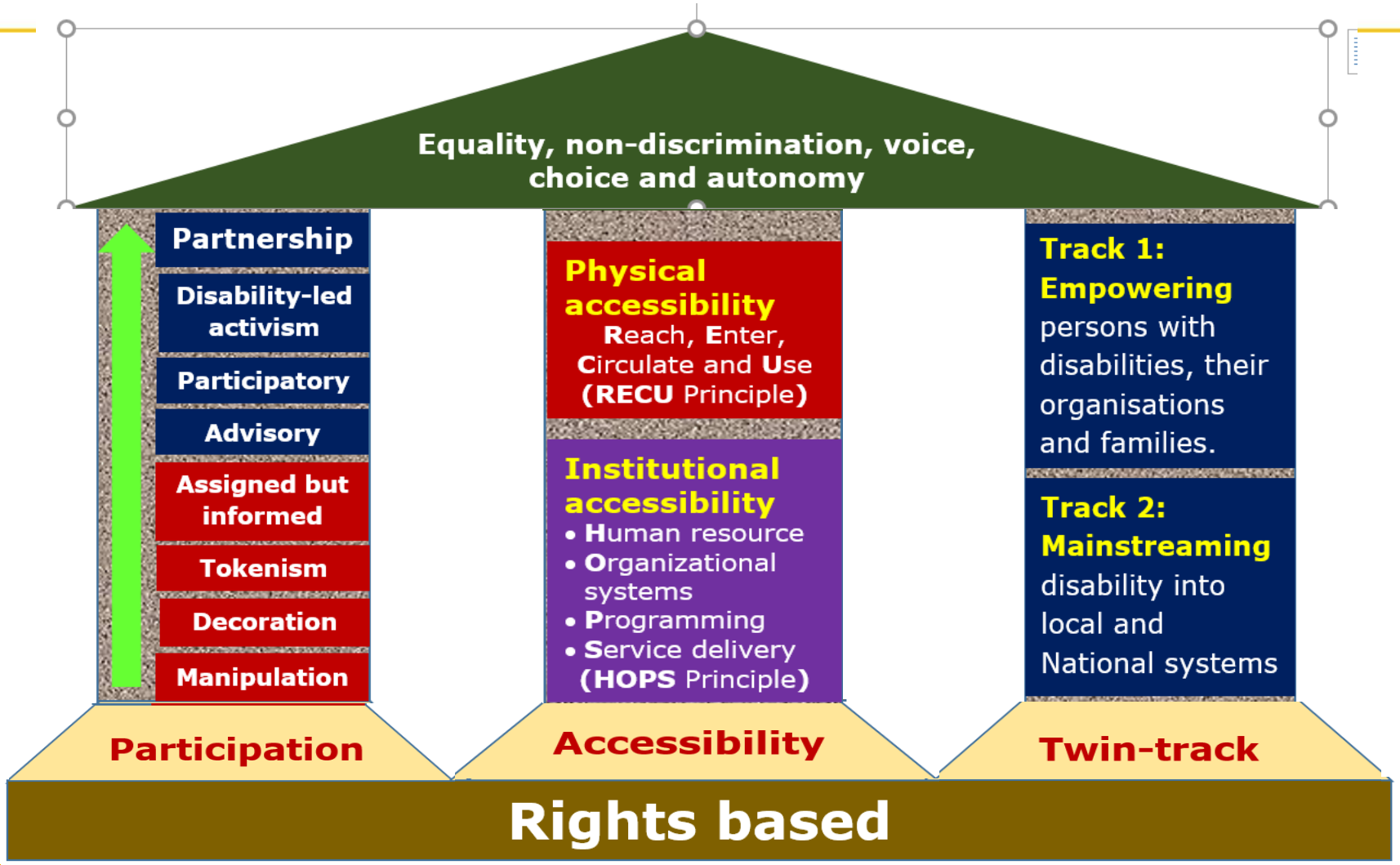
Socio-economic inclusion of persons with disabilities

1
What is inclusion?

The Inclusion house



Quick definition of inclusion

<table>
<tr><td colspan="4">Inclusion is a rights based approach to programming</td></tr>
<tr><td rowspan="2">Promoting</td><td>Participation</td><td>Accessibility</td><td>Mainstreaming</td></tr>
<tr><td colspan="3">of persons with disabilities</td></tr>
<tr><td rowspan="2">in order to achieve</td><td colspan="3">Equality, Non-discrimination, voice, choice and autonomy…</td></tr>
<tr><td colspan="3">for all</td></tr>
</table>

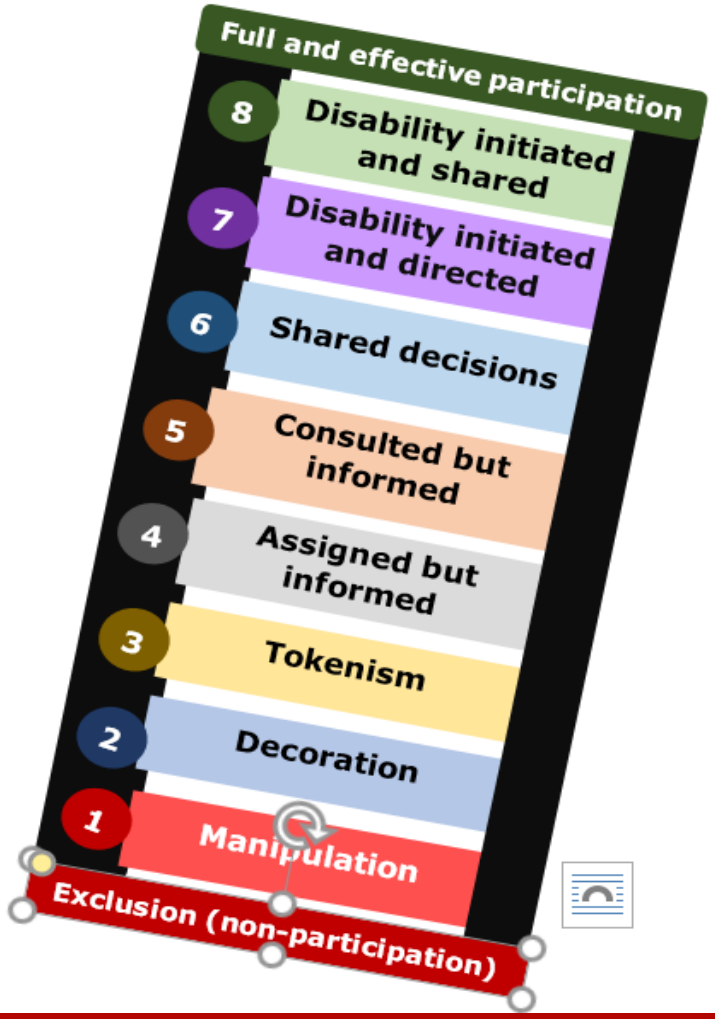
2
Pillars of inclusion

2.1 Particiaption

Adapted from: Roger Hart's Ladder of Young People and Participation (1992)

The lowest level is exclusion while the highest level is Full and effective participation. Manipulation is the lowest rung of the participation lader will Disability initiated and shared intitatives is the highest.

Note: Participation of persons with disabilities in processes should be ***full and effective*** participation; **not** *manipulative, decorative, tokenistic.*



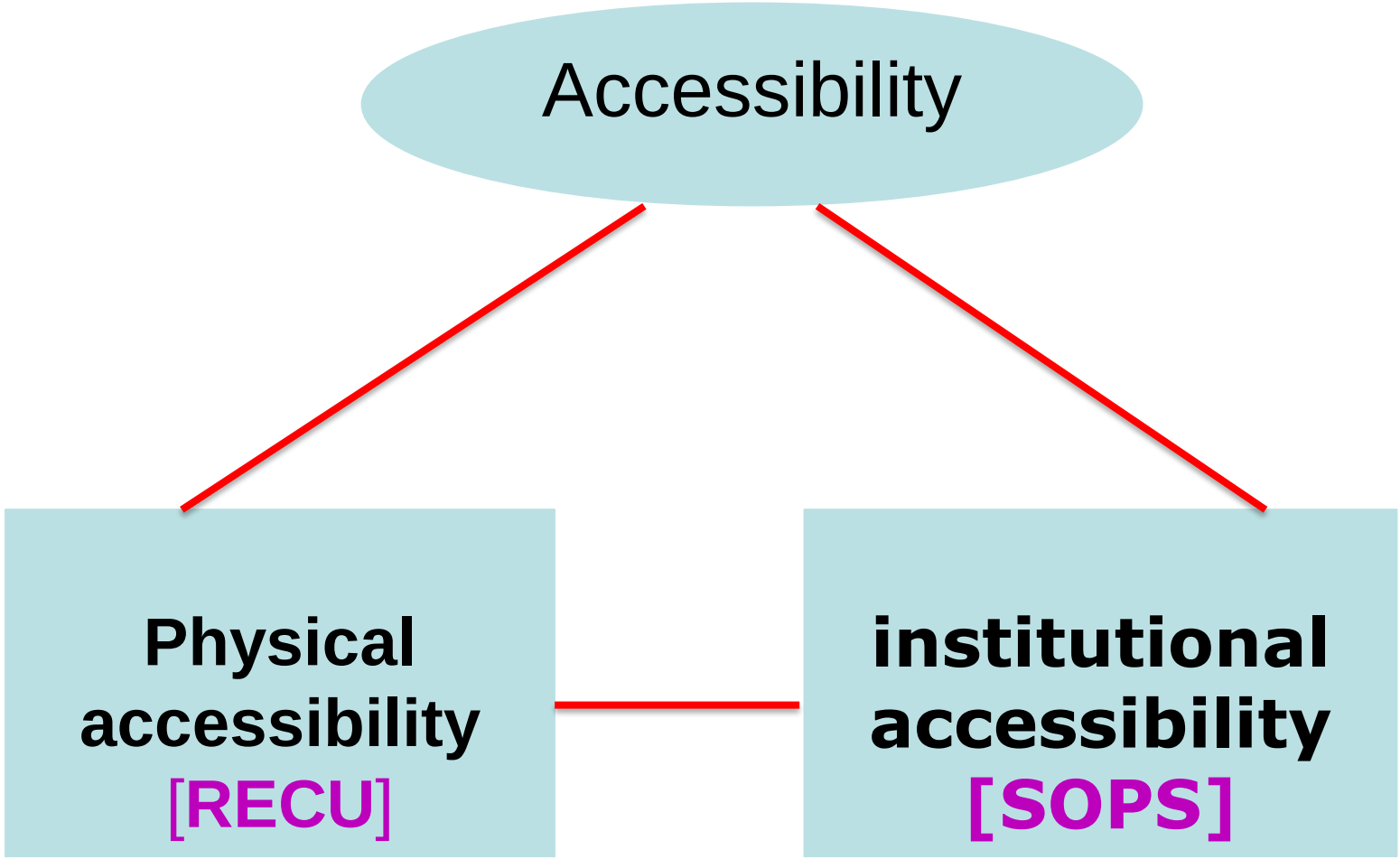
2.2 Accessibility

Accessibility is …

Ease of **perception**, **understanding** and **use**.

The sign on the left is the '**Universal sign of accessibility**' and not the '**disabled sign**'

Forms of accessibility

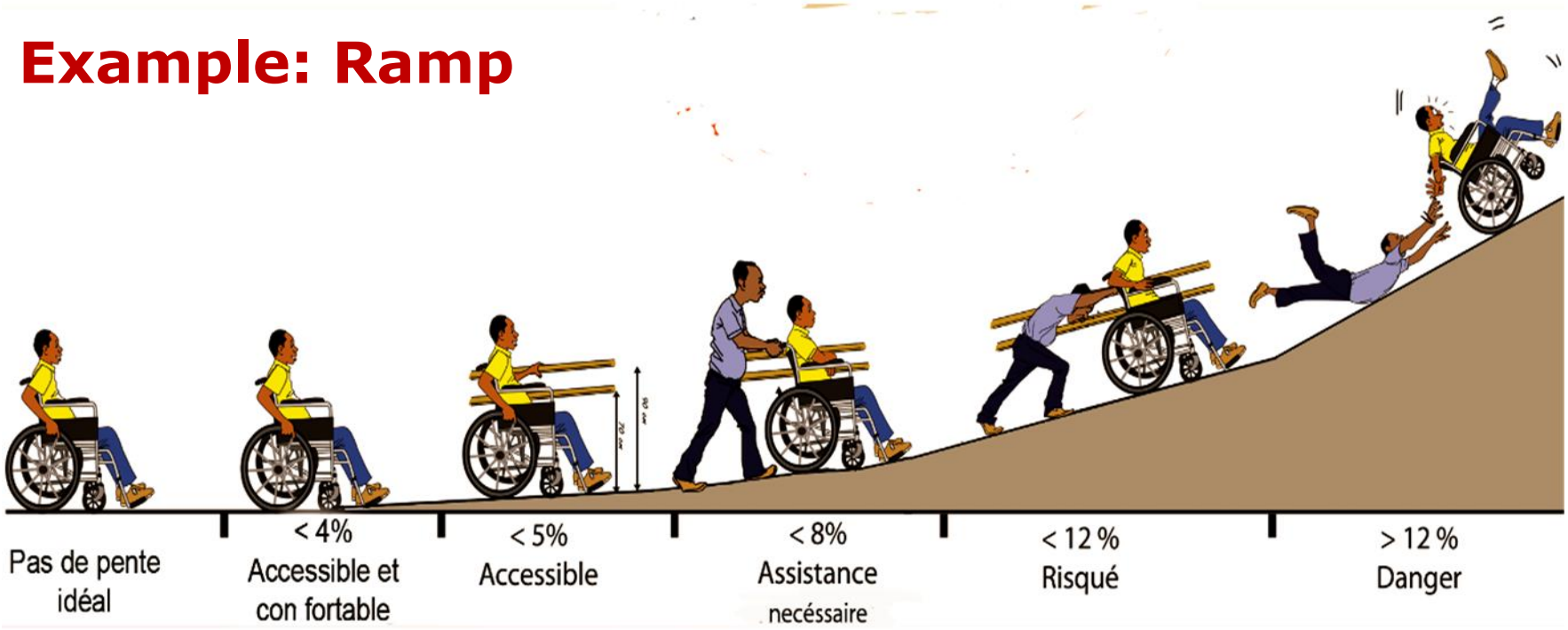


Physical Accessibility:

This is based on the **RECU** principle meaning:

Reach, **E**nter,**C**irculate in and **U**se the facilities in the built environment.

Example: Ramp



Ensuring physical accessibility

First step is to conduct an accessibility audit.

2.1 Reaching the hospital

Findings

Pic: Entrance at the hospital gate.

a) The hospital is situated **350m from the main motor road** and is accessible by public taxi, motorbike and private means. The signpost at the main road is accessible.

b) There is **no hospital signage outside the gate** and the **gate colour does not contrast** to that of the pillars.

c) The slope for the main gate is steep (**8.6%**) similar to that of the pedestrians (**8.7%**).

d) There is a **signboard showing various units in the hospital** located in the lawn after the entrance. The arrows to this signboard are **miniature** and the writings on it correspond to the **47 mark** of the indicative chromatic contrast chart.

Recommended standards

1. Should be accessible by public transport.
2. The building should be clearly marked at the entrance.
3. Any road crossings and or bus stops should be clearly marked as such.

Focus persons with reduced mobility	
	√
	√
	√
	√
	√
	√
	√
	√
Access average	
33%	

Institutional Accessibility:

This is based on the **HOPS** principle	**Human_resource**	• Training of staff on DID • Focal DID persons • Inclusive recruitment and retention practices • DID readiness for the Management.
	Organisational Systems	• Policies (Inclusion, gender, safeguarding etc.) • Financing • Disaggregation of data • Communication • Budgeting etc.
	Programming	• Participation of persons with disabilities • iPCM • Networking and advocacy. • Support services
	Service delivery	**4As&Q** • Availability of services. • Affordability of services. • Accessibility of services. • Acceptability of services and • Quality of services.

Different accessibility support needs

Examples of different support needs – **physical/ technolgical/ policy/ legislative/ social**?

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Universally designed consumer products

Assistive & mobility aids

Assistive technology

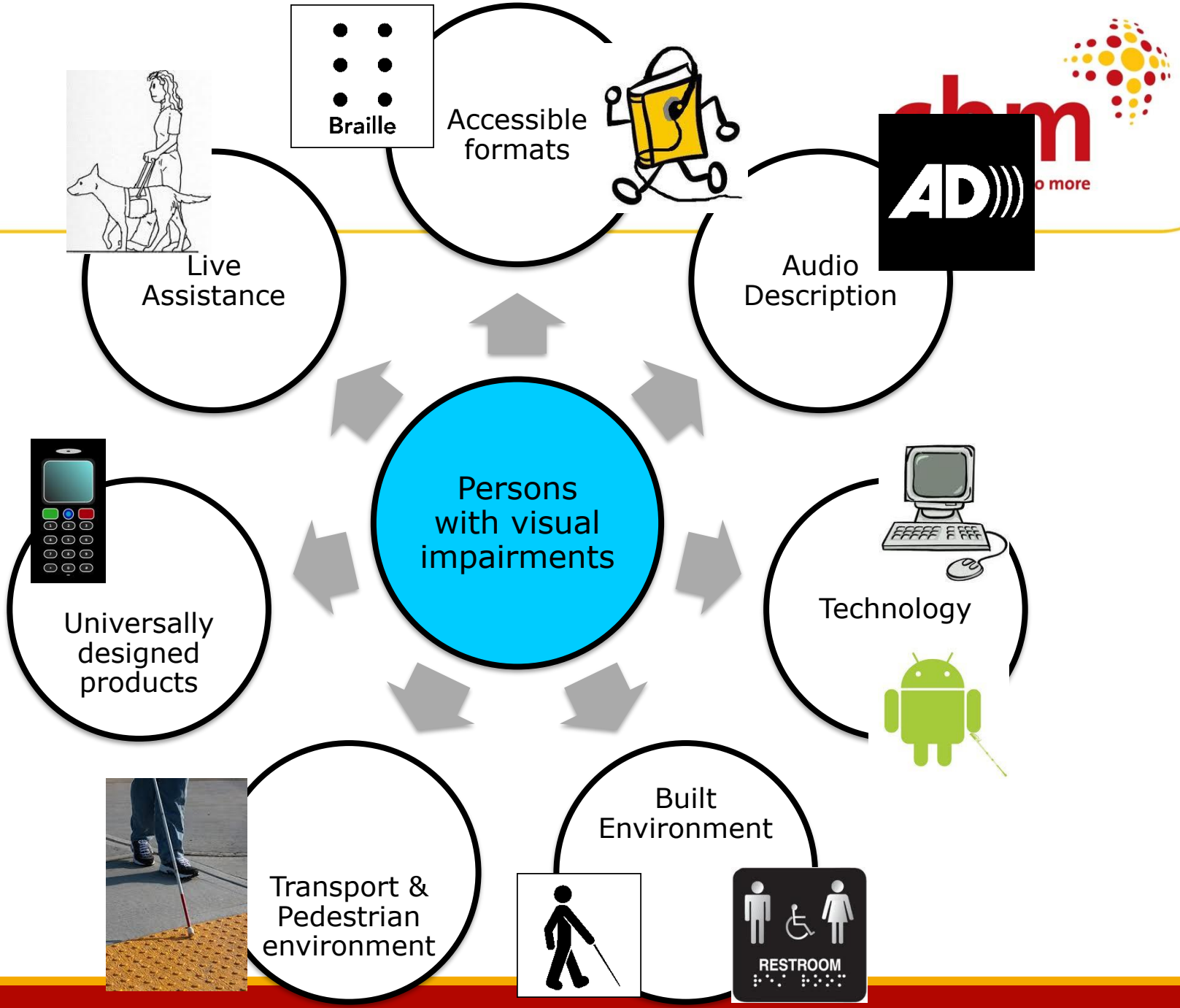
Public transport & pedestrian environment

Live Assistance

Persons with physical disabilities

Built environment

Sensitized service providers


Braille
Accessible formats
AD
Audio Description
Technology
Built Environment
RESTROOM
Transport & Pedestrian environment
Universally designed products
Live Assistance
Persons with visual impairments

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Close captioning

Sign language interpretation

Good signage

Technology

Persons with hearing impairments

Sensitized staff

Tactile sign language interpretation

Pedestrian Environment

Trained staff

Persons who are deafblind

Technology

Live Assistance

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Sensitized & trained staff

Simple building layouts and resting spaces

Signage with icons and landmarks

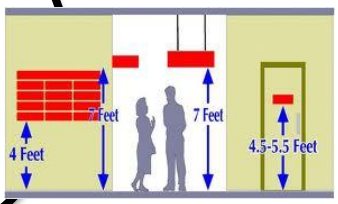
Easy read material

Persons with intellectual impairments

Universally designed technology

universal design

Good signage & Landmarks



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Sensitized & trained staff

Persons with Psycho-social impairments

Simple building layouts

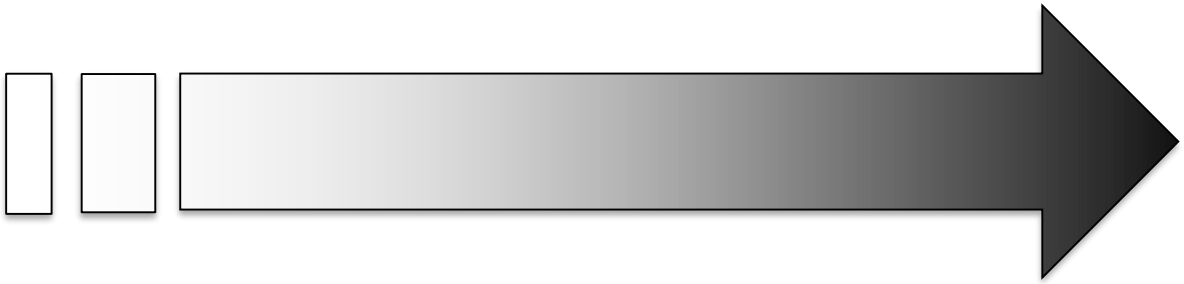
Uncluttered sober spaces with break out areas/ quiet space

2.3 Mainstreaming

Involves;

- Ensuring the ***rights*** of persons with disabilities are mainstreamed in all sectors of society.
- Ensuring persons with disabilities can ***fully participate*** in and ***access***; health care, education, employment, recreation, social services etc.
- **Assessing the implications** for persons with disabilities of any planned action including legislation, policies and programmes.
- Ensuring persons with disabilities are **integrally involved** and **their perspectives represented** in the design, implementation, monitoring and evaluation of all actions in all sectors of society.

Different degrees of disability mainstreaming



Low level of disability inclusion	Medium level of disability inclusion	High level of disability inclusion required
Projects do not target persons	Projects targeting general population Projects with an impact on persons with disabilities Projects focusing on essential services	Projects involving health, education and social sectors Projects focusing on discrimination and human rights Projects with an identified sub-group of persons with disabilities

Examples of mainstreaming approach in Education

1) Increasing physical accessibility of learning institutions.
2) Training staff
3) Providing support services
4) Making education affordable

Persons with disabilities have sustainable access to education on an equal basis with others.

Thank you