# Travelling together

## HOW TO INCLUDE DISABLED PEOPLE ON THE MAIN ROAD OF DEVELOPMENT

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dedicated to working with children, families and communities to overcome
poverty and injustice. Motivated by our Christian faith, World Vision is
dedicated to working with the world's most vulnerable people. World Vision
serves all people regardless of religion, race, ethnicity or gender.

# Training activities

98 per cent of disabled children in developing countries don't attend school

# Introductions

## HOW TO BEGIN THE PROGRAMME

At the start of the day, introduce yourself and explain how the course will be run. Mention:

- why disability is a development issue – use the handouts section to provide some important global statistics and try to find some facts about the situation for disabled people locally;

- it's designed to be run as an inclusive workshop – there will be plenty of time for breaks and reflection;

- if using interpreters – sign language or spoken – explain how they'll be used to ensure good communication.

**Next provide a brief overview of the course structure.** Stress this is about raising issues – there are no right answers – and about exploring potential new ways of working. This is to improve the development process as a whole. It's not just about focusing on disabled people. It's also about starting a process of change – it's not the end result.

Inform participants they don't need to write detailed notes as copies of all activities and handouts will be given to them. They should feel free to relax and enjoy the day.

# Guessing game

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## ANALYSING ASSUMPTIONS ABOUT DISABILITY

ONE WAY ONLY  —  NO RETURN    ONE WAY ONLY  —  NO

### TIME
10 Minutes

### MATERIALS
• Participants to have pen and paper (or a good memory!)

Assumptions can be stubborn roadblocks on our journey towards inclusion. This initial activity challenges those, and helps set the framework for the rest of the day's discussions.

Without exception, this session has proved to be an effective icebreaker – something tangible that people remember long after the training has happened. It gives a quick insight into a core issue and helps to quickly settle down participants into the topic and what the rest of the day might bring.

## METHOD

1   **Ask participants to get into pairs, preferably with someone they don't know well.** Without talking, pairs have up to five minutes to look at their partner and guess at least three things about them. Examples are listed below. Others could be used, depending on the training context:

   • favourite food;
   • favourite colour;
   • favourite hobby;
   • favourite book/film/story;
   • best place/country ever visited;
   • one unfulfilled ambition.

2   **Pairs share their answers with each other first and check how accurate they were** (probably not very accurate!).

3   **Gather back as a group.** If you have time, people can share answers in the bigger group – especially the unusual and entertaining ones.

4   **Ask for general feedback.** How accurate were they? What makes it hard/easy to guess? How did people feel when their partner revealed their answers? Why?

Generally, people will make guesses based on clues such as gender, age, physical appearance and nationality/ethnic group.

Once you feel you've covered all the ideas, start to talk about disability. The problem disabled people face is that non-disabled people will often make assumptions about what they can and can't do – before they even start to get to know them.

Perhaps a non-disabled person encounters a wheelchair user and decides they can't be invited to a meeting because they don't know how they'd get to it. Or they may assume because someone is deaf, they won't be able to understand the discussions.

Both assumptions are likely to turn out to be false. But without taking time to engage with disabled people, it will be difficult to know. There's a danger you'll continue to exclude them because of what you think they cannot do.

## MOTIVE

This activity should lead into discussions on the assumptions people make without knowing each other. It's based on non-verbal communication. This is our way of coping with life in a complex social environment. It can be very useful. However, it can also be a huge barrier when assumptions prevent others from succeeding.

Many non-disabled people in the world have negative assumptions about disabled people. These are based on appearance – or on a surface understanding of their situation. No real progress will be made if these assumptions aren't raised and challenged.

This activity can help open up discussions for later activities. It's important for people to start this discussion and consider how they regard disabled people.

# Defining disability

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WHAT DOES DISABILITY MEAN TO YOU?

ONE WAY ONLY — NO RETURN    ONE WAY ONLY — NO
ONE WAY ONLY — NO RETURN    ONE WAY ONLY — NO

**TIME**

60 Minutes

**MATERIALS**

- **Handout 1** on the models of disability – medical, charity (individual) and social;

- prepared diagrams of the models. These should be displayed when you talk the group through their differences in step 4 of this activity;

- A5 sized cards or large post-it notes and marker pens for each group.

Development programmes often ignore disabled people – or treat them as a special case. This activity deals with different models of understanding of disability, and is central to the training. As facilitator you need to be comfortable with the differences in approaches before you lead the training, because participants will probably want to challenge many aspects before accepting them.

Essentially, both the medical and charity approaches (known as the 'individual' models as they focus on the disabled person as the 'problem') have targeted disabled people as a separate group – needing specialist or dedicated services, chosen on their behalf by 'experts'. This is characterised by development initiatives such as provision of prosthetic limbs, rehabilitation or speech therapy programmes; setting up specialist income-generating projects or vocational training centres.

By contrast, the social model makes the assumption that disabled people should participate in all development activities. But it also assumes those actions may need to be adapted for accessibility. It means taking responsibility for understanding how to include disabled people as stakeholders in all mainstream work – and looking for ways to support their participation in community life.

medical          charity          social

deaf

wheelchair

needs surgery

helpless

pity

special school

equal rights

societal barriers

stigma

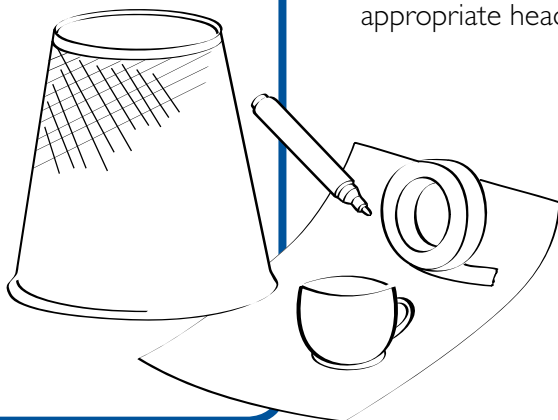Above: an example of step 5

## PRACTICAL TIP

The diagrams are useful in helping to explain the different approaches, and are best prepared in advance of the workshop. It's easy to do, even if you're not an artist.
You need two different sized round objects to draw round and something with a straight edge (or a steady hand). We've used a whole variety of different things from dinner and tea plates to upturned wastebaskets and cups!

*Stick masking tape around the edge of crockery before drawing to protect it from getting covered in marker pen!*

## METHOD

1   **Ask participants** – 'What words do you associate with disability? What words or images come to your mind when you say or think the word "disabled"?' Give them two or three minutes to consider everything that comes to mind.

2   **Divide participants into small groups of between four and six.** Ask them to talk about the words they've come up with.

3   **Ask them to write the words they'd like to share with the whole group onto the cards provided** (one word or picture on each card and only on one side). Each group needs to keep their cards safe, ready to share with the others later.

4   **Bring the whole group back together.** Using the diagrams, explain the concepts of medical, charity (individual) and social models of disability. Use the information in handout 1 to describe each model. Explain to participants they will be given handouts afterwards so they don't need to take notes.

5   Having carefully explained each of the different approaches, ask **each small group to lay out their collective words on the floor** in front of the wider group under the heading of medical, charity or social. Discussions will follow as participants try to explain why they placed words under particular headings. Encourage people to question whether they think the words are under the most appropriate headings.

This last discussion is important and will often lead to long debates about differences in approach. In reality, it's difficult to separate out words in this way. There are some words or phrases that don't seem to fit anywhere.

That often happens because the original idea behind the statement has mixed motivations. Phrases like 'needs more time' could be viewed as an individual approach because the focus is on the disabled person. But it could be indicative of a social model approach if it relates to the planning of a workshop where you're thinking about ensuring there's plenty of time for everyone to contribute. The debate is important. Encourage participants to think about meanings behind the words. But don't get too drawn into arguments around specific words if the discussion is not especially productive.

## MOTIVE

**This activity is central to the whole training. Of bigger importance, it is central to what will happen as a result of the training**. It is very important participants understand the differences between the individual and social models of disability, as it affects how they will view disability inclusion in programming work. In the past, nearly all international NGO programming work has been based on the individual models of disability. The way forward is to implement social model principle work – that is, disability mainstreaming work. The principles of the social model are those of the UN Convention on the Rights of Persons with Disabilities – it obligates all mainstream organisations to include disabled people in their work.

It is strongly recommended you take time to ensure at the end of the activity participants understand the differences between individual and social models of disability.

## CRITICAL POINTS FOR TRAINERS

**Try not to make the mistake of saying medical and charity approaches are 'bad' and social is 'good'.** Not only is this too simplistic, but it may also provoke strong reactions from people who've followed the individual approach to disability throughout their career. It's especially difficult for medical and welfare personnel.

Disabled people do often require medical assistance and specialist support. The main issue is choice – often decisions are made on behalf of disabled people, rather than at their request or in consultation with them.

# The wall

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## IDENTIFYING BARRIERS THAT BLOCK INCLUSION

ONE WAY ONLY — NO RETURN    ONE WAY ONLY — NO

## TIME

60 Minutes

Steps 1 to 4: 50 mins
Step 5: 10 mins

## MATERIALS

- Prepare three flip charts (see p.23) on different categories of barriers/discrimination (environment, policy/institutional, attitude);

- **Handout 2** on barriers;

- A5 cards, or large post-it notes, and marker pens for each group.

Barriers can feel almost like brick walls. But once identified they can be challenged and broken down allowing more and more disabled people to be included in development.

Barriers are broken down into three main areas – attitudinal, environmental and institutional (or policy). This makes the issues more manageable and highlights areas where direct intervention can make a difference.
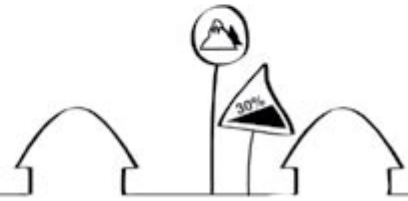
Ensure you're familiar with the different types of barriers before leading this session.

Environmental barriers are often easiest to identify. But don't let the group get too focused only on physical access – steps, narrow pathways, uneven surfaces for example. Access issues are just as significant for those with sensory or communication impairments where information isn't available in formats they can understand.

Institutional barriers are some of the most difficult to identify. Without a proactive search for them, they won't be as immediately evident. That's because they're often linked to social and cultural norms and written into policies and legislation. The way to start identifying them is to focus on sectors in which you work, and try to map the legal, cultural and social practices that might need addressing. Consulting with local disabled people will be an essential part of helping identify them.

Attitudinal barriers are the most important to identify – time and time again they are the main reason prohibiting progress on disability inclusion. Negative attitudes and assumptions have led to many disabled people believing themselves to be worthless, dependent and in need of support. This cycle of charity and dependency can be difficult to break.

You need to draw out all these issues – and more – as you talk through barriers with the group. It's worth trying to identify some local examples in advance.

## PRACTICAL TIPS

A good way of using this tool is with groups of disabled people – or even better with community groups that include disabled people. Prepare the wall statements with some of your ideas about barriers, then compare them to the ones local disabled people have identified. This can bring up issues that are missed when disabled people aren't included in consultations.

In the training room display the barriers in the order shown on the next page. This is different to the order in handout 2 , as attitude is the biggest barrier. Most people tend to think of environmental barriers and it will probably be the fullest flip chart, many are often surprised that attitude is the biggest barrier!

## METHOD

1   Ask everyone to take a few moments to think about their daily life – work, social, home etc. Imagine what obstacles might exist if they were disabled. For groups of disabled people ask them to describe what obstacles they face on a daily basis. Think as widely as possible – don't just focus on physical things. Write a list.

2   Divide into mixed groups of four to six. Give each group post-it notes (or A5 pieces of paper, with tape to attach to flip charts). Ask the groups to combine their observations and write down one idea per post-it note or piece of paper.

3   After 15 minutes, bring the whole group together and display the prepared flip chart sheets to form a wall. Explain the 'bricks' represent barriers to inclusion faced by disabled people and are grouped into three main forms – environment, policy/institutional, attitude. Explain the three barriers to the group. Distribute the handout now or at the end of the exercise.

4   Ask one person from each group, in turn, to place their post-it notes/pieces of paper onto the 'wall' – thinking about the best heading (attitude, environment, institutional) for each post-it/piece of paper. Discussions should flow as people try to decide where to place their obstacles and why. If people aren't talking, and you can see ideas going into barriers that are not appropriate, lead a discussion on it. Use this to help people understand the reasons behind the barriers and categories.

5   Invite people to discuss their experiences of identifying barriers and what they've learned. Use the lessons learned to make key points (based on the 'motive' section).
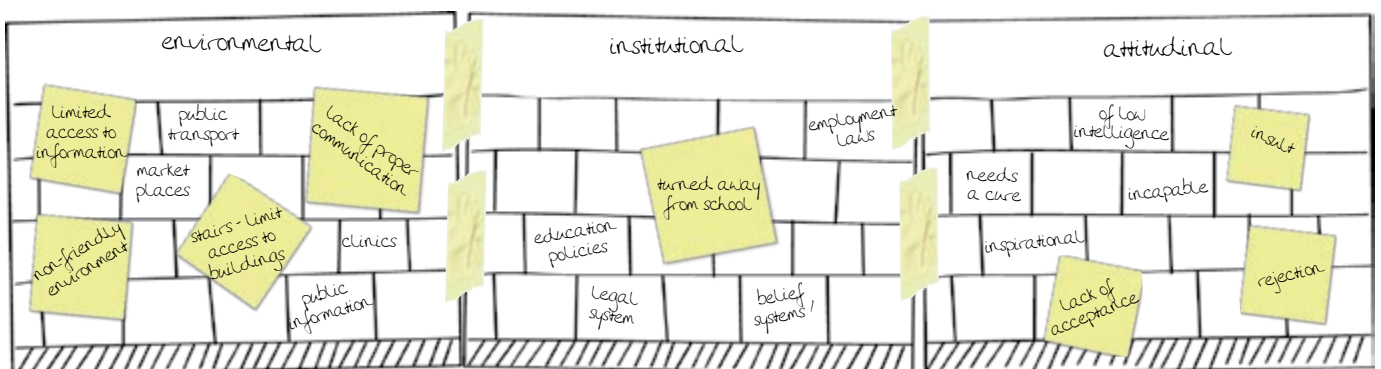
## MOTIVE

This is a good exercise for groups who haven't thought about different forms of barriers that exist for disabled people – in other words, discrimination. The activity flows well from the session on models. It will help explain the barriers introduced in the description of the social model in Activity 2.

This activity is done in a systematic way, breaking the barriers down into three main forms – environmental, institutional (or policy) and attitudinal. This makes the issues more manageable and highlights areas where direct intervention can make a difference. The largest barrier is often the attitudinal one, and that should be stressed as the session progresses – or in the summary at the end.

Attitude barriers can be reduced through awareness-raising events, campaigns or training. Once identified, institutional barriers can form the basis of an advocacy strategy. Environmental barriers can be dealt with as you design project activities and inputs, making provisions for appropriate access needs.



this is how your "wall" should look when you are finished

# Game of life

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EXAMINING ISSUES
OF DISCRIMINATION

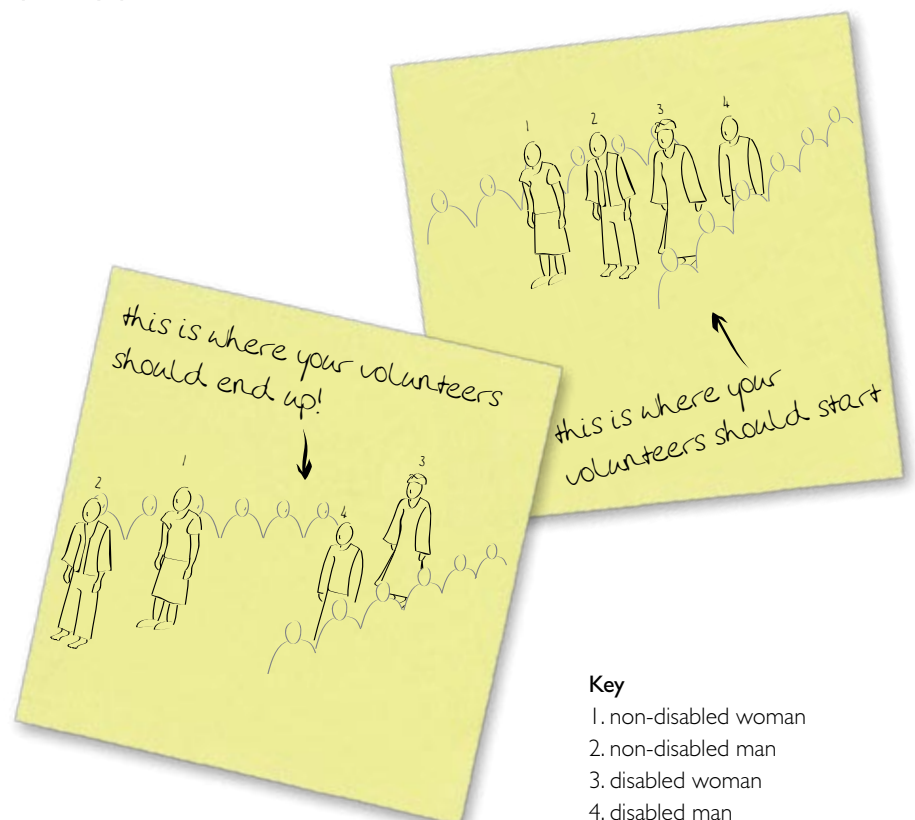ONE WAY ONLY — NO RETURN    ONE WAY ONLY — NO

**TIME**

60 Minutes

Story is a powerful means of conveying your message. And it's used to great effect in this visual representation of discrimination. It helps to reinforce concepts raised.

When the story begins and participants start to think about whether a disabled infant would be as welcome as a non-disabled one, you can talk about some of the prejudices surrounding disability – and some of the causes of this stigma. Throughout the story there are many opportunities for raising issues of concern. So it's helpful if you prepare well by researching local attitudes, beliefs and challenges.

This is the activity where the main point of the training course 'hits home'. People have been transformed by this activity. Having a tea break afterwards is good, as participants often wish to discuss and reflect on the issues raised here with each other, and need a little time for the message to absorb. This can make the final part of the afternoon especially productive.

this is where your volunteers should end up!

this is where your volunteers should start

Key
1. non-disabled woman
2. non-disabled man
3. disabled woman
4. disabled man

## METHOD

**Setting up the room is important.** You may need to spend time reorganising the chairs. You'll need enough space for four people to stand side-by-side, with the other participants seated around the edges of the room, facing towards the volunteers. Creating a 'corridor' in the middle of the room, enabling you to use the full length of the room for the exercise, is ideal.
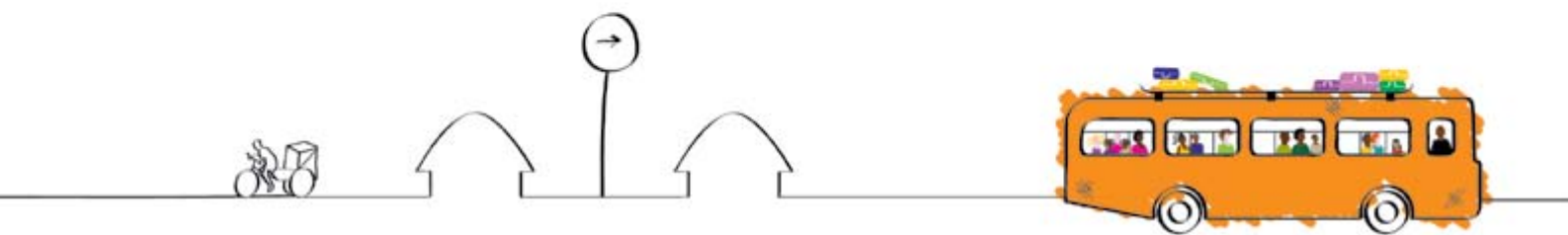
1.  **Ask for four volunteers from among the group** (ideally, two men and two women), willing to stand for about 30 minutes to represent the following groups:

    - non-disabled men;
    - disabled men;
    - non-disabled women;
    - disabled women.

    Stress this is NOT a role-play exercise – the volunteers will be representing a group of people from within a village. Many people do not like role-play, hence the need for reassurance!

2.  **Assign each volunteer a role.** Explain how you'll be telling a life story, taking the characters on a journey from birth to old age. As you reach each significant life event, you'll ask them to respond as they think their character (or their family) would react. They'll need to take:

    - two steps forward for a very positive or very successful experience;
    - one step forward for a positive or successful experience;
    - one step back for a not-so-positive or not-so-successful experience;
    - two steps back for a negative or unsuccessful experience.

    Once your volunteers understand what they'll be required to do, reinforce they are representing a group of people, so they should respond accordingly. Encourage them to avoid thinking about specific impairments or basing decisions on their own life experiences. Also, their response should be based on what they think is currently accurate for their culture and situation – not what it ought to be.

    After each life stage and volunteers' responses, allow time for the others to react and comment. If there's disagreement, the group should decide by consensus and the volunteer may be asked to alter their move. The facilitator's role is to assess when to intervene and

comment to clarify reasons for decisions and to bring out and discuss any prejudicial points. The specific impairment is not relevant to the main point of this exercise, so try not to focus on this too much. It won't alter the essence of the activity.

3. **Set the scene for the story.** Since you want to emphasise links between disability and poverty, consider placing the story in a typical village. Describe it in as much detail as you can, explaining that income poverty levels are generally quite high – although most families have land and access to safe water. For entrepreneurs, opportunities exist in the nearby town where there are also health and educational facilities.

4. **Start with the first life event, as if telling a story**…ask for comments and suggestions from the rest of the group.

   *'One fine day, after a long wait of nine months, your character is born. How does your family feel when they see who you are? Make your moves.'*

   Note what might happen:
   - family is very happy (non-disabled son born), *two steps forward;*
   - quite happy (disabled son/non-disabled daughter), *one step forward;*
   - not happy (disabled son), *one step back;*
   - very unhappy (disabled daughter), *two steps back.*

   *'Now you are a bit older, and it's time to start thinking about school. How likely is it that you will be able to attend school? Make your moves.'*

   *'Now you are 20. You'd like to get married, or form a relationship. How much do you think this will be possible for you? Make your moves.'*

   *'You like to keep busy and want to make some money for your family. You try to get a job. How easy will it be for you to find one?'*

   *'A few years go by. Everyone in your age group is having babies. How much will this be a possibility for you?'*

Check if the disabled woman takes two steps back, or is instructed to do so by the group. Why did this happen? They may say it's because most disabled women are physically unable to have children – a common myth.

Two steps back may well be an accurate response for a different reason – disabled women often don't have children because society thinks they can't or shouldn't.

*'Now you're in your 40s. You have a lot of experience of life. You want to help your community by becoming involved in local politics. How likely are you to achieve this goal?'*

5.  Ask the group:

    - Who is in the best position now? Who is in the worst place?
    - Volunteers, how does this make you feel?
    - Does any of this surprise anyone?
    - Is it helpful as a tool for reminding us that disability and social exclusion seriously affects people's abilities to avoid poverty?
    - The non-disabled man at the front of the exercise is regarded as living in poverty – what does this imply for disabled people?
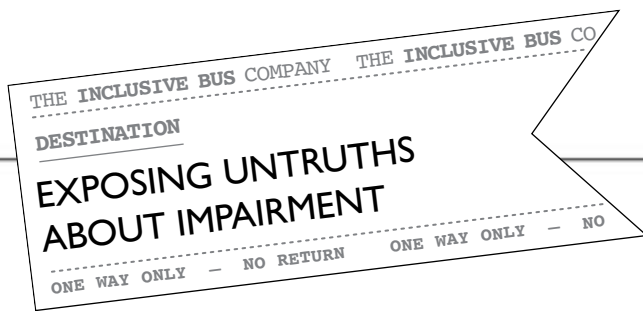
The most powerful way to end this session is to ask the group to look once again at where the characters are standing. Recall that this was all taking place in a rural location where general levels of poverty are quite high. Even though the non-disabled characters are well ahead of the disabled ones, they're by no means wealthy. Ask the group – who benefits from your development programmes at the moment?

**MOTIVE**

Including disabled people is an important issue for poverty reduction – that's the message of this session. It should help show why they are especially vulnerable to chronic poverty. It also provides you as facilitator with a good opportunity to talk about many different development issues that affect disabled people – but which rarely get discussed.

To many, this session will dramatically reveal things about their communities which they may never have considered before. It can be fun. Humour can take the edge off the hard facts exposed by the game. But some participants can find it distressing, because it makes plain some painful, personal truths.

# Unmasking myths

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EXPOSING UNTRUTHS ABOUT IMPAIRMENT

ONE WAY ONLY — NO RETURN    ONE WAY ONLY — NO

### TIME

30 Minutes

### MATERIALS

- **Handout 3**
  on different types of impairment.

Myths have emerged across all cultures about why people are born with or acquire impairments. This activity is designed to help participants appreciate some of those. Project staff going into villages, holding discussions, and including disabled people in meetings should have an awareness of local superstitions.

There are many examples of myths – ranging from 'bad' spirits, punishment for sins, to fear of seeing a disabled person while pregnant. Where factual knowledge on the causes of impairments is limited, these beliefs can be powerful and pervasive. They will profoundly affect the way disabled people are treated and view themselves.

Programme staff need to be aware of this. It will have an impact on how well disabled people are accepted into project activities by the community. A session like this, held in the community, could be a useful starting point for introducing disability inclusive activities.

Seeing a disabled person whilst pregnant means that the infant will be born with a disability

fact    or    myth

Road accidents are a common cause of disability

fact    or    myth

## TELL A STORY...

In Kenya, the Samburu people believe having a child with albinism is extremely unlucky. They don't understand how two black people can produce a white child. So the father is allowed to question the paternity. He does this by leaving the infant across the gate of the cattle boma (compound) as the cattle are released. If the child isn't trampled by the cattle and survives, it's assumed the child is his.

There are other hazards the albino child has to endure. Mothers believe if they leave the child in the sun, the burns the child receives will settle and cause the skin to darken. This causes much suffering to the child and is likely to shorten life expectancy. There are very few albinos in Maasai culture.

## METHOD

1   Talk through some of the most common forms of impairments and their typical causes. It's useful to help participants understand the language associated with different disabilities. Distribute the handout on different impairment groups.

2   Ask participants to describe some common reasons given locally for the causes of impairments – and some common reactions to disabled people. List the most popular myths about disability onto flip chart paper which can then be displayed.

3   Tell the group the true-life story from 'TELL A STORY...' in this section. Are there local cultural beliefs like the one from Kenya? Lead a discussion. Help the group understand how local people perceive disability. Some myths of impairments are contributing to negative – sometimes hostile – attitudes towards disabled people.

## MOTIVE

The session should focus on **process** rather than outcome. It allows participants to voice the superstitions. The facilitator can help clarify the more likely causes of impairment. The outcome is that people have a chance to talk about superstitions, so participants can understand these are myths, not facts.

Disabled people are being punished for their sins?

fact    or    myth

# Reality check

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## EXPERIENCES FROM THE DISABILITY MOVEMENT

ONE WAY ONLY — NO RETURN   ONE WAY ONLY — NO

## TIME

60 Minutes

## MATERIALS

- **Handout 6** on disability organisations and Disabled People's Organisations (DPOs).

Local context is where reality 'bites' where development and disability are concerned. Either of the following two activities can be used at this stage, depending on that context. Where you have connections with and knowledge of the local disability movement (DPOs and self-help groups), invite them to give a presentation as outlined in this session. If you are not involving DPOs and self-help groups, do the alternative Activity 7 (Excuses excuses) at this point.
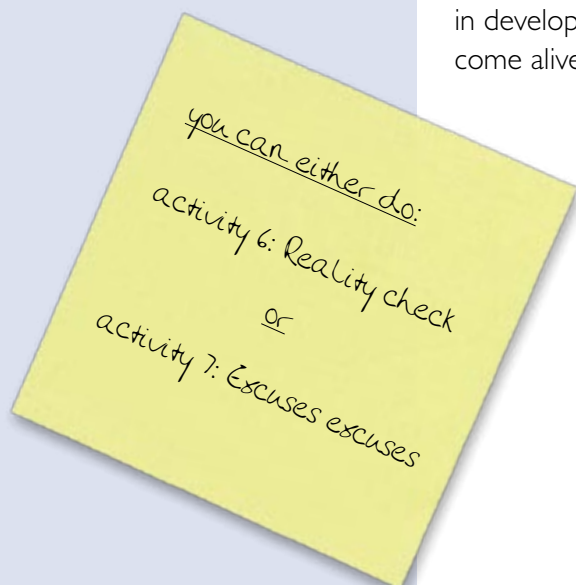
## METHOD

Where you have a good relationship or knowledge of the local disability movement, this can be an excellent opportunity for participants to learn first-hand how disabled people are working to influence communities, service providers and government for inclusion.

Invite one or two local DPO representatives to give a short presentation on the work of their DPO. Then answer questions from the group.
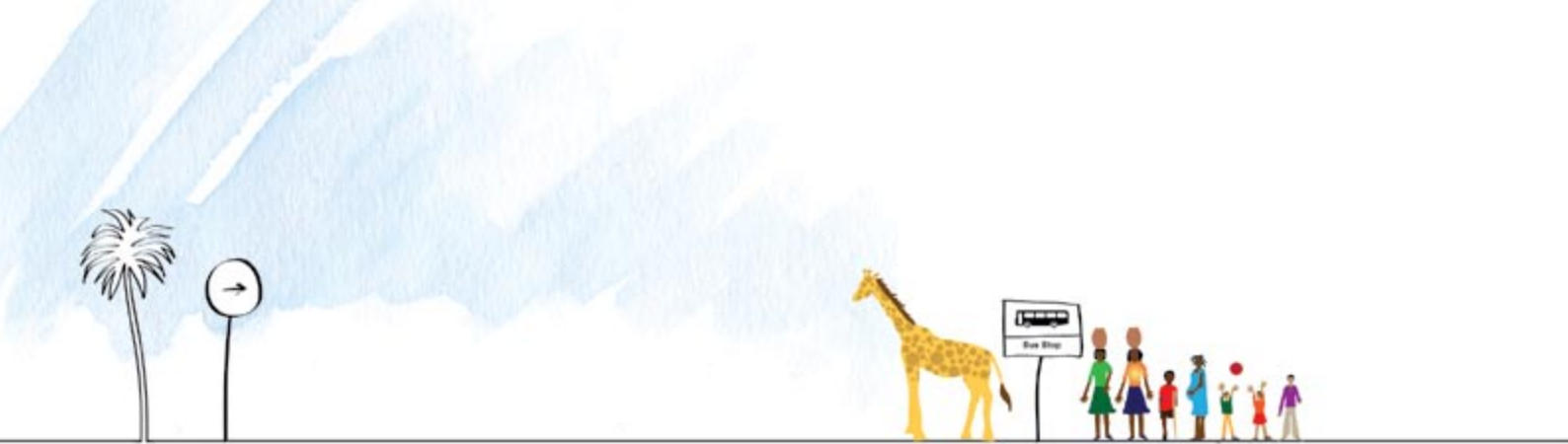
## MOTIVE

Feedback shows that direct input from DPOs – especially where they share stories from their own experiences – is powerful in the training room. This session is about highlighting why disabled people are important in development work. So first-hand accounts make the local situation come alive.

*You can either do:*

*activity 6: Reality check*

*or*

*activity 7: Excuses excuses*

## CRITICAL POINTS FOR TRAINER

Brief presenters ahead of the workshop. Here are some guidelines:

- describe your DPO – when it was set up, who it represents and where it works;

- describe some of the main achievements of your DPO over the last year;

- what are some of the main barriers facing disabled people locally?

# Excuses excuses

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WHY DEVELOPMENT AGENCIES STILL EXCLUDE

ONE WAY ONLY — NO RETURN    ONE WAY ONLY — NO

## TIME
60 Minutes

## MATERIALS
- **Handout 4** on disability (or make a display of disability statistics);
- **Handout 5** on common myths around disability inclusion;
- **Handout 6** about disability organisations and DPOs;
- prepared questions (given in step 1) written on flip chart paper;
- flip chart paper and marker pens for each group.

Why are disabled people excluded from most mainstream programmes? That's the core question. And it's tackled head-on in this session.

Even though agencies may focus on different areas – from child-centred development to micro-finance – many of the reasons given for not considering disabled people's needs are remarkably similar. These statements are issued by organisations that could easily be including disabled people.

Encourage the group to confront these issues in as non-threatening a way as possible. Try to keep discussions as fun as you can to avoid people becoming defensive. You're not judging the work that's happened. But you do want to help the group understand why disabled people have been excluded for so long.

## METHOD

1  Ask the whole group the following questions:
- do you actively include disabled people (or measure their participation) in your development programmes?
- If not, why don't you actively include disabled people in your development programmes?

The key part of these questions is the word **'actively'**. This should be stressed when you pose the questions. Encourage people to be honest about their answers – this will give them the best opportunity to analyse the issue.

2  Assuming the group does not actively include disabled people, list down all the reasons people give onto flip chart paper. Possible answers will include – it's expensive; time-consuming; we don't have the experience; we don't know how to; why should we, this is one more marginal group amid many others; it's not practical in our type of work; etc.

3  Explain the most likely common misconceptions – and their responses – given overleaf (see **Handout 5 – Common myths about inclusion** for further analysis):

*you will need
groups to record
their reasons for
excluding disabled
people and how they can
be addressed on flip charts*

*'We need to sort out the problems of "normal" people first'.*

*'It's not cost effective'.*

*'There aren't many disabled people here, so it's not an issue'.*

*'We don't "do" disability'.*

*'We don't have the skills'.*

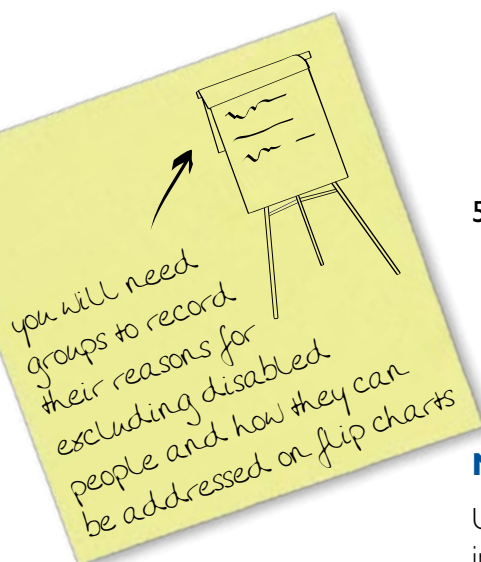*'Let's create a special programme'.*

4   **Divide participants into groups of four to six.** Give each group a
selection of the excuses they've come up with. Ask them either to
turn them into positive statements about how the organisation
is working with disabled people – or develop a reply refuting the
statement. They need to imagine they're facing people who are
coming up with all these reasons why they're not going to include
disabled people. Their job is to reassure them that inclusion is
good development practice – and this will improve the
effectiveness of the programme as a whole.

5   **Ask the groups to present a selection of their favourite
responses to the rest of the participants.** They can do this in
whatever format they choose. Some groups might like to illustrate
their ideas with pictures, perform a short dialogue highlighting the
debate or simply describe their ideas.

## MOTIVE

Uncovering barriers as to why disabled people are not routinely
included is the first most important step to getting over their exclusion.
They're not included because there are mechanisms preventing that.
Identifying what those mechanisms are is central to developing a
more inclusive programme.

By asking people to defend excuses in a light-hearted way, you'll be
providing them with insights into their own perceptions – and helping
prepare them for how others might react to their plans for disability
inclusion.

# Feedback forum

**DESTINATION**

THE INCLUSIVE BUS COMPANY   THE INCLUSIVE BUS CO

THOUGHTS AND
REFLECTIONS ON YOUR DAY

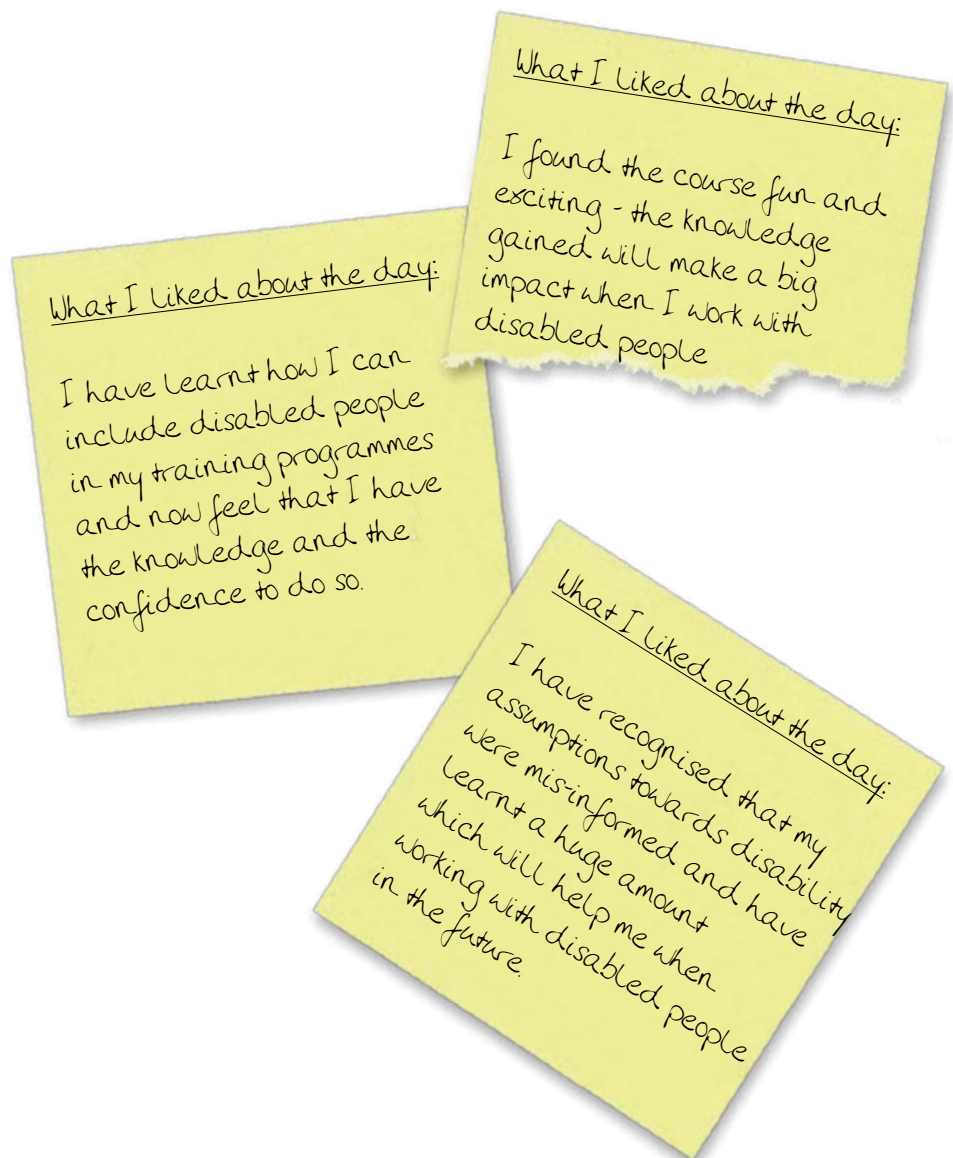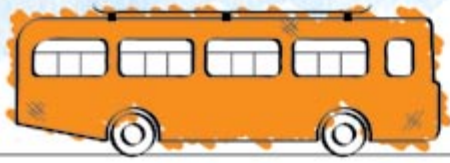ONE WAY ONLY — NO RETURN    ONE WAY ONLY — NO

### TIME

15 Minutes

### MATERIALS

There are many ways to carry out workshop evaluations. We recommend keeping things as simple as possible. Prepare two sets of blank flip charts headed with the questions:

- what I liked about the day;

- what I think could be improved.

Have you made a difference? You need to find out. Allow time at the end of the day to summarise and restate the main concepts covered – e.g. models, barriers, and importance of attitudes. Give people the chance to ask any remaining questions.

What I liked about the day:

I found the course fun and exciting - the knowledge gained will make a big impact when I work with disabled people

What I liked about the day:

I have learnt how I can include disabled people in my training programmes and now feel that I have the knowledge and the confidence to do so.

What I liked about the day:

I have recognised that my assumptions towards disability were mis-informed and have learnt a huge amount which will help me when working with disabled people in the future.

## METHOD

1 Ask each participant to think about the sessions that made the biggest impact on the way they think about disability and development. You can talk about these with the group if they are willing to share their thoughts.

2 Allow them about 5 minutes to individually note three action points on what they plan to do differently in their work from now on. Encourage them to think about each of the three main barriers and try to find one action point for each barrier.

3 Give each participant access to post-it notes or A5 blank pieces of paper.

4 Ask them to write up any reactions they have to the workshop using the two questions outlined in 'materials' and stick them to the blank flip charts before leaving. This is an informal way of gathering information that often provides some good feedback.

Finally, before participants leave, ensure they have the full set of activity descriptions and training handouts. You may wish to give them in soft copy form (such as on a CD or memory stick) as well as hard copy form. This will enable them to take the training back to their own work areas – and consider running their own courses!