



GUIDELINES FOR CONSULTING WITH CHILDREN & YOUNG PEOPLE WITH DISABILITIES



‘NOTHING ABOUT US, WITHOUT US’: THE IMPORTANCE OF CONSULTING WITH CHILDREN AND YOUNG PEOPLE WITH **DISABILITIES**



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The foundation for these guidelines were written by Hannah Kuper, Co-Director International Centre for Evidence in Disability (ICED), London School of Hygiene and Tropical Medicine and Morgon Banks, research fellow at the ICED. They have been finalised by Plan International Finland (Frank Velthuisen) with the support of Plan International Ireland (Gwen Duffy) and with invaluable input from Plan International's Disability Inclusion Working Group and the Research and Knowledge Management Team.

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WHY GUIDELINES FOR CONSULTING WITH CHILDREN WITH DISABILITIES?

Plan International's purpose (2016) states: 'Empower children, young people and communities to make vital changes that tackle the root causes of discrimination against girls, exclusion and vulnerability'. Girls and boys with disabilities are undoubtedly a group that is being excluded and experiencing discrimination.

Childhood disability is very common – About one in 20 children have a disability worldwide (UNICEF, 2013). Children and young people with disabilities face many barriers to participation in society, and are a particularly vulnerable group in the communities where Plan International works. Physical, attitudinal, policy and/or institutional barriers hinder the full and effective participation and protection of children with disabilities in society. For instance, children with disabilities are 5-10 times less likely to go to school, and are also more likely to experience poor health and violence (Plan, 2014a; Plan, 2016a). Furthermore, gender inequality potentially compounds exclusion, so that the impact of disability may be more pronounced for girls with disabilities.

More efforts are therefore needed to overcome the barriers that many children and young people with disabilities face so that they can participate on an equal basis with their non-disabled peers, as is their right (UNCRC, 2007, art. 3c; CRC, 1989, art. 2, 23). This can be achieved both by ensuring that programmes are inclusive of children and young people with disabilities, as well as by developing specific interventions for them. These efforts are particularly important for Plan International, given their commitment through child-centred community development standards towards tackling exclusion and improving participation, especially of the most vulnerable groups (Plan, 2016b).

It is crucial to consult with children and young people with disabilities as they are the experts of their own situation. However often it is not recognised that children and young people with disabilities can contribute to decision making processes and they are left out (Plan, 2013). A programme's



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effectiveness and inclusivity increases when children and young people with disabilities meaningfully contribute to all stages of programme planning. If their perspectives are not sought, they may be unintentionally excluded (CBM, 2012). Children and young people with disabilities have a diverse range of experiences, opinions and skills. Each child may respond to their disability differently and require different strategies and types of support to reach their full potential. Getting input from children and young people with different backgrounds (gender, impairments types, in/out of school) can help design programmes that are flexible and inclusive of all children, with and without disabilities.

The ability of a child to express their own views is a human right which is protected under international law. Under Article 12 of the United Nations Convention on the Rights of the Child (CRC) (1989) it says,

‘States Parties shall assure to the child who is capable of forming his or own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.’

Children with disabilities have the right to express their own views further protected under the United Nations Convention on the Rights of Persons with Disabilities (CRPD) (2006). Under Article 7 it says,

‘States Parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right.’

These guidelines aim to assist in protecting these rights and ensuring that they are fulfilled for children with disabilities.

What is this document?

This document provides a guidance on the importance of consulting with children with disabilities. It provides practical suggestions for consulting with children and young people with disabilities in a variety of situations. It aims to equip individuals working on child rights with the knowledge and skills necessary to communicate with children with a variety of disabilities.

This document sets out tips and suggestions for the entire consultation process including: planning for the consultation, general considerations for consulting with children with disabilities, specific tips for communicating with children with different types of impairments, and some case study examples.



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Who is this document for?

This document is a guide for Plan and partner staff on how to work with children to ensure that children with disabilities are consulted with and heard in Plan programmes. This could include:

- Field staff
- Researchers and consultants
- Community leaders and members
- Government officials
- Facilitators and trainers
- School teachers
- Plan National Office and Country Office staff

These guidelines can be used in all contexts including at a national policy level, in communities, during development projects and in humanitarian settings.



WHAT IS THE IMPACT OF CONSULTATION?

Consulting with children and young people with disabilities helps to appropriately provide and adapt programmes to cater to their needs, which will help them reach their full potential and fulfil their fundamental rights. Ensuring that programmes are inclusive of children with disabilities is likely to make Plan's programmes appropriate to a broader range of children, and thereby better for all children.

Consulting with children and young people with disabilities benefits them directly. Children and young people with disabilities are often hidden away, and experience stigma and discrimination (UNICEF, 2013). Consulting with children and young people with disabilities can help them to feel respected and autonomous as they want to have a voice in decisions that affect them (Joseph Rowntree Foundation, 2001). Many people – including caregivers and other family members – have low expectations of children and young people with disabilities. These attitudes can be

internalised by children and young people themselves, leading to low self-esteem. When children and young people feel their opinions and perspectives are valued, it will increase their self-confidence (CBM, 2012). Engaging children and young people with disabilities empowers them to explore and develop skills and aspirations as well as ways to express themselves and question the world around them (Ackermann et al., 2003). Furthermore, encouraging participation of and seeking input from children and young people with disabilities can also lead to a greater appreciation by others of their value, talents and skills and their potential contribution to society (Kellett, 2005; Stubbs, 2008).

Consulting with children and young people with disabilities is important to ensure that programmes are developed in a way that best addresses their needs and ensures their rights are fulfilled. It also demonstrates that they are valued members of society. As the disability movement specifies “Nothing about us, without us”.

What does Plan mean by...?

CHILD PARTICIPATION:

Activities in which girls and boys express their views, and are involved in shaping decisions that affect them in an informed and willing way (Plan International, 2014b). Child participation is effective when children are adequately informed, can freely express their views and have them taken into account – and when they are given the chance to be joint or main decision makers (Plan, 2015).

CHILD CENTRED COMMUNITY DEVELOPMENT (CCCD):

Child Centred Community Development (CCCD) is Plan's distinctive approach to working with communities to help more children and young people realise their potential. It is built on two foundations:

- 1) All children have the same universal human rights, which are set out in international treaties, such as the Convention on the Rights of Persons with Disabilities. They include the rights to: education, health care, protection from harm and change to participation as citizens.
- 2) Communities are powerful when they act together. Plan supports groups of people to come together to tackle their own issues. When people take action together, they support each other and build up their skills and confidence. They feel a sense of

ownership over their activities. So they are likely to continue and promote them. They build up their ability to claim their rights and their children's rights, as active citizens (Plan, 2014c).

Plan's CCCD Standards are:

1. Working with Children and Communities
2. Tackling Exclusion and Gender Inequality
3. Engaging with Civil Society
4. Influencing Government
5. Strengthening Plan's Accountability.

Standard 1 'Working with Children and Communities' is particularly relevant to these guidelines. Children and communities have the right to express their own priorities and should be encouraged to do so. Children, their families and communities should participate in the decisions that are important and relevant for them. This is key to the sustainability of programmes. Plan works with community members – children and adults – to build their collective skills and resources and enable them to take a leading role in designing, implementing and managing projects in children's best interests (Plan, 2014c).

To learn more about the CCCD standards please see: <https://plan-international.org/approach/child-centred-community-development-ending-child-poverty>

How and when can this document be used?

Children and young people with disabilities should be consulted and included in any intervention, programme, activity or policy which has the potential to impact their lives. Consultation with children and young people with disabilities is important at different stages in the development, implementation, monitoring and evaluation of programmes in order to best ensure their rights are met.

- Consultation can help uncover the most important issues in the lives of children and young people with disabilities; their opinions about the society they live in, how they wish to be treated, their health, education and leisure. Consultation therefore informs where additional efforts within programmes or if specific programmes could be beneficial.
- Children can help identify solutions to overcome the barriers and issues they face. They can specify which types of support and adaptations, if any, are helpful for them to engage in different activities and overcome challenges they face.
- Getting frequent feedback is important to ensure that programmes are adequate to children and young people with disabilities, as well as effective and relevant.
- In addition to targeted approaches to consulting with children and young people with disabilities, equal representation of their voices in mainstream channels is also essential. Children and young people with disabilities must be included alongside their non-disabled peers in all activities and forums that seek participation from children.



This document can be used as a reference when conducting consultations with children with disabilities for any intervention, programme, activity or policy which has the potential to impact their lives. For example the guidelines could be useful in:

- Base line studies
- Monitoring and evaluation
- Research projects
- Participative discussions
- Training sessions
- Advocacy actions



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PLANNING FOR THE CONSULTATION

DIFFERENT APPROACHES TO CONSULTING WITH CHILDREN AND YOUNG PEOPLE WITH DISABILITIES

Different approaches may be needed when consulting with children and young people with disabilities, depending on the nature of the impairment underlying the disability. Sufficient time, resources and budget must be allocated to promote approaches that maximise children's inclusion. For instance, sign language is important for communicating with a child with a hearing impairment (if they know sign language) while the use of simplified language is helpful for

consulting with a child with an intellectual impairment. The changes in consultation approach required for children with disabilities are often small, and easy to achieve with little budget implications. Furthermore, learning skills to consult effectively with children with different impairments will help people to communicate better with children in general, regardless of having a disability or not. The following sections provide practical tips on how to consult effectively with children with disabilities.

PRE-CONSULTATION FIRST STEPS

Selecting children and young people to participate

When deciding which children and young people should participate in the consultation there are a couple of things which should be considered.

1. A RANGE OF CHILDREN

Consultations will be most helpful when they involve both girls and boys and young people with disabilities with a diverse range of experiences.

Take into account important factors such as gender, impairment types, ages, whether the children are in or out of school, and if they are in mainstream or special schools. Considering these factors, and any others that you can think of, try to involve a variety of children in your consultation.



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2. LIAISE WITH KEY PEOPLE IN THE COMMUNITY

Different groups in the community will be helpful for identifying girls and boys and young people with disabilities, depending on the context.

These groups could include:

- Disabled People's Organisations (DPOs)
- Community leaders
- Health facilities (e.g. health centres, hospitals)
- Schools
- Peers

Consent to participate

CONSENT FROM THE CHILD

Before you begin any consultations with children, you must receive informed consent from them. This involves explaining to the child:

- What participation in the consultation will involve
- Any potential risks and benefits to the child from participation
- The child's rights during the consultation (e.g. they can choose not to participate or withdraw from the process at any time for any reason, with no consequences)

Consent may be written (signed or thumb print) or oral, depending on what is appropriate in that context.

Ask the child if they would be more comfortable having someone else (e.g. caregiver, friend, relative) present or if they would prefer to discuss certain things alone.

Important Note: ensure that the child's participation in the consultation is voluntary. A child must not be forced into participating by you, or any other person, if they do not want to. Make sure that the child understands exactly what is involved in the consultation and that they have agreed to take part (Jenkin et al., 2015).

CONSENT FROM THE CAREGIVER/GUARDIAN

In most cases, you will also need consent from the child's caregiver/guardian. Check with the national law of the country you are in for the age of consent.

For young people with impairments that impact their understanding, in most cases it is recommended to get consent from a caregiver/guardian regardless of age.

When in doubt about consent, it is best to ask a friend or a family member of the child to be present to give support or act as an advocate.



Child Protection Policy

Ensure that you abide by the rules as outlined in Plan International's child protection policy. The policy should be followed by all Plan and partner staff when working with children. Plan staff must also ensure they abide by the regulations of the specific Plan Country Office of the country they are working in.

It is the responsibility of the person holding the consultation to minimise any distress or anxiety that the child may experience.

Ensure there are steps in place to protect the child. For example this may include explaining to the child that you do not want them to feel upset or unsafe at any time during the consultation and that any activity would be stopped if it is distressing them. The child being consulted must understand and be reminded that they only should share information which they want to and feel safe doing so (Jenkin et al, 2015).

GENERAL CONSIDERATIONS

There are some important considerations to be understood and taken into account before beginning consultation with children with disabilities.

General Considerations during Consultation

Children with disabilities want to be treated in the same way as children who do not have disabilities. As with everyone, always relate to the child with: respect, dignity, empathy and equality. Do not assume that a child with a disability requires special treatment all the time (Save the Children, 2015). Do not treat a child with a disability with more familiarity than you would anyone else.

You may need to adapt your traditional approach to interviews, activities, programmes, etc. when involving children and young people with disabilities. Learning new approaches for consulting will make you better at interacting with all children and young people. Examples of how to adapt these approaches for children with different types of impairments are given later in this document.

If you are unsure about whether a child can perform certain activities, ask what they are ABLE to do, not what they can't do. If needed, discuss with the child any adaptations that would help him/her participate more fully in the planned activities.

If using group activities, make every effort to include the child(ren) within the group, rather than separately.

Be patient and flexible.

Ensure that you respect the views and experiences of the child and take these seriously when consulting with them.

Recognise that all children, regardless of how they communicate or the impairment that they have, have something valuable to contribute.

In most settings, it is required that a caregiver/guardian is present during the consultation with a child. The age at which children may be interviewed on their own will vary in different settings. The assistance of a caregiver/guardian may be required when consulting with children with certain types of impairment (i.e. hearing, communication or intellectual). Seek local advice when deciding whether to consult a



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child alone or with a caregiver/guardian. When in doubt, include a caregiver during the consultation with a child. Always look at and address the child, not their interpreter, carer or communication aid.

An important contributing factor to child participation in consultation is the relationship between the interviewer and the child, their family and their community. Time is needed for a good relationship to grow; a number of visits are required to build trust and to establish the best form of communication between the interviewer and the child. During the visits the interviewer will be able to learn how the child communicates and gain the skills required to communicate with them (Jenkins et al., 2015).

Consulting with Younger Children

When consulting with younger children you will need to adapt your approach as they may take longer to understand something or may have a shorter attention span.

You should adapt your approach by ensuring that the:

- Topic of the consultation is age-appropriate
- Language used is age-appropriate (e.g. Simplify language for young children)
- Approach used is age-appropriate (e.g. Use play with younger children)
- Parents or caregivers are included in consultation with young children

The age criteria for defining young children should be agreed locally.

CONSULTING WITH CHILDREN WITH DIFFERENT IMPAIRMENTS

The general considerations for consulting with children and young people with disabilities have been outlined in the previous section. However you will need also to adapt your approach depending on the nature of the impairment underlying the child's disability.

Considerations that should be taken into account for consulting with children and young people with various different impairments are described in the following sections.

1. Children with Hearing Impairments

- **Get the attention of the child with a hearing impairment before you start speaking, using cues (e.g. wave in their field of vision or gently tap the child on the shoulder).**
- **Face the child at all times when speaking and make eye contact.**
- **Make sure there is enough light to see each other well.**
- **Keep background noise to a minimum.**
- **Use various means of communication: gestures, body language, facial expressions.**
- **Speak on a normal auditory level: do not shout, do not whisper.**
- **Speak in a normal way: do not overstate/exaggerate your pronunciation.**
- **Speak slowly and clearly, with simple language and using a steady rhythm.**
- **If you think you have not been understood, do not repeat the sentence. Think of ways to rephrase your sentence or ways to convey your message in another way (e.g. writing).**

- **Consider using a communicative deaf/hard of hearing adult as a research assistant who can help in communicating with the child. A sign language interpreter can then also be used to communicate between the deaf research assistant and the researcher.**
- **Speak directly to the child (not the interpreter or parents).**
- **Try to focus on positive methods of communication that the child can engage in and not focus on communication methods that the child can't engage in.**
- **Ask the child (or parents/caretakers/teachers/interpreters in the case of a young child) if/which adaptations may help with communication. For example:**
 - Sign language, hearing aids/amplification devices
 - Sitting nearer to the speaker when in groups
 - Notepads/noteboards for children who can read/write or draw, so they can express ideas or provide clarifications during discussions
 - Spoken/written language that the child has been exposed to (local or school language)
 - Written explanations, diagrams/pictures to emphasise points
 - Visual aids and methodologies such as drama or role play representing real life situations and participatory video
 - If the child does not know sign language and if the person present at the interview with the child can point to some informal sign language to communicate basic ideas, then perhaps use this as a means to communicate



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2. Children with Physical Impairments

- **Always talk to the child directly. Never address the escort or personal assistant instead of the child with an impairment.**
- **If you are talking to a child in a wheelchair or who is sitting down, ensure you are at the same level as them by sitting down so that you are face-to-face. It is usually inappropriate to crouch down beside someone in order to be at the same eye level.**
- **Wheelchairs and other assistive devices are very much part of a person's personal space - do not lean or sit on them.**
- **Respect a person's independence and don't make assumptions about what he/she can or cannot do. For example, don't push a wheelchair without asking the child first.**
- **Ensure meetings take place in accessible environments. For example, facilities that have ramps/step free access, disability-friendly toilets and good links to transport. However if these are not available, do not use accessibility as an excuse not to consult with a child with a physical impairment.**



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- **If needed, discuss with the child what adaptations or assistance he/she would find useful. For example:**
 - The support of a caregiver
 - Arrange appropriate transportation and personal assistance
 - Move slowly and build in resting time if a child has mobility limitations
 - Use hands-free activities for children with upper body impairments
 - Ensure the child has access to any technologies they normally use, in particular: communication devices

3. Children with Visual Impairments

Many people with a visual impairment are not fully blind and can distinguish between light and darkness, and sometimes the colours and shapes of objects. You should check with the child what they can see, never assume that they can see nothing.

- **When you approach a child who is blind remember to identify yourself clearly, and tell them who else is present.**
- **Use their name to get their attention.**
- **Always face the child when talking with them.**
- **Keep background noise to a minimum.**
- **Give a clear verbal description of the surroundings and any visual information you are using.**
- **Tell them when you are leaving or moving away - do not leave someone talking to an empty space.**



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- **In a group setting say the name of each person you are addressing.**
- **Discuss with the child if any adaptations may help with their participation. For example:**
 - If feasible, provide glasses, magnifying equipment, text to speech
 - Provide information in large print with high contrast in text and pictures.
 - If the child uses Braille, translate the questions into Braille and offer the option for the child to respond in Braille (this may require a Braille translator to be present for you)
 - Offer opportunity to audio tape answers to questions, and listen back over their answer to check this
 - Ask the child if they would like to sit at the front of the room if there is a presentation during the consultation
 - Offer physical and aural supports, such as asking questions aloud or providing objects to touch that are associated with a question/answer (Jenkin et al., 2015)
 - Offer personal assistance for moving around; when leading offer your elbow or shoulder (depending on their height), wait for their consent, and walk slightly ahead. Use words such as 'right', 'left' or 'straight', and avoid words such as 'here' and 'this way' (Save The Children, 2015)



Plan / Egypt

4. Children with Intellectual Impairments

- Do some preparatory sessions with the child before data collection to help them understand the topics (Jenkin et al., 2015).
- Give clear, concise instructions to the child.
- Ask simple, specific questions about one topic at a time. Use basic answer choices.
- Be prepared to explain more than once, if the child does not understand the first time.
- Be patient and give positive reinforcement, but don't put 'words into their mouths'. Allow time for the child to answer.

- Tailor the method of the communication to that preferred by the child – notice the child's facial expressions, behaviour and gestures (Jenkin et al., 2015)
- Ensure you have prepared yourself with a variety of methods to support children with diverse needs
- Many people, including caregivers, underestimate the abilities of people with intellectual impairments. As much as possible, communicate directly with the child. If he/she has challenges communicating independently, suggest involving a caregiver. Even if a caregiver is involved, make every attempt to gain input from the child directly.
- Discuss with the child and/or their caregiver what might help their participation. Some examples of alternative ways of communication adaptations include:
 - Use demonstration, audio-visual aids
 - Allow the child to respond in different ways (e.g. drawing)
 - Use creative methodologies such as music, art, pictorial flashcards, games, etc.
 - Ensure plenty of practice time
 - Break the skill or activity down into small parts
 - Allow plenty of time for the activities
 - If the person present with the child at the consultation has a helpful way of communicating, perhaps ask them to assist

5. Children with Communication Impairments

Some children, such as those with intellectual impairments, physical impairments, or those who are deaf but do not know sign language may have difficulties communicating.

- Identify the child's preferred method of communication and design the consultation around this (Jenkin et al., 2015).
- Never assume that a child with communication impairments cannot hear or understand you.
- Don't speak for the child. Wait until the child finishes and resist the temptation to finish sentences for them.
- Never interrupt or correct a child who has a communication impairment. Wait to speak until you are sure that they have finished talking.
- Allow time for the child to answer the questions as some communication methods may take extra time (Jenkin et al., 2015)
- Where necessary, ask questions that require short answers or just a nod or shake of the head.
- Children with a communication device may be able to respond to questions in some detail. Yes/no answers may be patronising.
- If you do not understand, do not pretend that you do. Repeat as much as you did understand and use the child's reactions to guide you. Ask them to tell you again, if necessary.

- Offer a variety of communication methods, including writing and video
- Use a combination of different methods to communicate.
- Adapt your method of communication with the child to incorporate the gestures, signals, expressions and vocabulary that they use (Jenkin et al., 2015).
- Be encouraging and patient.
- Offer the child the option of having communication/translation/interpretation assistance from someone who knows them
- Even when using adaptations, information gathered is often limited. Seeking additional details (when appropriate) from a friend/guardian for context can be helpful.



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CASE STUDIES

In this section four case studies focussed on consulting with children with disabilities are presented. The purpose of these case studies is to demonstrate how consultations with children with disabilities can be undertaken in practical ways. A number of strategies for engaging with children with various different types of disabilities are outlined.

These case studies are just examples, they are not supposed to be the only way something can be done. There are other tools and strategies that can be used to engage with children with disabilities.

Note: The names, ages and other identifying features of the children in these case studies have been changed to protect their identities. The pictures presented beside these case studies are not the children featured in the case studies.



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CASE STUDY 1

MARTHA

A case study on selection of appropriate tools for consultation

Martha is an 8 year old girl with an intellectual impairment in Nepal. She goes to school and attends grade 1.

Martha has difficulties focussing on a task for long periods of time and understanding complex ideas. She is also shy around new people, though she is very social around people she knows well, like her sister.

We would like to talk to Martha about her experience at school.

Some strategies we use to consult with Martha include:

1. Emotion mapping with storyboards and the 'Feeling Dice'
2. Asking Martha if she would like anyone else to be present during the consultation, so that she feels more comfortable. Martha indicates to us that she would like her sister to be present. Both are asked to sign the consent form before the consultation starts.

Example Strategy - Emotion Mapping: Storyboards and Feeling Dice

Children are provided with the 'Feeling Dice' (faces with 'Happy', 'Sad', and 'Angry' expressions) and asked about the experiences/activities/people that made them feel those emotions at places displayed on a storyboard (e.g. in the classroom, in the playground).

The benefit of using these tools is that the use of visual cues combined with verbal cues increases understanding.

For Martha, the storyboards break the discussion into clear, simple ideas that are easy for her to understand and follow. Making the discussion into a game helps keep Martha's attention and can help her to feel less shy. It is important to check for understanding. For example, ask Martha how she feels if she gets hurt, has her favourite food, etc. – if the emotions she chooses don't match, try other ways of explaining the game.

For more information:

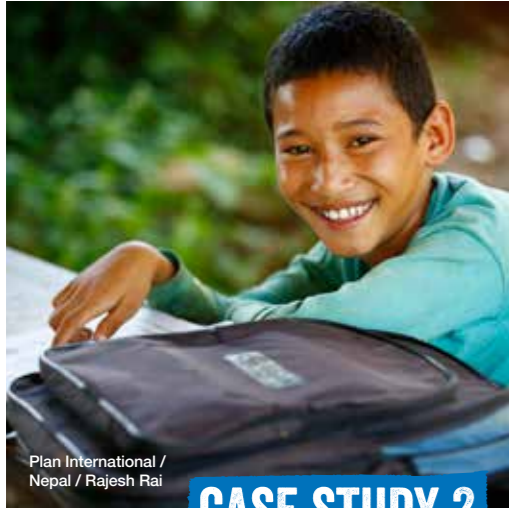
- Feeling Dice: <http://www.togetheragainstbullying.org/activities/feelings-dice-game/6-sided>
- Emotion mapping: <https://blogs.lshtm.ac.uk/envhealthgroup/files/2015/02/Emotion-Mapping.pdf>



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Syncopated Mama, 2015



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CASE STUDY 2

SIMON

A case study in establishing the appropriate setting for a consultation

Simon is a 12 year old boy from Nepal. Although he understands well, he has difficulties speaking. He also has difficulty with mobility and he uses a wheelchair.

Some strategies we can use to consult with Simon and let him share his story include:

1. Make sure the interview is somewhere that is safe and accessible for Simon. If Simon is uncomfortable in his surroundings, he will likely be uncomfortable during the discussion
 - The setting should be easy for him to physically access, be step-free or have ramps and have disability-friendly toilets
 - Get feedback from Simon on where he would feel most comfortable
2. Adapt questions so that they can be answered with simple responses or gestures, e.g. yes/no, pointing
3. Build in sufficient time for the interview, since it will take longer to communicate
4. Be patient and encouraging
5. Ask if he would like anyone to join the discussion. Often family or friends have developed unique ways of communicating that can be helpful to draw upon
 - Note: It is important to ask Simon IF and WHO he would like to join the consultation and get consent from both of them. It is important to consider that the friend or family member could influence Simon's answers if a personal or sensitive topic is being discussed.



Plan International / Malawi / Marco Betti

CASE STUDY 3

ABENA

A case study in the use of visual tools

Abena is a 7 year old girl living in Ghana. She is deaf, but has never learned formal sign language. She does not know how to read or write.

Some strategies that we can use to consult with Abena and let her share her story include:

1. Before meeting Abena, find out the best ways of communicating for her and which languages (written/spoken/ Sign/homesigns) she has been exposed too. Although Abena doesn't know sign language, if she did it would be important to know so that an interpreter could be arranged.
2. Check with Abena about involving family or friends. Often a child may have developed some informal sign language that is useful for expressing basic ideas. If she would like someone present make sure to get consent from both of them.
3. If possible, bring a communicative deaf research assistant to communicate and translate your questions and use an interpreter to talk to the research assistant.
4. Use various means of communication including images and pictures, visual materials, drama, roleplay, videos and drawings, to explain questions and instructions as well as giving her the opportunity to express her own thoughts.

CONCLUSION

We hope this document encourages and helps to ensure all children in your projects have the chance to express their views, including children with disabilities.

Remember: when working with children and young people with a disability it is important to highlight that no two people are the same. Each person has their own level and type of impairment and each person also has their own abilities and coping strategies. This means that consulting with each child will vary greatly and necessitates a case-by-case personalised contextualised approach.

Children in different areas and situations will have numerous ways of communicating and so it is important to approach each consultation session with an open mind and willingness to adapt your approach.

General Tips to Remember:

1. Always **communicate** with the child
2. Find out what the child is **able to do**
3. **Build a relationship** with the child
4. **Adapt your approach** to the child
5. Don't rush

Good luck with your consultations!

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