

ENSURING DISABILITY INCLUSIVE TRAINING

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This booklet was developed for PACT Cambodia in English by Claire Hanson and translated to Khmer by Borom Ry with the disability expertise of Khim Bun.

1. What is Disability?

Approximately 15% of the world's population or 650 million people live with some form of disability; they make up one of the world's largest minority groups - an estimated that 20% of the poorest of the poor live with a disability.¹

There is a circular relationship between poverty and disability; if you have a disability you are more likely to live in poverty and if you live in poverty you are more likely to have (or develop) a disability. As the world's population grows and ages and the gap between rich and poor is exacerbated, the percentage of people with a disability is likely to increase.²

Disability in Cambodia

Within Cambodia, estimates vary considerably, but as many as 10-15% of Cambodians are living with a disability, that's 10 to 15 people in every hundred!

Despite the Royal Cambodia Government ratifying the UN Convention on the Rights of Persons with Disabilities in 2012 and several laws and strategies aimed at the inclusion of people with disabilities in education, employment and services;³ people with disabilities (PwD) are one of the most vulnerable groups in society and they often lack access to healthcare, education, training and employment. This further alienates PwD from fully participating in their communities.⁴

While the majority of PwD have considerable skills and potential, many have not had the *opportunity* to build on them. The active inclusion of people with disabilities in meetings, workshops and training is vital to ensure an inclusive society where people with disabilities can live up to their full potential and decide their own futures.

¹ WHO: Disability & Health, 2018 <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>

² World Bank Group: Disability Inclusion, May 2020 <https://www.worldbank.org/en/topic/disability>

³ International Labour Organisation, Inclusion of People with Disabilities in Cambodia, 2009 https://www.ilo.org/wcmsp5/groups/public/@ed_emp/@ifp_skills/documents/publication/wcms_115096.pdf

⁴ UNDP: Disability Rights Initiative Cambodia - Project Overview, https://www.kh.undp.org/content/cambodia/en/home/operations/projects/democratic_governance/disability-rights-initiative-cambodia.html

Conceptualising Disability

The concept of 'disability' is changing and we need to keep up.

PwD have traditionally been characterised by *what they can't do*. This way of thinking has led to their being at best ignored and at worst actively discriminated against. This conceptualisation is called the 'Traditional', 'Medical' or 'Charitable' model of disability.

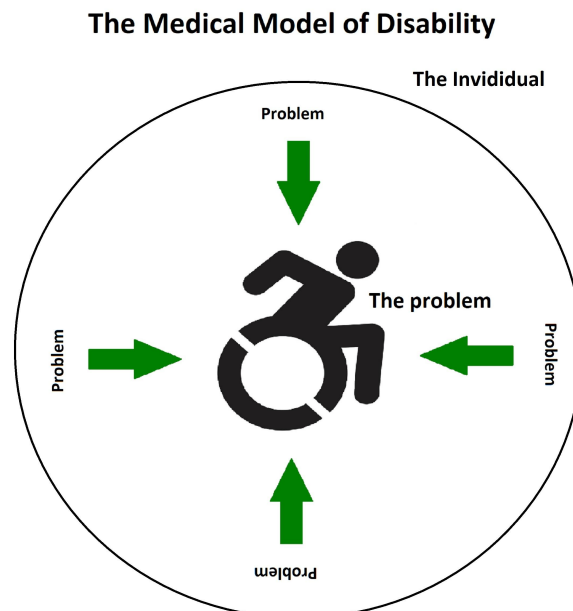
A better approach conceptualises disability as the interaction of people with their environment, this shifts the focus from the individual and places it on society, it is called the 'Social Model' of disability. This is the approach that we endorse.

Medical Models of Disability:

Traditional models of disability see disability as an individual person with a medical problem that needs to be prevented, cured or contained. If their disability cannot be eliminated then these individuals become a 'charitable issue'. They are classed as 'unfortunate' people who need to be pitied and catered for by segregated, charitable services.

The Medical model focuses on what people with disabilities *can't do* because of their impairment...

She can't walk so she'll never be able to work
She can't see so she'll never be able to go outside alone.
She can't hearshe can't have children she won't be able to look after them.



This enables the Medical model to then focus on trying to help this person through operations or equipment; the Charity model sees a person who is unable to walk or see requiring charitable services, such as care centres or pensions as alternatives to working.

These models enable society to ignore its responsibility; someone else will deal with it, likely a charity, and there's no need to do anything more. The assumption is that the *source of the problem* is the individual PwD, it is not that society has excluded that individual its that the individual is incapable of being included in society.

It has also led to a belief among many PwD that there is *something wrong with them*. Imagine always being told that you are a problem that needs to be fixed? Not just from one person, but from society as a whole. Would you be confident? Would you be comfortable in your community or society?

The Social Model of Disability

Originating in the 1960s, the Social Model of Disability is a radically different model - it holds that disability is the result of people with impairments interacting within their physical and social context. Disability is *not* an inevitable consequence of having an impairment - it is caused by the way society is run and organised. The key is the physical or medical element of disability is the *impairment* and disability occurs when people with impairments face barriers to inclusion - by oppression, exclusion and discrimination.

An impairment can be understood as the physical characteristic of a person e.g.

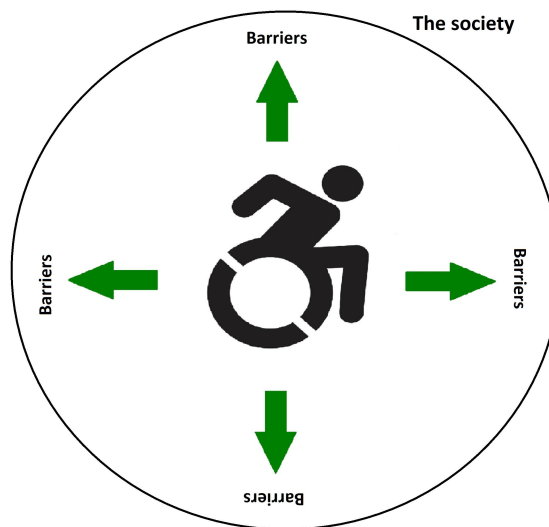
- A person has difficulty walking
- A person has difficulty seeing

A barrier is when society fails to provide adequate measures to include a person with an impairment. When a person who has difficulty walking is confronted with stairs they are in a *disabling situation*.

When a person with difficulty seeing is confronted with small text in light colours, they are in a *disabling situation*.

- A person has difficulty walking = provide them with a ramp
- A person has difficulty seeing = provide them with accessible documents (large text in simple fonts in contrasting colours)

The Social Model of Disability



In these scenarios society is the source of the disability and it's very easy to see how;

- No Ramp = No Access for wheelchairs = Unable to enter building = Exclusion
- Hard to read documents = documents not read = no knowledge = Exclusion

Women with Disabilities - Double Discrimination

Women with disabilities face double discrimination. They face barriers to inclusion due to both their gender and their impairment:

Women can't be mechanics.

People with disabilities can't be mechanics.

So...

A woman with a disability definitely can't be a mechanic!

Women with disabilities face significantly more difficulties - both in wider society and in private - when attempting to access adequate housing, health care, education, vocational training and employment. They are more likely to be institutionalised or be forced to stay home unable to leave. If they do obtain work they tend to experience inequality in hiring, promotion, equal pay and access to training and retraining. They are more likely to be refused credit and other productive resources and are rarely invited to participate in economic decision making.

In Cambodia 47.8% of people with disabilities are women. Recent research has found that women with disabilities experience significantly higher rates of emotional, physical and sexual violence by household members (other than partners) when compared to women without disabilities.⁵

⁵ Sida: Disability Rights in Cambodia, January 2015
<https://www.sida.se/globalassets/sida/eng/partners/human-rights-based-approach/disability/rights-of-persons-with-disabilities-cambodia.pdf>

Women with disabilities are:

- Less likely to finish primary school
- Considered less valuable and more burdensome within the household
- 2.5 times more likely to require permission from a partner to seek healthcare
- Experience higher rates of psychological distress (as a result of partner violence)
- Less able to disclose family violence or seek appropriate support (often because communities/NGOs do not seek to include them in prevention/support programs)

Women with disabilities face an enormous power imbalance which leads to them be disproportionately underrepresented in public decision-making. This affects local decisions at the community level which then affects front-line services such as health and education. This lack of representation also affects decision making concerning such services and reinforces the lack of access to women with disabilities needs in local health education and sanitation services. Cambodia's ongoing decentralization process of disability support and health services for people with disabilities in both urban and rural area has the potential to further marginalise this vulnerable group.

Main Impairment Categories

Defining 'Disability' is complex; however, an easy way to approach the concept is to think in terms of 6 categories of impairments.

Note: People can have several impairments at the same time

1. Physical Impairments

This includes physiological, functional and/or mobility impairments. These can be fluctuating or intermittent, chronic, progressive or stable, visible or invisible. Some involve extreme pain, some less, some no pain.

Progressive. These impairments get worse over time, but they can fluctuate:

- Multiple Sclerosis - neurological deterioration
- Muscular Dystrophy - muscular disorders
- Chronic Arthritis - inflammation of the joints

Non - Progressive: These impairments are non-progressive and remain stable over time.

- Cerebral Palsy - neurological condition
- Spina Bifida - congenital malformation of the spinal cord
- Spinal Cord Injury - neurological damage resulting from trauma or accident of some kind.

These impairments are **non-progressive but can fluctuate**

- Fibromyalgia - chronic pain condition
- Chronic fatigue syndrome - chronic fatigue condition

2. Visual Impairments

Also referred to as 'difficulty seeing'. 'Legally blind' is often used to describe someone who has less than 10% or less of vision capability, it does not indicate that the individual is completely blind. Only 10% of people with visual disabilities are completely blind, the other 90% are described as having a visual impairment.

3. Learning Difficulties

A specific and persistent disorder of someone's central nervous system affecting their ability to learn in the same way as other people are expected to. This can impact a person's ability to interpret what they see and hear, or link information between different parts of the brain. One of the most common indicators of a learning impairment is a

discrepancy between the individual's potential (apparent aptitude & intelligence) and his/her/their actual level of achievement.

4. Hearing Impairments

Also referred to as difficulty hearing, there are several 'levels' or types of hearing impairments. "Deaf" describes someone who has severe difficulty hearing, or cannot hear at all. You can acquire hearing loss after adulthood this is often referred to as "deafened", hard of hearing is someone who uses their residual hearing and speech to communicate.

5. 'Hidden' Impairments

A hidden or invisible impairment is a physical, mental or neurological condition that is not visible from the outside, yet that can limit or challenge a person's movements, senses or activities. Examples include debilitating pain, fatigue, dizziness, cognitive dysfunctions, brain injuries, learning differences and mental health disorders, and can also refer to hearing and vision impairments.

,It's important to understand that these impairments are not always obvious to the onlooker but can sometimes or always limit daily activities and range from mild challenges to severe limitations and vary from person to person.

This category of impairments overlaps with the others mentioned in this booklet.

6. People with a mental health condition

It's important to note that not all mental health conditions are impairments - they are considered to be when they have a long-term impact in normal day-to-day activities. There are many different types of mental health conditions, some are visible, some are not. However, people with mental health conditions or impairments are often amongst the most discriminated against.

- Schizophrenia: Often considered the most serious mental health condition.
- Mood Disorders including Depression, anxiety, bipolar disorder - an estimated 40% of Cambodian's experience bouts of anxiety.⁶
- Dementia: most common in elderly people, but early-onset dementia can occur in younger people as well.
- Post Traumatic Stress Disorder (PTSD): An estimated 28.4% of Cambodians suffer from PTSD - the most common sign is difficulty concentrating or remembering.

⁶ Steinert C, Bumke PJ, Hollekamp RL, et al. Treating post-traumatic stress disorder by resource activation in Cambodia. *World Psychiatry*. 2016;15(2):183-185. doi:10.1002/wps.20303
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4911774/>

- Eating Disorders including Anorexia and Bulimia
- Obsessive-Compulsive disorders: recurrent, unwanted thoughts and/or behaviours.

Barriers to Inclusion

One of the best ways to understand the Social model and how to overcome the exclusion of people with disabilities is in terms of 'disabling barriers' there are aspects of society that make life difficult for people with impairments and exclude them from participating in society fully. Key 'disabling' barriers include:

Attitudinal: There are social and cultural attitudes and assumptions about people with impairments that explain, justify and perpetuate prejudice, discrimination and exclusion from society. For example, assumptions that people with impairments can't work, can't be independent, can't have sex, shouldn't have children, need protection, are child-like are dangerous, should not be seen because they are upsetting to other etc.

Environmental/Physical: These are barriers linked to the physical and built environment and cover a huge range of barriers that prevent equal access, such as stairs/steps, narrow corridors and doorways, low tables, kerbs, inaccessible toilets, inaccessible housing, poor seating, poor lighting, broken elevators, uneven pavement and public spaces.

Information/Communication: These barriers are linked to a lack of sign language or interpreters for people with hearing impairments; lack of provision of information in different formats such as accessible printed materials (large font, simple graphics)

Institutional: These barriers include legislation that discriminates as well as inadequate employment laws and electoral systems, educational policies.

- ❖ **Some people have an obvious impairment but usually, it is the environment and the attitude of the society that is disabling**
- ❖ **It's important to remember that disability is not a characteristic of the individual, it is the result of the interaction of the person and his/her environment.**
- ❖ **A disabling situation is when a person doesn't function optimally and can not have the same opportunities as others.**

People First Language

One of the simplest things to change behaviours towards disability is how we speak about it

We live in a world with a lot of different people that interact with constantly shifting power dynamics. As this world moves towards being more inclusive, the way we speak has to move with it. It can be hard to keep up with what is acceptable and not acceptable to say or write - especially when you're describing someone.

People have a tendency to define by difference, while this is not necessarily a bad thing - difference can be celebrated! However, this thinking does lend itself to potentially harmful language. It is important to notice the language we use, not to the point where we are second-guessing everything we say, but rather so we get to a point where we can comfortably talk about anyone without accidentally being condescending, rude or pejorative.

Always remember: Most of the time a person's difference or impairment is not particularly relevant - ask yourself if someone's gender, disability, ethnicity, religion etc is integral to the story you're telling.

If it's not, don't mention it.

If it is, be respectful.

First-person language does just that, it puts the person first, before their point of difference.

So instead of saying “the disabled woman” you say “ women with a disability”

Simply put, if there is a need to mention someone’s point of difference, remember that the characteristic that makes them different from you, or from the social norm, is only part of what makes them a person. Everyone is a person first, then they have characteristics or points of difference.

Note, while first-person language is typically referred to when talking about people with disabilities, it is a useful tool to be respectful to everyone. Remember first-person language is key for any interaction, be it with people of different genders, ages, sexualities, cultures, religions, people with disabilities, etc.

Think of first-person language as your default way of speaking about people with disabilities. Some people with disabilities will prefer you use different language, that’s OK, everyone has the right to choose how they are spoken to or about. You won’t be right all the time, remember to listen and learn.



Quick Language Guide The following is not an exhaustive list, it is designed to give you an introduction to inclusive language.

Examples of what you should say	Examples of what you should not say
People with disabilities, women with a disability	the handicapped, the disabled, disabled woman, the disabled women.
People without disabilities	normal, healthy, whole or typical people
A person who has a congenital disability	A person with a birth defect
A person who has (or has been diagnosed with)...	A person afflicted with / suffers from, a victim of...
A person who has Down syndrome	downs person, mongoloid, Mongol
A person who has (or has been diagnosed with) autism	the autistic
A person with a physical disability	a cripple
person of short stature, a person with dwarfism little person	a dwarf, a midget
A person who is unable to speak, a person who uses a communication device	dumb, mute
people who are blind, a person who is visually impaired	the blind
A person with a learning disability	learning disabled, retarded
A person diagnosed with a mental health condition	crazy, insane, psycho, mentally ill, emotionally disturbed, demented
A person diagnosed with a cognitive disability or with an intellectual and developmental disability	mentally retarded, retarded, slow, idiot, moron
A person who uses a wheelchair or a mobility chair	confined to a wheelchair; wheelchair-bound
accessible parking, bathrooms, etc.	handicapped parking, bathrooms, etc

2. Disability Etiquette Tips

It can sometimes be awkward or confronting meeting a person with a disability. This awkwardness often comes from overthinking or simply not knowing how to act and can easily be overcome. This section provides some simple guidelines to assist your interactions with people with disabilities when meeting them for the first time, helping/providing assistance or simply spending time together. The following is based on tips compiled by the Australian Network of Disability⁷, it is not designed to be a complete guide - its aim is to give you a basis for your interactions with people with disabilities and address any awkwardness you might feel.

Always Remember

- Every person is a whole person regardless of how they interact with the world. Focus on what they need to do, what tools they use and avoid making assumptions.
- Some extra considerations might be necessary to make meeting a person with a disability more comfortable for everyone. Be patient and take the time to learn what people need.
- Everyone is different and has individual preferences, so it's a good idea to ask the person what works for them and respect their wishes.

Avoid asking personal questions about someone's disability - it's not your right to know. If it comes up in conversation that's OK, but don't pry.

Be considerate of the extra time it might take for a person to do or say something

It's OK to offer help. When doing so: Be polite and patient. Wait until your offer is accepted. Listen and ask for specific instructions. Be prepared for your offer to be refused and don't get offended, it's unlikely to be personal.

Relax, anyone can make mistakes, apologise if you think you've embarrassed someone, keep a sense of humour and be willing to communicate.

⁷ Australian Network on Disability: Disability Etiquette <https://www.and.org.au/pages/etiquette.html>

Use your normal tone of voice when welcoming, or talking to a person with a disability - don't raise your voice or speak slowly unless you have been asked to.

Don't patronise, or talk down to a person with a disability - treat them with respect and dignity.

Be patient and make sure to give your undivided attention, especially with someone who speaks slowly or who needs to put a lot of effort into speech.

Depending on the cultural norms, always offer a handshake, even if someone has limited hand use or an artificial limb. It's OK to shake someone's left hand. If the person can not shake hands, acknowledge them with a smile and words.

If you can't remove a barrier let the person know, when planning a meeting or an event. Think about the specific accommodations a person with a disability might need - if you can see a barrier that cannot be avoided, make sure the person knows ahead of time.

Speak directly to the person with a disability, even if they have someone accompanying them - this includes interpreters.

Never pretend to understand what a person is saying if you don't. Ask them to repeat or rephrase, if necessary offer a pen and paper.

Guide, don't push. If someone asks for your help, offer your elbow or shoulder for support and make sure they are comfortable. But remember - you are assisting them to get where they want to go, at their pace.

It is OK to use common expressions that are based on the assumption that everyone is without a disability - for example, "see you soon" or "I was running late". If you feel uncomfortable don't use them, however conspicuously not using common expressions is far worse than the potential offence they might cause.

3. Accessible Venue Guide and Checklist

Before running any event, training or workshop it is important to ensure that it can be accessed and enjoyed by everyone.

People with disabilities face barriers when attending training. They may experience difficulty hearing what is said, reading small print, climbing steps to get into a venue, understanding signage or using a bathroom in the building etc. This checklist is designed to help you include everyone and give an overview of the accessibility of the venue and your event. It is not designed to be exhaustive - but to give you a guide.

Planning an Accessible Event

- Event facilitators should contact participants in advance, to enquire about their access needs.
- If this is not possible, he/she should make sure that the physical environment is generally accessible, and be ready to adapt activities on the day.*
- Visit the venue to see if it is suitable for your purposes, and, accessible and make any reasonable adaptations to ensure it is as accessible as possible.

* This concept is called 'reasonable adaptation and is the cornerstone of disability inclusion)

Ensuring an ' Accessible Route'

The first part of making sure a venue is accessible is making sure there is a level, accessible pathway, with no obvious obstructions from the road to the training location.

Visit the venue before you hold the training and ask yourself the following questions.

Entrance

- Is there an accessible route between parking/drop of point and the entrance to the building?
 - How level is the entry to the building?
 - Is the ground even?
 - If no, can you make it even? E.g. level the path, move any rocks or objects.

Stairs

- Are there stairs? How visible are they? Can you easily see them when you are approaching the building?
- Are there a lot of stairs?
 - If there are a lot of stairs, can a ramp be made (of wood or concrete)?
- Is there access to the meeting room once inside the building?

Ramp

- Is there a ramp?
- Does the ramp have rails?
 - OR is there the ability to roll/step off the ramp that could put people at risk?
- Do people need additional support using the ramp because it is steep?
- Do you have people physically capable of giving this support?

Doorways

- Is there access to the building?
- Is there a wide door (80cm or more) for a wheelchair? Can double doors be opened?
- Is the door easy to open?

* Check to see if the floor under the doorway is flat. Often there is a small rise that can make entering them with a lower limb impairment or difficulty seeing more challenging.

Elevator

- Is there an elevator? Does it work? Is the electricity supply reliable?
 - Can a wheelchair fit inside the lift, with all the doors closed?
 - Buttons should be reachable from a wheelchair (roughly 76 cms) and/or there should be room for someone who can reach the buttons.
 - Buttons should be tactile - use of braille or raised numbers - if this is not the case take note so you can inform participants.
-

Inside the building

- Can the event be held on the bottom floor?
- If the event is on an upper floor, is there an elevator?
- Are the door frames wide enough for wheelchairs or assistive devices (80cms or more)
- Is there a large enough area to allow wheelchairs to move around between tables?
- Is the stage, ramp and podium accessible to speakers with disabilities?
- Are the exits clearly identified?
- Is there good lighting?

Seating

- Can a Wheelchair user fit under the table? (Typically a minimum height of 70cm beneath the table, and the tabletop should be no more than 85cm)
- Can the wheelchair seating include a companion beside them?
- Is there an accessible route to the speaker's area/stage?

Toilets

- Is there an accessible route to the toilets? or is there space for a wheelchair to enter and turn? and for the door to be opened and closed while the person is inside?

* bathrooms/toilets often have a small step at the entrance, consider if this step is too high for a wheelchair/people on crutches etc. to pass over

- Are the toilets easy to find?
- Is there a large enough space in the cubicle to manoeuvre a wheelchair?
- Are there outward opening doors?
- Are all parts of the toileting process in reach? Taps, sinks, toilet paper, soap, light switches, locks etc.

* Taps - mixer lever taps are preferable instead of the taps requiring a twist - if taps require twisting let your participants know.

- Are there handrails close to the toilet?
- Does the toilet have a seat? Does it have enough space in front and beside it for transfer?

*If the toilets are inaccessible to people using an assistive device (especially wheelchairs) consider some alternatives through speaking to the manager about how people with disabilities can go to the bathroom or asking someone how they address this challenge.

The Event

Invitations, Promotional & Training Materials

Text

- Have you used accessible font (Arial for English, Khmer OS for Khmer, minimum size 12)
- Have the invitations or promotional materials been printed in matt paper and in contrasting colours?
- Is the text 'uncluttered' with no background graphics, patterns or watermarks?

Content

- Did your invitation / promotional materials state whether the venue is accessible to people who use wheelchairs or have difficulty walking?
- Did your invitation or promotional material include information about the accessible facilities at the venue such as the location of parking or the nearest set down area?

- Have you encouraged your guests to identify if they have any accessibility requirements such as ramps, sign language or an interpreter?
- Have you included different ways to contact you in your invitation or promotional material, such as phone, email or other ICT so people can select the most accessible for them?
- Is written promotional training etc materials available on request in alternative formats (such as larger font etc)

Signage

Are the clear directional signs to :

- The function room?
- The toilets?
- The dining room?
- The exits?
- Can you put tactile or Braille labels at the entrance to each room where possible?
- Signs should be in large print

Event Communication

Everyone wants to be able to see the stage, hear speeches being made, understand training or messages being delivered, this is especially important for people who have difficulty seeing or hearing.

- Ensure speakers/facilitators talk slowly and clearly and face the audience
- Ensure all videos have subtitles
- Offer handouts in various formats (paper vs digital)
- Online resources should use a sans serif font (e.g Arial, Calibri, Tahoma) for English and a Khmer OS font for Khmer - both should be a size 12 at minimum
- Any visual information should also be provided verbally, and vice versa.
- Use sign language interpreters if required
 - Is there a position where an interpreter or signer can stand so that people who have difficulty hearing can see both the person speaking and the interpreters face and hand movements?
 - Can any audio-visual technicians position spotlights for the interpreter which distribute light clearly and evenly to the face and upper body?

- Does the venue have an audio loop? If there is an audio loop:
 - What type: induction loop/infra-red/FM
 - Has it been placed towards the front of the room with clear sight lines to the stage and the interpreter?

TIP: Consider people who cannot hear well, cannot see well or cannot speak - how will you ensure the information is available to these participants and that they can contribute? This also helps shy people, understanding across languages, communication in a large room full of people.

Sit Down Function

- Are there sufficient walkways (1 metre or wider) in the function room?
- Is there enough space between tables? At least 90cm
- Is there at least 70cm to 84cm space under the table to allow a wheelchair to slide comfortably underneath?

Remember

- Don't be afraid to ask ' Can I help you' or 'How can I help you'**
- Speak clearly and face-to-face to people who are lip reading**
- Offer choice and dignity - don't make assumptions - not everyone wants or needs your help.**

Activities

If there are activities in your training ensure they are accessible for a large range of abilities.

Activities that may be difficult for people with impairments may involve: rapid movement, heavy lifting, standing for extended periods of time, sitting on the ground, reacting to noise etc. It is important to get to know your participants before starting an activity, and remember, ask what people are comfortable doing. Consider the needs of the people in the group you are working with and design your activities accordingly.

For example, if an activity requires:

- People run, jump, move around a lot - and you have a person with difficulty walking in the group.

Ensure the activity is designed so people do have to move far / can move at a similar pace.

- People to react to noise and someone has a hearing impairment

Consider using a flag at the same time to include everyone

- People to draw

Provide larger pens for people who have difficulty holding objects.

* Sometimes you will have designed an activity that is not accessible for your participants when you arrive on the day, that's OK be ready to adapt as you go taking into account the people you are training. Remember, ask don't tell. Ensure people are able to participate, but also ensure they feel comfortable doing so at their own pace.

Ensuring training and events are inclusive not just for people with disabilities, but for everyone, benefits all participants and ensures everyone can participate.

People with disabilities, especially women with disabilities face multiple barriers to participate in training, it is important to understand what disability is and how to address people with a disability to ensure that you are able to accommodate them.

This booklet is designed to give you an introduction to the concept of disability, some simple disability etiquette tips and give you the tools necessary to ensure your events are accessible.