Practical Tools for Implementing Partners

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Identification, Consultation and Response to Needs of Girls, Boys and Young Persons with Disabilities and their Families



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Outline

The current tool compiles relevant practical tools for implementing partners to identify, consult with, and respond to the needs of girls, boys, and young persons with disabilities and their families in communities, developmental and emergency contexts. The tool primarily draws upon existing guidance for including children with disabilities in humanitarian action. It includes steps to make mainstream services and premises inclusive and accessible, offering tools to identify disability and tips on how to consult and communicate with children and adults with disabilities. The tool also includes a checklist for the accessibility of premises and tips on how to make meetings/events, materials and websites accessible and inclusive.

In the Annex, you will find a table with resources mentioned in the narrative part, and additional ones to ensure disability-inclusive and gender-responsive humanitarian action. For each resource, the URL is provided. The annexes further include the UNICEF/Washington Group Child Functioning Module question set in English and Serbian, a table with relevant organisations of persons with disabilities, a comprehensive accessibility checklist and tips on communicating with girls, boys and young persons with disabilities.

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Steps to make services and premises inclusive and accessible



General considerations for including girls and boys with disabilities in the context of development, preparedness, response, recovery and reconstruction:

- Do needs assessments, referral forms, and monitoring and reporting tools identify the needs of children with disabilities and disaggregate data by age, gender and disability?
- Have the needs of different genders been taken into account in the development of services, e.g. inclusive water and sanitation facilities, services related to gender-based violence and sexual abuse?
- Have the needs of boys and girls with different disabilities been taken into account, e.g. those with mobility limitations with their upper body and arms may have difficulties placing their sanitary protection materials in the correct position, those with vision impairments (blind or low vision) may face challenges knowing if they have fully cleaned themselves, and those with intellectual and developmental disabilities may need tailored support to learn about menstrual hygiene management.
- Are refugee, asylum seeker and migrant children included in the national education and health care system?
- Have organisations with experience on issues relating to gender and disability, such as relevant government departments, non-governmental organisations (especially organisations of persons with disabilities — see the list of organisations in the Annex), been involved in data collection and needs assessment?
- Have children/persons with disabilities participated in the development of services/materials/training courses?
- Have staff, volunteers and others received training on inclusion of girls and boys with disabilities (e.g., how to make interventions inclusive, communicating with children with disabilities, adapting information)?
- Is communication produced in accessible formats (e.g., are materials available in at least two formats, such as print and audio)? Is information about asylum processes available in accessible formats? Does communication address the different needs and situations of girls and boys with disabilities?
- Are girls and boys with disabilities visible in communications (e.g., are photos of children with disabilities included in materials)?
- Are premises such as reception centres, child-friendly spaces or schools accessible? Have accessibility audits been conducted of premises/facilities where services are provided/programmes are implemented?

- Are case management, family reunification and psychosocial support services inclusive of children with disabilities and of the specific vulnerabilities of girls and women with disabilities?
- Are financial, human resources or community services foreseen in a sectoral or national action plan for inclusion of children and youth with disabilities? Does the implementing partner have knowledge of and access to these resources? (mainly for developmental context)

Additional considerations for including girls and boys with disabilities in preparedness:

- Have issues related to girls and boys with disabilities been included in emergency preparedness plans?
- Has a budget for services and supplies that address the needs of children with disabilities been allocated (e.g., accessible format such as easy read, sign language, transportation)?
- Has supply planning considered products relevant to children with disabilities (e.g., assistive devices, inclusive emergency kits, grab rails to support the use of toilets, facilities for menstrual hygiene management)?
- Are preparedness-related interventions inclusive of children with disabilities (designed and conducted with girls and boys with disabilities in mind, e.g., emergency drills, the early warning system)?
- Is disability accessibility a criterion for identification and selection of emergency-related facilities (e.g., evacuation centres, child-friendly spaces, outreach services)?

Additional considerations for including girls and boys with disabilities in response and early recovery:

- Do humanitarian-related monitoring, reporting and evaluations (Situation Reports, dashboards, real-time monitoring and evaluations, joint evaluations) capture information on access to humanitarian services and challenges, and capture different situations experienced by girls and boys with disabilities?
- Are girls and boys with disabilities and their families, and organisations of persons with disabilities and organisations representing different genders and disabilities included while consulting affected populations? (see the list of organisations in the Annex)
- Are persons with disabilities able to access and use humanitarian-related infrastructure and facilities? Are there any age- or gender-specific obstacles to access?
- Are girls and boys with disabilities accessing specialised services (e.g., therapy, rehabilitation, assistive devices, emergency or corrective surgery)?

- Are staff providing specialised services trained to address the different needs of girls and boys with disabilities?
- Are girls and boys with disabilities visible and their issues and needs highlighted in fundraising documents (e.g., flash appeals, brochures, proposals)?
- Is there an assessment available to understand the attitudes towards children with disabilities in this community/country[1]?

<u>Additional</u> considerations for including girls and boys with disabilities in recovery and reconstruction:

- Are collaborations with ministries and departments that provide services for children with disabilities sustainable for the long term? Are any emergency interventions for children with disabilities coordinated and linked with national systems?
- Have age-, gender- and disability-disaggregated data been integrated into national information systems (e.g., Health Information Systems, Education Management Information Systems, Child Protection Information Management Systems)?
- Have lessons learned exercises included good practices and challenges related to the inclusion of children with disabilities?
- Are girls and boys with disabilities, their families and organisations of persons with disabilities (including women's organisations where available) consulted as part of recovery and reconstruction efforts?

1 Sample questions and structure for KAPs are available in Module 1 of UNICEF Toolkit on addressing stigma and discrimination towards children and adults with disabilities. https://www.sbcguidance.org/sites/default/files/2024-04/module%201.pdf

Definition of disability and the use of correct terminology



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Using the definition of disability based on the social and human rights model

There is an international consensus to use the broad definition of disability in Article 1 of the Convention on the Rights of Persons with Disabilities:

Convention on the Rights of Persons with Disabilities, Article 1

"Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others."

The definition is based on the social and human rights model of disability.

The importance of using a social model of disability instead of a medical or charity model

The past 20 years have witnessed a paradigm shift from a medical to a social model in which disability is broadly conceptualised as a social construct. The different models can be defined as follows:

- Social and Human Rights Model recognises disability as a social construct caused by unaccommodating social environments brought about by environmental, attitudinal and institutional barriers. Disability is part of human diversity and must be accommodated by identifying, removing and preventing the creation of barriers — and aims to transform systems to be inclusive of everyone. The social model demands a response from individuals, families, communities, organisations and governments to remove barriers and include persons with disabilities. The social and human rights model of disability is based on the principles of equality and non-discrimination, participation and accountability.
- Medical Model views disability as a feature of persons with disabilities caused by diseases, trauma or a medical condition. The medical model calls for medical or specialised treatment to 'correct or fix' the problem with the aim of integrating persons with disabilities into existing structures. This model is no longer considered appropriate and is not in line with a rights-based approach.
- Charity Model views disability as something unfortunate or deserving of pity or charity. This model calls for people to provide charity and handouts to persons with disabilities, as they are less able to contribute to society and be active and equitable citizens. This model is no longer considered appropriate and is not in line with a rights-based approach.

The medical or charity models are **not recommended** approaches to disability as they do not recognise the capacity, strengths and rights of persons with disabilities. These models see the person with the disability as a "problem" to fix through medicine or charity.

Medical/Charity Model	Social and Human Rights Model
Attitudes	**Attitudes**
Persons with disabilities are the problem — they are "sick" and need to be cured by doctors	Persons with disabilities are NOT the problem. Barriers, including legal, physical, information, attitudinal barriers, created by society, are the problem
Persons with disabilities will always be dependent on others	If barriers are removed, persons with disabilities have the rights and are fully capable of leading independent lives, participating and being fully included in society
Persons with disabilities are 'abnormal'	Disability is a part of human diversity
The provision of accommodations or social supports is a 'favour' for which people with disabilities should be grateful	The removal of barriers and provision of accommodations and social supports is not a 'favour'. It is fundamental to the full enjoyment of human rights by persons with disabilities
Consequences	**Consequences**
Lack of societal awareness and commitment to the removal of barriers	Societal awareness of, and meaningful commitment to, the removal of barriers
Violation of the autonomy of persons with disabilities, with medical professionals and others acting as primary decision makers	Respect for the autonomy of persons with disabilities
Persons with disabilities are treated as passive recipients of charity and treatment, rather than active claimants of human rights	Persons with disabilities become active claimants of their human rights

Persons with disabilities become permanently dependent on others, marginalised from society, denied enjoyment of their human rights	Persons with disabilities become empowered as full participants in society and members of their communities
Negative stereotyping, stigma and discrimination against persons with disabilities, leading to exclusion and marginalisation	Persons with disabilities are treated as members of society on an equal basis with others
Accessibility features and inclusive services only benefit persons with disabilities	Accessibility features and inclusive services benefit the entire society to be sustainable and inclusive

Environmental, institutional, and attitudinal barriers often limit equitable access to services and support, which can be further compounded by other factors such as poverty, gender, age, ethnicity, race and sexual orientation.

- **Environmental barriers** include physical barriers to the natural and built environment as well as inaccessible communication systems, which results in limited equitable access to services, facilities and participation.
- **Institutional barriers** include laws, policies, practices and procedures that discriminate against persons with disabilities or inadequately address their needs, which results in further exclusion.
- **Attitudinal barriers** include negative beliefs, stigma and discriminatory views and actions which impact the dignity of persons with disabilities and represent some of the most significant obstacles in achieving social inclusion. They are common both among private persons and society in general, and civil servants, public officials, law enforcement staff, etc., and can negatively influence the outcome of procedures, for example, police officers/judges can be inclined to not believe women with psychosocial disabilities when reporting having been victims of sexual harassment, rape and violence.

Using language based on the social and human rights model

As explained above, the social and human rights model perceives disability as an interaction between impairment and barriers in society and recognises that inclusion and participation are human rights. According to this approach, disability occurs when society is not accessible and inclusive of human diversity. This is why we use person-first language when referring to girls, boys and adults with disabilities and avoid descriptions and terms with negative connotations.

Recommended language

- Use person-first language, such as 'children with disabilities' and 'persons with disabilities.' This is the language of the Convention on the Rights of Persons with Disabilities (CRPD) and is the internationally accepted language. Don't use terms like 'disabled child' or 'blind girl' as they don't put the person first.
- Do not use 'differently abled,' 'children of all abilities', 'children with capacities' as these terms are not well understood and can be confusing.
- Do not use terms that have negative connotations, such as 'suffer', 'suffering', 'victim' or 'handicapped'. Say that someone is a 'wheelchair user', rather than 'wheelchair bound' or 'confined to a wheelchair'.
- Use 'persons without disabilities', rather than 'normal' or 'regular' persons or 'non-disabled persons' or 'their non-disabled peers'.
- Do not use the term 'special needs' as this can be perceived as exclusionary (creating an 'us v. them' dichotomy). Describing the needs of children with disabilities as 'special needs' can fuel perceptions that inclusion is not possible, while in fact, inclusion is a right of every child.
- Do not use acronyms, like CWD or PWD. Due to long-standing stigma and discrimination faced by children and adults with disabilities, they prefer to be referred to as children and persons, and using abbreviations denies that.
- Use appropriate terminology for different types of disabilities: physical, visual or vision, hearing, intellectual and psychosocial disabilities.
- When referring to children with intellectual disabilities, do not use outdated medical terms such as 'mental retardation'. Just use 'children with intellectual disabilities'.

- When referring to children with mental health conditions, do not use words with negative connotations such as 'disorders' or 'mental disabilities'. The preferred term used to describe persons with mental health conditions is 'persons with psychosocial disabilities'. The term 'psychosocial disability' is based on the social and human rights model of disability. The term 'psychosocial' recognises that the experience of persons with mental health conditions is a result of their interaction with barriers in society.

Identification of needs and functioning

Disability is not a simple, single yes/no dichotomy. While some manifestations may clearly be observable, others are less visible and recognisable. At the same time, some difficulties may derive from temporary conditions, such as illness or injury, while others may be the result of environmental, personal or societal conditions or deprivations (such as poverty, consequences of personal loss, exposure to trauma, etc).

It is therefore of crucial importance not to superficially classify children and young people as those with or without disabilities, but to identify and respond to various needs, which may or may not derive from disabilities.

The UN Convention on the Rights of Persons with Disabilities is the key baseline for the identification of persons with disabilities, as it specifies the information needed to identify whether:

- There are any physical, mental, intellectual or sensory difficulties
- They are long-term
- There are any barriers that hinder the inclusion and participation of persons with identified difficulties.

The needed information can be gained through:

- Interviews with beneficiaries
- Observation
- Everyday interaction and communication with beneficiaries.

Organisation's staff should observe and be sensitive to the functioning of the beneficiaries, as this is also the way of gathering information about possible disabilities. The organisation's staff may ask **themselves** the following questions:

- Does the beneficiary use mobility aids or any kind of disability aids or assistive technology?
- Do I recognise that a beneficiary has difficulties in seeing, hearing or speaking?
- Do I recognise that a beneficiary has difficulties in moving, changing positions, sitting, lying, managing objects, or in any other interaction with the space?
- Do I recognise that a beneficiary has difficulties comprehending, understanding, memorising or concentrating?
- Do I recognise that a beneficiary has difficulties in learning?

However, observations alone should not become the basis for an assumption or conclusion that a beneficiary is a person with disabilities. It should rather be the ground for discussion with the beneficiary or his/her parents/guardians, which may provide further information on whether a beneficiary is a person with disabilities, or about his/her needs arising from temporary circumstances.

Persons with visual disabilities may experience a wide range of functional difficulties, including blindness, low vision, difficulties seeing things in day or night, close up or far away, with one or both eyes, or within their peripheral field of vision. The person might have difficulty seeing distant or close objects, at night, in bright or diffuse light, or when reading text on a phone, in a book, or any printed or digital text. Some individuals may use assistive devices, such as glasses, magnifiers or Braille, while others may not.

It is important to avoid assumptions — for instance, that a person who does not use visual aids does not have a visual disability, or that someone using such aids does not experience disability. To avoid misunderstanding, visual disabilities should be understood within the social and environmental context that may either enable or hinder a person's full participation.

Persons with hearing disabilities may experience complete or partial loss of hearing, reduced hearing on one or both ears, or difficulties distinguishing sounds coming from different sources. The person might use the hearing aid (which serves to amplify sound to enable reduced hearing to detect it) or cochlear implant (which is not openly visible and serves to directly stimulate the auditory nerve). The person may compensate for hearing loss by lip-reading or using sign language. Hearing disabilities impact conversations and everyday interactions — for example, there might be a frequent need for repetition of what has been said, or the need to speak louder, misunderstanding of what has been said, lack of responding to questions, difficulties in speech or misinterpretation of sounds. There is a difference in how people hear in quiet and loud environments. Hearing difficulty in a less loud environment may indicate a hearing disability. Hearing disabilities should be understood within the social context as barriers in communication and access to information.

Persons with physical disabilities may experience a wide range of difficulties related to mobility, sitting, standing, positioning and changing positions, difficulties with the manipulation of objects (grasping, catching, picking, handling, etc). Mobility difficulties may manifest as difficulties to walk independently (use of aids, such as a wheelchair, crutches, a cane or a walking stick, a walker; or need for assistance from another person), imbalance while walking, difficulty climbing stairs with or without aids or assistance. Physical disabilities may manifest in difficulties to sit, change position, with or without aids. A person might have difficulties in catching, picking, grasping and manipulating objects. Physical disabilities may hinder a person's activities and independence, including self-care, learning, leisure and rest, or any other activity.

A person with cognitive disabilities might have difficulties in comprehension, memorising, remembering or concentration. A person might find it hard to remember recently acquired information or to understand what is going on around him/her. Cognitive difficulties might manifest as a difficulty concentrating and focusing attention, even for a shorter period of time. However, these difficulties may easily arise from stress or adverse experiences, so recognition of such difficulties should not lead to any assumption. Recognition of difficulties may be the basis for approaching the beneficiary and his/her family or legal guardian and discussing the needs, which may lead to identification of disabilities.

Communication disabilities may arise from hearing, visual, mobility or cognitive difficulties, but may also be present when other difficulties are not. Communication disabilities may manifest in a lack of or restricted communication (verbal and non-verbal), difficulty understanding and responding, creating and transferring information and being understood, lack of or restricted social communication and interaction, and lack of interests.

Learning difficulties manifest as difficulties in learning activities. They may manifest as difficulties with reading and spelling, difficulty connecting letters with sounds, expressing ideas in writing (spelling, grammar, punctuation, organising ideas), or understanding and doing math. Children with learning difficulties may express avoidance of reading, writing or doing math, and may avoid school, homework, or other forms of learning activities. Learning difficulties, however, should not be identified by the organisation. If gathered information raises suspicion about the existence of learning difficulties, the organisation should reach out for further expert support.

The Washington Group Short Set on Functioning (6 questions) and Extended Set (35 questions) on Functioning, and the UNICEF/Washington Group Module on Child Functioning (see the Annex for the questionnaire in Serbian) can provide support in identifying barriers.

The Washington Group approach identifies six basic, universal activity or functioning domains (seeing, hearing, walking, remembering and concentrating, communicating and self-care) where respondents may experience barriers in their environments.

The Child Functioning Module specifically covers children aged 2–17.

Neither of these tools is designed to provide a medical identification of disability or a diagnosis. Organisations should use them only as information which can inspire their approach to the identification of the needs of their beneficiaries.

Resources:

Washington Group Short Set on Functioning:

https://www.washingtongroup-disability.com/resources/translations-of-wg-question-sets/

Description of each of the questions (information on the intent of the question, the concepts being measured and the purpose of the specific language used is presented in order to improve understanding for translation and administration of the questions, as well as analysis of the resulting data):

https://www.washingtongroup-disability.com/fileadmin/uploads/wg/Documents/Questions/WG_Implementation_Document__4C_-_WG-SS_Enhanced_Question_Specifications.pdf

Use of Washington Group question sets (WGQs) in Multi-Sectoral Needs Assessments (MSNAs) in humanitarian settings:

https://repository.impact-initiatives.org/wp-content/uploads/2022/05/Guide_WGQs_in_MSNAs_toshare_final.pdf



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How to conduct consultations (qualitative data collection)



Girls and women can be less likely to participate in activities and voice their concerns due to social stigma. Consider organising mainstream and targeted consultations. When consulting women and girls on diverse areas, include girls with disabilities, provide equal opportunities for participation (while there is no necessity for a quota, 10–15% could be considered[2]). Targeted consultations with girls and women with disabilities will help to identify the particular discriminatory practices and barriers they face, as compared with other groups of children and adults with disabilities. There is also a need for additional activities to inform girls and women of their rights and build their skills and self-efficacy to participate and engage, to inform them, e.g. of their sexual and reproductive rights and information about what gender-based violence and sexual abuse is and how to access redress mechanisms if they have experienced or are experiencing gender-based violence and sexual abuse.

Consultations to identify barriers should be complemented with actions to address the barriers and respond to needs. The objective of a consultation can be to develop an action plan.

An action plan can, at its simplest, include columns labelled "issue", "barriers" and "actions to address the barriers". The table can also include what actors to engage, timelines, resources needed and potential obstacles.

Another option can be to use guiding questions to address a specific issue that is identified as a priority. For example:

Access to work and livelihood programmes

Develop a plan to improve access to work and to livelihood programmes for persons with disabilities and their families:

- Identify barriers to work and to livelihood programmes for persons with disabilities and their families. Think about issues such as access to information, transport, participation in training, attitudes about disability and other challenges. Also think about how gender influences access to work and livelihood programmes since women and girls with disabilities are often not those prioritised for access to employment due to social and cultural beliefs and norms that want them to stay at home and act as household workers.
- Develop recommendations to address the barriers. Recommendations can be made to livelihood programme providers, employers and the government.

2 10% of children and about 15% of adults in the world have a disability.

Reducing isolation

Develop a plan for the establishment and management of a community centre to reduce the isolation of persons with disabilities and their families:

- What activities could be run from the centre? Think about information that could be provided, social/cultural activities, trainings, psychological support and other services.
- What structure could be established for refugees and IDPs to run and manage the centre? What support might this management structure need?
- How can we make sure that all persons with disabilities can participate (including refugees, internally displaced persons and residents)?
- How would support be given to people who are more isolated in their homes?

Influencing decision-making

How can persons with disabilities and their families get involved in the decisions that affect them?

- How can persons with disabilities and their families organise as a group to address their biggest concerns?
- What would this group look like? What kind of support would this group want to have?
- What are the most effective ways to communicate your concerns and influence the decisions that affect you?
- Who else is working on the problems faced by persons with disabilities and their families? How can you link up with them?
- What are the major barriers that differently and negatively influence the participation of persons of different genders? For example, in many societies, girls and women with disabilities are overprotected and confined in the private sphere, while boys and men with disabilities can be more visible in public life, as girls and women are subject to patriarchal and ableist stereotypes that make it harder to overcome difficulties.

Interview with the beneficiaries should be carefully designed and conducted, and the following principles must be followed:

- **Participation:** the interview is part of joint planning in which the beneficiaries' voice is heard and respected. Participation also includes the right of the beneficiary to choose not to be interviewed.
- **Inclusion:** the interview is part of the strategy of full inclusion of every person in the organisation's work.
- **Respect:** the interview is planned, designed and conducted with respect. An important part of this principle is to acquire consent of the beneficiary and to inform the beneficiary that he/she may freely choose not to consent, or to withdraw consent at any time. As for children, consent needs to be obtained from the parents or legal guardians.
- **Trust:** a trusting relationship between the organisation's staff and the beneficiary is critical for quality interviews and the detection of the beneficiary's needs.
- **Beneficiary-centred:** the interview is conducted in the manner, time and place appropriate for each beneficiary, with full respect to his/her experiences, conditions, desires and needs.
- **Do no harm:** bearing in mind that beneficiaries might have survived adverse experiences and might have been exposed to traumatic events. The interview avoids questions, attitudes or comments that are judgmental, insensitive or may produce harm or (re)activate difficult emotions and reactions (pain, suffering, trauma, grief, anger, the feeling of loss, etc).

Organisations should bear in mind that questions about health or disabilities are sensitive questions, and fall under the category of sensitive personal data, which means that interviews should deal with such information only with the beneficiary's (or his/her parents'/legal guardians') consent.

To avoid medicalisation of disabilities, the interview should always be designed to address the needs, and not medical conditions. These questions help to identify the needs of every beneficiary, but also may help to identify disabilities. Therefore, the interviewer should ask the beneficiary:

- Does the beneficiary need some form of additional or specific support?
- Does the beneficiary need assistive technology or medical aids, or specific medications?
- Does the beneficiary find the space accessible, or he/she needs some adaptations?
- Does the beneficiary need support in learning, skills acquisition and leisure activities?
- Does the beneficiary need support to perform self-care?
- Does the beneficiary need support in everyday activities, and if so, in which activities is the support needed?

These questions may facilitate further discussion with the beneficiary, if he/she expresses the willingness for further conversation. As the relationship of trust develops over time, the beneficiary might be more open to discuss his/her needs and conditions through everyday interaction with the organisation's staff.



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Early childhood intervention



Early Childhood Intervention (ECI) represents a coordinated, cross-sectoral and family-centred system of services designed to support the development of infants and young children with developmental delays, disabilities, or those at risk of such delays, as well as their families. In Serbia, ECI is implemented through the *Family-Centred Early Intervention model (Porodično-orijentisane rane intervencije — PORI — FCEI)*, developed jointly by the Ministries of Health, Education, and Social Welfare with the technical support of UNICEF.

In line with the legal and policy framework, every child and family has the right to early identification, referral and access to appropriate developmental support. ECI services are available from birth to the age of six (preferably up to the age of three for early inclusion) and are organised through district-based Developmental Counselling Units and intersectoral *FCEI Teams* that include community-based professionals from the health, education, and social welfare sectors.

The ECI process includes several interconnected steps:

- **Outreach and identification** of children at risk or with developmental concerns through health, education, and social welfare services;
- **Developmental screening and referral**, most commonly using the *Ages and Stages* Questionnaire *ASQ-3 on Child Development* during preventive health visits;
- **Functional assessment** of the child's and family's strengths and needs, using tools such as the *Routine-Based Interview (RBI)*, and *Assessment, Evaluation, and Programming System AEPS-3*;
- **Development of an Individualised Family Support Plan (IFSP)** jointly with parents, setting family-centred, functional and measurable goals;
- **Provision of home- and community-based interventions** by the primary service provider, supported by the transdisciplinary team;
- **Monitoring of progress and planning of transitions** to preschool or other suitable services.

The focus of ECI is not direct therapy with the child, but empowering families through everyday routines, play-based interactions and natural environments that promote the child's functional development, participation and inclusion.

Local *Intersectoral Committees (ISCs — described below)* complement this system by ensuring access to additional support measures across sectors, while developmental counselling units within Primary Health Care Centres coordinate and supervise the quality of ECI services at the local level.

Role of organisations

Organisations working with families and young children play a key role in early identification and referral. They should:

- Provide parents and caregivers with information about available ECI services and their importance for the child's development;
- Identify signs of developmental delay, disability or risk factors and refer the family to the *Developmental Counselling Unit (DCU)* or the local *FCEI/ECI Team* for further assessment and support;
- Establish cooperation with health care centres, preschools and social welfare institutions to ensure that referrals are timely and coordinated;
- Follow up with families to confirm that they have accessed the recommended ECI services and that support measures are implemented.

When organisations identify a child or family potentially in need of ECI, they can initiate contact directly with the *Developmental Counselling Unit* at the district health care centre or the *local FCEI Team* by providing the child's basic information and a description of the concern or developmental risk.

Additional considerations for organisations:

- Has the child's development been screened (for example, using ASQ-3)?
- Are parents/legal guardians aware of available early intervention services and how to access them?
- Has the child been referred to a Developmental Counselling Unit or local ECI team for further assessment and support?
- Has an individual family support plan been prepared and implemented and what is the role of the organisation in that regard?
- Does the family receive ongoing support, such as home visits or counselling?
- Is there cooperation with other services or committees to ensure full support for the child and family?
- Are there plans in place to help children move smoothly from ECI to preschool or other programmes?



Early Childhood Intervention helps ensure that the youngest and most vulnerable children are identified early and receive the right support — improving their development, inclusion and overall family well-being.

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Inclusive education



Inclusive education means an education system that includes all students, and welcomes and supports them to learn, whoever they are and whatever their abilities or requirements. This means making sure that teaching and the curriculum, school buildings, classrooms, play areas, transport and toilets are appropriate for all children at all levels. Inclusive education means all children learn together in the same schools. In line with the legal framework, every child has the right to be educated in the mainstream school, together with his/her peers. Education in special education settings (special schools, special classes or groups), albeit legally allowed, should be considered education segregation[3].

Inclusive education is an integral part of the education system in Serbia, which guarantees the right of every child to education and the right to additional learning support when needed.

The most comprehensive explanation of what inclusive education means for children with disabilities is given in the General Comment No. 4 — Inclusive Education, issued by the Committee for the Rights of Persons with Disabilities.

Organisations are strongly encouraged to review the General Comment and implement it in their activities.

Resource:

General comment No. 4 on Article 24 — the right to inclusive education

The reform processes in the education system of the Republic of Serbia since the institutionalisation of inclusive education have contributed to the development of a range of measures to support the implementation and further advancement of inclusive education, particularly for children in need of additional support. These include instruments such as the inclusive education teams in schools, pedagogical profile, the individual education plan, affirmative enrolment measures, intersectoral committees, pedagogical assistants, resource centres, model schools, assistive technology, etc. Similarly, reforms in the field of social protection (deinstitutionalisation, development of community-based services, case management, etc.) have contributed to the acceptance of the social model of disabilities and respect for the concept of human rights and equal opportunities.

3 https://www.unicef.org/eca/sites/unicef.org.eca/files/IE_summary_accessible_220917_brief.pdf

Interstectoral committee

The Intersectoral Committee (ISC) is a local government body established to assess the child's need for additional education, health and social support. ISC is established in every municipality in Serbia, while Belgrade has ISCs established in every city municipality. Requests for ISC assessment may be submitted by parents, or education, social protection or health institutions, or the assessment can be initiated *ex officio.* ISC assesses the child's need holistically, based on the following principles:

- Respect for the right to access education;
- Prohibition of discrimination;
- Respect for the right to reasonable accommodation for the individual needs of the child, in order to enable education on an equal basis with peers;
- Respect for the dignity, including the freedom of one's own choice;
- Respect for differences and their acceptance;
- Respect for the right of every child to preserve personal identity;
- Ensuring full inclusion in the education system, community, and quality advancement;

After assessment, ISC may recommend one or more additional support measures, provided through the education sector, social welfare sector, health sector or local services. One of the learning support measures may be the provision of **assistive technology and/or support by the resource centre**.

Assistive technology

Assistive technology (AT) is any item, piece of equipment or system, whether used in its original form, modified or customised, that is used to increase, maintain or improve the functional capabilities of persons with disabilities[4]. The World Health Organisation defines assistive technology as a collective term for "any external product (including devices, equipment, instruments or software), specially produced or generally available, the primary purpose of which is to maintain or improve an individual's functioning and independence, and thereby promote their well-being".

4 (Encyclopedia of Disability, 2006)

Assistive technology serves children with disabilities to overcome physical, communicational and social barriers which prevent or hinder their everyday activities, as well as to improve the performance of daily tasks. AT can be commercial products or home-made tools — from simple pencil grips to equipment such as computers. Assistive technology can be used in different areas of life: positioning and mobility, dressing and feeding, enabling and/or improving communication, learning, firm and secure gripping of items, playing and engaging in sports and recreational activities, handling devices such as TV sets, radios, computers or light sources, and more. Carefully selected and well-integrated AT can have a strong impact on children with disabilities and improve their independence in various activities, raising their self-confidence, improving their quality of life and enabling social inclusion and equal participation.

Some AT devices and equipment, such as writing guides, auditory timers or audible balls, can easily be made or acquired and immediately start being used. However, when the child/student needs a high-tech device for communication or computer access, it is important, before deciding on the purchase or acquisition of a device, to be sure that this very device will be suitable for the individual in question. The consequences of the wrong choice of assistive technology are decreased self-confidence, disappointment, doubt in one's own capabilities, lack of motivation to seek any further type of support. That is why it is imperative, before acquiring AT, to carry out an appropriate and comprehensive assessment of needs for AT (which takes into account not just the characteristics of the child, but also the characteristics of the child's environment) and to choose the right equipment and match the AT device to the identified needs. This is the task of **resource centres**.

Resource centres

Resource Centres are new organisational units in the schools which were granted the resource centre status. Given the expertise and experience of the employees in the resource centres, the support of these institutions is aimed at providing professional support to children and students from vulnerable groups, but also to teachers, expert associates, principles and schools as a whole, for solving complex educational situations and building specific skills that contribute to functionality and social inclusion. The support is not directed towards individual work with students but towards creating a favourable and stimulating learning environment for all children. The resource centre provides professional support to educators, teachers, expert associates and principals in the process of planning and implementing additional support, use of assistive technology, adapting learning strategies, didactic materials and teaching aids, creating and implementing transition plans, and adapting the environment according to the needs of the child.

A very important role of resource centres is related to the AT. To determine which AT tool is needed for the child, the resource centre assesses the student's needs, identifies the optimal type and kind of assistive technology to respond to identified needs, provides professional counselling and support during the selection, procurement and application of assistive technology.

The list of resource centres and more information about AT and RCs is available on the web platform "Resource centres in the Republic of Serbia"

https://at.zuov.gov.rs/

Additional considerations for including girls and boys with disabilities in inclusive education

- Is the beneficiary enrolled in a school/pre-school institution?
- Is the beneficiary enrolled in a mainstream school or a special school/special class/special pre-school group (so-called development group)?
- If enrolled in special education, is there a plan for his/her transition to mainstream education with additional learning support?
- Does the beneficiary receive needed additional learning support?
- Have the beneficiary's needs been assessed by the intersectoral committee?
- Have the measures of support recommended by the intersectoral committee been implemented?
- Are there any circumstances or information pointing towards the need for assistive technology?
- Has the intersectoral committee or the beneficiary's school asked for the support of the resource centre?
- Does the organisation have possibilities to provide some forms of additional learning support to the beneficiary?
- Is there a need for closer cooperation between the organisation and the beneficiary's school/pre-school for adequately addressing the beneficiary's learning needs?

These answers should lead the organisation's response, whether to establish effective cooperation with the school, inform parents/legal guardians about the mechanisms for support to the child's learning, cooperation with the **intersectoral committee** and the local self-government, or provision of learning support. The organisation might also connect with other persons/institutions which provide learning support to children with disabilities, such as personal companions, pedagogical assistants and resource centres.



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Accessibility



The United Nations Convention on the Rights of Persons with Disabilities (CRPD) defines accessibility as a general principle and obligation that ensures people with disabilities have equal access to the physical environment, transportation, information and services. Accessibility is a precondition for people with disabilities to live independently and participate fully in society. When it comes to digital and physical accessibility, UNICEF has been working for several years to commit to accessibility and ensure all UNICEF employees, as well as children and communities we work for and with, are included.

This section will include links to key checklists to ensure our documents, websites, applications and facilities are accessible for all.

Accessibility of premises

Low-cost measures to improve accessibility:

Entrances

- Lower thresholds or procure a portable ramp
- Install doorknob grips, extensions or an automatic door opener

Steps and staircases

- Install handrails
- Mark steps for visual contrast with non-slip tape

Information, communication and systems of orientation

- Make signs, notice boards and signboards in the facility clearly noticeable, readable and recognisable (with pictograms, contrast, Braille)
- Set up tactical safety fields at the bottom and top of thresholds and steps

Equipment, devices and installations

- Ensure alternative communication for intercom (e.g. SMS)

Sanitary blocks

- Lower the toilet bowl and install handrails on each side
- Lower the water discharge device
- Accessibility to facilitate menstrual hygiene, such as access to sanitary pad disposal and handwashing

Accessible and inclusive meetings, events and materials

Face-to-face meetings, events, conferences, trainings:

- Make sure the physical venue is accessible. Ask about venue accessibility for a wheelchair, hearing impairment, visual impairment and intellectual disabilities. Special solutions (e.g. entrance through the back door) can be considered discriminatory.
- Ask beforehand if speakers or the audience have any accommodation needs and address any reasonable requests.
- Include persons with disabilities as speakers/facilitators.

Online meetings, events, conferences, trainings:

- Make sure the online meeting platform is accessible. Use inbuilt accessibility features.
- Ask beforehand if speakers or the audience have any accommodation needs and address any reasonable requests (including which online meeting platform they prefer).
- Add Serbian sign language interpretation for key events (contact the Association of Sign Language Interpreters).

Working documents, emails, Excel sheets, presentations:

- Use Microsoft inbuilt accessibility checker to make your work more accessible.

Publications:

- Ask the designer to develop an accessible pdf.
- For key publications, also ask the designer to create an EPUB or DAISY version, and hire a service provider to develop an easy-to-read version.

Images, videos, social media posts:

- Communicate by using alternative formats (both visual, audio and text).
- Show disabilities other than a wheelchair (including visual impairment, hearing impairment, psychosocial and intellectual disabilities).
- Images should empower persons with disabilities (e.g. showing persons with disabilities engaging in activities, NOT focusing on the impairment), and represent variations in gender, age, ethnicity and impairments.
- The communication should focus on the rights of girls and boys with disabilities and/or the barriers in and not have as its main objective to result in feelings of sympathy. For example, focus on physical barriers in school buildings, lack of competent teachers, etc., instead of children´s learning impairments.
- The terminology should not focus on differences (“special”) or incite feelings of empathy (“suffering”). Use person-first terminology (“child with a hearing impairment”).
- Add Serbian sign language interpretation for key videos (contact the Association of Sign Language Interpreters).

Accessibility of websites

Simple steps to improve accessibility of websites:

- Add alternative text to images: “A girl in a wheelchair is reading a book with two other children nearby.” so persons using screen-readers or voice recognition software (text to speech) will have the description read out.
- Good hyperlinks describe where the link takes the reader, e.g. “For more information, see the Web Accessibility Guidelines” (avoid “click here” or “link”).

- For persons with dyslexia or low vision, Arial and Calibri fonts are better than Times New Roman or Georgia, and the use of short lines with regular letterspacing is better than long lines.
- For persons with cognitive difficulties, it is better to left-align text (to limit white spaces).
- Format headings (hierarchy of headings gives better navigation).
- Minimum contrast should be 4.54:1.

Tools for checking accessibility:

- https://wave.webaim.org/: Basic accessibility testing tool
- https://developer.chrome.com/docs/lighthouse/overview/: Basic accessibility testing tool
- https://www.user1st.com/: Accessibility testing tool

External courses on accessibility:

- https://www.w3.org/WAI/courses/foundations-course/

Guidance on accessibility:

- https://www.un.org/en/webaccessibility/index.shtml
- https://www.w3.org/WAI/standards-guidelines/wcag/
- https://accessibilitytoolkit.unicef.org/



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Annexes



Annex 1

Additional resources

Topic	Title	URL
Dedicated chapters to gender and disability	Sphere, The Sphere Handbook. Humanitarian Charter and Minimum Standards in Humanitarian Response, 2018.	https://spherestandards.org/wp-content/uploads/Sphere-Handbook-2018-EN.pdf
Disability inclusion	Web Accessibility Initiative´s Web Content Accessibility Guidelines	https://www.w3.org/WAI/standards-guidelines/wcag/
Disability inclusion	Washington Group Short Set on Functioning	https://www.washingtongroup-disability.com/resources/translations-of-wg-question-sets/
Disability inclusion	Washington Group Extended Set on Functioning	https://www.washingtongroup-disability.com/question-sets/wg-extended-set-on-functioning-wg-es/
Disability inclusion	UNICEF tools for data collection in humanitarian situations	https://data.unicef.org/resources/including-everyone-strengthening-the-collection-and-use-of-data-about-persons-with-disabilities-in-humanitarian-situations/
Disability inclusion; Gender	UNICEF, Take us seriously — Engaging children with disabilities in decisions affecting their lives, 2013.	https://www.unicef.org/documents/take-us-seriously
Disability inclusion; Gender	Doctors without Borders, Accessible and Inclusive Design Handbook, 2021.	https://disabilityinclusion.msf.org/assets/files/ACCESSIBILITY-GUIDELINES_ENG.PDF

Disability inclusion; Gender	UNICEF Children with Disabilities YouTube Channel	The YouTube Channel: https://www.youtube.com/user/DisabilityVideos1/videos From Zaatari refugee camp: https://www.youtube.com/watch?v=p2IAk4xD9Ug Disability inclusive humanitarian response (water and sanitation): https://www.youtube.com/watch?v=ufDd7lkqSsE&t=6s
Disability inclusion; Humanitarian, Emergency	UNICEF, Guidance on Including Children with Disabilities in Humanitarian Action, 2017.	https://www.unicef.org/disabilities/inclusive-humanitarian-action-guidance
Disability inclusion; Gender	UNICEF, Addressing Stigma and Discrimination toward Children and Youth with Disabilities through Social Behaviour Change — Disability Toolkit	https://www.sbcguidance.org/do/addressing-stigma-and-discrimination-toward-children-and-youth-disabilities-through-sbc#:~:text=This%20toolkit%20aims%20to%20provide%2cand%20behaviour%20change%20%28SBC%29%20interventions
Disability inclusion; Gender	UNICEF, Disability Orientation, 2012.	https://www.youtube.com/watch?v=YcqSarNiacA&feature=youtu.be
Disability inclusion; Gender	UNICEF, Communicating with children resource pack, 2012.	http://www.communicationcache.com/uploads/1/0/8/8/10887248/communicating_with_children.pdf

Disability inclusion; Humanitarian, Emergency	IASC Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action, 2019	https://interagencystandingcommittee.org/iasc-guidelines-on-inclusion-of-persons-with-disabilities-in-humanitarian-action-2019
Disability inclusion; Humanitarian, Emergency	UNICEF, Disability-Inclusive Humanitarian Action Toolkit	Toolbox on including children with disabilities in humanitarian action: https://www.unicef.org/documents/disability-inclusive-humanitarian-action-toolkit#Toolbox Checklists: Essential actions for disability-inclusive humanitarian action: https://www.unicef.org/documents/disability-inclusive-humanitarian-action-toolkit#Checklists Training modules: Including children with disabilities in humanitarian action: https://www.unicef.org/documents/disability-inclusive-humanitarian-action-toolkit#Training
Disability inclusion; Humanitarian, Emergency	UNICEF, Budgeting and mobilising resources for disability inclusion in humanitarian actions. A short guide	https://www.unicef.org/documents/budgeting-and-mobilizing-resources-disability-inclusion-humanitarian-actions
Disability-inclusion; Gender	CBM, Disability and Gender Analysis Toolkit, 2019.	https://www.cbm.org/fileadmin/user_upload/CBM_disability_and_gender_analysis_toolkit_accessible.pdf
Developmental monitoring and screening	UNICEF Serbia, Developmental Monitoring and Screening (Module 13) for home visiting nurses, adapted and translated into Serbian. Developed by UNICEF and the International Step by Step Association (ISSA)	https://www.unicef.org/serbia/sites/unicef.org.serbia/files/2019-09/modul_13.pdf

Early Childhood Intervention (ECI)	UNICEF Europe and Central Asia, LearnECD, e-learning platform in support of Early Childhood Development	https://www.unicef.org/eca/learnecd
Gender; Disability inclusion	Women's Refugee Commission, Strengthening the Role of Women with Disabilities in Humanitarian Action: A facilitator's guide, 2017.	https://www.womensrefugeecommission.org/research-resources/strengthening-the-role-of-women-with-disabilities-in-humanitarian-action-a-facilitators-guide/
Gender; Disability inclusion	Women´s Refugee Commission, Working to improve our own future: Strengthening Networks of Women with Disabilities, 2016.	http://www.womensrefugeecommission.org/research-resources/networks-women-disabilities/
Gender; Disability inclusion	Women's Refugee Commission, "I See that it is Possible" Gender-based Violence Disability Toolkit, 2015.	https://www.womensrefugeecommission.org/research-resources/gbv-disability-toolkit-all-in-one-book/
Gender; Disability-inclusion;	Women's Refugee Commission, Disability Inclusion Translating Policy into Practice in Humanitarian Action, New York, 2014.	https://reliefweb.int/report/world/disability-inclusion-translating-policy-practice-humanitarian-action
Gender; Disability-inclusion;	Women's Refugee Commission, Gender-Based Violence among Displaced Women and Girls with Disabilities, 2012.	https://www.womensrefugeecommission.org/research-resources/gender-based-violence-among-displaced-women-and-girls-with-disabilities-findings-from-field-visits-2011-2012/
Gender; Disability mainstreamed throughout	IASC, The Gender Handbook for Humanitarian Action, 2018.	https://interagencystandingcommittee.org/system/files/2018-iasc_gender_handbook_for_humanitarian_action_eng_0.pdf
General	Definition and Classification of Disabilities	https://www.unicef.org/eca/sites/unicef.org.eca/files/Booklet%202%20-%20Serbian%20Version_0.pdf
General	Report on the State of Children's Rights in Serbia 2017–2023	https://cpd.org.rs/wp-content/uploads/2023/06/Izvestaj-prava-deteta-2017-2023.pdf

Inclusive Education	Universal Design for Learning	https://portaloinvalidnosti.net/2020/11/sta-je-univerzalni-dizajn-u-ucenju/
Inclusive Education	General comment No. 4 on Article 24 — Inclusive education of the Convention on the Rights of Persons with Disabilities	https://www.ohchr.org/en/documents/general-comments-and-recommendations/general-comment-no-4-article-24-right-inclusive
Inclusive Education	Participation of Parents, Family and Community in Inclusive Education	https://www.unicef.org/serbia/publikacije/u%C4%8De%C5%A1%C4%87e-roditelja-porodice-i-zajednice-u-inkluzivnom-obrazovanju
Inclusive Education	Handbook for Teachers	https://www.unicef.org/serbia/publikacije/prirucnik-za-nastavnike
Inclusive Education	Access to School and the Educational Environment — physical aspect, information and communication	https://www.unicef.org/serbia/publikacije/pristup-%C5%A1koli-i-obrazovno-okru%C5%BEenje-i-fizi%C4%8Dki-aspekt-informisanje-i-komunikacija
Inclusive Education	Tools for Remote Learning	https://zuov.gov.rs/alati/
Mythbusting	Mythbuster Activity: Tackling Ableism	https://www.sbcguidance.org/sites/default/files/2024-01/All%20Modules_%20Mythbuster%20Activity_Tackling%20Ableism.pdf
Resource Centres	Rulebook on the Resource Centre	https://prosveta.gov.rs/wp-content/uploads/2021/08/Pravilnik-o-resursnom-centru.pdf
Scientific Papers	Pipas, M. D., & Jaradat, M. (2010). Assertive communication skills. Annales Universitatis Apulensis: Series Oeconomica, 12(2), 649.	http://www.dime.uab.ro/upload/lucrari/1220102/17.pdf

Scientific Papers	Crowe, B., Machalicek, W., Wei, Q., Drew, C., & Ganz, J. (2022). Augmentative and alternative communication for children with intellectual and developmental disability: A mega-review of the literature. Journal of developmental and physical disabilities, 1–42.	https://link.springer.com/article/10.1007/s10882-021-09790-0

Annex 2

UNICEF/Washington Group Child Functioning Module

CHILD FUNCTIONING		UCF
UCF1. *CHECK UB2: CHILD'S AGE?*	AGE 0 OR 1 1 AGE 2, 3 OR 4 2	1→*END*
UCF2. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DIFFICULTIES (***NAME***) MAY HAVE. DOES (**NAME**) WEAR GLASSES OR CONTACT LENSES?	YES 1 NO 2	
UCF3. DOES (***NAME***) USE A HEARING AID?	YES 1 NO 2	
UCF4. DOES (**NAME**) USE ANY EQUIPMENT OR RECEIVE ASSISTANCE FOR WALKING?	YES 1 NO 2	
UCF5. IN THE FOLLOWING QUESTIONS, I WILL KINDLY ASK YOU TO ANSWER BY CHOOSING ONE OF THE FOUR POSSIBLE ANSWERS. FOR EACH OF THE QUESTIONS, WOULD YOU SAY (**NAME**) HAS: 1) NO DIFFICULTY, 2) SOME DIFFICULTY, 3) A LOT OF DIFFICULTY, OR 4) CANNOT DO AT ALL. *Repeat the answer categories during individual questions whenever the respondent does not use an answer category:* RECALL THE FOUR POSSIBLE ANSWERS: WOULD YOU SAY (**NAME**): HAS 1) NO DIFFICULTY, 2) SOME DIFFICULTY, 3) A LOT OF DIFFICULTY, OR 4) CANNOT DO AT ALL.		

UCF6. Check UCF2: Does the child wear glasses or contact lenses?	YES, UCF2=1 NO, UCF2=2	1 2	1→*UCF7A* 2→*UCF7B*
UCF7A. When wearing his/her glasses or contact lenses, does (**NAME**) have difficulty seeing? **UCF7B**. Does (**NAME**) have difficulty seeing?	NO DIFFICULTY SOME DIFFICULTY A LOT OF DIFFICULTY CANNOT SEE AT ALL	1 2 3 4	
UCF8. Check UCF3: Does the child use a hearing aid?	YES, UCF3=1 NO, UCF3=2	1 2	1→*UCF9A* 2→*UCF9B*
UCF9A. When using his/her hearing aid, does (***CHILD***) have difficulty hearing sounds like people's voices or music? **UCF9B**. Does (***NAME***) have difficulty hearing sounds like people's voices or music?	NO DIFFICULTY SOME DIFFICULTY A LOT OF DIFFICULTY CANNOT HEAR AT ALL	1 2 3 4	
UCF10. Check UCF4: Does the child use any equipment or receive assistance for walking?	YES, UCF4=1 NO, UCF4=2	1 2	1→*UCF11* 2→*UCF13*
UCF11. Without his/her equipment or assistance, does (***NAME***) have difficulty walking?	SOME DIFFICULTY A LOT OF DIFFICULTY CANNOT WALK AT ALL	2 3 4	
UCF12. With his/her equipment or assistance, does (**NAME**) have difficulty walking?	NO DIFFICULTY SOME DIFFICULTY A LOT OF DIFFICULTY CANNOT WALK AT ALL	1 2 3 4	1→*UCF14* 2→*UCF14* 3→*UCF14* 4→*UCF14*
UCF13. Compared with children of the same age, does (**NAME**) have difficulty walking?	NO DIFFICULTY SOME DIFFICULTY A LOT OF DIFFICULTY CANNOT WALK AT ALL	1 2 3 4	

UCF14. Compared with children of the same age, does (**NAME**) have difficulty picking up small objects with his/her hand?	NO DIFFICULTY SOME DIFFICULTY A LOT OF DIFFICULTY CANNOT PICK UP AT ALL	1 2 3 4	
UCF15. Does (**NAME**) have difficulty understanding you?	NO DIFFICULTY SOME DIFFICULTY A LOT OF DIFFICULTY CANNOT UNDERSTAND AT ALL	1 2 3 4	
UCF16. When (**NAME**) speaks, do you have difficulty understanding him/her?	NO DIFFICULTY SOME DIFFICULTY A LOT OF DIFFICULTY CANNOT UNDERSTAND HIM/HER AT ALL	1 2 3 4	
UCF17. Compared with children of the same age, does (**NAME**) have difficulty learning things?	NO DIFFICULTY SOME DIFFICULTY A LOT OF DIFFICULTY CANNOT LEARN AT ALL	1 2 3 4	
UCF18. Compared with children of the same age, does (**NAME**) have difficulty playing?	NO DIFFICULTY SOME DIFFICULTY A LOT OF DIFFICULTY CANNOT PLAY AT ALL	1 2 3 4	
UCF19. The following question has five different answer options. I will read them after the question. Compared with children of the same age, how much does (**NAME**) kick, bite or hit other children or adults? Would you say: not at all, same, less, more or a lot more?	NOT AT ALL LESS SAME MORE A LOT MORE	1 2 3 4 5	

Annex 3

Organisations of persons with disabilities

Below is a random selection of organisations of persons with disabilities and other relevant stakeholders in Serbia.

A11 Initiative (A11 Inicijativa za ekonomska i socijalna prava)	A 11 is a non-profit and non-governmental organisation engaged in the promotion, advancement and protection of human rights of members of vulnerable, marginalised, and discriminated groups, with a particular focus on social and economic rights.	https://www.a11initiative.org/ office@a11initiative.org
Academic Inclusive Association (Akademska inkluzivna asocijalcija — AIA)	Advocates for the exercise and respect of human rights and the equalisation of opportunities for youth and students with disabilities by creating the conditions for inclusive formal and non-formal education and the application of the social model approach to disability. Programmes include: Support services for students with disabilities; Empowering young persons with disabilities through non-formal education programmes; Inclusive culture and art; Antidiscrimination and human rights; Promotional and advocacy activities; Psychosocial support and empowering young persons with disabilities; Inclusive youth activism, Activist centre.	https://aia.org.rs/ office@aia.org.rs milan.jankovic@aia.org.rs
Alliance of the Deaf and Hard of Hearing (Savez gluvih i nagluvih Srbije, member of NOOIS)	Established in 1944, played a significant role in the struggle to enable deaf persons to become useful and productive members of society and to relieve the state of their burden, fighting to secure adequate conditions for successful education, employment, cultural and sports development, and social integration into society.	https://sgns.org.rs/ ssgns.bg@gmail.com

Association for Assistance to Mentally Underdeveloped Persons of the City of Novi Sad (Udruženje za pomoć mentalno nedovoljno razvijenim osobama grada Novog Sada)	This association provides daily daycare for adults with intellectual disabilities, an inclusive service for children with and without developmental delays, and a club for adults over 27. It also runs a volunteer program.	https://www.mnrons.org.rs/ mnrons83@gmail.com tijana_lacarak@yahoo.com
Association for Child and Adolescent Psychiatry and Allied Professions of Serbia - DEAPS (Društvo za dečju i adolescentsku psihijatriju i srodne struke Srbije - DEAPS)		https://www.deaps.org/e_index.html
Association of Deaf Youth of Serbia (Udruženje mladih gluvih Srbije)		Udruženje mladih gluvih Srbije (@umgsrbija) • Instagram photos and videos umgsrbija@gmail.com
ATINA — Citizen Association for Combating Trafficking in Human Beings and all Forms of Gender-based Violence (ATINA — Udruženje građana za borbu protiv trgovine ljudima i svih oblika rodno zasnovanog nasilja)	NGO Atina is an organisation engaged in programs of comprehensive social inclusion of victims of human trafficking and other forms of exploitation, through a human rights-based approach that ensures full participation, consent, and cooperation of beneficiaries, as well as the active involvement of state institutions, in order to make the support system a sustainable solution for complete recovery and full integration.	http://atina.org.rs/ office@atina.org.rs

Association of Organisations of Serbia for Assistance to Persons with Autism (Savez udruženja Srbije za pomoć osobama sa autizmom)	The Association of Organisations of Serbia for Assistance to Persons with Autism was founded in 1977 with the aim of protecting and realising the rights of persons with autism and their families. The Association is a non-profit organisation, and all active members — parents and professionals — are volunteers.	https://autizam.org.rs/ suncica.petrovic@yahoo.com
Bibija - Roma Women's Centre (Bibija — romski ženski centar)	Bibija was founded in 1998. The goal of the centre is to make visible the problems that Roma women face in society and in their close environment, as well as to articulate all the needs necessary for healthy functioning and successful work. The group consists of 10 activists who work actively in the Centre and in the field, as well as 10 professional women, including psychologists, pedagogues, and doctors, who make up our group's expert team.	https://www.bibija.org.rs/ bibija @eunet.rs vasic.slavica@yahoo.com
Blind Union (Savez slepih, member of NOOIS)	Education, vocational training, rehabilitation and employment of the blind and visually impaired, social and health care, provision, procurement and distribution of special aids to compensate for visual disabilities in various areas, to meet the specific needs of the blind and visually impaired in the field of culture, publishing, library and information activities, nurturing and developing sports and recreational, chess and other activities for the membership of the Association and others. Regulating the position of blind people in various areas by laws and by-laws.	http://www.savezslepih.org.rs/ info@savezslepih.org.rs

Centre for Independent Living of PWDs Serbia (Centar za samostalni život osoba sa invaliditetom Srbije)	Advocacy for creating basic civil and human rights of persons with disabilities; Promoting social approach to disability in all the segments of social life; Affirming abilities of persons with disabilities, the development of their potentials and personality; Testing and promoting new services for the support of persons with disabilities — Personal Assistance Service; Awareness raising on the need for creating an accessible environment, including housing and transportation; Working on ending double discrimination and promotion of the rights of women with disabilities.	https://www.cilsrbija.org/ office@cilsrbija.org
Centre for Living Upright (Centar Živeti uspravno)	Research and publishing work in the field of disability, representation of persons with disabilities in the media and encouragement and piloting of support services that do not exist in Novi Sad. Production of media and film material about the position of persons with disabilities and human rights. Peer education in the field of disability, protection of rights and health of youth, youth work and training for developing different skills and peer counselling for children and young persons with disabilities, their parents and caretakers.	https://www.czuns.org/ office@czuns.org
Centre for Students with Disabilities within the Rector's Office (Centar za studente sa hendikepom pri Rektoratu)		https://info.fasper.bg.ac.rs/centar-za-studente-sa-hendikepom-univerziteta-u-beogradu/ ucsh@rect.bg.ac.rs
Dance for All (Ples za sve)	Organisation that gathers young persons with disabilities around dance.	https://pleszasve.rs/index.html

Helping Hand (Evo ruka)	The association was founded in 2011 by parents of children with disabilities, with a simple but powerful mission — to improve the quality of life of their children and ensure a safer future for them. Through various activities, the association fosters social activism, brings the community together, and provides concrete support to families who need it the most. Their focus is on the development of social protection services, inclusive practices and innovative solutions that give children with developmental disabilities and young people with intellectual difficulties and disabilities the opportunity for a dignified and fulfilling life.	https://evoruka.org/o-nama/ evoruka5@gmail.com
Femplatz	Femplatz advocates for the promotion and realisation of the rights of women and girls, protection against discrimination and violence, economic empowerment and social inclusion, with a special focus on women and girls who face multiple forms of discrimination.	https://www.femplatz.org/index.php
Group Most (Grupa Most)	Most was established with the aim of developing a model for conflict transformation and constructive conflict resolution, and presenting it to young people, education professionals, trade unions, politicians and the wider public, as well as supporting its application in key spheres of public life in Serbia and in the countries of the former Yugoslavia.	http://most.org.rs/en_US/kontakt/o-mostu/ rgosovic@gmail.com grupa.most@gmail.com

MDRI-S (Inicijativa za prava osoba sa mentalnim invaliditetom u Srbiji)	MDRI-S (Mental Disability Rights Initiative Serbia) is fully committed to protecting and promoting the human rights of persons with intellectual and mental disabilities and achieving their full inclusion and participation in society, with special attention to children and adults who are at risk or already staying in social care institutions and psychiatric hospitals, given that they are the most vulnerable and marginalised group.	https://www.mdri-s.org/ mdri.serbia@gmail.com
National Organisation for Rare Diseases (Nacionalna organizacija za retke bolesti Srbije — NORBS)	NORBS was founded in 2010 as a union of associations dealing with issues concerning people with rare diseases. NORBS is not a professional body, but a voluntary, humanitarian, non-partisan, non-governmental and non-profit organisation led by people with rare diseases and members of their families.	https://norbs.rs/ ivana.badnjarevic@norbs.rs
National Organisation of Persons with Disabilities of Serbia (Nacionalna organizacija osoba sa invaliditetom — NOOIS)	NOOIS is an umbrella organisation of 13 Serbian national disability organisations, representing more than half a million citizens of Serbia with disabilities. List of member organisations with contact information: http://noois.rs/about-us	ivanka.j@mts.rs; nacionalnaorg@mts.rs
Network of organisations for Children (Mreža organizacija za decu Srbije — MODS)	MODS is a network of over 100 member organisations dedicated to the protection and promotion of children's rights in Serbia.	https://zadecu.org/en/mods/ s.stefanovic@zadecu.org
Out of Circle Belgrade (Iz kruga Beograd)	Organisation working on promoting the rights of women with disabilities and addressing the discrimination they face.	https://izkruga.org/ office@izkruga.org sos-telefon@izkruga.org
Pedagogical Assistants Association (Asocijacija pedagoških asistenata Srbije)		https://apas.org.rs/

Pedagogical Society of Serbia (Pedagoško društvo Srbije)	The Pedagogical Society of Serbia is a voluntary professional organisation of pedagogues and other experts who study education and upbringing both professionally and scientifically.	https://www.pedagog.rs/ drustvo@pedagog.rs
Parents' Association Ringeraja (Udruženje roditelja Ringeraja)		Удружење родитеља "Рингераја" —Ringeraja Leskovac | Leskovac | Facebook ringerajaorg@gmail.com
Serbian Psychological Society (Društvo psihologa Srbije)	Serbian Psychological Society aims to encourage the development of psychology through professional and research activities and to provide its members with scientific and professional information relevant to academic activities, professional training, as well as for psychologists in practice. The Society also informs its members about contemporary professional methods and scientific innovations in different fields of psychology.	https://www.dps.org.rs/
Sport Association of Persons with Disabilities Belgrade (Sportski savez osoba sa invalididtetom Beograda — SSOSIB)	Organisation of sport programmes for persons with disabilities, a UNICEF partner in modelling inclusive playgrounds.	https://www.sosib.rs/ office@sosib.rs jelena.radivojevic@sosib.rs
The City Organisation of the Deaf in Belgrade (Gradska organizacija gluvih Beograda — GOGB)	Gathers, represents and protects the rights and interests of deaf and hard-of-hearing persons living in Belgrade. The Organisation has a Youth Club/Section and a Club that holds courses and lectures, has a video library and a computer centre and is a gathering place and social life of GOGB members.	https://gogb.org.rs/ gog.beograd@gmail.com

Annex 4

Self-assessment checklist

Approaches to the Building

1. Are pedestrian approaches to the building at least 90 cm wide for one-way movement in passages over shorter distances?
2. Are pedestrian approaches to the building at least 180 cm wide (exceptionally 195 cm) for two-way movement?
3. Are sidewalks and pedestrian footpaths (approaching the building) interconnected (forming a connected network of paths)?
4. Are sidewalks and pedestrian footpaths (approaching the building) adapted for orientation?
5. Is the longitudinal grade of the sidewalk and/or footpath (if any) no greater than 5% (1:20), and exceptionally up to 8.3% (1:12)?
6. Is the cross grade of street sidewalks and/or access pedestrian footpaths perpendicular to the direction of movement a maximum of 2%?
7. Are the approaches to the building properly lit and marked?
8. Do benches have seats at a height of 45 cm and armrests at a height of 70 cm above path level in 50% of the total number of benches?
9. Is there a space of 110 x 140 cm next to benches for placing mobility aids?
10. Is the width of pedestrian footpaths at least 180 cm, and exceptionally 120 cm?
11. Is the width of the passage between fixed obstacles (if any) at least 90 cm?
12. Is the path surface firm, level and slip-resistant?
13. Are the profiles of grates, covers and manholes on pedestrian footpaths safe for users?
14. Is the visibility of main routes and their changes in direction ensured by contrasting colours and materials?
15. Are poles, advertising boards, signs or other obstacles placed outside the main pedestrian circulation corridors?

16. Are existing obstacles (if any) clearly marked and noticeable?
17. Are parts of buildings, such as balconies, bay windows, hanging advertising billboards, etc., as well as lower tree canopies located directly next to pedestrian corridors raised at least 250 cm above the walking surface?

Parking Lot and Parking Spaces

1. Are parking spaces for vehicles used by persons with disabilities provided near the building entrance?
2. Are parking spaces for vehicles used by persons with disabilities marked with the accessibility symbol?
3. Is the minimum total area of a parking space for vehicles used by persons with disabilities 370 cm x 480 cm?
4. Is a parking space for two cars in a row of parking spaces arranged perpendicular to the sidewalk 590 cm x 500 cm with a 150 cm wide intermediate space?
5. If the parking lot is not at the same level as the adjacent pedestrian footpath, is the exit from the parking lot provided with a lowered pedestrian footpath with a maximum grade of 8.3% and a minimum width of at least 140 cm as required for manoeuvring space?
6. Is the accessible parking space designed horizontally without longitudinal grade?
7. Is the drainage cross grade of the parking space a maximum of 2%?
8. Does the accessible parking space have a direct pedestrian connection between the designed manoeuvring space and the nearest pedestrian footpath, without entering the road, and in accordance with recommendations for pedestrian footpaths?
9. Does the parking surface correspond to the surface used for pedestrian footpaths?
10. Is accessible pedestrian access provided to parking ticket machines or sales points in accordance with recommendations for counters and devices in buildings?
11. For public garages, public parking lots, as well as parking lots adjacent to buildings for public use and larger residential buildings, is at least 5% of the total number of parking spaces, with at least one space, designated for persons with disabilities?

Building Entrances

1. Is the building entrance accessible directly from a public pedestrian area?
2. Is the building entrance accessible by means of accessibility elements to overcome height differences (ramps, platforms or lifts)?

3. Is there a level pedestrian landing in front of the entrance door measuring at least 150 cm x 150 cm?
4. Is the clear width of the entrance door at least 90 cm up to 210 cm?
5. Is the clear width of entrance doors in public buildings at least 183 cm?
6. Is the level difference at the entrance (if present) overcome by means of a level landing at the floor level of the vestibule, at least 150 cm long, and a ramp?
7. Is the entrance surface slip-resistant?
8. Are entrance mats made of firm material and installed so that their surface is level with the floor?
9. Are glass partitions at the entrance (if any) made of shatter-proof glass and provided with a physical barrier at a height of 90 cm above the floor?
10. Are glass partitions at the building entrance (if any) marked at a height of 140 cm to 160 cm with a contrasting strip or other visually noticeable marking?
11. Is the building entrance covered either by recessing into the building or by a canopy?
12. Is the building entrance visually clearly noticeable?
13. If the building has multiple external entrances, does at least one entrance meet conditions 1–12?
14. Is the entrance that meets conditions 1–12 marked with the accessibility symbol in a visible place?

Movement in the Building

1. Are corridors and passages in the building at least 90 cm wide for one-way movement over shorter distances?
2. Are corridors and passages in the building at least 180 cm wide (exceptionally 195 cm) for two-way movement?
3. If the building has multiple corridors or passages leading to the same point, does at least one meet conditions 1–2?
4. Are accessible corridors and passages marked with the accessibility symbol?
5. Are level differences between floors in the building overcome by internal stairs and staircases, ramps, platforms and/or lifts, all in accordance with the relevant checklists? (Accessibility Checklist 4A, 4B, 4C, 4D, 4E, 4F)

6. Do internal stairs and staircases meet the conditions from checklist 5? (Accessibility Checklist 5 — Stairs and Staircases)
7. Is the door width for unobstructed passage of all potential users at least 80 cm?
8. For entrance doors in public buildings or if there is a higher flow of people, is the minimum door width 90 cm?
9. Does the clear manoeuvring space in front of doors have a width of at least 150 cm, and in narrow spaces are sliding doors provided?
10. Are the door handle and keyhole positioned at approximately 80 cm above the floor?
11. Is the door edge on the handle side at least 50 cm away from the room corner, or the wall projection or another obstacle positioned perpendicular to the door plane?
12. Are doors visually easy to notice and designed and marked in accordance with checklist 5C? (Accessibility Checklist 5C, Doors and Windows)
13. If there are fixed elements (furniture or other inventory) in the building, are corridors for unobstructed movement at least 90 cm wide provided?
14. Are floors in rooms free of height differences or other obstacles (thresholds)?
15. Are height differences between rooms (if any) up to 2 cm and with rounded edges?

Stairs and Staircases

1. Is the minimum width of the stair flight 120 cm?
2. Is the tread width not less than 33 cm?
3. Is the step height up to 15 cm?
4. Are the risers slightly bevelled in relation to the tread surface, without protrusions and closed?
5. Are the riser surface and stair edge in contrast to the stair tread?
6. Is there colour contrast between landings and steps at the bottom and top of the staircase?
7. Do access to the staircase and protective railings with handrails meet the conditions provided for railings and handrails (Accessibility Checklist 4B — Railings and Handrails)?
8. Is the surface finish of stair treads firm and level?

9. Is the surface finish of stair treads slip-resistant?
10. Is the surface finish of stair treads in a colour contrasting with the rest of the floor surface?
11. Does the floor surface at least 50 cm from the start of the descending flight have a different tactile and visual treatment compared to the stair landing?
12. Is the bottom step recessed relative to the surface used by pedestrians in front of the mentioned flight?
13. Are handrails on the staircase installed in accordance with the prescribed conditions? (Accessibility Checklist 4B — Railings and Handrails)

Railings and Handrails

1. Are handrails installed on both sides of stairs or ramps?
2. Are handrails on stairs or ramps continuous along their entire length?
3. Do handrails extend at least 30 cm before the start and after the end of the staircase or ramp?
4. Are the handrails securely fixed to the wall/support?
5. Are the ends of the handrails turned toward the wall/support?
6. Is the handrail colour in contrast with the background colour?
7. Are handrails up to 4 cm in diameter and shaped so they can be grasped with the palm?
8. Are outdoor handrails made of a material not sensitive to thermal changes?
9. Is a glass-filled railing visibly marked?
10. Do railings on balconies and terraces allow a view from 30 cm above the floor upward?
11. If the railing is not transparent, is the height of the non-transparent part no greater than 90 cm?

Premises in the Building

1. Are corridors and other rooms at least 150 cm wide and 200 cm long without equipment?
2. Are passages between rooms constructed without thresholds or other level differences?
3. Is the workspace area at least 9 m^2?
4. Is the length of the shorter side of the room at least 240 cm?

5. Does the workspace include a free area of at least a 150 cm diameter circle?
6. Is the movement space around furniture at least 120 cm wide?
7. Are work tables cantilevered so that the top surface is at least 85 cm high with an access depth of at least 50 cm?
8. Is the entrance door to a classroom or workspace at least 80 cm wide?
9. Does the free space in the kitchen and around kitchen equipment allow wheelchair manoeuvring?
10. Is the free countertop surface in the kitchen at least 90 cm long?
11. Are the countertop, cooktop and sink cantilevered with an access depth of at least 50 cm?
12. Is the top surface at least 85 cm high?
13. Are wall-mounted kitchen elements installed with their lower edge at 120 cm above the floor?
14. Are lower kitchen elements pull-out type, and is the free usable space for their use and manoeuvring at least a 150 cm diameter circle?
15. Is the entrance door to the kitchen at least 80 cm wide in clear opening?

Toilets

1. Is the entrance door to the toilet at least 90 cm wide in clear opening?
2. Does the toilet entrance door open outward?
3. Is there an accessible door handle on the toilet entrance door meeting the conditions of list 5C? (Accessibility Checklist 5C)
4. Is a mechanism installed for opening the door from the outside in case of emergency, with appropriate electrical installations?
5. Is the free manoeuvring space in the toilet stall at least a 150 cm diameter circle?
6. Is the usable space in front of the toilet bowl at least 90 cm wide?
7. Is the toilet bowl wall-mounted and, together with the seat, installed at a height of 45 to 50 cm from the floor?
8. Is the distance of the front edge of the toilet bowl from the wall at least 65 cm?

9. Are two 90 cm long handrails provided next to the toilet bowl, mounted on the wall at a height between 80 cm and 90 cm above the floor?
10. Is at least one handrail foldable (on the accessible side of the toilet bowl)?
11. Is the flush button positioned at a maximum height of 70 cm above the floor or is a sensor flush installed?
12. Is there an alarm device in the stall with a push switch or pull cord placed at a height of 60 cm from the floor?
13. Is the washbasin wall-mounted, at least 50 cm wide and installed at a height of 80 cm, with the siphon placed inside or against the wall?
14. Is the washbasin tap single-lever or equipped with sensor-operated water control?
15. Is the usable space in front of the washbasin at least 90 cm wide?
16. Is there an inclined (swivel) mirror in the toilet installed with its lower edge at least 100 cm above the floor?
17. Is there a clothes hook in the toilet (stall) installed at a height of 120 cm?
18. Does the equipment in the toilet not obstruct movement, is it fixed to the wall and designed in contrast to the floor and walls?
19. Is the accessibility symbol placed on the entrance door of the accessible stall at a height of 140 cm to 160 cm?

Information, Communication and Systems of Orientation in a Building

1. Are signs and information boards and nameplates in the building clearly visible, readable and recognisable?
2. Are there signs of universal form throughout the building?
3. Are signs arranged in such a way that together they guide users and form a connected chain of information?
4. Are wall signs placed at a height of 140 cm to 160 cm above the floor?
5. Are signs securely fixed to the wall?
6. Are signs properly positioned relative to the light source to prevent reflection?

7. Is important public information provided simultaneously in different ways, that is, visually, audibly and tactilely?
8. Is the letter height on signs not less than 1.5 cm for indoor use and 10 cm for outdoor use?
9. Is the identification of doors, stairs, ramps, lifts, passages, firefighting equipment, rescue equipment and evacuation routes carried out using contrasting colours, appropriate lighting and wall and floor finishes?
10. Is an assistive listening system installed in public rooms to improve sound reception?
11. Are tactile safety fields installed in front of all hazardous zones (approach to stairs, dangerous fixed obstacles, etc.)?
12. Are tactile markings in a contrasting colour compared to the rest of the path?
13. Are signs also provided in Braille, placed below the information with the same meaning?

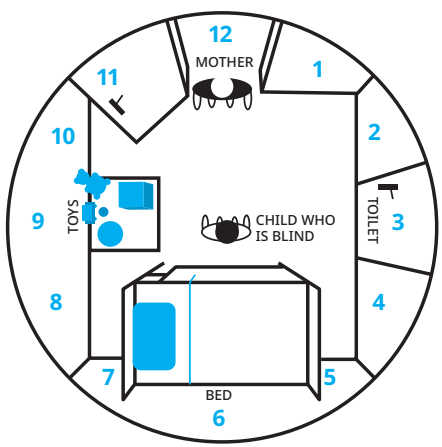
Equipment, Devices and Installations

1. Does the intercom enable both audio and video communication and is it installed at a height of 90 cm to 120 cm from the floor?
2. Does the building have an assistive listening system in the form of an induction loop?
3. Are the light switch and doorbell installed at a height of 90 cm from the floor?
4. Are telephone and electrical sockets installed at a height of 40 cm from the floor?
5. Are kitchen sockets above the worktop installed at a height of 100 cm from the floor?
6. Are pull alarms and pull switches installed so that the pull reaches a height of 60 cm to 70 cm from the floor?
7. Are all devices in the room installed at a distance of 40 cm from the room corners?
8. Are all devices in the room designed in colours contrasting with the background?
9. Do door handles allow easy grip and turning? (so that they can also be used by persons with limited strength in their hands and arms)

Annex 5

Tips for communicating with girls, boys and young people with disabilities

- When possible, talk to and get information directly from the child or adult with a disability, and not only from their caregivers.
- Be patient. Do not make assumptions. Confirm that you understand what the child has expressed.
- Where required, identify community members who can facilitate communication with girls and boys with disabilities (such as sign language interpreters, organisations of persons with disabilities, inclusive education or special education teachers, other caregivers of children with disabilities or speech therapists).
- Think of the objective when communicating with children with disabilities, as gender roles influence the ways we communicate.
- Children and adolescents with hearing disabilities (deaf or hard of hearing) often use sign language. If the child or caregiver does not know sign language, use body language, visual aids or key words, and speak slowly and clearly.
- For children and adolescents with visual disabilities (blind or low vision), describe the surroundings and introduce the people present. Use the 'clock method' to help older children and adolescents locate people and items (for example, 'the toilet is at 3 o'clock' if directly to their right, or 'the toys are between 8 and 10 o'clock' if they are on the left).



- Ask permission if offering to guide or touch the child or his or her assistive devices, such as wheelchairs or white canes.
- If the child or adolescent has difficulty communicating or understanding messages (such as children with intellectual disabilities), consider the following:
  - Use clear verbal communication and simple language, avoiding difficult expressions and subtleties like irony or sarcasm.
  - Use objects that represent different activities to support the child's or adolescent's understanding and ability to anticipate what will come next and help build routine.
  - Ask children to repeat instructions back to you. Repeat as many times as necessary, in different ways and check their understanding. Allow time for actions (reading, writing and speaking).
- Support children and adolescents in developing a book, a board or cards with pictures or drawings related to daily activities, feelings and items (like utensils, favourite games or whether they are feeling hot or cold). The C-board application (Cboard AAC | Home Page) includes pictographs/symbols to support communication and can be installed on Android tablets and mobile phones and used in settings without internet connectivity.



For more detailed information on communicating with children with different disabilities, please refer to pages 33–38 of the UNICEF disability participation guidance:

https://www.unicef.org/documents/take-us-seriously

Additional resources:

https://www.unicef.org/disabilities/index_90418.html%22%20/t%20%22_blank