DISABILITY INCLUSION IN CHILD PROTECTION AND GENDER-BASED VIOLENCE PROGRAMS

Disability Inclusion in Psychosocial Support Programs in Lebanon:

Guidance for Psychosocial Support Facilitators

February 2018

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This resource has been developed based on the findings of a needs assessment conducted in 2017 which:

- Assessed and analyzed existing guidance, tools and training resources related to GBV, CP and psychosocial support (PSS) for disability inclusion;
- Identified gaps and opportunities to strengthen the inclusion of women, children and youth with disabilities in community-based PSS and Focused PSS initiatives, and GBV prevention and response activities; and,
- Defined the capacity development needs and priorities of selected GBV and PSS actors on disability inclusion.

Other resources developed in the project include:

- Disability Inclusion in Gender-Based Violence Programs: Guidance for GBV Partners in Lebanon – Outreach, Safe Identification, and Referral of Women, Children and Youth with Disabilities
- Disability Inclusion in Gender-Based Violence Programs: Guidance for GBV Partners in Lebanon – Case Management of Survivors & At-Risk Women, Children and Youth with Disabilities

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INTRODUCTION

Approximately 15 per cent of any community may be persons with disabilities.[1] There may be even higher rates of disability in communities affected by crisis or conflict,[2] as people acquire new impairments from injuries and/or have reduced access to health care. In Lebanon, it is estimated that 900,000 persons are living with disabilities.[3] Studies demonstrate that children with disabilities are at a greater risk of experiencing physical and sexual violence than children without disabilities.[4] They may be hidden in communities due to stigma and discrimination and excluded from school and other educational opportunities. Adolescent girls and boys with disabilities, particularly those with intellectual disabilities, may be excluded from activities that increase their knowledge about violence, sex and healthy relationships, as well as from peer networks that might protect them from violence.[5]

The Lebanon Crisis Response Plan (LCRP) 2017 – 2020 recognizes that children with disabilities are at a higher risk of violence, abuse and exploitation, both inside the home and in the wider community, with women and girls with disabilities being among the most vulnerable to GBV. Both the LCRP and the Ministry of Social Affairs National Plan to Safeguard Children and Women in Lebanon 2014 – 2015 highlight commitments to strengthening national protection, child protection (CP) and GBV systems ensuring that women, girls and boys at risk and survivors of violence, exploitation and abuse have access to improved and equitable prevention and response services.[6] [7]

A needs assessment conducted in 2017 confirmed that women, children, and youth with disabilities in Lebanon and their caregivers are facing a range of risks that affect their mental health and psychosocial (MHPSS) well-being, with refugees with disabilities often reporting signs of distress related to either witnessing and / or surviving some form of conflict-related violence. The most common MHPSS risks identified were:

- ***Regressive skills and behaviors*** among children and adolescents with intellectual disabilities who have witnessed and / or experienced violence;
- ***Suicidal ideations and attempts*** among adolescents and youth with new disabilities;
- ***Violence against children and adolescents with disabilities***, including sexual violence against girls and boys with intellectual disabilities; bullying and physical violence perpetrated by community members; and physical abuse perpetrated by caregivers, especially in refugee households who face added socio-economic stress; and,
- ***Fear and depression among mothers*** of children with disabilities.[8]

Community-based PSS activities, targeting vulnerable children through culturally appropriate activities such as drama, crafts, storytelling and sports, and focused PSS activities for children and adolescents who are survivors or at medium to high risk of child protection violations, are critical to directly supporting women, children, and youth with disabilities, as well as identifying and referring individuals to more specialized MHPSS support as needed.

Purpose of the Resource

Disability Inclusion in Psychosocial Support Programs in Lebanon: Guidance for Psychosocial Support Facilitators is designed to support PSS Facilitators to strengthen inclusion of children and adolescents with disabilities in a range of PSS activities, including community based and focused activities. It includes guidance, key actions and tools to improve outreach and identification of children with disabilities for PSS activities; to adapt existing PSS activities; and to support children and adolescents with disabilities who are at medium to high risk of child protection concerns.

How to use this Resource

The material presented in this resource can be adapted and integrated into organizational guidance, tools and trainings. This resource complements, and should not be used in isolation to, existing PSS guidance and training in Lebanon, including:

- Guidance Note – PSS Intervention in Lebanon – Final version 2017 (pending revision in 2018)
- Focused PSS Facilitator's Guide and Implementation Guide (2018)
- Community Based Psychosocial Support – Guidelines for Community Volunteers

Furthermore, PSS Facilitator's are reminded to follow all standard operating procedures when working with survivors of violence, including the *Standard Operating Procedures (SOPs) for the Protection of Juveniles in Lebanon – Operational toolkit (2015)* and the *Inter-Agency Standard Operating Procedures (SOPs) for SGBV Prevention & Response in Lebanon (2014)*.

The resource contains four parts or modules which build on each other and target different PSS actors:

- Part 1: Disability Core Concepts
  Target audience – Community volunteers and mobilisers; Community-Based PSS (CBPSS) Facilitators; Focused PSS (FPSS) Facilitators
- Part 2: PSS Outreach, Identification and Referral of Children with Disabilities
  Target audience – Community volunteers and mobilisers; CBPSS Facilitators; FPSS Facilitators
- Part 3: Including Children with Disabilities in PSS Activities
  Target audience – CBPSS Facilitators; FPSS Facilitators
- Part 4: Supporting Medium to High Risk Children and Adolescents with Disabilities
  Target audience – FPSS Facilitators

PART 1: DISABILITY CORE CONCEPTS

It is important for all PSS actors to recognize persons with disabilities, and to understand different approaches that can be applied when working with persons with disabilities in the community. See *Tool 1: Principles and Guidelines for Disability Inclusion in PSS Programs.*

1.1 Concept of disability

The definition of disability continues to evolve over time. It is important to remember that persons with disabilities are not a homogenous group; they have different capacities and needs and contribute in different ways to their communities.[9]

The national Lebanese Law 220/2000 defines a person with a disability as *"a person whose capacity to perform one or more vital functions, independently secure his personal existential needs, participate in social activities on an equal basis with others, and live a personal life that is normal by existing social* *standards, is reduced or non-existent because of partial or complete, permanent or temporary, bodily, sensory or intellectual functional loss or incapacity, that is the outcome of a congenital or acquired illness or from a pathological condition that has been prolonged beyond normal medical expectations."*[10]

Article 1 of the UN Convention on the Rights of Persons with Disabilities (CRPD) states:

> *"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."*[11]

An impairment is a problem in the body's structure or function.[12] Impairments may be physical, intellectual, psychosocial and sensory.

- **Physical Impairments:** This includes individuals who have difficulty moving. Some individuals with physical disabilities will use assistive devices, such as a wheelchair or crutches, to conduct daily living activities.
- **Sensory Impairments**: This includes individuals who are deaf or have difficulty hearing, as well as individuals who are blind or have low vision (finding it hard to see even when wearing glasses).
- **Intellectual Impairments**: This includes individuals who have difficulty understanding, learning and remembering new things. For example, people with cognitive or developmental disabilities.
- **Psychosocial Disabilities**: This includes individuals who experience mental health difficulties which, in interaction with discrimination and other societal barriers, prevent their participation in community on an equal basis with others.[13]

Disability, however, is not just a health problem or impairment. Societal attitudes and a person's environment have a huge impact on their experience of disability and their access to our activities.

- **Attitudinal Barriers**: Negative stereotyping, social stigma, and discrimination by staff, families and community members all affect a person with disabilities access and inclusion in society.
- **Communication Barriers:** Information may be presented in formats that are not accessible for persons with disabilities, including those with visual, hearing and intellectual/ psychosocial disabilities.
- **Environmental or Physical Barriers:** Buildings, roads and transport may not be accessible for persons with disabilities.
- **Policy & Administrative Barriers:** Rules, polices, systems and other norms may disadvantage persons with disabilities, particularly women and girls.

Improving access and inclusion for people with disabilities requires interventions to remove these different types of barriers in our PSS activities.

1.2 Models of Disability

There are different ways in which society may view or interact with persons with disabilities that can result in their exclusion or inclusion in our society. There are four different approaches or "models" that describe how members of society view or interact with persons with disabilities:

- **Charitable Model:** People may look at persons with disabilities as not having any capacity to help themselves and so must be “cared for” or “protected”.
- **Medical Model:** People may think that persons with disabilities need to be cured through medical interventions before they can actively participate in the community.
- **Social Model:** In this model, people instead look at the barriers in the community and remove these so that persons with disabilities can participate like others.
- **Rights-based Model:** In this model, persons with disabilities have the right to equal opportunities and participation in society. It also emphasizes that we all have a responsibility to promote, protect and ensure this right, and that persons with disabilities should have capacity to claim these rights.

Both the charitable and medical models result in other people making decisions for persons with disabilities and keeping them separate from society. This may be more pronounced for children and adolescents with disabilities whose age also affects their power in decision-making at individual levels, but also in relationships, households, and communities.

The social and rights-based models, however, put persons with disabilities at the center of decisions that affect them, and emphasize the removal of barriers to ensure equal access and opportunities. These approaches are aligned with the principles and approaches for child protection, which highlight that children are rights-holders, with skills and capacities to contribute to their families, peers, communities, and to our programming.[14]

Previous needs assessments in Lebanon have highlighted that family members, communities and service providers all view children and adolescents with disabilities through medical or charitable models, failing to recognize other social factors, such as age and gender, that may increase their vulnerability to child protection concerns.[15]

A note about organizations of persons with disabilities (DPOs) – DPOs have individuals with a range of skills and expertise that can be drawn on in community awareness raising and disability inclusion in PSS programming. For more information about the types of activities that DPOs can conduct with community members, please see the following video from the Lebanese Association for Self-Advocacy (LASA) – an organization of persons with intellectual disabilities and their families: https://www.youtube.com/watch?v=TYGNk1RuZ-o

See *Tool 2: Organizations of Persons with Disabilities (DPO) Contact List.*

1.3 Rights of Children with Disabilities

Both the Convention on the Rights of Persons with Disabilities (CRPD) and the Convention on the Rights of the Child (CRC) highlight the active participation of children with disabilities in the community. Children with disabilities should have access to services that are “age-, gender- and disability-sensitive.”[16] Exclusion of children with disabilities from existing programs and activities, whether inadvertent or purposeful, is therefore a form of discrimination.[17] PSS program staff must recognize the diversity of the populations they serve, including the different risks faced by girls and boys with different types of disabilities at different life stages, and by those living in households with persons with disabilities. The inclusion of children and youth with disabilities and those affected by disability in PSS activities is critical to reducing their protection risks and supporting their mental health and psychosocial well-being. Inclusion of children with disabilities in PSS programming is a core dimension of programming – not something "special" or separate.

1.4 Addressing Attitudes & Assumptions Related to Children and Adolescents with Disabilities

Children and adolescents with disabilities face multiple forms of discrimination and stigma in their community which reduces their access to PSS activities. Below are some common assumptions that are often made by service providers, caregivers and community members about children and adolescents with disabilities, along with the findings that challenge these assumptions.

Common Assumptions	**Findings & Facts**
Disability is the most important issue for children with disabilities	Children and youth with disabilities have life experiences, dreams and goals like other children and youth, and, when asked, may identify simply as friends, daughters, sons, sisters, brothers and so forth. They are exposed to the same stigma, discrimination and inequality based on age and gender as other girls, boys, young women and young men. Yet, these factors are often overlooked, as program staff, families and communities prioritize the disability-related needs of this group.[18] *"We want to learn things, we want to go to school, we want to make friends, and we want to be productive. Someday, some of us want to be wives and mothers. But people forget about girls with disabilities. They forget we have goals and dreams."* *— Bolia, 16-year-old girl living in Burundi*
You can tell if someone has a disability by looking at them.	Some disabilities are visible – for example if a person uses a wheelchair. Many disabilities, such as psychosocial and intellectual disabilities, may not be visible. However, people with these types of disabilities may still be stigmatized in communities and experience discrimination.
Children with intellectual disabilities can't make their own decisions.	Like other children, children with intellectual disabilities have the right to participate in decisions that affect them. Even children with more profound communication difficulties may understand everything that is being said to them, and with appropriate support, may be able to indicate their wishes and preferences to others.

Children and adolescents with disabilities are not at risk of gender-based violence.	Studies demonstrate that children with disabilities 3-4 times more likely to experience all forms of violence than their non-disabled peers, and 3 times more likely to experience sexual violence.[19] Adolescents with intellectual disabilities are particularly vulnerable to sexual violence,[20] and yet they are excluded from many programs and activities that would help them to learn about safe sexual relationships.
Persons with disabilities need a lot of additional support and adaptations to participate in our activities.	Most persons with disabilities require very few adaptations to participate in our activities. They just need to be invited and given the chance to participate. Individuals with disabilities are the experts in the type of support and adaptations needed and can advise you appropriately. *"I tell people not to feel badly for me and not to baby me … I go to the park and do things on my own – sometimes I need help with my wheelchair, but that's about it."* – Young woman with multiple disabilities in Baalbek
Children with disabilities are safer in residential facilities.	Globally, research demonstrates that persons with disabilities who are living in residential institutions are at higher risk of sexual violence than those living in the community.[21]
Children with disabilities will be harmed or get sick by coming to our activities.	During the needs assessment in Lebanon, none of the children or caregivers that we consulted reported harm from attending PSS activities. Instead, they shared that attending activities and/or coming in for services had a positive impact on their communication skills, their mental and physical health, and helped to expand their peer networks.[22] *"Now I see that when they come home, they are more at ease. They talk to me more. They used to be so sad and so shy. I knew they had many things in their head." – Father of two girls with disabilities attending PSS activities in Lebanon*

PRIMING YOUR OWN ORGANIZATION TO BE INCLUSIVE – PSS actors should engage in learning activities that reflect on their attitudes and assumptions about children and adolescents with disabilities. Supervisors can encourage this process by having community volunteers and PSS Facilitators engage in an initial activity to assess their attitudes and assumptions, and from there start open conversations about ideas and beliefs in relation to persons with disabilities. See *Tool 3: PSS Facilitator Attitudes Relating to Disability & GBV.*

1.5 Recognizing skills, capacities and contributions of persons with disabilities

Children and adolescents with disabilities are not a homogenous group; they have different capacities and needs, and contribute in different ways to their families, households and communities. In keeping with a rights-based approach, it is critical to profile the skills, capacities and contributions of persons with disabilities in PSS programming.

At a community level, community volunteers and PSS facilitators can identify individuals with disabilities and their family members who have particular skills, whether it be creative skills such as drawing or drama, or communication skills, such as the capacity to facilitate discussions with community members. Collaborate together on activities so that you are profiling the skills and capacities of this group, over time influencing community attitudes towards persons with disabilities.

At an individual level, it is also important to look for skills and capacities, especially among children with more profound physical and communication disabilities. Participation will look different for every individual, and vary according to their personal preferences, the type of activity and how familiar they are with program staff and peers. Program staff should take the time to watch, listen, talk and interact with individuals to learn more about them, what their preferences are, and their skills and capacities. It is also important to avoid setting rigid standards for "participation." Everyone has something to contribute – this may be a picture, a gesture or a detailed discussion – all of which should be valued and recognized in efforts to engage meaningfully with children and youth with disabilities. Identifying how someone communicates, what they like and dislike, and what they can and can't do, can help you to identify strategies for their inclusion in PSS activities. See *Tool 4: Identifying Skills and Capacities of Children with Disabilities.*

Disability Core Concepts

Key Actions

- Use the social and rights-based models to ensure that children and adolescents are included in PSS activities.
- Reflect on staff attitudes and assumptions about children and adolescents with disabilities.
- Profile the skills, capacities and contributions of persons with disabilities in our programs – through partnerships with DPOs, engaging local community members with disabilities, and getting to know children and adolescents with disabilities.

Useful Tools

- *Tool 1: Principles and Guidelines for Disability Inclusion in PSS Programs* is a summary document to share with your colleagues and partners.
- *Tool 2: Organizations of Persons with Disabilities (DPO) Contact List* for local organizations in Lebanon that you can collaborate with in community activities.
- *Tool 3: PSS Facilitator Attitudes Relating to Disability* can be used by supervisors to assess the existing attitudes and assumptions on disability, and to start an open conversation with staff around working with survivors with disabilities.
- *Tool 4: Identifying Skills and Capacities of Children with Disabilities* provides suggested questions to help community volunteers and PSS Facilitators establish more effective communication with individuals with profound communication impairments, as well as to identify skills and capacities that can be used to foster their participation and inclusion in PSS activities.

PART 2: PSS OUTREACH AND IDENTIFICATION OF "AT RISK" CHILDREN WITH DISABILITIES

This section of the guidance will support community volunteers / mobilizers and PSS actors to effectively identify children with disabilities for inclusion in community-based PSS activities, as well as those who may require more tailored focused PSS interventions.

2.1 Vulnerable versus Medium-High Risk Children with Disabilities in Lebanon

Law 422 on the Protection of Juveniles in Conflict with the Law or At Risk, defines a child at risk as: *a child exposed to 1) exploitation or threat to health/safety/upbringing; 2) Sexual abuse or physical violence that exceeds non-harmful measures; 3) begging and on the streets*. Children with disabilities have been identified as a "vulnerable group" for prioritization in community-based PSS interventions.[23] Given the high-level of violence, abuse and exploitation experienced by children and adolescents with disabilities globally, PSS actors must be aware of and alert to the possibility that a child with disabilities may also be considered "medium to high risk" and require referral also to Focused PSS activities.

The following table describes the risks faced by children with disabilities and their caregivers (identified through the needs assessment) and how this relates to risk categories for PSS activities.[24] [25]

"Vulnerable"	**"Medium to high risk"**
Children with disabilities ***All children with disabilities are considered a vulnerable group*** for inclusion in Community-Based PSS activities. This includes children with physical, intellectual and sensory disabilities.	*Children with disability and survivors of abuse and exploitation* Parents of children with disabilities report that both ***girls and boys with intellectual disabilities*** are at risk of sexual violence in the community.
Children living in poor conditions (housing; IS's, CS) plus lacking basic needs Refugee children with disabilities are living in households with added socioeconomic stress. Community mobilizers report that this is increasing the risk that adolescent girls with disabilities will engage in begging on the street, face violence in the home and /or be married before 18 years.	*Children forced into child marriage* There are reports that ***adolescent girls with disabilities*** are being married early, before their disabilities make them "undesirable".
Out of school children Most children with disabilities, especially those with intellectual disabilities, are not accessing education. This is more pronounced for refugee children with disabilities.	*Children with high level of psychosocial distress* Some ***refugee children and young people with intellectual disabilities*** who have witnessed violence are demonstrating a deterioration in their communication and social skills, as well as their ability to undertake personal hygiene and daily care. ***Adolescents and young people with new physical disabilities*** (due to injuries and / or worsening medical conditions) report feeling depressed, with some reporting suicidal ideations and attempts.
Child caring for his / her sibling Adolescent girls often play a role in caring for a person with disabilities in a household.	*Children engaged in the Worst Forms of Child Labor* Community workers and GBV actors report examples of ***adolescent girls with disabilities*** are

	being forced into begging on the street, exposing them to added risks of sexual abuse and exploitation.
Children experiencing bullying or harassment Children with disabilities are facing bullying and physical violence in the community, leading some parents to consider residential institutions.	
Children witnessing abnormal and potentially traumatic events Refugee children with disabilities, like other refugee children, have witnessed violence and other traumatic events.	

A note about parents of children with disabilities: Many mothers described difficulties adjusting to having a child with disabilities, often leading to fear and depression about the future – for them and their child.[26]

2.2 Reaching Children with Disabilities and their Parents

Community volunteers / mobilizers and PSS facilitators should target children with disabilities and their parents for information and awareness raising on PSS activities.

Identify children with disabilities and parents in your community

We are interested in identifying children with different types of disabilities, including:

- Those with difficulty moving and walking (since birth or due to an impairment acquired later in life).
- Those with difficulty seeing, even when wearing glasses.
- Those with difficulty hearing, even when using hearing aids.
- Those with intellectual disabilities who may have difficulty understanding, learning and remembering new things.
- Those with psychosocial disabilities and mental health conditions.
- Those with multiple disabilities, who are often confined to their homes and who may need assistance with personal care.

There are three essential steps to effectively identifying children with disabilities and their parents in your community:

Step 1: Liaise with key people and different groups in the community who might be helpful in identifying children with disabilities and their parents to engage in PSS activities. These groups could include:

- Community Committees, including women's associations
- Parents, children, and youth groups
- Disability and health service providers
- Community Leaders
- Local organizations of persons with disabilities

Step 2: Ask existing program participants if they have family members and / or neighbors who have disabilities or know of any children with disabilities that you can meet and share information about activities.

Step 3: House-to-house visits are essential to reaching children with disabilities and parents, especially those who are isolated in their homes, ensuring that they have the same information about PSS activities as other members of the community. It is also a good way to build trust with individuals and caregivers, and to identify any additional support required to access community activities. Even if the individual declines to participate in activities during the first home visit, you should return later to answer any questions, and / or to share information about new PSS programs and activities as they are available.

A note about home visits

Home visits should not be used to identify survivors of violence. Do not ask any questions about personal violence while visiting children with disabilities and their families in their homes. Instead you should share information about PSS activities that you are conducting and invite them to these activities. See *Tool 5: Inclusive Outreach Messages.*

Targeted messages for children with disabilities and their parents

Community volunteers / mobilizers and PSS staff play a critical role in providing the community with information about PSS activities, who these activities target and why they are important for children and adolescents. ***Children with disabilities must be invited to activities.*** Many parents of children with disabilities in Lebanon expressed that they lack information about available PSS activities. Many parents also lack knowledge and awareness about the psychosocial risks that some children with disabilities face, and so may not prioritize their participation in PSS activities. See *Tool 5: Inclusive Outreach Messages* for messages that should be integrated into community awareness raising on PSS activities, and shared directly with children with disabilities and their parents during home visits.

Engaging parents and families of children with disabilities

Community mobilizers / volunteers and PSS staff should seek to understand the concerns, priorities and goals not only of children with disabilities, but also of parents and others who may be taking on caregiving roles for children with disabilities. As mentioned above, many parents have their own PSS needs, and they may be more open to fostering the participation of children with disabilities in PSS activities, if their own needs are also being considered and addressed.

It is critically important to engage caregivers of children and youth with more profound disabilities, including parents and siblings, who may be worried about their participation in PSS activities. Invite parents to come and observe activities so they can get to know you, ask questions and plan. Also invite siblings, cousins and other peers to age and gender appropriate PSS activities with the child with disabilities. By engaging wider family units, PSS actors can both support and strengthen communication and healthy relationships among caregivers, children with disabilities and other family members.

Inclusive from the Start

Conducting information sessions for parents of children with and without disabilities together, will help to address stigma by bringing families of children with and without disabilities together to interact and get to know each other. See *Tool 6: Information Session for Participants and their Families*.

Lastly, parents of other children already attending activities can be valuable allies in convincing parents of children with disabilities about the benefit of PSS activities. Consider an information session bringing parents of children with disabilities together with other parents who can share positive perspectives and strategies to foster participation.

2.3 Safe Identification & Referral of "At Risk" Children with Disabilities

All children with disabilities should be prioritized for community-based PSS activities. Where children with disabilities are identified to have specific risks, they should be referred to focused PSS activities, and / or case management services.

Referrals to Focused PSS activities

Children with disabilities may experience all of the medium – high risks identified under Law 422 on the Protection of Juveniles in Conflict with the Law or At Risk (e.g. being involved in any of the worst form child labor or being an unaccompanied or separated child).[27] Any child with disabilities experiencing these risks should be referred to age- and gender-appropriate Focused PSS activities. Needs assessment findings suggest that children with disabilities who are particularly vulnerable to these risks include those who are:

- Adolescents with new disabilities;
- Exposed to severe emotional abuse, such as extreme bullying and harassment, in their community;
- Demonstrating social withdrawal and / or deterioration in their communication and daily care skills;
- Married and / or considering child marriage due to their disability or other factors;
- Engaged in begging on the streets as a means of sourcing income for their families; or

- Survivors of violence, abuse or exploitation who have already received information about and / or are accessing case management services – See section below about referring survivors of violence.

It is important to engage children and adolescents with disabilities, as well as non-offending parents (i.e. parents who are not involved in violence or abuse against the child), in decisions about referral to Focused PSS activities. Some children with disabilities may prefer to attend such activities with a trusted friend or support person. Let the child decide who they trust and want to involve.

Referrals to case management and specialized support

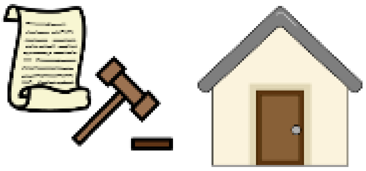
The four main indicators of individuals requiring specialized support[28] and some disability considerations are described below:

Indicator[29]	**Disability considerations**
The distressed person has life-threatening injuries requiring urgent medical care.	Make sure that any assistive devices remain with the individual, and do not separate them from trusted caregivers or support people – This may add to their distress.
The distressed person is so distraught that they cannot take care of their basic needs or those of their children.	Some persons with intellectual disabilities may demonstrate regressive behaviors or deterioration in function (e.g. stop talking and / or requiring assistance with toileting when they were previously independent). Ask caregivers and family members: *"Has there been any change in the amount of assistance that [insert name] needs for daily care?"* – This may indicate that they need specialized mental health support.
The distressed person may hurt themselves.	Research demonstrates that persons with disabilities are four times more likely than those without disabilities to attempt suicide.[30] If a person with disabilities expresses thoughts about ending their life, they should be referred to a case manager for more individualized assessment and support.
The distressed person may hurt other people.	Children with disabilities are not any more violent or aggressive than other children. However, some children with intellectual disabilities may feel frustration related to their disability. This frustration is sometimes shown through aggression or even self-harming behaviors, such as banging their head or cutting their skin. Other children who have limited communication may use a range of behaviors to express how they are feeling. Find a safe, quiet space for children who are demonstrating aggression, and try

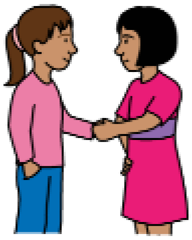
	understanding the reasons behind these behaviors.[31] See notes on Psychological First Aid below.

You should seek out information about the types and availability of additional support and refer to the designated case management agency in accordance Standard Operating Procedures. All standard steps from the *Inter-Agency SOPs for SGBV Prevention and Response in Lebanon*, the *National Child Protection SOPs*, and *Law 422* should be followed. No exceptions to these SOPs should be made in the case of children with disabilities. If a staff member is unclear of how to proceed with a specific case, they should immediately contact their supervisor for assistance (ideally, without disclosing any confidential information on the case).

When making the decision to refer the child to another level of support, the informed consent of a non-offending parent or caregiver (i.e. those who are not involved in violence or abuse against the child) is required. Explain to the child in simple language. Please see an example below of an Easy-To-Read description of case management:



They can get free support with things like health, the law and a safe place to live.



Someone will help them with this. For example, someone called a **case worker.** They know how to give people the right support.

They know about the support people can get.

Extracted from: Women's Refugee Commission (2017) Working with adults and children in Lebanon who have been hurt or treated very badly. The Picture Communication Symbols ©1981–2016 by Mayer-Johnson LLC a Tobii Dynavox company.

Psychological First Aid – Some disability considerations

Psychological first aid (PFA) provides initial support to people in crisis situations to reduce their distress. Not every child who has experienced or is at risk for a child protection violation will demonstrate distressing behaviors, but it is common for individuals to feel anxious, fearful, depressed, confused or demonstrate behavior problems. While PFA can be used when meeting children who are distressed in the community, it may also be used for children who require continuous comfort and support to moderate some of the presenting distressing symptoms (e.g. during PSS activities).

Some considerations for children with disabilities when implementing the Look, Listen, and Link principles[32] are:

LOOK

- At who they are with and what is happening – Could the child be scared or worried about their own safety (e.g. if someone is picking them up and moving them without explanation)? Has someone moved their communication device, stick or wheelchair?
- At how people are interacting with each other – Sometimes parents, other children and even staff will not explain situations to children with disabilities, or they will give the child lots of repeated instructions that make them more agitated.
- At the location, the level of noise and movement – Some children with disabilities may become overwhelmed with noise and activity and need a quiet space.

LISTEN

- Approach children with disabilities with age- and gender-appropriate communication – Talk to adolescents with disabilities the same way you would others their age.
- Ask questions only once and then give the child time to respond – If they don’t respond, then try to re-phrase the question, to use gestures and / or pictures and writing to understand their needs and concerns.
- When you understand, acknowledge this with the child – In the past, they may have been dismissed by others when trying to communicate their feelings and experiences. Reassure them that they are believed and validate any experiences and emotions they may share.

LINK

- Give them information on the options available – For example, to go home / leave the activity, to sit in a quiet space, or to connect with someone they trust.
- Support them to identify activities which help them to feel better when distressed – For example, drawing or listening to music.
- Connect them with siblings, peers or family members that they trust – Do not leave the child until they are with a safe and trusted caregiver.

PSS Outreach and Identification of "At Risk" Children with Disabilities

Key Actions

- Conduct home visits to share information about PSS activities with children with disabilities and their parents. Invite children with disabilities to PSS activities that are appropriate for both their age and gender.
- Adapt your PSS messages for parents of children with disabilities – Educate them on the risks of children with disabilities, especially the risk of sexual violence. Discuss their needs as parents and share information about services for them.
- Identify children with disabilities who are medium to high risk of child protection concerns for Focused PSS activities, including, but not isolated to, those with new disabilities; begging on the street; girls at risk of child marriage; those with intellectual disabilities who are demonstrating regressive behaviors; and survivors of violence, abuse and exploitation.

Useful Tools

- *Tool 5: Inclusive Outreach Messages* for Community Volunteers / Mobilizers and PSS Facilitators.
- *Tool 6: Information Session for Participants and their Families.*

PART 3: INCLUDING CHILDREN WITH DISABILITIES IN PSS ACTIVITIES

Children with disabilities have the right to participate in the same PSS programs and activities as their peers. This section provides some practical strategies that can be implemented by PSS facilitators to support access and inclusion of children with disabilities in both Community-based and Focused PSS activities.

3.1 Identifying and addressing barriers to our PSS activities

Children with disabilities face a range of barriers when participating in PSS activities. The main barriers identified by children with disabilities and their parents are attitudinal, with far less communication, environmental and policy or administrative barriers. The following table summarizes the types of barriers and some suggested strategies to address them:

<table>
<tr><th colspan="2">ATTITUDINAL BARRIERS</th></tr>
<tr><td>Examples:
Negative stereotyping of children with disabilities, social stigma and discrimination by staff, families and community members.
PSS actors may not invite children with disabilities to activities because they perceive that they need “specialist care”; think that it will take too long and too many resources; and / or are worried that that they will do harm.
Parents may not realize the importance of PSS activities, and instead prioritize health and rehabilitation interventions for their children with disabilities.
When they are invited to PSS activities, adolescents with intellectual disabilities may drop out because they are placed into groups that are not appropriate to their age and gender.</td><td>Potential Strategies:
• <i>Be explicit – Invite children with disabilities to your activities!</i>
• <i>Look at the skills and capacities of children with disabilities.</i>
• <i>Ask children with disabilities and their parents for advice.</i>
See <i>Tool 5: Inclusive Outreach Messages</i> for Community Volunteers / Mobilizers and PSS Facilitators.</td></tr>
<tr><th colspan="2">COMMUNICATION BARRIERS</th></tr>
<tr><td>Examples:
From written and spoken information, including media, flyers and meetings, and complex messages that are not understood by children with disabilities.
These barriers are exacerbated if a child and their parents have been isolated from the community, making them unable to access informal information networks from other children and parents.</td><td>Potential Strategies:
• <i>Develop a Communication Toolbox that all children can use in activities.</i>
• <i>Use other parents and children to share information with children with disabilities and their families.</i>
• <i>Have multiple options for participation in activities – different roles and responsibilities for people with different skills.</i></td></tr>
</table>

ENVIRONMENTAL OR PHYSICAL BARRIERS	
Examples: Such as transportation, buildings, and toilet facilities are not accessible for persons with disabilities.	**Potential Strategies:** - ***Provide adequate transportation to children with disabilities*** - ***Identify PSS activities running in accessible facilities*** - ***Talk to children with disabilities and their parents about how they manage in daily life – many children with disabilities have their own strategies such as sliding upstairs on their bottom and / or asking someone they trust to carry them.***
POLICY AND ADMINISTRATIVE BARRIERS	
Examples: Rules, polices, systems and other norms may disadvantage children with disabilities. Rules about the functional capacity of children, such as being able to go to the toilet on their own, may disadvantage children with disabilities. Policy and administrative barriers may also be the result of how staff interpret and implement policies and procedures. For example, staff may incorrectly assume that all children with disabilities are sick and / or at risk of harm, using such policies to exclude children with disabilities.	**Potential Strategies:** - ***Adapt policies and procedures to provide options for children with disabilities – For example, children who need assistance with toileting can attend with a support person or caregiver.*** - ***Monitor how policies are implemented by consulting with staff – Who did we exclude from activities and why? Clarify and correct any misunderstandings.*** - ***Consult with children with disabilities and their parents to get their advice on how to strengthen policies and procedures***.

Children with disabilities, their peers, and parents can all provide valuable information about barriers to PSS activities and effective strategies to address these barriers. The following are some suggested steps and questions that PSS facilitators can use when consulting with the community on PSS programs and activities:

Step 1: Consult with women, children and youth with disabilities and caregivers to identify barriers and potential solutions

Each community will have specific barriers. PSS actors should host open meetings with community members, children with and without disabilities and their caregivers to learn more about the specific barriers they face when trying to access PSS activities. Where possible, PSS actors can also make visits to homes of children with disabilities who may not be able to attend a meeting outside of the house. The following questions can help PSS actors to collect information about barriers and potential solutions:

- *What barriers are preventing access to services or inclusion of persons with disabilities in our activities? How is it different for women, girls, boys and men with disabilities?*
- *Does this barrier only affect the person with disabilities? Are caregivers or other family members and community members also affected?*
- *What can we do to address these barriers? What types of support is needed to improve access and inclusion of women, children and youth with disabilities in PSS activities?*

Children and adolescents may have different perspectives to parents and community members and may prefer more participatory methods of consultation. See *Tool 7: Participatory Activities with Children with and without Disabilities*.

Step 2: Develop a plan for addressing barriers

Next, PSS actors should reflect on the barriers/obstacles that were shared by the community members, children and their families, and identify appropriate responses that they can implement. For each barrier consider the following questions:

- *What is one thing we could do to help to overcome this barrier?*
- *Is this suggestion feasible to implement now in our program or activity?*
- *Does this suggestion require additional support (e.g., time, funds or expertise) to implement?*

Step 3: Document and detail the plan

PSS actors should work with the community members in the consultation to develop specific details on how, who and when each of the actions will take place. Some solutions may also need consultation with program staff and supervisors. For each action accepted by the group, consider the following questions:

- *Who will take the lead on this initiative?*
- *How will we know if it is working?*
- *How can we make sure that persons with disabilities can give us feedback if it isn't working, or if they have ideas on how to improve the initiative?*

Step 4: Review the plan and adjust accordingly.

PSS actors should continue to work with community members to identify which strategies work and which barriers need additional actions to address them. Some strategies may take time, such as identifying accessible facilities for PSS activities. Set realistic timelines and recognize that small steps can make a big difference!

3.2 Communication Strategies

In most cases, persons with disabilities can communicate directly with staff with no adaptions, or relatively small adaptions. In other cases, it may be more difficult to determine the best way to communicate with the individual, and additional steps may be required. It is important when working with persons with disabilities that you take time to watch and listen. Each time you meet the person you will learn something new about them and understand better how they communicate and what they mean.[33]

Use respectful language. Different language is used in different contexts to describe disability and to refer to persons with disabilities. Some words and terms may carry negative, disrespectful or discriminatory connotations and should be avoided in our communications. The *Convention on the Rights of Persons with Disabilities* is translated into many languages, including Arabic, and can be a useful guide to correct interpretation of different disability terms.[34]

Organizations of persons with disabilities (DPOs) can also provide guidance on the terminology preferred by persons with disabilities in a given country. Additionally, the national Lebanese Law 220/2000 can provide additional helpful guidance proper terminology.

DPO leaders in Lebanon have suggested the following terms to be the most respectful and most commonly accepted terms in Arabic:

Person with disability	شخص ذو اعاقة
Person with physical disability	شخص ذو إعاقة حركية
Person with intellectual disability	الشخص ذو اعاقة ذهنية
Person with mental/psychosocial disability	الشخص ذو اعاقة فكرية
Person with hearing impairment	ذوي الإعاقة السمعية
Down syndrome	تثلث الصبغية 21/ متلازمة داون
Autism	التوحد
Person with autism	الشخص ذو توحد
Support person	الشخص الداعم
Person with visual impairment	شخص لديه اعاقة بصرية،
Blind Person	شخص كفيف أو مكفوف
Person with low vision	شخص ضعيف البصر

Be sensitive to any negative language being used by parents, family members and other children towards a child with a disability. Present a good example to others and rephrase in positive language as appropriate. The table below provides some examples of how to rephrase in respectful language:

AVOID…	CONSIDER USING…
Emphasizing the impairment or condition before the person **For example: Disabled person**	**Focus on the person first, not their disability** **For example: Person with disabilities**
Negative language about disability **For example:** • **"suffers" from polio** • **"in danger of" becoming blind** • **"confined to" a wheelchair** • **"crippled"**	**Instead use neutral language** **For example:** • **"has polio"** • **"may become blind"** • **"uses a wheelchair"** • **"has a disability"**
Referring to other people as "normal" or "healthy"	**Try using "persons without disabilities"**

Use a strengths-based approach. Do not make assumptions about the skills and capacities of children with disabilities – this can negatively affect the way we communicate and interact. Just like all children, they have different opinions, skills and capacities. Look at what the child with a disability can do. This can often give us insight into how they can communicate and participate in your activities.

Ask for advice. If you have questions about what to do, how to do it, what language to use or the assistance you should offer – ask them. Ask children with disabilities, their parents and their siblings or friends for advice about their preferred communication method.

You have the skills already – Be creative! You have many skills that you can use with children with disabilities. Every day you are listening to, communicating with and supporting girls and boys who are all different in their own ways. All of us use speech, writing, pictures and posters, and activities, as well as emotions and gestures, to both convey and understand information. Different approaches may work better with each individual. Try different approaches and see what works best.

Everyone is different! Some strategies you may not have thought of…

Children with disabilities are creative and have lots of different ways of communicating. Here are some examples from projects in other countries:

A Girl's Group in Northern Caucasus, Russian Federation

"We are giving lessons of sign language to the girls without disabilities [in our group], so we will understand them, and they will understand us, because we can't speak. Through sign language we understand each other. These girls without disabilities learn things and us, too. We have a common language through these sign language classes. We also use phones, we text, and we also use written notes to communicate with each other. We really like drawing. We think about things and everything that we think about, we show in our pictures. And we also like very much to play different types of games."[35]

© IRC

A poem: The woman - By Bethlehem Gosaye [36]

A woman's challenges doesn't end.

But let us fight it together,

By being courageous and strong

We can be heroes by our liberty.

A woman is a sister and also a mother,

Who gives people life and also her love.

If you don't recognize this and respect her

I can tell you that, you will regret at the end of the day.

Story-telling – Using words


© Betsy Sherwood

In this example, Sifa (16 years old) has prepared a story which describes the most significant change for her participating in awareness sessions.

"When I was in the Congo, I lost my leg. In school, I can work hard and I can prove that despite what they said in the hospital in the Congo, I am not 'worthless.' Instead, I am a girl with a lot to share and to offer. Over the past year, I have most enjoyed going to awareness sessions. It is important to me that the community sees me as not just a girl without a leg, but as a person with rights and a future. I also really appreciate the materials from IRC, especially sanitary napkins and supplies, because often people forget that girls our age need them. With my new leg and my chance to have an education, I feel safer, smarter and less likely to be taken advantage of."[37]

To read the full Story of Change prepared by Sifa, please go to: https://www.womensrefugeecommission.org/populations/disabilities/research-and-resources/download/1121

Story-telling – Using objects

In this example, children with and without disabilities are telling a story about risks in their community, using objects that represent the different roles and experiences that girls, boys, young women and young men with and without disabilities assume at different life stages. They are also using objects that represent places or activities that they like or dislike. The objects are a prompt to help the child talk or communicate about the topic.[38]


© WRC / Emma Pearce

Teamwork!


© ChildFund Ethiopia

In this example, a girl with an intellectual disability is selecting the photos on a poster to present to others in the group. Her friend is describing to the group why they took this photo and what it means to them.

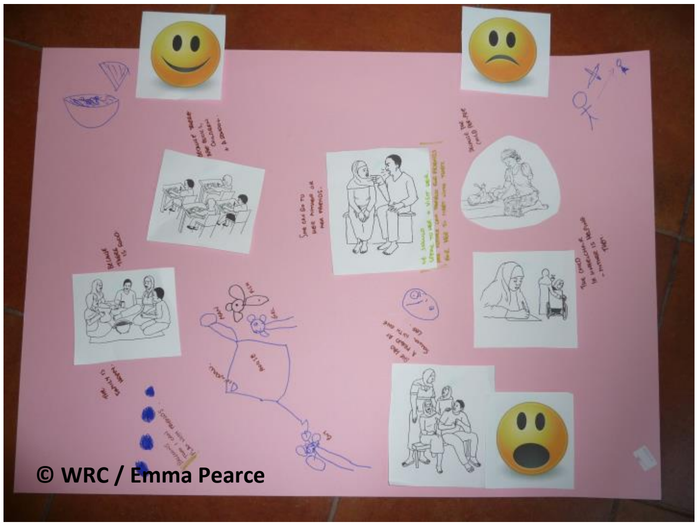
Communication Toolbox – Letting individuals and groups decide what works best for them

There are lots of ways to contribute to a discussion, and for children and young people to share their concerns and ideas. Build a “Communication Toolbox” which provides options for different ways that children might like to communicate. Don’t decide for them – Let them choose what works best for them.

A “Communication Toolbox” can include:

Drawing and artwork – Groups can make a poster using pens, paper and other materials. Include stickers of different shapes and textures, and / or tactile paint, so that children with vision impairments can recognize different parts of the poster.

A picture library – Images and photographs can be used to facilitate discussion. They can also be sorted into different groups under signs that you place on the wall. These signs can include symbols and facial expressions representing places they like / don’t like or feel safe / unsafe.


© WRC / Emma Pearce

A sound library – A collection of short audio recordings of local sounds and interactions between people. Children can listen to these recordings and pick ones which they would like to use for discussion.

Photography – Children can borrow a camera and take photos that will help them to share the concerns of girls and boys with disabilities. They can take pictures of places they like / don't like or feel safe / unsafe. They can also take pictures of people and places that they trust and know that they can go to for help; things that make them feel happy and sad; and ways in which they deal with difficult emotions.

A guided tour – Children with disabilities can also take you and others around the community, documenting the places that they like / don't like or feel safe / unsafe. They can take their own photos as they move around the community to help explain this.

Story in a bag – Give the children a bag with familiar objects in it that they can use to tell a story. These should be everyday objects, like a drinking cup, a toy or ball, or a pen and a book. These objects can represent different places and / or activities that children like or don't like in the community and can help them to communicate about the topic. Children can also add their own objects to the bag.

Table: Using tools with children with different types of impairments[39]

Tool	Physical impairment	Blindness and low vision	Deaf and hearing impairment	Intellectual impairment	Comments
Drawing and artwork	✓	×Not suitable for children who are blind. ✓May suit some children with low vision.	✓	✓	Tactile paint and colorful stickers may help children who are low vision to navigate a visual map.
The picture library	✓	×Not suitable for children who are blind. ✓May suit some children	✓	✓	This is especially useful with children with hearing disabilities, as well as those with intellectual disabilities.

		with low vision.			
The sound library	✓	✓	✗Not suitable for children who are Deaf ✓May suit some children who are hard at hearing, if used with a headset.	✓	This is particularly useful with children who are blind. They may also want to record their own voice and reflections on places where they feel safe / unsafe.
Photography	✓	✗Not suitable for children who are blind. ✓May suit some children with low vision, as photographs can be easily enlarged.	✓	✓	Photography is a great way to capture the lived experiences of children with disabilities, both at home and in the public sphere. It may not be immediately apparent why a child has taken a certain photograph – explore this by looking for themes across photos and asking questions of peers and siblings.
A guided tour	✓ Length of tour should be adapted to capacity of those in the group.	✓	✓	✓	All children have a right to move around their community – even those who require assistance can be included in this activity, as it will highlight the interaction of individual, relationship and community level factors

					that affect their access and inclusion.
Story in a bag	✓	✓	✓	✓	This is especially useful with children with more profound communication difficulties and for those with vision impairments who can use objects that they can feel to document their own experiences.

Children can pick and mix different tools and identify different roles for each person in the group based on their skills and capacities. For example, some people may not feel so confident speaking, but they can take photos; others may need assistance to move their wheelchair around the community, but they can take good notes; maybe there is an object or place that they know makes another person in their group happy – they can collect that and put it in the "Story in a Bag" or visit that place in the Guided Tour.

Give children time to engage with the different tools. Let them look at the tools, touch them and talk about them. Then ask them to explain what they have chosen and how they might like to adapt and / or combine the activities.

3.3 Identifying skills and capacities of children with disabilities

At an individual level, it is also important to look for skills and capacities, especially among children with more profound physical and communication disabilities. Identifying how someone communicates, what they like and dislike, and what they can and can't do can help you to identify strategies for their inclusion into community activities. Furthermore, building trust with individuals and their families can enhance disclosure processes and foster safer identification of those at-risk or experiencing violence.

Some general principles that will help you to identify the skills, capacities and communication preferences of children with disabilities include: [40]

- Focus on the child first, not their disability or health condition.
- Assume capacity. Look at what they can do, not just what they cannot do. This will give you many more options for communication and participation.
- Treat adults, adolescents and children with disabilities as you would other adults, adolescents and children, paying attention to gender considerations.
- Always talk to parents in front of children with disabilities, attempting to engage them at different points in the discussion – Remember, some children who can't speak can still understand everything that is being said.
- Identifying skills and capacities is a process, not a one-time event. Each meeting you will learn something new that will help to better understand better how the child communicates.
- Pay attention to any way in which the individual wishes to communicate. This could be through gestures and sometimes their emotions. It is okay, however, to say, "I don't understand."

- When you understand, acknowledge this with the child. In the past, they may have been dismissed by others when trying to communicate their feelings and experiences. Reassure them that they are believed and validate any experiences and emotions they may share.
- Some children with intellectual and psychosocial disabilities can exhibit a wide range of behaviors. This is sometimes the way they communicate with others.
- Be sensitive to any negative language being used by family members and other children towards children with disabilities- present a good example, rephrasing in positive language as appropriate.

See *Tool 4: Identifying Skills and Capacities of Children with Disabilities* which provides suggested questions to help PSS workers establish more effective communication with individuals with profound communication impairments, as well as to identify skills and capacities that can be used to foster participation and inclusion in PSS activities.

3.4 Fostering a “safe” environment for children with disabilities

All PSS actors are responsible for ensuring a safe environment for children who are accessing their activities. This includes ensuring that activities are held in a location that can be reached safely by children and their families; that the space is free of hazards that could cause harm (e.g. sharp objects, uncovered electricity plugs, etc.); that the space is accessible to all children; and that children feel safe, comfortable and respected.[41] There are a few simple actions that that PSS facilitators can take to make children with disabilities feel welcome and build a safe environment in their activities.

Before the Activity

- **Invite children with disabilities and their caregivers:** Many children with disabilities are simply not invited to activities. Invite them – reassure them that this activity is also for them – and answer any questions.
- **Transport & Escorting**: Work in advance to ensure that the children with disabilities who have been invited have an accessible, safe and secure way to get to and from the activity. Work with the individuals, family and other group members to see what can be done if they have concerns about this – Can they come together with a sibling or other family member their own age? Is there a way that the program can provide secure transport for them? What instructions should we give to the bus driver about assisting them?
- **Set up the room and adapt activities:** Ask children with disabilities about any adaptations needed to attend and participate in the activity. How do they like to move around? What positions are they most comfortable and active in? Would they like a quiet place to go to? How often would they like to take breaks? For example:
    - Some children may prefer to use their wheelchair for all activities – In this case, make sure there is enough space for them to move around the room and that there is a space allocated to them at a table.
    - Other children may prefer to use their wheelchair for outside but slide around on their bottom when inside – In this case, consider activities that can be done on the floor with all children and have a mat available for those that request them.

    - Some children may not feel comfortable sitting for long periods in a chair – So have a mat on the floor near their table so that they can chose when they want to sit and when they want to lie down.
    - Lastly, some children may get agitated when tired and / or if the room is too noisy – Locate a supervised quiet space in or near the room and have objects that they find calming. Tell them this is their space and they can go there whenever they want.

<u>During the Activity Facilitation</u>

- **Get to know participants and how they communicate:** Speak to them directly and ask if there is anything you can do to ensure they get the best possible experience. If you have difficulty communicating directly with someone, then you can also ask for advice from caregivers or peers about their communication skills and preferences. Facilitators should also take time to watch, listen, talk, and interact with individuals to learn more about them, what their preferences are and their skills and capacities. This is especially important when working with children with intellectual disabilities.
- **Give options for communication:** As above, a "Communication Toolbox" can provide a range of options for communication, letting individuals decide what works best for them. Give children with intellectual and speech difficulties a little more time to respond to questions and validate or reinforce what they say with group. For example, *"Sabeen just described how she likes music because it makes her feel good … Finding things that we like can be good way to deal with difficult emotions. Does anyone else here like music?"* You can also agree with the child on a gesture or a word "password" in case they needed assistance, without having the attention of the whole group.
- **Recognize different types of contributions**: Participation can look different for every individual and will vary according to their personal preferences, the type of activity and how familiar they are with the facilitators and other participants (i.e. just listening to sharing and expressing opinions, and even representing and supporting others). Positively reinforce these contributions, so that others in the group also recognize and value them.

<u>After the Activity</u>

- **Seek feedback from children with disabilities**: Ask participants with disabilities they what worked well for them in the activity. Also, ask them what improvements could be made next time for them to have a more productive experience.
- **Seek feedback from parents:** It is important to also get feedback from parents of children with disabilities about what worked, and any additional challenges they faced in supporting their child to attend activities.
- **Document Success**: Try to document success when possible. Showing positive examples of children with disabilities participating in PSS programs can serve as a great advocacy tool – and if done well can also be an empowering experience for the child.

Getting to know each other and valuing difference

The most important component of building a safe environment for children with disabilities is acceptance by others. As such, it is important to address issues of difference and how this makes our peer networks stronger.

The following activity can foster reflection and provide a basis for further discussion. This activity aims to develop an understanding and appreciation of human diversity, but also what children have in common. You can shape the activity to highlight the skills and capacities of different members of the group.

Everybody has differences – we are all different ages, sizes, shapes, and we all have different things that we like or dislike. In this group we also have people who move, think or communicate in a different way. But everyone here has different strengths and abilities. Let's see what we have in common, and what is different – Move into groups according to:

- *Who has long hair/short hair?*
- *Who is at school / not at school?*
- *Who likes sports / doesn't like sports?*
- *Who likes music / doesn't like music?*
- *Who can speak with hands / who can speak with their voice?*
- *Who can move with their feet / who can move with other parts of their body?*
- *Similar age groups*

Note: Signs and symbols can also be used to identify which group someone would like to join. Some children may prefer to raise their hands or indicate with gestures in any way that they feel comfortable about which group they identify.

Safety Scenarios and Appropriate Responses

PSS facilitators and parents may have concerns about how to handle health and safety issues with children with disabilities when attending their activities. It is important to stress that ***children with disabilities are not more likely than any other child to be injured or hurt during PSS activities; as such most standard procedures for safety will address any concerns***. The following examples are concerns raised by PSS facilitators during the needs assessment, with some guidance about appropriate prevention and response actions:

Safety Concern	Prevention Action or Response
Children with disabilities may be too unwell to participate in activities.	Children with disabilities should not be considered sick or unwell. However, all children become unwell on occasions. Most illnesses will be minor and just require rest and recovery. Some children may need to visit a doctor for medical advice. If you suspect that a child with disabilities is currently unwell:

	▪ Ask them if they feel unwell; ▪ Look for signs that they unwell (e.g. tiredness, cough, fever); and, ▪ Contact their parents to ask them for advice.
Children with disabilities may fall over and get hurt.	Some children with disabilities may move differently to others, but this does not mean they are more likely to get hurt. If you notice that a child has difficulty moving: ▪ Ask them to tell you more about how they move – Do they use any assistive devices? Do they like to sometimes crawl or move without these devices? What activities do they find difficult? ▪ Ask them if they are worried about falling over and getting hurt. ▪ Explain the activity to them and ask them what changes they would like to make – Would they prefer to sit for this activity? Or do they want to be up the front giving the other children instructions? If a child falls over during an activity: ▪ Stay calm – Children often fall over, especially during recreational activities, with no injuries. ▪ Do not lift them or assist them to move without asking them first – Injuries often happen when people try to assist inappropriately. ▪ If there are signs that they are in pain or upset, then ask them if they are hurt and where. ▪ If there is a visible injury (e.g. bleeding or damage to bone and joints) then seek appropriate medical assistance. ▪ If there is no visible injury, then ask the child if they can move. If they can move the same way as before, then they are unlikely to be seriously injured. Keep checking in with them and seek medical assistance if pain and distress does not improve.
Some children experience seizures.	About 1 out of 10 people has had a seizure. That means seizures are common, and one day you might need to help a child during or after a seizure. Seizures are not a reason to exclude children from PSS activities.

If a parent or child says that they sometimes have seizures, try to gather some more information about:

- How often they have seizures?
- How long the seizures last?
- What should you do if the child has a seizure?

There are many types of seizures. Most seizures end in a few minutes. If a child has a seizure during an activity, one facilitator should stay with the child having the seizure, while the other facilitator continues suitable activities with the other children. It is important to make space for the child having a seizure, and to not have everyone crowded around them. Explain to the other children what is happening and reassure them.

To help a child who is having a seizure, ***DO*** the following:

- Comfort the child and speak calmly.
- Ease the child gently to the floor.
- Turn the child gently onto one side. This will help them breathe.
- Clear the area around the child of anything hard or sharp. This can prevent injury.
- Put something soft and flat, like a folded jacket, under their head.
- Remove eyeglasses.
- Loosen anything around their neck that may make it hard to breathe.
- Time the seizure. Get medical assistance for any seizure that lasts longer than 5 minutes.

DO NOT do any of the following things:

- Do not hold the child down or try to stop his or her movements.
- Do not put anything in the child’s mouth. This can injure teeth or the jaw. A person having a seizure cannot swallow his or her tongue.
- Do not try to give mouth-to-mouth breaths (like CPR). People usually start breathing again on their own after a seizure.
- Do not offer the child water or food until they are fully alert.

	Seizures do not usually require emergency medical attention. Only call an ambulance or urgent medical assistance if one or more of these are true: - The person has never had a seizure before. - The person has difficulty breathing or waking after the seizure. - The seizure lasts longer than 5 minutes. - The person has another seizure soon after the first one. - The person is hurt during the seizure. - The seizure happens in water. - The person has a health condition like diabetes, heart disease, or is pregnant. Extracted from: Center for Disease Control and Prevention (n.d.) About Epilepsy – Seizure First Aid. https://www.cdc.gov/epilepsy/basics/first-aid.htm After the seizure, ask the child if they would like to continue with activities, rest for a while, or go home. Make sure that they have someone with them, and let their parents know what happened.
Children with disabilities may be physically or emotionally harmed by other children.	During the needs assessment in Lebanon, none of the children or caregivers that we consulted with reported harm from attending PSS activities. Instead, they shared that attending activities and/or coming in for services had a positive impact on their communication skills, their mental and physical health, and helped to expand their peer networks. PSS facilitators should work to create safe environments where children accept each other and their differences. Please see the activities mentioned earlier in this section, as well as other activities in the Focused PSS and Community-Based PSS Facilitator's Guide. Where children are exhibiting violent behaviors towards children with disabilities, it may be necessary to change the activities, separate them into a different group and / or refer the child who is exhibiting violent behaviors for more individualized support, such as case management.
Children with disabilities may harm themselves.	Some children with intellectual disabilities may feel a lot of frustration related to their disability. This frustration is sometimes shown through self-harming behaviors, such as

	banging their head or cutting their skin. Find a safe, quiet space for children who are demonstrating self-harm, and try understanding the reasons behind these behaviors.[42] If a child expresses thought about ending their life, they should be referred to a case manager or mental health practitioner for more individualized assessment and support. See notes on Psychological First Aid below.

Note: If a child has life-threatening injuries and / or becomes unconscious or unresponsive, you should seek urgent medical care.

Including Children with Disabilities in PSS Activities

Key Actions

- Consult with children with disabilities and parents to identify barriers that hinder participation in PSS activities, and appropriate strategies to address these.
- Identify the skills and capacities of individual children with disabilities and build activities around these skills.
- Develop a “Communication Toolbox” which provides options for how children might like to communicate during activities.

Useful Tools

- *Tool 4: Identifying Skills and Capacities of Children with Disabilities* provides suggested questions to help community volunteers and PSS Facilitators establish more effective communication with individuals with profound communication impairments, as well as to identify skills and capacities that can be used to foster their participation and inclusion in PSS activities.
- *Tool 7: Participatory Activities with Children with and without Disabilities* which will help to identify barriers to PSS activities and child-led strategies to facilitate inclusion.
- *Tool 8: Tips for communicating with People with Different Types of Impairments* provides more detailed guidance on communicating with children with different types of impairments.

PART 4: SUPPORTING CHILDREN WITH DISABILITIES WHO ARE MEDIUM TO HIGH RISK

As mentioned earlier, there are some children with disabilities and caregivers who face medium to high risk of protection concerns and should be included in Focused PSS activities that are tailored to address these specific risks – most commonly survivors of abuse and exploitation; child marriage; high levels of psychosocial distress; and engagement in the Worst Forms of Child Labor. Children with disabilities should be included in the same groups as non-disabled peers who are experiencing similar risks.

This section provides additional information for Focused PSS Facilitators about the groups of children with disabilities and caregivers that are most likely to require Focused PSS support. It is provided as background information to support Focused PSS Facilitators to recognize and tailor activities to the needs and emotions of participants.

4.1 Children and adolescents with new disabilities

People who acquire a new disability face significant transition in their lives. They face restrictions in daily activities, while concurrently testing and developing new coping strategies. They also have to deal with a range of new challenges, including the attitudes of others relating to their disability.

In the needs assessment conducted in 2017, young men and women with disabilities disclosed that they had attempted suicide during their adolescent period. These individuals had acquired new disabilities, as a result of illness and injury, after which they experienced discrimination and stigma, as others would express pity and shame about their situation:

> *"I got so tired of people being sad for me that I think that is what made me sad for myself"* – *Young woman with a new disability*

They also reported changes in peer networks and feeling depressed as they adjusted to their life as a person with disabilities. A young man described the breakdown of his relationship with his girlfriend, as well as confusion and a lack of information from professionals about his sexual health following his injury.[43]

Coping and adjusting to a disability is an individualized process – some individuals will develop coping strategies in a relatively short amount of time, while others require more time to adjust – two people with similar impairments may have very different outcomes and experiences.[44]

Some of the stages that people go through when adjusting to a new disability include:

- Shock – Shock involves a state of both emotional and physical numbness that can last from a few hours to several days.
- Denial – Denial may last anywhere from three weeks to two months and is a defense mechanism that allows the implications of the new disability the person has experienced to be gradually introduced. Denial only becomes an issue when it interferes with the person's life, forms of treatment, or rehabilitation efforts.
- Anger/Depression – Anger and depression are reactions to loss and the person's change in social treatment and status. The person may experience a number of different emotions during this

stage and grieve for the changes in their body image, function, loss of future expectations, or former satisfaction based upon any function that has been lost.

- Adjustment/Acceptance – The stage of adjustment and acceptance does not necessarily mean the person is happy about the disability they now experience, although it does allow for the relinquishment of any false hopes, as well as the successful adaptation of new roles based upon realistic potentials and limitations. The person might benefit from interactions with others who experience forms of disabilities and becomes comfortable with who they are.
  Extracted from: Wendy Taormina-Weiss (2012) Psychological and Social Aspects of Disability. https://www.disabled-world.com/disability/social-aspects.php

A child with a new disability may experience fatigue, negative emotions, a sense of powerlessness, and even confusion. Focused PSS can support them to develop coping skills and emotional supports, while providing opportunity to strengthen peer networks that foster their emotional and mental health wellbeing. It is important to remember that children with new disabilities are also very resilient – The majority of persons with new disabilities adjust in ways they never believed possible.[45] Focused PSS Facilitators and peers can play a critical role in highlighting their new abilities to cope with challenging situations, building confidence, creativity and capacity.

4.2 Children and adolescents with intellectual disabilities

Children and adolescents with intellectual disabilities may experience psychosocial distress due to bullying, harassment and / or witnessing violence. Yet these risks are rarely identified and / or addressed through Focused PSS activities. Children and adolescents with intellectual disabilities will exhibit the same signs of psychosocial distress as other children, including changes in communication and social interactions, but these signs often goes un-recognized as parents and service providers incorrectly assume these signs are related to their disability.

Parents of children and young people with intellectual disabilities who are refugees living in Lebanon report deterioration in their skills and behaviors, which they attribute to these individuals having witnessed violence. The most common ways in which this affects children and young people with disabilities is through a change in their communication and social skills – parents described how children have stopped speaking, and / or become socially withdrawn – not wanting to speak with others or join activities with peers. There was also a couple of more severe examples where young people with intellectual disabilities, who were once independent with their self-care and engaging with peer networks in their community, were now needing full assistance with personal hygiene, such as toileting and washing.[46]

> *"In Syria, he used to go visit his Aunt, but his health deteriorated when he heard the shelling. He used to go shower himself, and now he is not even going to the toilet on his own." – Mother of a young man with intellectual disabilities*

Furthermore, children and adolescents with intellectual disabilities – both girls and boys – are at a higher risk of sexual abuse, with parents highlighting this as the most immediate and urgent risk during the needs assessment in Lebanon.[47] Along with physical signs of abuse, such as bruises, sexually transmitted diseases and / or pregnancy, the other two primary indicators are reports from the child that abuse has occurred and changes in the child's behavior.[48] Children with intellectual disabilities who are survivors of sexual abuse may have psychosomatic symptoms, such as stomach aches, headaches, seizures and problems with sleeping. Common psychological consequences include depression, anxiety, panic attacks, low self-esteem, shame and guilt, irrational fear, and loss of trust. Behavioral difficulties include withdrawal, aggressiveness, self-injurious and sexually inappropriate behavior.[49] "Challenging behaviors" are often attributed to the child's disability and leads to exclusion from activities that might support the child to better understand and express what they have experienced and how they are feeling. All children who experience sexual violence, even those with complex communication difficulties, should have access to counselling and psychosocial support.[50]

4.3 Caregivers of children with disabilities

Working with parents and caregivers, as well as children with disabilities, is cirtical in ensuring the psychosocial needs of children with disabilities are met. In the needs assesssment in 2017, many mothers described difficulties adjusting to having a child with disabilities, often leading to fear and depression about the future – for them and their child. There were some isolated examples where caregivers reported resorting to residential care for children with disabilities, which may expose such children to further risk and exclusion in society.[51]

Caregivers are people first and foremost with their own perspective, needs and feelings. Care-giving is a complex role, and caregivers may have conflicting feelings — they may feel guilty, resentful, angry, afraid, concerned and as though they have failed, especially when the child they care for has experienced abuse. They may prioritize the needs of the child with disabilities above everything else, including themselves, which can be difficult for others in the household. They may also have unmet needs of their own, particularly if they carry the full responsibility for care with no one to support them. For female caregivers, caring for a child with disabilities comes in addition to the many other responsibilities and duties expected of them at home.

Caregivers are also exposed to the threat and reality of violence, and PSS Facilitators should pay attention to their safety concerns. Caregivers are most often women and adolescent girls, meaning they already experience disadvantage within the household and community, and are likely over-burdened with domestic responsibilities, including the care of children and the elderly. Care-giving can also be a very isolating experience, especially for mothers of children with disabilities who are less likely to have access to opportunities outside the home. PSS activities may be opportunity to discuss how female caregivers of children with disabilities may be exposed to violence both inside and outside the home, and work with them to plan for safety and access to services.

Providing good support for caregivers is one of the most effective ways to improve the safety and well-being of children with disabilities. It may be useful to work separately with caregivers, creating a safe space for them to talk about the issues that affect them, their own emotions – positive and negative – without feeling that they are being demanding or selfish, or that they are not properly heard. It is also important to recognize that feelings about being a caregiver are complex, and it is normal to feel frustration, resentment and anger, along with love and concern. Helping mothers to develop ways to understand and manage these feelings can be very helpful in strengthening the core relationship between the caregiver and the child with a disability.[52]

Practical tips to support caregivers

- Talk with caregivers about the impact of caring on their own well-being and their capacity to think about their own needs and the feelings that they have. Make sure you recognize that these are normal feelings to have and that caring is complicated and demanding. Help them to identify their own feeling without guilt, particularly when their feelings are difficult and when they are different to the messages women get about how they are supposed to feel.
- Discuss strategies for paying attention to their own feelings and needs such as:
  - Forming relationships with other women and / or caregivers in similar positions.
  - Finding ways to maintain activities that are important to their own self-care and well-being (e.g. taking time to eat well, bathe, sleep, and to attend community activities they enjoy).
  - Identifying people that they trust to ask for help or additional support.
- Peer support groups can provide an opportunity for caregivers meet others and to share experiences, challenges and successes with each other. Include caregivers of children with disabilities in parenting and caregiver support programs, ensuring that there are appropriate caregiving arrangements for the child with disabilities while they attend these activities.
- Breathing and visualization exercises can sometimes be useful when feeling overwhelmed and / or anxious.
- Support caregivers to have access to the different services and programs that they can attend, such as skills training or economic empowerment, women's groups and so on, that will support her empowerment.

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