Guidelines and practical issues

EXTRACTS FROM 'WORLD VISION INTERNATIONAL DISABILITY DEFINITIONS AND POSITION PAPER'

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This position paper aims to bring World Vision colleagues an understanding on disability issues in order to prepare the organisation towards mainstreaming and inclusion of disabled children and adults. Without the inclusion of disabled children and adults in our work, 'Our Vision for Every Child, Life in All Its fullness, Our prayer for Every Heart, the Will to Make It So' cannot be fulfilled.

INTRODUCTION

In 2004, World Vision's Triennial Council Resolution recognised disability as a cross-cutting issue and recommended that we '*integrate disability awareness into existing policies*'. World Vision has been supporting children in especially difficult circumstances including disabled children for a long time. Then why has the WVI Board of Directors recommended taking action on disability now?

Supporting disabled children and adults has been regarded by many World Vision offices as additional and extra work: 'We will help them if we can find a donor for a special project or if we have extra funds', as if we have an option. Disabled people have not consistently been participants and beneficiaries of World Vision's regular programmes and projects in the same way that non-disabled people have. This may be so because disabled people are often considered as an issue or category that comes under medicine/health, rather than simply as people who should benefit from and participate in all World Vision programme areas. However, awareness on disability issues and on the need for mainstreaming has been strongly supported by World Vision UK and this issue has been receiving more attention across the Partnership in recent years. There are more and more World Vision colleagues who see the need to mainstream disability issues in World Vision policies and include disabled people into our programmes/projects. But do we have a clear, unified understanding on what we mean by 'disability'? Is it about people who have impairments? Is it about impairments or a health condition? Or is it 'functional limitation' caused by impairment or discrimination? Is it about maltreatment and injustices faced by people who have impairments? What are the issues World Vision needs to tackle in our work as a Christian, humanitarian and development agency? Unless World Vision as an organisation has the same, clear understanding on what disability is and what the challenges are, World Vision will not be able to fulfill the recommendations of the 2004 Council Resolution and achieve inclusion of all children in our work.

CONSULTATIONS WITH WORLD VISION COLLEAGUES

Towards the end of 2005, World Vision's Transformational Development (TD) Disability Working Group (DWG) recognised the need for World Vision to have a unified understanding on what disability is and an approach that is suitable to support disabled people in our work of transformational development. Recognising that to support disabled people with provision of therapies, assistive devices or special education is not enough for the mainstreaming and inclusion of disabled people or to challenge inequality and injustices disabled people face in their everyday life and in society, the social model of disability was introduced within World Vision. We hope that this understanding on disability issues helped us recognise that disabled people are faced not only with their physiological impairments but also social exclusion, discrimination and abuse.

We hope that this will help us see the need for mainstreaming disability in policies and strategies, and including disabled people in our regular programmes and projects. Our target becomes clearer when we separate impairments that people have, from the exclusion and discrimination that are placed upon people who have impairments. With this recognition, definitions and models of disability as you will see below were introduced to World Vision colleagues earlier this year:

PROPOSED DEFINITIONS:

Impairments are problems in body function or structure. Examples would include lacking part of or all of a limb; having a limb/organ/mechanism of the body that does not fully function effectively and/or efficiently.

Impairments include physical, sensory, neurological, intellectual, mental, or any physiological long or short term impairment.

Disability is a result of the limitations imposed on people with impairments by attitudinal, institutional, and environmental barriers to their participation in society.

Mainstreaming disability issues and inclusion of disabled people: As the experience of the Women in Development (WID) work teaches us, mere inclusion and recognition of disabled people's value are not enough. For disabled people to be included in our regular programmes and projects, capacity building and empowering of disabled people alone are not enough. As with the social model of disability, society and non-disabled people must also be targeted by our work so that mainstreaming of disability issues will be addressed and disabled people will be included in our programmes and projects on equal terms with non-disabled people. Just as women's voices and experiences need to be included in any decision-making, policy or strategy, disability equality will not be achieved without the participation of disabled people.

Goal of disability mainstreaming: To have disabled adults and children included in all our programmes and projects as equal participants and beneficiaries just as non-disabled adults and children are.

Definition of disability mainstreaming:
Mainstreaming is a '*strategy for making disabled people's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic, and*

societal spheres so that disabled people benefit equally and inequality is not perpetuated' (modified from the ECOSOC's gender mainstreaming definition).[1]

Mainstreaming includes disability-specific activities and affirmative action, whenever disabled people or non-disabled people are in a particularly disadvantageous position. Disability-specific interventions can target disabled people exclusively, non-disabled and disabled people together, or only non-disabled people, to enable them to participate in and benefit equally from development efforts. These are necessary temporary measures designed to combat the direct and indirect consequences of past discrimination.

Mainstreaming is not about adding a 'disabled people or disability component' or even a 'disability equality component' into an existing activity. It goes beyond increasing disabled people's participation; it means bringing the experience, knowledge, and interests of disabled people and non-disabled people to bear on the development agenda.

It may entail identifying the need for changes in that agenda. It may require changes in goals, strategies, and actions so that both disabled people and non-disabled people can influence, participate in, and benefit from development processes. Mainstreaming disability is about the transformation of unequal social and institutional structures into equal and just structures for both disabled people and non-disabled people.

FREQUENTLY ASKED QUESTIONS

Q: Why do we need to define disability?

A: There are a number of definitions and understanding on what disability is. By having a unified understanding and separating two different issues (health/impairment and discrimination/exclusion in society), World Vision will be able to refocus and be more effective in including disabled people in its programmes and projects.

Q: Does the social model of disability deny medical intervention?

A: No, it does not deny the need for medical intervention or support for some people with impairment. The social model is a deliberate attempt to shift our focus away from the health, body and ability or inability of individuals and to move towards a focus on the barriers and discriminations that exist in the society. This is because so much attention has been focused on individuals' impairments/body but not on the inequality of human rights and opportunities. As the European Forum of Disability clearly points out, '*Preventing impairments through vaccinations, eliminating diseases that cause impairment and improving birth practices does nothing to improve the human rights of disabled persons already living*'.

Q: Why is the social model of disability relevant to World Vision's work?

A: In our effort to mainstream disability, it is essential that all possible barriers and difficult areas for disabled people are recognised. Impairment or health conditions are areas that have been getting a lot of attention and support. However barriers of social exclusion and discrimination disabled people face have been largely overlooked in the past when almost all people with perceived impairments experience such barriers.

The process of Transformational Development '*helps people and their communities recognise the resources that lie within themselves to make change possible*'.

While some disabled people need support in medical intervention, all disabled people need to and have the right to participate in society as non-disabled people do. All the areas that World Vision supports such as health care, agriculture production, water and sanitation, education, micro-enterprise development, disaster mitigation and relief and emergency relief are important to disabled people's lives although these are also the areas that they have often been excluded from. Including disabled people in these areas in the same way non-disabled people are included will help ensure disabled people's participation as equal citizens of society. The social model of disability helps us explicitly recognise these barrier areas and the need to support disabled people in these areas rather than focusing our work on medicine and health.

Q: Is medical intervention/support different from the medical model of disability?

A: Absolutely. Some people seem to be confused about the two and think they are the same. While impairments and the need for medical support for some people with impairments must be acknowledged, the medical model is the view that holds disabled people accountable for the discrimination and social exclusion they face. Under the social model, society is accountable for these obstacles placed on disabled people.

Q: How about empowerment and capacity building of disabled people?

A: These are important in supporting disabled people, and the social model does not rule them out. The model however emphasises the society's disabling barriers and discriminations, as these have been the

most neglected areas. We can see an example from the Women in Development (WID) approach too. While empowering and providing medical support to some disabled people is important in disabled people's access to equal opportunities and rights, social barriers and discrimination must be addressed and dealt with separately, which is the area that has been neglected and ignored in past. In other words, much attention has been paid to individuals' ability/inability and capacity, but not enough on the injustices and inequality that exist in our society. And this is the very reason why impairments and 'disability' (as in social barriers) need to be addressed separately.

Q: But doesn't 'disability' come under health?

A: We must remember to separate issues from people. We should also remember that body or physiological health is not everything for a person as a whole. Some aspects of us as human beings come under health, but many other aspects don't.

In our conventional term, what does 'disability' mean? Are we talking about issues or people? If it is about issues, are we talking about health issues or discrimination, social exclusion and abuse against disabled people?

Impairments and impairment related issues (or disability in the sense of health) come under health and medicine. We must remember to separate disability or impairment related issues from people who have impairment. The issue of disability is recognised by World Vision as a cross-cutting theme. It is a cross-cutting issue that comes under every sector of our work (agriculture, WATSAN, MED/MFI,

education, health, employment/vocational training, environment, child protection, disaster mitigation, emergency and relief, etc.).

Q: How about prevention of impairment?

A: World Vision has many colleagues who have health and medical backgrounds. There are other agencies that World Vision can work with such as national and local level government agencies, local and international non-governmental organisations, and UN bodies. Their expertise is fundamental to our programming in prevention of impairment. However we must remember that this should come under our health programme/projects.

¹ ECOSOC, 1997 cited in Carol Miller and Bill Albert, March 2005 Mainstreaming disability in development: lessons from gender mainstreaming