal punishment. Although this has led us to stop working with some schools that would not make this commitment, in others it has given volunteers formal opportunities to address abuse.

Planning

VSO Kenya conducted a large-scale survey at the beginning of their EC-funded inclusive education project. Local teams visited schools in each project district to find out what provision they made for disabled learners, and interviewed teachers, parents and children. The findings were used as the basis for many of the activities carried out in the project.

VSO Namibia sent a questionnaire to all schools in the regions where we work to find out how many were currently admitting disabled learners, how many disabled learners were already in school, and what provision was being made for them. VSO volunteer inclusive education advisors have followed this up with further surveys and visits to schools. These activities have identified a small number of disabled children enrolled at primary schools, but almost none at secondary level. As a result, VSO Namibia is initially focusing on supporting primary schools to become more inclusive, with the aim of building expertise and commitment in each region, and supporting children's progression to secondary schools in the longer term.

The Ministry of Education in Ghana commissioned a survey of education for disabled children as part of an overall review of the education sector to feed into the Poverty Reduction Strategy Paper. VSO Ghana used the findings to support the government's Special Education Division to develop a strategy for promoting inclusive education.



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Persuading

Organisational commitment

The Education for All (EFA) Dakar framework is a very useful framework for persuading decision-makers to pursue inclusive education. It is impossible to achieve education for all children if disabled children are still excluded. In fact, government and donor focus on EFA commitments has brought disability to the surface in several countries. For example, in The Maldives, UNICEF and the government had already recognised the need to increase disabled children's access to education in order to achieve EFA targets. A VSO The Maldives volunteer was able to use this policy shift to gain support from the Ministry of Education for a pilot project on inclusive education.

A number of countries have gone further, making high-level policy commitments to inclusive education. VSO Thailand and VSO Vietnam have both used these national policy frameworks to promote more inclusive approaches at provincial and local level.

The other important framework is child-centred methodology. Many education volunteers have used teachers' existing commitment to child-centred methodologies to promote

inclusive education, as they are both based on the same idea: adapting teaching methods (and the wider school environment and education system) to meet the specific needs of each learner. On the other hand, where a school is still using formal, chalk-and-talk, non-child-centred methods, the whole teaching model needs to change to enable inclusion, and this is obviously a much more difficult and long-term process.

Sensitisation



Like many VSO programmes, VSO Ghana runs a disability session as part of its standard 'Partners Preparing for Change' workshop for all partner organisations, including those in the education programme area. This has led to several district education offices approaching VSO for additional support on inclusive education, even though this is not a focus of VSO's education programme work.

Allies

Education systems often include sections with specific responsibility for disabled children, and these can potentially be valuable allies, as described in the VSO Kenya example on page 85. However, there can be risks in working within these structures. In some countries, there is a separate division responsible for special schools, usually with few links with mainstream schools or local education management. This is the situation in Ghana, and VSO Ghana has therefore been supporting the Special Education Division to build these links.

In many countries, the section responsible for disabled children is (or was until recently) focused on special education. Even if the policy framework now recommends inclusion, staff in these sections may not always have the skills, experience, understanding or commitment needed to promote inclusive education. In this case, it is important to build organisational commitment to mainstreaming. Many governments and VSO programmes have historically supported special education, but are now shifting to an inclusive approach. People working in both the mainstream and the special school system still tend to think of education for disabled children in terms of 'special' or segregated provision, and it is important to avoid reinforcing this.

UNICEF and other international agencies and donors with a commitment to inclusive education can be valuable allies in supporting government education systems to make this shift in thinking.

Teachers and head teachers in mainstream schools that already have disabled pupils are also important potential allies. VSO Kenya focused on head teachers at schools with separate Special Needs Units, providing a series of training sessions on primary school management developed by volunteers that emphasised inclusive education throughout.

'I want these children to have the best. I now know what is going on at the Special Needs Unit, whereas before I did not even care.'

Head teacher, quoted in SNESP Final evaluation Dec 2003

Parents of disabled children can be the most important allies of all, where VSO can support them to have some voice in the education of their children. VSO Namibia works in partnership with two parents' associations, one of parents of children with learning difficulties and the other of parents of Deaf children, as part of its overall disability programme. We are now trying to build stronger links between these groups and the regional education offices where VSO is promoting inclusive education.

Mainstream primary teachers at disability awareness training in Outapi, Namibia



Active involvement of parents

VSO Thailand supported parents to form local income-generating groups, as poverty was identified as one of the key barriers preventing them from sending their disabled children to school. In one region, a VSO volunteer Inclusive Education Adviser facilitated regular meetings between the local parents' group and the regional special education centre. As a result, parents have become actively involved in their children's education and development, and more of the children are now attending mainstream schools with support from the centre and their parents.

Resistance

Mainstream schools and teachers generally put up barriers at first to accepting disabled children. They think it will be too much to take on and that they will not be able to deal with the child. One volunteer working in inclusive education drew a helpful distinction between two kinds of resistance. Some teachers initially don't want to work with disabled children because they are worried that they won't be able to meet the child's needs properly – and these teachers can be persuaded with practical advice and support. Other teachers simply see the disabled child as an extra burden, rather than a potential learner, and it is not usually productive to keep working with them.

Doing

The best starting point for demonstrating inclusive education is to work with the disabled children who are already in school. Teachers and fellow pupils already know them, and have more of an incentive to support them. Focus on simple, practical steps that teachers or parents can take straight away, to demonstrate quick successes and build everyone's confidence. See Case Study 12 for some examples.

Simple changes enable a girl with a hearing impairment to participate

One teacher from Ghana told us about a girl in her Grade 3 class who constantly scored 0%. The teacher used to beat her, and the girl started to miss classes. Then the teacher discovered from the other pupils that the girl had a hearing impairment. She moved the child to the front of the class, where she could hear better. She also identified another pupil who could interpret for her into the local language, since she had very limited understanding of English due to the failure of the school to address her learning needs before. These straightforward changes enabled the girl to begin participating in the classroom.

In the majority of cases, inclusive education is largely about good, responsive and creative teaching. Teachers and head teachers in schools with disabled children are key allies in taking practical steps to include children. The VSO The Maldives volunteer who had used the EFA framework to win high-level support for her work in inclusive education found a primary head teacher from a remote atoll who was keen to work with her. Since his was the only local school, he was already seeing relatively large numbers of disabled children.

As the example from Ghana shows, it is also important to look at the roles that children can play, for example, sharing their notes with disabled classmates. Deaf children already enrolled at regional sign language units supported by VSO Namibia volunteers have proved to be the best sign language teachers for other Deaf children.

Education systems often include sections with specific responsibility for disabled children, and these can potentially be valuable allies. VSO Kenya's inclusive education programme works through Education Assessment & Resource Centres (EARCs) in each district. EARCs are responsible for assessing disabled children's educational needs, to support schools to provide appropriate teaching, and for referring children to clinical or rehabilitation services if required. By strengthening the EARCs to work more effectively with schools and communities, VSO Kenya has supported the development of a sustainable structure for promoting inclusive education.

VSO inclusive education programmes in a number of countries have made practical links



Box System, VSO Thailand

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with other international organisations working in inclusive education such as UNICEF or Save the Children. All service providers working with children are potential allies, including community based rehabilitation (CBR) programmes, primary health care services and government or community-based social welfare services. Any of these may be the first point of contact with a disabled child, and can act as a gateway for the whole range of services and referral support. It is also important to establish links with these other agencies so that we can refer disabled children for enabling services when necessary.

It can also be very helpful to provide simple resources. VSO Thailand inclusive education volunteers developed a low-cost play box, with a series of simple games and play activities for teaching children with learning difficulties and addressing behavioural problems. The Box System was rolled out in four provinces through a series of practical training sessions for teachers, staff at special education centres and provincial education officers, followed up by coaching and on-the-job support by the volunteers. Key staff in each province have been trained as facilitators to continue supporting the use of the Box System. As part of VSO Thailand's exit strategy, the Box System methodology was handed

over to the central Bureau of Special Education Administration at the Ministry of Education, for dissemination to all provinces in the country.

VSO volunteers working as inclusive education advisers in Namibia used a small grant of N\$7500 (£650) to develop inclusive education boxes: sets of resource materials, training manuals and a video on inclusive education in Zambia. Each set of materials was put in a plastic box and given to circuit facilitators on inclusive education: teachers who provide support to a circuit of 30-35 schools. The facilitators attended a series of practice sessions run by the volunteers, and now they are all using their resource boxes to run training sessions for resource teachers within their circuit.

It is also important to share what we are doing, especially successes, in order to build people's engagement and motivation. The VSO Namibia volunteer featured in the case study below shares news of her work as an inclusive education advisor in as many situations as possible: during every regional volunteer meeting; while having coffee with other members of the regional Advisory Teacher team; during joint school visits with colleagues and other VSO volunteers; and in a monthly report to the senior Advisory Teacher and regional Deputy Director of Education.

Reviewing and follow-up

As well as helping us to learn from experiences and plan for the future, reviewing can be a useful way of demonstrating successes. For example, VSO Kenya participated in a government task force on special education, which studied our EC-funded inclusive education project. This led to the Ministry of Education recognising the success of VSO Kenya's work with district level EARCs and in promoting CBR. The government has subsequently decided to renew support for EARCs across the country, and to adopt CBR as a national strategy in disability management.

CASE STUDY 12

VSO Namibia: inclusive education

This case study focuses on the work of one volunteer, in order to provide specific practical examples. It also demonstrates a process developing over time. Anita began by working with individual disabled children who she encountered almost by chance. Over time, she has established more systematic engagement with schools, and increasingly her work is being incorporated within the regional education support structures.

It is important to emphasise that Anita is working within a long term inclusive education programme – her contribution is supported by other VSO inputs, and will hopefully be embedded by future volunteers until eventually the regional education office can sustain a more inclusive approach without VSO support.

Anita is a VSO volunteer acting as an inclusive education adviser in Khorixas in Namibia. When she began this role, she initially focused on individual children who she came across in the community.

For example, in Khorixas town, she saw a four-year-old blind girl being carried by her sister. Anita took her to an optician, who said that she had congenital cataracts and needed to see a specialist right away. It turned out that her condition had been diagnosed two years before, but there had been no referral or follow-up by the clinic. Anita arranged a consultation with a specialist and contacted another VSO volunteer working as a medical social worker in Khorixas, who arranged for the girl to be seen at the local hospital. The day after she was admitted, she was taken to Windhoek for an operation. The child now has partial sight, and has enrolled in primary school in Khorixas. Initially, her teacher resisted and said that it wouldn't be possible to cope with a child with low vision but Anita persuaded the teacher to accept the girl on a trial basis. The teacher provides the girl with large text notes, which she is able to read close up.

Anita encountered P, a child with no arms who was able to draw using her feet. P's mother wanted to send P to a special school, but Anita persuaded her to send P to the local primary school instead. P's teacher was concerned for her welfare, saying that she would not be able to look after P properly, but Anita persuaded her to try. Although P settled into the classroom well, she wasn't forming her letters properly when learning to write. The teacher told Anita that she didn't know how to respond. Anita asked her what she would do with any other child who couldn't form her letters. The teacher said that she would guide the child's hand in the correct shape, and Anita suggested that she try the same thing – guiding P's foot while writing. The teacher did this and now P is able to write.

After this ad hoc beginning, Anita took a more systematic approach by surveying all the schools in the region, asking:

- how many disabled pupils the school had (responses varied from zero to about five)
- whether the school was wheelchair accessible
- whether any teachers have been trained to work with disabled children

She then visited the schools to follow up the survey and carry out a learning needs assessment for each disabled pupil. She found that schools had great difficulty assessing children's learning needs. Children with dyslexia were often identified as having visual impairments, because they could not make sense of words and letters. Similarly, children with learning difficulties were commonly identified as Deaf.

Anita also found cases where children with visual impairments enrolled at primary school, and were sent home because the school refused to teach them. However, she also found children with a range of impairments (including visual, hearing, physical and learning impairments) who were in school. In each case she:

- identified the individual child's learning needs using basic vision, hearing and comprehension tests

- advised the teacher on possible teaching methods
- negotiated with the school around appropriate support for pupil and teacher
- where appropriate, arranged referrals to the regional eye clinic, or to sign language classes in the region
- wrote an assessment report for the school and family, and sent a copy to the relevant clinical service provider

The majority of disabled children in primary school are in mainstream settings, with a tiny minority attending special schools. Many more enrol in mainstream schools but in most cases they are sent home or drop out. At secondary level, Anita found very few disabled pupils. Most of those she did identify had either low vision or mobility difficulties, and were coping on their own, with little or no support.

Following this survey, Anita contacted the regional CBR programme and other local community programmes (e.g. HIV & AIDS home-based care programmes), to identify disabled children not in school. She has started accompanying the CBR team on their regular community visits. Together, they act as an assessment team, supporting the disabled children they identify to access the appropriate services.

Now that she has established herself and gained acceptance, she is also getting support requests directly from schools, including one that contacted her about a child in Grade 8 with low vision. When Anita met him, she found he had difficulty focusing at a distance but could read things close up. She attended the next school staff meeting and explained to the teachers that if they copied what was on the blackboard on to a piece of paper, the boy would be able to read it perfectly well.

She is also establishing links with other service providers. For example, a profoundly Deaf four-year-old boy was brought to her by his parents. The regional sign language unit would not take him as they do not take children under seven. Anita therefore arranged for him to attend a pre-school for Deaf children run by an NGO. His parents were very keen to send him to school so he is now attending regularly.

Anita has started to work more closely with allies within the education system. She has been made a member of the regional team of Advisory Teachers, who provide support and advice to primary and secondary school teachers across the region. This gives her opportunities to work with and sensitise the other Advisory Teachers both formally and informally, and thus potentially widen her reach much further. One of her colleagues in the team has a daughter with epilepsy and possible learning difficulties. Anita has found that this person is more receptive to the idea of inclusive education, and now she is working closely with this colleague to support and reinforce his commitment.

Her work is gradually becoming more formalised within the regional education system. For example, she is now training one teacher in each circuit as an inclusive education facilitator, to advise and support colleagues in the schools on that circuit. As a member of the Advisory Team, she makes a monthly report to the senior Advisory Teacher and regional Deputy Director of Education – this is also a good vehicle to keep raising disability issues.

KEY RESOURCES

Save the Children: Schools for All
http://www.eenet.org.uk/bibliog/scuk/schools_for_all.pdf

The Atlas Alliance: Inclusive Education – Where there are few resources
http://www.eenet.org.uk/theory_practice/ie_few_resources.pdf

UNESCO: Open File on Inclusive Education
<http://unesdoc.unesco.org/images/0012/001252/125237eo.pdf>

Enabling Education Network (website and resource centre for inclusive education)
<http://www.eenet.org.uk>

SECTION 3: PROGRAMME MAINSTREAMING: HIV & AIDS PROGRAMMES

Disabled people are vulnerable to HIV & AIDS in exactly the same ways as everyone else. They are sexually active, so they are vulnerable to HIV infection themselves. They have families, so they are vulnerable to the wider impacts of HIV & AIDS, such as caring for sick relatives or losing parents or caregivers. In fact, some disabled people may be more vulnerable – disabled women and children are extremely vulnerable to rape and sexual abuse, as are people with learning difficulties. People in residential or psychiatric institutions are also very vulnerable to sexual abuse. Young disabled people rarely receive accessible adolescent sexual and reproductive health information, and VSO's experience in Ghana and The Philippines suggests that this puts young Deaf people at particular risk of unsafe sexual behaviour and abuse.

However, in general, HIV & AIDS programmes do not consider the needs of disabled people. Prevention and treatment information is not usually available in formats that are accessible for blind and visually impaired people. Testing and treatment service facilities are not always physically accessible, and almost never have sign language interpretation, which makes it impossible for Deaf people to receive pre- and post-test counselling.

So mainstreaming disability into HIV & AIDS programmes is primarily about ensuring that information and services are accessible to disabled people.

KEY MESSAGES

- Encourage AIDS service organisations and staff to recognise that disabled people are sexually active and vulnerable to infection and to the impact of HIV & AIDS
- Focus on accessible information, e.g. sign language translation; condom practice rather than demonstration for blind people; Braille printing on condom packets and awareness materials
- Focus on accessible services, e.g. sign language interpretation at clinics and VCT facilities; physical accessibility
- Build links between DPOs/disability organisations and AIDS service organisations, including CBR and HBC programmes
- Put HIV & AIDS services for disabled people in context of broader personal and sexual development (e.g. life skills, confidence, ability to report abuse etc)

PRACTICAL ADVICE AND LESSONS

Planning

VSO Ghana's Disability Programme Manager visited AIDS service organisations (ASOs) around Ghana, asking how many disabled people they work with. Most initially responded that they don't focus on disabled people, as they work with the general population. The Programme Manager followed this up by asking how many of the general population are disabled, and whether the ASO had done anything to reach them.

Since the research process involved talking in depth to key people at each ASO, it also provided an opportunity to inform ASOs about disability and to identify potential allies for future mainstreaming efforts. For example, the Programme Manager told them about disabled mothers he knew, showing that disabled women have sex, so they are at risk of infection. During the research, he also met disabled people living with HIV & AIDS, so he was able to tell ASOs about them. He also went through their existing information materials and explained how they were not accessible to blind people and Deaf people.

VSO Ghana's engagement with HIV & AIDS and disability was sparked by a Deaf volunteer (see Case Study 13).

A VSO volunteer supported the National Federation of People with Disabilities in Namibia to review and analyse HIV & AIDS provision for disabled people. Based on the findings of this

research, the NFPDN decided not to develop their own separate programme, but to work with mainstream ASOs to include disabled people in their services (see Case Study 14).

Persuading

Organisational commitment

The case study from VSO Namibia shows how the ‘continuum of care’ (awareness, prevention, VCT, care & support, treatment) can be used to develop a rationale for mainstreaming disability in HIV & AIDS programmes.

Even a simple change of emphasis can be effective. VSO Ghana’s Disability Programme Manager was unable to arrange a meeting with the Ghana AIDS Commission to follow up his initial research, despite many attempts. At the suggestion of a contact working in HIV & AIDS, he changed his approach, explaining that VSO was developing an HIV & AIDS programme targeting disabled people, and wanted to check that this work was aligned with national policy. As soon as he said he was working on HIV & AIDS, instead of disability, he got an appointment.

Sensitisation

At the recent VSO RAISA (Regional AIDS Initiative of Southern Africa) conference on stigma, a VSO Namibia staff member ran a session on HIV & AIDS, disability and stigma. As part of this session, she asked all the delegates to close their eyes, then handed out condoms and asked them (without opening their eyes) whether the condoms had expired. Finally, she got them all to take the condom out of its packet and put it on the finger of the person sitting next to them, still with their eyes shut.

The VSO Ghana research described above and Case Study 14 also outline different ways of encouraging ASOs to recognise that disabled people are sexually active and vulnerable to HIV infection.

Allies

The simple research process carried out by VSO Ghana is an excellent way to identify potential allies among ASOs.

VSO Namibia volunteers working in CBR have created links with HIV & AIDS home-based care programmes, to help them identify disabled people in the areas where they work. Both programmes are based on similar models of community-level work by local volunteers, and this seems like a natural link that could be developed in other countries.

In some countries, HIV & AIDS is also seen as an impairment, and there is clearly common ground related to stigma and discrimination. For example, the new draft Constitution of Kenya explicitly identified HIV & AIDS in the article on disability. This can open up the possibility of alliances with AIDS service organisations. However, there are also examples of the resources of CBR programmes being completely absorbed by the demands of HIV & AIDS care, leaving little for any other disabled people.

In 2004, the World Bank published research on HIV & AIDS and disability (see **Key Resources**). This has raised the profile of disability with other international actors involved in HIV & AIDS. The African Decade of Persons with Disabilities is also developing an African Coalition on Disability and HIV & AIDS, which may provide openings to discuss this topic at government and donor level.

Doing

Since HIV & AIDS is such a huge sector in many countries, it is important to focus on a specific area and make practical changes. VSO programmes have tended to focus on access to information for Deaf people, as they are particularly excluded at the moment, for example voluntary counselling and testing in sign language for Deaf people in VSO Namibia and VSO Kenya and a Sign Language video on HIV & AIDS in VSO Ghana.

Some ASOs have a particular responsibility for developing HIV & AIDS information materials and resources, and these are potentially key allies for developing accessible information. Many of these organisations have already invested in materials for illiterate communities,

and these kinds of simple, visual materials can form the basis of accessible information for Deaf people and people with learning difficulties.

Reviewing and follow-up

VSO Ghana followed its initial work on Protect Yourself (see Case Study 13) with the research described above, in order to develop a full programme in HIV & AIDS and disability. In addition to the international conference described above, VSO Namibia is working with the government on a follow-up event to the 2003 national conference on HIV & AIDS and disability (see Case Study 14).

As a result of these activities, both VSO Ghana and VSO Namibia are increasingly recognised as key national actors in disability and HIV & AIDS.

CASE STUDY 13

VSO Ghana: *Protect Yourself*

Helen Phillips, a Deaf VSO volunteer working at the Cape Coast School for the Deaf as a Sign Language Teacher, found that mainstream HIV & AIDS programmes in Ghana were not reaching her Deaf students or other Deaf people. Further research showed that there were very few HIV & AIDS materials in a format accessible to Deaf people anywhere in Africa.

‘In Ghana a lot of efforts are being made to raise awareness about HIV & AIDS to hearing society, what about the Deaf community? Many materials abound, but most are again only relevant to the hearing community... and thus Deaf people in Ghana (especially Deaf youngsters, who are among the most vulnerable groups) do not have equal access to information as their hearing peers. This is exacerbated by the fact that the majority of teachers at Ghana’s schools for the Deaf are not sufficiently skilled in sign language to explain... to their students.’

Helen Phillips

Helen therefore thought of producing a video about HIV & AIDS in sign language. VSO Ghana identified support for this idea from the Special Education Division and the Ghana National Association of the Deaf. Helen undertook an exploratory workshop with students at the secondary technical school for the Deaf in Mampong, together with a representative from GNAD. The response from the students and the school management was extremely enthusiastic and students were identified as potential presenters and actors for an HIV & AIDS video produced in Ghanaian Sign Language with subtitles and voiceover.

VSO Ghana successfully approached the British Council for a grant of £15,000 to fund the production of the video. Using Helen’s links with the Deaf community in the UK, and VSO UK’s experience of video production, a Deaf film maker from the UK was contacted to produce the video. Protect Yourself was filmed at Mampong STS in late 2002, with young Deaf Ghanaians carrying out a signed rap, demonstrations of both male and female condoms, and a drama about sex. The soundtrack was created by Deaf and hearing drummers in Ghana and remixed in the UK by Ghanaian DJ Rita Ray, with a vocal version of the signed rap. The video provided some of the first accessible information on HIV & AIDS for young Deaf Ghanaians. A simple Protect Yourself fact sheet was also produced, including printed sign, to accompany the video.



Students at Mampong STS for the Deaf practising for *Protect Yourself*

One of the main challenges was to find the right balance between a high technical standard, and a user-friendly tool for future facilitators and educators, while working to a tight deadline. It was realised that it was impossible for the video to serve all purposes – focus was required to narrow down to a few key messages.

Staff from VSO and GNAD held a facilitators training workshop for teachers from every school for the Deaf in Ghana. The facilitators were trained to use the video to get key HIV & AIDS messages across to Deaf students, and to use the fact sheet and other supporting materials and activities to explore issues in more detail.

In addition to this structured use within schools for the Deaf, the British Council also persuaded the main Ghanaian TV station to show *Protect Yourself*. This was the first time that a female condom demonstration was ever shown on Ghanaian TV. Following the release of the video, VSO, the British Council and GNAD were interviewed on the GTV Breakfast Show where they called for sign language to be introduced on TV. The British Council has also distributed the video to 35 other African countries.

Protect Yourself is now shown regularly on Ghanaian TV, and is popular with both hearing and Deaf people. As well as giving clear, youth-oriented HIV & AIDS messages, it promotes positive images of young Deaf people, who scripted and performed the whole video. The project delivered a much-needed resource produced for and by Deaf people in a direct North-South collaboration – an international first.

CASE STUDY 14

VSO Namibia: HIV & AIDS and disability

With infection rates among adults of over 20%, HIV & AIDS is the key development issue in Namibia. VSO Namibia has a well-established HIV & AIDS programme, within VSO's Regional AIDS Initiative of Southern Africa (VSO-RAISA). Volunteers and partner organisations in all goal areas, including disability, are encouraged to mainstream HIV & AIDS issues into their work.

In early 2002, the Namibian National Association of the Deaf, one of VSO Namibia's partners, began running HIV & AIDS workshops for Deaf people. At the same time, a VSO volunteer working in disability rehabilitation had the idea of a national conference on HIV & AIDS and Disability. Until that time, the Namibian disability movement had not paid much attention to HIV & AIDS, as there seemed to be many other priorities for disabled people. HIV & AIDS organisations had barely even thought of ensuring that their information was accessible for disabled people, or of including them in their programmes.

The umbrella body for disability in Namibia, the National Federation of People with Disabilities in Namibia (NFPDN), another VSO partner, started to look for a way to build on these initiatives to place HIV & AIDS and disability on the agenda.

With the support of VSO-RAISA, the NFPDN ran a workshop for 25 disabled people in the Otjozondjupa region of Namibia in February 2003, co-facilitated by a VSO volunteer with expertise in HIV & AIDS. Half of the participants had physical impairments, and half had learning difficulties or other mental impairments. This workshop proved much more challenging than expected, partly because of language difficulties (only two participants were literate or able to speak English, while some participants had difficulty in understanding complex concepts in any language), and partly because of difficulties in speaking openly about sex. However, the fact that all the disabled women attending the workshop had children demonstrated that disabled people do engage in sexual activity. The facilitators had to slow down the workshop and limit themselves to simple, practical information.

In parallel, the NFPDN and VSO-RAISA began organising a three-day national conference on HIV & AIDS and Disability. Preparations began in 2002, including developing themes, identifying speakers and submitting a successful funding proposal to the Dutch funding agency, PSO.

The conference was held from 10 to 12 June 2003, coinciding with Namibia's National Disability Day (10 June). 76 people attended, mainly from Namibia, but also from South Africa and Zimbabwe (two of the other countries where VSO-RAISA works). The conference

was opened by the then Prime Minister of Namibia, the Right Honourable Theo-Ben Gurirab.

The Secretary-General of the Southern African Federation of the Disabled, and a speaker from the Namibian Network of AIDS Service Organisations provided a general overview of both disability and HIV & AIDS. Group discussions and presentations from disabled people's organisations, HIV & AIDS organisations and women's organisations allowed participants to explore issues in more depth.

The conference highlighted:

- that disabled people are excluded from HIV & AIDS programmes, especially in terms of accessible information for people with visual impairments (e.g. Braille or audio) and people with learning difficulties (e.g. simple information).
- that Deaf and hearing impaired people are perhaps particularly excluded, not only from information and awareness campaigns (e.g. lack of subtitles or signing), but also from services: Deaf people cannot access pre- or post-test counselling if the test facility has no sign language interpreter.
- the willingness of AIDS service organisations to include disabled people, even though they haven't done it yet (following protests by Deaf participants at the conference, one ASO agreed to add subtitles to their video about orphans and vulnerable children). In many cases, disabled people are not excluded deliberately, but because people forget to consider disability.
- the particular vulnerability of disabled women and disabled children who cannot communicate (e.g. some Deaf children, or children with learning difficulties) to sexual abuse and rape, and their resulting lack of control over sexual activity and infection.
- the need for disabled people to be fully involved in all stages of HIV & AIDS programmes and awareness campaigns, as planners and implementers, as well as recipients.

You can read the conference report at:

<http://v1.dpi.org/files/uploads/reports/VSO%20HIV%20disAb%20full.pdf>

The conference recommended that the NFPDN develop a task force on HIV & AIDS and disability, with a full-time staff member to coordinate the work of the task force and support other organisations working in disability and HIV & AIDS to address these issues. A VSO volunteer based with the NFPDN, who had worked on organising the conference, took on this coordination role.

The volunteer developed a strategy and workplan for HIV & AIDS and disability. To do this, he started with the 'continuum of care', a well-established model for HIV & AIDS interventions in Namibia and elsewhere. The continuum identifies five linked responses to HIV & AIDS:

- Awareness
- Prevention (e.g. condoms, mainstreaming HIV & AIDS in the workplace, etc)
- Voluntary Counselling & Testing
- Care & Support (including home-based care, nutrition, income generation and care for children in difficult circumstances)
- Treatment (including treatment literacy as well as anti-retroviral drugs)

For each response, the volunteer identified the key organisations and the services they offer. Then he identified the barriers facing disabled people in accessing these services, in terms of information, accessible formats and appropriate language (including sign language), physical barriers to accessing service facilities, and barriers in terms of staff attitudes, knowledge, skills or behaviour, and possible actions to overcome these barriers.

Example: Prevention

Services offered e.g. Condom distribution	Specific needs of disabled people	Identified barriers	Proposed actions
	Access to buildings where distribution takes place	Staff do not see disabled people as sexually active, so do not allow them into distribution centre Some distribution centres are physically inaccessible	Disability equality/ awareness training for distribution staff Distribute condoms through community programmes (i.e. not based in a building) Distribute condoms through CBR and other disability programmes
	Accessible information on how to use condoms (especially for people with visual or hearing impairments)	Facilitators do not consider needs of people with visual impairments (e.g. don't allow them to touch or practice with demonstration condom) Facilitators do not provide information on how to use condoms in sign language	Train facilitators to carry out accessible condom demonstrations Train Deaf people to conduct condom demonstrations
	Packaging with Braille expiry dates	No packages with Braille expiry dates	Advocate to social marketing bodies and condom manufacturers for Braille packaging

Following this analysis, NFPDN decided that it was not appropriate to develop their own HIV & AIDS programme. Instead, they decided to focus on promoting a more disability-sensitive approach by mainstream HIV & AIDS organisations.

NFPDN and VSO Namibia have therefore started to work on this with VSO Namibia’s HIV & AIDS programme. As of March 2006, they are also working with the Office of the Prime Minister to organise a National Disability Conference in June 2006, focused on the African Decade of Persons with Disabilities. The conference will also look at HIV & AIDS and Disability issues. This will happen during the government’s National Disability Awareness & Prevention Week (the week surrounding National Disability Day, 10 June). The coordinating Ministry (Ministry of Health & Social Services) have agreed that this year, the theme for the whole week will be HIV & AIDS and disability.

Although there can be an expectation that DPOs should provide all services for disabled people themselves, it is generally better for mainstream service providers to include disabled people. As well as the fundamental principles of inclusion and equity, there are practical reasons for this: NFPDN does not have the capacity to launch its own HIV & AIDS programme. However, DPOs do have an important role to play in advising mainstream organisations on how to make their information and services accessible for disabled people.

KEY RESOURCES:

Healthlink Worldwide: AIDS Action, disability issue
<http://www.aidsaction.info/aa/aa35.html>

Southern Africa HIV/AIDS Action: HIV/AIDS and disability
<http://www.saf aids.org.zw/publications/Sahaa%20issue%2058%20December.pdf>

World Bank: HIV/AIDS and disability: capturing hidden voices
Available to download from: <http://www-wds.worldbank.org/>

SECTION 4: PROGRAMME MAINSTREAMING: OTHER GOALS

VSO has less experience of mainstreaming disability in our other development goals, Participation & Governance, Secure Livelihoods and Health & Social Well Being. However, these areas are all very relevant for disabled people, and in general they are excluded from mainstream services and programmes in these areas.

The top priority for disabled adults in the countries where VSO works is making a living, as it is for everyone else in those countries. However, mainstream livelihoods, enterprise development and community development programmes almost never include disabled people in their activities, even though these often take place at grassroots level and are intended to focus on the poorest community members. Community meetings, training workshops and mobilisation activities do not have sign language interpretation. Micro-credit schemes based on the Grameen Bank model explicitly ban women who are not in good health, and even if this is not the formal policy, micro-credit groups will often refuse to accept disabled women as members. Where disabled people do have access to income generation programmes, these tend to focus on a small range of stereotypical jobs (e.g. massage for blind people) or handicrafts with very limited commercial viability, especially for disabled women.

In relation to **Participation & Governance**, disabled people tend to have very little voice in local or national decision-making processes. As a result, their priorities are typically ignored in both policy and practice. This is doubly true for disabled women, who usually have relatively little voice within their own DPOs, let alone more widely. People with hearing or visual impairments are usually excluded from any information provided by government, as this is not available in accessible formats. Deaf people in particular also face major barriers in accessing redress or justice, as few police stations or courts have sign language interpretation. Many government buildings, from courts to polling booths, are also physically inaccessible to people with mobility impairments.

It might seem that disabled people are less likely to be excluded from health services. However, mainstream health providers sometimes refuse to treat disabled people for medical complaints that are not related to their impairment, especially if there is a 'specialist' facility nearby such as a leprosy hospital, a physiotherapy unit or a psychiatric ward. Even when, for instance, Deaf women do get access to maternal or child health care, sign language interpretation is almost never available, so they are not able to make informed decisions about treatment for themselves or their children. Disabled children and people with learning difficulties in residential or institutional settings are extremely vulnerable to physical and sexual abuse. Psychiatric treatment is often carried out without consent, and people in psychiatric facilities are also extremely vulnerable to abuse.

So in each of these areas, mainstreaming disability is about ensuring that programmes, services and facilities are accessible to disabled people, and that organisations working in these areas enable disabled people to participate equally and safely.

'Disability is not an issue that could be addressed separately as it cuts across all [issues] ... poverty reduction, HIV/AIDS, inclusive education, employment creation, accessibilities to infrastructure and information'

Rt Hon Nahas Angula, Prime Minister of Namibia, National Disability Day 2005

KEY MESSAGES

- Look at disability in relation to existing agendas, frameworks and models within each sector: use the concepts and language familiar to that sector rather than that of disability.
- Ensure that disabled people and their organisations play an active role, and build links between DPOs/disability organisations and existing partners/mainstream organisations working in the programme area.
- Promote the inclusion of disabled people within mainstream and community settings, not separate or special settings: ensure that specialist organisations and professionals you work with support mainstream providers to include disabled people.
- Work through CBR programmes to create links with other service providers.
- Programme mainstreaming is a long, slow process – start small and work on easy changes to build confidence and demonstrate success, but after every activity, always ask 'what next?'

PRACTICAL ADVICE AND LESSONS

Planning

When VSO Indonesia consulted DPO partners on the next phase of our disability work after DREAM-IT ends in March 2006, they identified making a living as a top priority for disabled people. The VSO Secure Livelihoods programme staff were interviewed to find out what might be possible in this area, and this has fed into the development of a new disability programme area plan focused on employment and livelihoods. One key element of this plan is to support existing Secure Livelihoods partners to include disabled people in their activities, or to work with DPOs to market their products more effectively. We will also target a few large formal sector employers (such as hotels or supermarkets) to promote the employment of disabled people (see Case Study 15).

When VSO Nepal and VSO Pakistan were developing their programme areas in Participation & Governance, both programme teams found that disabled people were profoundly excluded from decision-making (as well as women in both countries, and people from marginalised castes in Nepal). Although both programmes are still at a relatively early stage, they are beginning to develop partnerships with DPOs to support them to gain a stronger voice for themselves and their members.

VSO Cambodia's Maternal & Child Health and Livelihoods programme areas both carried out a simple survey with a few volunteers and partners, looking at who was currently excluded in each area, what barriers exclude them, what was already being done to promote inclusion, and how VSO could do more to address these issues. In the health programme, this survey highlighted the lack of services for people experiencing mental ill health, despite the high levels of mental health problems in Cambodia. One partner also mentioned that the VSO-supported Equity Fund, intended to promote greater access to health services for very poor women, did not consider disability in its funding criteria.

Persuading

Many organisations working in Participation & Governance or Secure Livelihoods aim to take a rights-based approach to development. This is an excellent framework for promoting disability mainstreaming, as it focuses on the duty of mainstream development actors (especially government) to respond to the rights and priorities of currently excluded groups such as disabled people.

In the 1990s, social care policy in Eastern Europe and the former Soviet Union shifted away from the traditional institution-based model. VSO volunteers working in Health & Social Well Being programmes in the Balkans and Kazakhstan have supported social welfare organisations to respond to this shift by developing more community-based provision. This included supporting general practitioners and social workers to work with disabled people in mainstream community settings, where they would earlier have been sent to institutions.

Many donors, governments and NGOs working in Secure Livelihoods and other programme areas are focused on poverty reduction and the Millennium Development Goals (MDGs). Other organisations that aim to promote disability mainstreaming have therefore produced

lots of material on the connections between disability and poverty. Some of the key arguments, techniques and resources for making this link can be found in Chapters 1 and 3.

Doing

Community-based rehabilitation (CBR) can be a useful vehicle for making practical links with mainstream service providers and engaging the wider community in thinking about disability. For example, VSO Papua New Guinea volunteers working in CBR programmes have been able to strengthen referral services to hospitals, and to increase community engagement with disabled people (see Chapter 2 for more details).

As well as providing a referral system to support disabled children to get access to education, VSO Kenya's CBR work includes a strong component of income generation for disabled adults and parents of disabled children. As a result of the success of this work, VSO Kenya has developed a partnership with a national microfinance institution, which now provides loans to the CBR group members.

One of VSO India's partner DPOs has worked with mainstream community development programmes to introduce CBR services for disabled people. Existing community development volunteers have been trained in CBR skills and now carry out CBR activities alongside their other roles. Similarly, Traditional Birth Attendants have taken on the responsibility of identifying disabled children at birth and referring them to the CBR programme supported by VSO Kenya.



CBR in Thailand

Reviewing and follow-up

VSO Kazakhstan is currently reviewing its experience of supporting community health and social service providers to work with disabled people, with the aim of building links between partners to share and build on the learning so far.

As noted above, the success of VSO Kenya's initial income-generation project has led to a partnership with a major mainstream microfinance provider.

CASE STUDY 15

VSO Indonesia: Programme Area Plan Development

In August 2005, the VSO Indonesia disability programme team and the DREAM-IT regional project coordinator met to begin planning the future of VSO's disability work in Indonesia after the end of DREAM-IT in March 2006. This meeting was scheduled between the evaluation exchange in May (see Case Study 9) and the annual Disability Programme Workshop in September.

Using the findings and recommendations from the exchange, the team considered the following questions:

- What are our success criteria for the next stage of the programme?
- What has DREAM-IT achieved with each partner? What is the potential for further progress?
- What areas could we work in? Who are the potential partners in each area?
- How effective could we be in each of these areas? What changes could we realistically achieve? What are the risks?

The team identified eight possible scenarios – areas where VSO Indonesia's main DPO and NGO partners were already working that VSO could potentially support in future:

- Livelihoods and employment
- Education
- Awareness-raising

- Advocacy for policy change/implementation
- Strengthening DPOs
- Early intervention
- Institutional rehabilitation services
- Community based rehabilitation services

Each scenario was tested against a set of success criteria developed by the team:

- Values: is it rights-based/inclusive? Is the focus on disadvantaged people?
- Relevance: do the objectives address the problem?
- Feasibility: are the objectives achievable? Are there potential partners? Will the activities achieve the objectives? What staff capacity is required? Can we recruit volunteers?
- Coherence: is it focused? Is it measurable?
- Ways of working: is it in line with good practices/learning? Does it use VSO's distinctive competence (people-centred capacity building)? Is there a local capacity gap that it is appropriate for VSO to address?

An advisor from VSO's Programme Learning & Advocacy team facilitated this meeting, allowing the team to concentrate on participating, rather than managing the process.

The VSO Indonesia team consulted their disability partners (DPOs and NGOs) and volunteers on these possible programme directions. The success criteria and the full list of eight scenarios were presented for comment, and partners voted on which scenarios were most likely to meet the success criteria. Most of VSO Indonesia's disability partners and volunteers were consulted at the Disability Programme Workshop in September 2005. In addition, key DPO partners were consulted at a scheduled meeting of the DREAM-IT Country Advisory Team. Partners who could not attend either meeting were consulted by email. The partners prioritised three scenarios: livelihoods, education and awareness raising.

The evaluation exchange and the consultation process had also highlighted the need for a more tightly focused programme, with a clearly defined purpose that DPO partners could buy into. The team agreed that awareness raising was not sufficiently focused to stand alone, but should instead be an important part of whichever scenario was chosen.

Following the consultation, the team commissioned research into the two remaining scenarios, livelihoods and education, to provide more detailed information about how each would work in practice. This included who VSO could work with, what we would be able to do together and what we could expect to achieve. The research also looked at combining the two scenarios into a single programme.

An intern who had just completed her assignment on VSO's STAP scheme (Strategic Technical Assistance in Programmes) in Indonesia was identified to carry out this research. She visited DPOs and other VSO partners, key government and donor agencies, and disabled activists, to find out what was currently being done in these two areas, what had been learned so far, and how VSO could support future work. She interviewed VSO staff in the Secure Livelihoods programme area to identify opportunities for livelihoods partners to include disabled people in their activities.

She also held discussions with focus groups of disabled people and parents of disabled children, to find out their priorities and perspectives on employment and education. Current VSO disability partners helped to identify participants for these discussions.

Once the research was completed, the VSO Indonesia/DREAM-IT team met to make a final decision, again with external facilitation from VSO staff with disability expertise. The team considered each of the detailed scenarios against the same success criteria, and identified pros and cons for each one.

The team decided to focus on livelihoods and employment for disabled people. This gives the opportunity to build stronger links with VSO Indonesia's existing livelihoods programme, and to mainstream disability into this work. It also builds on DREAM-IT's past successes, as identified by the original review. Most importantly, it is the support which people with disabilities in Indonesia request most often.

In the second half of 2006, we plan to carry out further research with DPOs into livelihoods opportunities for disabled people. VSO volunteers will work alongside disabled staff from partner DPOs to explore the opportunities and barriers for disabled people participating in mainstream livelihoods activities. This will include identifying livelihoods organisations that

might buy or sell disabled people's products, or provide them with loans and finance to set up income generating activities. It will also involve identifying a small number of large formal sector employers such as banks, hotels or supermarkets who we can target with advocacy and practical support to employ disabled people.

It will also be important to develop a stronger shared understanding and closer partnerships with DPOs, based on the new programme direction. Many of our DPO partners have income generating projects, but these are not always self-financing or aimed at supporting disabled people to set up independently.

Once we have developed contacts with identified mainstream livelihoods organisations and closer partnerships with DPOs, we will bring them together to explore the issues facing disabled people, and possible solutions and collaborations.

CASE STUDY 16

Pakistan and Sri Lanka: emergency relief

In the last few years, VSO has become increasingly involved in supporting disaster relief, including post-tsunami work in Sri Lanka and earthquake relief in Pakistan. In both of these cases, DPOs and NGOs formed coalitions in the wake of the disasters, to work for the inclusion of disabled people in relief and reconstruction.

The immediate priority is to ensure that disabled people are not left out of relief efforts. In Pakistan, a Disability Task Force of DPOs and INGOs has developed a checklist to promote the inclusion of disabled people in all aspects of relief, including accessible shelters (accommodation, washrooms, cooking facilities etc) and latrines, food and water distribution and health programmes. The checklist also highlights the importance of protecting disabled people from abuse and ensuring an appropriate care-giver. It includes some key general principles:

- Ensure non-discrimination in disaster response programmes
- Consult and involve disabled people in planning and decision-making of all aspects of disaster response
- Make a special effort to locate and register disabled people for assistance
- Ensure that all information and services are accessible to all people

Reconstruction of buildings and infrastructure after a disaster also offers opportunities for inclusion. Soon after the tsunami, the Sri Lankan government issued a Cabinet Directive that all reconstructed public infrastructure should be physically accessible. The Access for All coalition of DPOs and INGOs (www.accessforall.lk) is currently advocating for this. It is expected that this year Parliament will pass these accessibility regulations into law.

In addition to these initiatives by the disability sector, VSO Sri Lanka is trying to support the Disability Organisations Joint Front, a national umbrella body of organisations of people with disabilities, to develop their organisational capacity so that they can play a more effective role in advocacy generally, including in post-tsunami relief and reconstruction.

KEY RESOURCES

EC: Guidance Note on Disability and Development

http://europa.eu.int/comm/development/body/theme/human_social/docs/health/04-03_guidance_note_disability_EN.pdf

ADB: Disability Brief - Identifying and Addressing the Needs of Disabled People

<http://www.adb.org/Documents/Reports/Disabled-People-Development/disability-brief.pdf>

CHAPTER 8: POLICY

It is important to address wider policy and institutional barriers that exclude disabled people from equal participation. Mainstreaming is a matter of rights, which means that we need to engage with policy as well as practice. There are major barriers at this level that must be addressed for genuine inclusion. Unless it is taken up to this level and supported by a policy framework, mainstreaming will remain small-scale, local and unsustainable.

KEY MESSAGES

- Ensure that disabled people and their organisations play an active role as advocates (VSO's role is to facilitate).
- Look at disability in relation to wider development agendas, rights and existing legal frameworks, and promote the inclusion of disability in mainstream policies.
- Identify a clear purpose, the people or organisations you want to influence, and the practical actions that you want them to take – general awareness-raising or networking does not make a difference.
- Identify and work with mainstream allies.
- Always remember the different situations and interests of disabled women as well as disabled men, and of disabled people from especially excluded groups (such as ethnic minorities or people with learning difficulties).

PRACTICAL ADVICE AND LESSONS

VSO as facilitator

Disabled people and their organisations must be the leaders in any advocacy efforts. VSO's key role at this level is to build the capacity of disabled people's organisations (DPOs) to advocate for mainstreaming and inclusion. Placing volunteers to support DPO advocacy initiatives is a key element of VSO's approach to advocacy. For example, VSO Indonesia volunteers have provided advice and support to partner DPOs on planning, launching and managing a range of advocacy activities.

Volunteer supporting DPO advocacy



Frans with the team at Interaksi

A VSO Indonesia volunteer supported VSO partner DPO Interaksi to arrange a public discussion with the Government Commission responsible for disability and members of parliament, to mark 8 years of non-implementation of Indonesia's 1997 Disability Act. Within two weeks, Interaksi was invited to meetings with two political parties.

'We talk about the necessity to have regular contact, so they can hear the voice of the disabled. They agree, so now it's our turn to keep this contact running.'

Frans Sijtsma, VSO volunteer at Interaksi

As an international NGO, VSO can often facilitate disabled people's participation in existing policy processes. For example, VSO Ghana and VSO Kenya both supported DPOs to incorporate disability issues into national Poverty Reduction Strategy Papers. VSO Kenya also supported DPOs to feed their perspectives into Kenya's Constitutional Review process (see Case Studies 18 and 19).

As part of developing its programme area plan in disability, VSO Guyana consulted a range of disability organisations, through interviews and by holding a workshop on disability in the capital, Georgetown. This visible interest in disability prompted the government's National Committee on Disability (NCD) to ask VSO for advice on the review and further development of the National Disability Policy. VSO took this opportunity to recommend much stronger involvement of disabled people and their organisations in national policy processes, as well as making a number of specific policy recommendations. Building on this initial engagement, VSO has provided both long and short-term volunteers to support the NCD to consult disabled people over the further development of the national policy.

VSO can also facilitate DPOs to gain a voice at international level. For example, VSO DREAM-IT sponsored 12 DPO representatives to attend the ASEM People's Forum (see Case Study 17).

DREAM-IT supports blind partner to raise disability issues at international forum

DREAM-IT arranged for a staff member of one of VSO Indonesia's partner DPOs to participate in the 2004 Asian Civil Society Forum in Bangkok. As no support was available from the forum for this person, who is blind, DREAM-IT provided funding for an assistant/translator to accompany him. He was the only disabled participant amongst over 300 NGO activists at the forum. With a DREAM-IT staff member and volunteer, he therefore organised a thematic workshop at the forum to discuss the rights of people with disabilities in the context of the Millennium Development Goals (MDGs).

www.acsf.info/2004/acsf2004_D2_Thematic%20Discussion_Diabilities.doc

We then had the opportunity to present the statement from this workshop to the whole forum, to ensure that the concerns and perspective of people with disabilities were included in the forum's overall discussions. One participant commented 'the issue of disabled people is not for them to voice out but for everyone to voice it out because it is everybody's issue.' The forum's final statement emphasised the importance of a rights-based approach to the MDGs, seeing them 'through the eyes of the marginalized, the disadvantaged, the excluded and the discriminated segments of Asian societies, including... persons with disability'.

VSO Ghana supported partner DPOs to express their priorities collectively in an international consultation by the World Bank (see Case Study 18). VSO India has established strong partnerships with DPOs at national and local level. They were able to draw on these networks to produce a set of recommendations on mainstreaming disability into development for the UK parliament's International Development Committee. As a result, the UK Secretary of State for International Development, Hilary Benn, agreed to attend a round-table meeting on disability facilitated by VSO India during his visit to India in 2004. Twenty-two representatives of Indian DPOs had the opportunity to present their views to him and press for greater inclusion of disabled people in mainstream development. The parliamentary International Development Committee then followed up in the UK.

Another role that VSO can usefully play is to strengthen DPOs in becoming more genuinely representative of disabled people. VSO Indonesia has addressed this on an individual level, through assertiveness training and secondments for disabled activists (see Chapter 5). VSO Ghana volunteers working with DPOs have strengthened the voice of grassroots members through training for district secretaries and treasurers (all voluntary positions), and facilitating consultations with members as part of support for strategic planning. VSO Namibia has supported disabled people to form regional committees to oversee the implementation of its disability programme on the ground.

This can involve challenging discrimination within DPOs. For example, one disability programme manager informed the women members of a DPO of their rights (under the DPO's



District and regional committee members of the Ghana National Association of the Deaf

constitution and in law) when the DPO tried to block them from forming their own national association of disabled women.

Since people with learning difficulties and people who have experienced mental ill health do not often have their own representative organisations, they tend not to have a voice in disability advocacy. While a number of the programmes we spoke to for this handbook work with organisations of parents of children with learning difficulties, it is important to remember that these are not representative organisations of disabled people like other DPOs. In Ghana and Sri Lanka, VSO volunteers have assisted the development of local peer support groups for people with mental health problems, but these are far from established DPOs. Another possibility is to encourage the DPOs and networks we already work with to make connections with people with a history of mental ill health and people with learning difficulties.

Effective advocacy

DPOs should lead the process of research, planning and advocacy. The role of VSO volunteers and staff is to facilitate their advocacy work.

If we are supporting DPOs to advocate for disability mainstreaming, it is essential to be clear about the purpose of the advocacy activity, the people we want to influence and what we want them to do as a result. There is no point in carrying out general awareness raising without a clear purpose and concrete follow-up actions that people can take in response. This will only raise expectations without achieving real change.

The experience of VSO volunteers and staff supporting partner advocacy (not just in disability) suggests the following process:

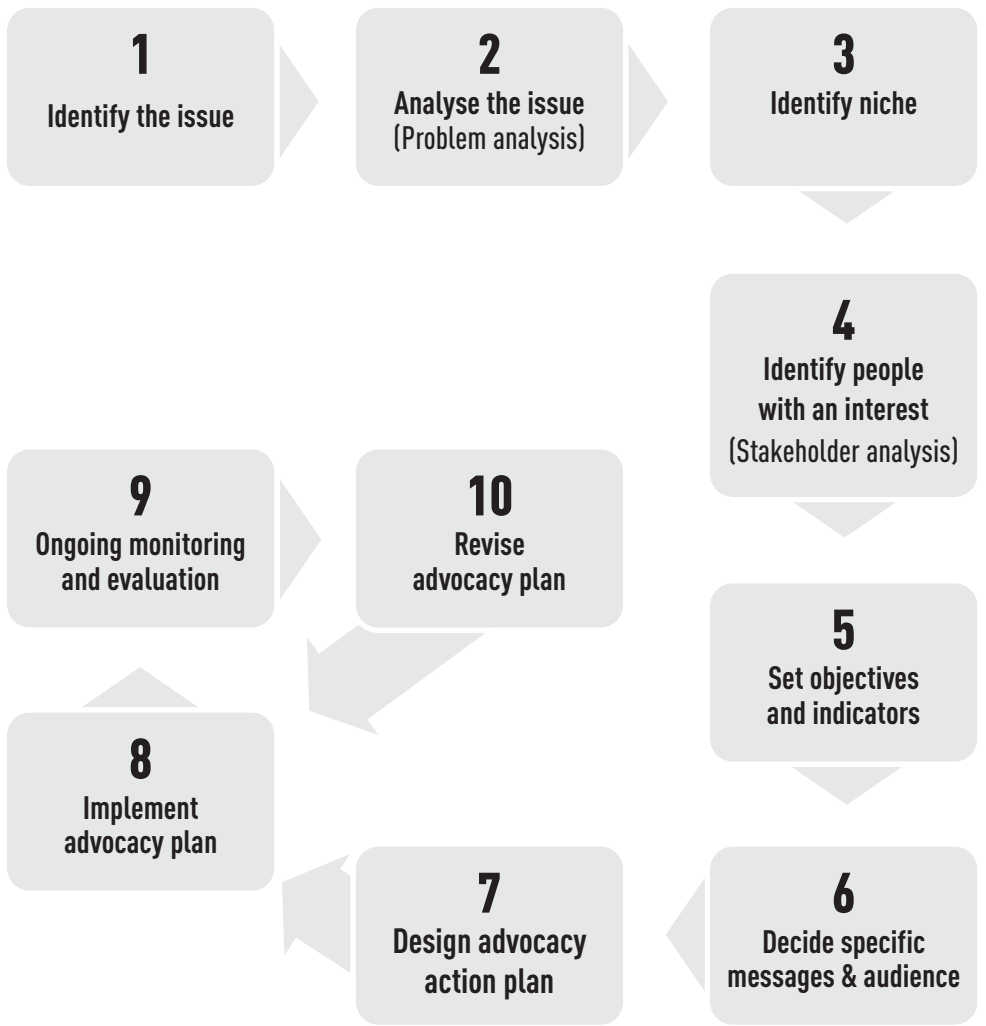


Figure 3: VSO’s advocacy cycle

Start by supporting DPOs to understand the current situation:

- Look at national development priorities, especially the Poverty Reduction Strategy Paper (PRSP), and think about where disabled people fit into these, or ways in which disabled people’s interests are implied as included but are actually left out.
- Explore the legal context related to disability. Look at the rights of disabled people, both those that explicitly apply to disabled people and those that implicitly include them. Find out about any existing laws that concern disability and disabled people, both ones that are intended to improve matters and those that might affect disabled people badly.
- Look at how disabled people are left out or disadvantaged by these provisions, or where potentially inclusive policies or legislation are not yet implemented.
- Identify who is responsible for these laws, policies and priorities, especially government bodies. Find out how they currently view and fulfil their roles and responsibilities for meeting the rights of disabled people.
- Find out who else is already working on these issues, especially other DPOs. As well as providing further information, these organisations are also potential allies for future advocacy work.

Identifying potential advocacy issues based on research

As part of research into possible new directions for its disability work after DREAM-IT ends in March 2006, VSO Indonesia found that according to the law 1% of employees of all companies should be people with disabilities. Since this legislation is not observed in practice, VSO Indonesia plans to work with its DPO partners to see whether this could be an advocacy issue in the new disability and livelihoods programme.

It is important to consider gender issues within this analysis, and to involve disabled women as well as disabled men. Disabled women face different issues from disabled men, and usually have fewer opportunities to express their priorities in DPOs and especially in advocacy work.

Based on this analysis, identify the problem that you want to address, the other people who have an interest, the audience you want to reach, and what you want them to do. The DPO advocacy that VSO has supported addresses two main issues:

- Inclusion of disability issues in mainstream policy
- Implementation or strengthening of disability rights legislations

Mainstreaming disability at policy level means promoting the inclusion of disability in mainstream policies, and the active involvement of disabled people in policy processes, such as the PRSP consultations in Ghana and Kenya. The key approach is to use existing policy frameworks and commitments to develop a rationale for disability mainstreaming. Emphasise that including disabled people is a way of meeting these existing commitments, and can even be a way into more rights-based and people-centred development. For example, VSO Ghana used the slogan of the ‘Make Poverty History’ campaign to challenge the World Bank to include disabled people (see Case Study 18).

The other main starting point for advocacy is specific disability legislation and policy. Often, this involves promoting the implementation of existing legal provisions for disabled people.

A partner DPO of VSO India runs a legal project, holding workshops and distributing information in accessible formats to inform disabled people about their rights under India’s disability legislation, The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995. In addition, they provide legal support to disabled people. If a disabled person identifies a violation of her rights, the DPO will help her take this to court. If they win the case, the DPO writes it up as an example, circulates it in the press and uses it as an example in future workshops and information materials, to help other disabled people identify and address violations.

VSO programmes in a number of countries (e.g. Ghana, Kenya) have also supported partner DPOs to lobby for the passage of disability bills into law. If the UN Convention on the Rights

of Persons with Disabilities is finalised in 2007, as hoped, it is likely that DPOs will start to advocate for their national governments to ratify the Convention. This will probably become a major focus of VSO’s support to disability advocacy over the next few years.

VSO Namibia’s DPO partners are advocating for the establishment of a National Disability Council, as laid down in the 2004 National Disability Act. Once it is established (hopefully in mid-2006), every government office, ministry and agency will have to submit an annual report to the Council on their activities to implement the National Disability Policy. The Council will also have the power to summon senior officials from across government to account for their work on disability.

Allies

As with any mainstreaming effort, it is important to identify allies to work with on advocacy. VSO’s experience suggests that advocacy is most effective in coalitions and networks, as this adds weight to our attempts to influence policy and decision-makers.

At government level, disability is often the responsibility of a line ministry such as the Ministry of Social Welfare or Department of Social Affairs, or of units within ministries such as an Inclusive Education Unit. Although these ‘specialist’ functions can be valuable allies, they often lack sufficient budget and influence. For example, VSO Ghana has supported the Special Education Division to develop a strategic plan focusing on inclusive education, and to use this to win more recognition and funding for inclusion within the Ministry of Education.

Some countries have a government-sponsored disability coordination body including representatives of DPOs, ministries and NGOs, such as the NCD in Guyana and the Disability Action Council in Cambodia. These bodies can be very useful allies for gaining a voice in government policy processes, and for networking with other organisations working in disability. However, they also tend to have very limited resources, and VSO volunteers have been placed with both the NCD and the DAC to build capacity.

Some governments also have a central coordination unit for disability, as in Nepal and Namibia. These units can be powerful allies as they provide a formal structure for addressing disability across government, and not just within one line ministry.

VSO Namibia – Disability Advisor to the Office of the Prime Minister

The Office of the Prime Minister of Namibia has a Disability Advisory Unit, staffed by a founder member of the National Federation of People with Disabilities in Namibia. The Disability Advisor sits on VSO Namibia’s Project Steering Committee. In his joint role as a senior government official and an experienced disability activist, he is a key ally for VSO Namibia.

As of March 2006, the unit is coordinating the development of the national Namibian Plan of Action for the African Decade of Persons with Disabilities. All government offices, ministries and agencies at national, regional and local level (down to town councils) have been instructed to draft their own Action Plans for mainstreaming disability. Regional and town councils have also been encouraged to consult disabled people while drafting their plans.

This kind of mainstreaming initiative across government can only really happen when there is such a high-level body with responsibility for disability. In most countries, a line ministry would find it almost impossible to persuade other ministries and government bodies to engage with disability in this way.

Other NGOs working in the fields of disability or human rights can also be valuable advocacy allies. In addition to VSO’s involvement, disability-focused INGOs such as Action on Disability and Development (ADD), BasicNeeds, Handicap International and Motivation supported Kenya’s disability caucus (see Case Study 19), the Ghana PRSP consultation (see Case Study 18) and the Access for All coalition in Sri Lanka (see Case Study 16). VSO Guyana is exploring ways of building links between the DPOs we support and the Guyana Human Rights Association to strengthen disability advocacy work.

VSO India has been helping DPO partners to form a state-level disabled women’s network.

At the first formal network meeting, disabled women expressed concerns that they were left out of both the disability movement and the women’s movement. They therefore decided to widen their network to involve all women’s groups operating in the state, disabled and non-disabled together.

Media

Another way to create wider engagement with disability issues is to identify, publicise and build on positive actions by non-disability actors. For example, NCPEDP, one of VSO India’s DPO partners, runs an employment scheme, developing partnerships with companies to help them to employ disabled people. (<http://ncpedp.org/employ/em-home.htm>). As part of this programme, NCPEDP gives awards to companies that employ disabled people on an equitable basis. The award ceremony is publicised through the press, and the companies are awarded the right to use a disability friendly corporate logo.

It is also a good idea to publicise our own successes, especially simple, practical ones. For example, VSO India took care to invite people to see their office after they had made adjustments for disability (see Case Study 6).

It is essential to use media coverage and publicity in this targeted way. Any publicity should clearly identify practical actions that people can take: in the two examples from India, either joining NCPEDP’s employment scheme or contacting Samarthya to arrange an accessibility audit. It is important to be very clear about our message – provide press briefing packs and speak to journalists who attend your public events. We found several examples of excellent advocacy events that were nevertheless reported in stereotypical and even discriminatory language.



NCPEDP’s disability-friendly corporate logo

DPO media workshop in Indonesia

Three of VSO Indonesia’s DPO partners ran a two day workshop with DREAM-IT funding to encourage print and broadcast journalists to write accurate, non-discriminatory stories about disability issues. The first day focused on raising awareness of disability issues, including terminology, access to education, and violence against women with disabilities. On the second day, the journalists advised the DPOs on how to build contacts and improve their media coverage. Following the event, several leading newspapers in Java have published major articles on the issues facing disabled people.

‘I’ve noticed that some media now use different terminology, such as diffable (differently-abled people), instead of the rather negative penyandang cacat (bearer of disability). Before the workshop, many members of the media were worried about approaching or reporting on people with disabilities, and were scared to make mistakes. But it seems less so now, and this is a very positive change.’

Director of a DREAM-IT partner DPO

Research

Disability activists commonly express the concern that it is difficult to advocate on disability issues, because of the lack of statistics and other information about disabled people. Statistical research into impairments and disability is complex (for one thing, it is very difficult to define what to count in a way that is both feasible for the counters and meaningful for the people being counted). However, it is also clear that policy makers respond to statistics, and the lack of this information can contribute to the invisibility of disabled people at policy level.

VSO programmes and disability partners have played several different roles in this area:

- Advocating for disability to be counted in the mainstream national census (a coalition of DPOs and NGOs succeeded in adding a question on disability to India’s 2001 census, in the face of strong initial opposition from the Census Commission).
- Supporting national and local research processes: VSO Guyana placed a Youth for

Development volunteer with the National Commission on Disability to coordinate and manage a national disability research project.

After conducting a large-scale survey into the numbers and situation of disabled children at the beginning of their inclusive education project, VSO Kenya supported district education authorities to continue collecting some of this data on an ongoing basis. By the end of the project, basic statistical information was being collected annually in each district, with no additional survey required. VSO Namibia have also been active in this area (see below).

VSO Namibia disability and impairment studies

In recent years, several studies of disability and impairment have been carried out in Namibia, at different levels. According to the 2001 Housing and Population Census, there were 85,567 Namibians with disabilities, or nearly 5% of the population.

‘A developing country such as Namibia cannot afford to sideline... 5% of its population.’

Disability Advisory Unit, Office of the Prime Minister, March 2006

In 2003, a Norwegian disability research organisation conducted a *National Study on Living Conditions among People with Disabilities in Namibia*, in collaboration with the National Federation of People with Disabilities in Namibia (NFPDN), the University of Namibia, and the government. The study demonstrated large gaps in service delivery for disabled people. It also found a close association between disability and poverty:

‘households with disabled members and disabled individuals score lower on a number of indicators on standard of living as compared to households without disabled members and non-disabled individuals respectively.’

http://www.sintef.no/content/page1____1561.aspx

As of March 2006, VSO social work volunteers are carrying out a more detailed study of the needs of disabled people in the Kunene region of Namibia – to be completed and compiled by the end of 2006. This survey aims to address some of the gaps in information highlighted by the national study, using a combination of questionnaires, interviews and the records of the regional Community Based Rehabilitation programme, which VSO also supports.

Local research projects can also produce information on the situation of disabled people (rather than their numbers), using case studies or examples to inform policy makers of what is really happening on the ground.

VSO’s advocacy research toolkit START (see **Key resources**) provides practical guidance on qualitative research methodologies such as focus group discussions and interviews. The tools in START can be used to gather disabled people’s experience and perspectives, to use as evidence for advocacy activities.

It is important to make sure that research looks at the different perspectives and priorities of different groups of disabled people. As well as disabled women and girls, as compared to disabled men and boys, it may be useful to carry out research in rural or remote areas, with younger and older disabled people, or with disabled people from different social, economic or ethnic groups.

CASE STUDY 17

VSO DREAM-IT: Fifth Asia-Europe People’s Forum (ASEM-PF 5)

The Asia Europe People’s Forum (ASEM-PF) is a network of organisations from Asia and Europe working on issues of common concern to both regions. Its main activities include the organisation of civil society conferences parallel with official ASEM Summits. The fifth Asia Europe People’s Forum (ASEM-PF 5) took place from 6 to 9 September 2004 in Hanoi.

The Country Director of VSO Vietnam was invited to join the ASEM-PF 5 preparation committee, and saw the opportunity to include disability. He contacted DREAM-IT in March 2004, to suggest inviting some disabled representatives of DPO partners to the forum. He also negotiated with the preparation committee to include a workshop on disabled people’s rights on the forum agenda.

The DREAM-IT team in Indonesia and Thailand developed a set of criteria for selecting participants, based on their interest in advocacy and gaining exposure to an international advocacy event. Five DPO representatives from each country were invited to participate, with DREAM-IT sponsorship, along with one disabled person from a VSO Vietnam partner organisation and a representative of the European Disability Forum. The total cost of travel and registration for all 12 delegates and two VSO staff, and for sign language interpretation and translation, was around £8,000.

VSO Vietnam planned an evening reception to introduce the disabled participants to government, foreign ambassadors and other stakeholders in Vietnam, including the Indonesian ambassador. A press conference was also arranged to promote the issue of disability. A volunteer developed the idea of using postcards to gather people’s statement of solidarity and support.

Before the forum began, VSO held a one-day preparation meeting for all DREAM-IT participants to agree an advocacy strategy and key themes to raise during the forum. This meeting also identified the role of each participant during the reception, press conference and workshop. The participants developed a detailed session plan for the workshop, including small group discussions on different topics, and ways to compile the postcard statements and formulate final statements.

Throughout the forum, the disabled participants shared their views on disability issues with representatives of national people’s organizations and NGOs from 38 European and Asian countries.

At the evening reception, participants’ views on disability were collected on postcards addressed to the heads of state of Asian and European countries who would meet at the ASEM summit in October. Further views and postcards were later collected from many forum participants. Over 100 postcards were collected in total. Following the press conference, a short story was broadcast on VTV news about the VSO delegates and disability and several newspapers also printed articles.

VSO and the 12 disabled participants then co-facilitated the workshop on the rights of people with disabilities. There were four presentations from representatives of different DPOs to share their experience of empowering people with disabilities in Thailand, Indonesia, and Europe and to discuss the new draft UN Convention on the rights of people with disabilities. These presentations were followed by group discussions, facilitated by the disabled participants. At the end of the workshop, the presentations, discussions and views collected on the postcards were combined into seven ‘Calls for Action’:



Disabled delegates and VSO staff at the ASEM People’s Forum V, showing some of the press coverage generated about disability that week.

- 1 Governments must pass and implement laws in relation to disability.
- 2 Stop causing disability through waging war and using weapons that cause multiple and intergenerational disability, such as Agent Orange and depleted uranium, and compensate those already affected.
- 3 Ensure women with disabilities have the right to be involved and participate in all aspects of life.
- 4 Ensure social and physical environments are friendly to people with disabilities.
- 5 Change policies to make employment more accessible to people with disabilities.
- 6 Every child, including children with disabilities, must have equal rights to education. Children with disabilities should be given opportunities to go to a regular school in inclusive settings with proper support.
- 7 Each country must adopt the UN Convention on Human Rights for people with disabilities and ensure the active participation of representatives of people with disabilities in the preparation, implementation and monitoring of the convention. Governments must establish a body responsible for the proper implementation of the Convention.

The VSO delegates' presence made a big impact on the forum, not only on the other participants but also on the forum's final statement. Across the board, from peace and security to democratisation, disability was taken as a vital consideration. For example, the statement on peace and security included a commitment to 'demand justice for all victims of weapons of mass destruction, including people with disabilities' and the statement on economic and social security, 'to adopt and implement comprehensive legislation with respect to the rights and needs of people with disabilities.' The seven statements were sent to the ambassadors of all the countries participating in the ASEM Summit in October 2004. Unfortunately, the ASEM Summit failed to address disability issues.

We also introduced our DREAM-IT partners from Indonesia and Thailand to our disability sector partners in Vietnam, who subsequently participated in an evaluation exchange with DREAM-IT partners (see Case Study 9).

Accessibility

Although the organising committees did try to accommodate the need of the delegates once they arrived, it appeared that there was insufficient advance planning of how to make the forum accessible.



The president of a VSO Indonesia disability partner is carried up the stairs to attend one of the forum's plenary sessions

Handouts were not available in electronic format for visually impaired participants and no sign interpretation was available. The main meeting hall where the daily plenary was held was up a flight of stairs with no lift. The delegates with mobility impairments struggled each day to participate often with no support being available from organisers or hotel staff.

The team agreed not to make an issue of accessibility during the forum, but to let the other participants observe and learn. At the end of the forum, the ASEM-PF Committee recommended that the next forum should address the accessibility needs of people with disabilities.

CASE STUDY 18

VSO Ghana: PRSP consultation

The World Bank invited the Ghana Federation of the Disabled (a VSO partner) to a civil society videoconference in April 2005 with Jim Wolfensohn, the President of the World Bank. GFD invited VSO to participate as well, along with other organisations working in disability. Civil society groups in Senegal, Peru, Japan and Belgium also participated.

Before the videoconference, MacDuff Phiri, VSO Ghana's Disability Programme Manager, arranged a meeting of all the invited organisations to agree a common position. This preparation was vital in presenting a coherent message. While the other country groups discussed a wide range of development issues, the Ghana team focused on including disability in development planning.

During the videoconference, MacDuff asked 'Is the World Bank doing enough on disability?' Jim Wolfensohn admitted that it was not. MacDuff then asked 'So, what are you going to do about it? If disability is left out, you will never make poverty history! How will the World Bank ensure that disability is included?'

Following the videoconference, the World Bank Country Director for Ghana explained that the World Bank (and other donors) allocate funding based on each country's Poverty Reduction Strategy Paper (PRSP). If disability was not included in Ghana's PRSP, the World Bank would not fund it. He advised the group to contact the National Development & Planning Commission (NDPC), which was in the process of reviewing the first Ghana Poverty Reduction Strategy (GPRS I), to ensure that disability was included in the development of GPRS II.

When GFD initially approached them, NDPC were not particularly open to meeting disability stakeholders. MacDuff advised GFD to tell NDPC that they would inform the media that NDPC were deliberately excluding disabled people. Then, once the NDPC agreed to a meeting, they said that they had no funds for a large workshop. VSO Ghana therefore provided funding for the meeting.

The NDPC finally met a group of disability stakeholders, including GFD, two other DPOs (Ghana Society of the Physically Disabled and Ghana National Association of the Deaf), three NGOs working in disability, and representatives of two government departments (Special Education Division and Department of Social Welfare). Once again, VSO Ghana arranged a preparation meeting to agree on a common message.

At the request of GFD, the meeting was chaired by VSO, who challenged the government representatives on why they had never consulted disabled people on their policies and strategies. The NDPC staff admitted that as economists, they had never thought of disability as a relevant issue to their work.

Once the NDPC had recognised that disability was a key issue in all development initiatives, they worked with the other participants in small groups to ensure that disability was explicitly included in the policy objectives and measures in each GPRS II thematic area (Governance; Productivity & Employment; Human Resources Development; Vulnerability & Social Exclusion). At the end of the meeting, the NDPC promised that these new commitments to disability would be included as costed budget items in the final GPRS II.

During the recent VSO Ghana Disability Programme meeting, VSO's DPO partners have agreed to form a 'disability watchdog group' that will work closely with GFD to ensure that the NDPC does include disability in the budget process.

For the first time, disability will become part of the Government of Ghana's Budget for 2006 and then for the rest of the GPRS II period. Consequently, disability will also be highlighted in the Multi Donor Budgetary Support (MDBS) that Ghana receives.

The group is now working on a stakeholders' document to present to the President during the forthcoming celebrations for the 10th anniversary of the Echoing Hills Village disability project. They are also continuing to lobby and advocate for the passage of the 1994 Disability Bill into law.

CASE STUDY 19

VSO Kenya: PRSP consultation and Constitutional Review

In 2001, the government of Kenya launched both a new PRSP consultation and a process to review the Constitution. These opportunities to include disabled people's rights at a high policy level prompted disability stakeholders, including DPOs, NGOs and ministries, to revive a national disability caucus. VSO Kenya and other INGOs supported the revival of the caucus with funding and time.

The caucus began by ensuring that disabled people were represented in the PRSP consultation at district, provincial and national levels.

The caucus developed a pamphlet to highlight the priorities of disabled people for all the delegates at the national Constitutional Review conference. VSO Kenya funded a workshop to enable DPO and caucus delegates to identify and clarify the key issues facing disabled people, and agree a plan to express these issues with a united voice at the conference. A summary of the key issues was also developed to promote understanding of disability among other delegates and to solicit their support at the conference.

As a result of these efforts, the draft Constitution explicitly recognised disabled people's rights and made a dozen specific recommendations, contrasting with the previous Constitution, which did not mention disability at all. The recommendations were incorporated in the Bill of Rights (2004), which proposed outlawing discrimination on the basis of disability and established the principle that disabled people must be represented at all levels of decision-making and government institutions.

VSO Kenya also supported United Disabled Persons of Kenya (UDPK), the leading national representative organisation of disabled people, in advocating for the passage of the Disability Bill, which had been caught in the legislative process for years. For example, VSO Kenya funded UDPK to host a lobbying breakfast for members of parliament and the media. VSO Kenya and other INGOs supported UDPK to run a national awareness campaign about the Bill for disabled people, training them to express their priorities at local community meetings. These efforts contributed to wider public recognition of disability issues at national and grassroots level. The Disability Act was finally passed in 2003, guaranteeing the rights of disabled persons for the first time in Kenya, and providing a legal basis for enforcement.

The disability caucus's efforts culminated in the National Disability Conference in 2004 to develop a national plan of action for mainstreaming disability, as part of the national launch of the African Decade of Persons with Disabilities, 1999 – 2009. The conference had strong government involvement at every stage. The steering committee of caucus members was invited to the State House and received a personal message to the conference from the President.

In all, VSO Kenya has contributed to four major recognitions of the rights of disabled people at a policy level:

- Enactment of the Disability Act
- Inclusion of disability as a specific and separate issue in the Bill of Rights
- Development of the National Plan of Action for the African Decade of Persons with Disabilities
- Adoption of inclusive education as a model for national policy (see Chapter 7)

KEY RESOURCES

DAA: Toolkits for DPO Advocacy

<http://www.daa.org.uk/publications/Reskit2.htm#why%20influence%20is%20important>

VSO: START (Simple Toolkit for Advocacy Research Techniques)

http://www.vso.org.uk/Images/start_tcm8-4860.pdf

See also the key resources listed for Chapter 3.

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