Children at an inclusive advocacy activity to promote children's rights of the launch of materials developed on protection issues, water, hygiene, and sanitation. Venezuela, 2023

MODULE 2

Empowering Children and Families

Addressing stigma and discrimination toward children and youth with disabilities through social and behaviour change (SBC).

ACKNOWLEDGMENT

FOREWORD

Fifteen per cent of the world's population – at least one billion people – have some form of disability, whether present at birth or acquired later in life. Nearly 240 million of them are children. One in every 10 children globally has a disability.

Inclusion starts with the understanding that disability is the result of interactions between inaccessible environments and a person who has long-term impairments. Inclusion can be achieved when people work to break down physical barriers, when services are accessible to everyone, when policies equally benefit all individuals, when communications reach every person, regardless of if they are blind, deaf or have low literacy. But acting to move the world further in this direction requires an inclusive mindset as foundation.

Unfortunately, many people in most societies across the world still have negative, pitying, patronizing attitudes toward people with disabilities. As a result, over one billion people continue to experience stigma and discrimination. This sometimes manifests in violence, institutionalization or exclusion from society, and sometimes in silence or overprotection. Breaking the stigma will require multilevel strategies co-developed with children and adults with disabilities. Governments and partners need to invest in integrated, evidence-based social and behaviour change (SBC) interventions to address the negative attitudes, beliefs and norms that fuel stigma and discrimination against children with disabilities, and to make services more accessible and inclusive. Service providers and communities need to be empowered to support the inclusion of children and adults with disabilities and to enable their access to services. Policies that address stigma and discrimination against children with disabilities and their families need to be put in place, with enough resources allocated to implement them. Drawing on various disciplines – sociology, psychology, communication and behavioural economics – SBC encompasses a broad set of strategies and interventions that influence drivers of change and support local action towards better societies. In every sector, UNICEF's SBC programmes bring together local knowledge with scientific insights to support the most vulnerable. Based on the reports, In 2023, over 100 UNICEF country offices are already implementing SBC interventions to promote disability inclusion. This toolkit will support them, and contribute to rallying additional country offices to further advance inclusive SBC interventions so that all children have equal opportunities.

This toolkit was developed through extensive consultation with UNICEF employees, organizations of persons with disabilities, SBC experts, government partners, academics, and youth with disabilities. It provides insights, tools and resources to help users understand barriers to the inclusion of children with disabilities. It offers practical support to help design and implement SBC programmes that engage and empower children with disabilities and their families to be agents of change in their communities, and to enjoy the same opportunities as their peers.

We hope you will enjoy diving into this toolkit as much as we enjoyed developing it with many of you.

Vincent Petit
Global Lead, Social and Behavior Change.
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Global Lead, Children with Disabilities
UNICEF

Addressing stigma and discrimination toward children and youth with disabilities through social and behaviour change (SBC).

MODULE 0
Foundation Module

MODULE 1
Inclusive Evidence Generation for SBC

MODULE 2
Empowering Children and Families

MODULE 3
Understanding and engaging communities

MODULE 4
Disability-inclusive services

MODULE 5
Strengthening partnerships for advocacy

MODULE 6
Disability-inclusive SBC in humanitarian settings

MODULE 7
Monitoring, evaluating and measuring

Intersectionality   Transectoral   Twin Track   Empathy-led

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Sarah's story, part 2

My father left us when my parents realized that I have disability. It was too much to handle, and he must've been afraid to be shamed by our community. My mom and grandma were wonderful, caring for three children. For a long time, they kept me home, worried about how neighbors would look at us. That was their way of protecting me. My siblings were my best friends, but once we got older, I noticed that they felt uncomfortable when their teenaged friends saw us together.

One day, my mom met other parents who had children with disabilities. A new social worker was more attentive to us, and advised my mom to talk to a local organization of people with disabilities and to apply for some social benefits. At the end of that year, I started going to school, and my life changed. The van picked me up, and next thing I knew, I was in a classroom full of kids who were not like me at first glance – but so similar once we became friends. Even though it took time, and many sessions with my favorite teacher X, reading and writing opened a new world for me. I felt that I could do anything. I had a sense of belonging and friendship.

Intersectionality   Transectoral   Twin Track   Empathy-led

INTRODUCTION

About this toolkit

This toolkit was developed to help achieve a world where "all children, including those with disabilities, live in barrier free and inclusive communities, where persons with disabilities are embraced and supported, across the life cycle, to realise and defend their rights, and to achieve full and effective participation" (UNICEF Disability Inclusion Policy and Strategy, 2022-2030).

SBC programming has a critically important and urgent role to play in identifying and implementing solutions that empower children with disabilities and their families and support their social inclusion. We are therefore pleased to share this practical guide to understanding and tackling the social norms and behaviours that limit the inclusion of children with disabilities in their communities.

This toolkit aims to provide insights, tools and resources to help you understand the barriers to the inclusion of children with disabilities, with a focus on stigma and discrimination, and to offer practical support for designing, implementing, monitoring and evaluating social and behaviour change (SBC) interventions that include children with disabilities and their families and empower them to be included in their communities and enjoy the same opportunities as their peers.

A range of users can benefit from this toolkit – including SBC specialists, organizations of people with disabilities (OPDs), education specialists. Whatever your specialization, you are encouraged to approach this toolkit with your specific priority interventions in mind.

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This toolkit is built to be both comprehensive and flexible, to accommodate a range of needs and circumstances. Its primary approach is to promote multi-layered interventions that comprehensively target disability stigma. Because resource constraints may not allow such multi-layered interventions in some cases, this toolkit offers a spectrum of options for you to choose from. Whether you are guiding practitioners through complete programme cycles or assisting in the thoughtful design of a specific, targeted intervention, you will find guidance here.

This toolkit comprises an introduction, a foundational module, seven thematic modules, a user guide and a PowerPoint presentation. The modules are as follows:

- Module 0: Foundation

- Module 1: Inclusive evidence generation

- Module 2: Empowering children and youth with disabilities and their families

- Module 3: Understanding and engaging communities

- Module 4: Building disability-inclusive services

- Module 5: Strengthening partnerships for advocacy

- Module 6: SBC for disability inclusion in humanitarian action

- Module 7: Monitoring, Evaluating and Measuring

Taken together, the modules describe the key elements of achieving sustainable social and behaviour change.

Sustainable social and behaviour change starts with a clear understanding of the stigma and barriers to inclusion experienced by children with disabilities and their families in a particular context (Module 0). Participatory research informs all interventions, so that they support an in-depth understanding of the communities they serve (Module 1).

The keys to effecting behaviour change are programmes that sustainably empower children with disabilities and their families (Module 2), create space for thoughtful community engagement (Module 3), design and implement inclusive services that are available to everyone in the community (Module 4), forge strong partnerships for advocacy (Module 5), respond to the needs of children with disabilities in humanitarian contexts (Module 6) and measure progress in clear and objective ways (Module 7).

"
"It's not our differences that divide us. It is our inability to recognize, Accept and celebrate those differences"

Audre Lorde

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Each module begins by explaining how its particular focus area contributes to the broader goals of improving SBC practice for children with disabilities. We have organized each module according to a simple framework that reflects the project cycle: **Ready?**, **Steady**…, **Set.**, **Go!**. The intention is to provide you, the user, with the opportunity to engage with the content, wherever you are in your project or programming journey.

Whether you are an expert in disability inclusion or SBC, or if you're new to both fields, start with Module 0, which covers fundamental concepts related to disability and SBC. It's essential that you start with a solid grasp of the basics of these concepts. If you feel the need to delve deeper, you can explore additional resources in the 'Tools' section.

This toolkit is aligned with UNICEF's SBC Programme Guidance and UNICEF's minimum quality standards and indicators for community engagement. It is intended as a tool for the implementation of the UNICEF Disability Inclusion Policy and Strategy, 2022-2030 (DIPAS).

- **Children with disabilities and key barriers to inclusion**
  Fifteen per cent of the world's population – at least 1 billion people – have some form of disability, whether present at birth or acquired later in life. Nearly 240 million of them are children. Each has the right to be nurtured and supported through responsive care and education, to receive adequate nutrition and social protection, and to enjoy play and leisure time.

Too often, however, these rights are denied. The reasons vary: stigma, lack of accessible services, lack of access to assistive devices, physical barriers. When children with disabilities are excluded from society, their chances to survive and thrive are diminished, as are their prospects for a bright future. But this can and must change.

The Convention on the Rights of Persons with Disabilities defines disability as a long-term physical, mental, intellectual or sensory impairment that – in interaction with the environment – hinders one's participation in society on an equal basis with others. This means that as societies remove barriers, people experience fewer functional limitations.

**impairment + barrier = disability
impairment + accessible environment = inclusion**

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On their own, impairments are not disabilities. Understanding the difference is the key to addressing barriers to inclusion.

Children and adolescents with disabilities are a highly diverse group with wide-ranging life experiences. They live in every community, and are born with or acquire distinct impairments that, in relation to their surroundings, lead to difficulties in functions like seeing, walking, communicating, caring for themselves or making friends. But the extent to which children with disabilities are able to function, participate and lead fulfilling lives depends on the extent to which society is inclusive.

Example: If a young girl from a village has low vision, but no access to glasses – an assistive device that is often taken for granted – we would say that her environment does not allow her to exercise the same rights as other children: to receive education, to learn and go to school. Unable to view learning materials in the classroom and to fully participate, she may not be able to keep up with other students, and may eventually drop out of school.

Children with disabilities face a range of barriers that limit their ability to function in daily life, access social services like education and health care, and engage in their communities. These include:

- **Physical barriers,** for example, buildings, transportation, toilets and playgrounds that cannot be accessed by wheelchair users.

- **Communication and information barriers,** such as textbooks unavailable in Braille, or public health announcements delivered without sign language interpretation.

- **Attitudinal and behavioural barriers** like stereotyping, low expectations, pity, condescension, harassment and bullying.

- **Policy barriers,** such as policies and laws that discriminate against people with disabilities, or the lack of legal frameworks for the fulfilment of equal rights.

Each of these barriers is rooted in stigma and discrimination that reflect negative perceptions associated with **ableism** – a system of beliefs, norms and practices that devalues people with disabilities. Because of ableism and the barriers that stem from it, children with disabilities are among the most marginalized people in every society.

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UNDERSTANDING STIGMA

Stigma is one of biggest barrier to inclusion. There are two types of stigma: public stigma and self-stigma.

- **Public stigma** is a social process that contains three interdependent components: stereotypes, prejudice and discrimination.[1]

- **Stereotypes** are collectively held beliefs that allow people to quickly generate impressions and expectations of individuals who belong to a particular social group – often at the price of distorting reality. One common stereotype is that people with disabilities are incompetent, unable to live and work successfully.[2]

- **Prejudices** are negative attitudes towards a group of people,[3] resulting from endorsement of stereotypes that generate negative emotional reactions. An example of a negative attitude is that people with disabilities can't and shouldn't be included in society and services. When measuring attitudes, it is very important to measure implicit (unconscious) biases as well as explicit (conscious) ones, as they can significantly differ. See module 4 for more information on implicit biases.

- **Discrimination** is a behavioural response based on prejudice towards a group, which may result in harm towards members of that group.[4] Examples of discriminatory behaviours include avoidance and segregation.

- **Self-stigma** – also referred to as internalized, experienced or anticipated stigma – occurs when people apply stereotypes to themselves, develop prejudices that are harmful to themselves and engage in self-discrimination.[5] For

example, someone may hold the self-stereotyping belief, "I am incapable," which evokes a negative attitude – "I can't and shouldn't be included in society" – leading them to self-isolate.
example, someone may hold the self-stereotyping belief, "I am incapable," which evokes a negative attitude – "I can't and shouldn't be included in society" – leading them to self-isolate.[6]

Children who acquire disabilities early in life often contend with stigma throughout childhood. It is embedded in caregivers' paternalistic attitudes, overprotective parenting, low expectations, ableism in schools and the widespread neglect of the voices, needs and capacities of children with disabilities. Stigma is the root of such as school segregation, institutionalization and forced sterilization of children with disabilities.[7] Due to ableist assumptions, children with disabilities are frequently seen as in need of 'fixing' and help, less able to contribute and participate, less worthy of attention and having less inherent value than others.

Addressing stigma and discrimination against children, adolescents and adults with disabilities require systematic, multi-level approaches. It entails addressing negative attitudes, harmful beliefs and norms, misconceptions and ableism in society – and empowering children and adults with disabilities, their families and OPDs to demand their rights and participate in processes aiming to make policies, services and communities more inclusive.

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1 Corrigan, 2000. For full references, see the reference list in module 0.
2 Pescosolido et al., 1999; Cohen and Struening, 1962; Kermode et al., 2009; Kobau et al., 2010, Pescosolido et al., 1996; Van 't Veer et al., 2006.
3 Corrigan, 2000.
4 Crocker et al., 1998
5 Corrigan et al., 2006.
6 Corrigan et al., 2006.
7 UNICEF, n.d.

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PROPOSED THEORY OF CHANGE

Understanding and addressing social issues requires a thorough diagnosis, and effective Social and Behavior Change (SBC) strategies are grounded in a proper understanding of the problem. To design impactful programs, it is crucial to answer the fundamental question: "Why are people doing what they are doing?". In this case, the question is "why are people excluding people with disabilities?". Unraveling the 'why' is essential to inform the 'how'.

A theory of change (ToC) is the cornerstone of any evidence-based programme which answers this "why", serving as the blueprint for understanding and addressing the issue. Hence, this global toolkit features a thorough ToC that was carefully crafted through extensive research and insights from practice. It serves as a universal reference point for practitioners, offering a solid foundation to adapt and personalize their own strategies. Packed with comprehensive insights, it is an invaluable resource that includes everything practitioners need to contextualize their approaches effectively. It consists of two integral parts: a problem analysis and a solution analysis. The problem analysis identifies the drivers of stigma, while the solution analysis specifies the outputs and outcomes required to achieve the goal of reducing stigma.

The journey begins by defining stigma, particularly ableism, directed at people with disabilities. Stigma is dual-natured, divided into public stigma—a social process involving stereotypes, prejudice, and discrimination—and self-stigma, an internalized or anticipated form that varies among individuals within a stigmatized group.

When exploring the reasons behind disability stigma, the TOC points to three main drivers: psychological, sociological, and environmental. Within the psychological drivers, three crucial elements stand out—attitudes, self-efficacy, and interest. Sociological drivers cover social learning, social norms, and the impact of social movements. Environmental drivers include inclusive spaces, the communication environment, and moral development in schools. Toprovide development in schools. To provide practitioners with a thorough understanding, each of these drivers is further unpacked to reveal second and third-layer drivers. This detailed breakdown aims to offer practitioners a comprehensive insight into the root causes of each of the driver.

This ToC is both research-based and practice-oriented, functioning as a comprehensive global reference that blends practicality with evidence. It serves as a versatile guide for practitioners, designed to be adaptable to specific contexts. Practitioners from any country can refer to and customize it based on their contexts. Please see the PowerPoint Presentation of proposed detailed TOC. The short version in available in Module 0.

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THE PERSON-FIRST APPROACH

The toolkit introduces the person-first approach, which is not the same thing as person-first language. A person-first approach starts with the recognition that everyone is a person first. Everyone has multiple dimensions to their identity, and their impairment is only one component. A person-first approach hinges on a change in mindset, confronting the unconscious biases and legacies of ableist thinking that may influence individual decision-making and, ultimately, social and behaviour change.

The responsibility to take a person-first approach lies with each of us. To take a person-first approach means to internalize these changes and champion person-first ways of working. The shift in mindset facilitates a shift in the way programmes and services are delivered to children and youth with disabilities and their families, towards a focus on person-led or human-centred approaches. Programmes and services that take a person-first approach are:

Intersectional – recognizing the compounding impact of multiple marginalizing barriers. People may experience marginalization on account of disability, gender, race, sexual identity, ethnicity, culture, rurality and other factors relating to identity – and multiple forms of marginalization intersect to multiply the challenges they experience. For instance, the experiences of a girl from a rural community are profoundly different from those of an adult man from a city, even if they have the same impairments.

Empathy-led – understanding stakeholders' pain points, emotions and motivations enables us to build empathy. We avoid blaming or finger-pointing, and invite all stakeholders to embrace a new way of working that's premised on empathy and person-first thinking. This, in turn, is key to sustainability.

Trans-sectoral (multidisciplinary) – every sector is responsible for ensuring inclusive services, instead of shifting the responsibility to disability services or experts. For instance, policymakers from the education, health and social sectors need to work together to enable children with disabilities to be able to access education.

Based on a **twin-track approach** – recognizing that general interventions may need to be complemented with specific interventions to address current inequalities. For example, the success of an SBC strategy to decrease stigma experienced by youth with disabilities seeking sexual and reproductive health services may require programmes to empower youth as advocates for inclusion.

Participatory and representative – ensuring that initiatives engage children and youth with disabilities and their families, and are planned with representation in mind – especially representation of the people who are the focus of the initiatives. For instance, a programme seeking to tackle stigma and discrimination against children with disabilities is not participatory if it engages only parents of children with disabilities, or only people of one gender or with one type of impairment.

◇ OVERVIEW

Real and sustained inclusion of marginalized children and their families requires their voices to be heard and taken into account in decision-making. The [Convention on the Rights of the Child](#) recognizes that all children, including children with disabilities, have a right to be actively involved in decisions that affect them, and that they are not merely passive recipients of care or protection.[1]

This module focuses on a cornerstone of the **person-first approach:** meaningful and inclusive engagement with children and their families.

After completing this module, you should be able to:

- Explain the relationship between engagement and empowerment, and how they reinforce each other.

- Describe several methods for meaningful engagement with children with disabilities and their caregivers.

- Choose the most appropriate method for engaging children with disabilities and their parents/caregivers in SBC planning, design, and implementation.

Positive Effects of Empowerment

Individuals can gain a variety of benefits from being part of self-advocacy, peer group or support group or mentorship from another parent/caregiver or person with a disability, including increased confidence, changes in social and self-identity, increased social connections and relationships and mutual support.

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1   UNICEF (2013). Take us seriously! Engaging children with disabilities in decisions affecting their lives.

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READY

WHAT IS EMPOWERMENT?

In the person-first approach, **empowerment** can be defined as a journey in which an individual gains assets and critical awareness that enable them to develop a clear and evolving understanding of themselves, their rights and opportunities in the world around them. Through increased agency, voice and participation, they gain the power to make personal and public choices to improve their lives and their world.[2]

Society often has low expectations of people with disabilities, denying them the inclusive environment that would allow for equal, meaningful participation for all. Low levels of participation in programmes, even those that have made efforts to address practical barriers to inclusion, can be the result of internalized stigma or low self-esteem (see Module 0). Discrimination by older children, teachers, politicians, parents and others restricts the participation of children of different ages, abilities, classes and genders.

Human rights frameworks obligate us to overcome the cultural barriers, stigma and discrimination that stand in the way of marginalized groups being heard. The Convention on the Rights of the Child (CRC) recognizes that children have the capacity to form their own views and express these views freely. The Convention on the Rights of Persons with Disabilities insists that States Parties provide disability- and age-appropriate assistance to realize these rights. These frameworks form the basis for the design of activities that increase children with disabilities' agency, confidence and ability to make decisions about things that affect them.

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2   UNICEF (n.d.). Adolescent empowerment: Technical note.
https://www.unicef.org/media/101901/file/Adolescent%20Empowerment%20Technical%20Note.pdf

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THE RELATIONSHIP BETWEEN ENGAGEMENT AND EMPOWERMENT

In SBC, **engagement** refers to an act or acts of inclusion leading to empowerment. Empowerment is not possible without engagement and the subsequent participation that takes place. In UNICEF, community engagement refers to a "technical approach to directly involve local populations in all aspects of decision-making, implementation and policy."[3] Engaging children with disabilities and their families in decision-making, evidence-gathering, design, implementation and evaluation of SBC programming is a process that can lead to empowerment by fulfilling the following aims:

1. Creating two-way, meaningful flows of information.

2. Ensuring that children with disabilities and their families know and claim their rights.

3. Ensuring that diversity is reflected in participatory processes, without discrimination.

4. Addressing power inequalities within community structures and processes.

5. Creating opportunities for children with disabilities and their families to provide feedback to SBC programmers and designers.

6. Ensuring that programmes, projects and policies are adapted to and aligned with the needs of children with disabilities and their families.

7. Ensuring that children with disabilities and their families have influence over research, evidence-gathering and SBC programmes that impact them[4].

These seven aims contribute to empowerment by giving children with disabilities and their caregivers, families and communities a greater ability to make choices about things that affect them and the world.

> "Other people call us useless, but we are very capable. Me and my brothers can fight against all our problems and solve them. Although we cannot use our legs, we can use our minds and study better than other students. But no one understands us, so I want to prove for all people that we can improve and make a good life for us. If I get chance, I wish to be a teacher in the future to help with other people with disabilities and teach them the humanity and patience I have learned from bad and harsh people",

Islam, Mohammad and Naser are three brothers with disabilities from Badghis Province of Afghanistan. (a story from UNICEF Afghanistan)

3   UNICEF (n.d.). Minimum quality standards and indicators for community engagement.
     https://www.unicef.org/mena/media/8401/file/19218_MinimumQuality-Report_v07_RC_002.pdf.pdf
4   Adapted from UNICEF (n.d.). Minimum quality standards and indicators for community engagement.

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LEVELS OF ENGAGEMENT

All engagement processes are not created equal, and not all automatically lead to empowerment. The commonly accepted levels of engagement to increase stakeholder influence (featured in Module 1: Inclusive evidence generation) show the distinctions between consultative and participatory approaches, and approaches that seek to empower someone by engaging them. Empowerment must remain integral to the way that SBC practitioners approach participation because it underscores the inherent value of all voices and forces us to consider how power might be redistributed in useful ways.

As described in Module 1, stakeholder consultations may include the following goals:

Informing	Providing stakeholders with balanced and objective information.
Consulting	Obtaining feedback on processes
Involving	Working directly with stakeholders to ensure that their concerns are considered.
Collaborating	Partnering with stakeholders.
Empowering	Assisting stakeholders in conducting their own programmes and projects.

While all five levels of engagement are better than no engagement at all, it's important for SBC programmers to note that true empowerment results from allowing children with disabilities and their parents or caregivers to determine and implement their own research agendas, with support as needed.

There are several important things to note when it comes to the empowerment of children with disabilities and their families:

- For children with disabilities to be empowered, have self-efficacy and build a sense of agency, interventions need to recognize that they need support so that they are well adjusted, have good self-esteem and mental health.

- Parents and caregivers need guidance, tools and support in order to be able to support their children and communities in their empowerment journey. Empowered parents and caregivers are equipped to exercise their own rights, while also accessing the support they need to help their families.

- Building self-efficacy in children requires interventions on both an intrapersonal and an interpersonal level. This is because children's sense of self-worth and self-image are greatly influenced by their peer networks.

- Empowering children and marginalized groups and building their self-efficacy and sense of agency requires long-term interventions. Meaningful, empowering forms of participation must be sustained in order to have the desired impact.

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Simply asking children what works for them is a respectful and empowering approach to engagement and empowerment. Asking about how they function in a given setting, in a compassionate way, helps uncover hidden needs and reinforces the notion that everyone, regardless of their disability, needs support. This approach minimizes the risk of exclusion on account of someone's choice to not disclose their disability for fear of stigma, discrimination or attention.

Key characteristics of empowered children, youth, parents and caregivers

Empowered children and youth with disabilities have self-confidence, a sense of positive self-worth and self-efficacy. They can articulate and exercise their rights. They see themselves as people first and challenge others to see "me as me". Empowered children feel confident enough to tackle personal challenges, knowing when to ask for and to offer support. They feel confident about their strengths and can meaningfully engage in decision-making processes.

Empowered parents and caregivers of children with disabilities have an amplifying effect on their children. They articulate and exercise their rights while empowering their children to maintain their positive self-worth. They have the tools to maintain relationships that are constructive for their family lives. They are well equipped to find and access the kind of support they need for their families to thrive.

ENGAGEMENT AND EMPOWERMENT ARE IMPORTANT FOR SUCCESSFUL SBC

UNICEF's experience in SBC programming suggests several ways in which inclusive programming contributes to effectiveness:

- The greatest and most lasting stigma reduction occurs through empowering children with disabilities and their parents to convey their own experiences to service providers and policymakers.

- When people without disabilities actively engage with people with disabilities for non-disability-related purposes such as art or play, they become more inclusive of people with disabilities.

- Ensuring that children and their parents are involved in designing and implementing interventions from the outset creates transformative effects in SBC. These can include improved self esteem, a firmer understanding of the rights of children with disabilities, a greater willingness and ability to advocate for children with disabilities, and increased likelihood to seek services, among other things.

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KEY TAKEAWAYS: READY

- Empowerment occurs when children with disabilities and their parents or caregivers have the power to make personal and public choices to improve their lives and their world.

- Engagement refers to intentional, concrete acts of inclusion to ensure that members of communities (including children with disabilities and their families) participate in SBC programme activities as much as they want to.

- Engagement leads to empowerment through the process of creating opportunities for participation, feedback, interaction, articulation and claiming of rights, and influence over SBC programming processes.

    In the next section, you will read about approaches to empowerment at several levels of the social-ecological model.

"No one speaks to us about the responsibility and about what lies ahead. Parents need to feel supported and to speak out their fears because I think that everyone is scared whether she or he can bear the responsibility. This is why parents need to be given proper guidance, to be shown things from different viewpoints, to be supported in order to raise their child in the best way possible."

A mother of girl with disability from Bulgaria
(source: UNICEF Bulgaria)

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STEADY

In this section, you will learn some practical ways to conduct engagement activities with children and families. Recall that engagement is a process that leads to empowerment – and while engagement is necessary, it is not sufficient to create the conditions for empowerment

IDENTIFY AND MOBILIZE STAKEHOLDERS

As you begin to plan your empowerment activities, it is worth clarifying who should be involved, for what reason, and what selection criteria you might use to mobilize participants based on these profiles. Identifying stakeholders is a process of determining who can best move your SBC agenda forward, while also ensuring that everyone affected by an issue has the opportunity for meaningful participation in its solution.

The social-ecological model

The social-ecological model (SEM) is a core framework for understanding an individual and their environment. Each level of the model represents people and factors that influence behaviour.

- At the centre of this model is the individual. The **individual (intrapersonal) level** considers the factors that influence a person's decision-making - like their knowledge, beliefs and attitudes.

- The **interpersonal level considers family and friends** who influence a person, plus factors such as interpersonal communication.

- The **community level** considers social groups and factors such as norms and practices.

- The **institutional level** takes into account institutions and organizations - such as schools, workplaces and places of worship - that may influence a person's knowledge, attitudes and behaviours.

- Finally, the **policy, society and environment level** considerspolicies, governance and other wider factors that influence behavioural decision-making.

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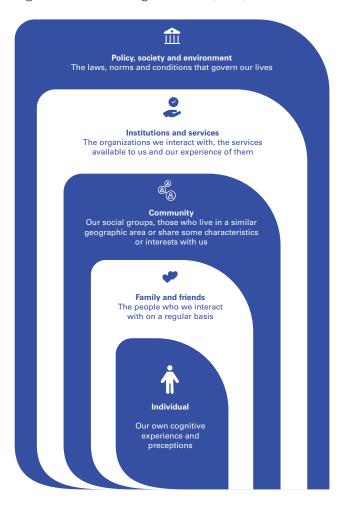
▶ DEFINE THE RIGHT MIX OF STAKEHOLDERS

There are several different approaches to determining the most appropriate mix of stakeholders for your programme. For example, you could identify stakeholders according to their knowledge and attitudes toward your programme. Or according to their influence and interest in the situation. There are many stakeholder engagement tools available that can help you classify stakeholders according to the needs of your project. Usually, these consist of tables with various characteristics that help you identify and group stakeholders.

Not every stakeholder will need to be empowered in the same way (that is, through the same channels or activities). Where resources permit, consider tailoring your empowerment to each unique stakeholder group, so that when combined, they can achieve the desired impact at a community level. Sometimes it might be more effective to start by engaging children, youth and parents of children with disabilities separately, before wider stakeholder engagement. Parents might be more comfortable confiding in other parents, and children in other children. In some cases, stakeholders do not need to be empowered, but must be included in order to allow your project to proceed, or to provide support.

Global disability prevalence stands at 10–15% – and so in a mixed stakeholder engagement, 1 in 10 child participants should have a disability, giving due consideration to representation across disability groups. Similarly, 3 in 20 adult participants should have a disability or be a parent of a child with a disability. In addition to children with disabilities and their parents or caregivers, your stakeholder mix should include individuals who affect children's access to resourcesand services in their communities. Working with communities is covered in detail in Module 3, but for now, remember that your mix of stakeholders will also need to include community, religious and traditional leaders; representatives of organizations of people with disabilities (OPDs) and other civil society organizations (CSOs); teachers and school administrators; social service providers; policymakers and others who may act as partners, allies or gatekeepers to your SBC programme or inclusion efforts. We talk more about partners, allies and gatekeepers in Module 5.

Figure 1: Socio -Ecological model (SEM)

Policy, society and environment
The laws, norms and conditions that govern our lives

Institutions and services
The organizations we interact with, the services available to us and our experience of them

Community
Our social groups, those who live in a similar geographic area or share some characteristics or interests with us

Family and friends
The people who we interact with on a regular basis

Individual
Our own cognitive experience and preceptions

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> " I always felt included in my nuclear family. Sometimes my parents are a little scared, but they let me try, I think my family is one of the most inclusive. I take care of the house and help my little sister at school (…) my extended family overprotects me.

A rapid assessment in 11 Latin American countries., UNICEF LACRO
(Source: Voices of adolescents with disabilities on the discrimination and violence in their family, school, and community settings.)

▶ MOBILIZE STAKEHOLDERS

Since children with disabilities and their families are often isolated and hidden, you may need to make special efforts to ensure that they are included in SBC activities. OPDs and other organizations working in community-based inclusive development are familiar with the community, well trusted and well placed to recruit or mobilize children, youth and their families. When working with any recruiter or mobilizer, keep in mind that how stakeholders are brought into an empowerment process is often just as important as the process itself. For instance, stakeholders may require a formal invitation, or an in-person visit to work through concerns or challenges before accepting the invitation to participate. Mobilization should be conducted in a responsible, ethical and contextually appropriate way. OPDs can advise you on how best to go about it.

Moreover, consider how stakeholders are positioned when they are brought into the process. This includes how the problem space is framed and how their role is positioned as part of the potential solution. For instance, parents and caregivers should be positioned as champions of disability inclusion. They are not to be pitied, but to be empathized with and equipped to do what they need to do in order to support their families.

As your stakeholders are being mobilized, consider how your empowerment activities might address different needs at different levels: intrapersonal, familial and societal. The following sections describe some potential considerations for empowerment activities at the intrapersonal, household and familial levels.

INTRAPERSONAL- AND INTERPERSONAL-LEVEL APPROACHES TO ADDRESSING STIGMA AND DISCRIMINATION

When considering the most effective ways to address stigma and discrimination against children with disabilities and their parents and caregivers, always start by recognizing that children with disabilities are **people first** and, like all children affected by UNICEF's SBC work, should be consulted and empowered to create the changes they would like to see in their communities and the world.

Some of the most important things SBC can do to address stigma and discrimination begin with children with disabilities themselves, by building their capacity to confront stigma and discrimination when

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they experience them, by including them in the day-to-day activities in their communities, and by helping them confront their own internalized stigma that prevents them from fulfilling their rights. This begins with empowerment at the **intrapersonal** level – working on the internal dialogues we all engage in.

Interpersonal approaches are concerned with the interactions between individuals – for instance, between children and their caregivers, or between peers – and how they contribute to increasing inclusion or decreasing stigma and discrimination. Parents and caregivers of children with disabilities may experience significant levels of internalized stigma, and these feelings often impact the way they interact with their children.

Interpersonal approaches are concerned with building family members' capacities to interact with their children in new ways, provide support for their children's full inclusion in day-to-day activities in their communities, and confront stigma and discrimination when it occurs. Interpersonal approaches with parents and caregivers may begin with helping them address their own self-stigma.

▶ INTRAPERSONAL-LEVEL EMPOWERMENT

When interventions to empower the individual at an intrapersonal level are carried out alongside community-level interventions – such as work to change social norms that drive stigma and discrimination – the combination is extremely powerful and can ensure lasting change.

Empowerment is a process – a personal journey that can be structured and nurtured to full effect. Interventions at the intrapersonal level are critical to achieving empowerment goals because they address a person's own perceptions, attitudes and

beliefs about themselves. Among children with disabilities, this level of intervention can address internalized stigma, low self-confidence and low self-efficacy.

Accepting your own disability or your child's disability is an ongoing process. Harsh judgement by others can have an adverse effect on your psyche. To lessen the impacts of stigma, children and youth with disabilities and their families often create a safety net of friends and associates who accept them. Testimonies from these close friends and associates are useful in uncovering strengths and motivating the person to take up the challenge of being a change-maker. It could be a new experience to find language to describe your own feelings, abilities, positive traits and challenges in a humorous or uplifting way that doesn't evoke pity, but draws people in to really see you – to see the person first. Below are some methods for creating the conditions for empowerment at the intrapersonal level.

▶ SKILLS DEVELOPMENT

● Improving **communication skills** is a key way to help children with disabilities address stigma and discrimination at an intrapersonal level. These skills can have a positive effect on their daily lives by showing children how to advocate for themselves, communicate their needs clearly and effectively, and more.

Assertiveness training can help children with disabilities and their families cope with or overcome challenges. It focuses on improving assertive behaviours that allow individuals to express themselves comfortably and advocate for themselves in a range of social or professional situations. Assertiveness training is often conducted in the context of cognitive behavioural therapy (CBT). Try consulting local OPDs to find a counsellor or therapist who practises CBT.

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Sport and empowerment

Sport for development programming has long been used to provide a positive, enriching and team-oriented environment for youth, while acting as a deterrent from harmful and destructive behaviours. An inclusive, person-first approach to sport fosters positive health and well-being, social inclusion, trust-building, team-building and more. For a great example of how this has been done successfully, refer to the Inclusive Sport for Change in Malawi case study in the Set section of this module.

● **Leadership skills** training can build self-development skills, persuasion and influence skills, negotiation skills, strategic thinking and more. These skills are not often applied to the disability inclusion space, but they can be powerful in helping people – both children with disabilities and their parents and caregivers – understand and articulate their own needs. Many organizations offer training in leadership skills.

● **Inclusive sports, cultural and recreational activities** can build self-efficacy and help develop the life skills needed to negotiate the real world. For more information on the benefits of sports, see 'Disability Inclusive Physical Activity and Sport in the Post 2015 Development Agenda and Sustainable Development Goals' (Global Partnership on Children with Disabilities, 2015).

▶ **PEER SUPPORT GROUPS FOR CHILDREN WITH DISABILITIES**

Who better knows the issues people with disabilities face than other people with disabilities who have been there and done that? Peers provide role modeling and can share experiences, feelings and awareness of disability issues.

Peer support, both formal and informal, provides opportunities for brainstorming, problem solving and sharing of concerns, successes and ways to address issues. Children participate in small-group activities in which more experienced peers serve as positive role models and provide information and support – for instance, helping them learn how to study effectively, access resources or deal with social situations.

"After my time with Giorgi, I learned so much. He helped me see things I was not aware of before. I also learned to recognize my own prejudices towards people with disabilities. People fear the things they are unfamiliar with, and this is a great way to get rid of that fear"

Sandro a 21 year-old university student
(Source: Peer support group Georgia See every color)

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▶ STORYTELLING AND PARTICIPATORY PHOTOGRAPHY

Storytelling and participatory photography have been used to empower and amplify the voices of children across a wide variety of communities and social issues. Participatory photography can be as simple as providing single-use cameras to people and asking them to take pictures of things in their community that illustrate something important to them. It can also include training on the fundamentals of photography and the use of more sophisticated cameras to create capacity for more detailed storytelling through photography.

Including children with disabilities requires adaptation and a mind shift on the part of programme facilitators. The 'Voices of Pacific Children with Disability: Identifying the needs and priorities of children with disability in Vanuatu and Papua New Guinea'[5] research project provides an example of what that looks like in practice. The project developed methods of data collection and communication to enable children with diverse disabilities, many living in very rural communities, to speak for themselves and express their human rights needs and priorities. The tools include providing cameras to children to help answer research questions, and storytelling guides that help children tell stories about themselves. More details about these tools are provided in the Go! unit of this module and in module 1.

▶ REHABILITATION AND ASSISTIVE TECHNOLOGIES

People with disabilities use assistive technologies to help them perform various tasks in their daily lives, such as moving around, seeing, reading messages, watching videos or listening to the radio. These technologies enable access to environments, information and services, and help children with disabilities participate in their communities. The right assistive technology, provided along with training on its use, can be a game-changer – think of how a speech output device with eye-gaze tracking enabled Steven Hawking, the renowned theoretical physicist, to contribute to scientific discourse.

● **Rehabilitation** services, meanwhile, allow people to optimize their daily functioning to manage essential skills, such as communication, mobility and self-care. For children with disabilities, these services may include occupational and physical therapies and vocational rehabilitation services. Rehabilitation can also include upgrading or repairing physical infrastructure, allowing people with disabilities to access spaces that were previously not accessible. The benefits of rehabilitation extend beyond the basics of daily life and even beyond the individual and their family, as communities benefit when individuals with improved functioning are able to participate more in community life, education and employment. When rehabilitation services are weak or non-existent, the responsibilities often fall to families and caregivers.[6]

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[5]   The project was undertaken by Deakin University in partnership with Save the Children, the Vanuatu Disability Promotion and Advocacy Association (DPA) and the PNG Assembly of Disabled Persons (PNG ADP).

[6]   WHO (n.d.). Strengthening rehabilitation and health services. https://www.who.int/westernpacific/activities/strengthening-rehabilitation-in-health-systems

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In most low- and middle-income countries, children and youth with disabilities do not have access to rehabilitation services or assistive devices that would improve their functioning. This prevents them from participating equally in activities at home, at school, in the community and at play, and can contribute to stigma and discrimination that further reinforce exclusion. For example, children with cerebral palsy and other conditions with limited speech, as well as students with learning difficulties, are often perceived negatively because of their limited spoken or written expression.[7]

The empowerment of a child or youth with a disability may start with providing them with an assistive device – for instance,

a cane, tablet, smartphone or Braille displaycomputer – along with the necessary training to use it proficiently.

This allows children to participate meaningfully in SBC activities and in many other aspects of life. It can have a multiplier effect, showing others what is possible when a child receives individualized support, including the right rehabilitation, reasonable accommodations[8] and assistive technologies.

People with disabilities are much less likely to use an assistive technology if they feel it sets them apart from their peers in a clear way, as this can be limiting socially and expose them to additional stigma and discrimination.[9] Children with disabilities often have to balance their desire for independence and autonomy with the need for social acceptance and fitting in with their peers. Now that most tablets, mobile phones and other information and communication technologies have built-in accessibility features and meet universal design standards, it is more possible to balance independence and accessibility with social acceptability.

> " "I have a friend who has a prosthetic leg, she many a times avoids walking into the busy Nairobi streets, people stare at her, maybe laugh when they see her use her leg . . . Many a times [she] avoids . . . walking out. She keeps to herself, if [there is] something she needs, she'd rather send somebody than go for it herself"
>
> Female OPD consultee with disabilities
> (Study on Factors Shaping the Experience of Disability Stigma and Discrimination in Kenya)

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7   UNICEF and WHO (2022). Global report on assistive technology. UNICEF and WHO.
     https://www.unicef.org/reports/global-report-assistive-technology

8   Article 2 of the CRPD defines reasonable accommodation as the "necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms."

9   G. Barbareschi et al. (2021). 'When they see a wheelchair, they've not even seen me: Factors shaping the experience of disability stigma and discrimination in Kenya'. International Journal of Environmental Research and Public Health, 18(8), 4272. doi:10.3390/ijerph18084272

▶ HOUSEHOLD- AND FAMILY-LEVEL EMPOWERMENT

Empowering family members is a critical step in ensuring that children with disabilities have opportunities to fully participate in the day-to-day life of their communities. The following approaches contribute to the inclusion of children with disabilities.

● Promoting nurturing care and responsive caregiving

Nurturing care entails responsive caregiving and providing security, safety and opportunities for early learning, adequate nutrition and good health. It can both enhance and change children's development trajectories by preventing exposure to some of the risk factors that can cause delays in development and by supporting children with disabilities to develop their capabilities.

Children with disabilities or developmental delays, like all children, have a right to nurturing care. But they are at heightened risk of missing out because of environmental, attitudinal and institutional barriers, including poverty, stigma and discrimination, exclusion from early childhood interventions, institutionalization, violence, abuse and neglect (for instance, if they are hidden at home). As a result, children with disabilities or developmental delays face worse health and social outcomes than their peers without disabilities. They are among the most marginalized children in the world.

As the people closest to young children, parents and caregivers are the best providers of nurturing care. But parents and caregivers of children with disabilities are often expected to care for their children with little training or support, and they face multiple sources of
resources, affect their ability to care for their children. Without good mental health and support to help them cope with stress and distress, parents and caregivers may feel unable or less able to carry out activities of daily living, including self-care and care for their children.

Early childhood intervention (ECI) services are meant to support families with young children who are at risk of or who have a disability or developmental delay. Early detection and support are crucial in helping parents identify disabilities and developmental delays and gain the support they need. Services and interventions should be multisectoral, integrated and interdisciplinary, with a range of individualized services to improve child development and resilience and to strengthen family competencies and parenting skills that facilitate children's development. They often involve advocacy for the educational and social inclusion of children with disabilities and their families.

ECI services can be delivered in a range of settings, including homes, community centres, preschools, kindergartens, rehabilitation centres and health services. Unfortunately, these services are scarce in most settings, which is why SBC interventions that include advocacy for supportive public policies and improving service provision are so important. These types of interventions are discussed in additional detail in Module 4. You will also find some online resources in the Go! section.

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Support groups for parents and caregivers

Parents and caregivers can benefit from support groups, resource people and community 'champions' who hold collective wisdom and knowledge. Dedicated time and spaces where parents and caregivers can safely convene to support one another through challenges and exchange knowledge, experiences and guidance can be a powerful, self-sustaining way of with similar experiences opportunities to share concerns, navigate highs and lows together, and learn that they are not alone.

Parent and caregiver peer support groups are most helpful when they provide opportunities to learn techniques to manage relationships, stress, conflict and resources. These groups should, where possible, promote links to related support groups – for instance, mental health-related or financial support groups ¬– as well as social services like health care and psychosocial support.

Parent and caregiver support groups can also serve as platforms for advocacy and action for policy change and inclusive service delivery. Techniques like oral testimonies, storytelling and participatory photography among parents and families of children with disabilities can be used in advocacy.

Parent networking through social media

Social media platforms such as Facebook, Instagram and YouTube provide community across borders and access to practical advice. They can offer parents and caregivers of children with disabilities a space to share their stories and struggles, and to find advice and inspiration. As more celebrities who have children with disabilities have opened up about their challenges and their journeys towards finding the right support for their children, other parents and caregivers have found reassurance and empowerment in their stories.

Whole-family participation: Siblings, grand-parents and other extended family

Part of a child's journey to empowerment is having the affirmation and support of others around them, who are also empowered to advocate on their behalf. For this reason, SBC programming must prioritize the empowerment of the whole family and use tools and techniques that support family-wide engagement.

In a family with children or adults with disabilities, siblings or other family members may take on support roles. For example, a hearing family member of parents or children who are deaf may feel pressure as the family's main communicator with the outside world. A whole-family approach acknowledges these roles and the challenges that come with them, and provides family members with the support they need for their own development and care.

> "Misconceptions and fear caused by a lack of resources and understanding, make it hard for people to seek help, leading to delays in getting support."

Daw Myint Myint Shwe's, a mother of a child with disability, a story from UNICEF Myanmar

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THE NEED FOR HOLISTIC STRATEGIES

SBC approaches to empower children and youth with disabilities and their families are only one component to reduce discrimination and build equality for all. This endeavour requires a holistic strategy that recognizes the need for an inclusive community, capacitated advocacy partners, disability-sensitive and inclusive services and an in-depth understanding of disability-related discrimination, intersectionality and the trans-sectoral barriers among all stakeholders. These topics are addressed in modules 0, 4 and 5.

STEADY
KEY TAKEAWAY

- Effective empowerment of children with disabilities and their families requires an appropriate mix of stakeholders. In addition to children and their families, it's important to include OPDs, NGOs, CSOs and other organizations working on disability issues in empowerment activities.

- Individual-level approaches to empowerment revolve around intrapersonal communication and perceptions. These approaches are most frequently aimed at addressing internalized stigma. They can create change by building children's capacity to advocate for inclusion.

- At the interpersonal level, parents and caregivers should be supported through SBC activities that help them find support for their children and for themselves. Parent support groups can be strong contributors to parents' and caregivers' well-being and ability to provide care for their children.
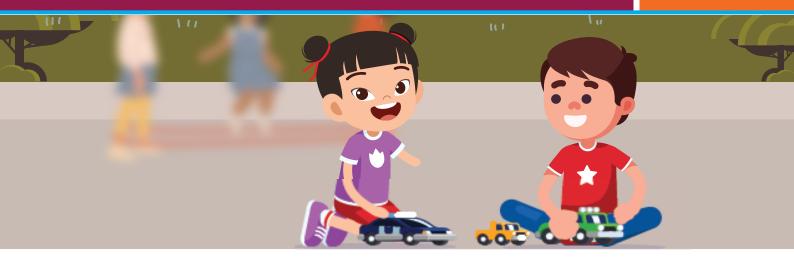
- A whole-family approach to empowerment is critical to ensuring that children's families are acknowledged and supported in their caregiving activities – and that children with disabilities receive affirmation and support from those closest to them.

- SBC activities that empower children with disabilities and their parents and caregivers must be done holistically. This means that in addition to individual- and household-level empowerment, SBC programmers should consider the roles and positions of communities, organizations and institutions in addressing stigma and discrimination and promoting inclusion.

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⊖ SET

- **#Inclusive Young Voices (#IYV)** is a four-month regional pilot project in Botswana, Namibia, Mozambique, Malawi and Zambia that seeks to digitize disability rights advocacy. It provides a platform for children and youth with disabilities aged 15-24, including 20 Youth Ambassadors from the pilot countries, to use social media and other online tools to advocate for the effective mainstreaming of disability in Southern Africa.

- **The Shonaquip Social Enterprise Parent Champion Network** equips parents to form networks of support in their communities. It was established to connect South African parents to information, advice, referrals and, most importantly, to one another.

- **Parents Inclusion Network (PIN)** brings together parents and caregivers of children with disabilities in Dumfries and Galloway (United Kingdom) to share experiences and gain support in navigating the system. They offer a range of activities, support services and training events to empower families to set up their own support networks and build a sense of community, including through informal get-togethers for members.

- **The Road to Early Inclusion: Empowering families to enrich childhood and community life in Serbia** (in Applying Social and Behaviour Change Approaches to Support the Inclusion of Children with Disabilities: Case studies from UNICEF Europe and Central Asia, 2022). In 2017, in collaboration with international and local partners, UNICEF started a programme for strengthening the early childhood intervention (ECI) system in Serbia through cross-sectoral collaboration at the national and local levels, with a focus on increasing service access and quality for children with disabilities or developmental delays and their families. They applied a new model, based on international and European standards, centred around family priorities, delivered in the child's natural environment (home, pre-school, neighbourhood) and integrated into daily routines, with caregivers as active participants and the final decision-makers, without taking on the entire burden of the process. For an ECI programme to be effective, families must be supported and involved in a meaningful way from intake through transition and programme exit.

- **The Association of Parents of Disabled Children (APDC)** was formed in March 2006 by a group of parents of children with disabilities in Dushanbe, Tajikistan. Now it has a small office and dedicated staff and works closely with the Pedagogical Medical Psychological Commission (PMPC) to advise and support families, receive referrals from the PMPC and offer a consultation service to parents.

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- [Youth Enrichment through Sports (YES)-Africa](#) focuses on sport for social change in five sub-Saharan African countries. A research paper on the YESAfrica Malawi exchange, which builds the capacity of sport leaders to implement inclusive sport and recreation for youth with disabilities, suggests that "youth with disabilities engaged in sport are slowly being recognized and valued at the community level. Malawi has taken steps to domesticate international protocols focusing on disability rights, and has developed its own legislative and policy agenda in this area. As a result, there appears to be some hope that attitudes towards disability and society's broader perceptions of youth with disabilities can change" (P. J. Craig et al., 2019, 'Using inclusive sport for social change in Malawi, Africa').

- [Leonard Cheshire Disability Young Voices](#) (discontinued now) focused on linking with and nurturing local role models and champions. It was a movement of over 1,200 young people with disabilities in 23 countries, speaking out for the rights of people with disabilities worldwide. Young Voices groups met regularly to discuss issues affecting their lives, develop their understanding of the CRPD and to build leadership and communication skills. They campaigned for equal opportunities for people with disabilities and full participation in all aspects of life. Since the programme was discontinued, some of its members continue to work as strong advocates in their national legislative systems.

- [The One Minutes Jr.,](#) an arts-based international initiative, focuses on self-identification and representation through participatory media, offering workshops, highlighting inclusive participation, and training children to express themselves via different modes of communication. Nearly 4,000 young people from 100 countries have taken part since 2002.

- [Addressing Stigma and Discrimination Experienced by Women with Disabilities (ASDWD)](#) is a joint United Nations Development Programme (UNDP) and UN Women project that use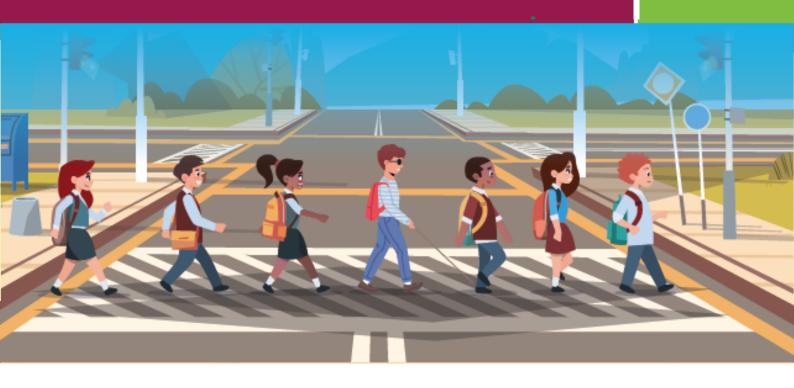s an intersectional approach to address two key challenges in overcoming stigma and discrimination experienced by women and girls with disabilities. Working with 30 women with disabilities from Samoa, the project used materials including posters, brochures and a conversation guide called 'Your Family Conversation Starter Guide', which facilitates conversations that create a safe space in which women with disabilities are respected, listened to and kept safe and protected from mistreatment and abuse.

- [Partners for Youth with Disabilities (PYD)](#) provides youth and young adults with disabilities with self-confidence, community and purpose. It aims to build leadership and healthy relationship skills, foster community involvement and ensure that youth are successful in school and in seeking employment. Its programmes focus on [mentoring, career readiness, access to arts](#) and [leadership development.](#) PYD largely serves the Greater Boston area, but they have an online programme that is open to young adults from across the United States.

- [My Story, Our Story.](#) The Children's Performing Arts Workshop (CHIPAWO) Trust in Zimbabwe uses creativity to empower children with disabilities and to address negative social norms and perceptions. The UNICEF-supported My Story, Our Story campaign established awareness platforms to help communities, families and policymakers understand the hidden creative talents and potential of children with disabilities.

[Chat21](#) is a quarterly magazine published by the [New Zealand Down Syndrome Association (NZDSA),](#) which aims to empower people with Down Syndrome and their families. NZDSA provides information and resources, conducts advocacy campaigns and direct interventions to promote the welfare of people with Downs Syndrome and their families – and to celebrate their achievements. It also supports new parents with online resources as well as in-person visits, and runs a free 24-hour hotline.

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◯ GO

OUTREACH TOOLS

Self-stigma can lead people with disabilities and their families to isolate themselves from society, which makes them invisible. That makes outreach very important. The Outreach Checklist is a tool to help frontline workers find families of children with disabilities. How to Approach Families of Children with Disabilities includes key messages and a step-by-step guide on how to invite families to engagement activities.

ACCESSIBILITY TOOLS

- Organizing accessible events and meetings provides tips on how to make sure online platforms and tools are accessible for all.

- Picture My Future was developed by a research team from Deakin University, in collaboration with people with disabilities, to provide tools through which people with disabilities can talk to frontline workers or planners about what is important to them and how they envision their lives. Five short modules provide an introduction to the tool, while the Toolkit offers several tools to help you carry out this approach. For example, the Picture Library Tool provides a photo library to prompt conversations around hopes, dreams and aspirations to help people with communication difficulties plan their lives. The pictures reflect themes from the CRPD, but you can take your own pictures to better reflect your cultural context.

- CBoard is a free and open-source assistive tool that supports communication development. It is an Augmentative and Alternative Communication (AAC) app designed for children and adults with speech and language delays or impairments, allowing users to communicate (understand and be understood) via a series of digital symbols and text-to-speech functions.

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TOOLS FOR CHILDREN AND YOUNG PEOPLE

● [Disability and Sexuality: A toolkit for youth](#) provides comprehensive sexuality education for youth with locomotor disabilities. It contains a comic book, podcasts, videos, a quiz and a facilitator's manual. All the material is available in English, except for the podcasts, which are only available in Hindi. The videos feature people with motor disabilities sharing their experiences and stories of courage to overcome the neglect, disregard and isolation they faced due to social stigma about disability and sexuality. They can be used as prompts for peer-to-peer discussions. Their topics are:

- [Gender Roles and Social Expectations](#)
- [Body Image and Self Esteem](#)
- [Relationship, Boundaries and Negotiation](#)
- [Marriage and Choosing Partners](#)
- [Parenting](#)
- [Surviving Violence](#)

● [Sample Session Plan: Empowerment of youth with disabilities](#), developed by Sarah Musau, a youth advocate, aims to empower people with disabilities by introducing them to CRPD, their rights and how to demand them.

● [Embracing Our Journey: Peer-to-peer support](#) is a sample session designed to provide a safe and inclusive space for people with disabilities or their families to come together, share their experiences, support one another and empower themselves. Through interactive discussions, activities and guest speakers, participants explore various aspects of their journeys, celebrate their strengths and gain valuable insights for self-advocacy and personal growth.

TOOLS FOR PARENTS AND CAREGIVERS

● [The Parental Engagement Curriculum for Parents of Children with Disabilities](#) aims to provide parents and caregivers with tools and strategies to advocate for and promote children's rights; understand and enhance children's development through early childhood, middle childhood and adolescence; use positive approaches to help children with disabilities learn appropriate behaviours; encourage independent life skills; and protect children from violence. It also helps parents and caregivers understand and manage their own emotions related to raising children with disabilities. The curriculum is available in English and Arabic. Each two-hour module can be applied separately or in combination with others. The content was informed by a desk review and consultations with people with disabilities as well as parents and

● [Qudwa Caregiver's Toolbox](#) (in Arabic) provides interactive tools on child development and positive parenting that can be used alone or with any parental engagement curriculum or initiative. The cross-cutting tools engage parents on topics of health, brain development, parenting adolescents, disability and more. The toolkit include a [velcro timeline,](#) [animated videos and roleplays.](#)

● [Mini Parenting Master Class: Caring for children with disabilities](#) is a six-minute video (in English, with international sign language interpretation) featuring advice from a child development expert on how to support and parent children with disabilities, including taking a strength-based approach and focusing on children's abilities, rather than disabilities. It can be used in sessions with parents as a conversation starter.

● [BEBBO](#), a mobile parenting application from UNICEF Europe and Central Asia, includes tips and information for children with disabilities and developmental delays.

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● **Care for Child Development counseling cards,** from UNICEF Latin America and the Caribbean (LACRO), include a section on disabilities – specifically focused on assessing children's hearing and vision.

Social Stories for Autism and Learning Difficulties assist caregivers, social workers and educators in explaining social situations, behaviours and concepts to people on the autism spectrum or those with learning difficulties. The stories – short, personalized narratives developed by Carol Gray – break down complex situations into smaller, manageable steps, making them easier to grasp. They cover topics relating to daily routines at home, adapting to classroom routines and social interactions at school, and preparing for outings and events in the community. These stories are part of the **Social Workers' Toolbox**, which has other important resources for caregivers of children with disabilities that help them understand and care for their children. These include:

● **Sensory Processing and Self-Regulation: How to help your child**

● **Parenting Children Affected by Fetal Alcohol Syndrome: A guide for daily living**
ADHD: Parents' guide
Growing Up, Sex and Relationships: A guide for parents of young disabled people

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