



© UNICEF/UNI440390/Andriamisoarana

Madagascar, Boeny Region. Norbert is a person with disability, community health worker and president of the Ankazomborona community pharmacy. He assists vaccinators during polio vaccination campaigns.

# MODULE 4

## Disability-inclusive services

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

## ACKNOWLEDGMENT

UNICEF in collaboration with Light for the World and ThinkPlace Global Development prepared “Addressing stigma and discrimination toward children and youth with disabilities through social and behaviour change (SBC).” The core team from UNICEF included Massimiliano Sani, Sergiu Tomsa, Anna Burlyaeva with strong technical support from Lea Asfour and Andrew Carlson. The support at the early stage of development was also provided by Julianne Birungi and Ivan Amezquita.

Big appreciation to Nafisa Baboo, Sarah Driver-Jowitt, Maha Khochen-Bagshaw from the Light for the World and Carlyn James, Samantha Low, Daniela Pugsley and Oliver Muchiri from ThinkPlace Global Development for the conceptualization of the core development and facilitation of consultations to enrich this toolkit.

The toolkit was developed under the supervision of Gopal Mitra, Global Lead, Children with disabilities, Vincent Petit, SBC Global Lead and Rosangela Berman Bieler, former Senior Advisor and Chief, Disability Section, UNICEF.

This toolkit was developed under the Norway-UNICEF Disability Partnership Framework and UNICEF extends its thanks and appreciation to the Norwegian Agency for Development Cooperation for their support.

UNICEF is also grateful to H&M foundation and UNICEF Swedish Natcom for opportunity to validate the toolkit in Bulgaria.

We are thankful UNICEF’s Offices in Mozambique, Lebanon and Egypt for the opportunity to conduct in-person consultations.

Colleagues from UNICEF country, regional offices and headquarters as well as external experts also made substantial contributions to the development of this booklet as well as supported the consultations around it. Thanks go to Shirin Kiani, Ahmed Ghanem, Andres Esteban Ochoa Toasa, Gaia Chiti Strigelli, Tania Dhakhwa, Lamya Elayat, Sherry Ayad, Dina Heikal, Ketan Chitnis, Luca Solimeo, Diala Ktaiche, Elias Al Maouchi, Natalie Fol; Neha Kapil, Dorina Andreev-jitaru; Mario Mosquera, Ivaylo Spasov, Lieve Sabbe, Yetneberesh Nigussie Molla, Kristel Juriloo, Vivekkumar Singh, Mita Gupta, Cynthia Brizuela, Sergio Meresman, Nora Shabani, Tania Dhakhwa, Cathy Stephen, Elnur Aliyev, Naureen Naqvi and many more colleagues.

Special thanks to module champions who supported the review process and some consultations: Marisol Morenoa, Elena Colonna; Clodoaldo Castiano, Zoe Elizabeth Hua Eng Gan, Patricia Almeida; Sajeda Atari, Facundo Chavez Penillas, Elisa Morrone, Sarah Musau, Vibhu Sharma, Lauren Watters, Alberto Vasquez Encalada, Anna van ’t Noordende, Jessica Charles, Bikanga Mbonani, Dido Manolov, Daniela Gordon, Davide Ziveri (Humanity and Inclusion), Cathy Stephen (Sightsavers).

We thank International Disability Alliances (IDA) and International Disability and Development Consortium (IDDC) for the support with early consultations.

Editor: Anna Grojec

Designer: Simon Mosleh

Illustrator: Elias Al Zayed

## 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.  
UNICEF



**Gopal Mitra**  
Global Lead, Children with Disabilities  
UNICEF



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

unicef  
for every child

The students of the Junior Secondary school sit in the Children's Parliament of Congo

## MODULE 0

### Foundation Module

unicef  
for every child

Daniela Mochales and Aislinn Zullo, Ambassadors of Inclusion, smile and share during the closing ceremony and presentation of certificates of the 'Ambassadors of Inclusion' program, Venezuela, 2021

## MODULE 1

### Inclusive Evidence Generation for SBC

unicef  
for every child

Children at an inclusive education activity promote children's rights of the benefit of severely disabled and protection against, war, hygiene, and sanitation, Venezuela, 2022

## MODULE 2

### Empowering Children and Families

unicef  
for every child

Children with autism from Jharkhand are engaged in the event of the Blue Connect program, organized by UNICEF Bangladesh to mark the World Children's Day

## MODULE 3

### Understanding and engaging communities

unicef  
for every child

Mungoshi, Brian, Region, volunteer to a person with disability, community health worker and president of the Independence community, Malawi, he assesses reactions during polio-vaccination campaign

## MODULE 4

### Disability-inclusive services

unicef  
for every child

The students of the Junior Secondary school sit in the Children's Parliament of Congo

## MODULE 5

### Strengthening partnerships for advocacy

unicef  
for every child

The damaged house of Mr. Dzung Nien Nien, 40 years old and his wife, Mrs. Nien, 30 years during the flood. The couple have three children: the oldest daughter is 7 years old and the 2nd and 3rd children were born with visual impairment, Viet Nam

## MODULE 6

### Disability-inclusive SBC in humanitarian settings

unicef  
for every child

Bethlen, 7 years old has received an education from UNICEF during his lesson at school with his teacher, Hungary

## MODULE 7

### Monitoring, evaluating and measuring

## TABLE OF CONTENT

### Module 4

<b>INTRODUCTION TO THE TOOLKIT</b>	<b>7</b>
<b>OVERVIEW OF THE MODULE</b>	<b>14</b>
<b>READY</b>	<b>15</b>
• SERVICE PROVIDERS AND THEIR IMPACT ON CHILDREN’S LIVES	15
• DIVERSITY OF SERVICE PROVIDERS	17
• BARRIERS TO SERVICE ACCESS FOR CHILDREN WITH DISABILITIES	18
• INCLUSIVE SERVICES AND THEIR IMPACT IN CHILDREN’S LIVES	19
<b>STEADY</b>	<b>24</b>
• PLANNING AND DESIGNING PROGRAMMES FOR DISABILITY-INCLUSIVE SERVICE DELIVERY	25
• UNDERSTANDING THE SITUATION FROM A CLIENT’S PERSPECTIVE	26
• UNDERSTANDING THE SITUATION FROM SERVICE PROVIDERS’ PERSPECTIVE	27
<b>SET</b>	<b>34</b>
<b>GO</b>	<b>36</b>
• GENERAL RESOURCES APPLICABLE TO ALL SERVICES	36
• ASSESSING SERVICE PROVIDERS’ BIASES AND BEHAVIOURS	37
• ADDRESSING BIASES AND BEHAVIOURS OF SERVICE PROVIDERS	38

#### Sarah's story, part 4

Then, there were teachers, social workers and doctors. Many chose not to speak to me, and only talked to my mom. I went to doctor who looked at me strangely and talked to me as if I were a little kid, just because I did not speak the same way as other adolescents. We met school principals who said they did not have space for 'children like me', without understanding who I am or what I can do, but only focusing on what I cannot do.

But there were many others who wanted to break down the barriers: the school director who helped me get a bus, the teacher who, every day, gave me extra time to express myself, and the school janitor who fought for an elevator to be installed. After moving to a bigger city, I started physical and speech therapy, and I felt an improvement in the way I feel, walk and talk. I was less tired, and was determined to catch up on my lessons.



# 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.

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



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**



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.



## UNDERSTANDING STIGMA

Stigma is one of the biggest barriers 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.<sup>1</sup>
- **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.<sup>2</sup>
- **Prejudices** are negative attitudes towards a group of people,<sup>3</sup> 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.<sup>4</sup> 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.<sup>5</sup> 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.<sup>6</sup>

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.<sup>7</sup> 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.

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.

## 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. To provide 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 is available in Module 0.





## 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



Creating and strengthening inclusive services is an important part of what SBC can do to address stigma and discrimination and improve environments for children with disabilities. This module presents approaches and activities to build disability-inclusive services, including by addressing service providers' biases and supporting the inclusion of children and youth with disabilities.

It's important to stress that SBC interventions complement efforts by partners and stakeholders to provide quality, inclusive services and to adopt and implement nondiscriminatory policies.

Like all people, service providers have biases. SBC can help them deal with these biases and fulfil their mandates to serve everyone in their community. Programming that engages both service providers and people with disabilities in the development of disability-inclusive services can dramatically reduce barriers to access.

The tools and resources in this module address bias among service providers, as a keystone intervention area for creating more inclusive education, health, child and social protection services worldwide.

## After completing this module, you should be able to:

- Explain how attitudinal barriers can prevent service providers from including children with disabilities in their programming.
- Describe the root causes of service providers' attitudinal barriers
- Use appropriate methods to identify unconscious bias on the part of service providers
- Use appropriate tools to help service providers address their biases and change their behaviours to provide inclusive service delivery.



## SERVICE PROVIDERS AND THEIR IMPACT ON CHILDREN'S LIVES

Children with disabilities have the same needs as other children – but they often find it difficult or impossible to access services to meet those needs. While data is scarce, the negative views of disability still dominant in most societies appear to play a significant role in the exclusion of children with disabilities from services and opportunities.<sup>1</sup> Service providers usually share the same attitudes and beliefs as other members of their communities – and in many communities, children with disabilities are seen as less compared to children without disabilities, or are not seen or thought of at all.

Many services providers have limited understanding of disability, owing to a lack of training or experience with people with disabilities. This can result in children with

disabilities being overlooked, especially where providers work long hours and have heavy caseloads that leave them feeling overwhelmed. Service providers may see providing services to children with disabilities as extra work, a burden or something they are not comfortable doing.

Ableist attitudes come into play as well. There is a widespread tendency to see children with disabilities as needing to be 'fixed', rather than considering what kind of support they might need to function, or how environments might be adjusted to make them accessible to all. These barriers are exacerbated by inadequate evidence about what works, and unsubstantiated concerns over the costs and difficulty of making services inclusive.<sup>2</sup>

<sup>1</sup> UNICEF (2022). 'Applying social and behaviour change approaches to support the inclusion of children with disabilities: Case studies from UNICEF Europe and Central Asia'.

<sup>2</sup> B. Rohwerder (2015). *Disability inclusion: Topic guide*.

“One of our biggest challenges is the lack of schools for children with disabilities, especially children who need devices. Coupled with poverty and negative cultural attitudes, we believe there are many more children who are not enrolled in school and therefore not being reached.”

(Shacban Abdilahi Elmi, programme manager, Youth Volunteers Development and Environmental Conservation)<sup>3</sup>

Parents and caregivers of children with disabilities often feel scared and lonely amidst the daily struggle to navigate service providers and provide for their children.<sup>4</sup> Any support they manage to get often comes with negative attitudes: that their child has a ‘defect’ that must be ‘corrected’. Service providers rarely coach parents on how to work with their children, and children and families rarely receive psychosocial support that is concerned with their well-being or the quality of their family relationships.

As a result, parents may themselves demand specialized responses to correct ‘defects’, rather than engaging in responsive parenting to stimulate their children’s development to their full potential. Where inclusive services are available, parents may resist using them, either because they are not well informed, or because they fear that their children will be stigmatized or ashamed because they are different from other children.

When children with disabilities seek services, the quality of their interactions

with service providers is often compromised. Professionals serving children with disabilities and their families, meanwhile, often see themselves as having inadequate preparation and resources to provide inclusive, family-oriented services.

This lack of professional confidence – along with prejudices, limited knowledge, and practices that focus on children’s disabilities rather than on strengths, needs, abilities and opportunities – not only compromises service providers’ self-efficacy, but also erodes the confidence of families to demand inclusive services. Rather than collaboration and trust, the interactions between service providers and children with disabilities and their families are characterized by a vicious cycle of negative attitudes and mutual avoidance. Children’s and families’ experiences in seeking services and support can have a strong influence on their willingness to do so in the future.

When service providers are prepared to deliver inclusive services, they can disrupt that cycle, and help build the capacities of children with disabilities and their families to seek and expect inclusive services that support children’s strengths and autonomy.

Making services inclusive requires time and investment. One aspect of the work is helping service providers become aware of their biases and begin to change their negative attitudes and discriminatory behaviours. Another is empowering children with disabilities and their families to demand inclusive services in their community, and making sure that they feel comfortable to request and use inclusive services where these are available. SBC programming can make critical contributions to both of these aspects.

<sup>3</sup> UNICEF Canada (21 January 2022). [In Somaliland, a school program helps to integrate children with disabilities.](#)

<sup>4</sup> UNICEF Europe and Central Asia (2022). [Applying social and behaviour change approaches to support the inclusion of children with disabilities.](#)



Because the wider environment in which service providers work influences their attitudes, behaviours and professional self-efficacy, systemic change is needed to support sustainable changes in behaviours and attitudes. Advocacy to effect the necessary changes in policies and resource allocations depends on the existence of local platforms through which people can discuss issues and develop solutions that work for children, families, communities and service providers. SBC has an important role to play in creating and supporting such platforms, as well as creating feedback mechanisms and ensuring that children with disabilities and their families are fully engaged at every step.

## DIVERSITY OF SERVICE PROVIDERS

Service providers are organizations and individuals who contribute to children's development by delivering services throughout the life cycle, from pregnancy and birth through early childhood and into adolescence. They include:

- **Health Care Professionals**, including doctors and nurses working in hospitals, clinics or other institutional settings.
- **Caregivers outside the family**, including staff who provide care for children at day care or early childhood development centres, preschools and other educational settings.
- **Teachers**, who possess formal training in pedagogy and work in an educational setting, rather than one primarily focused on child care.

- **Social workers**, who provide critical support such as access to protection services, psychosocial support and assistive technologies, and play important roles in cases where parents themselves need support.
- **Justice system workers**, including police, prosecutors, lawyers and judges, whose decisions and actions affect children who come into contact with justice systems.<sup>5</sup>
- **Frontline workers**, who in many country contexts deliver essential services such as immunization, nutrition, early childhood assessments and identification of disabilities and developmental delays.
- **Organizations of people with disabilities** (OPDs), which play an important role in ensuring that children with disabilities and their parents and caregivers receive the services they are entitled to.
- **Government agencies**, which set or influence policies related to children's development and service delivery.

In the case of organizations that provide services, note that even if the organization as a whole is committed to inclusion, individuals within that organization – even if it's an OPD – may still have their own biases that will be reflected in the service delivery process.

5 UNICEF (2020) [Breaking down barriers: Equitable access to justice for children with disabilities.](#)

## BARRIERS TO SERVICE ACCESS FOR CHILDREN WITH DISABILITIES

The reasons why children and youth with disabilities are denied access to services – or choose not to access them – are diverse and overlapping. Service providers tend to exhibit the stereotypes, stigma, biases and ableist frameworks that exist within their communities. This creates barriers to service access for children with disabilities and their families in a number of ways:

- Children with disabilities and their families feel uncomfortable accessing services because of the biases, negative attitudes and discrimination they experience in their communities.
- Service providers reflect the biases, negative attitudes and discriminatory behaviours that prevail in their communities, such that children with disabilities and their families have negative experiences and do not get the support and care they need when they access services.
- The context of service delivery results in exclusion or discrimination, for instance because service locations are not physically accessible, information about the service is not delivered in accessible formats, support to facilitate communication is lacking, or children and their families cannot afford to access the service because of direct or indirect costs.

Underlying these barriers are broad, institutional drivers of exclusion, reflected at all levels of society. These include:

- An institutionalized lack of resources for the provision of inclusive environments in schools, health care facilities, community centres and other aspects of the built environment.
- A persistent lack of support for research that includes people with disabilities and describes their experiences.
- Discriminatory policies that make it difficult for children with disabilities to participate in the social aspects of their communities, or make it difficult for their caregivers to contribute to their children's full development.

These factors result in poor outcomes for children with disabilities at the social, community and individual levels. They can be considered root causes of many of the issues that make it more difficult for children with disabilities to receive inclusive services and for service providers to provide them.

### Self-efficacy

Self-efficacy means people's belief or confidence in their ability to do something – including receiving services. Improving the self-efficacy of children with disabilities and their families is an important part of addressing the stigma and discrimination they encounter as service users. It can also increase the likelihood that they will overcome barriers to access and ultimately adhere to recommended treatment or management plans.

## INCLUSIVE SERVICES AND THEIR IMPACT IN CHILDREN'S LIVED

### ▶ WHAT ARE INCLUSIVE SERVICES?

Establishing inclusive services entails not only building ramps for physical accessibility, but also addressing the range of challenges that service users face in finding and accessing the services they need, and creating a welcoming and supportive environment at every step – from making information accessible and inclusive, to having knowledgeable professionals welcome every service user.

Inclusive and effective service delivery must meet the following minimum criteria:

- Users are aware of the services, which means that information about the services is distributed in accessible formats through the channels and platforms used by the populations being served.
- Users can access the services safely and reliably, and receive the assistance they need at every step – for example, accessible transportation to the point of service, support from a personal care assistant, or sign language interpretation.
- Users are respected when receiving the services and are supported to communicate effectively with their service providers.
- Every user receives equal treatment and adequate professional assistance.
- Users are provided with safe and accessible options to provide feedback to improve services.

The theory of change in **Module 0** of this toolkit presents four drivers that relate to the structural environment, and can create the conditions for an inclusive environment:

- **Physical accessibility.** Does the location have the physical infrastructure that makes it possible for children with physical disabilities to easily access it? Are accessibility tools or assistive devices such as screen readers or closed captioning devices available?
- **Self-efficacy.** Do the people who work for the service provider have the skills and confidence to deliver services to children with disabilities and their parents or caregivers?
- **Human resources.** Are there adequate numbers of staff who have been trained appropriately in providing services for children with disabilities?
- **Policies and procedures.** Are there policies and procedures in place that create the conditions for accessible and inclusive services?



## ▶ HOW CAN SBC HELP MAKE SERVICES INCLUSIVE?

Keeping in mind these drivers as well as the criteria for inclusive services and the barriers facing children with disabilities and their families, the role of SBC in building disability-inclusive and disability-sensitive services may include:

- Strengthening the supportive institutions, governance and leadership of a sector to ensure that its policies include people with disabilities.
- Creating an enabling community environment to reduce stigma and discrimination and improve access to services. (See [module 3](#) for information on engaging communities.)
- Engaging and empowering children and youth with disabilities, parents and caregivers, communities and OPDs to collaboratively design and improve services, and to advocate for their rights to access services. (The [Steady](#) section, below, considers participatory methods for collaborative service design and improvement. See [module 2](#) for information on empowering children with disabilities and their families.)
- Creating feedback and accountability mechanisms that engage children with disabilities and their families in improving inclusive service delivery. (See the [Steady](#) section, below, for a discussion of such mechanisms.)
- Promoting positive and constructive interactions between service providers, children and youth with disabilities, and their parents and caregivers – including by identifying and addressing the biases of service providers. (This module provides an in-depth discussion of addressing unconscious bias.)
- Addressing the internalized stigma experienced by many children and youth with disabilities as well as their parents and caregivers. (See [module 0](#) for a discussion of internalized stigma.)
- Advocating for the provision of reasonable accommodations for people with disabilities.
- Ensuring that children and youth with disabilities receive adequate services
- Connecting families with support to address economic barriers to service access, like travel costs or other indirect costs.
- Ensuring that girls with disabilities are protected from gender-based violence.
- Ensuring that all adolescents and youth with disabilities have access to sexual and reproductive health services.
- Ensuring that people with disabilities are included in water, sanitation and hygiene (WASH) programmes; mental health and psychosocial support programmes, including substance abuse prevention and response; socio-economic empowerment programmes; and humanitarian aid.



Your SBC programme can work to create the conditions for service providers to deliver inclusive services in a range of ways. For instance, you can share information on any incentives for inclusive service delivery that may exist in your context. You can identify service providers who are positive deviants (providing inclusive services in a context where this is not widespread) and share their experiences to show the benefits of inclusive service delivery.

You can also help service providers appreciate the costs, inefficiencies and complications that come from continuing to deliver services that exclude children with disabilities. Services that exclude children with disabilities are an expression of disability stigma – they signal to the community that children and youth with disabilities have a lower perceived value than other children. That lower perceived value, combined with the inability to access services, may leave children and youth with disabilities more vulnerable to harmful practices like child labour, abduction, violence or unhealthy behaviours, which cost the community in the long run.

### ► UNDERSTANDING SERVICE PROVIDERS' UNCONSCIOUS BIASES

One critical way that SBC can help create more inclusive services is by addressing service providers' unconscious biases. **Unconscious or implicit bias** is a set of social stereotypes that an individual holds without being consciously aware of them.

Despite that lack of awareness, these notions influence their decisions and behaviours.<sup>6</sup> The unconscious nature of these biases can make them hard to identify.

Unconscious biases related to disability stem from internalized cultural beliefs and assumptions, as well as a lack of personal interaction with people with disabilities, who have historically been isolated and institutionalized. They may also be directed towards parents, caregivers and other family members of children with disabilities, which affects children's ability to receive the services they need. You can refer to **modules 0, 2 and 3**, to learn more about attitudes and how to address them.

Service providers, like all people, have unconscious biases that influence their decisions and affect their interactions with children with disabilities and their families. Service providers' unconscious biases may also relate to other aspects of identity, such as gender, race or age – and this layering of biases exacerbates exclusion from services for children and youth with disabilities. Across the world, many providers in a range of service contexts – like health, education, social services and child protection – exhibit biases that are deeply stigmatizing, exclusionary and sometimes traumatizing to children with disabilities. Because children depend on service providers to help realize a range of their human rights, such exclusionary decision-making violates the [rights of all children](#).

6 J. R. Marcelin, et al. (2019). 'The impact of unconscious bias in healthcare: How to recognize and mitigate it'. The Journal of infectious diseases, 220(Supplement 2):S62-S73.



“I went to talk to the doctor. He was not willing to talk to me. He said: ‘Why are you talking to me? Let me attend my normal patients first, then I will talk to you’.”

Young woman with a physical disability, Kurigram, Bangladesh, Humanity for Inclusion

In a service delivery context, unconscious bias manifests in a variety of ways, such as:

- Having an unwelcoming facial expression or using a dismissive tone of voice.
- Asking inappropriate or insensitive questions about the causes of a person’s disability.
- Denying reasonable accommodations or assistive devices.
- Refusing admission to a school or programme, on the grounds of ‘overburdening’.
- Not providing important information in accessible formats.
- Using derogatory terms such as ‘mentally retarded’, ‘dumb’ or ‘invalid’, or comparing a child with a disability to a ‘normal’ child.
- Using terms with negative connotations – such as ‘defectologist’ or ‘special needs class’ – to refer to professionals or facilities serving people with disabilities.

Note that service providers may not be aware that they have unwelcoming expressions or are using derogatory terms.

For example substance use prevention and treatment programmes, youth with disabilities may not “receive the same sort of prevention education as the general population does,”<sup>7</sup> because substance use disorders among people with disabilities are not widely recognized as a problem.



7 <https://www.therecoveryvillage.com/drug-addiction/substance-use-intellectual-disabilities/>



## KEY TAKEAWAYS: READY

- Attitudinal, physical, informational, communication and economic barriers make it difficult for children with disabilities and their families to access services to meet their needs.
- Discriminatory policies, lack of resources and lack of research on disability and inclusion can be considered root causes of many of the issues that make it difficult for children with disabilities to receive inclusive services. These broad, institutional drivers of exclusion are reflected at all levels of society.
- A service is inclusive when all users can access it safely and reliably, with appropriate assistance at every step; are treated equally and with respect; are supported to communicate with providers; receive information in accessible formats; and have opportunities to provide feedback.
- The physical accessibility of facilities, the adequacy and training of human resources, the self-efficacy of service providers and clients, and the existence of inclusive policies and procedures contribute to making services inclusive.
- Service providers reflect the ableist attitudes and discriminatory behaviours prevalent in most communities. Like anyone else, they exhibit unconscious biases – social stereotypes that influence their decisions and behaviours, even though they are not aware of them.
- SBC practitioners can improve service delivery by helping service providers identify their own unconscious biases and see how these biases affect their decisions and behaviours.



## 

This portion of the module provides guidance on how to design and deliver programming to promote disability-inclusive service delivery. When developing SBC programmes, you can assume that people want to do better at what they do – be it parenting, teaching, counselling or providing services to their communities. With this in mind, your work in SBC can help service providers address their unconscious biases so that they can deliver more inclusive services.

### Benefits of a situation analysis that aligns with a person-first approach

Where information related to the situation of children with disabilities is limited, researchers can conduct a situation analysis using a combination of participatory approaches, review of literature and other written sources, and analysis of regularly conducted household or multi-indicator studies.

The process of conducting a situation analysis can serve as a catalyst, mobilizing governments and OPDs to take action. It is a perfect opportunity to bring various groups together around a common objective, facilitating intersectoral collaboration and coordination among the Government, UNICEF and other partners.

Empowering images and key messages from the situation analysis can be shared with the media, to increase the visibility of people with disabilities.

In all SBC interventions addressing disability-inclusive and disability-sensitive services, always prioritize the autonomy of children and youth with disabilities, to ensure that they can make informed choices about their lives. For more information about how to engage and empower young people in SBC processes, refer to [Module 2: Empowering children and families](#).

## PLANNING AND DESIGNING PROGRAMMES FOR DISABILITY-INCLUSIVE SERVICE DELIVERY

Before you start, you need to assemble evidence on the situation of children with disabilities and the extent to which they receive inclusive services in your context. While data collection methodologies are improving,<sup>8</sup> national statistics have historically underreported the prevalence of disability, and data on the situation of children with disabilities have been scarce. This has led to the development of new tools for data collection, including the Child Functioning Module, released by UNICEF and the Washington Group on Disability Statistics in 2016. UNICEF's 2022 report [Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities](#) provides regional data against which existing national statistics can be compared.

If a disability-inclusive country-level situation analysis exists for the country you're working in, it should provide you with insights into the environment in which service providers operate, including areas in which services are not inclusive. You may need to supplement this with information

about how service providers operate in particular geographical areas or sectors (such as education, protection, WASH, health or nutrition), and about the barriers that make it difficult for each service provider to offer inclusive services.

If recent data are not available in your context, you can conduct your own situation analysis. You can start with a desk review of available resources to identify some areas of the country, such as districts or regions, where service providers are particularly under-resourced. Then, you can conduct a situation analysis focused on this area, together with stakeholders affected by the issue.

The [UNICEF guidelines for disability situation analyses](#) outline the key elements of such an analysis:

- **Human Rights-Based Approach:** How is the country, region, area or service provider working towards implementing the rights of all children as outlined in the CRPD, CRC and CEDAW?
- **Equity:** Children with disabilities should receive the same level of services as their peers – but what level of service are children with disabilities receiving? What about subgroups who have specific needs?
- **Social Model of Disability:** What barriers have communities and societies created that limit children with disabilities' access to services?
- **Life-cycle approach:** What are the variations and implications of disability across different phases of life?
- **Inclusive development approach:** Children with disabilities and their families must be meaningfully engaged throughout any situation analysis process.

<sup>8</sup> CBM (n.d.). [Disability data advocacy toolkit](#).



When you conduct any research – a situation analysis or any of the other evidence-gathering techniques described below – children and youth with disabilities and their families must be meaningfully engaged in its design and execution, in accordance with the [Convention on the Rights of the Child](#) and the [Convention on the Rights of Persons with Disabilities](#) (articles 4 and 21). Engaging those most affected by the issues you are researching ensures that your research generates appropriate and inclusive programmatic priorities, planning, implementation and monitoring. See [module 1](#) to learn more about participatory research.

Once you have a situation analysis that provides an overall understanding of the issues involved in your work, you can move on to the next phase: understanding service delivery from the client's perspective and from the provider's perspective. Once you understand both of these perspectives, you will be well equipped to help service providers make the changes that are needed to create inclusive services.

“When I first went to school, none of the teachers thought I could do anything. They assumed that my mom was doing my homework, not me. When I heard about this, I felt very upset; it made me feel like no one believed in me at school. Soon I proved them wrong – I am one of the few straight-A students in my class.”

Bacho (UNICEF Georgia)

## UNDERSTANDING THE SITUATION FROM A CLIENT'S PERSPECTIVE

It's important to understand how children with disabilities and their parents or caregivers experience seeking and receiving services. One useful tool is a **user journey map** or **user experience map**, which allows you to identify and characterize clients' interactions with service providers, as well as the personal challenges they experience while seeking and receiving services.



The user journey map comprises a list of ‘touchpoints’, or instances in which a child and their parent or caregiver interacts with a service provider. Consider the following questions:

- What prompts a child with a disability and their parent or caregiver to seek services?
- What are the barriers (frictions) that make it difficult for them to seek services?
- When does the parent or caregiver first interact with the service provider? Is the first contact with a receptionist, a scheduler or the service provider themselves?
- In this first interaction, what goes well, and what doesn’t go well? How does the child or parent feel about the service provider and the service after this initial interaction?
- When does the child or parent interact with the service provider directly? How long does it take between their initial interaction and the actual provision of services?
- What goes well and what doesn’t go well in the service provision? How do the child and the parent feel during this experience?
- Is there a follow-up stage based on the services provided? How long after the service was provided does the follow-up occur?
- What is the child’s or parent’s experience with the follow-up? How do they feel about it?
- What is the child’s and parent’s experience with the entire service delivery experience?

Use the evidence-gathering techniques described in **Module 1** to address these question, which will help you identify some of the frictions, barriers and biases that prevent children with disabilities from receiving inclusive services.

## UNDERSTANDING THE SERVICE PROVIDER’S PERSPECTIVE

Next, work to understand the service provider’s biases, barriers and limitations, which may include not only unconscious bias (as discussed in the Ready section, above, but also physical barriers, lack of self-efficacy around providing services to children with disabilities, or inadequate human resources to provide inclusive services. In addition to identifying unconscious biases, you will want to identify key gaps, barriers, bottlenecks and ineffective workarounds, as well as opportunities – that is, enablers and entry points that allow for positive service experiences for children with disabilities.

This section introduces three categories of tools that you can use to understand how service providers think and behave – assessments, observation and empathetic listening.

### ▶ CONDUCTING A PROVIDER BEHAVIOUR CHANGE ASSESSMENT

Assessments that explore biases will help you work with service providers to identify and address bias and ableism in their service delivery processes. These assessments should be done directly with service providers and supported by people with disabilities.

The [Provider Behaviour Change Assessment](#) can help you identify, understand and prioritize the barriers that service providers face when trying to perform their job functions, as well as barriers to behaviour change. The assessment can help identify barriers and facilitators that can be addressed through SBC, including:

- What are the incentives and obstacles providers experience in providing quality services?
- What are the values, norms and biases that influence providers' actions?
- What are the provider behaviours that positively and negatively influence service quality?
- What are the techniques used by some providers to overcome difficulties in service provision and interact supportively with clients?

There are five core steps in the conduct of a provider behaviour assessment:

1. Conduct background research that includes participatory approaches.
2. Define your audience.
3. Develop a data collection plan (study design) and select data collection tools.
4. Analyze data and identify barriers.
5. Report on your findings.

You can also use the [Disability IAT](#), one of several implicit association tests (IATs) developed by Harvard University and Project Implicit to help providers identify their own unconscious biases.

The results of such assessments can inform formative research or community engagement activities that further define the drivers for stigmatizing, exclusionary and discriminatory behaviours against children and youth with disabilities in service delivery contexts. Training and onboarding programmes for professionals like nurses, doctors or teachers can include these kinds of assessments as a starting point in addressing biases. Many teacher training programmes now include a mandatory module on disability-inclusive education, although they are often framed in terms of the medical model of disability and 'special needs'.

### ▶ IDENTIFYING AND ADDRESSING UNCONSCIOUS BIAS AND ABLEISM IN SERVICE DELIVERY

Asking service providers to self-report their own biases can be challenging, given that these biases are unconscious and influenced by a number of different factors. Observation is a powerful way to begin identifying behaviours that perpetuate stigma and discrimination. It's also one of the most difficult tools in a researcher's toolbox, because it requires the researcher to refrain from judgement or interpretation. There are different forms of observation, some more formal and invasive than others.

For your purposes, we recommend using **naturalistic observation**, where the researcher acts as a **complete participant**, without interference in the course of events, and **contextual inquiry**, a structured conversation prompted by the participant's 'natural' context. You can also use **participant observation**, where the researcher is indeed 'part' of the course of events, but is also taking field notes or recordings as things happen.<sup>9</sup> This can be a powerful way to understand topics in situ and naturally, avoiding the intimidation that can come from the formality of a structured interview or focus group discussion.

<sup>9</sup> J. Moyles (2002). 'Observation as a research tool'. In Research methods in educational leadership and management, pp. 172-195

Take an **empathy-led** approach as you plan your observation, to avoid being a disruptive addition to the environment. Consider the service provider's environment and the risk that your position may bring to that environment. In a health care setting, for example, interference can have serious outcomes for the patient – so a more passive form of observation is recommended, and you will need to work with all parties ahead of time to ensure patient confidentiality is maintained, along with the provider's right to privacy.

Similarly, in a school or classroom setting, an outside observer can be a source of anxiety or distraction that disrupts learning – so observation may not be the best approach, and a **guided self-reflection** may be a better option. A skilled facilitator can guide schools through a process of self-reflection using testimonials from students, structured reflection and discussion. Self-reflection can help develop accountability and ownership of follow-up intervention phases.

## Before you start your observation

**Privacy** is an important consideration in all forms of research, and participants must provide **informed consent** prior to research taking place. In a highly stigmatized and sensitive situation, it is especially important that researchers ensure participants understand their role in the research, that the research does not pose any risks or cause harm to them, and that their information will be stored and managed securely. **Module 1** has more information on securing informed consent in working with children with disabilities and their families.

Before you start, you might develop an observation guide containing information on informed consent as well as key questions to guide what you observe and when. Your guide should help you remember what you are looking for and why, and could include questions like:

- Who speaks to whom and for how long? Who initiates interactions?
- What tones of voice are used? What languages and dialects are spoken?
- What are the genders, ages, ethnicities and professions of the speakers?
- Who interacts with whom, and who is not interacting?
- How physically close are people to each other?

Once you have developed an observation guide, you're equipped to start observing how service providers interact with their clients.

► **IDENTIFYING UNCONSCIOUS BIAS IN SERVICE DELIVERY THROUGH OBSERVATION**

As you observe, keep in mind that providers operate in a broad ecosystem of diverse factors that contribute to biased behaviours and decisions. The task of understanding this complex network of interrelated factors can feel overwhelming. [The Provider Behaviour Ecosystem Map](#) and [Provider Behaviour Ecosystem Map Guide](#) can help you:

- Understand and consider diverse factors that influence facility-based provider behaviour.
- Understand how those factors interact in a system.
- Think more holistically about provider behaviour change (PBC).
- Design, implement and evaluate more supportive, effective PBC initiatives.

While it was developed for the health services context, this tool can be applied to other contexts like education, social protection and more. It helps you make sense of the factors influencing provider behaviour by organizing your observations using a clear, easy-to-navigate map, as shown in Figure 1:

- The central portion of the map is modelled on [the socioecological model](#) and refers to the actors and entities influencing provider behaviour.
- The outer rings of the map demonstrate how the actors and entities interact to influence provider behaviour. Influencing factors include personal relationships, community context, social norms, workplace environment and more. The outermost ring refers to the components of these influencing factors.



“I think the desexualizing and infantilizing thing is so huge, like, they... like, health-care providers kind of assume that you’re not having sex.”  
A young person with disability, Canada

(WHO, Global report on health equity for persons with disabilities)

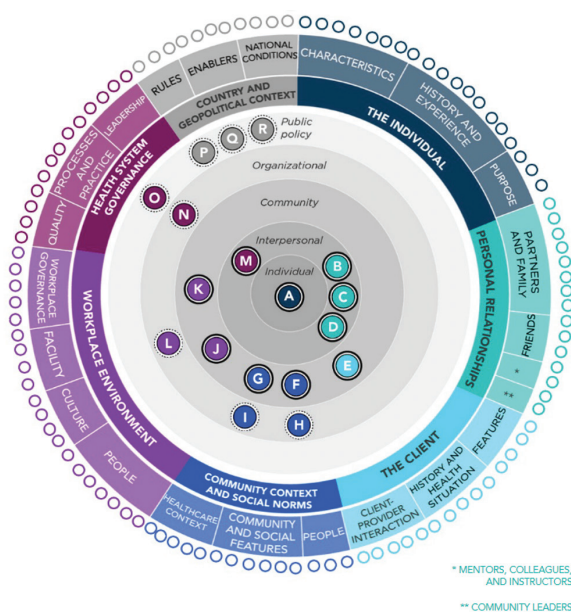


Figure 1. Provider behaviour ecosystem map



## ► IDENTIFYING UNCONSCIOUS BIAS THROUGH EMPATHETIC LISTENING

You can also identify unconscious bias by listening. Listening is a critical aspect of an SBC approach to addressing stigma and discrimination, because it is relevant to both identifying problems and developing solutions. Listening is a core skill for leading effective community engagement and participatory research, and also for strengthening service providers' capabilities to provide inclusive services to children and youth with disabilities.

To hone your empathetic listening skills, consider a [continuum of listening](#). Some forms of listening are more active than others, and they each result in different outcomes.<sup>10</sup> Thinking in terms of a continuum encourages you to work towards an empathetic, active listening practice. Empathetic listening, the most refined form of listening, generates a deep understanding of why someone behaves the way they do. It thereby helps you identify unconscious bias, allowing you to gather evidence of that bias without passing judgement in a way that would affect the behaviour of the person you're listening to. It can be used in semi-structured interviews, focus group discussions, community dialogues and more.

## ► ADDRESSING UNCONSCIOUS BIAS THROUGH PARTICIPATORY APPROACHES

Your programme design should balance [tools that help providers assess their own disability-related unconscious bias](#) with [tools that help clients assess it in their service delivery journeys](#). These tools can use a number of participatory approaches, including participatory research (see [module 1](#)) and community dialogues and workshops (see [module 3](#)).

Once you have identified service providers' unconscious biases, the next step is to address them using SBC approaches that are sensitive to the complexities of this challenge. Participatory approaches help providers not only become aware of their own biases, but also recognize the benefits of addressing them. Two techniques applicable to addressing unconscious bias in service provision are described below.

## ► ADDRESSING BIASES USING COLLABORATIVE DESIGN PROCESSES

The principles and processes of human-centred design offer one of the most effective ways to develop inclusive, effective service delivery processes that are tailored to the communities they serve. The resources and tools on the [human-centred design website](#) can help you understand the issues facing service providers and, together with members of the disability community, develop solutions.

A human-centred design process brings together service providers, other people from organizations providing services, children with disabilities, and their parents or caregivers to work on designing ways to improve services. The process is shaped by five big questions:

- What is our objective?
- What do we think we know?
- What stands in our way?
- How could we respond?
- How could we improve?

<sup>10</sup> S. R. Covey (2013). The seven habits of highly effective people: Powerful lessons in personal change. Simon and Schuster.

You can start with these questions to facilitate a process to design (and redesign) service delivery so that it becomes inclusive, considering the four drivers described in the Ready section – **physical accessibility, self-efficacy, human resources and policies and procedures**. For example, the group can discuss how to improve policies and procedures to create more inclusive services, or what kinds of knowledge and skills can build providers' self-efficacy.

### ► FEEDBACK AND ACCOUNTABILITY MECHANISMS

Mechanisms for people with disabilities to give feedback on the services they use are critical to maintaining inclusive service delivery processes. Feedback mechanisms allow clients to interact with service providers and help to update processes that are not as inclusive as they should be. You should build feedback and accountability mechanisms into the design of your service delivery processes as soon as you can.

UNICEF and other organizations have implemented many kinds of feedback mechanisms. You can draw on resources like CARE's [Community Score Card](#) and UNICEF's [Accountability to Affected Populations \(AAP\) Toolkit](#). The user journey map described earlier can provide guidance for how to create feedback mechanisms that are accessible and useful for children with disabilities and their families.

Additional ways to create feedback and accountability mechanisms include:

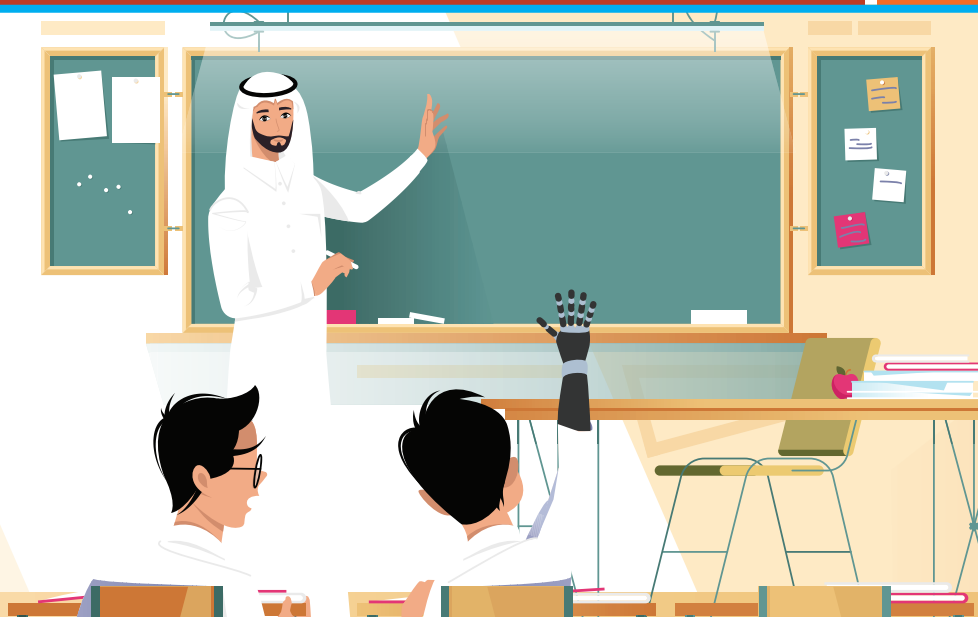
- A hotline for clients to call with feedback about the services they have received. Clients can be given a card with the hotline number at the end of an appointment with a service provider.

- Programmatic quality checks through UNICEF's agreements with service providers and implementing partners.
- Calls to clients by service providers following appointments to get feedback on their experiences.
- Online surveys through social media or survey tools with a few questions that ask clients to rate and describe their experiences with the service provider.
- Regular check-ins with children with disabilities and their parents or caregivers to assess their experiences, conducted by SBC practitioners or other partners outside of the service delivery organization.
- Formalized requests for feedback and ratings on online sites such as Google or Yelp.



 **STEADY  
KEY TAKEAWAY**

- Start with a disability-inclusive situation analysis to gauge the extent to which inclusive services are available in your context. Next, seek to understand the experience of service delivery from both the client's perspective and the service provider's perspective.
- A user journey map can help you understand how children with disabilities interact with service providers and provide insights into what prevents them from receiving inclusive services. It can also help children and their families build self-efficacy in seeking and demanding inclusive services.
- Because bias and ableism are often unconscious, they may be difficult for people to acknowledge. You can use implicit bias assessments, provider behaviour assessments, observation and empathetic listening to identify service providers' unconscious biases.
- Use participatory approaches to address service providers' unconscious biases. Such approaches can help service providers identify the intersection between their actions and their values, and understand the benefits of adopting new behaviours.
- You can facilitate a human-centred design process to help service users and service providers work together to make services inclusive by improving physical accessibility, self-efficacy, human resources, and policies and procedures – four drivers that can create the conditions for inclusive service delivery.
- By developing feedback and accountability mechanisms as part of your programming, you ensure that children with disabilities and their families can shape services to meet their needs and hold providers accountable for creating inclusive, accessible environments.



- **Accessible Kazakhstan: Building self-efficacy and increasing accessibility through a collaborative online platform**

The [Dorskaz collaborative digital platform](#) was designed to address limited awareness of people with disabilities and their needs. It is an online map of Kazakhstan that displays information about the accessibility of public facilities, so that all residents can have a safe and comfortable experience in using them.

- **Engaging West African youth in service improvement**

[Empathways](#) is a card deck designed to help foster empathy between youth and family planning service providers. In March 2021, the West Africa Breakthrough ACTION (WABA) team tested a reduced, tailored version with 15 young people and 15 providers, aiming to improve youth-centered reproductive health and family planning as part of the [Merci Mon Héros](#) campaign. [Results were very positive](#), and the teams continue to use the tool today.

- **Measuring teachers' attitudes towards learners with disabilities**

A teacher's attitudes greatly influence the extent to which their classroom is inclusive. These attitudes are affected by the teacher's social networks and their confidence, as well as the availability of quality resources, support and more. [The Teachers' Attitude to Inclusion Scale \(TAIS\)](#) is one useful tool for large-scale research involving teachers' attitudes towards learners with disabilities.<sup>11</sup> It extends a scale that was developed in the late 1970s to create a more inclusive environment for children with Special Education Needs (SEN) and was validated in British schools.

- **Inclusive education through a child-to-child approach.**

The child-to-child approach is designed to tap into children's inherent 'openness' in communicating with their peers. Applied successfully to the Tanzanian context by Able Child Africa, [A Teacher's Guide to Implementing the Child-to-Child Approach](#) outlines best practices and guidance for structuring an inclusive classroom, using an inherently person-first approach that aligns with the core principles of this toolkit.

- **Addressing provider bias in family planning contexts.**

The Knowledge SUCCESS consortium has developed a set of [best practices for addressing service provider behaviour change in family planning](#). These principles are relevant to all SBC programming targeting service providers and inclusive service delivery. Knowledge SUCCESS (Strengthening Use, Capacity, Collaboration, Exchange, Synthesis, and Sharing) is a five-year global project led by a consortium of partners and funded by USAID's Office of Population and

Reproductive Health to support learning, collaboration and knowledge exchange within the family planning and reproductive health community.

- **Promoting disability-inclusive health care in Cambodia.**

(Described in the [WHO disability-inclusive health services training package](#), p. 39.) The Social Health Protection Programme (SHPP) was implemented by the German development agency GIZ to support the Cambodian Ministry of Health to improve the inclusion of people with disabilities in the Cambodian health sector. Implemented in the provinces of Kampong Thom, Kampot and Kep, the SHPP uses a twin-track approach, supporting activities to promote the rights of people with disabilities while mainstreaming disability into health sector interventions. Key project interventions include disability awareness training for health staff and health awareness training in collaboration with OPDs.

- **Improving access to sexual and reproductive health care in the Philippines.**

(Described in the [WHO disability-inclusive health services training package](#), p. 30.) The W-DARE research programme (2013-2016) aimed to improve access to sexual and reproductive health (SRH) information and services for women and girls with disabilities in the Philippines. The researchers partnered with organizations including OPDs and women's health service providers to pilot a range of interventions to address barriers, including disability and gender awareness workshops, initiatives to improve the accessibility of facilities, and training on inclusive SRH.

<sup>11</sup> Monsen, J., Ewing, D.L., and Boyle, J. (2015) Psychometric properties of the revised Teachers' Attitude Toward Inclusion Scale. *International Journal of School & Educational Psychology*, 3(1). 64-71. DOI: 10.1080/21683603.2014.938383.





## GENERAL RESOURCES APPLICABLE TO ALL SERVICES

- You can use the [Implicit Association Test](#) to test for implicit biases relating to disability.
- To better identify unconscious bias through empathetic listening, this tool explains the [Continuum of Listening](#).
- The [Provider Needs Assessment Framework and Tools](#), developed by USAID and Breakthrough ACTION, provide a systematic approach to assess providers' needs and change their behaviours. The needs analysis framework outlines a process for identifying where individual or organizational performance falls short of expectations. The [Design](#) and [Resources](#) sections provide tools to address providers' motivational needs. Although this resource was developed for family planning, it can be tailored and used for other services as well.
- The [Disability Inclusion Toolkit Enabling Inclusive Youth Work](#) was developed by the Youth Inclusion Hub, a partnership of disability organizations working with young people in Northern Ireland. It aims to develop inclusive youth work practices and promote access to youth services by young people with disabilities.
- [GBV against Children and Youth with Disabilities Toolkit: A toolkit for child protection actors](#) was designed to reflect on and develop staff capacities on disability inclusion, identify the gender-based violence (GBV) prevention and response needs of children and youth with disabilities, and foster their participation in planning and implementing activities to prevent and reduce the risks of violence.
- UNICEF ECARO's regional brief on [Inclusive Social Protection Systems for Children with Disabilities](#) contains a checklist for inclusive social protection (p. 11), including considerations relating to evidence, policy and legal frameworks, programming and administration.

## ASSESSING SERVICE PROVIDERS' BIASES AND BEHAVIOURS

- You can use the [Implicit Association Test](#) to test for implicit biases relating to disability.
- To better identify unconscious bias through empathetic listening, this tool explains the [Continuum of Listening](#).
- The [Provider Needs Assessment Framework and Tools](#), developed by USAID and Breakthrough ACTION, provide a systematic approach to assess providers' needs and change their behaviours. The needs analysis framework outlines a process for identifying where individual or organizational performance falls short of expectations. The [Design](#) and [Resources](#) sections provide tools to address providers' motivational needs. Although this resource was developed for family planning, it can be tailored and used for other services as well.
- The [Disability Inclusion Toolkit Enabling Inclusive Youth Work](#) was developed by the Youth Inclusion Hub, a partnership of disability organizations working with young people in Northern Ireland. It aims to develop inclusive youth work practices and promote access to youth services by young people with disabilities.
- As [person-First Framework for understanding access](#), addressing the challenge of inclusive service delivery is not simply about providing access to quality services – there's a complex web of reasons why someone might not access a service. SBC practitioners must engage with this complexity in order to find adequate solutions.

Figure 1: A person-First Framework for understanding access



## ADDRESSING BIASES AND BEHAVIORS OF SERVICE PROVIDERS

### ► INCLUSIVE HEALTH SERVICES

- [Disability-inclusive Health Services Toolkit: A resource for health facilities in the Western Pacific region](#) was developed by WHO to support the achievement of universal health coverage by health care service providers. The materials are also relevant to other contexts.
- [Shaping Health Systems to Include People with Disabilities](#), part of the K4D Emerging Issues report series geared towards policymakers, highlights research and emerging evidence to help inform policies that are more resilient to the future.

### ► INCLUSIVE EDUCATION SERVICES

- [Changing perceptions – empowering teachers | UNICEF Europe and Central Asia](#) is a training module on interpersonal communication for inclusive education. It addresses teaching staff self-efficacy, attitudes, beliefs, and norms and seeks to promote and support inclusion of every child, regardless of their social, religious, cultural, economic, geographical, ethnic background, and disability. While it is informed by theoretical understanding, the module is grounded in classroom and school realities and tries to address the challenges, opportunities, and issues that the teachers' work involves. It uses scenarios, role plays, video resources, simulation, mind mapping, discussion, and analysis to provide as many opportunities as possible for actual application.
- Sensory Trust UK's [Inclusive Play Guide](#) is designed to help you create opportunities for play that are more inclusive and welcoming for all children. It provides some simple strategies for ensuring that all children have the opportunity to engage in play.
- Since a key element of providing an inclusive education is promoting positive attitudes and behaviours among students, inclusive education efforts should be accompanied by SBC programming within the classroom and the broader school. Several tools covered in [module 3](#) can be used here, including the [Edutainment Toolkit](#) and children's stories such as [Jad and Tala's Story Books](#). An additional resource is [Teach Kids about Autism: Kit for kids](#), an engaging programme designed to educate elementary and middle school students about autism and to promote inclusivity in the classroom. The kit includes resources that aim to help students increase their awareness and understanding of autistic peers.

## ▶ INCLUSIVE CHILD PROTECTION SERVICES

- [UNICEF training for frontline workers \(forthcoming in early 2024 at \[www.unicef.org/disabilities\]\(http://www.unicef.org/disabilities\)\)](http://www.unicef.org/disabilities) is designed to build introductory-level disability inclusion capacity and guide frontline workers across sectors, including nurses, community health workers, teachers, social workers, Early Childhood Development workers, community-based organizations staff, local government officials, WASH maintenance workers and engineers, humanitarian field workers and project managers. It comprises six modules, each with a 10-minute video, related facilitator material and complementary focus briefs that provide guidance on designing further training on common disability inclusion topics across sectors. The training package: [www.unicef.org/disabilities](http://www.unicef.org/disabilities).
- [GBV against Children and Youth with Disabilities Toolkit: A toolkit for child protection actors](#) was designed to reflect on and develop staff capacities on disability inclusion, identify the gender-based violence (GBV) prevention and response needs of children and youth with disabilities, and foster their participation in planning and implementing activities to prevent and reduce the risks of violence.

## ▶ INCLUSIVE SOCIAL PROTECTION

- UNICEF ECARO's regional brief on [Inclusive Social Protection Systems for Children with Disabilities](#) contains a checklist for inclusive social protection (p. 11), including considerations relating to evidence, policy and legal frameworks, programming and administration.

© UNICEF

3 United Nations Plaza

New York, NY 10017

United States of America

March 2024

<https://www.sbcguidance.org/>

<https://www.unicef.org/disabilities>