DISABILITY MAINSTREAMING RESOURCE KIT

FOR

THE FIRSTRAND FOUNDATION EARLY CHILDHOOD DEVELOPMENT (ECD) PARTNERS

DEVELOPED BY:
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JUNE 2016

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS:	Acquired Immune Deficiency Syndrome
AT:	Assistive Technology
CBR	Community Based Rehabilitation Programme
CEE:	Commission for Employment Equity
DPO:	Disabled People's Organisation
DPSA:	Disable People South Africa
EAP:	Economically Active Population
FAO:	Food and Agriculture Organisation
FRF	First Rand Foundation
HIV:	Human Immune Deficiency Virus
INDS:	Integrated National Disability Strategy
FSALP	Food Security and Agricultural Livelihoods Programme
M & E:	Monitoring and Evaluation
NGO:	Non-Governmental Organisation
PPs:	Programme Partners
UN	United Nations
WPRPD	White Paper on the Rights of Persons with Disabilities

INTRODUCTION

This Resource Kit, developed by the FirstRand Foundation (FRF), is intended to assist and guide its Programme Partners (PPs) to mainstream disability at an organisational, policy and programme/project level. The multiple levels of mainstreaming mean that PP's will be including persons with disabilities both as programme implementers and as beneficiaries. This Kit is intended to be a permanent resource for FRF PP's. However, it is important to note that it reflects the policies, programme and approaches to addressing disability matters at the time of writing, i.e. May 2016.

THE FRF'S COMMITMENT TO MAINSTREAMING DISABILITY

The FRF's decision to support the mainstreaming of disability across its PPs is rooted in:

a) South Africa's progressive Constitution and policies that strongly advocates the inclusion of persons with disabilities in mainstream society and the honouring of their human, social, economic and political rights as equals with all other able-bodied persons;
b) Its belief that PPs can directly improve the socio-economic conditions and quality of lives of persons with disabilities; and
c) Its understanding of the link between their programmes, poverty and disability.

THE DESIGN OF THE KIT

The Resource Kit is designed to give you:

- A general understanding of disability including the different types of disabilities, the specific needs of each type of disability, the different models for addressing disability issues, negative perceptions and attitudes towards persons with disabilities and how to address these, and interacting with persons with disabilities. (PART ONE).
- A general understanding of what disability mainstreaming means and guide you on where, how and when you can mainstream disability/include persons with disabilities as beneficiaries of your projects. (PART TWO).
- General guidelines on how you can mainstream disability/include persons with disabilities in your organisation. (PART THREE).

- Specific ideas and best practice examples of disability mainstreaming in the Food Security and Agricultural Livelihoods (PART FOUR).
- Practical resources on the above (PART FIVE).

A distinguishing feature of this Resource Kit is the inclusion of lessons learnt from FRF's Programme Partners' (PPs) experiences of mainstreaming disability, as well as their views on the type of guidelines they need to mainstream effectively within their projects.

Based on the needs of the PPs, this Resource Kit focuses more on mainstreaming disability within projects. However, guidelines on mainstreaming within the organisations are included in the latter part of the Resource Kit. The Resource Kit also contains a number of more detailed information "resources" for those who want to develop a more in-depth knowledge of disability and the mainstreaming thereof. The "resources" include 'templates' and 'forms' that can be used for certain mainstreaming tasks.

The FRF is confident that this Resource Kit will enable the FRF and all its PPs to tangibly contribute to making the inclusion of persons with disabilities in mainstream society a reality and a norm!

Although this Resource Kit is primarily intended for the FRF's PPs, it could be useful for other role players and organisations involved in, and wanting to mainstream disability in community level developmental programmes and projects.

PART ONE

UNDERSTANDING DISABILITY

1.1 WHAT IS DISABILITY?

A broad definition of disability refers to **the loss or elimination of opportunities to take part in the life of the community, equitably with others, that is encountered by persons having physical, sensory, psychological, developmental, learning, neurological or other impairments which may be permanent, temporary or episodic in nature, thereby causing activity limitations and participation restriction with the mainstream society.**

- There are various definitions of disability.
- All the definitions share certain common elements even if they emphasise or express these differently (see info table below).
- The current definition of disability has evolved over time, and reflects a more progressive view of disability than was the case in the past.
- The occurrence or presence of disability varies. In some instances, disabilities are present from birth and in others they occur during a person's lifetime.
- Disabilities can be permanent, temporary or episodic.
- Understanding disability terminology and their meanings will deepen your knowledge of disability matters.

RESOURCE 1 IN PART 5 OF THIS RESOURCE KIT PROVIDES SOME OF THE DIFFERENT DISABILITY TERMINOLOGY AND THEIR MEANINGS. THIS WILL ENHANCE YOUR UNDERSTANDING OF DISABILITY.

The **common elements** in the various definitions of disability are:

- Physical, mental, intellectual or sensory impairments.
- Internal and external limitations or barriers to full and equal participation.
- Loss or lack of access to opportunities due to environmental barriers and/or negative perceptions and attitudes of society.

The **key message that emerges from all definitions is** that while we need to acknowledge the limitations of persons with disabilities, we MUST always focus on the abilities of the person and the extent to which we/society can create an environment that enables full expression of their abilities.

As expressed in a statement by the Food and Agriculture Organisation (FAO) of the United Nations (UN):

"DISABILITY IS NOT INABILITY!"

(FOA Working in Support of Persons with Disabilities, 2006)

1.2 TYPES/CATEGORIES OF DISABILITY

There are different types or categories of disability as well as different levels of impairment within a disability category. For example, the hearing impairment disability category includes persons who are totally deaf as well as persons with partial hearing abilities.

Each type of disability has its own special needs. It is important to fully understand each type of disability and the special needs associated with each type. The following table shows the most common categories of disability in South Africa; how each is defined and what its key

characteristics are. Statistics on the prevalence of the different types of disabilities in South Africa is contained in Resource 2 in Part 8 of this Kit.

Table 1: Types/Categories of Disabilities

CATEGORY OF DISABILITY	GENERAL DEFINITION	KEY CHARACTERISTICS
Physical Disability: **1. Paraplegia** **2. Quadriplegia** **3. Hemiplegia** **4. Celebral Palsy** **5. Post-Polio Paralysis**	Refers to conditions caused by damaged muscles, nerves, skin or bones that results in general weakness or long-lasting pain. There are at least 5 sub-categories of physical disabilities.	Mobility or ability to perform daily activities such as dressing, eating and bathing is impeded. 1. Substantial loss of function in the lower body. 2. Substantial loss of function in all four limbs. 3. Substantial loss of function on one side of the body (arm and leg), often due to a stroke. 4. Damage to the brain that causes muscular uncoordination. 5. Weakness in some muscles and under-development of some limbs.
Hearing Disability	Refers to the total or partial loss of hearing. It can be mild, severe or total.	A person with a hearing disability often has difficulty learning spoken languages, hearing warning signals and following verbal instructions. Hearing loss can lead to behavioural problems due to frustration, and it is sometimes difficult for a person with a hearing disability to make friends.

Visual Disability	Visual Impairment refers to the total or partial loss of sight. Blind refers to total loss of sight.	A person who is blind experiences difficulty moving around and knowing where things are, as well as doing certain daily activities such as writing, reading and following visual signs/commands.
Mental Disability: **1. Intellectual disability** **2. Psychiatric disability**	Refers to a range of conditions including cognitive, psychiatric and learning disabilities. An example of intellectual disability is Down's Syndrome. Epilepsy itself is not a disability. Rather, it is a disorder characterised by a sudden disturbance of the brain resulting in a seizure, which could result in a physical or mental disability.	A person with an intellectual disability has difficulty learning or retaining new information, and often struggles to adapt to new situations. People with a psychiatric or mental illness often experience difficulty perceiving or interpreting reality, coping with daily life, forming and maintaining relationships, and dealing with difficult feelings and fears. They often see and hear things that do not exist. Medication taken to reduce symptoms can cause other symptoms, which in turn may present themselves as further signs of mental illness.
Multiple Disability	Means having two or more disabilities. For example, having a physical and intellectual disability.	

1.3 UNDERSTANDING THE PAST AND PRESENT PERSPECTIVES OF DISABILITY IN SOUTH AFRICA

There is a vast difference in the way disability was perceived and addressed under apartheid rule in South Africa and the way it is viewed under our democratic dispensation. It is important to understand these different perspectives because it provides the context of some of the challenges we currently experience with mainstreaming disability as well as the framework for full and equal inclusion of persons with disabilities in the mainstream of social and economic life.

RESOURCE 2 IN PART 5 PROVIDES SOME BASIC DATA ON THE PREVALENCE OF DISABILITY IN SOUTH AFRICA, INCLUDING ON THE PREVALENCE OF DIFFERENT TYPES OF DISABILITIES.

1.3.1 DISABILITY UNDER APARTHEID RULE

Prior to 1994, the then apartheid government addressed disability as a social welfare and medical concern. The term used for this approach is the "medical model".

The focus of the medical model is on providing social grants and some very basic and rudimentary social services, such as rehabilitation services, to persons with disabilities. This means that persons with disabilities are assessed, and their position and status in society is defined by their medical condition and the limitations these conditions impose on their mobility and ability.

The medical model does not in any way acknowledge the human, social, political and economic rights of persons with disabilities, and it certainly does not advocate for full inclusion and integration of persons with disabilities into mainstream society. Nor does the model consider or acknowledge the abilities of persons with disabilities.

Apartheid was a system of governance that emphasised and legalised differences between the country's racial groups. The vast majority of black citizens, particularly women, children and youth were placed at the lowest rung of the socio-economic ladder, as were people living in rural areas. The Apartheid government's racial policies resulted in the existence of large-scale poverty, unemployment and general inequalities in the lives of the country's black citizens in general.

The racial policies found expression even in the services that were provided for persons with disabilities. Persons with disabilities from the white race group received far more, and better services than their black counterparts. The patriarchal nature of Apartheid South Africa compounded the situation for women with disabilities, again more so for black women with disabilities.

Thus the pervasive racial policies of the Apartheid era translated into a status quo that resulted in black persons with disabilities becoming one of the most marginalized sectors of our society - experiencing extreme levels of exclusion, prejudice, isolation and denial and/or lack of access to fundamental rights and services. South Africa's 2015 White Paper on the Rights of Persons with Disabilities addresses this legacy of Apartheid in respect of persons with disabilities.

1.3.2 DISABILITY UNDER DEMOCRATIC GOVERNANCE

Post 1994, the country's democratically elected government developed and has been implementing in earnest, a transformation agenda aimed at building a just and equitable society for all. It is an agenda that includes all previously marginalised and vulnerable groups of society such as persons with disabilities.

The Constitution of the Republic of South Africa (Act No 108 of 1996) protects the rights and dignity of persons with disabilities. The Constitution is further translated into several national policies and legislation that promotes and supports the full equalisation of opportunities of persons with disabilities and their integration into society; within a social model and human rights policy framework.

The social model acknowledges the social context and needs of persons with disabilities and the impact that these have on their full participation, inclusion and acceptance as part of mainstream society. It focuses on the abilities of persons with disabilities rather than on their differences or disabilities. It also encourages broader systemic and attitude changes in society; promotes mainstreaming of disability and reinforces the importance of persons with disabilities themselves being part of transformation processes that impact on their lives. This latter principle is encapsulated in the slogan of Disabled People South Africa (DPSA), an organization of persons with disabilities that says: "Nothing about Us without Us".

The social model and approach is further detailed in the country's White Paper on the Rights of Persons with Disabilities (2015). The White Paper presents a Vision of "*South Africa – a free and just society inclusive of all persons with disabilities as equal citizens".* It provides key policy areas, identifies policy objectives and details recommendations, strategies, mechanisms and specific areas for action that should be implemented by all role-players, directly or indirectly involved in addressing issues of disability. Also, it outlines the responsibilities and accountabilities of the various stakeholders. The White Paper is a collaborative effort of all spheres of government, institutions promoting democracy, civil society and disability organisations.

The advent of democracy in the country also saw the South African government being signatory to, and in many instances actively participating in the development, adoption, ratification and implementation of international and continent wide instruments that address disability within a

social model framework. Some examples of such instruments are the World Programme of Action concerning Disabled Persons, the United Nations Standard Rules on the Equalisation of Opportunities for Persons with Disabilities; the Disability Rights Charter of South Africa, the African Decade for Persons with Disabilities and the 2007 United Nations Convention on the Rights of Persons with Disabilities.

Over and above creating a conducive policy and legislative environment for applying a social model to addressing disability issues, government established institutions to ensure the integration of Persons with disabilities into mainstream society, and their full and equal access to all social and economic opportunities and activities. Some examples of these institutions are the Department of Social Development, the South African Human Rights Commission, the Commission on Gender Equality; the Commission for the Promotion and Protection of the Rights of Cultural, Religious and Linguistic Communities; Public Service Commission structures in Offices of Premiers and Disability Desks in local government structures. These structures are tasked with coordinating, facilitating, promoting, monitoring, evaluating and reporting on the provision of all fundamental rights to persons with disabilities as defined in the Constitution and related policies and legislation. These structures are further mandated to develop and implement any initiatives that are deemed necessary to mainstream disability in all government policies and programmes and line function departments at all spheres of government.

RESOURCE 3 IN PART 5 PROVIDES MORE DETAILS ON THE VARIOUS MODELS OR PERSPECTIVES OF DISABILITY. THIS RESOURCE SHOWS HOW PERCEPTIONS OF DISABILITY INFLUENCE THE MODEL AND APPROACH TO ADDRESSING DISABILITY.

1.4 UNDERSTANDING THE DISCRIMINATION, STIGMA, NEGATIVE PERCEPTIONS AND NEGATIVE ATTITUDES ABOUT PERSONS WITH DISABILITIES

Our country has made much progress in its approach to dealing with disability within a social model framework and as a human rights and developmental issue. We have developed and

implemented various policies and programmes that recognise and acknowledge persons with disabilities as equal citizens who should enjoy equal rights and responsibilities.

However persistent discrimination, stigma, negative perceptions and attitudes towards, and stereotyping of, persons with disabilities threatens to nullify the progressive approach we have adopted as a country. Negative perceptions and attitudes are the biggest barriers that prevent persons with disabilities from being included and participating equally in mainstream social and economic life.

Much of the stereotyping can be attributed to traditional misconceptions and assumptions based on superstition, myths and beliefs about disability from earlier less enlightened times. These continue to be inherent in our society because they are constantly reproduced when we treat persons with disabilities as a separate group rather than including them in mainstream society. In the same way that racist or sexist attitudes, whether implicit or explicit, are acquired through the 'normal' learning process, so too are negative assumptions about disability and persons with disabilities.

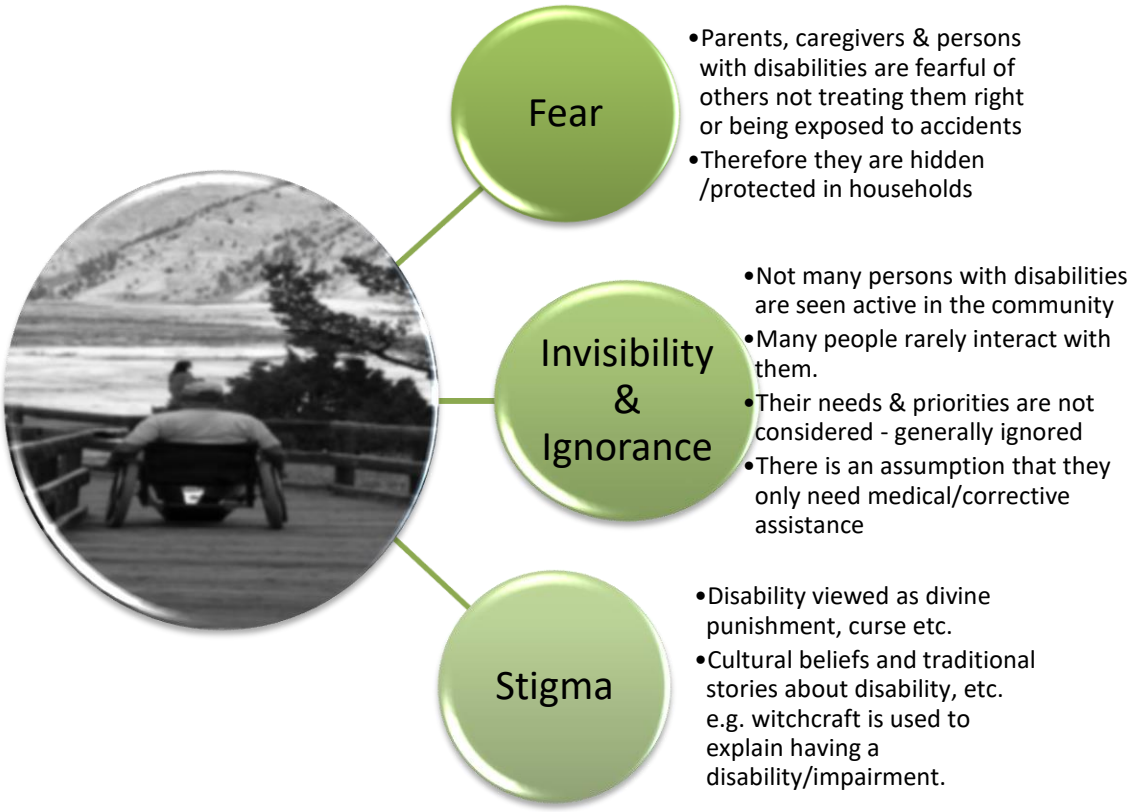
Persons with disabilities mention the following ten (10) commonly recurring negative stereotyping they experience:

- a person with a disability is pitiable and pathetic;
- is an object of curiosity or violence;
- sinister or evil;
- a super cripple;
- an atmosphere;
- laughable;
- her/his own worst enemy;
- a burden;
- non-sexual; and
- unable to participate in daily life.

The cumulative effect of discrimination, stigma, negative perceptions and attitudes is that persons with disabilities continue to be among the most marginalised and vulnerable sectors of our society in that they are denied the basic human, social, economic and political rights accorded to all other, 'able-bodied', citizens.

In an organisational context, negative or un-informed perceptions and attitudes of staff and other programme team members and stakeholders can prevent persons with disabilities from being included in the organisation and its programmes and projects.

The diagram below shows the three related factors that drive negative perceptions and thus the exclusion of persons with disabilities.



Some common myths about persons with disabilities and the reality that dispels these myths are shown in the Table below.

Table 2: Myths about persons with disabilities

MYTH	REALITY
Persons with disabilities are inferior to "normal" people and their lives are very different.	We all have different abilities, talents, interests and personalities. Persons with disabilities like able-bodied people go to school, get married, work, have families, play, go shopping, eat out, travel, etc.
We need to feel sorry for persons with disabilities.	That's patronising. Persons with disabilities don't need pity. They need access to opportunities.
Persons with disabilities are brave and courageous.	Adjusting to a disability requires adapting to a lifestyle, not bravery and courage.
It's not a good idea to hire persons with disabilities. They have a higher turnover rate and they take sick days more often.	Many studies show that employees with disabilities are often more productive, dependable and loyal than their co-workers without disabilities and that staff retention is higher among persons with disabilities.
You have to be careful when you're talking to a person with a disability, because they are easily offended if you use the wrong word.	You just need to be as polite and respectful as you would when speaking to anyone. If you're not sure what to say or do, it's okay to ask.
It is difficult serving customers with disabilities.	Customers with disabilities have the same preferences, perceptions, attitudes, habits, and needs as customers without disabilities, and they are looking for the same quality of products and services. Everyone, regardless of ability, deserves to be treated with the same dignity and respect.

1.5 ADDRESSING NEGATIVE PERCEPTIONS AND ATTITUDES ABOUT PERSONS WITH DISABILITIES

The most powerful tool for addressing the negative perceptions and attitudes about persons with disabilities is creating awareness of, and advocating for, the rights of persons with disabilities.

A good place to start is to get all members of your organisation, or of a project/programme team to reflect on and share with each other their own awareness, knowledge and experience of disability. ***YOU CAN USE RESOURCE 4 IN PART 5 OF THIS RESOURCE KIT FOR THIS REFLECTION.*** The outcome of this reflection session will indicate whether you need to increase knowledge of disability issues amongst staff and/or project team members, prior to embarking on disability mainstreaming in order to ensure that, when embarked on, it is done successfully.

Each one of us can do something to address the negative perceptions of persons with disabilities. Some of the things we can do are:

- Interact properly with persons with disabilities that we meet/are around us.
- Promote attitude changes in society. To change attitudes, one must first understand where, how and why the attitude exists.
- Focus on changing behaviour and make it clear that discriminatory or disrespectful behavior and using derogatory language is unacceptable.
- Promote inclusion of persons with disabilities, and make every effort to do so yourself.
- Focus on the abilities of persons with disabilities and encourage others to do so.
- Create awareness of the rights and needs of persons with disabilities.
- Ensure that persons with disabilities are part of all projects aimed at improving the quality of their lives. The Disabled People of South Africa (DPSA) – an organisation of persons with disabilities has the following slogan "Nothing about us without us".
- Talk about/distribute positive information on disability matters.
- Provide examples of successful persons with disabilities.

1.6 INTERACTING WITH PERSONS WITH DISABILITIES

1.6.1 ALWAYS ENGAGE DIRECTLY/ 'ONE-ON-ONE'

Most of us are uneasy about interacting with persons with disabilities. Some of us interact within the framework of our understanding of disability. And some of us choose not to interact at all because we do not want to appear offensive or patronising, or because we are unable to transcend the negative perceptions and stigmas that we have learnt to associate with disability.

When you put aside all your fears, anxieties and misconceptions about interacting with persons with disabilities, and fully internalise and accept that persons with disabilities are no different from you – you will find that the 'principles' of interacting with persons with disabilities is not dissimilar from any other person you interact with.

Some of these 'principles' are:

- ✓ Always be courteous and respectful.
- ✓ Acknowledge that each person is an individual with her/his own way of interacting.
- ✓ Speak directly to the person, make eye contact (if this is culturally acceptable), and not to their family member, assistant or interpreter.
- ✓ Refer to the person by their name and not their disability when speaking to them or about them.
- ✓ Speak clearly in normal voice. There is no need to shout, speak quickly, swallow your words or speak like you are talking to a child.
- ✓ Always ask the person if they require assistance before you offer it, and do what the person asks and not what you think should be done.
- ✓ Be safety conscious, but don't limit the person's freedom. Move the obstacles, not the person.

The following table shows the various ways in which people should relate to and communicate with persons with disabilities according to the different types of disabilities.

Table 3: Guidelines for interacting with persons with different types of disabilities

TYPE OF DISABILITY	SUGGESTED INTERACTIONS
People with mobility impairments	• If you are walking with the person, don't walk too fast because you could end up leaving the person behind and don't walk so slowly that you end up behind! Walk at a pace that allows you to walk alongside the person and make sure you do not restrict their or your movement. • When standing next to or behind the person, do not lean on the person's wheelchair or mobility device. • You can assist the person by moving obstacles on the path out of the way. Do not move, or expect the person to move around the obstacle. • Always ask the person if they want to be assisted before you assist. If the person says yes, ask how she/he wants to be assisted and what you should do e.g. when helping a person using a wheelchair to get into a car.

People with hearing impairments	• Remember that the person does not hear what you hear. So if you are talking to the person and the phone rings or someone calls you and you decide to respond, explain to the person, through his or her interpreter or by using basic signs, what you are doing and excuse yourself properly.
	• Find out how the person likes to communicate e.g. speech, sign language, finger spelling, writing, gestures and body language.
	• If a sign language interpreter is present, make sure you still face, make eye contact with and address the person you are speaking to, and not the interpreter.
	• Make sure that the physical space you are communicating in is properly lit for a sign language interpreter to be seen and/or for lip-reading, and has sufficient space to accommodate a sign language interpreter as well as yourself and the person you are communicating with.
	• If you are talking to a person who is lip-reading, some simple tips to remember are:
	  ○ Get the person's attention before speaking – by calling her name, touching her arm or waving, look directly at the person and maintain eye contact.
	  ○ Make sure that the person knows the topic of conversation: this is particularly important for lip-reading, as many words look very similar, and people with hearing impairments who read lips depend on context to pick out key words.
	  ○ Speak slowly, clearly and use short sentences – but don't shout or exaggerate words, as this will make it much harder to lip-read and 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 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 this also doesn't work, write it down.
People with visual impairments	• Speak normally, clearly and directly to the person - not to her/his assistant or companions. • Remember that people with visual impairments may not necessarily see what you see so always explain what is going on e.g. tell the person when you arrive, sit and leave. • Always introduce yourself by name e.g. 'Hello Duma, it's Muzi'. • When you first speak to the person, a gentle touch on her/his arm lets her/him know that you are talking to her/him and a handshake helps orient her/him 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/him. • Offer to describe the environment, especially if the person has not been to the place before. • Be specific when describing the environment/place. Do not say 'over there is a pond' or 'over here is a pond'. Instead say 'on your left is a pond' or 'immediately behind you is a pond' or 'in front of you is a pond'. Also 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/he can touch a table, chair or wall to maintain orientation with her/his surroundings. • A visually impaired person may not describe things in the same way that you would because of their limited depth perception or inability to see shapes or shadows. Discuss the images she/he describes so that you can both understand each other. • When guiding a blind or visually impaired person: ○ Always ask the person if she/he would like assistance first and what help she/he needs. ○ Always speak first – never take someone's arm or hand without warning. ○ Offer your arm for the person to hold just above the elbow. This will allow her/him to walk slightly behind you, following you as you turn or step up or down. ○ Walk normally – not too slowly and definitely not too fast. When 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/he will be slightly to one side of you, so give more space as you go round obstacles.

	• Don't try to sit her/him 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.
People with learning difficulties	• Be sensitive to the person's individual needs and behaviour. Different people find different things difficult. • Find out each person's preferred way of communicating (how she/he likes to speak and be spoken to, how she/he likes to be touched or not). • Remember that sometimes people with learning difficulties may behave in unusual or surprising ways. So 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 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: o Speak normally and clearly. o Use simple, short words – if you have to think about what a word really means, don't use it. o Use real-life examples and words for real things – people with learning difficulties may find abstract concepts difficult. o 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. o Give the person time to take in what you have said and time to respond – don't rush into repeating yourself. o If you aren't making yourself understood, repeat yourself once. If this doesn't work, try again using different words. o Sometimes it helps to emphasise the most important words in a sentence. o 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/him some time to think on her/his own or with her/his main caregiver.

(Source: Adapted from VSO handbook on Mainstreaming Disability)

You can always engage persons with disabilities directly on what would be appropriate and respectful interactions. They are usually more than willing to share information on how best you should interact with them.

1.6.2 ALWAYS USE APPROPRIATE DISABILITY LANGUAGE

"Language reflects the social context in which it is developed and used. It therefore reflects the values and attitudes of that context, and plays an important role in reinforcing values and attitudes that lead to discrimination and segregation of particular groups in society. Language can therefore be used as a powerful tool to facilitate change and bring about new values, attitudes and social integration…" [Source: DPSA Pocket Guide].

Language is probably the most critical element of interacting with persons with disabilities. As stated in the quote above, language (verbal and body language) expresses our views and attitudes towards people, situations, etc. Many of us inadvertently use negative or discriminatory language when talking or referring to persons with disabilities. In most instances we use the terminology we have either learnt or heard other people use and are not fully aware that it is offensive and inappropriate. Using appropriate language and terminology is an important part of supporting and facilitating inclusion of persons with disabilities in mainstream society. The Table below provides some examples of inappropriate terminology, explains the reasons it is offensive and suggests some appropriate language that can be used to replace the offensive terms.

Table 4: Examples of Inappropriate and Appropriate Disability Terminology

Inappropriate Terminology	Reason	Appropriate Terminology
'handicapped', 'mentally different', 'physically inconvenienced', and 'physically challenged'	These terms can prompt negative images. You should not use condescending euphemisms to describe disabilities. They reinforce the idea that disabilities cannot be dealt with up front.	Person with a disability/persons with disabilities or impairments.
"The disabled"	'Disabled' defines people as a problem group and denies individuality.	'Disabled people' is acceptable to some persons with disabilities, but in South Africa (and in line with the UN Convention on the Rights of

		Persons with Disabilities), we prefer the term 'persons with disabilities'.
"Mental handicap"/mentally challenged/mentally retarded/brain damaged	These descriptions carry a stigma.	Person with an intellectual disability/person with a mental disability.
"Deaf and dumb" /deaf mute	Being deaf has no relevance to the person's level of intelligence. Mute implies that the person cannot speak but many people with hearing disabilities are still able to speak.	Person has a hearing impairment/is deaf.
'Confined to a wheelchair' or 'wheelchair-bound'	Certain terminology suggests limitations. A wheelchair is not a tool of confinement it instead provides mobility.	A person who 'uses a wheelchair' / wheelchair user is preferable.
"Dwarf"/ "midget"	These words carry a negative stigma - avoid negative words.	Person of short statue.
"Disabled toilet"/ "disabled parking"/ "disabled seating"/ "special bathroom"	These facilities do not have disabilities and they are not special because they can be used by anyone.	Accessible toilet/parking/seating/seating for persons using wheelchairs.

(source: adapted from OSDP Media Policy and Media Resource Kit & Quadpara Association of South Africa)

1.6.3 ALWAYS BE SENSITIVE TO ISSUES OF DISCLOSURE AND IDENTIFICATION OF DISABILITY STATUS

Some persons with disability are very reluctant to describe themselves as disabled because they see it as a negative label or fear being discriminated against. Here are some suggestions on how to deal with the situation:

- Do not force an individual with a disability to disclose her/his status.
- Remember that you cannot and should not share information about a person's disability unless you have their consent to do so.

- Undertaking high quality disability equality training as a group may make people feel more comfortable about such disclosures.
- If an individual's disability is not obvious or known, she/he may require documentation of the disability that explains their right to reasonable accommodation. This documentation can be a reasonable accommodation request supported by a brief doctor's report outlining the person's disability and explaining how the requested accommodation will enable him/her to perform functions he/she would not otherwise be able to perform. You are allowed to ask for a restricted amount of disability-related information if it relates to the accommodation request.
- If the disability is self-evident, then you must proactively engage with the person with the disability to establish and then provide whatever reasonable accommodation the person requires.

PART TWO

UNDERSTANDING DISABILITY MAINSTREAMING

2.1 UNDERSTANDING DISABILITY MAINSTREAMING

As is the case with disability, there are various definitions of disability mainstreaming. However, the crux of all these definitions is that disability mainstreaming is an on-going process which is about promoting the inclusion of, and addressing the barriers that exclude, persons with disabilities from full and equal participation in all aspects of socio-economic life.

RESOURCE 5 IN PART 5 PROVIDES SOME DEFINITIONS OF DISABILITY MAINSTREAMING.

The simple definition provided above gives us a good sense of what disability mainstreaming involves and shows that it is different from developing and implementing a 'special project' that is especially and solely for persons with disabilities.

RESOURCE 6 IN PART 5 OUTLINES THE DIFFERENCES BETWEEN SPECIAL DISABILITY PROGRAMMES, DISABILITY MAINSTREAMING AND THE VALIDITY OF DISABILITY MAINSTREAMING.

Mainstreaming disability in community development policies and programmes entails ensuring that persons with disabilities benefit equally from these programmes, fully participate in the implementation thereof, and exercise and enjoy their human and socio-economic rights as other members of society do.

Worldwide statistical evidence shows that persons with disabilities are probably the most marginalised and vulnerable sector of our society, ranking amongst the poorest of the poor, with little or no access to all the rights and privileges accorded to the rest of society. There is a strong correlation between disability and poverty, as is explained in a number of international and national policy and legislative frameworks on disability.

South Africa's White Paper on the Rights of Persons with Disabilities (WPRPD) of 2015 explains that poor people face greater risks of impairments or disabilities leading to a higher number of persons with disabilities amongst the poorest of the poor. At the same time the occurrence of disability in a family often thrusts the already poor family into deeper depths of poverty which means that there is a higher number of families living in poverty as a result of disability.

The United Nations Convention on the Rights of Persons with Disabilities (2007) highlights the fact that "*the majority of persons with disabilities live in conditions of poverty, and in this regard recognizing the critical need to address the negative impact of poverty on persons with disabilities*". It also recognises "*the valued existing and potential contributions made by persons with disabilities to the overall well-being and diversity of their communities, and that the promotion of the full enjoyment by persons with disabilities of their human rights and fundamental freedoms and of full participation by persons with disabilities will result in their enhanced sense of belonging and in significant advances in the human, social and economic development of society and the eradication of poverty".*

Poor persons with disabilities, like all other poor people, have limited or no income or means to purchase basic goods and services and generally live in under-developed areas with lack of sanitation, water, electricity, health services, etc.

Below is a description of what disability mainstreaming involves in a developmental context, such as the one the FRF's partners operate in.

Firstly, it involves ensuring that disability is at the centre of all development initiatives as a norm and undisputable principle. This means that you must always keep persons with disabilities in mind (both as implementers and beneficiaries) when conceptualising, developing and implementing your policies, programmes and projects. In other words, you need to make sure that whatever you are involved in addresses the special needs of persons with disabilities and enables them to actively participate in your project.

To mainstream disability effectively you need to:

- Address all direct and indirect aspects, as well as the causes and effects of disability. This helps to develop long term, holistic and sustainable policies, programmes and projects.
- Change mind-sets and work in a way that includes disability as a norm in all policies, programmes and budgets, rather than as an exception or something to be treated differently.
- Apply the concept of universal design. This means designing everything in an inclusive manner so that it can be used by a wide range of people including persons with various categories of disabilities; without having to be specially adapted for a particular individual.
- Move away from the familiar and be willing to embrace differences and change.
- Recognise the skills and abilities of persons with disabilities and value the role and contribution they can make as equal members of communities.
- Promote the equalisation of opportunities for persons with disabilities by removing all barriers that impede access, and ensuring reasonable accommodation.
- Shift the focus from a needs based, soft issue or special case approach to a rights based approach (the social model).
- Focus on the environment around the disability and not on the disability itself.
- Consciously consider the impact of any plan or action on persons with disabilities.
- Ensure that disability is not addressed as a once-off disability activity/event, a "special project" or a "special case", something the organisation would do only if it has sufficient funds and not 'pushed' into programmes where it is not relevant.
- Include persons with disabilities in the conceptualisation, development and implementation of policies and projects.

2.2 UNDERSTANDING AND ADDRESSING BARRIERS TO DISABILITY MAINSTREAMING

There are many barriers to disability mainstreaming. Barriers are obstacles that make it difficult or sometimes impossible for persons with disabilities to do things most of us take for granted such as working in the garden, using public transport, attending a music concert, watching movies, attending school and university, etc.

None of the barriers are insurmountable – BUT - if they are not addressed they can scuttle any or all disability mainstreaming initiatives. It is therefore important to be fully aware of possible barriers to disability mainstreaming and the possible actions that you can take to avert and/or remove the barrier/s or challenge/s. Persons with disabilities and Disabled Peoples Organisations (DPOs) are an important resource for obtaining information on barriers to disability mainstreaming and how to respond to the identified barriers. You should thus draw on them for information whenever you are stuck and unsure about how to respond to a particular situation.

When we think of barriers to accessibility, most of us think of physical barriers — like a person who uses a wheelchair not being able to enter a public building because there is no ramp. The fact is there are many kinds of barriers. Some are visible and many are invisible. Generally, the barriers to mainstreaming disability can be grouped into four main categories as shown in the following Table.

Table 5: Addressing Barriers to Disability Mainstreaming

TYPE OF BARRIER	DESCRIPTION & EXAMPLES	POSSIBLE RESPONSES
Organizational Barriers	These are an organisation's policies, practices or procedures that	Disability mainstreaming to be included as a key result area in

	discriminate against persons with disabilities. **Example:** Low or lack of commitment and buy-in from programme managers to Mainstream Disability. A hiring process that is not open to persons with disabilities.	performance contracts of programme managers. Disability inclusive policies and strategies developed. Develop and adopt a formal statement of the organisation's commitment to mainstreaming disability. Set disability targets and quotas to be achieved.
Physical / Environmental Barriers	These are features of buildings or spaces that are inaccessible for persons with disabilities. **Examples:** High concrete platforms, steps, narrow entrances for a person using a wheelchair or walker. Counters that are too high for a person of short stature. Poor lighting for people with low vision. Telephones that are not equipped with telecommunications devices for people who are deaf or hard of hearing.	Construct ramps for wheelchair users, fit support rails, improve lighting in buildings etc.
Attitudes and Social Barriers	Negative stereotyping of persons with disabilities, social stigma and other forms of overt discrimination against persons with disabilities. **Examples:** limited participation of persons with disabilities. Thinking that persons with disabilities are inferior.	On-going consultation, sensitisation, advocacy campaigns and capacity building programme on the concept of disability and on accessibility issues Recognition of the rights and capabilities of persons with disabilities.

	Assuming that a person who has a speech impairment can't understand you.	
Communication or information Barriers	Happens when a person cannot understand information because it is not provided in accessible formats and through a variety of channels. **Examples:** Print is too small to read. Websites that cannot be accessed by people who cannot use a mouse. Signs that are not clear or easily understood.	For written material use a large font size in a clear sans serif style such as Arial and use a good contrast for text and background, sign language interpreters, Braille, audio or electronic format to be considered.

2.2.1 ADAPTING BUILDINGS AND FACILITIES

The most important aspect to keep in mind when adapting buildings and facilities for persons with disabilities is providing barrier free access. Very simply, barrier free access means ensuring that the physical space or environment does not unduly hinder or obstruct movement, or inadvertently create a dependency on someone else to, for example move something, for the person with the disability to be able to move around. Examples of adapting buildings and facilities are: widening corridors and pathways to accommodate a wheelchair and keeping them clear of obstacles to accommodate wheelchair users, persons using crutches and persons with sight impairments; visual signage and voice-over signage to accommodate persons with hearing impairments and those with sight impairments, building a permanent ramp or investing in a mobile ramp for wheelchair users, providing visual signage in sign language symbols, etc.

RESOURCE 7 IN PART 5 PROVIDES MORE DETAIL ON HOW SOME GENERIC BARRIERS CAN BE REMOVED/ADDRESSED. The resource contains some easy and quick adaptations that can be made to increase accessibility; and others of a more long-term solution but that must be taken into account in future plans within the policy imperative and framework of disability mainstreaming.

2.2.2 USE OF ADAPTIVE TECHNIQUES, TECHNOLOGIES, TOOLS AND EQUIPMENT

Although some techniques, technologies, tools and equipment have to be specially developed for persons with certain disabilities; most can be used across all types of disabilities.

The following principles apply when adapting techniques, technologies, tools and equipment. These principles are that the adaptation/s must:

- ✓ Enable the participation of persons with disabilities
- ✓ Take into account safety and ability to perform tasks without danger, fatigue or discomfort.
- ✓ Respond to the specific abilities and limitations of the particular person or groups of persons that you doing the adaptation for.
- ✓ Take into account the fact / possibility that each person is different so do not assume that people with the same disability will have the same abilities. This makes it imperative that you fully understand the disability and capability of each person you are engaging with.
- ✓ Take into account reliability and facilitating the ability to perform tasks.

It is also important to remember that:

- Technologies, tools and equipment should be adapted to people, and not the other way round.
- You can call on assistive technology professionals / DPOs to help you to:
  - determine your needs in terms of adaptive techniques, technologies, tools and equipment,
  - provide information about safety and equipment loans, and
  - develop solutions to respond to the needs identified.
- Persons with disabilities themselves will develop their own personal ways of accomplishing tasks. Engage honestly with them and let them take the lead in working through solutions to the task required.

- Although electrical equipment may facilitate certain tasks for persons with disabilities, electricity charges add to production costs and consequently, the sales price. Any equipment or machinery should be purchased after careful consideration.
- Some tools can be purchased or developed. Purchase of equipment should be kept to the absolute minimum. Instruments that are not needed regularly may be borrowed or rented. It is important to verify if a person with a disability can use the equipment.

2.3 GENERAL GUIDELINES FOR MAINSTREAMING DISABILITY

Some general guidelines for mainstreaming disability are:

- Acknowledge that disability mainstreaming is 'new' to your organisation and an in-depth process that requires time and dedication, so - make steady progress with simple, cost-effective interventions and do not expect to change everything at once.

- Use the UN Convention on the Rights of Persons with Disabilities (2007) and/or other national frameworks as your frame of reference for setting your disability mainstreaming agenda and priorities.

- Identify points of entry for persons with disabilities in each project.

- Secure and facilitate the participation of persons with disabilities, as implementers and/or beneficiaries because this is essential for genuine empowerment, community change and to gain the valuable dimensions and input that persons with disabilities have to offer.

- Encourage all role-players to support and actively engage in your initiatives to mainstream disability.

- ✓ Persons with and without disabilities working alongside each other can often foster changes in attitudes and understanding about abilities, contributions and aspirations of people with a disability.
- ✓ Persons with disabilities are able to provide resources to the community that were previously unrecognised and unused. This can be of value when developing selected programmes for the community.
- ✓ Persons with disabilities have particular skills and experience that may benefit people who were previously able-bodied but who may have become injured and incapacitated - with rehabilitation and a return to normality at a later date.
- ✓ Ensure that advocacy, sensitisation and capacity building of staff and stakeholders is part of your disability mainstreaming interventions.
- ✓ Awareness of disability and its implications is the crucial first step in development programs becoming inclusive.

2.4 IDENTIFYING ENTRY POINTS FOR DISABILITY MAINSTREAMING

It is important to identify "entry points" for disability mainstreaming. Examples of entry points are capacity building of community members living with disabilities and the provision of adapted tools and equipment.

RESOURCE 8 IN PART 5 OF THIS RESOURCE KIT PROVIDES A TEMPLATE FOR IDENTIFYING ENTRY POINTS FOR DISABILITY MAINSTREAMING.

Identifying and developing entry points for inclusion of disability involves the following activities:

- ✓ When identifying an appropriate "entry point" consider which aspects of the programmes can be of particular relevance and importance to persons with disability.
- ✓ Using your current plans write down next to each item what you would do, i.e. your proposed interventions to include persons with disabilities or to respond to challenges experienced by persons with disabilities.
- ✓ Once you have written down all the things you would do, write down next to each possible intervention how it should be done, who should do it and what resources you will need. This will help you to identify who the main driver should be; where you need co-operation and support of others and what type of resources you will need to implement this action.
- ✓ When listing the resources you will need, remember to include resources that will facilitate participation of persons with disabilities such as a sign language interpreter or a temporary ramp for a wheelchair user.
- ✓ If you find that you have the same action for several issues; you must then look at how the action can be performed just once while still ensuring that all the issues are addressed.
- ✓ You may also identify multiple entry points.
- ✓ You must ensure that:
    - o those tasked with executing certain actions are given sufficient time, capacity and resources to do so.
    - o those responsible for overseeing the execution of mainstreaming actions by others have the relevant authority, discretion and decision-making powers.
    - o the team involved in implementation has an in-depth understanding of, and is fully conversant with the action plan/work plan.

The FOLLOWING RESOURCES ARE CONTAINED IN PART 9 TO ASSIST YOU WITH THE TASKS OF MAINSTREAMING DISABILITY:

- ***RESOURCE 9 – Key Steps of Disability Mainstreaming***
- ***RESOURCE 10 – Checklist for assessing Progress on Disability Mainstreaming***
- ***RESOURCE 11 – Checklist for assessing Current Status of Disability Mainstreaming***
- ***RESOURCE 12 – Template for listing needs and challenges of persons with disabilities***

- ***RESOURCE 13 – Template for Developing a Disability Mainstreaming Action Plan***
- ***RESOURCE 14 – Developing Disability Indicators, Monitoring and Evaluation***

It is important that you prioritise the activities / interventions that you will engage in. Below are the general processes that you should engage in when setting priorities.

- Create a comprehensive list of possible disability mainstreaming activities.
- Review each activity, discard or amend those that fall outside of the mandate or capability.
- Choose those activities that will make the maximum impact on disability for the smallest effort.
- Select activities that promise quick and visible results.
- Select activities that will reach a large number of persons with disabilities.
  Consider whether the activity would get necessary political, professional and administrative commitment.

RESOURCE 15 IN PART 5 PROVIDES GUIDELINES FOR CONVENING AND HOSTING TRAINING, MEETINGS AND EVENTS THAT ARE ACCESSIBLE TO PERSONS WITH DISABILITIES.

2.5 CO-ORDINATION AND CO-OPERATION AMONGST ROLE-PLAYERS FOR SUCCESSFUL DISABILITY MAINSTREAMING

Successful disability mainstreaming is dependent on co-ordination and co-operation between a number of role-players, especially persons with disabilities, their family members, DPOs and other organisations from all sectors of society that work with persons with disabilities.

RESOURCE 16 IN PART 5 OF THIS RESOURCE KIT EXPLAINS THE ROLES AND RESPONSIBILITIES OF VARIOUS ROLE-PLAYERS IN MAINSTREAMING DISABILITY.

It is thus very important to identify all the role-players that would be involved in your programme and to have a good understanding of each of their roles and responsibilities. This will enable you to know exactly what each role-player should be doing on their own and what they should be doing in collaboration with others.

Generally, even though each role player has a unique and specific role in comparison to every other role player, the various roles are often inter-related and inter-dependent. The differences in roles do not make a person or group's contribution any more important than others.

"Role" basically means having a part or a function. With roles come responsibilities. "Responsibilities" mean being accountable for and taking charge of specific actions that will help fulfil a particular role. The responsibilities that a person or group has is always based on their role.

RESOURCE 17 IN PART 5 PROVIDES A LIST OF POSSIBLE PARTNERS/STAKEHOLDERS THAT CAN ASSIST YOU WITH YOUR DISABILITY MAINSTREAMING.

The list is not exhaustive, nor does it appear to be in any order of priority or importance. It is also important to remember that:

- The differences in roles do not make a person or group's contribution any more important than others.

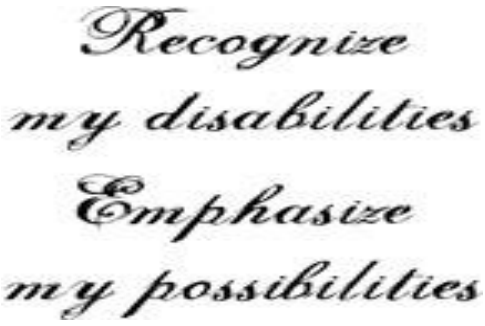
- DPOs can assist in identifying collaboration partners, mobilising new partnerships and facilitating contact session with disability stakeholders to discuss their participation. Further they can be helpful in mobilising the media and funding institutions.
- Facilitating collaboration, co-ordination and integration at planning, implementation and monitoring levels with various role players is important to ensure a multi-disciplinary and multi-sectoral approach to the development and provision of social services.
- A key factor in building and maintaining the involvement of, and strong partnerships with role-players is ensuring that they are well informed on a regular basis of all relevant and important issues.

2.6 COMMUNITY APPROACHES TO INCLUDING PERSONS WITH DISABILITIES

Given the opportunity, persons with disabilities should find the FRF's PPs activities enriching and fulfilling in a number of ways. The following ideas for including persons with disabilities in the project areas can be considered:

- Establish the number of persons with disabilities, the type of disabilities that they have and the most common types of disabilities in the communities that you are operating in. This information can be gathered, for example, through meeting local persons with disabilities and DPOs, census data, household surveys, Community-Based Rehabilitation (CBR) programmes, etc.
- In the programme target area, ask community people to refer you to homes and areas where persons with disabilities may live or to centres of persons with disabilities.

- Determine local language for 'disability' and understand other words, phrases and symbols that may be used to represent disability. Some languages will only use disability to refer to a physical impairment and have other terms for sensory impairments and other disability types.
- Connect with religious leaders and/or local chiefs who may be aware of persons with disabilities in their communities and ask them to encourage persons with disabilities to come forth to participate in the programme.
- Make announcements through media such as local newspapers, local radio stations and posters indicating that persons with disabilities are invited to participate in the programme.
- Rehabilitation centres and public welfare offices should advice persons with disabilities and encourage them to participate.



2.7 SOME DISABILITY MAINSTREAMING ACTIVITIES AND PROPOSALS OF FRF PP'S.

All organisations that participated in this project, expressed their clear commitment to including persons with disabilities in their projects and have taken steps to begin mainstreaming disability into their organisations and programmes/projects, despite the barriers and challenges they face. The importance of adapting approaches, systems and processes to accommodate the special needs of persons with disabilities, and removing the environmental barriers that hinder full and active participation is confirmed by the adaptation made by the PPs.

In the case of the FRF's PPs the common barriers that most organisations have in respect of mainstreaming disability is physical obstacles/built environment that prevents or limits access to their programmes and projects and ensuring that the special needs of persons with disabilities are reasonably accommodated, including through the provision of assistive devices or adapted equipment.

ACAT, JAM SA and Abalimi already have persons with disabilities participating in their projects.

ACAT and Abalimi acknowledge, however, that the participation is limited and that it evolved 'naturally' rather than through any conscious and concerted disability mainstreaming on their part.

In the case of **JAM SA**, two disability centres have been adopted. The centres have each membership of between 30-45 persons with disabilities. Some persons with disabilities who are members of the centres have become lead farmers. Amongst the members at the Westrand disability centre are persons with limited mobility. One person without a disability has been hired to assist the persons with limited mobility to water their plants. Also, participants with disabilities are not expected to work at the same pace and are not carrying out similar tasks or the same workload. For example, there is a member who uses crutches has difficulty bending to work with a spade and plant seeds or seedlings so he is exempt from such tasks.

When one of **ACAT's** staff members became a wheelchair user, his role was changed from fieldwork to being a trainer, the organisation provided him with a car phone (this was before the time of cellular phones!), a wheelchair, adapted the toilets at the offices as well a room in the accommodation part of the centre for wheelchair accessibility. The room was fitted for with a shower seat and the teaching hall with a ramp.

Abalimi which has 2 fieldworkers and 2 volunteers with disabilities and have introduced the option for persons with disabilities that want to learn their deep trench food garden system, to bring along a family member or assistant to participate in the training as an observer. The observer is thus also trained and able to assist and work in the deep trench garden under the supervision of the person with the disability.

Two other innovative adaptations to include persons with disabilities is **ACAT's** raised gardens and **Abalimi's** and **JAM SA**'s container gardens which can be placed on any easily accessible surface at any easily accessible level.

All participating organisations were of the view that the barrier associated with stigmas and negative perceptions – of other community members and amongst the families of persons with disabilities – can best be addressed through awareness workshops, community outreach projects primarily with community members who are possible project beneficiaries and active participants, staff of the organisation and especially its fieldworkers. Additionally, fieldworkers and trainers in particular should be trained on how to interact with and include persons with varied disabilities in projects.

ACAT, JAM SA and ABALIMI mentioned sensitisation and building the capacity of their staff to understand disability and disability mainstreaming as a crucial first step. They emphasised the need for staff to be specifically trained on understanding:

- the different types of disabilities,
- the needs of each type of disability including assistive device needs,
- how to interact with persons with disabilities specific to the type of disability that the person lives with, and
- creating barrier free access that supports participation.

Abalimi expressed that while it is important for some staff to have an understanding of the policy framework that informs the approach to addressing disability, training on the framework will not be particularly useful especially for those staff working in the field/communities. The field trips with ACAT to some of their project beneficiaries confirmed Abalimi's view that training on a 'theoretical policy level' will not be as useful as practical training would be.

RESOURCE 18 IN PART 5 PROVIDES A LIST OF ACTIVITIES THAT YOU CAN UNDERTAKE TO START MAINSTREAMING DISABILITY WITHIN YOUR PROGRAMMES AND PROJECTS.

PART THREE

MAINSTREAMING DISABILITY WITHIN YOUR ORGANISATION

3.1 INCLUDING PERSONS WITH DISABILITIES WITHIN YOUR ORGANISATION

Mainstreaming disability within your organisation is often referred to as workplace mainstreaming or internal mainstreaming. It includes:

- Employing persons with disabilities.
- Securing support and commitment from all your staff to support disability mainstreaming.
- Ensuring that your organisation's culture, policies, operational processes and practices are inclusive, equitable and non-discriminatory and do not create barriers or reinforce negative effects on persons with disabilities.
- Making appropriate structural adjustments in the workplace to ensure that persons with disabilities can participate fully and move about unhindered in the organisation's physical work space, be safe and be comfortable.
- Creating an inclusive working environment where other employees treat persons with disabilities equitably, with dignity and respect.
- Ensuring that employed persons with disabilities are involved in organisational planning and decision-making processes.
- Sensitising staff to, and strengthening their abilities to integrate disability into their daily work and include employees with disabilities in teamwork.
- Take small steps, make steady progress with simple, cost effective adjustments.
- Identify a staff member that will drive disability mainstreaming and capacitate them.
- It is good practice to retain people who become disabled while working in your organisation, by giving them alternative work that will be more suited to their changed circumstances or disability.
- Listen to employees with disabilities – they're the experts in what they need. You should ask them what they need and how you can assist them, ask them for information on understanding disability issues and get them to test any special or assistive device or equipment before you purchase it.

See Section 2.4 of this Resource Kit on Interacting with Persons with different types of disabilities.

3.2 FOCUSED DISABILITY MAINSTREAMING CAPACITY

Organisations whose core functions are areas other than disability, such as the FRF's Programme Partners, are advised to designate a current staff member, or appoint a new staff member, as a disability mainstreaming champion or focal point person. This will ensure they have the capacity to implement mainstreaming interventions. An appropriate title (such as Disability Mainstreaming Co-ordinator) for this specific role can be decided by the organisation. Below is an explanation of the role of the person.

The role is to develop, implement, facilitate and support disability mainstreaming within the organisation and at a programme level.

The person should report directly to the Director of the organisation to ensure that disability concerns are communicated directly to the head of the organisation, and be provided with enough time, resources and management support to fulfil the designated function. If the role is allocated to a current staff member, this 'new' role must be added to their job description and form part of their performance evaluation.

The main responsibilities should include:

- Identifying disability interventions that can be implemented by the organisation.
- Establishing strategic partnerships and networks with organisations from other sectors of society e.g. DPOs in respect of their roles and responsibilities.
- Assist and advise the Director of the organisation on raising the funds required for successful disability mainstreaming.
- Ensure that persons with disabilities are consulted and involved in all stages of a programme from conceptualisation to evaluation of impact.
- Co-ordinate the development and implementation of an organisational level and programme level disability mainstreaming strategy and plan.
- Develop and maintain a disability mainstreaming knowledge management system and database of resource organisations and information.

- Performing all tasks necessary for the organisation to mainstream disability within the organisation.

3.3 ACTIVITIES TO MAINSTREAM DISABILITY WITHIN ORGANISATIONS

Below is a list of activities that you can - with very little or no cost – immediately start undertaking to mainstream disability within your organisation.

- Develop an organisational inclusion/disability policy/strategy and implementation plan.
- Allocate roles and responsibilities for implementing the policy/strategy and plan.
- Include disability in future organisational strategic documents.
- Request a staff member with a disability or contract experts/DPOs to conduct accessibility audit of the workplace.
- Request staff to include disability in their work plans/action plans. The plans must take into account both the direct and indirect aspects of disability.
- Appoint one person who can serve as the champion/co-ordinator to ensure and monitor implementation of the policy/strategy and plan.
- Ensure that a disability point person has days dedicated within their position description to support disability within their organisation.
- Introduce human resources practices that create a disability-friendly and accessible environment.
- Revise your human resources strategy and plan to ensure that it addresses issues of disability and the employment of persons with disabilities in terms of their special needs e.g. whether the organisation will make available any assistive devices required by employees with disabilities.

- Implement disability awareness-raising and other training initiatives. For example, organise sign language training for colleagues if one of the organisation's members has a hearing impairment.
- Organise consultation session with persons with disabilities, disabled people's organisations (DPOs) and other disability experts on the workplace needs of persons with disabilities.
- Invite local DPOs to give a talk to staff on disability, especially to make sure that field staff understand disability.
- Include disability sensitisation content in induction programmes of new employees and all other relevant training programmes.
- Develop approaches to capture shared learning and good practice on inclusion of persons with disabilities, and mainstreaming disability in the workplace.
- Provide for any additional resources that may be required e.g. the employment of an assistant for staff with mobility or visual impairments.
- Provide access to physiotherapy and confidential support services for employees with disabilities.
- Draw on best practice organisational level disability mainstreaming from other organisations.
- Undertake a needs analysis within the organisation regarding disability-inclusive development practice.
- Develop resources such as 'guidance notes' and 'practice guides' related to disability
- Providing disabled members of staff with proper induction and support when first beginning work.

3.4 INCLUSIVE WORKPLACE RECRUITMENT AND SELECTION GUIDELINE

Develop and implement disability sensitive recruitment and selection procedures which will encourage applications from persons with disabilities. The procedures should enable persons with disabilities to apply for posts and be interviewed. The following points should be considered:

Recruitment:

- Ensure that recruitment and selection staff are aware of and sensitive to disability issues, and empowered to interact with persons with different types of disabilities.
- State in the advert that the organisation is keen to recruit persons with disabilities.
- Where reasonable and practical, advertisements should be circulated to organisations that represent persons with disabilities.
- Job adverts should be provided in different formats - electronic, print and audio.
- Application forms can also be in large print, braille, audio and electronic format.
- Inherent requirement detail should be included in advertisements so that applicants with disabilities can make informed decisions.
- The job advert should state that applicants who have disabilities should notify the organisation of their disability including the nature of the disability and whether any reasonable adjustments may be required to enable them to participate equally in the recruitment and selection process. Once the applicant has disclosed her/his disability, the organisation should ask the applicant if they require any reasonable adjustments or special requirements at the selection process. Do not make assumptions that the adjustments for one part of the process will be suitable for the next stage. Please check with the candidates first. For example, when a blind person is shortlisted, arrange for a volunteer to read the written exercise/questions to her/him and type out her/his answers and give her/him an extra hour to complete the exercise.

Interviews:

- All qualified persons with disabilities should be interviewed/considered for the job.
- Where necessary, use audio applications and other communication technologies.
- Interviewers should ask applicants to indicate how they would perform essential functions and whether reasonable accommodation would be required.
- The organisation should then confirm in writing with the candidate what reasonable adjustments have been put in place prior to the interview. All disclosures relating to a disability or any other type of personal information should be treated sensitively and the organisation should maintain confidentiality to the maximum extent possible.

Selection:

- Subject to reasonable accommodation, the same objective scoring/assessment system should be used for disabled and able-bodied applicants, with scores based solely on the answers given on competencies relating to the skills necessary for the organisation.
- Selection criteria may only be based on essential functions as non-essential functions may unfairly exclude persons with disabilities.
- Any personal information including disability status, should not be disclosed to the panel as part of the shortlisting process. Only if necessary, should the interview panel be informed if applicants have any access requirements or other reasonable adjustments necessary for that stage of the recruitment process. They should not be informed of the nature of the disability unless it is appropriate to do so, for example, for a candidate with a hearing impairment who has identified that they require the panel to be 'face on', speaking slowly and distinctly', having a copy of the questions in written format, or the need to have an interpreter present.

(Source: Adapted from Guide to employing persons with disabilities, Hwseta, July 2012).

3.5 CONDUCTING QUICK PHYSICAL ACCESSIBILITY AUDITS

According to the National Building Regulations a building must provide accessible facilities for persons with disabilities. The minimum that should be provided for is in terms of ramps, bathrooms, doors, lifts and parking bays. The first thing to check is how easy it is to gain physical

access to the offices and then to different essential areas. To begin with, organisations can do their rapid assessment of facilities using the following table.

Table 6: Accessibility of facilities

Key elements of accessible facilities	Some of the questions to consider
Ramps	Are there access ramps to all buildings?
Bathrooms	Is there enough space for a wheelchair to enter the toilet room/bathroom? Are there handles or grab bars, an emergency call bell and light/sound fire alarm?
Doors	Are the doors wide enough for easy access by people on wheelchairs and tricycles? Are fire exit doors accessible to persons with all types of disabilities?
Lifts	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.
Parking bays	Are there designated parking bays for persons with disabilities? Are the accessible parking bays located near the entrance to the offices?

3.6 REASONABLE WORKPLACE ACCOMMODATION

Workplace accommodations are modifications to the job or work environment that enable a person with an activity limitation to participate fully in the work environment. Modifications within the organisation include things such as:

Table 7: Reasonable Workplace Accommodation

Area of modification	Suggested modifications
Hours of work/days	Adjusting working hours and leave Introduce flexible scheduling or reduced/part-time hours/frequent breaks.
Work station	Re-organising work stations Handrail/ramps

	Special chair or back support Quiet workstation
Work arrangement	Job redesign Modified duties - e.g. re-assigning non-essential functions Self-paced workload Larger tasks can be divided into smaller ones
Human support/personal assistants	- Provide specialised supervision, training and support. - Provide sign language interpreters for staff with hearing impairments especially during appraisals, performance reviews, staff training sessions and staff events. - Provide escorts/guides for staff with mobility or visual impairments. - Writers for staff who have difficulty writing especially during workshops. - Mentoring/on-the-job support for staff with learning difficulties, especially during induction period or when new responsibilities are introduced.
Accessible bathrooms	Convert at least one toilet to be accessible. Ensure that there is enough space for a wheelchair to enter the room, put grab bars or handles, emergency bell and light/sound fire alarm.
Other equipment and aids	Adapting equipment or acquiring new equipment including: - computer hardware and software - technical aids with voice input or speech recognition aids - voice synthesiser - computer screen magnifiers
Alternate methods of communication	- mobile phones to enable employees with hearing impairments to text - tape recorder - verbal/written instructions depending on the persons' disability.
Transport	- Offer transport allowance/subsidy for employees with disabilities and their personal assistants.

Workplace modifications/adjustments made at ACAT and JAMSA offices

The following table presents the adaptations/modifications made at the centres (head office) of ACAT, JAM SA & ABALIMI to accommodate persons with disabilities. It should be noted that ACAT has employed one person with a mobility impairment who uses a wheelchair. JAM SA does not have a staff member that has a disability.

3.7 INCLUSIVE ORGANISATIONAL POLICIES

It is important to address wider policy barriers that exclude persons with disabilities from equal participation. There might be barriers at policy level that must be addressed for genuine inclusion. Otherwise mainstreaming will remain small-scale and unsustainable. Furthermore, there could be organisational policies that present unintentional barriers and adversely influence the attitudes of staff to persons with disabilities in a timely and proportionate manner. Particular areas to highlight in a workplace policy on disability include:

- Recruitment and selection of staff, availability of human support,
- Minimum expectations, reasonable adjustments and assistance available for staff with disabilities e.g. time off in lieu, family responsibilities etc.
- Benefits for staff with disabilities: medical and family leave, transport allowance, medical aid etc.
- Roles of staff with disabilities in disability mainstreaming
- Try to avoid using abbreviations, technical jargon or terms. If you have to use these terms, explain what they mean and include a glossary of difficult words.
- Use lots of pictures - photographs, simple line drawings and simple diagrams
- Avoid writing long blocks of text in CAPITAL letters or italics - this will make it easier for people with low vision to read the document.

3.8 COSTING AND BUDGETING

It is actually significantly cheaper to include persons with disabilities in the organisation and in community programmes, than the long-term economic impact of exclusion. This is despite a common perception that the financial or other resources needed to ensure inclusion of persons

with disabilities is very high. Examples of cost and budget items to be considered in disability mainstreaming within the organisation are:

- Braille printing cost of organisational documentation/e.g. training materials. There might be a need to print a few copies in braille.
- Sign language interpreter for meetings and training sessions.
- Hiring accessible venue or movable ramps.
- Staff & management training on disability.
- Workplace adaptations permitting the recruitment of persons with disabilities (e.g. IT and accessible software, etc.)
- Professional fees for disability experts for example: training, technical advice on adaptations, developing inclusive policies, surveys linking disability and the Food Security and Agricultural Livelihood sector etc.
- Transport costs for persons with disabilities and/or for their personal assistant.

PART FOUR

MAINSTREAMING DISABILITY IN EARLY CHILDHOOD DEVELOPMENT PROGRAMMES

4.1 THE LINK BETWEEN EARLY CHILDHOOD DEVELOPMENT, POVERTY AND DISABILITY

Children with disabilities remain invisible to the mainstream population and education structures. Despite legislation, policy and grants to integrate disabled children into the mainstream, most of them are still excluded from early childhood care and development programmes.

Children with disabilities and their families are confronted by barriers including: *inadequate legislation and policies, negative attitudes, inadequate services, and lack of accessible environments*. If children with developmental difficulties or disabilities and their families are not provided with timely and appropriate early intervention, support and protection, their difficulties can become more severe—often leading to lifetime consequences, *increased poverty and profound exclusion.* [1] In order to properly fight poverty among the most marginalised groups, inclusion of children with disabilities in early childhood development is vital.

4.2. IMPROVING THE LIVES OF CHILDREN WITH DISABILITIES THROUGH EARLY CHILDHOOD DEVELOPMENT PROGRAMMES – EARLY DETECTION & INTERVENTION

Early Childhood Development (ECD) refers to the period from prenatal development to eight years of age. It is the most crucial stage of any child's life, and early development provides the foundation necessary for their life-long learning and can influence outcomes across the entire course of an individual's life. ECD can also prevent potential delays in development and disabilities. As such ECD is an ideal opportunity and space for providing early interventions which can help children with disabilities reach their full potential.

[1] "*Early childhood development and disability: discussion paper*; WHO, 2012"

RESOURCE 19 IN PART 5 PROVIDES EARLY CHIDLHOOD DEVELOPMENT TERMS AND THEIR DEFINITIONS.

It is important for the practitioners, parents, health professionals, teachers, baby sitters to work together, to understand child developmental stages and be able to monitor development and growth so as to **detect early any developmental delays or disabilities**. Screening for potential developmental delays in children allows for early treatment and supportive services.

Generally, children should be checked regularly to detect any developmental delays or disabilities. Where children do not have access to health practitioners, home visits are recommended.

The **Wits Centre for Deaf Studies** has a home early intervention programme called HI HOPES. HI HOPES aims to foster the empowerment of the family in their home environment through early intervention framework of care, support, information regarding different communication and schooling options and partnership to allow the baby to reach her/his full potential. On the programme there is a team of professionals and some of them are deaf, with competencies in education, audiology, speech therapy, sign language, psychology etc. They also have trained parent advisors, deaf mentors who inform parents about a whole range of issues including about the deaf culture and sign language. The results of the intervention include parents accepting the situation they are in and giving love to the child by focusing on the growth and development of the child, empowerment of the child, appreciation of the support and help that they receive from family members and strangers, taking deaf and hard-of-hearing children to school, use of sign language in some families, improved academic performance, decision-making, perseverance, etc.

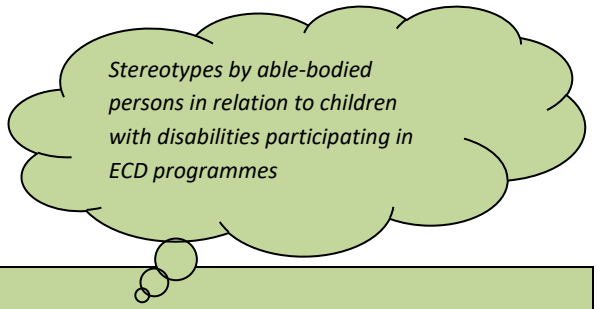
Once concerns about a child's development are noted, she/he should be provided with proper support. Relevant centres should be contacted and arrangements for the child to start preschool should be made.

RESOURCE 20 IN PART 5 PROVIDES A LIST OF DEVELOPMENT DISABILITIES THAT PARENTS AND PRACTITIONERS SHOULD LOOK OUT FOR AND UNDERSTAND.

RESOURCE 21 IN PART 5 IS A BRUNEI DARUSSALAM CASE STUDY ON EARLY DETECTION AND EARLY INTERVENTION FOR INFANTS AND YOUNG CHILDREN WITH DISABILITIES.

4.3 MAINSTREAMING DISABILITY IN ECD PROJECTS

Children with disabilities are generally excluded from early childhood development programmes due to stereotype thinking and attitudes about persons with disabilities.



- "Children with disabilities should stay at home and not go to school as they cannot learn anything".
- "Children with disabilities have challenging behaviours".
- "All children with disabilities require one-on-one care".
- "Children with disabilities cannot function in a regular classroom. They belong in a special education environment".

Mainstreaming disability in the context of ECD programmes, is the practice of educating children with special needs in regular classes during specific time periods based on their skills. This means regular education classes are combined with Special Education classes. In short, it is about adapting the mainstream class to accommodate the needs of disabled children. It is not about creating a classroom specially for disabled children. As the same time, it is important to note that some children with disabilities may struggle to cope in a mainstream class.

The following Table summarises some of the advantages and disadvantages of including children with disabilities in mainstream ECD programmes and services. Although the Table shows more disadvantages than advantages, it is important to remember that the disadvantages are essentially barriers to inclusion that can be addressed through policy, adaptation, reasonable

accommodation and other such interventions. Addressing these barriers and developing adaptations is detailed in the following sub-sections of this part of the Resource Kit.

Table 8: Advantages and Disadvantages of including children with disabilities in mainstream ECD programmes and services

ADVANTAGES	DISADVANTAGES
• Children with disabilities who are in mainstream programmes should also spend time in a resource room where they can receive more individualised attention from teachers. • By using both the regular classroom and individualised time in special education classes, pupils with disabilities are exposed to other pupils (able-bodied) but get the attention they need for their specific challenges, thus benefiting all children, both with and without disabilities. • Including disabled children in mainstream classrooms improves academic achievement, self-esteem and social skills.	• More vulnerable to developmental risks. • Often overlooked in mainstream programmes and services designed to ensure child development. • Teachers do not have training in working with children with a number of different disabilities. They therefore do not tailor their teaching to the specific needs of each child. • Teachers do not always have the time to provide the attention each child needs. • There is generally little support for children with disabilities apart from their regular class teachers primarily because usually staff members are not specifically trained to help the disabled child to adjust to the classroom and to give individual support to a child with special needs. • The disabled child may be expected to keep up with most of what is being taught and not allowed to learn just a minimum of the content being taught. • Children with disabilities do not receive the specific support required to meet their rights and needs.

(Source: adapted from http://education.cu-portland.edu/blog/special-ed/mainstreaming-special-education-in-the-classroom/)

4.3.1 KEY PRINCIPLES OF INCLUSION IN ECD PROJECTS

The inclusion of children with disabilities in ECD programmes and services must be underpinned by the key principles listed below.

1. **Access—**removing physical barriers, providing a wide range of activities, and making necessary adaptations to create optimal development and learning for individual children.
2. **Participation**—using a range of instructional and intervention approaches to promote engagement in play and learning activities, and a sense of belonging for every child.
3. **Support**—creating an infrastructure of systems-level supports for implementing high-quality inclusion.

(Source: The Joint Position Statement (2009) of the Division for Early Childhood (DEC) & the National Association for the Education of Young Children (NAEYC)).

These above-stated principles should be utilised collectively to identify high quality ECD programmes and services. Below are some questions to ask about early childhood classrooms to test inclusivity readiness. The questions are designed to assess how well a classroom can support children with disabilities.

- Can children with disabilities easily access any classroom independently?
- Is there enough and relevant material and equipment that children can access independently?

- Does the space arrangement encourage interaction among peers?
- Does the classroom have variety of recommended toys, material and equipment to meet special needs?
- Are parents involved in the education of the children?

RESOURCE 22 IN PART 5 LISTS 10 ISSUES TO LOOK FOR TO ENSURE QUALITY INCLUSION IN ECD PROJECTS.

RESOURCE 23 IN PART 5 LISTS AND EXPLAINS THE CRITICAL ELEMENTS FOR MAINSTREAMING DISABILITY IN ECD PROJECTS.

- ✓ Children with disabilities do not need to be "ready" for enrolment in inclusive programmes, but programmes need to be ready for children with special needs.
- ✓ Children with disabilities can be effectively educated in inclusive programmes that use specialised instruction.
- ✓ Contrary to popular belief, inclusion is not more expensive than separate instruction.
- ✓ Most children with disabilities can participate in ECD programmes without one-to-one assistance. Children with disabilities may require some assistance at times just as any other child may need assistance (such as when eating or toileting).
- ✓ Just because a child has a disability does not necessarily mean the child has behaviour problems. Just like any other child, some children with a disability may also have some challenging behaviours.
- ✓ Some of the disabilities are easily recognised, but others are not as obvious. Children with a disability should not be judged by their diagnosis.

(Source: Adapted from Early childhood inclusion for all children in Louisiana: Department of Education)

4.3.2 KEY BARRIERS TO MAINSTREAMING DISABILITY IN ECD

The main barriers to accessing education for children with disabilities outlined by PenReach, Wits Centre for Deaf Studies and Tshepang Educare are outlined below. This list also includes common barriers listed in the relevant literature as referenced.

- Insufficient policies addressing mainstreaming disability of Early Childhood Care and Development (ECCD). Also, failure in proper implementation of policies.
- Lack of proper mainstreaming plans.
- Lack of proper training and expertise for practitioners and teachers in ECCD.
- Practitioners and teachers' poor or limited understanding of disability.
- Shortages of proper financing models. Lack of financial resources to buy equipment needed for children with varied needs.
- Accessibility of environments (buildings, transport, safety and security in centres etc.).
- Unavailability of proper equipment and learning tools for children with special needs in mainstream.
- Lack of community awareness about the need for mainstreaming.
- Poor understanding by families and communities about disability mainstreaming in ECCD.
- Lack of parents' participation in the inclusion of their child in mainstream school.
- Lack of or limited parents' knowledge and understanding of disability and what to do when they are aware of a child with special needs, as well as referrals.
- Lack of proper assessment tools and early detection tools.
- Mainstream ECCD being ill equipped to handle different types of disability.
- Lack of continuity through use of volunteers.
- Overcrowded classrooms thus restricting the teachers' ability to give sufficient attention to children with disabilities.
- Children in a class with varied and multiple disabilities makes it difficult for the teacher to give attention to all of them.
- Negative attitudes and behaviour of management/staff/other children/parents.

- The payment of fees and the purchase of supplies is a challenge faced by most children with disabilities.

(Source: Adapted from Department of Social Development/Department of Women, Children and Persons with disabilities/UNICEF (2012; input from FRF ECD Programme Partners; UNESCO Bangkok Project, Case Studies on the Inclusion of Children with Disabilities)

4.3.3 FRF PP's PRACTICES TO INCLUDE CHILDREN WITH DISABILITIES IN THEIR PROJECTS

As stated above the FRF drew on the experiences and practices of three of its ECD PP's, namely: PenReach, Wits Centre for Deaf Studies and Tshepang Educare to develop this Resource Kit. The following Table summarises their interventions in the some of the key elements of ECD, i.e. delivering family-based practice, addressing attitudes and beliefs and dealing with resource needs.

Table 9: Examples of Best Practices in FRF ECD Programme Partner's

Key Element	Penreach, Wits Centre & Tshepang Educare
Delivering family-based practice	**PenReach:** • Trained practitioners, to go out to communities, train families, perform health screenings, perform milestone assessment, conduct household profiling to check for any children with disabilities, and facilitate their inclusion into the mainstream schools. **Tshepang:** • They have field workers who go out daily to engage with communities and with the families, to help identify children with disabilities as well as educate the parents. They refer children to nearest child care centres and assist some to get care from their home environment. **Wits Centre:** • They have a home-based family-centred outreach programme for families of deaf and hard-of-hearing infants and toddlers. The programme focuses on informing, equipping and supporting families on their journey towards effectively meeting the needs

	of their unique child. For instance, covering issues such as how to deal with a child with a disability, various hearing aids and various communication approaches used by deaf persons, routine-based skills about disability using modelling for parents and caregivers. They also, amongst others, help the parent get their child into the preschool.
Attitudes and Beliefs	**PenReach:** • Conducts disability mainstreaming workshops for teachers in early development childhood centres and preschools, practitioners and parents in communities. • They train ECD teachers annually on issues of inclusivity and how to work with disabled children. Tshepang: • They addressing negative attitudes and beliefs by advocating for and encouraging people to bring their disabled children to school. Wits Centre • The family intervention services are open to the participation of the family and the community. Through the home visits and participation in the programme, the attitudes of the immediate family and in some instances extended family as well as community people do change. • Deaf awareness campaign: is celebrated annually in September. The celebration creates an opportunity to raise awareness of deaf person's needs, challenges and achievements. Holds deaf awareness movie festival and deaf awareness poster competition. There is media coverage (radio, TV and press).
Resources	Wits Centre: • Inclusive resources for example using soft toy (deaf teddy bear) • With HI HOPE programme (family intervention) they use things around the house as opposed to special toys. They provide materials such as handouts.

"… I have first-hand experience that careful home-based intervention really makes a difference and gives the child and family the best possible start".

Bianca Birdsey - Hi Hopes
The Centre for Deaf Studies – Wits University

4.4 ADAPTING ECD PROGRAMMES

One of the main challenges in integrating disabled children in Early Childhood Development (ECD) education and/or centres is insufficient or a complete lack of skills and knowledge of teachers to engage with and respond to the specific needs of children with disabilities. Parts 1, 2 and 8 of this Resource Kit provide generic guidelines on how to engage with people with different types of disabilities and general principles when looking at adapting techniques, technologies, tools and equipment.

This part of the Kit contains adaptations specific to the children with disabilities in an early childhood development environment. You will find that that some of the adaptations do not require any financial resources while others are low-cost, easy to design and quick to implement. The adaptations made for children with disabilities can also be used for and by able-bodied children with disabilities in mainstream ECD environment.

4.4.1 TEACHING TIPS FOR CHILDREN WITH INTELLECTUAL DISABILITIES

- Break down assignments or requests into small steps. For example, instead of asking someone to get ready for a prayer you might break the task into the smaller steps of folding arms, bowing head, and closing eyes. Be prepared to use repetition in teaching.
- Select an opportunity for children with intellectual disabilities to participate in the lesson. Examples might be selecting the music, holding a picture, telling a story, answering questions, and so forth.
- Use teaching ideas such as role playing, object lessons, and other visual aids to illustrate difficult concepts. Break difficult concepts down into simple ones.
- Communicate using simple phrases, and repeat important ideas.
- Look for opportunities for children to work in small groups.
- Establish a consistent classroom routine where children feel comfortable participating.
- Be positive; smile.
- Teachers should make an effort to understand each individual's situation and needs.

4.4.2 TEACHING TIPS FOR CHILDREN WITH AUTISM

1. Communication

- Prepare a quiet environment where there are few distractions.
- Keep instruction short and simple. To get a child's attention who has autism, get down on the same level and say her/his name.
- Provide order and structure to help the child feel less anxious and more comfortable. Have a consistent class or activity routine.
- Make a class schedule out of pictures or drawings (for example, song, story or lesson, activity, and prayer). Point to each picture as you progress through the schedule.
- Use pictures, objects, photos, and videos when teaching. Children with autism are generally visual children. Photographs and drawings can be used to show people with multiple disabilities If you use photographs or drawings, remember:
    - they should be attractive and simple, but not too childish nor patronising;

- the best drawings are often the simplest;
- Understand that if people with autism become fixed on an idea or question, it is unlikely that they will disengage until their question is answered and they feel satisfied.
- Be flexible; your schedule must be able to be adapted to the needs of the person with autism.

2. Social Interaction

- Learn what the learner does well (such as putting together puzzles or singing), and find ways to help the person use those skills in the classroom.
- Select appropriate activities that include interaction with classmates. Use these activities to promote making friends and taking turns.
- Consider a "buddy system" where a classmate assists the child with autism, when needed.

3. Behaviour

- Regularly teach clear, simple rules that the child can achieve.
- When inappropriate behaviour occurs, repeat the rule. Then encourage the student to engage in another activity.
- Praise the specific behaviour whenever the child does something well, such as, "Good job folding your arms, Boipelo."
- Ignore small disruptions and consistently praise appropriate behaviour and improvement.
- Ask family members about unusual or inappropriate behaviour. Parents can help you understand what the child is trying to communicate and how you can respond in a helpful way.
- Provide frequent interaction and activity. It is unrealistic to expect a child with autism to sit for long periods and listen attentively. Don't expect too much too soon. Patience, consistency, and caring will eventually bring progress.
- Consider visiting the school of a young child with autism. Doing so could help you learn about the child's abilities and effective ways to interact with her/him. You will need to ask permission from the parents and school authorities before visiting.
- Do not be discouraged if the child wants to sit and watch and not interact.
- Know that there will be good and bad days that may happen without warning. A good day does not mean that everything is fixed, nor does a bad day mean that all is lost.

4.4.3 TEACHING TIPS FOR CHILDREN WITH LEARNING DISABILITIES

- Focus on correct answers and behaviours. Acknowledge and commend the child's efforts.
- Encourage each child to be involved, and focus on his or her abilities.
- Build confidence by providing support and appropriate opportunities to serve.
- Present well-prepared lessons in a variety of formats, including print, audio, and visual resources.
- Provide an environment where class members are comfortable asking questions about things they don't understand.
- Outline the class schedule and order of events for the class time.
- Help the child feel comfortable participating in class. Give plenty of time to prepare responses, and ask the child to volunteer when ready. Offer to help the child to respond before class.
- A "read-along" technique using recorded materials may help individuals who have difficulty reading.
- Teach by sharing experiences and feelings. Learning is easier when people become emotionally involved.
- Minimise distractions.
- Redirect the child's attention when behaviour is inappropriate. For example, hold up an object or picture that will remind the child of what she/he should be doing.
- When appropriate, include movement, such as an activity, as part of the lesson.
- Strive to understand the child's learning style and how the child best expresses what she/he knows. Play to the child's strengths.
- Treat the child as intelligent. She/he is intelligent.
- Make accommodations as natural as possible so that you do not single an individual out in front of hers/his peers.
- Teachers should be trained on diagnosing learning disabilities.

4.4.4 TEACHING TIPS FOR CHILDREN WITH HEARING IMPAIRMENTS

- Consult with the child and the family to assess needs and determine what resources are available. Be sensitive that her/his reading and writing abilities may be different from her/his ability to communicate with sign language.
- Consult with the individual, the family, or the caregiver to determine how she/he communicates, how she/he learns best, and what assistance is needed in order for her/him to participate and learn. This information will help in deciding how to best meet the learner's needs.
- Assistance for individuals who are hard of hearing or deaf may include:
    - Hearing devices
    - Microphones
    - FM systems
    - Closed, open, or real-time captioning
    - The use of sign language and interpreters if the individual knows sign
- Find ways to communicate. Write words or draw pictures on paper.
- Look directly at the learner and speak normally. If she/he does not understand a word, repeat the word or use another word that means the same thing. Do not speak louder.
- Find ways to present information visually. For example, use pictures, a projector, posters, or a whiteboard. Individuals with hearing loss often rely on visual means as a way to learn.
- Introduce and explain vocabulary. Review new words and information frequently.
- If necessary, check if you have a classroom with amplification systems and listening devices.
- Discover how the family or caregiver communicates with the individual.

4.4.5 TEACHING TIPS FOR CHILDREN WITH SIGHT IMPAIRMENTS

- Make sure that documents are in large prints or audio format.
- Consider using a larger text size for those who have limited vision.
- Find out what additional resources may be available through regional libraries for the blind.
- Describe pictures and visual aids.
- Read what is written on the board. Explain what is happening during videos.

4.4.6 TEACHING TIPS FOR CHILDREN WITH MEMORY LOSS

- A quiet, safe, and organised space will help the learner remain calm.
- Store dangerous objects out of reach. Eliminate or secure items that are potentially unsafe.
- Give structure by using written lists or pictures to help with completion of routine tasks. Consider labelling items.
- Provide a wholesome and stimulating daily schedule that might include music, recorded stories, personal conversation, exercise, games, arts, crafts, and outings.
- When behaviour is inappropriate, do not threaten, challenge, or confront the individual but rather redirect the child's attention to other objects of importance or beauty.
- Speak softly with concern for what has aroused the improper behaviour. Find what is lost, discover what was forgotten, resolve the dispute, and respond to any distrust.

- Encourage physical exercise and positive participation in activities to decrease fear of being with other people. Provide appropriate opportunities for the learner to help others. Find a balance between caring and being cared for.
- Help the individual engage in activities that promote physical movement or intellectual activity. Simple tasks can restore confidence.
- Use pictures to remember life's good experiences. Pictures can also assist in recalling names of classmates.

4.4.7 TEACHING TIPS FOR CHILDREN WITH MENTAL ILLNESSES

- Treat the child with understanding and compassion.
- Include the learner in class activities. Consult with the learner's, family members, and others who know the her/him well to identify limitations as well as strengths.
- Do not argue with delusional ideas or pursue topics that increase agitation. Be aware that stress can make the illness worse.
- Some mental illnesses reduce energy and motivation. Recognise that it may be hard for a learner with mental illness to participate in some of the activities.
- Focus on strengths. Design activities that are within learner' abilities so they can feel success. If her/his speech or behaviour is inappropriate in class, ignore them.

4.4.8 TEACHING TIPS FOR CHILDREN WITH PHYSICAL DISABILITIES

- Always try to see beyond the disability. Talk to children with a physical disability just like you would talk to other able-bodied children. Having a physical disability does not mean that an individual has an intellectual or hearing disability.

- Adapt situations to help children maintain self-respect. Avoid situations that may embarrass or frighten a learner with a physical disability.
- Remember that participation in a classroom is important to all. Children with physical disabilities can contribute as well as others.

4.4.9 TEACHING TIPS FOR CHILDREN WITH SPEECH AND LANGUAGE DISORDERS

- Treat the learner with respect. Do not be afraid to ask him or her to repeat a word or sentence. Be patient; do not supply words or finish thoughts for her or her.
- Look for facial, hand, or other responses. Speech is not the only form of communication.

- Do not urge a learner who stutters to slow down or start over. This tends to make the stuttering worse.
- Provide appropriate ways for the learner to participate in class. For example, a learner with a speech disorder can participate in a musical presentation using a musical instrument, even a bell.
- Be willing to work at communicating. In some cases, this may mean learning basic sign language or being aware of special communication devices for individuals who are nonverbal. If appropriate, become familiar with devices, systems, and programmes which have been developed to assist.
- Strive to understand what the learner is saying by focusing on *what* she/he says rather than *how* she/he is saying it.
- Be attentive when speaking with a learner or listening to learner with a communication disorder. Make eye contact.
- Prepare ahead for lessons.
- Be patient and respectful when someone with a communication disorder contributes in class. Give her/him time to respond. Through your example, help the class realise that she/he is an intelligent person who can share valuable insight and ideas.
- Find a way to communicate with the learner. Use language boards or symbols to communicate. Speak with parents or the caregiver about the best ways to communicate with a non-verbal child.

4.4.10 ADAPTING THE ECD CURRICULA

- **Lesson format** - The format of a lesson may be altered to meet the needs of a child by including more opportunities for whole class discussions, games, role playing, activity-based lessons, experiential lessons, demonstrations, and/or thematic lesson organisation.

- **Instructional groupings or arrangements** – For any given activity there are a number of instructional arrangements from which to choose: large groups, small groups, cooperative learning groups, peer partners, one-to-one instruction, and/or independent tasks.

- **Teaching strategies** - A change in teaching strategies can influence a child's ability to participate. For example, include: addition of visual information, use of concrete materials/examples, sequencing learning tasks from easy to hard, repeated opportunities to practice skills, changes in the schedule of reinforcement, elaboration or shaping of responses, verbal prompts and/or direct physical assistance.

- **Curricula goals and learning outcomes** - To match the needs of a child within the context of an activity, it may be appropriate to individualise the learning objectives. This can often be accomplished using the same activities and materials. If children are working on a classification concept by sorting blocks, a child with a disability could participate in the same activity but focus of reaching, grasping, and releasing skills.

- **Adaptations to the method for responding** - Sometimes children may understand a concept yet need an adaptation in the way they demonstrate that knowledge. Use of augmentative communication systems, eye gaze, and demonstrations may better allow a child to demonstrate her/his skills.

- **Environmental conditions** - The environmental arrangement is an important aspect of any early childhood setting. Changes in lighting, noise level, visual and auditory input, physical arrangement of the room or equipment, and accessibility of materials are important considerations.

- **Modification of instructional materials** - It is sometimes necessary to physically adapt instructional or play materials to facilitate a child's participation. Materials can be physically adapted by increasing: stability, ease of handling (adding handles, making materials larger), accessibility (developing a hand splint to hold materials, attaching an elastic cord or string to objects so they can be easily moved or retrieved), visual clarity or distinctiveness (adding contrast or specialised lighting), or size.

- **Level of personal assistance** - A child's need for assistance may range from periodic spot checks to close continuous supervision. Assistance may vary from day to day and be provided by adults or peers.

- **An alternative activity** - This curricular adaptation should be used as a last choice when the above conditions cannot be used to meet a child's needs.

(Source: Centre for disease and Prevention: CDC, http://www.cdc.gov/)

- ✓ Seek ways to help children with disabilities feel loved, accepted, and included. For example, search for and consider their needs and the needs of their families.
- ✓ Create a supportive environment free from teasing or mocking. Consult with family or caregivers. If some teasing occurs, kindly clarify that it will not be tolerated.
- ✓ Seek to understand each child's needs with sensitivity and compassion before offering to help. Foster a relationship of trust.
- ✓ Help all staff members in an ECD centre to understand each child's disabilities and their needs. This will help staff members gain greater compassion, understanding, and inspiration on how to support those with disabilities and their loved ones.
- ✓ Allow staff members and children with disabilities to be as independent as possible.
- ✓ Providing all members with information about disabilities will help them understand disabilities and their impact on individuals and families. The more others understand, the more likely they will be to include individuals with a disability. Seek and discuss ideas to promote understanding of disabilities within the programme. This can be done in staff meetings.
- ✓ Consider how adapting or supplementing regular programmes may help meet the needs of members with disabilities.

- ✓ To the extent possible, eliminate barriers that keep members with disabilities away from centre meetings and activities thus minimising their full participation. For example, ensure that there is easy access by installing handrails, audio-visual equipment, and special parking accommodations.

- ✓ It is best practice for all ECD centres mainstreaming disability to have an assessment tool, both for the programme and for the children. Every assessment is a tool or process for answering specific questions about various aspects of children's knowledge, skills, behaviour, personality and specific needs.

RESOURCE 24 IN PART 5 EXPLAINS DIFFERENT TYPES OF ASSESSMENTS AND HOW TO CHOOSE AN ASSESSMENT TOOL.

4.5 BEST PRACTICE ADAPTATIONS FROM FRF EARLY CHILDHOOD DEVELOPMENT PP'S – PENREACH AND WITS CENTRE

PENREACH	Wits Centre
• Puppet shows – to sensitise children about disabilities and create an awareness. • Bigger Wall charts that are more visible • Sitting arrangements have been changed to accommodate the disabled and also to ensure maximum integration with all children. • In the classroom they use games that can accommodate all children. • Made changes to the physical environment and in particular included ramps for easy access of wheelchairs, the flooring is not slippery to allow for a good grip. • Employed an occupational therapist.	Character signs and posters with words and sign language have been used.

• There are assistants for practitioners to help with children with disabilities during lessons. • Seating arrangement – designed in such a way that there is easy movement. • Inclusive toys or resources are in place to cater for children with disabilities. e.g. soft toys as a safety precaution, low accessible swings for children to be able to get on and off easily, accessible slides etc.	

4.6 LESSONS LEARNT FROM INTERNATIONAL PRACTICES

4.6.1 THE RIGHT TO EDUCATION IN ASIA-BANGLADESH, INDIA AND PAKISTAN

Leonard Cheshire Disability (LCD), International Department had a project on awareness-raising and sensitisation among all stakeholders in South Asia on the rights of children with disabilities, with a focus on the right to education. In particular, focusing on the need for the inclusion of disabled children in mainstream schools. The project was aimed at promoting socio-economic empowerment of children with disabilities and mainstreaming disability within Bangladesh, India and Pakistan communities.

Background to the project and to the selected practice:
The vast majority of children with disabilities in India, Pakistan and Bangladesh have no access to education. There are no clear guidelines relating to the implementation of inclusive education (IE) in

any of these three countries. Curriculum and assessment procedures are generally centrally controlled and this makes it very difficult to achieve the flexibility needed for implementing IE in schools and classrooms. Also, there are systemic issues that make quality education for children with disabilities difficult to sustain.

Overall objectives of the project/programme:
The overall purpose of this project was to promote socioeconomic empowerment, primary education and access to basic rehabilitation services through the removal of attitudinal, social, institutional, environmental, economic and legal barriers towards inclusion and sustainable livelihoods of children in the communities.

A major focus of the project was to sensitise stakeholders to the need for the inclusion of disabled children in mainstream schools. This was to be achieved through increased access to **mainstream pre-school** and primary education and higher completion rates for children with disabilities in targeted communities.

Primary Project Beneficiaries: Children with disabilities and their families; adults with disabilities.
Secondary beneficiaries include teachers in mainstream schools and district education officers.

Process/strategy used to implement the mainstreaming:

- The process identified children with disabilities in the project areas and brought together family members with development workers.
- Project staff ensured that schools, including management committees, other children and teachers were sensitive to the needs of children with disabilities.
- Trained 3,074 teachers in how to accommodate /mainstream children with disability into their classes.
- Organised Preparatory classes for children with disabilities prior to enrolment into mainstream schools.
- Designed an effective home-based education system for areas where the terrain makes it hard for children with high support needs to get to school.

To complement this holistic approach, the project also:

- Worked closely with ECCD and schools to make them accessible and with government officials to ensure that children with disabilities received their government entitlements / grants.
- Undertook advocacy and policy work.
- Adopted a strategy for the formation of inclusive child-to-child clubs for children with disabilities along with their non-disabled peers to ensure meaningful inclusion.

Offered Services included:

- Home-based rehabilitation.
- Surgery (where appropriate) and counselling.
- Improving school accessibility and facilitated the enrolment and attendance of children with disabilities.

Achieved Outputs:

- The practice achieved results in the areas of awareness-raising, access to mainstream ECCD and schools.
- The project had a significant impact on changing attitudes towards disabled children's rights to education—there are now more children with disabilities in local ECCD centres and primary schools in all three countries. Overall, the project identified 3,784 children with disabilities in the project areas in the three countries through outreach and awareness-raising activities. Of those, 83 per cent went on to benefit from some level of educational provision.
- Over 2,700 children were successfully enrolled in their local primary schools, some were given pre-school places and around 1,000 were supported through home schooling.
- 419 children with disabilities made the transition from primary to secondary education.

Meeting Criteria for best Practices:
The project followed a comprehensive intervention methodology and ensured that all strategies were sustainable.

Financial and human resources: The project was administered through the LCD Regional Office in India and dedicated project staff in all the project locations.

Lessons learned:

- Monitoring of disability and collection of disaggregated information on service provision is very important but is rarely available.
- Collaboration between different government ministries is needed to deliver comprehensive services and bring about systemic changes in Mainstreaming.
- As inclusive education is still an emerging concept, its definition varies across the region, and there are no accepted guidelines. Investment in and availability of technical experts to support implementation is critical to outcomes.

(Source: United Nations; Best Practices for Including Persons with Disabilities in all Aspects of Development Efforts).

4.6.2 FIRST STEPS CENTRE-BASED AND COMMUNITY OUTREACH PROGRAMME IN NASHVILLE

First Steps, Inc. is a private, non-profit organisation funded in part by the Tennessee Department of Education in Nashville. **First Steps Centre** (The Centre) works closely with the Tennessee's Early Intervention System (TEIS), who refers children with needs to them. They also get recommendations from paediatricians or social service agencies, or by word of mouth from other families.

Background:

- The Centre was established over 50 years ago to educate and care for children with special needs and medical conditions alongside their typically developing peers in inclusive environment.
- They serve more than 600 children each year through their centre-based and outreach programmes.
- The Tennessee department of education – provides legislation, partly funds the Centre and provides other services like information, referrals and community outreach. The centre also relies on funding from the community. They have an online shop, hold wine tasting and other fundraising events. They also have a wish list request from communities who can offer goods instead of money.

Centre-Based Approach:

- The Centre creates an inclusive learning environment by ensuring that children with disabilities share the classroom with typically developing children and ensures individualised designed, flexible instructions, based on their particular needs. They use developmental assessments tools to achieve this, more importantly they ensure low teacher/student ratios.

- The Centre ensures that all persons with disabilities are catered for by offering child-specific care related to health and medical conditions including on-site nursing and therapy. Pediatric therapy is part of their integrated, team approach that coordinates therapy in their

comprehensive on-site programmes and greater convenience for parents. Having these professionals on site-helps reduce the stress on parents and teachers to travel to therapy.

- Teachers received specialised training to be able to deal with special needs children.

- They offer different therapies on-site to ensure inclusivity, these include:
    - Speech-Language
    - AAC/Alternative ad augmentation communication
    - Hearing Loss, Apraxia
    - Physical Therapy
    - Speech Therapy
    - Occupational Therapy
    - Feeding Therapy
    - Sensory Processing

Partnerships:

- Parents are a very important partner in the development and education of their children. If parents are not involved, children cannot develop fully and the efforts of the ECCD may be in vain, thus it is important for parents to be integrated into the system of ECD.

- The Centre has also set up a parent Connection Committee which is comprised of parents who work directly with them to ensure their programmes meet the needs of families and of the community.

Community Outreach Approach:

Caring for a child with disabilities can be overwhelming for parents. First Steps runs Community Outreach Programme which provides services and supports families with children from birth up to three years old who have a diagnosis or are at risk of experiencing developmental delay.

- They have an online Portal for Parents, work with social development centres and do home visits where there is a need.
- The Centre has developed an **Individualised Family Service Plan (IFSP)** to help families cope with child development.
- For children 30 months and older, their developmental therapists partner with **TEIS and the local educational agency** to assist families through the transition process from early intervention services to the school system.
- Furthermore, the Centre provides bi-lingual and multicultural developmental therapists for families who do not speak English, they also bring translators during therapy family visits.

(Source: United Nations; Best Practices for Including Persons with Disabilities in all Aspects of Development Efforts).

IMAGES OF CHILDREN WITH DISABILITIES IN MAINSTREAM ECD PROGRAMMES

ASSISTIVE DEVICES FOR CHILDREN WITH DISABILITIES

PART FIVE: PRACTICAL RESOURCES

This section of the Resource Kit contains a number of resources that you can use to improve your understanding and knowledge of disability and to undertake the task of mainstreaming disability at an organisational or programme level.

Each resource is not an end in itself and you are free to modify and change it to suit your own organisational and/or programme context and needs.

RESOURCE 1

Disability Terminology and their Meanings

"Language reflects the social context in which it is developed and used. It therefore reflects the values and attitudes of that context, and plays an important role in reinforcing values and attitudes that lead to discrimination and segregation of particular groups in society. Language can therefore be used as a powerful resource to facilitate change and bring about new values, attitudes and social integration. Persons with disabilities are very vulnerable to the misuse of language and terminology where terminology has the effect of labelling persons with disabilities, stereotyping them, discriminating against them, and ultimately creating a culture of non-acceptance of diversity."
[Source: DPSA Pocket Guide]

TERM	MEANING
All persons with disabilities	The term acknowledges the existence of, and encompasses the various types of disabilities and the various age groups of persons with disabilities regardless of race, gender, religion, sexual orientation, etc.
Assistive devices, technologies and other support for independent living	Assistive devices and technologies refer to equipment, resources, products and consumables that support independent living, and are required to promote the integration and equalisation of opportunities of persons with disabilities into all mainstream activities including activities of daily living and employment. Other support for independent living includes guide, care and social dogs; and sign language interpreters.

Accessibility	Accessibility refers to equitable access for persons with disabilities to all services, products and facilities on an equal basis with others. This includes access to the built environment, transportation, information, including information and communication technologies, live assistance and all other systems and facilities offered to the public.
Care	Care refers to holistically providing for people's physical, psychological and spiritual needs where they are unable to provide these for themselves. Care is an approach that improves quality of life through prevention and relief of suffering by means of early identification, assessment and treatment.
Care-giver	Any person who, in relation to persons with intellectual impairments (i.e. psychiatric and intellectual disabilities), takes responsibility for meeting the daily needs of, or is in substantial contact with persons with such disabilities.
Communication	Communication includes languages, display of text, Braille, tactile communication, large print, accessible multimedia as well as written, audio, plain-language, human-reader and augmentative and alternative modes, means and formats of communication, including accessible information and communication technology.
Developmental Social Services	These are services that facilitate the development of human capacity and self-reliance within a caring and enabling socio-economic environment. It reflects an important paradigm shift from dependency to independence, dignity, self-reliance and acknowledgement of people's capacities and abilities through an enabling social and economic environment, with a long-term focus on broader and holistic development of people, communities and societies. Developmental social services automatically imply services that are holistic, integrated, accessible and sustainable in the long-term.
Disability Structures	Disability structures refer to all forms of organisations established with the purpose of ensuring service delivery to, and self-governance of persons with disabilities and their families within an integrated approach.
Discrimination on the basis of disability	Discrimination on the basis of disability refers to imposing any distinction, exclusion or restriction of persons on the basis of their disability which has the purpose or effect of impairing or nullifying the

	recognition, enjoyment or exercise, on an equal basis with others, on all human rights and fundamental freedoms in the political, economic, social, cultural, civil, or any other field. It encompasses all forms of unfair discrimination, whether direct or indirect, including denial of reasonable accommodation.
Economic Empowerment	A common perception of society in general and some persons with disabilities in particular, is that having a disability automatically bars such a person from actively participating in economic activities. Economic activities refer to all money-making or employment activities that are financially viable, lucrative and profitable and that render a person economically independent and able to provide for their own socio-economic needs. Economic empowerment refers to facilitating the active participation of those persons who are able to be economically active, in mainstream economic activities including employment in decent jobs and/or ownership and partnerships in business initiatives.
Vulnerable Groups	There are groups of persons with disabilities who are especially vulnerable: women, children, older persons living in rural areas, particularly in the under developed regions, displaced persons, persons who have epilepsy; the physically disabled; persons with multiple disabilities, deaf-blind and homeless persons. People with certain disabilities, such as the deaf, the blind and persons with intellectual impairments, are particularly vulnerable.
Habilitation and Rehabilitation	Habilitation refers to a variety of support services designed to increase a person's independence. The goals of this service include supporting a person to gain knowledge and skills, assisting in learning, socialisation skills and appropriate behaviour as well as gaining and maintaining a quality life. This support may be in the home or community. Habilitation and rehabilitation services to persons with disabilities are usually provided by members of a multi-disciplinary team of professionals. Rehabilitation is a goal-orientated and time-limited process aimed at enabling a person with impairments to reach an optimum mental, physical and/or social functional level, thus providing the

	person with the RESOURCEs to change her/his own life. It involves measures (for example technical aids and other measures) intended to compensate for a loss of function or functional limitation and intended to facilitate social adjustment or readjustment.
Impairment	The term impairment can involve an anomaly, a defect, loss or a significant deviation in body structure or functioning. The impairment may be permanent or temporary, progressive or regressive. It can be physiological, intellectual, psychological or sensory in nature. An impairment which is associated with a cause does not imply illness or a disorder.
Inclusivity	Inclusivity refers to the right of persons with disabilities to participate fully in economic, social and cultural life and to have opportunities, experiences and access to facilities and services in a way that is equitable with those opportunities, experiences and access provided to all persons.
Inclusive Design	Inclusive Design refers to the design of products, information and environments that: * can be used by all persons, to the greatest extent possible; * are not necessarily more expensive; * are not necessarily designed exclusively for persons with disabilities; and * can serve a large variety of needs with minimum adaptation.
Independent Living	Independent Living is a process whereby a person recognises and optimises residual ability through the coordination of all available resources and the application of skills thereby contributing toward the independent functioning of the person within society. This process affords the individual an equal opportunity to function and participate optimally in all contexts in society and to live with dignity. The term independent living is used interchangeably with the terms supported living and/or assisted living. This Policy utilises the term independent living as being inclusive of supported living and assisted living. Independent living services are usually provided to persons with disabilities by members of a multi-disciplinary team of professionals.
Mainstreaming Disability	In the context of a rights discourse and sustainable development: mainstreaming is about dignity, self-worth, autonomy and self-determination. It is a strategy for making the concerns and experiences

	of persons with disabilities an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that persons with disabilities benefit on an equitable basis; and all socio-economic services are accessible to all persons with disabilities.
Prevention	Primary prevention involves all strategies and measures to prevent the onset of diseases, injuries or conditions that can result in impairment and subsequent disability or activity limitation. Such measures include raising public awareness, health education, immunisation, maternal and child health services and promoting road and occupational safety. Secondary prevention refers to early identification and intervention on impairment, diseases, injuries, or conditions to prevent the development of disability or activity limitation. Tertiary prevention involves all management measures to maintain and where possible enhance functioning as well as preventing the impairment or condition from creating further disability. Such measures include rehabilitation, surgery and or the provision of assistive devices.
Protective Workshops	Protective workshops refer to an institution or organisation that provides rehabilitation services and "work" opportunities for persons with disabilities, who due to the environmental and / or social situation experience barriers in accessing the open labour market.
Reasonable Accommodation	Reasonable Accommodation refers to necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure persons with disabilities enjoy and exercise all human rights and fundamental freedoms
Reconstruction and Aftercare	Services at this level are aimed at reintegration and support to enhance self-reliance and optimal social functioning in preparation for discharge from the residential facility and after the discharge

	procedure. These services are provided within the context of the individual, family and the community.
Residential Care Facilities	It is a facility for the temporary or permanent care, protection, support, stimulation, skills development and rehabilitation of persons with disabilities, who, due to their disability and social situation need care, (when the need cannot be met at home and in the community) within a safe, secure and stimulating environment of a home for persons with disabilities or in a Residential Care Facility.
Transformation re: delivery of services	The concept of transforming the delivery of services to persons with disabilities usually refers to implementing programmes that are responsive to the needs of persons with disabilities as expressed by themselves or their representative organisations. Persons with disabilities and/or their representative organisations should be involved in conceptualising, implementing, monitoring and evaluating the services they receive. Special attention should be paid to meeting the needs of, and delivering services to the most vulnerable sectors of children, youth, women and the aged with disabilities. An integrated and holistic package of services should be delivered. The services should promote and facilitate sustainability, independence, dignity and respect for human rights in general.
Universal Design	The design of products, environments, programmes and services to be usable by all persons to the greatest extent possible without the need for adaptation or specialised design, including assistive devices and technologies for particular groups of persons with disabilities where these are needed.

RESOURCE 2

Prevalence and Facts On Disability in South Africa

Generally, there is little statistical information and virtually no baseline data on the prevalence of disability and/or on the quality of life of persons with disabilities prior to 1994, and even for the first term of democratic governance in South Africa. Some basic data was collected after 1999 by different government departments in relation to their specific areas of work. For example, the Department of Social Development (DSD) has data related to the provision of disability grants and the Department of Labour has data related to the employment of persons with disabilities because of the Employment Equity reports that are submitted to them. Clearly, the centralised collection and dissemination of disability specific data and information is an area that must be prioritised, not only by government but by the disability sector as a whole. It is important that you bear in mind this context when working with the information provided below.

Statistics on Persons with Disabilities

General Info

According to STATS SA's 2011 General Housing Survey:

- Persons with disabilities make up 5.2% of South Africans aged 5 years and older
- 5.4% of the total number of persons with disabilities are women
- The highest rates of disability are in the Northern Cape (10.2%), North-West (7.7%) and the Free State (6.7%)

STATS SA's 2007 Community Survey shows that:

- 10.7% of the population receiving social grants, receive disability grants.
- Persons with disabilities are among the poorest of the poor, while people living in poverty are more at risk than others of acquiring a disability and are commonly denied their rights.
- Persons with disabilities face different levels of discrimination and exclusion – in particular, women and girls with disabilities may face double discrimination based on both disability and gender.
- Women and girls with disabilities, along with the elderly, are most vulnerable to poverty. They also face multiple layers of stigma and discrimination.

According to DSD's Strategic Plan (2010/11-2014/15):

- 1054 318 beneficiaries receive a permanent disability grant.
- 234 149 beneficiaries receive the temporary disability grant.

- 108 368 children with disabilities receive care dependency grants.
- The provinces (Eastern Cape, Northern Cape, Limpopo and Mpumalanga) with the lowest socio-economic indicators have the largest number of beneficiaries of disability grants as well as high unemployment rates and limited facilities for persons with disabilities.

Types of disability

According to the 2007 Community Survey of STATS SA, physical disability is reported the most common type (1.6%) of disability and communication as the least (0.2%). STATS SA's 2011 Census shows that the percentages of persons with disabilities that live with severe difficulties and cannot do anything at all in terms of their general health and functioning are very low, i.e.:

- Self-care 0.8%
- Remembering/concentrating 0.2%
- Hearing 0.2%
- Walking/climbing stairs 0.2%
- Communication 0.2%
- Hearing 0.1%

The same 2011 Census shows the following proportions of persons with disabilities who have some difficulties in terms of their general health and functioning:

- Seeing 9.4%
- Remembering/concentrating 3.3%
- Hearing 2.9%
- Walking/climbing stairs 2.6%

- Self-care 2.0%
- Communication 1.1%

Disability by Race Groups

The 2007 Community Survey of STATS SA provides the following breakdown of persons with disabilities by race group:

- Indian/Asian 4.6%
- Coloured 4.2%
- Black African 4.0%
- White 3.2%

Employment of Persons with Disabilities

According to 2013-2014: 14th Commission for Employment Equity Annual Report(CEE), (based on reports received from large employers):

- Only 0.9% (50 867 out of a total 5 593 326) of the country's Economically Active People (EAP) are persons with disabilities.
- White persons with disabilities are mostly represented in the private sector, NGOs, parastatals and national government.
- African persons with disabilities feature more prominently in government especially provincial government and are fairly represented in NGOs. Indians are mostly represented in institutions of learning.
- Only 1.5% are in top management positions and 1.2% hold senior management posts.
- White representation is the highest amongst persons with disabilities at top management level in almost all provinces.
- No females with disabilities are found at top management level in Agriculture sector.
- 87.5% of the top managers are white males in Agriculture sector and 12.5% are African males.
- Of senior managers in Agriculture sector, 65.7% are white males and 11.4% are African males. There are no African female employees with disabilities at this level, with white females being mostly represented (8.6%).

RESOURCE 3

Different Models of Addressing Disability Issues

CHARITY MODEL	CHARACTERISTICS	EXAMPLES OF INTERACTIONS WITH PERSONS WITH DISABILITIES
People think that activities 'help' persons with disabilities who are considered 'helpless' and outside 'normal' society	• views disability as a problem inherent in the person. • persons with disabilities: - are regarded as 'unfortunate', 'dependent', 'helpless', in need pity and charity and are usually given money or gifts, such as food or clothing - are assumed to be unable to contribute to society or support themselves	"It must be very sad having a child and knowing that she will never be able to live on her own". "What a pity, this beautiful woman is disabled and she will never be able to marry, have children or care for her family".

- become long-term recipients of welfare and support
- are viewed and kept as a separate group

- Aid is provided by specialist organisations not mainstream development

MEDICAL MODEL	CHARACTERISTICS	
People think that activities 'fix' persons with disabilities who are considered 'sick', so they can join 'normal' society. 	• views disability as a problem inherent in the person. • a traditional understanding of disability. • focuses on a person's impairment as the obstacle. • seeks to 'cure' or 'improve' individuals to 'fit' them into society. • defines the person with a disability only as a patient with medical needs. • segregates persons with disabilities from the mainstream • offers only medical help, carried out by specialists. • expensive, tends to benefit relatively few people.	"I am sure in a few years there will be a hearing aid available which will enable this child to hear better". "Perhaps there is some medicine or treatment which could improve his perception. He should try a psychiatrist".

SOCIAL MODEL	CHARACTERISTICS	
Persons with disabilities should be integral part of society, and activities focus on inclusion. 	• focuses on society, not persons with disabilities, as the problem. • regards persons with disabilities as part of society, rather than separate. • sees disability as the social consequence of impairment. • three main barriers in society are attitudinal, environmental and institutional. • activities focus on identifying and removing attitudinal, environmental and institutional barriers that block inclusion • the needs of persons with disabilities are the same as non-disabled people's – e.g. love, education, employment	"It is a good idea for him to live with his brother so that he is surrounded by non-disabled people". "The community really should build ramps in front of public buildings, so that people like her can participate in social life". "We should all learn sign language so that we can communicate with this child and other hearing impaired people".

RIGHTS BASED MODEL	CHARACTERISTICS	
Society has to change to ensure that all people – including persons with disabilities – have equal opportunities to participate. 	• laws and policies need to ensure that barriers created by society are removed. • support for equal access is a basic human right that any person can claim. • the two main elements of the rights-based approach are empowerment and accountability. • empowerment refers to the participation of persons with disabilities as active stakeholders. • accountability relates to the duty of public institutions and structures to implement these rights and to justify the quality and quantity of their implementation.	"When this child grows up, she will be able to go to university if she wants to". "Where does he want to live? Let's go and ask him!" "When she gets a job, her employer will have to build accessible rooms. This is her right!"

(Source: Adapted from Making Inclusion a Reality in Development Organisations, IDCC)

RESOURCE 4

Activity for Reflecting on perceptions and attitudes about persons with disabilities

1. Organise a focused session (meeting) specifically for this process.
2. Make sure that everyone who is attending the session, clearly and unambiguously understands the purpose of the session and what will be discussed.
3. Reassure participants that their views will not be judged nor isolate them from the rest of the team.
4. Start the session by getting each person to tell the group what they think the purpose of the meeting is and what the outcome will be.
5. If there is any confusion about the purpose and outcome, clarify and ensure that the whole group is on the same page before continuing. You can call on other participants to assist with explaining the purpose to those who do not understand it.
6. Listen carefully for any fears participants may be expressing in subtle ways and address the fears before continuing or as they come up during the session.
7. As a team, have a look at the checklist below, discuss the statements and tick either “Yes” or “No”.

Statement	Yes	No
There are certain things that persons with disabilities cannot do.		
I use a different tone of voice when I speak with persons with disabilities.		
I avoid persons with disabilities.		
I assist persons with disabilities without asking them.		
Persons with disabilities can't really work.		
When persons with disabilities are accompanied by another person, I don't really know who to address.		

Check your responses to the above statements against the comments on each of the statements provided in the table below:

Statement	Comment
There are certain things that persons with disabilities cannot do.	Persons with disabilities are experts on their impairment and assumptions about what they can and cannot do must be avoided.
I use a different tone of voice when I speak with persons with disabilities.	By speaking in a normal tone of voice you are being sensible, as well as showing respect.
I avoid persons with disabilities.	Do not ignore them. When interacting with person with disabilities follow accepted etiquette and behaviour guidelines.
I assist persons with disabilities without asking them.	First ask how you can best offer assistance, and then wait for the offer to be accepted before actually helping. If you are helping a person with disabilities, always do what she/he asks you, not what you think is best.
Persons with disabilities can't really work.	Persons with disabilities enjoy working and find it fulfilling, just like other people. They also need to earn a living, just like other people.
When persons with disabilities are accompanied by another person, I don't really know who to address.	Don't talk to a disabled person through a third party unless it is necessary. For example, talk through a third party if the third party is a sign language interpreter for a deaf person.

RESOURCE 5

Definitions of Disability Mainstreaming

DSD National Policy on Disability	**Mainstreaming is the process of assessing the implications of any planned actions (i.e. policies, legislation and programmes) and budgeting for persons with disabilities. As such, the concerns and needs of persons with disabilities become integral to the design, implementation, monitoring and evaluation of the planned actions and budgeting.**
INDS	Mainstreaming is about ordinary services being designed and planned with the view that they will be used by persons with disabilities as well as able-bodied people.
UN Convention on the Rights of Persons with Disabilities	Mainstreaming is the process of assessing the implications for persons with disabilities of any planned action, including legislation, policies or programmes in any areas and at all levels. It is a strategy for making the concerns and experiences of persons with disabilities an integral part of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres, so that persons with disabilities can benefit equally, and inequality is not perpetuated.
National Policy on Disability	Mainstreaming is about dignity, self-worth, autonomy and self-determination. It is a strategy for making the concerns and experiences of persons with disabilities an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that persons with disabilities benefit on an equitable basis.

RESOURCE 6

Differences Between Special Disability Programmes and Disability Mainstreaming

It is important to remember that disability mainstreaming does not replace the need for targeted disability specific policies and programmes nor does it do away with the need for disability focal points or champions. Targeted policies and programmes can serve as a means or a stepping stone to achieving the end goal of disability mainstreaming. The only danger of targeted policies and programmes is that disability is seen as a separate issue and as the responsibility of only one or two people.

A special disability programme is only about disability, targets and is designed only for persons with disabilities and has a completely separate or dedicated budget. Disability mainstreaming, on the other hand, is about including persons with disabilities in all policies, programmes and budgets, as implementers and beneficiaries.

The following Table summarises the main differences between Special Disability Programmes and Disability Mainstreaming.

Table: Differences between Special Disability Programme and Disability Mainstreaming

DISABILITY SPECIAL PROGRAMMES	DISABILITY MAINSTREAMING
Only about disability.	About the service which equally includes the active participation of persons with disabilities.
Targets only persons with disabilities.	Targets public recipients including persons with disabilities.
Persons with disabilities do not get to engage with others in their communities as equals.	Ensures that persons with disabilities and their families get to engage with members of the community as equals.
Perpetuates the perception that persons with disabilities and their families are different and must be treated as such.	Persons with disabilities and their families are seen as being the same as everyone else, and should be treated as such.
Does not create awareness of disability amongst the general community/public.	Creates awareness amongst general public of the rights of persons with disabilities.
"Silo" implementation that makes provision of integrated and holistic services difficult.	Integrated and holistic services are provided to all including persons with disabilities.
Requires dedicated and additional resources (human, financial and technical RESOURCEs and documentation).	Can utilise existing resources.

RESOURCE 7

Guidelines for removing barriers to disability mainstreaming

The International Symbol of access that is used worldwide to direct persons with various disabilities towards accessible facilities and features is:

TYPE OF DISABILITY	BARRIER	SUGGESTED WAYS OF REMOVING BARRIERS AND INCREASING ACCESSIBILITY
Visual Impairments (slightly sighted/low vision, blind)	Visual accessibility	• Colour contrast in the environment, especially: - from and to particular facilities and areas and services e.g. ablution rooms and reception desks). - to highlight hazardous areas and objects.

		- for fittings e.g. use different coloured soap dispensers and toilet roll holders, dark toilet seats on white fittings or dark tiles behind white wash hand basins. - For switches e.g. use dark switch and socket plates for light backgrounds or vice versa. - For access doors e.g. paint the door or the door frame in a colour that contrasts with the adjoining wall to facilitate its identification. • Lighting. Minimise reflection with the use of non-reflective finishes and glass. - reduce glare by the careful positioning luminaries out of the direct line of vision. - Avoid glare from daylight by closing blinds or curtains. - Increase the level of ambient light. - Change lighting levels gradually to enable adaptation of the eye. • Presentations/Public Speaking/Speeches and using projectors and other devices for this. - If there are blind persons in the audience, explain what slide/picture/information you have on the screen/flip chart, etc. - Ideally you should print a braille copy, or different font size copies of the input prior to presenting it and make sure that the blind/visually impaired person has it when you start. - The size of letters and symbols depends on the reading distance and the degree of visual impairment of the reader.

		- Letters and symbols should contrast with the background to be clearly distinguishable. • Make completely glazed doors visible by use of a coloured band or marking strip. • Place overhanging signs at a minimum clear height of 2.10 m to allow safe passing of blind and visually impaired persons.
Mobility Impairments	Vertical and horizontal Accessibility	• Construction of temporary and permanent ramps. • Installation of lifts. • Installation of handrails. • Well-lit staircases with handrails on both sides of the stairs. • Door handles should be easy to grasp with one hand and fitted with an extra pull handle or a long string fixed to the normal door handle. • Avoid revolving doors. • Barrier free space of 1.50 m x 1.5 m is needed by wheelchair users. • Tables, counters, etc. to be at a height convenient for wheelchair users. • Floors should be slip resistant.
Hearing Impairments	Sound accessibility	• Take into account acoustic factors, especially for deaf-blind persons. • Ensure lighting does not cause shadows on peoples' faces making lip-reading or identification of the facial expressions difficult. • Ensure there is sufficient space for a sign language interpreter to be positioned facing the person/s with the hearing impairment/s. • Good signage to facilities and areas like rest rooms is particularly important for people with hearing impairments. • Consider use of hearing enhancement systems.

(Source: Adapted from RESOURCE on promoting access to the built environment guidelines, Cbm, 2008).

RESOURCE 8

Template for identification and development of entry points for disability mainstreaming in policies and programmes

POLICY / PROGRAMME	ENTRY POINT/THEME
EXAMPLE: Human Resources Policy	EXAMPLE: • Recruitment and selection processes. • Provision of assistive devices.
EXAMPLE: Training on establishing a home garden	EXAMPLE: • Identify and partner with a residential facility for persons with disabilities to train their residents in establishing a home/centre garden. • Identify and include persons with disabilities in the general training programme provided to all beneficiaries.

RESOURCE 9

The Key Steps of Disability Mainstreaming

KEY STEP	WHAT AND WHY
Develop a disability mainstreaming goal	All organisations already have organisational goals, visions, missions, etc. These usually reflect the purpose and key functions of the organisation. In theory, these existing goals, visions and missions should be inclusive of persons with disabilities even if they are not specifically mentioned. However, disability mainstreaming is seldom, if ever, seen as a core function of an organisation and thus often falls by the way side. It is for this reason that organisations are encouraged to develop a specific disability mainstreaming goal. This goal does not replace the broader organisational goal and must not be confused as such. The disability mainstreaming goal focuses on what you aim to achieve in terms of full and equal inclusion of persons with disabilities within your organisation and its programmes. A disability mainstreaming goal will assist, amongst others, with: • Ensuring that disability remains on the organisation's development and transformation agenda. • Securing in-depth commitment from all members of the organisation.

	• Providing focus and direction for disability mainstreaming interventions. • Serving as a basis for monitoring and evaluating achievement of outputs and impact.
Conduct a Status Quo Analysis	"Status Quo" basically means the current status (position/standing/condition) of a thing or a situation. It is also known as an "as-is" picture which literally means a view of how things are at the current moment. A Status Quo Analysis will give you a very good understanding of how good or bad the situation is, where the problem areas are and what you have to focus your energy on, who you have to work with, etc. Conducting a Status Quo Analysis involves reflecting or reporting on the facts as they are, as well as analysing (probing/scrutinising/investigating) the causes, impact and meaning of the factual situation. A Status Quo Report provides the analysis in a narrative form and usually includes recommendations on how to positively change the current status quo. Implementation of the recommendations of the report will usually result in a changed status quo. A status quo analysis provides information that is necessary for effective planning and management.
Develop an action plan	An Action Plan is also known as a work plan or an implementation plan and is the RESOURCE you use to implement your disability mainstreaming interventions. The Plan essentially reflects: • what you will do. • how you will do it. • who will be involved.

	• what resources you will need. • who the general or specific beneficiaries will be e.g. small-scale entrepreneurs of women with disabilities in rural areas. • when it will be done, i.e. timeframes for implementation and/or completion or when you will implement the activities e.g. by March 2015. • what indicators/measures you will use to check that the actions achieve the desired impact.
Costing and Budgeting	This is the process of identifying, determining and providing for the financial resources you will require to implement your disability mainstreaming interventions contained in your Action Plan. Costing simply means working out the price (cost) of the resources you need to implement the activities in your plan. Resources include staffing, stationery, hiring a sign language interpreter, etc. A simple explanation of budgeting is that it is the process of allocating your financial resources to the various activities and outputs in your action plan. This information gives you a sense of the amount of money or budget you need to secure or allocate to implement your disability mainstreaming action plan. It will help you to decide whether your action plan is financially realistic and feasible, what additional financial resources you require, whether you should remove or join some activities to save on costs, etc.
Implementing	Involves carrying out and completing day-to-day activities and implementing the project /programme plan.

Evaluating	This is about assessing whether the desired outputs and impact have been achieved, and establishing whether resources have been used efficiently and effectively. Review/Assessment/Evaluation reports enable you to see what you have achieved, what has worked, what has not worked, where the gaps are, etc. It is similar to a status quo report in that the information can be used to make positive changes to the design of the programme to increase and sustain its successes.

RESOURCE 10

Checklist for assessing Progress on Disability Mainstreaming

ACTIVITY	DONE	NOT DONE	IF NOT DONE, WHY	CORRECTIVE STEPS
Role Players Identified, and Roles and responsibilities clarified				
Disability Mainstreaming goal defined				
Status Quo Analysis completed				
Action Plan Developed				
Implementation begins				
Review begins				

RESOURCE 11

Checklist for assessing the current status of disability mainstreaming in PPs

AREA	YES	NO
Are persons with disabilities included in consultations, design and implementation of your programmes and projects?		
Are persons with disabilities included in community committees for your programmes and projects?		
Have persons with disabilities been identified to assist with training your staff/ fieldworkers and other beneficiaries of your projects to understand inclusion principles and practices in respect of your programmes and projects?		
Have awareness-raising activities about the rights and abilities of persons with disabilities been implemented?		
Is data being collected on persons with different types of disabilities for advocacy and program-monitoring purposes?		
Is there budget allocation to cover participation expenses and attendance time for consultations with persons with disabilities and/or DPOs?		
Have funds been allocated to cover costs of reasonable accommodation measures, assistive devices and other disability specific inclusion measures?		
Are training and assistive devices available to ensure that persons with disabilities can participate fully in your programmes and projects?		
Are there indicators in place which identify the percentage of persons with disabilities and their families that should be included in the target beneficiaries?		

Have organisational policies been checked and challenged for disability inclusion?		
Have local communities been surveyed to determine accurate numbers of persons with disabilities, including disability type, age and gender?		
Are DPOs actively engaged throughout all stages of your programmes and projects?		
Have access barriers for persons with disabilities been addressed?		
Have training opportunities been identified to skill persons with disabilities to facilitate their participation in your programmes and projects?		
Are persons with disabilities benefiting equally from the community programmes?		
Have the programmes focused on abilities and the contribution potential of persons with disabilities?		
Are persons with disabilities playing an active role in programme planning and evaluation?		
Are alternative communication options available based on individual requirements?		
Are persons with disabilities more visible and active in their community as a result of your programmes and projects?		

RESOURCE 12

Template for list of needs and challenges experienced by persons with disabilities

CATEGORY	NEED	CHALLENGE	PROPOSED SOLUTION
Hearing impairments	Decent work, food, accommodation.	No skills, unemployed, cannot communicate with most people because of lack of knowledge of sign language.	Train in subsistence gardening. Use sign language interpreter when training. Provide with initial start-up RESOURCEs, equipment and seed/seedlings.

RESOURCE 13

Templates for Developing an Action Plan

'ENTRY POINT'	INTERVENTION
Capacity building of community members in organic food production methods	Include persons with disabilities as trainees
Provision of agricultural resources, equipment and seeds/seedlings	Provide to a minimum of 10 households that have a person with disability living with them.

'ENTRY POINT'	INTERVENTION	HOW (Activities)	WHO (role-players)	RESOURCES NEEDED
Capacity building of community members in organic food production methods	Include persons with disabilities as trainees	• Identify possible participants • Check what their specific needs are in a training situation • Book accessible venue	• Programme manager • DPO's • Community members • Xxxxx • Xxxxx	• Braille printing • Sign language interpreter • Xxxxx • Xxxxx

		• Translate training materials into accessible formats • Xxxxxxxx • Xxxxxxxx		

'ENTRY POINT'	INTERVENTION	HOW (Activities)	WHO (role-players)	RESOURCES NEEDED	TIME FRAME	OUTCOME
Capacity building of community members in organic food production methods	Include persons with disabilities as trainees	• Identify possible participants • Check what their specific needs are in a training situation • Book accessible venue • Translate training materials into accessible formats • Xxxxxxx	• Programme manager • DPO's • Community members • Xxxxx • Xxxxx	• Braille printing • Sign language interpreter • Xxxxx • Xxxxx	June 2014	• At least 10 persons with disabilities participate in training session • All trainees using the skills they gained

RESOURCE 14

Developing Monitoring and Evaluation and Disability Indicators

What are indicators?

- Indicators are criteria or measures against which changes can be assessed (Imp-Act 2005).

What are disability indicators?

- These include measures of disability-related changes over time.
- It is important to have both qualitative and quantitative indicators. Indicators of inclusion are important, but cannot be a substitute for impact indicators.
- Qualitative indicators refer generally to the effect that the task or activity has. These mostly include people's experiences, opinions, attitudes and abilities, feelings etc. For example, 'increased visibility of independence and social functioning amongst persons with disabilities that have been provided with assistive devices.
- Quantitative indicators refer to the quantifiable results, so they focus on issues that can be counted. For example, there are 100 young farmers with disabilities who are participating in the gardening project compared to 15 elders with disabilities.

How to Develop Disability related indicators

- It is important to ensure that the disability indicators are relevant to a particular context.
- Use images where there is poor literacy level.
- Have a long-term perspective because social change takes time.
- Persons with disabilities should take part in the identification and planning of performance measurement frameworks, in implementation and in the discussion of the findings.
- Require the collection of data that is disaggregated by disability and if possible by age and by socio-economic group.

Key questions to ask yourself when designing indicators:

- What change do you want to see? How will Persons with Disabilities affect the way they understand and experience these changes?
- Are there international and national disability indicators that could be used or adapted?
- Is there a baseline on the issue at hand?
- How will data be collected and analysed?

Why look at Disability and Indicators?

- What is measured is likely to be prioritised. Evidence gathered against indicators can help make the case that Disability should be taken seriously.
- Indicators backed with findings (e.g. statistics) can be used for advocacy and can help highlight key disability issues that should be considered.

- Disability indicators can be used to evaluate the outcomes of disability focused and mainstream interventions and policies.
- They provide information for adjusting programmes and activities so that they better achieve disability equality goals.
- They can also be used to measure disability mainstreaming within organisations.
- They can be used to assess the gaps between commitments on disability equality and what happens on the ground and therefore be used to hold policy makers accountable.

RESOURCE 15

Organising Disability-Inclusive Training, Meetings and Events

By making training, meetings and events disability inclusive all community members will be able to access venue spaces, instructions and presentations.

In the PPs, training is organised at the onset in order to learn more about the technical aspects and processes of gardening that will ensure success. This training should be readily available for persons with disabilities and able-bodied persons.

1. **Considerations for making the training, meetings and events disability inclusive**

- Mainly use hands-on techniques, videos, pictures taking into account the fact that many persons with disabilities hardly had an opportunity to go to school and can they can barely read or write, or are totally illiterate.
- Training participants must be made aware of their personal limitations and potentials; they must never allow other people to determine what they can and cannot do.
- It is the responsibility of the trainer to convince training participants that they **can do** anything and everything they set their minds to.
- Do not create separate events or meetings; rather, make regular consultations disability inclusive. Train persons with disabilities and without disabilities together.
- The use of a small-scale entrepreneur's experience can be very helpful and highly encouraging for training participants with disabilities or in community meetings. By listening to the experiences of others, participants will learn how to overcome some

of the problems and be successful in improving their quality of life. For example, invite a successful disabled entrepreneur in agriculture to talk about his personal experience to interested participants.

A successful disabled entrepreneur in mushroom cultivation talks about his personal experience to interested trainees, (Source: FAO corporate documentary repository).

2. Providing comprehensive accessibility

Ensure that training, meetings and events venues are fully accessible. Where necessary, consider making simple adaptations to existing structures. See the following table for aspects that should be covered:

Inclusive practices for training, meetings and events

Inclusive Practice	Purpose
Selecting a venue: • Identify a location central for community members with disabilities. • Identify a venue that may already be used by people with a disability. • Ensure venue has ramp access, accessible toilets, hand rails, etc. • Where necessary, make adaptations such as temporary ramps. This can be done easily for just one or two steps.	• To reduce travel time. • To increase familiarity with venue and possible attendance rates. • To ensure minimum access requirement for persons with disabilities.
Seating arrangement • Provide option of front row seating for participants with disabilities (optional only – dependant on individual preference). • Ensure wide walkways between and around chairs with no obstructions.	• To ensure participants using sign interpreters have unobstructed viewing. • To allow for participants with vision impairment to have potential follow the proceedings. • To enable ease of mobility for people in wheelchairs and with walking frames.
Transport arrangement • Ensure venue is close to public transport.	• To increase access to venue for persons with disabilities dependant on public transport.

• Organise accessible transportation to the venue for persons with disabilities with the advice/assistance of a local DPO if there are not suitable transport options available. • Consider reimbursing taxi costs. • Provide information on the venue, details of how to get there, what support will be available, including reimbursement if applicable.	• To ensure persons with disabilities can access venue when public transport is not accessible.
Promotion of the event • Develop large size posters with good colour contrast. • Use a range of communication modes including print media, radio and community announcements to promote consultations. • Identify on promotional information that persons with disabilities are encouraged to attend.	• For people with vision impairments. • To enable people with different disabilities to access information. • To ensure persons with disabilities feel invited and welcomed to the consultation.
Reading/training material • Provide handouts in large print to all participants (size 16, 1.5 spacing, non-gloss paper, black on white or high colour contrast, sans serif font such as Arial or Verdana). • Documentation and reference materials should be also available in electronic or/and alternative formats.	• For audience members that have difficulty taking notes or viewing overheads or have difficulty reading standard print such as those with a learning disability, intellectual disability, physical disability or vision impairment.

(Source: adapted http://www.inclusive-development.org/cbmRESOURCEs/part3/1/Accessiblemeetingsorevents.pdf)

3. Issues and considerations to be addressed prior to training persons with disabilities

Considerations prior to training

1. To ensure that trainees do not abandon the course before its completion, it should be ascertained if they have left their home in the past, whether for re-education, training or work. This will show how they cope with being away from home.

2. Trainees who have never left their family should be trained closer to home rather than be sent to a distant training centre.

3. Trainees who have never undergone re-education are often incapable of taking care of themselves. This must always be considered when planning a training programme especially during budget preparation because offering re-education with skills training will take more time. Ideally, the trainees should have undergone re-education. Trainees with multiple disabilities may need continuous assistance.

4. Some trainees may also have been over-protected by their families and not be used to accomplishing certain tasks on their own. As a result, it may be quite difficult for them to overcome certain physical challenges and trying to do so may cause serious emotional confusion. They must have decided to attend the training because they truly want to learn new skills and not because

family members have decided that it would be a good idea for the disabled person to learn new skills.

5. Many persons with disabilities above 60 years of age have never had the opportunity to learn new skills or to undergo professional reeducation or formal education. Learning at this stage may be difficult. This is why homogeneity within the group is important. For example, when trainees are both men and women, care must be taken that all women are not very young and men older. Different types of disabilities can also create different problems. For example, the needs of the visually impaired are different from those of the hearing impaired and the physically disabled.

6. Some trainees with multiple disabilities or with specific physical or mental disabilities may be incapable of systematic learning. For example, mentally-disabled persons may need additional attention. Although they may be capable of accomplishing specific tasks, especially repetitive actions, they may not necessarily be capable of analysis and decision-making. Other members of the group must understand the mental capabilities of their peers and can help during training by giving additional explanations and training.

7. Safety and security must be ensured for women attending mixed training courses. Appropriate facilities must be available for women trainees with disabilities to ensure their safety and privacy.

8. A resource person, ideally the trainer, should be available for follow-up action and troubleshooting. This will protect trainees from being overwhelmed with problems, which can often be solved easily.

4. Presenting in Audiences with Persons with Disabilities

Tips for presenting in audiences with persons with disabilities

1. Before you begin, make sure that everyone has the accommodations they need: Are the listening systems working? Is large print/Braille available? Can everyone see the interpreters?

2. Face the audience.

3. Keep your mouth and face free of obstructions such as hands, microphone, and papers.

4. If you tend to speak quickly or softly, please slow down and speak up. There is a short delay when using interpreters or captioners.

5. Use “people-first” language, e.g., “persons with disabilities,” or “persons with disabilities”.

6. If someone who is speech-impaired is speaking, wait calmly for her/him to finish. Do not interrupt them. If you do not understand them, ask them to repeat their statement or question. If you still do not understand, restate what you did understand, and ask for more information.

7. If interpreters are being used, face the person using the interpreter, not the interpreter.

8. If someone has a personal attendant, address him or her, not the attendant.

9. Restate questions before answering.

RESOURCE 16

Roles and Responsibilities of Role-Players in Disability Mainstreaming

ROLE-PLAYER	ROLE AND RESPONSIBILITIES	ADDITIONAL ROLES AND RESPONSIBIITIES NOT IDENTIFIED IN THIS RESOURCE KIT
The Community	• Ensure that the FRF's PPs provides appropriate and relevant services to persons with disabilities. • Advise the FRF's PPs on the challenges and needs of persons with disabilities living in the community. • Assist the FRF's PPs with conceptualising; planning and developing appropriate solutions to the identified needs and challenges. It is critical to remember that the process of identifying and prioritising needs and challenges of persons with disabilities must be done in close consultation with persons with disabilities. • Organise and/or participate in public awareness and communication activities.	

	• Advocate for changes that will enhance social functioning and inclusion of persons with disabilities. • Assist persons with disabilities to access the services that the FRF's PPs offer.	
Parents/Family members and Other care-givers of persons with disabilities	• Encourage persons with disabilities to access the services and participate in the projects available to them. • Advise and assist other parents and care-givers to do the same. • Advise and assist the FRF's PPs with information on the specific needs, care requirements, abilities and potential of persons with disabilities. • Ensure that the FRF's PPs provide appropriate and relevant services to persons with disabilities. • Assist the FRF's PPs with conceptualising; planning and developing appropriate solutions to the identified needs and challenges. It is critical to remember that the process of identifying and prioritising needs and challenges of persons with disabilities must be done in close consultation with persons with disabilities. • Organise and/or participate in public awareness and communication activities. • Advocate for changes that will enhance social functioning and inclusion of persons with disabilities.	

Persons with disabilities and DPO's	• Ensure that they receive the services they require in a way that facilitates their full and equal inclusion and integration into society. • Understand the full social and economic rights that they must be accorded and ensure that these are provided. • Partner with the FRF's PPs to identify their needs and challenges. • Assist the FRF's PPs with conceptualising; planning and developing appropriate solutions to the identified needs and challenges. • Organise and/or participate in public awareness and communication activities. • Advocate for changes that will enhance social functioning and inclusion of persons with disabilities. • Participate in assessing the quality, relevance and impact of these services on improving the quality of the lives of persons with disabilities. • Assist each other to understand their rights and to advocate and lobby for the provision of these rights.	
FRF's PPs	• Ensure that persons with disabilities are included in all programmes as implementers and beneficiaries.	

	• Inform and advise persons with disabilities and their families of the programmes that they implement, and encourage their participation in them. • Promote inclusion and integration of persons with disabilities into the community. • Work closely with all other role-players from all sectors of society. • Develop and implement public awareness and promote communication activities. • Ensure ongoing improvement of their knowledge and understanding of the evolving disability issues. • Ensure inclusion of persons with all types of disabilities. • Develop and implement organisational and programme level disability mainstreaming strategies and plans. • Monitor, evaluate and report on disability mainstreaming within the organisation and in programmes. • Develop and implement any policies and guidelines required for successful disability mainstreaming. • Ensure appropriate and adequate allocation of resources (human and financial) for disability mainstreaming. • Ensure that effective disability mainstreaming knowledge management systems; particularly research, data	

	collection and processing systems are established and maintained on a continuous basis.	
Other role-players from other sectors of society	• Development and implementation of capacity building programmes. • Providing technical and theoretical knowledge and expertise to assist with implementation. • Providing support services where applicable.	

RESOURCE 17

List of Possible Disability Mainstreaming Partners

The following list provides examples of partners/stakeholders that can be contacted for future collaboration:

Type of stakeholder	Type of Support Offered	Organisation Name	Contact Details
NGO	Strengthening policy making capacity of government, DPOs and others	Secretariat of the African Decade of Persons with Disabilities	Mr AK Dube (CEO) akdube@africandecade.co.ze Mobile: 079 872 0325
NGO	Offers advice and assistance in addressing the needs of persons with disabilities	Association for and of Persons with Disabilities	Ms Ncediwe Ngwane Tel/fax: 047 535 0703/4 Email: ikrehab.admin@telkomsa.net

NGO	Assistive devices for purchase - one stop (wheelchairs, walkers, adult nappies etc.)	Association for persons with disabilities	Tel: 051 448 4211 Email: danie@apdfreestate.co.za
Government Department	Provision of assistive Devices, Physiotherapists, Psychologists, occupational therapists etc.	Department of Health	Tel:012 395 8000 http://www.health.gov.za
Government Department	Provision of security, welfare & community development services Provision of legislation & policy guidelines on disability	Department of Social Development	Tel: 012 312 7500 http://www.dsd.gov.za
DPOs	Represents the interests of persons with disabilities Advocacy and lobby for the rights of persons with disabilities Provide information and services to their members	Different types of DPOs ranging from impairment specific to cross disability. E.g. DeafSA	Mr Brono Druchen DeafSA national Director Tel: 011 482 1610(national office)

Disability Service Providers	Some provide specialised services: e.g. rehabilitation services, fitting prosthetics etc. Inclusive services: e.g. Livelihood, health services that are accessible to persons with disabilities Research, advocacy etc.	NGOs, CBO, Faith Based Organisations, Private companies which services for persons with disabilities The organisations are not necessarily created and led by persons with disabilities	
International Organisations & donors	Provide data and general guidance May also grant funds Promote disability inclusive development	World Health Organisation (WHO) World Bank, DfID, UNDP, UNAIDS, Finnish Cooperation etc.	WHO, Tel: 012 305 7709 (SA) Email: afwcozawr@who.int www.who.int/countries/zaf/en

For more national and provincial organisations, peruse the following:

- a directory of organisations and resources for persons with disabilities: http://www.unisa.ac.za/contents/management/arcswid/docs/Disability_directory_allsorts09.pdf
- Sign language interpreters: http:// www.saslinc.co.za
- Braille Services: http://www.blindsa.org.za
- SA Federation for Mental Health: http://www.safmh.org.za

- Autism South Africa: http://www.autismsouthafrica.org
- QuadPara Association of South Africa: http://www.qasa.co.za
- Epilepsy South Africa: http://epilepsy.org.za
- Deaf South Africa: http://deafsa.org.za

RESOURCE 18

List of Activities to Start Mainstreaming Disability in Programmes and Projects

- Identify and develop a database of the number of persons with disabilities and the type of disabilities that they have within the community who could directly or indirectly benefit from your community programmes and projects.
- Have continuous sensitisation sessions with communities about the value of inclusion of persons with disabilities in community programmes/projects.
- Raise awareness in the community of the opportunities available for persons with disabilities and the investment required to include them in community programmes.
- Organise consultation session with persons with disabilities, Disabled People's Organisations (DPOs) and other disability experts on including persons with disabilities in community programmes; and talk to community members on disability.
- Identify and list accessible venues that available in the local communities.

- Ensure that planned project consultations/report backs and general engagements with the community/beneficiaries are accessible to persons with disabilities.
- Review current programme strategy and where necessary revise the plan to ensure that it addresses issues of disability.
- Integrate a disability perspective into all phases of community programmes and projects. That is from conceptualisation, to planning, implementation, monitoring and evaluation of programmes.
- Design and implement policies and programmes that have explicit disability equality objectives.
- Promote the rights of persons with disabilities as a cross-cutting theme in all programmes/projects and activities.
- Ensure that disability concerns and needs are appropriately considered, i.e. ensure the project document clearly states where and how disability will be included and addressed. For example, alternative agricultural processes that can accommodate persons with mobility impairments.
- Develop approaches to capture shared learning and good practice on inclusion of persons with disabilities, and mainstreaming disability in community programmes.
- Train trainers/support staff on how to train or support persons with disabilities.
- Train persons with disabilities to have the confidence to participate in community programmes and to play meaningful roles. They should be encouraged to make a contribution in their communities.
- Provide for any additional resources that may be required e.g. project documents to be printed in braille for persons with sight impairments.
- Recruit/train at least one project team member in sign language.
- Include a chapter on disability in the existing training manuals/modules.
- Strengthen political will and build commitment to mainstreaming, amongst all stakeholders and especially community members/beneficiaries.
- Provide assistive devices for persons with disabilities to be able to work in their gardens.

- Both persons with disabilities and able-bodied persons are to be provided with sufficient protective clothes and other apparatus – hard hats, steel-capped shoes, etc. to prevent personal injury.
- Provide or facilitate provision of accessible, reliable and affordable transport that can be used by persons with disabilities and able bodied persons on the programme as and when necessary. This will ensure improved access and better participation in project activities and demands. E.g. being able to attend training sessions and events.

RESOURCE 19

EARLY CHILDHOOD DEVELOPMENT TERMS

Early Childhood:

Early childhood spans the pre-natal period to eight years of age (1). It is the most intensive period of brain development throughout the lifespan and therefore is the most critical stage of human development. While genetic factors play a role in shaping children's development, evidence indicates that the environment has a major influence during early childhood

Developmental Delay:

Developmental delay refers to children who experience

significant variation in the achievement of expected milestones for their actual or adjusted age (8,15). Developmental delays are measured using validated developmental assessments (22) and may be mild, moderate or severe

Early Childhood Development Terms

Early Childhood Development:

Early childhood development (ECD)1 is a generic term that refers to a child's cognitive, social, emotional and physical development. The same term is often used to describe a range of programmes which have the ultimate goal of improving young children's capacity to develop and learn and which may occur at many different levels such as child, family and community, and across different sectors such as health, education, and social protection

Early Childhood Intervention:

Early childhood intervention (ECI) programmes are designed to support young children who are at risk of developmental delay, or young children who have been identified as having developmental delays or disabilities.

Source: *Early Childhood Development and Disability, discussion paper for WHO and UNICEF 2012*

RESOURCE 20

DEVELOPMENT DISABILITIES THAT PARENTS AND EARLY CHILDHOOD DEVELOPMENT PRACTITIONERS MUST LOOK OUT FOR AND UNDERSTAND

1. **Attention Deficit / Hyperactivity Disorder** - People with ADHD may have trouble paying attention**, co**ntrolling impulsive behaviors (may act without thinking about what the result will be), or be overly active. Although ADHD cannot be cured, it can be successfully managed and some symptoms may improve as the child ages.
2. **Autism spectrum disorder**: (ASD) is a group of developmental disabilities that can cause significant social, communication and behavioral challenges. CDC is committed to continuing to provide essential data on ASD, search for factors that put children at risk for ASD and possible causes, and develop resources that help identify children with ASD as early as possible.
3. **Cerebral Palsy**: Cerebral palsy (CP) is a group of disorders that affect a person's ability to move and maintain balance and posture. CP is the most common motor disability in childhood.

4. **Fetal Alcohol Spectrum Disorders** : Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can occur in a person whose mother drank alcohol during pregnancy.
5. **Fragile X Syndrome:** Fragile X syndrome (FXS) is the most common known cause of inherited intellectual disability.
6. **Hearing Loss:** Hearing loss can affect a child's ability to develop communication, language, and social skills. The earlier children with hearing loss start getting services, the more likely they are to reach their full potential.
7. **Intellectual Disability :** Intellectual disability, also known as mental retardation, is a term used when there are limits to a person's ability to learn at an expected level and function in daily life. Levels of intellectual disability vary greatly in children – from a very slight problem to a very severe problem
8. **Kernicterus** : Severe jaundice that is not treated can cause brain damage.
9. **Muscular Dystrophy:** Muscular dystrophies are a group of genetic disorders that result in muscle weakness over time. Each type of muscular dystrophy is different from the others. It is important to get help as early as possible. Muscular dystrophy has no cure, but acting early may help an individual with muscular dystrophy get the services and treatments he or she needs to lead a full life
10. **Tourette Syndrome**: Tourette Syndrome (TS) causes people to have "tics". Tics are sudden twitches, movements, or sounds that people do repeatedly. People who have tics cannot stop their body from doing these things.
11. **Vision Impairment** : inability to see, partially or complete Blindness.

RESOURCE 21

BRUNEI DARUSSALEM CASE STUDY OF EARLY DETECTION AND INTERVENTION

The Ministry of Health has been the provider of early-childhood care for infants and young children, both through their 15 nationwide maternal and child health clinics, and, since 1999, through the CDC in Bandar. Children can begin at the Child Development Centre (CDC) just after birth and stay until they reach school age, though some continue visits even after they have entered school. The CDC employs several occupational, physical and speech therapists, some of whom have also attended early childhood development courses.

All have studied their specialties overseas. The three occupational therapists, three early development therapists (EDP) and two physical therapists are full-time, and the three psychologists and two speech therapists are part-time. There is also one teacher for hearing-impaired children. Each specialist sees approximately 30-40 children a week, the EDPs see 40-50 children a week. Speech therapists can have up to 70 sessions a week.

The CDC, located in several former houses belonging to the MOH in Bandar, provides a support group work as well as individual counselling depending on the kind of disability. Their assessments in the mornings and afternoons are for different forms of treatment and therapy including hearing, speech, and learning and early development programmes. The children who attend may have been born premature, and if so, this high-risk group is monitored to the age of five. Other children may suffer from severe disabilities, such as down's syndrome, or have other genetic or birth defects. A large percentage have speech delays and other developmental delays are also common. Parents have been made aware of autism

lately by a new NGO in the community and many have brought children for assessment of this condition as well. Children are generally referred from the maternal and health clinics, though other doctors can also inform their patients of the centre. The centre works primarily as an open house in the afternoons. Parents often stay during the afternoons to help their children learn new skills. The CDC is the main centre in the country so children are welcome from all areas. About 90 per cent tend to come from the surrounding area of the capital city, Bandar Seri Begawan. There were up to 15-20 new cases a month and the overall caseload was approximately 600 children. Some children are also referred to the Pusat Ehsan Centre for further training and individual coursework. They are later referred back to the SEU for assessment, when they are of school age.

Three other non-governmental centres also cater to the early intervention needs of Brunei children: SMARTER, Pusat Ehsan, and KACA. KACA works with children from birth to six years of age. Formed in 1986, originally the centre went out into the community to identify and assist children with disabilities. Now the needs are greater and the centre has the backing of CDC or MOH clinics throughout the country. The current centre was opened in 1992 to serve children with special needs, such as children with down's syndrome, cerebral palsy, hearing disorders and autism.

The services are free of charge. Facilities include physiotherapy, occupational therapy, psychological assessment and assistance, educational assistance, speech and language therapy and a therapy playgroup. A retired MOH employee, trained in the United Kingdom in special education in the 1980s, who has also worked with the MOCYS and the MOE, was in charge of the centre. Plans for the future include more clinics with orthopaedic surgeons, as well as continued work with autistic children in conjunction with SMARTER, the parents' association for autistic children. KACA has added another centre in Tutong district as well.

Brunei has prenatal check-ups and all children are seen at birth by senior paediatricians and given regular check-ups after birth, at two months, six months, one year and five years. Any high-risk children and premature babies are given a battery of tests, including sight and hearing tests, and are watched more closely for signs of any delays. All other children, even if not given a complete hearing test at a young age, will have a simple

check-up for sight and hearing. More and more children attend the CDC. One paediatrician said, the medical skills of local doctors allow more children to survive, even if they are very premature, but many are disabled.

RESOURCE 22

10 ISSUES TO LOOK FOR IN ECD CENTRES TO ENSURE QUALITY INCLUSION

Philosophy/mission Attitude and spirit of staff	**1. Does your program have a philosophy/mission for inclusive practices?** • The atmosphere is welcoming, respectful, and accepting of children with special needs and their families. • A mission statement is visible and reflects the value of all children and the involvement of families. • The programme provides a natural environment with typical peers in which both groups are learning together. 2. **Do administrators and staff have an inclusive attitude and spirit?** • People-first language is used, emphasizing the person, not the label, and what the child has, not what the child is (example: "Grant has Autism" not "Grant's Autistic"; "Zodwa receives special education services" not "She is special ed"). • Teachers include children in conversations, answer questions as they come up, and give simple and direct responses.

	• Staff and administrators advocate for inclusion by educating parents of able-bodied children that all children benefit from inclusion and all will learn the value of accepting differences as well as their own uniqueness.
System for family involvement	**3. Do you have a consistent and ongoing system for family involvement?** • Parent participation is encouraged. • Teachers communicate with families daily/weekly through notebooks, e-mail or phone etc. They comment on strengths as well as expectations. • Parent/teacher conferences are scheduled at least once a year and are also available upon request. • The programme has an open door policy: Parents are able to visit the school and classroom at any time.
Team planning	4. **Is team planning incorporated into the research-based curriculum?** • Curriculum follows the same criteria found in quality programmes for children with typical development. Classroom teams plan together on how to adapt the curriculum to meet the needs of the child being included. • Daily schedule has a balance of structured activities, hands-on learning, and daily outdoor time. Classroom staff are trained on how to follow-up with therapists' recommendations throughout the daily routine. • Schedules are posted, and there are opportunities for large group, small group, and individual time. Individual children may need a choice board or several repetitions of a skill to be successful. • Team planning/problem-solving meetings are ongoing.

Communication with others	5. **Do you collaborate and communicate with agencies and other community partners?** • Communication (formal and informal), is consistently maintained between community agencies and programme reps. • The programme collaborates with community services and organizations for additional adult support, such as park districts for assistance with summer recreation programmes. • The programme provides field trips/experiences in the community, which are important for learning about the world and providing families with ideas of where to take their child.
Service delivery integrated into service delivery	**6. Are you integrating service delivery into the daily schedule?** • Services are integrated into the classroom. Therapists embed the goals into the daily schedule and incorporate typical peers in the activities. • Classroom teams follow-up with the goals designed by the therapists. • There are enough materials for a variety of planned activities.

Individualized Education Programme (IE)	**7. Does the Individualized Education Programme (IEP) drive instruction?** • IEP goals and objective updates are shared with parents and everyone who works with the child at least three times a year. • Functional goals are written and are age-appropriate. • Lack of toilet training does not keep a child from being accepted into a programme. Toilet training is provided if it is part of a child's IEP. • Activities should be child-centred and teacher-directed. The child's goals should be embedded into activities that she/he enjoys. The teacher may need to direct or set-up a situation for intentional teaching of the skill, but it is done in the context of an engaging activity for the child, as well as including typical peers in the activity for maximum enjoyment and learning.
Ongoing system for staff development	8. **Is there a consistent and ongoing system for staff development?** • Scheduled planning time for staff to specifically plan for individualized instruction. • Training provided to all staff, as well as follow-up consultation with classroom teams and individual teachers.
Tools and strategies for addressing disability & inclusion	**9. Do the teachers have tools and strategies for addressing issues of disability and inclusion?** • Teachers introduce disability awareness using children's books, puppets, dolls, and pictures before a child with special needs starts in the programme. • Teachers let all children explore equipment used by children with special needs. • Children are paired as "buddies," giving them an organized way to get to know each other. The child with special needs should have a chance to be a helper in the buddy relationship, not only a recipient of assistance.

Comprehensive system for programme evaluation	**10. Is there a comprehensive system for evaluating the effectiveness of the programme?** • Evaluations by parents and staff should be analyzed yearly. • Training for staff and parents should come from their choices. • Evaluation of community perceptions of inclusion should be conducted and used as a basis for awareness-raising and education. • Evaluation of the communication approach with the school district should be conducted and a collaborative relationship encouraged for the district to assist with resources and supports while the child is in the typical environment with peers.

(Source: website of the Institute on Community Integration, University of Minnesota http://www.ici.umn.edu/products/impact/221/5.htm).

RESOURCE 23

CRITICAL ELEMENTS FOR MAINSTREAMING DISABILITY IN ECD PROJECTS

ELEMENT	EXPLANATION
Policy	In the policy, you should clearly state: • Eligibility criteria. • Description of programme activities. • Discipline/guidance • Confidentiality • Parent and/or guardian responsibilities • Medication administration • Emergency management • Parent involvement policies *A clear policy will help families evaluate if the programme will be a good match for their child.*
Individualized instruction [2]	To ensure the plan is suitable for each child, you must ensure: • Active engagement in intensive instruction for at least 25 hours a week, throughout the year

[2] Best Practices in Early Childhood, Gina Easterly, PhD, CCC-SLP: The National Research Council 2001"

	• Repeated, planned teaching and learning activities. • Systematically planned developmentally appropriate functional activities. • Evidence-based practices. • Ongoing evaluation of a child's progress, with revisions to instructional programming as needed • Specialized instruction in natural environments, with typically developing peers • Small group and 1:1 programming • Low student/teacher ratio • Meeting each child's specific need- teachers can even undertake house visits in the course of their duties.
Delivering family-centred practice	Family-centred practice is critical to ensuring that children are given support in line with their needs. In delivering family centred practices, • It is important for practitioners to develop a close working relationship with the parents and families of the children. • Recognize and understand the diversity of family needs and priorities, and focus on working with the child and their family in their own environments and contexts to build strengths and address individual stressors. • Develop an understanding of the everyday experiences and family routines that take place in order to build successful strategies for individual families. [3] • Strategies and routines must be developed in line with families' goals and child's aspirations, not to a one-size fits all model for all children. Families and professionals should work together to develop environment fit for the child.

[3] Bernheimer, L., & Weisner, T., 'Ecocultural Theory as a Context for the Individual Family Service Plan', Journal of Early Intervention, 2007.

	• Families should be capacitated to be able to get involved with the children programme. They should be supported to build their capacity to optimise their child's development to enable the child to meaningfully participate in their environment. • Practitioners undertake activities such as **home visits,** one-on-one sessions with caregivers, and with children to identify how the home learning environment can be enhanced, and how best to build capacity of family to care for the child and to support effective family functioning.
Addressing Attitudes and Beliefs	It is important to build awareness at community levels. Attitudes and beliefs are a big hindrance to successful mainstreaming and inclusion at ECCD. The following strategies are suggested to help with building positive attitudes: • Educate local programme administrators about the benefits of preschool inclusion. • Provide user-friendly materials on the benefits and laws related to inclusion. • Inform and train communities about children with disabilities and the possibilities that exist for educating them. • Train the whole school community in particular classroom teachers and school leaders for the change. DPOs and NGOs can through advocacy campaigns be able to influence families and community and persuade families to send their children to school.
Financial and Human Resources	• Integrate and blend funding streams from different programmes. • Increase collaboration among programmes serving young children. • Redistribute resources among consultative programmes and separated services. • Raise public awareness of the benefits of preschool inclusion in an effort to increase the potential resources available. • Well-trained and qualified teachers engaged in outreach to support parent involvement and to conduct regular assessment of programme implementation and children's development. • Ideally teachers should possess ECD and special education qualifications.

Inclusive and Accessible Curriculum	• Systematic curriculum in which children are recognised and treated as active learners who learn best from activities that they plan. • Child development activities using standard preschool curricula focusing on communication skills after 3yrs. Also literacy curriculum and a specific learning model in other subject areas. • Using a variety of activities, including individualised and interactive learning, small group activities and frequent teacher feedback. • Classrooms should be rich in materials and can include items from the homes of children enrolled in each classroom.

RESOURCE 24

ECD CENTRE ASSESSMENT TOOL FOR INCLUSION OF CHILDREN WITH DISABILITIES

TYPES OF ASSESSMENTS:

- **Developmental screening assessments** are used to identify specific children who should receive further attention.
- **Diagnostic assessments** include assessments that are used by psychologists or therapists (such as speech and language therapists) or content specialists (such as reading teachers) to determine if there is a delay or disability
- **Readiness assessments** provide information on the specific knowledge or skills that a child needs to learn something new. For example, we might assess a child's ability to use a computer mouse
- **Achievement assessments** tell us what a child has learned and accomplished.

CHOOSING AN ASSESSMENT TOOL

Consider the role that the assessment will take in your programme when you are assessing the compatibility of assessment tools or systems[4]. Some questions you should as are:

- *Who will use the assessment data?*
- *How formal does the assessment data need to be?*
- *How much information do parents really want?*
- *How much information do school and community leaders want?*
- *What is required for your funding agencies or organizations?*

Once you have a clear understanding of the role of assessment in your unique programme, you can take the following steps to design or select a system:

- Step 1: *Define the knowledge, skills, and dispositions (attitudes toward learning)* that you want to foster in your programme. These may be specified by your funding agency or regulatory policies.
- Step 2: *Think how children will learn the knowledge, skills, and attitudes* through the opportunities you create by providing an enriched environment and learning experiences, with interesting and challenging materials and plenty of time for learning.
- Step 3: *Consider how much time and effort you need* to devote to the assessment and reporting process.

[4] Ohio Early Learning Content Standards