



ENGAGE DISABILITY

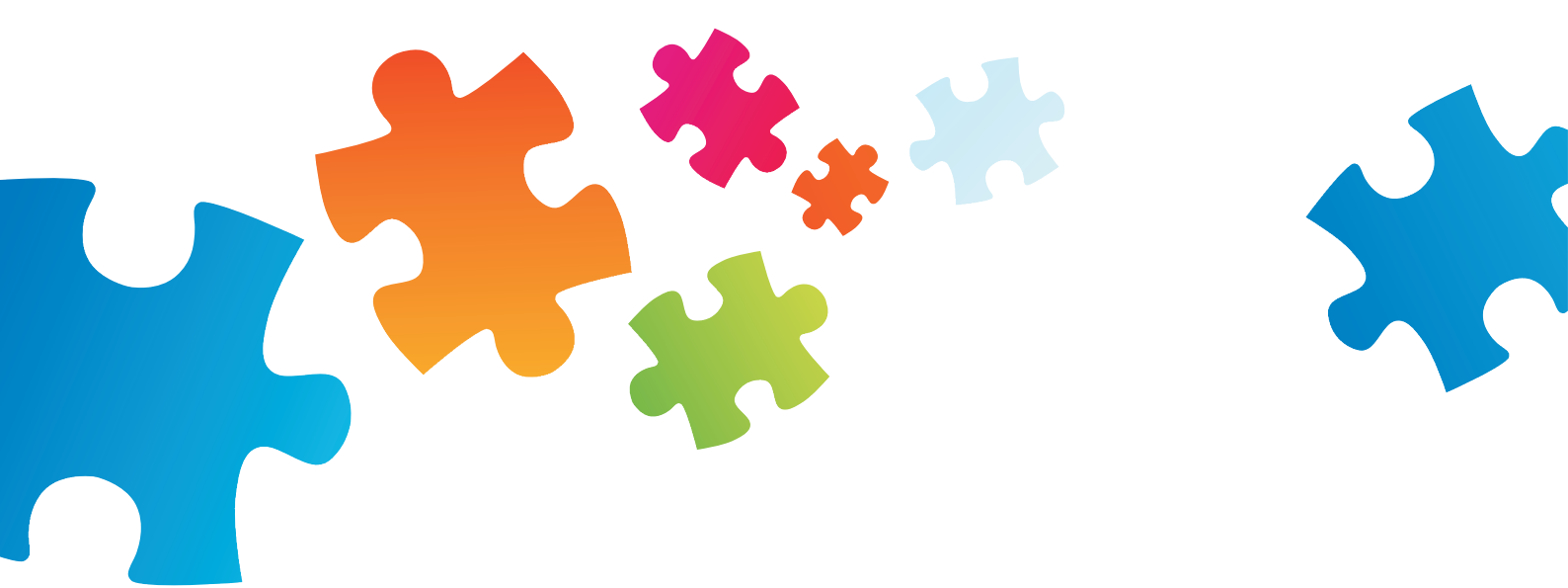
INDIA 2016

Engage. Include. Be Inspired

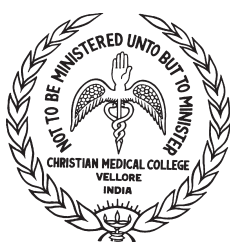
DISABILITY INCLUSION TOOLKIT

ENGAGING WITH DISABILITY IN THE CHURCH





CHRISTIAN MEDICAL
ASSOCIATION OF INDIA
building a just and healthy society



EMMANUEL
HOSPITAL
ASSOCIATION



The Leprosy
Mission
International



INTRODUCTION

I find that I often skip introductions in the books I read. By reading the table of contents and jacket material, I decide whether to read the book. If, after looking at these I am still undecided, I flip to a random page and read a paragraph or two to see if I like the style. Once I have decided that I want to read a book, I want to get started. I don't need to be told how the book is organised. The table of contents does that. I don't need to be convinced to read further. I'm already committed. Introductions usually aren't that interesting and can be skipped without losing anything.

Are introductions necessary? Do people actually read them? I am inclined to keep the sales material short enough to fit on the jacket, and start presenting core material right away with chapter 1.

This toolkit is not such a reading material. This is a toolkit that enhances the capacity of leaders to educate and engage congregations on disability issues. This collection of pages is not merely the sum of the ink and paper used to print it. Contained between these covers are personal stories of people's first experiences with disability: people with disability, caregivers, ministers and more. Indeed, this is unique!

Read how ministers have gone about inspiring, illuminating, imparting and inculcating the culture of inclusivity based on Christian theology, ministerial expression and diaconal public witnesses. Read of these efforts and much more. And so receive inspiration for your own ministry. On behalf of the Engage Disability network, I invite you to allow this toolkit to help you minister to people with disability and be ministered to by people with disability.

After our training sessions, let us not store this toolkit on our bookshelves but rather share what we know and believe with others who can help promote 'inclusion' and 'accompaniment'.

I would also like to take this opportunity to thank all the contributors and companions of this toolkit, with special thanks to Ms Heather Payne, who authored chapters and compiled the toolkit and Jucin Varghese, whose linguistic and organising skills helped pull the toolkit into its present form.

May this toolkit encourage all of us to strive towards inclusive societies as God intended and envisioned through the transformative Gospel of Christ. Indeed, His Kingdom and His reign affirm the fellowship of all, for all.

With my prayers for God's blessing,
Reverend Christopher Rajkumar
Chair, Engage Disability
Director, Indian Disability Ecumenical Accompaniment
National Council of Churches in India (NCCI - IDEA)

FOREWARD

Dear brothers and sisters in Christ,

As a father of Abby, a delightful little girl with a profound disability, I have experienced the love of our Christian community around us. The love and care that my daughter has received has allowed her to undertake her ministry. People have cared for Abby to give our family respite, to provide basic therapy, and to make sure we were physically and socially welcome at church. Abby has been a blessing to our church community and to those who have reached out to us. Furthermore, she has inspired disability programs in India.

However, this support from the Christian community is not always guaranteed, and it is to their loss. By failing to embrace those with disability, the Christian community misses out on the blessing of interacting with adults and children like Abby. For this reason, the Engage Disability movement begins its declaration by repenting of not truly being the body of Christ, by not loving and including those with disability in the way Christ did.

This, however, is a time of Kairos. The church across India is waking up to its unique mandate to reach out to and include those with all abilities. This toolkit is part of a journey that began in 2014, when a national conference of pastors and Christians sought a response to disability. Those who attended were convicted of the importance of embracing disability. But their question was, “How can we do this?”

This toolkit helps the Christian community learn to care for, accompany and serve alongside those with disability. It contains guidelines on responding to practical needs like health and education. There are helpful sections on empowerment and employment. The cross cutting theme is that of the call to love; we are called to friendship with those with disability.

The body of Christ is founded on love. The love of our Master is powerful and transformative in disability. God calls us to this standard. We are called to receive His love, to perceive His love for those with disability, and to likewise love those with disability.

Let me conclude by asking you to read the Engage Disability declaration carefully. This toolkit helps us work towards achieving the vision it outlines.

Together in working towards full and inclusive representation of the Body of Christ,

Dr. Nathan Grills, MBBS (hons), MPH (Oxon), DPH, DPHIL (Oxon)

Faculty of Medicine, Dentistry and Health Services, University of Melbourne

ENGAGE DISABILITY DECLARATION

We believe...

As the Body of Christ, we affirm that all people, including people with disabilities, are created in the image of the triune God. The church is comprised “of” all and exists “for” all. Thus, a church that excludes persons with disabilities is incomplete. The Body is made up of different parts and the seemingly weaker parts are indispensable. (1 Cor. 12:22)

The Mission of God is an imperative; *along with* and *for those with disability*; who have potential to be full and active members of the church, community and society at large.

We repent...

We repent of treating the person with a disability as an object of charity or of a lesser class. Though disability is prevalent in the world, it is less prevalent in the church. We have accepted traditions and imposed structures, processes and attitudes that prevent those who are affected by disability from accessing the church, the Christian community and our own programs in India. By not actively including people with disabilities, we have passively been excluding them, and we have missed the opportunity to show the heart of the Gospel.

We are challenged...

The Gospel of Christ challenges us to establish the “reign of God” by working towards justice, love and peace for all, including persons with disabilities. We are motivated by the holistic healing narratives in the Gospels to minister both *to* and *alongside* persons with disabilities. As a community with Christian faith, it is a mandate for us to accompany one another in reaching the greatest potential for which God created us.

We are guided by Christ...

Jesus furthered this message by coming to earth “to preach Good News to the poor, proclaim freedom for the prisoners and recovery of sight for the blind... to release the oppressed.” (Luke 4:14-21) Jesus saw people with disabilities, challenged their marginalisation; and responded with Love. He showed great concern for both physical and mental challenges as He addressed the spiritual condition of humankind.

We commit to...

- Stand with our brothers and sisters who have disabilities, ensuring that they are centrally involved in this process and movement;
- Promote inclusion of those with disabilities in all aspects of the church, our programs and community;
- Further a theological understanding of disability wherein **all** are created equal and in the image of God, and wherein disabilities are not a result of a person’s sin, lack of faith or unwillingness to be healed;
- Engage *together* for advocacy and inclusion of persons with disabilities in their local communities and society at large;

- Be personally and corporately blessed by people with disability who serve alongside those without disability.

We are guided by the Scriptures...

- We value people as being created in God's image and as being called to abundant life.

"For You formed my inward parts... I will praise you for I am fearfully and wonderfully made..." (Ps. 139: 13, 14)

"I have come that they may have life and that they may have it more abundantly." (John 10:10)
- We acknowledge that God's purposes are often worked out through those whom the world has rejected and despised.

"...God composed the body, having given greater honour to that part which lacks it..." (1 Cor.12:24-25)

"...My strength is made perfect in weakness..." (2 Cor. 12:9)
- We acknowledge that societal structures, including those in Christian communities, can prevent God's people from playing a full role in the body of Christ.

"Is not this the kind of fasting I have chosen: to loose the chains of injustice and untie the cords of the yoke, to set the oppressed free and break every yoke?" (Isaiah 58:6)

"The Spirit of the Lord is on me, because he has anointed me to preach good news to the poor. He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to release the oppressed" (Luke 4:18)
- We value team work and acknowledge that the body of Christ is incomplete without our Brothers and Sisters affected by disabilities.

"...in whom the whole body is united and held together by every ligament with which it is supplied. As each individual part does its job, the body's growth is promoted so that it builds itself up in love." (Eph. 4: 16)

"But in fact God has arranged the parts in the body, every one of them, just as he wanted them to be" (Corinthians 12:18)
- We believe that we are loved by God and are called to express His love to others, including those who are marginalised. We exhibit this love through both word and deed.

"This is My commandment, that you love one another as I have loved you" (John 15:12)

"Open your mouth, judge righteously, and plead the cause of the poor and needy" (Prov. 31:9)

We conclude...

If persons with disabilities are a full part of our church, then we will be blessed. There is blessing when we include those with disability in the church, our programs and in our communities where we work. Created in the image of God, they can enjoy the right to "wholeness"; no longer simply being objects of our benevolence, but enabled to be "givers"

themselves. In this way, our paradigm shifts from giver-receiver mode to the “accompanier” mode; and as a result, they can truly experience abundant life. 1Corinthians 12:22 says that the weaker parts of the body are indispensable. Luke 14:13 says, “invite the poor, the crippled, the lame, the blind...and you will be blessed”.

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OVERVIEW



UNIT 1: OVERVIEW

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A. Introduction

A parent speaks about the experience of raising a child with a disability

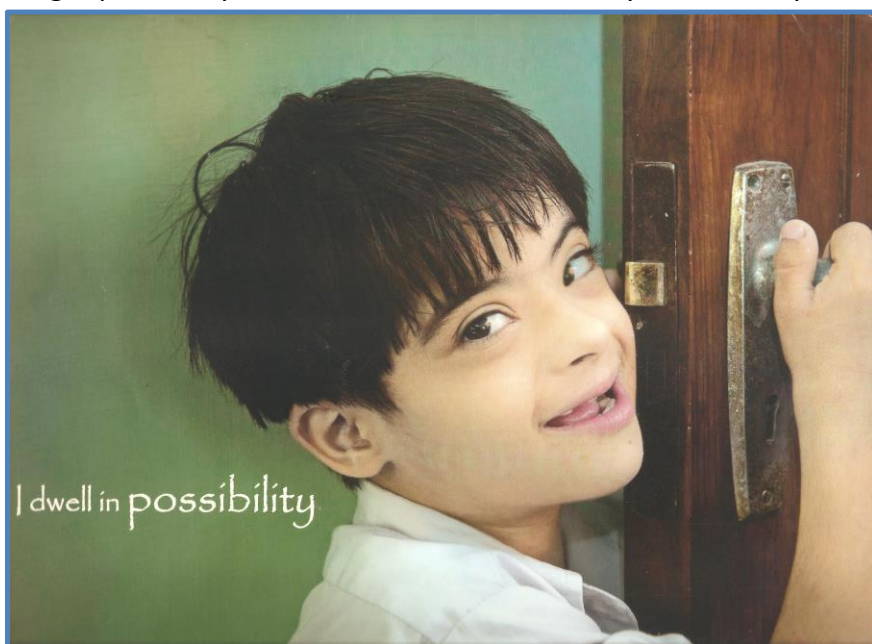
I am often asked to describe the experience of raising a child with a disability - to try to help people who have not shared that unique experience to understand it, to imagine how it would feel. It's like this... when you're going to have a baby, it's like planning a fabulous vacation trip - to Singapore. You buy a bunch of guidebooks and make your wonderful plans - Singapore Flyer, The Night Safari, the fabulous shopping. It's all very exciting. After months of eager anticipation, the day finally arrives. You pack your bags and off you go. Several hours later, the plane lands.

The flight attendant comes in and says, "Welcome to Dubai."

"Dubai?" you say. "What do you mean Dubai? I signed up for Singapore! I'm supposed to be in Singapore. All my life I've dreamed of going to Singapore."

But there's been a change in the flight plan. They've landed in Dubai and there you must stay. The important thing is that they haven't taken you to a horrible, disgusting, filthy place, full of pestilence, famine and disease. It's just a different place.

So you must go out and buy new guidebooks. And you must learn a whole new language. And you will meet a whole new group of people you would never have met. It's just a different place. It's slower-paced than



Singapore, less flashy than Singapore. But after you've been there for a while and you catch your breath, you look around... and you begin to notice that Dubai has shopping souks... and Dubai has sand dunes. Dubai even has endless beaches.

However, everyone you know is busy coming and going from Singapore... and they're all bragging about what a wonderful time they had there. For the rest of your life, you will say, "Yes, that's where I was supposed to go. That's what I had planned." And the pain of that will never, ever, ever, ever go away... because the loss of that dream is a very, very significant loss.

But... if you spend your life mourning the fact that you didn't get to Singapore, you may never be free to enjoy the very special, the very lovely things... about Dubai."

Emily Pearl Kingsley, 1987

Emily actually wrote about Italy as her dream destination and Holland as her real destination but we have situated our story in Asia.

Renee's story: she simply fell into the world of disability

Renee Bondi was a successful music teacher, singer and soon-to-be bride when she was thrown into the world of disability from a simple fall out of bed - and her world changed forever. In the months following Renee's diagnosis of quadriplegia, she faced many new challenges.

Challenge 1: Entering a unique cultural group

Renee went from being referred to as teacher, vocalist, and fiancé (engaged to be married), to patient, quadriplegic, wheelchair-user and paralyzed lady. Occasionally, hurtful stereotypical labels were whispered about her in public. But, through it all, Renee retained the title of Christ-follower.

Challenge 2: Learning a new language

Disabilities come with their own set of vocabulary, medical terms and labels. Doctors attempt to explain tests and conditions with strange names. Fortunately, Renee had a supportive family and fiancé to help her with the many confusing words and treatment decisions.

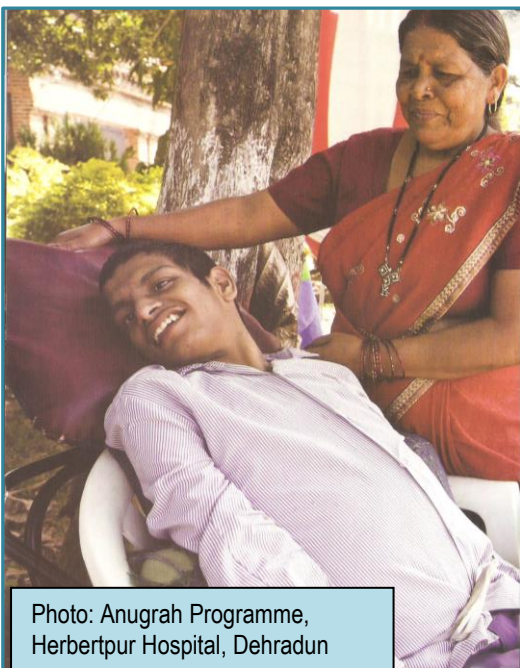


Photo: Anugrah Programme,
Herbertpur Hospital, Dehradun

Challenge 3: Coping with fears, doubts and depression

Christians with disabilities experience the same stages of grief as non-believers. Their fears and doubts are part of the human condition. Renee was no exception to this experience and she too had to walk through the process of grief.

Challenge 4: Adjusting to a new way of life

The changing demands of a disability are stressful and ongoing for the individual, as well as their family members. But, with time and the proper support, Renee

settled into a new lifestyle that focused on her true character and God-given abilities.

As families touched by disabilities learn to cope with their 'new' normal, they experience significant amounts of stress due to the additional demands on the family. Marriages undergo strain. Non-disabled siblings are likely to be sidelined and ignored, as the needs of the individual with disability take over the family dynamic. Family members must take on new responsibilities to care for the individual with disability and these responsibilities are often associated with significant stress and exhaustion. Parents often feel chronically tired and inadequately rested as they care for the long-term needs of their child with disability. In many cases, caregivers just try to survive from day to day.

See Unit 4: INCLUSIVE HEALTHCARE AND REHABILITATION for a guide to appropriate practical assistance

How can someone with no healthcare skills or experience of disability help such a family?

As a family adjusts to their new normal, they may feel that their social circle does not and cannot understand their journey. They are likely to feel isolated in their pain and confusion, and unable to reach out to others for support and assistance. They are likely to be too exhausted to be part of usual church activities and may in fact be struggling with their faith and questioning God as they face the pain of adjusting to their child's disability. Here is where we, as the body of Christ, need to step up and step in. We need to meet families and individuals where they are and reach out to them as they adjust day by day to their new reality. Visiting and calling thoughtfully can show our willingness to stand alongside in friendship to those dealing with disability. We can also pray sincerely and simply for them in the midst of the challenges that they face.

A prayer for us as we begin:

Heavenly Father, we pray for the day...

when people and families living with disability are drawn to the church because of the support they feel there,

when the response to the birth of a child with a disability is not "We must have sinned", or "Why didn't we abort?", but "We need the church, because we know that there we will be loved, understood and supported.",

and, when people, Christian or otherwise, intrinsically link disability and the church.

If we were really supporting people with disabilities and their families, the community's witness would be irrefutable. Grant us the long-lived capacity to work to this end.

Amen¹

¹ Lindsey Gale, CBM Australia

B. Purpose of the TOOLKIT

This TOOLKIT is a guide for Christians to help them engage with children and adults with disability and their families. Its purposes are:

- to enable us to live out our faith by loving as Jesus loves,
- to bring about a better quality of life for persons with disability and their families through full access to services, the built environment and participation in social and spiritual life with complete freedom, and
- to empower our churches to become inclusive of children and adults with disability and their families or carers, with special attention towards children and women because of their greater disadvantages in society.

Additional points about the TOOLKIT:

- The TOOLKIT is based on Christian principles and is related to the inclusion of Persons with disabilities and their families in both Christian communities and general society. This TOOLKIT discusses issues of disability in light of a Biblical framework and as such, the content builds on that of secular disability inclusion manuals. Our Christian perspective strengthens our imperative to embrace and bless our society, especially the poor and needy, with God's love and justice.
- The TOOLKIT is for individual Christians, Churches and Non-government Organizations [NGOs] who want to be involved in the lives of Persons with disability in their communities. Individuals may be professionals, such as teachers or healthcare staff, or non-professionals. Each Unit has practical, achievable steps for application to accompany theoretical information and more far-reaching recommendations, such as inclusive healthcare-and-NGO-staffing policies, and church governance.
- Training-of-trainers from each region are available to show how to use the TOOLKIT. Trainers are available to teach local facilitators as well.
- Engage Disability is committed to improving the TOOLKIT over time. There will be ongoing feedback to the Engage Disability leaders and revisions will be made to improve this resource as necessary.
- The TOOLKIT will be translated into regional languages.
- The TOOLKIT covers essential information and practical suggestions on a range of topics:
 - Biblical and faith principles of disability
 - Inclusive church ministries
 - Healthcare and rehabilitation
 - Personal development and family life
 - Education
 - Livelihood
 - Empowerment
 - Leisure

“Are you really the one we should be looking for...” they asked. Jesus replied, “Go and tell John what you have seen and heard. The blind can see, [those who can’t use their legs] can walk. People who have leprosy are being healed and the deaf can now hear. The dead are raised to life and the poor are hearing the good news. God will bless everyone who doesn’t reject me because of what I do.”
Luke 7:22-23

DISABILITY INCLUSION TOOLKIT

Each unit is summarised in this Overview with easy action points. Each unit also contains a list of suggested resources for further reading and viewing – some of which are contained in the accompanying DVD.

The DVD contains a full range of learning resources that expand upon the information presented within this TOOLKIT. Relevant DVD resources will be referenced in the Additional Resources section at the end of each unit. DVD resources include:

- selections of the training text for ease of printing. This will be especially useful if only selections of the units are being undertaken in a given training event. We recommend purchasing the entire TOOLKIT for each participant, if possible, to assist with self-study and ongoing education and reference after the event.
- learning feedback forms for before and after the training event to assess the quality of the training.
- additional material and links to resources on the internet. For example, UN Convention of the Rights of Persons with Disability, UN Declaration of Human Rights, Constitution of India Summary, Rights of People with Disabilities 1996, Bill of Participation and Rights of Persons with Disability 2012, case stories, newspaper reports and articles etc. These will be good background information for trainers and could also be used as hand-outs for trainees.
- PowerPoint presentations of each session with interactive links. These presentation slides may also be printed as overhead projection transparencies.
- poems and prayers collected from various sources for use in church services, group meetings or for private contemplation.
- songs and video clips, for use during the training program. The training text will reference these materials and when they should be played during the event.

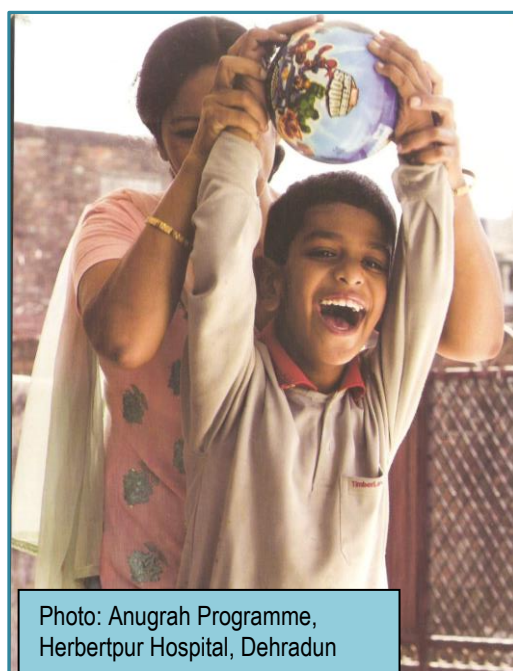


Photo: Anugrah Programme,
Herbertpur Hospital, Dehradun

C. How to use the TOOLKIT and facilitate others to use it

- Learning methods and activities that are appropriate for adult learners are suggested throughout the TOOLKIT to help trainers design sessions that suit all learning styles. For example, games, role plays, songs, group discussions and structured input. The training methods suggested in this TOOLKIT aim to facilitate adults and teenagers to learn by discovery as much as possible. Some activities require further resources, and when this is the case, they will be found at the end of the relevant unit under the heading *Resources*.
- The TOOLKIT is designed for use by both the facilitator and the learner. This means that each trainee will need a copy. Trainees will then be able to pass on the training to others after the event to further promote disability inclusion learning and action.

- The TOOLKIT can be adapted to suit the needs, interests and time constraints of particular audiences. It is not purely a trainer's manual with timed activities prescribed, nor is it a trainee's workbook, but it is an adaptable and widely applicable resource book for learning and facilitating others to learn.
 - Each unit requires a minimum of 2 hours for completion - that means 16 hours for 8-9 Units or 2-3 days minimum for the whole TOOLKIT. Full TOOLKIT training, therefore, will fit well into a weekend workshop, especially long weekends over public holidays.
 - For separate prayer sessions, extra time as required.
- If you or your church would like an experienced facilitator to lead training, then contact Engage Disability to find out about your nearest Engage Disability Hub by contacting Sylvia James at sylvia.engagedisability@gmail.com or Jubin Varghese at jubin@eha-health.org.
- If you are eager and confident to facilitate training yourself (for example, as a church leader or similar), it is always best to have a team to help you facilitate. Teams should include Persons with disability or a carer to provide a personal perspective to the training event.

'People will come from east and west and north and south, and will take their places at the feast in the kingdom of God. ³⁰ Indeed, there are those who are last who will be first, and first who will be last.' Luke 13:29-30

Translation of part or whole of this TOOLKIT and PowerPoint presentations into other languages is recommended where the trainees struggle with English; for instance, when they do not read the Bible normally in English. Permission is not required to translate the TOOLKIT but, before translating, please check if the translation is already available through Engage Disability. Again, contact the Engage Disability Facilitation Group or local Hub through Sylvia James at sylvia.engagedisability@gmail.com or Jubin Varghese at jubin@eha-health.org.

This TOOLKIT is copyright-protected but available without restriction to be used in whole or part by anyone to further the Kingdom of God. However, the copyright must be respected and Engage Disability acknowledged whenever it is used. A lot of trouble has been taken to achieve quality and accuracy in the material and this must be respected and maintained. Thank you!

D. TOOLKIT units – key points and easy action

Unit 2: Biblical and faith understanding of disability

Key points

- The Biblical and faith understanding or theology of disability is what the Bible says about disability in the overall purposes of God in our world. God made us all equally in His own image. Our God is just, there is no injustice or inequality in him; so no one is left out or disqualified. God loves us all unconditionally and, because of the death of Jesus Christ, the Holy Spirit works to conform us more closely to his likeness in purity, love and grace within our community and within his wider creation.
- The theology of disability is being constructed from the experiences and understanding of people with disabilities. Persons with disabilities are no longer viewed as the 'other' or as the objects of theology but rather the subjects, along with other theologians.

- Historically, persons with disabilities have largely experienced discrimination and exclusion. Biblically, disability was understood to be the result of sin, but, often, disability was also used to represent the brokenness of creation as a whole.
- By observing Jesus closely, we see that he was compassionate towards people with disabilities - healing the blind, looking out for the outcast people living with leprosy and many more. Upon encountering a woman said to be 'unclean' for twelve years, Jesus honoured her with the title 'Daughter of Abraham', a special title because it was men who were called 'Sons of Abraham.'

Easy action – what we can do

- Raise Christians' awareness of disability, their biblical and faith understanding starting with a simple half-day session with a team of trainers including people living with disability to stimulate practical and professional action.
- Church leaders can study and preach sound theology as they teach through the scriptures or thematically on disability.
- Provide opportunities for persons with disabilities and families to share their faith and life experiences in the church. This will help further believers' understanding of disability.

You are the salt of the earth.
But, if the salt loses its saltiness, how
can it be made salty again?
It is no longer good for anything,
except to be thrown out and trampled
underfoot.
Mat 5:13

Unit 3: Inclusive ministries of the church

Key points

- The unit describes how churches can include people living with disabilities in every aspect of church life. They can be valued as participating members of the family of God fulfilled in using their God-given gifts in ministry and decision-making.
- It includes a simple and effective checklist to assess how accessible a church is in every way. That is, how welcoming it is with the provision of suitable communication media and adaptations to the built environment, to universal design standards; how embracing pastoral care is to all kinds of personal and family needs such as buddying systems, respite care, assistance to attend church, as well as full participation in ministry roles.
- As a microcosm of community, the church can lead the way in maximising participation, even in leadership, and social inclusion in the wider community. This is especially necessary for girls and women with disability who have a double disadvantage in society and even in churches.

Easy action – what we can do

- Disability Inclusion Audit: carry out an accessibility audit of the church building and environment, plus its services, ministry and leadership.
- Link up with a disability service provider for information of all local service providers.
- Disability Sunday with use of specially prepared sermon outlines
- Buddying systems for children and adults with disability, respite care or sitting for parents' evenings out and transport assistance to attend church

- Be well prepared to share the good news of God's love, liberation and peace made possible by Jesus.

Unit 4: Inclusive healthcare and rehabilitation

Key points

- This unit includes basic information on different common causes of physical, mental and emotional impairments and the limiting factors that lead to disability. Three levels of healthcare and their relevance to disability are described - health promotion and prevention, community or primary healthcare and medical care in hospital.
- It is also a simple guide to a range of healthcare and rehabilitation services, including services in the community. Rehabilitation services reduce the impact of the impairment on individuals. A successful way of providing rehabilitation and inclusive development services to persons with disabilities is Community-based Rehabilitation [CBR], a model developed by the World Health Organization. A guide to the basics of physiotherapy, occupational therapy and speech therapy is included in this TOOLKIT and is aimed at Christian individuals, Christian health professionals and Christian health service organisations.

In 2015, world leaders agreed that Sustainable Development Goals will focus governments on priority areas in economic, social and environmental areas. Effective advocacy has included the needs of people with disabilities in these areas, as well as neglected tropical diseases, treatable eye and other conditions.

For more details, see **Unit 8: Empowerment**

Easy action – what we can do

- As well as needing support through prayer, families touched by disability require thoughtful and practical help at home. Looking after other children, driving and accompanying parents to hospital appointments are among some of the ways that we can lend practical assistance.
- Church members can run a help desk in hospitals where persons with disabilities go for disability certification required to access government entitlements.
- Christian organizations need to have disabled-friendly policies and practices in place, including employment opportunities, counselling services, health promotion, and information and education about locally available support services.
- Young people can be encouraged to consider professional training and opportunities for employment and service in this field, including those with disabilities. For instance, people with visual impairments can train as physiotherapists.

Unit 5: Personal development and family life

Key points

- This unit covers parenting, sexuality and relationships, and provides guidance for parents of children with disabilities as well as carers of adults with acquired disabilities to assist them in promoting character development and independence.
- The well-being of all the family is vital and should be supported.
- Sexuality as part of the human experience needs to be understood and supported in the context of friendships, socially accepted boundaries and long-term relationships in marriage.

- Sex education for children with disabilities is especially important because of possible sexual abuse, even within families. Children with disabilities can simply learn the difference between good and bad touches, and how to say no to the wrong kind of attention.

The man's parents answered, "We are certain that he is our son, and we know that he was born blind. But we don't know how he got his sight or who gave it to him. Ask him! He is old enough to speak for himself." John 9:20-21

Easy action – what we can do

- Establish support groups for families living with disability in the near vicinity of the church for mutual support and information, along with social activities and with a focus on siblings.
- Parents, professionals and volunteers need to foster personal independence in daily living, increasing levels of decision-making and life choices by children with disabilities with a wide range of opportunities without over-protection.
- Pastors, teachers, youth workers, healthcare professionals and parents need to create opportunities to discuss sexuality appropriately with children with disabilities (and all older children too, for that matter) for their well-rounded growth into adulthood, with fulfilling personal relationships.

Unit 6: Education

Key points

- This unit stresses the importance of education, especially for girls with disability.
- It also includes a presentation of the range of learning for life. These include basic functional skills, special education settings, inclusive education in mainstream schools, vocational education for economic self-sufficiency and lifelong learning.
- Special schools often have a range of services, such as rehabilitation therapies, counselling, etc, which facilitate the all-round development of potential within children with disabilities.

Easy action – what we can do

- High School graduates can consider choosing a satisfying career of service in special education or the rehabilitation professions.
- Volunteering is also a valuable service, such as classroom assistants, providing transport, and helping with special events including music and drama, especially during Christian festivals.
- Supporting special schools financially or donating outgrown family toys and musical instruments; buying products for vocational training, etc.
- Supporting campaigns to improve State provision of special education, integrated or inclusive schools

Unit 7: Livelihoods

Key points

- This unit discusses issues of vocational training, employment and access of Government support schemes and quotas.

- It covers universal access to the work place and provides guidance for employers of persons with disabilities.
- A sense of self-sufficiency and the ability to contribute to family income are important for the dignity and self-respect of persons with disabilities.
- Education and training are vital especially for girls and women with disabilities, to provide them with opportunities for employment, income generation and self-sufficiency.

Easy Action – what we can do

- As employers, individuals can make concerted efforts to employ persons with disabilities with fully accessible work environments.
- Christian NGOs with disability programmes should employ persons with disabilities to be able to relate well to other persons with disabilities.
- Support persons with disabilities who are self-employed or by buying their products from outlets such as MESH in Delhi.
- Discourage persons with disabilities who beg for their livelihood and advise them that working is better and more dignified.

Unit 8: Empowerment

Key points

- This unit describes the different aspects of empowerment, including the empowerment of women with disability who often feel doubly discriminated.
- It also describes how to help form Disabled Peoples' Organisations, which can act as vehicles for mutual support and platforms for self-governance and advocacy.
- It guides persons with disabilities in using their voices to improve their quality of life and to guide others to speak for them as advocates when necessary. Persons with disabilities are the best spokespersons on issues that affect their own lives.
- The rights of persons with disabilities to access government schemes and services, including the Right to Information is included here.
- A biblical perspective of justice is also presented to undergird advocacy, with biblical characters who were successful advocates, such as Moses and Esther who were both saviours of their people.

Easy Action – what we can do

- Study the biblical model and imperative to speak for those who cannot speak for themselves; be convinced and become an active advocate in whatever way possible. Online campaigns are increasingly used successfully and can be initiated easily, e.g. on the delay of the new Bill before Parliament on participation and rights of persons with disabilities to replace the present disability legislation.
- Read the newspapers and keep informed of issues of deprivation, new policies and opportunities for persons with disabilities in order to take appropriate action for persons with disabilities that you or your church knows.
- Take every opportunity to encourage and empower persons with disabilities who you meet to demonstrate the opportunities of a fuller life in Christ.

Unit 9: Leisure

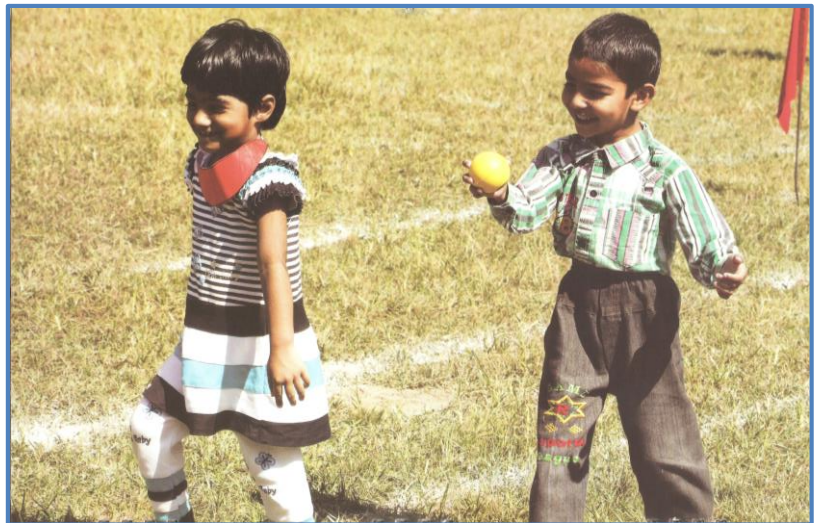
Key points

- This unit covers a range of activities that can enhance the life experience of persons with disabilities and their families, including sports, music, art and drama.
- Leisure in all its forms enables greater opportunities for social interaction in the family, church and community, building relationships.
- It helps develop individual gifts and means of personal expression for persons with disabilities.

Photo: Anugrah Programme, Herbertpur Hospital, Dehradun

Easy Action – what we can do

- As families and churches, we can invite children with disabilities and persons with disabilities and their families to share in social events, for example, concerts, picnics or sports like cricket in the park. This is a great non-threatening means of outreach to children with disabilities and persons with disabilities and their families and would make a good church youth club project.
- Such activities as guitar lessons would make an inclusive fun activity for church youth and older children with disabilities.



E. Understanding disability

Everyone will experience disability some time

Disability is part of the human condition. Almost everyone will be temporarily or permanently impaired at some point in life, and those who survive to old age will experience increasing difficulties in functioning. Most extended families have a disabled member, and many non-disabled people take responsibility for supporting and caring for their relatives and friends with disabilities.

Every epoch has faced the moral and political issue of how best to include and support people with disabilities. This issue will become more acute as the demographics of societies change and more people live to an old age.²

² World Report on Disability, World Bank, World Health Organization 2011

“Before anyone makes a decision about someone with a disability, they should talk to them,” says Haydee.

- WHO and World Bank World Report on Disability, 2011

See DVD Resources for the World Disability Report, 2012

- **Definitions**

- **Impairment and disability:** These two terms are used differently from one another and are not interchangeable. An impairment is the fault or deformity that occurs in a person (for example, in an arm or leg, in the mind, speech or sight). Disability on the other hand, is the limited function caused by the impairment and the consequent restricted participation in every day opportunities.

Some people with disabilities suggest that they would not be disabled if there had been equipments to overcome their

impairment or if societal or environmental barriers that limit movement and function were removed. Someone with short sight is visually impaired but because of an aid to vision – spectacles – he/she is not disabled. On the other hand, a wheelchair user who cannot freely gain access to buildings or roads is disabled because he/she is prevented from engaging in society on full and equal terms with others.



Similarly, there are social barriers as well as environmental barriers that affect the degree of disability that individuals face. For instance, socially it may be difficult for someone with one side of their body paralysed to be successful as a marriage prospect and thus this social barrier may make him or her more disabled. Or, a bright young boy with hearing and speech impairments may be excluded from schools because of his impairment regardless of his ability to learn.

- **Official definitions of impairment and disability vary slightly:** *The World Health Organization* defines disability as an “umbrella term for impairments, activity limitations or participation restrictions”, which result from the interaction between the person with a health condition and environmental factors (for example, the physical environment, attitudes), and personal factors (for example, age or gender).

The UN Convention on the Rights of Persons with Disabilities states that disability is an evolving concept and “results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.”

This UN definition brings in the aspect of equality, which is a very important aspect, especially when there is such disadvantage and discrimination and lack of equal opportunities, especially in countries such as India, where services are less developed and poverty is greater.

- **Charity, medical, social, rights-based and friendship approaches to disability:** Historically, hospitals and services for persons with disabilities were run by organizations out of sincere care and concern. The charity model tends to view disabled people as victims of impairment and as the beneficiaries of services. People with disabilities were seen suffering people who needed care. It was assumed that it is society's responsibility to arrange all services for them.

After the World Wars, the rehabilitation of wounded soldiers was a priority and these services were developed. During this time, persons with disabilities were medical cases that needed to be fixed, or put back to the norm. This approach persisted until about 30 years ago, and is now referred to as the **medical model of disability**. It is now better understood that a medical cure is not the only way that persons with disabilities can live a meaningful life, and participating in and contributing to family and society.

UK academicians with disabilities, along with the Disability Rights Movement in the US, later came to understand that disability was caused by social or environmental barriers to participation in everyday situations and was not always caused by the impairment alone. They referred to this new view of disability as the **social model of disability**.

One of the paradigms currently used to understand disability is the **rights-based model of disability**. This paradigm emphasises that persons with disabilities have equal human rights as all others, such as Constitutional rights and the Right to Education. This view is in line with a general development rights-based approach, which aims to reduce inequalities and exclusion of all poor and marginalised groups of people to permit them to flourish. This approach also reflects the reality that persons with disabilities experience injustice, something that God hates and wants to resolve. He sent Jesus that all may experience the 'fullness of life'.

Within the disability rights movement, I came to understand why we people with disabilities have such depreciated views of ourselves and why so many of us are lacking in genuine convictions of personal worth. I began to see the "problem" not within my body or the bodies of other people with disabilities, but with the societies that have made us outcasts, viewed and treated us in demeaning and exclusionary ways.

In the U.S., I was among those who organized sit-ins to achieve access to public transit, to seek access to public facilities, and to promote human and civil rights legislation.

I became passionately committed to the view that society must be changed in order for our full value as human beings to be acknowledged.

Nancy Eiesland, 'A Faith Response to Persons with Disabilities,' accessed on 26 Jan 2016
Liberation, Inclusion, and Justice, <http://www.ici.umn.edu/products/impact/143/over02.html>

The other paradigm that is being used today is the **friendships approach**. This primarily challenges society to move beyond rights, which are a necessity, to offer friendship and lasting relationships. While the law may ensure that a person with disability has access to the best of services, the person is surrounded by service providers with minimal or no opportunities to develop friendships and be part of a community. This paradigm points the way beyond rights into relationships.



A boy begging on a pavement in Dhaka. He is someone's son, brother, cousin and dear to God, the Father.

- Persons with disabilities have some specific rights as well such as the entitlements detailed by Government in laws and policies for their benefit, such as guardianship following the death of parents of someone with intellectual impairment.

I am the only God!
 There are no others.
 I bring about justice,
 and have the power to save.

I invite the whole world
 to turn to me and be saved.
 I alone am God!
 No others are real. ...
 They will admit that I alone
 can bring about justice.

Isaiah 45:21-22, 24

In India, the main law that ensures welfare benefits for people with disabilities is the Rights of Persons with Disability Act 1999. A new bill is waiting before Parliament that will update the law to be in line with the UN Convention of the Rights of Person with Disabilities 2007. This is much more demanding of Government because it goes beyond ensuring physical access to buildings but also promises disability-friendliness in government policies and practices, and public systems like justice.

- **Talking numbers**

- Around one billion people (15 per cent of all people in the world) have some form of disability, with 285 million of these being blind or visually impaired.
- Of these 285 million people,
 - 39 million are blind, two thirds of whom are women and almost half of whom are blind from cataracts.
- 80 per cent of visual impairment is treatable or preventable.
- 80 per cent of people with disabilities and 90 per cent of people who are blind or visually impaired live in developing countries.

Figure 1: Snapshot statistics from Annual Report Sightsavers, UK, 2014

- According to the Census of 2011, India's disabled population had increased by 22.4% between 2001 and 2011. The number of persons with disabilities, which was 2.19 crore in 2001, rose by 2011 to 2.68 crore - 1.5 crore [58 %] males and 1.18 crore [42%] females. The Census percentage of the population with disability is 2.1%. Compared to the figure of 15% given above by WHO & World Bank for the percentage of the world population, India's Census figure is very low because of the narrower definition used.³
- However, if we consider the number of people with lives impacted by disability, even with this low Census figure, we can see that actually a large percentage of the population is affected by living with a disability in their family. Therefore, if we take an average of 5 people per family, including a person with disabilities, this will give us at least a population percentage of 10.5 [5x2.1] affected, although it could be as high as 45% with WHO/World Bank figures. This, of course, means that those impacted by disability cannot be thought of as a minority.
- Furthermore, if we take the WHO/World Bank figure of 15% as a more likely percentage, especially when the disabled aging population is included, then multiply by 5 members in each family, as much as 65% of the population is living with disability. The truth is that most of the problems associated with disability are hidden. With the lower figure of females with disability given in the Census, the possibility is that baby girls with a disability do not survive long compared to boys, due to a discriminatory lack of vital medical attention.
- Rural areas have a higher prevalence of persons with disabilities than urban areas. This may be due to not having appropriate healthcare to minimise the disabling effect of certain impairments such as corrective treatment for clubfoot, or early treatment of ear infections to prevent deafness. In Maharashtra, Andhra Pradesh, Odisha, Jammu and Kashmir, and Sikkim, persons with disabilities account for 2.5% of the total population, while in areas such as Tamil Nadu and Assam the disabled population is less than 1.75% of the total population.

³ World Report on Disability uses the wider definition of individuals with limited participation in general activities, compared to individuals with some impairment.

- The growth rate of the disabled population is more in urban areas and among urban females. The decadal growth in urban areas is 48.2% due to rural/urban migration and 55% among females, probably due to the longer lives of elderly women.
- Persons with mobility impairment are the largest group of persons with disabilities by a small margin. According to the census, 20.3% of the disabled are movement impaired followed by hearing impaired (18.9%) and visually impaired (18.8%). Nearly 5.6% of the disabled population is intellectually disabled, a classification introduced in the 2011 Census. India is in a group of 5 countries [along with Nepal] with the most cases of leprosy.⁴ However, these are reducing now as disability can be prevented with earlier and better treatment.
- Road and industrial accidents were the cause of many movement disabilities in 2001-2011. “Earlier, polio was the major cause of disability but after its eradication from various states, the main cause of movement disability is accidents,” said Tamil Nadu Handicapped Association General Secretary, Simmachandran. Lifestyle disorders, (poor diet, less physical exercise, smoking etc) also led to many becoming hearing and visually disabled (for example, glaucoma from diabetes), he said.
- Persons with disabilities and their families make up 15 to 20 percent of the poorest population in low-income countries.

‘People will come from east and west and north and south, and will take their places at the feast in the kingdom of God. ³⁰ Indeed, there are those who are last who will be first, and first who will be last.’
Luke 13:29-30

Poverty is both a cause and consequence of disability, in fact.

- It is a cause because it can lead to job loss and reduced earnings as a result, creating barriers to education and skills development, significant additional expenses, and many other challenges that can lead to economic hardship.
- It is also a consequence because poverty can limit access to health care and preventive services, and increase the likelihood that a person’s health may be adversely affected by living and working in a specific environment.

● The needs

The needs for basic entitlements, access to government schemes and services, education, vocational training and meaningful employment largely remains unmet. This is due to the poor implementation of the ["The Persons with Disabilities \(Equal Opportunities, Protection of Rights and Full Participation\) Act, 1995"](#) by the Department of Empowerment of Persons with Disabilities.

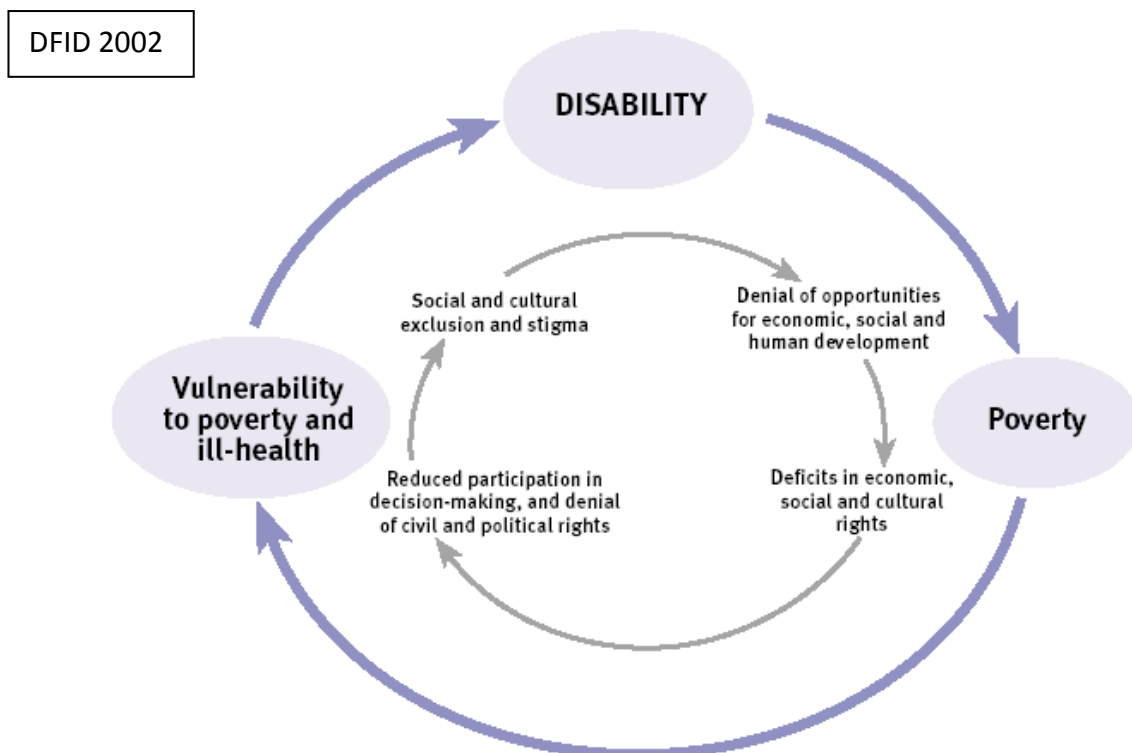
Also, the UN Convention of the Rights of Persons with Disability [CRPD] has been ratified by India and a new bill has been drafted in line with the CRPD but it has been pending in the Parliament for about 2 years. This will take the place of the 1995 Act with more far-reaching benefits. The National Trust Act caters specifically to intellectual disabilities and multiple disabilities. The

⁴ Daumerie D. Leprosy in the global epidemiology of infectious diseases. In: Murray C, Lopez A, Mathers C, eds. *The global epidemiology of infectious diseases [Global burden of disease and injury series, Volume IV]*. Geneva, World Health Organization, 2004.

schemes and benefits are implemented by the National Trust fairly well in urban areas but not otherwise. www.thenationaltrust.co.in

- Consequently, it is imperative for other actors to come alongside persons with disabilities and their carers as advocates to assist them in accessing various entitlements and achieving their basic rights.
- Of course, persons with disabilities should have space to define their own needs and wants rather than being cared for paternalistically as if they were completely helpless creatures.

Figure 2: Poverty and disability – a vicious cycle



- Persons with disabilities need the support of accurate information and empowering experiences, the mutual encouragement of self-help groups, and specific guidance in negotiation skills regarding bureaucratic procedures to be effective self-advocates.
- They also face significant social exclusion and discrimination because of traditional social norms of appearances and prescribed behaviour in India. When parents of disabled children were asked recently about the challenges they faced in society, one of the first responses was, “The stares in public.”
- Women with disability experience multiple levels of disadvantage in society. Women with disabilities will be mentioned in each unit to highlight their special needs. Anita Ghai, psychology lecturer at Jesus and Mary College, Delhi, writes in her book *[Dis]Embodied Form* about her experience of ‘the intolerant attitudes of Indian society’:

Despite living and studying in apparently inclusive educational institutions, the intolerant attitudes of the Indian society towards disability haunted me. Though I have continued to

resist oppression by being both apart of the disability movement as well as oppression by being part of the women's movement in India, my reservations about sharing my lived reality with the outside world were very real.

The genesis of what follows reflects partly my own life experiences as a woman, who has contended with the existential realities of a visible physical disability. In this sense, it also records not only the pain and anguish of disabled lives, but also the resistance to the oppression inherent in living with a label which evokes and attaches a negative value to what it perceives as a 'lack' or 'deficit' as well as 'difference'. The normative culture, both in India and the world over, carries existential and aesthetic anxieties about difference of any kind be it caste, gender or disability... leading to acute marginalisation, discrimination and stigmatisation. My growing years were thus characterised by markers such as 'disabled', 'handicapped', 'crippled', 'differently-abled' and 'special.'

- Children with disability will also be mentioned in each unit to highlight the importance of factors such as good healthcare and rehabilitation to prevent secondary and other complications of their disability, education for life and livelihoods, leisure time for socialisation and social inclusion, etc.

F. Etiquette and disability

• Language

- 'We like *disability* and *viklang*, we don't like *divyang*' - Times of India, 23 Jan 2016

It is important, when talking with people with disability that you use language that they are comfortable with. Recently, Prime Minister Modi tried to use a new word *divyang* but a Disabled Peoples' Group spoke out in a letter to PM Modi that they did not approve of that term.

- Sadly, the Bible itself uses outdated language for 'disability'. This happens in most translations and if we are involved in translations we should take the opportunity to change the vocabulary of disability and we should all lobby for change.

For example:

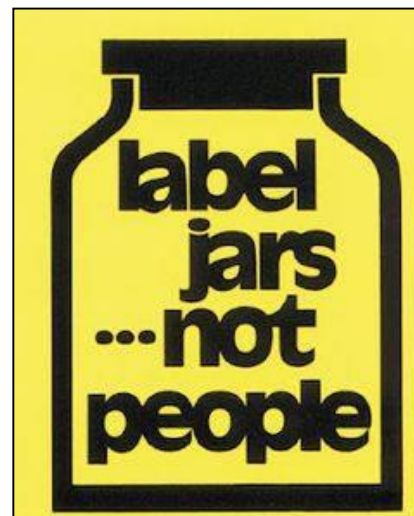
- Instead of *the lame* we should use terms such as *people with disabilities, adults or children with disabilities or people with walking difficulties*.
- Instead of *crippled or handicapped* we should say *difficulty with walking or difficulty using his or her right arm*.
- Instead of *dumb* use *speech impaired or problem with speaking*.



- Instead of *blind* use *visually impaired*, *problems with sight or eyes* or *visually challenged*.
 - Instead of *disabled person* we should say *person or people with disabilities*.
 - Sometimes the terminology of *physically challenged* or *differently abled* is acceptable to use.
- Remember the 3 P's – personal, positive and precise.
 - Personal – use *people with a disability* rather than *disabled person* because the person should come first, not the characteristic of the person's disability, when referring to that person.
 - Positive – for example, it is better to say *has a disability* rather than *afflicted with a disability* and *has a learning disability* rather than *is mentally retarded*.
 - Precise – say *wheelchair user* rather than *confined to a wheelchair* or *wheelchair bound*.

- Call me by my name

Do not ever use words about disability as a form of abuse, like *spastic*, *retard* or *dumb* (meaning *stupid*). A young boy in a village in Haryana with a bad limp from polio paralysis was asked what change he would like to see in his school. He said, "I want them to call me by my name." The implication was that he did not want to be called *cripple* or the Hindi equivalent. Subsequently, World Vision named their first project addressing disability in India, 'Call me by my name'.



- Does he take sugar?

When talking to a mother and child with disability, do not immediately address the mother unless you already know that the child cannot hear or understand. Instead talk to the child directly, saying hello or asking their name. Similarly, for older people in wheelchairs with a family member, do not assume that the wheelchair user cannot understand, so always address them directly at the start. A BBC radio programme on disability was called 'Does he take sugar?', which reflected this common fault. Of course, the question should be "Do *you* take sugar?" or tea or coffee etc.

Sometimes, despite your best efforts, you will face difficulty in communicating with people with disability. In this case, it is best to handle communication challenges with honesty. Avoid simply pretending that you understand. If communication is not clear, ask questions to gain understanding. It is okay to ask for help from a family member or a caregiver.

When communicating with a person with disability, use your normal tone and style of speech. Do not shout. If you cannot be heard, the person will let you know. Learn as much as you can about

the way your new friend communicates. Remember also that people with a disability are interested in the same topics of conversation as people without a disability.

- **Body language**

- **Please Don't Stare (Poem)**

Please don't stare when you see me walking by
 Prolonged looks and snide remarks they only make me cry
 I can't help being born differently
 My disfigurement is only a tiny part of me
 But it can cause me sorrow and pain so many times
 When people look at me like I've committed many crimes
 Nobody is perfect and many faults cannot be seen
 But mine is on show to everyone because of an undeveloped gene
 It's OK to look at me and to yourself then wonder why
 But please don't stare and leer at me 'cos inside, my heart does cry.

By Ebb

- **Be naturally friendly and respectful**

When meeting, smile, offer to shake hands or Namaste as you would when greeting and meeting anyone else. If someone's right hand is impaired, take their left hand. Be aware however, that some types of physical disability may limit or prevent a handshake in response.

Be relaxed and naturally friendly.

For you created me in my inmost being;
 you knit me together in my mother's womb
 I praise you because I am fearfully
 and wonderfully made;
 your works are wonderful,
 I know that full well

Psalm 139:13-16

When talking to a person with visual impairment, introduce yourself by name and take their hand, which they may well be holding out to you. You will need to touch and guide the person, say, as you walk together, and there is a technique to this. Let them hold your elbow so that they can easily feel your change of direction or stepping up or down. You will need to tell them about larger steps or other obstacles in their way. In a discussion of three or more, when one person has a visual impairment, you may have to use the person's name if you want to address them specifically because they will not pick up your eye contact. There is no need to raise your voice when speaking to an individual, who is visually impaired.

- **Teach children from a young age to be respectful toward those with disability**

Children should be taught to treat individuals with disability respectfully and not to use bad words, tease or laugh at them. For example, in church, if a boy with Down's says a loud amen or two after a prayer, other children must learn to understand that the boy has learned that at home and is not aware of special behaviour in church, so they should not glance at him or snigger amongst themselves.

- **Greet the whole family**

When you greet a family, acknowledge every family member. Make a genuine, extra effort to include the individual with the disability.

- **Talk with wheelchair users at eye level**

When talking with a wheelchair user, you may need to sit on another chair or kneel beside them so that you can talk to them at eye level. Give wheelchair users enough room; their wheelchair is part of their personal space, so do not lean on or over a wheelchair. Treat the wheelchair as an extension of the individual's body.

Do not assume that the individual needs you to push his or her wheelchair; always ask first and encourage independence. Before helping anyone in or out of a wheelchair, set the brake and turn off any power controls.

- **Communicating with individuals who are hard of hearing**

Face the individual, attract the individual's attention first, speak slowly at normal pitch and use meaningful hand and body gestures. Be sure the light accentuates your face, and does not glare in the individual's eyes.

- **Interacting with an individual on the autistic spectrum**

Keep in mind the spectrum covers a broad range of characteristics. Many individuals with autism may be apprehensive about social interaction and respond more than others would to sensory inputs such as loud noises, scratchy textures, bright or flashing lights. So find a person's individual comfort level and make an effort to stay there. Be positive and upbeat, even if the individual does not give you eye contact or a smile, but do not use a forced over-enthusiastic tone. When speaking to children who are nonverbal, use age-appropriate language and tone. Individuals with autism like routine and predictability. Suggest new activity or location options without forcing decisions. Tell them how long the current activity will take and what will happen next.

Postscript

Prof Stephen Hawking writes in the World Report on Disability:

Disability need not be an obstacle to success. I have had motor neurone disease for practically all my adult life. Yet it has not prevented me from having a prominent career in astrophysics and a happy family life...

But, I realize that I am very lucky, in many ways. My success in theoretical physics has ensured that I am supported to live a worthwhile life. It is very clear that the majority of people with disabilities in the world have an extremely difficult time with everyday survival, let alone productive employment and personal fulfilment.

...the different barriers that people with disabilities face (are) – attitudinal, physical and financial. Addressing these barriers is within our reach.

In fact, we have a moral duty to remove the barriers to participation, and to invest sufficient funding and expertise to unlock the vast potential of people with disabilities. Governments throughout the world can no longer overlook the hundreds of millions of people with disabilities who are denied access to health, rehabilitation, support, education and employment, and never get the chance to shine.

The report makes recommendations for action at the local, national and international levels. It will thus be an invaluable tool for policy-makers, researchers, practitioners, advocates and volunteers involved in disability. It is my hope that... this century will mark a turning point for inclusion of people with disabilities in the lives of their societies.⁵

Let's pray that, by the grace of God, through our Engage Disability movement, this will be true especially in the Christian community and those communities where Christians live and work!

I saw a new heaven and a new earth. The first heaven and the first earth had disappeared, and so had the sea. Then I saw New Jerusalem, that holy city, coming down from God in heaven. It was like a bride dressed in her wedding gown and ready to meet her husband.

I heard a loud voice shout from the throne:

God's home is now with his people. He will live with them, and they will be his own. Yes, God will make his home among his people. He will wipe all tears from their eyes, and there will be no more death, suffering, crying, or pain. These things of the past are gone forever.

Revelation 21:1-4

⁵ World Report on Disability ,World Bank & World Health Organization 2011



BIBLICAL AND FAITH PRINCIPLES OF DISABILITY



UNIT 2: BIBLICAL AND FAITH PRINCIPLES OF DISABILITY

- A. Lived experiences of disability and faith**
- B. Disability theology and a biblical understanding of disability**
- C. Conclusion - freed to build and feast together in the kingdom**
- D. Resources - print, online and on disc**

A. Lived experiences of disability and faith

I think that this is the first time faith communities have started to reflect on the theology of disability and understand it in terms of the biblical narrative and God's story in this world. Reflecting on the theology of disability will bring believers hope by giving a new, alternative view of God's purposes in the world in relation to disability and helping them to understand the role of every believer in these purposes. We often divide the spiritual and natural world and consider them to be separate realities that do not interact with one another. The spiritual realm however, is in fact, always interconnected with the reality of the natural world that surrounds us. The following interview with Raj gives us insight into the real meaning of Christian faith, hope, love, tolerance, gentleness, kindness, goodness, etc.

Raj's story - an unheard story

How did you feel when you realized that because of your disability, you were not like others?

As with everyone else, that is my disabled brothers and sisters, I became very angry with God.

"Why me?" I asked. "Why did I have to be the one you inflicted with this disability? Why couldn't it be cured by the doctors?"

I went into denial and pretended that nothing was wrong. As anyone who is disabled, or who is living with a chronic condition can tell you, living with a disability is very hard because we have to

change ourselves to fit into a world designed by and for able-bodied individuals.



At about 10 years of age, I started crawling around. My father insisted that I try walking, not just crawling. I did try but all my effort was in vain. I started to realize that I am special, although not uncared-for, because people around me, my family, gave me strength. My mom suggested that I pray to God, and I

accepted my mother's faith in prayer and started spending my time praying.

I began to feel a change, that God was very much present with me because he created me in his own image.

Now, I understand that I am created for a purpose to live in this world. My prayer times started becoming dialogue, compared to many of our prayers without belief, which I consider a monologue. So, God started speaking to me in a faint voice. God motivated me to live in this world to see the plight of other people who are like me. I started to go to church with the help of a tricycle and sometimes with the help of my family and friends. My presence made the people in the church very uncomfortable in the beginning but later they accepted me as one among them. This inclusion gives me hope. I know I am not like others and that should not be considered as something that is abnormal. Of course, I am not a normal being like others but this inclusion gave me confidence to think myself as normal. People often say walk in the shoes of the people who experience problems to identify with them and see with their perspective, but I don't have shoes. I am disabled and it is with inclusion that I feel I am normal and not by any other way.

Even though I am well accepted in my circle, I come across many stories of rejection and alienation. God is accepting, so be like God and accept people like us. We see God in those who accept us as disabled. My message to other people with disabilities is, 'Hope in God; He never let me fall.'

Theological questions for reflection:

- After reading Raj's story, what is your response towards his attitude as a people with disabilities?
- What is your commitment towards them?
- How you will re-imagine a church that accepts all as part of God's family?
- How is Raj's self-esteem different to Mephibosheth's in 2 Sam 9:8

Further theological reflection on Raj's story:

This is a great testimony and an important aid to understand inclusion in the Church as well as in society. We often come across stories of physical healing in the lives of people with disabilities, but for Raj his healing took place only when he was accepted into his community. We must remember that it is not always a complete physical healing or recovery from impairment, but God heals in many others ways -such as a sense of acceptance that shows people with disabilities that they are equals.

A stepmother's story – our daughter is very special to us

'I worked in a central government office and now I am retired and taking care of my 36 year-old daughter who is physically and mentally challenged. My husband was married to a woman who died when my daughter was born and it was a critical delivery where they could save the life of our daughter. My husband was compelled by the relatives to take care of the child so I agreed to marry him. She was like any other child when she was a baby. Later when she grew older, we found that she was a special child; the very words "special child" are apt and she is still the same to us now.

My husband went to be with Lord in a road accident and I was given his job after him. However, I was very hesitant to go for it since someone needed to take care of my daughter. We were not financially well off so I had to take up that job in order to live.

I started to gather people together for prayer and be an active evangelist apart from my day-time job. I never saw my daughter as a burden in my life, although she is now 36 year old. She still thinks like a 5 year old; that is her level of understanding. I take her to church every Sunday, Sunday school, and prayer fellowships, etc. She is improving now and can say, “Hallelujah”! She is very special to us. She will get up and will praise God one day. The God who is our Saviour will definitely deliver her from the condition. We will praise and serve the Lord as a whole family soon.’

Theological questions for reflection:

- Is the Stepmother right to believe that God will heal and deliver her daughter? How would you pray with her? What advice would you give her?
- What character in the Bible had a disability given him by an angel of God? Why?
- Which people with disabilities in the Bible came to meet Jesus because of their disabilities?

Further theological reflection on the faith of the stepmother

It is not an ordinary thing to believe in healing after 36 years. It is very good to see a woman taking care of a step-child even after her husband has passed away. What kind of faith is that? So often we impatiently blame God, but in all the 36 years she has never blamed God for giving her this child. She has only nurtured her daughter in faith that one day God will heal her. Her faith is to be admired. As human beings, we often tend towards blaming God for the brokenness in our lives. The faith demonstrated by the step-mother in this story and many others touched by disability is a challenge for all of us. Let us not jump to easy answers, rather, let us meditate upon the faith of the stepmother and document more stories of faith to understand and realize God as he is in the lives of the people with disabilities.

B. Disability Theology and a Biblical Understanding

“The one major question needed to be asked is how the Christian faith interprets disability. This is what will impact the ways in which we respond to what happens to us and to our neighbours, our loved ones and our families affected by any kind of a disability or with multiple disabilities or intellectual disability.”
Pramila Balasundaran¹

The world we live in is dominated by competition, which privileges and honours the smartest, the swiftest, the fairest and the fittest. This means that those with disabilities - physical, intellectual and emotional - are often left behind and excluded. Almost all spheres of life marginalise and stigmatise people with disabilities. Throughout the ages, people have tried to make sense of why disability happens to some people and how to reconcile faith in a loving and gracious God with the reality of disabilities.

Jesus’s incarnation is the highest act of solidarity God with the brokenness of creation. God in all his glory and greatness entered the world to live with broken people taking on their suffering and overcoming it through Calvary and the eventual new creation.

¹ Pramila Balasundaran, “Reconstructing the structure of faith: A Disability Perspective” in Embracing the Inclusive Community: A Disability Perspective, edited by A. Wati Longchar and R. Christopher Rajkumar, Bangalore: BTESSC/SATHRI 2010

John Swinton³ writes,

*“Disability theology is the attempt by disabled and non-disabled Christians to understand and interpret the gospel of Jesus Christ, God, and humanity against the backdrop of the historical and contemporary experiences of people with disabilities”. It has come to refer to a variety of perspectives and methods designed to give voice to the rich and diverse theological meanings of the human experience of disability.*⁴

Disability theology raises pertinent questions:

- Did God create us in his image?
- Is our physical impairment the result of our parent’s sins or our personal sins? Are we sinners?
- Why does the church exclude us, when it is of all and for all?
- Why do people look upon us as inferior beings?
- How do we contribute our gifts to the life of the church and society?

Ancient Israelite society: Old Testament times

The Old Testament biblical narrative is often hard to make sense of and scholars disagree on how we should interpret passages. Is the teaching on disability symbolic? Does the New Testament focus on a non-physical kingdom and the great high priest sacrifice supersede some of the Old Testament references in for example Leviticus 21:16. This text discusses the exclusion of blemished priests (those affected by infirmity or impairment) from services in the Temple. Sitting alongside the passage in Leviticus which calls for the exclusion of blemished priests, however, is a text in Deuteronomy, which admonishes the one who is not kind to the blind (Deuteronomy 27:19). We also know that people with disability have intrinsic worth given the old testament references to God making all people equally in his image, as all his beloved people.

Key images of disability in the Old Testament

The images of disability are often used as metaphors for some other meaning e.g. blindness is often used to signify an inability to see spiritual truths. Priests could not be disabled according to the Law in Leviticus 21:16-23, meaning that they were not to be marked by impurity and immorality, not meaning that disabled men cannot serve God. If we consider the nature of those with disability in the Bible then it helps us understand its significance:

- Jacob walked with a limp from a wound in his hip inflicted by the angel he fought. This was a lifelong reminder that he had wrestled with God a rare and privileged encounter, Gen 32:25-32.
- Jonathan’s son, Mephibosheth, was ‘crippled in both feet’ from a fall when his carer dropped him as a child. Jonathan thought of himself as a ‘dead dog’ but David searched out and cared for him like a royal prince, 2 Sam 9.
- “I will gather the lame, make the lame a remnant, a strong nation in Zion”. People with disabilities were left behind at exile because they had no productive value to their conquerors. However, they are the worthy foundation of God’s holy city and he says he will rebuild his nation starting with them. Micah 4:6-7. This is true to God’s pattern of restoration as in Zec 12:8 ‘the feeblest will be like David’.

³ <http://www.abdn.ac.uk/sdhp/profiles/j.swinton> background in mental health nursing, now professor at University of Aberdeen

⁴ <http://www.catalystresources.org/who-is-the-god-we-worship-some-reflections-on-the-theology-of-disability/#sthash.kZirnJUM.dpuf>

- 'The lame [people with disability] leap like deer and the blind, deaf and dumb are healed'. Isaiah 35:3-6A is a picture of salvation, the putting right the damage caused by the Adam and Eve's sin and the Fall.
- 'I will bring the lame and the blind on a level path to Zion so they will not stumble,' Jer 31:8 There will be flat, easy paths for those with mobility impairments. This is an image of a fully accessible environment in God's kingdom!

New Testament Gospel attitudes

In the New Testament period most people with disabilities were poor and unemployed, often beggars and regarded as unclean and sinners in the society. They were spoken of instead of spoken to, patronized, humiliated and abused. Jesus was a revolutionary in showing special care for those living with physical, psychological and spiritual impairments. He spoke to people with disabilities with great concern and love and chose to associate with them. He restored them to health and inclusion in their families, friendship groups and societies and encouraged them in their spiritual lives. Jesus approached them with compassion and without fear of becoming impure by associating with the supposed 'unclean' of society. Jesus challenged such discriminatory beliefs, practices and attitudes in Luke 14: 12-14.

Then Jesus said to the man who had invited him,
"When you give a dinner or a banquet, don't invite your friends and family and relatives and rich neighbours. If you do, they will invite you in return, and you will be paid back. When you give a feast, invite the poor, the crippled, the lame and the blind. They cannot pay you back. But God will bless you and reward you when his people rise from death."

Jesus' life ushers in a new counter-culture whereby everyone is seen as bearing the image of God. He did not enter into arguments about whether disability was due to the sins of the parents or that of the people with disabilities (John 9). For him, this argument was secondary to the fact that people with disabilities were sons and daughters of Abraham (Luke 13:16).

When Jesus discusses the relationship between sin and impairment, he does so in the context of faith and healing. Jesus never connects disability with sin alone. In the gospel of John, Jesus says, "It was not that this man sinned or his parents, but that the works of God might be manifest in him" (John 9:3). Interestingly, people with disabilities also did not connect their disability with sin alone. The label 'sinner' was an identity imposed on them by society. People with disabilities cried out to Jesus not for the forgiveness of their sins, but for healing.

Jesus did not attempt to cure all those who were disabled. Among all the people with physical impairment waiting for the Bethesda pool to be stirred up, only the man paralyzed for thirty-eight years was singled out by Jesus for physical restoration (John 5:1-3). Not every person with blindness in Palestine was given sight like the man born blind (John 9:1). Many people with disability have been told by well-meaning Christians that if only they prayed more or had a stronger faith then they would be healed. This attitude increases the pain and suffering of the people with disabilities and is not Biblically supported. A missionary named Henry Frost outlined an appropriate way to pray for healing:

“The general attitude of those who prayed, and hence, of those who exercised faith, was this: They believed that God could heal; that He would heal if it was for His glory and for the good of the person who was sick; and finally, that He could be trusted implicitly to do what was right and best.”⁶

The message of Jesus is one of acceptance and compassion, but not necessarily full healing during this life time.

Early Church understanding

The Book of Acts is the earliest historical narrative of Christianity with evidence that the Christian community was an inclusive one practicing *koinonia* – sharing everything. Paul compares the community with the image of a human body in 1 Cor 12:12-26. “If one part suffers, every part suffers with it; if one part is honoured, every part rejoices with it.”

Christian traditions and misunderstanding

Christians have sometimes portrayed negative stereotypes towards people with disabilities. Some of these have their origins in religious traditions that regarded people with disabilities as devil possessed, or as a result of family sin. In our Christian approach to disability, we should heed Jesus’s warning to not let traditions of man replace what the bible teaches us.

“You have let go of the commands of God and are holding on to the traditions of men.” (Mark 7: 8) . “And he said to them: ‘You have a fine way of setting aside the commands of God in order to observe your own traditions!’ (Mark 7:9)

Rev. Christopher Rajkumar points out that, “As Christians, we often think that we are the custodians of the underprivileged people and those people who are living with disabilities. On the one side, we confess and affirm that the entire human community is created in God’s image and yet at the same time traditionally we believe that disability is a curse or punishment from God. So where are we and where does our faith stand?”

Ableism taken from the book *The Bible, Disability and the Church* by Amos Young

“Discriminatory attitudes, negative stereotypes and socio-political and economic structures and institutions together function to exclude people with disabilities from full participation in society.”

“Ableism thus identifies the normate bigotry, evaluative chauvinism and structural injustice that people with disabilities have to endure at the hands of the dominant (read non-disabled culture)”

If we examine our own beliefs about disability, we have to admit that perhaps our misinterpretation of the Bible has sometimes shaped our present day theology and continues to colour our attitude toward disability and consequently the ways that we treat people with disabilities.

Traditionally, disability is construed as ‘loss’ or a human tragedy – a physical weakness or a spiritual curse. The religious leaders told the man whose sight was restored by Jesus, “You have been a sinner since the day you were born! Do you think you can teach us anything?” Then they said, “You can never come back into any of our meeting places!” (John 9:34). Not only was the

⁶ Henry Frost. *Miraculous healing: Why does God heal some and not others?*

blind man automatically thought of as a sinner but he was also banned from the synagogues and Temple – the place where sinners could come to offer sacrifices for their sins in order to receive forgiveness.

Jesus, in contrast, speaks of healing as an act of liberation. In the wonderful story of Jesus healing the blind man in John 9, we see that he was first encouraged by his parents to speak up for himself. Then he was free and courageous to speak boldly to the religious leaders. “The man answered, ‘I have already told you once, and you refused to listen. Why do you want me to tell you again? Do you also want to become his disciples?’” The healed man argued further and the overpowering officials sternly threatened him, but Jesus later quietly found him and spoke faith to him.

The reason for disability

Though major religions of the world present great differences in their theology and their ethics, they have one thing in common: they do not offer a satisfying answer to the problem of the reason for disability.

This question remains unanswered.

Is disability

- a punishment,
- a test of faith,
- the sins of the parents visited upon the children,
- an act of God,
- a curse,
- or all of the above.

If these were the only choices, then it could be agreed that religion has no relevant answers.

If theology does not answer the questions of disability, theology is not wholistic.

Dr. Wati Longchar notes that, “Christian theology and ministry of our church will remain incomplete without addressing these issues and concerns. It demands a new way of reading the Bible, doing theology and ministerial practice.”

“Disability theology is not particularly novel,” writes Dr. John Swinton, rather surprisingly. He continues searchingly with a deep question, “The rich, diverse, and

often contradictory understandings of God and humanity available within the Christian tradition, forces us to ask: whose God is the God we worship and whose Jesus do we follow? The human tendency to create God according to our own image is not difficult to track down. Disability theology simply attempts to develop, clarify and rethink our theology and our God-images in the same way that theology has always done. New questions lead to fresh understandings; fresh understandings lead to more faithful ways of being church.’

However, even today, some Christians in India believe that disability is a consequence of sin and a punishment from God. This belief may, in part, reflect the doctrine of rebirth (Karma Samsara) in Hinduism and the primal religious belief on evil spirits. This interpretation of disability linking with sin has caused much damage to people with disabilities. It has become a source of exclusion in society.

Traditional theologians regard “original sin” as universal and hereditary. It is accepted that since all human beings are descendants of the first couple, Adam and Eve, every generation has

inherited their sin. Original sin distorted God's perfect creation that was beautiful, where men and women lived in pure contentment and complete harmony with each other and the natural world that God gave them to enjoy. All human beings now bear the marks of brokenness as a result of this sin. Some say that since imperfect creation is the direct result of sin and the work of demons, that people with disabilities are excluded from God's grace. Such erroneous views have heaped injustices on people with disabilities and deprived them of full lives in church and society. All of us are in the same imperfect world with imperfect minds, souls and bodies, but we shall all be renewed. Rev 21:5 says that God in his coming Kingdom is making all things new. Micah 4:8 even implies that that work starts with people living with disability.

God created all of us in His own image. All are equally important; none is superior or inferior. We should confess our faith that all humanity is made in the image of God, and therefore, each of us - abled or disabled - deserves to be equally respected. Each person has inherent dignity regardless of his/her race, religion, colour, gender, ability or disability.

Luke 4:18 CEV

¹⁸ "The Lord's Spirit has come to me, because he has chosen me to tell the good news to the poor. The Lord has sent me to announce freedom for prisoners, to give sight to the blind, to free everyone who suffers.

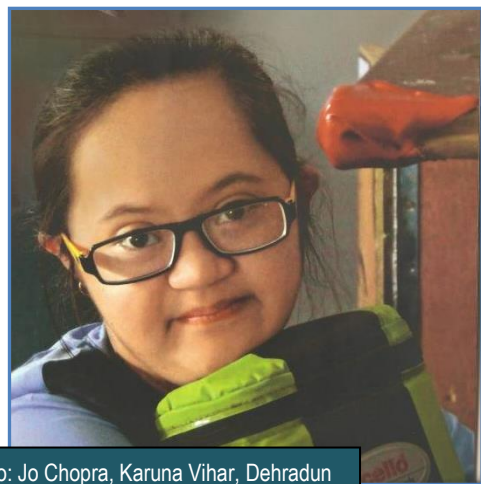


Photo: Jo Chopra, Karuna Vihar, Dehradun

The Church and disability

People living with disability need the church. Supporting those touched by disabilities involves sharing their burdens and lightening their loads. Consequently, at every stage, disability ministry must be a word and deed ministry. This means that we ought to extend compassion and care that is motivated by a desire to see all flourish, to see the weaker members honoured and included, to see every person enabled to come to faith and minister with the gifts God has given each one, to see every person mature in Christ. This is our obligation to all – in this sense, people living with disability have a right to receive just, equal, fair and inclusive treatment as do all other human beings. A church should be judged by how it treats its weakest members – we do not move forward by leaving the weakest behind. Nevertheless, we must be cautious with our use of language and how this shapes the way we view people with disabilities. We must not allow the language of 'weakest members' to cause us to forget the unique contribution that people with disabilities can have in our communities.

Luke 14:13-14

Jesus said, "When you give a banquet, invite the poor, the crippled, the lame, the blind, and you will be blessed. Although they cannot repay you, you will be repaid at the resurrection of the righteous."

As much as people with disabilities need the church, the church too needs people who live with disability. Inclusion of people with disability in communities often means an occasion for spiritual growth and blessing, as well as training in patience, self-control, prayer, hope, faith, compassion, etc. This means that people living with disability are needed in the church - they are part of the way that God redeems and brings about his purposes for his body and they have a responsibility to serve, care for and minister to others within the church body. Emphasizing the unique role of people with disabilities in the life of the church helps offset a charity/pity attitude on the part of church members and is a key way to fostering community and the dignity of people with disabilities.

Joni Eareckson Tada said, "God permits what he hates to accomplish what He loves." He redeems and uses disability for His purposes as demonstrated in their verses:

2 Cor 12:7b-10

I was given a thorn in my flesh, a messenger of Satan, to torment me. Three times I pleaded with the Lord to take it away from me. But he said to me, 'My grace is sufficient for you, for my power is made perfect in weakness.' Therefore, I will boast all the more gladly about my weaknesses, so that Christ's power may rest on me. That is why, for Christ's sake, I delight in weaknesses, in insults, in hardships, in persecutions, in difficulties. For when I am weak, then I am strong.

1 Cor 12:20-22

As it is, there are many parts, but one body. The eye cannot say to the hand, 'I don't need you!' And the head cannot say to the feet, 'I don't need you!' On the contrary, those parts of the body that seem to be weaker are indispensable...

The church cannot claim to be the image of God without including persons who are disabled. The theological task is therefore to come to a new understanding of disability in light of God's liberating power, His radical love and His plan to redeem the whole of creation. The focus of our theology should centre on the cross. Only the suffering, crucified God, with all His pain and the pathos of suffering people, can truly understand the experiences of people with disabilities. The good news of hope for people with disabilities, and indeed for all Christians is found in Rev 21:3-6.

Yes, God will make his home among his people. He will wipe all tears from their eyes, and there will be no more death, suffering, crying, or pain. These things of the past are gone forever. Then the one sitting on the throne said: I am making everything new. Write down what I have said. My words are true and can be trusted. Everything is finished!

Amen and amen.

C. Conclusion - freed to build and feast together in the kingdom

Throughout much of history, people with disabilities have experienced significant discrimination and exclusion. However, by observing Jesus closely, we see that He was compassionate towards people with disabilities. Struggling to experience God, and sincerely seeking him, has led people with disabilities to the broken body of the resurrected Jesus.

The revelation of a God, who stands in solidarity with his people, has led to liberation for people with disabilities as proclaimed and demonstrated through Jesus' ministry.

Our theology must be one of being equally renewed as bearers of the image of God, equally part of his body and called to hospitality and a vulnerable communion, and equally participating in God's redemptive plan for creation and . Our God is restoring his created kingdom of shalom and we are all his agents in this project. Jesus came that we might all have life in all its fullness and all be present when he comes again at his final, glorious feast.

A pastor inspired, challenged and blessed

When a pastor attended the Engage Disability Conference in 2014 he was inspired and challenged by Luke 14: 15-24 "Bring in everyone who is poor or crippled or blind or lame." When the servant returned, he said, "Master, I've done what you told me, and there is still plenty of room for more people." His master then told him, "Go out along the back roads and fence rows and make people come in, so that my house will be full."

There was a Hindu girl, Sundari, [not her real name], in the village, who had polio paralysis and she wanted to go to church. The pastor started reaching out to her but no one in her family could carry her to church as they had to be with livestock. The pastor was challenged that he should take Sundari himself, so he carried her to church on his back, a couple of kilometres.

There they prayed for her but God did not heal her body.

However, Sundari experienced healing through being included in their church and the church experienced blessings, too, by having her there.

'Have you noticed how Sundari has changed since she went with the pastor to that church?' her mother asked her father, a couple of weeks later. 'She's so much happier, almost a different person. I'm so glad for her; I'd almost forgotten what a pretty smile she has!'

Then, after several months, the mother started following the girl and the pastor to church. Then the father started coming too, and he took the ultimate step of coming to faith.

Eventually seventeen people from the village walked together every Sunday, following the pastor and he led them all to faith in Jesus.

The pastor remembered the importance of communicating the gospel to the least. He is now reaching the unreached, including those with disability, and planting new churches.

Luke 14:13and you will be blessed!

E. Resources: Print, Online and on Disc

Hope: Calling Church Leaders to **INCLUSIVE** Ministry

When calling your church leadership to follow the biblical mandate on disability ministry in the local congregation, it is best to begin with the common doctrines that leaders accept and have a desire to apply. The brief discussions here of some of the doctrines offer a reasonable starting place for you to expand from.

God's Kingdom

The kingdom of God is the reign of God over all things. Throughout the Gospels, we see that the coming of the Kingdom means the restoration of all things, more and more, to their intended purpose and the bringing of everything under the authority of the King. The coming of the Kingdom increasingly brings the presence of shalom, which one preacher describes as "Nothing broken. Nothing missing." As the Kingdom progresses, lives are changed, families are changed, communities are changed, culture is changed and even creation is changed. All of life is redeemed.

A theology of the Kingdom also recognizes the "already-not-yet-ness" of the kingdom of God—the hard reality that the Kingdom is truly here in part but will not be here in its fullness until the consummation of history. It means pursuing wholeness in the lives of people with disabilities as agents of the Kingdom. This implies that in this lifetime, shalom can be experienced in part but not in its entirety. The concept of the kingdom of God is a beautiful, far-reaching view of disability in the context of all of life.

Christ's Body

The Pauline metaphors of the Body of Christ provide powerful imagery that supplies an undeniable mandate about the necessity and blessing of diversity in our midst. Very specific examples of varying abilities and gifts are fleshed out at length in Romans 12, 1 Corinthians 12 and Ephesians 4. These passages about the Body of Christ remind us that everyone has spiritual gifts, every person has an important part to play in the Body, none of us has the right to dismiss any other part of the Body and differentness actually promotes oneness. Positive and encouraging descriptions of the Body of Christ provide a wonderful word picture of the inclusive congregational life to which God calls us.

God's Image

The doctrine of the image of God is firmly established in the creation account of Genesis 1, in addition to many other passages (see Genesis 5:1; 9:6; Colossians 3:9-10; James 3:9; among others). The concept of the image of

God can be thought of as something we are and something we do. In other words, we are created in the image and likeness of God, and as such we reflect God. The image of God is the basis for human value and, therefore, the basis for respect-based relationships. Imparting a deep sense of worth into the lives of people with different abilities, the doctrine of the image of God is an essential element of disability ministry. When we engage inherently valuable people with disabilities, we image God in the active sense of doing so. We reflect God's character when we embrace those whom society often rejects. As a result, we are doubly blessed—not only by individuals who are God's precious creation in our midst, but also by the ways that God restores His image in our own fractured lives by developing character qualities that reflect His.

Mercy, or Compassion

St. Gregory of Nyssa once said, "Mercy is a voluntary sorrow which enjoins itself to the suffering of another." While living with a disability is not necessarily defined as suffering, there are many aspects of relentless difficulty that often impact the lives of people with disabilities. Mercy, or compassion, calls us to acknowledge those difficulties and to respond to people affected by them. The Gospels are full of examples of Christ's expressions of mercy toward people He encountered. The Church is the hands and feet of Christ on Earth. But acts of kindness offered with attitudes of arrogance are resented by families with disabilities. Mercy is not just entering another's difficulty; it is doing so with honor and respect.

Justice

Throughout Scripture, there are hundreds of references to the word "justice" or a form of that word. Identified as one of God's attributes, justice is near to God's heart. Scripture warns us about injustices committed against the poor and the oppressed. Whether dealing with inclusion issues in the local church or helping to restore social service systems in the community, a disability ministry has as its center biblical justice.

Hospitality

Some congregations have a rich history in the area of hospitality. Hospitality literally means "to love a stranger." It involves welcoming those who are outside of our typical circles and doing so in genuinely loving ways. The Gospels abound with examples of Jesus welcoming and loving those who were marginalized by society.

Evangelism

In the parable of the great banquet in Luke 14:15-24, Jesus told us to go where people are and invite them to church—and don't stop until the church is full. Jesus clearly included people with disabilities in the invitation. If your church leaders are committed to evangelism and discipleship, people with disabilities are one of the world's most unreached people groups.

The Word of God is the truth that transforms lives. The process of change must begin in the hearts of leaders. And it *will* begin when they focus on imparting God's truth to others in ways that the others can understand. Transformation takes time and is a process that involves several things:

- Engaging in the biblical truths of disability ministry
- Explaining the applications of doctrine and theology
- Educating your congregation on real-life issues
- Equipping people with ideas and support

- Encouraging loving action
- Exhorting a higher level of commitment
- Expecting results from one another in your faith community

The peace of Christ calls us to be peacemakers in the Church and in the Kingdom. Disability ministry calls Christians to bring shalom—completeness, wholeness and harmony—to the Body of Christ and the world around us.

The coming of the Kingdom of God in our lives is truly good news—good news that contagiously affects all we do and say. The Gospel of Christ is to permeate our relationships while we pursue the purpose of peace, promote the process of transformation and emulate the posture of the Lord Jesus.

When children and adults with disabilities arrive on the doorstep of your church, will your leadership take a deep breath and say, "Oh no!"? Or will they smile and say, "Here is a breath of fresh air! I can't wait to hear what these families have to share with us!"?

Print

- Joni Eareckson Tada, *A Place of Healing* (David, C. Cook, 2010)
- Stephanie O. Hubach, *Same Lake Different Boat* (P & R Publishing Company, 2006)
- Kathy Black, *A Healing Homiletic: Preaching and Disability* (Abingdon, 1996).
- Brian Brock and John Swinton, eds., *Disability in the Christian Tradition: A Reader* (Eerdmans, 2011).
- Deborah Beth Creamer, *Disability and Christian Theology: Embodied Limits and Constructive Possibilities* (Oxford University Press, 2009).
- Hans Reinders, *Receiving the Gift of Friendship: Profound Disability, Theological, Anthropology, and Ethics* (Eerdmans, 2008).
- Thomas E. Reynolds, *Vulnerable Communion: A Theology of Disability and Hospitality* (Brazos, 2008).
- John Swinton, *Dementia: Living in the Memories of God* (Eerdmans, 2012).
- Nicholas Wolterstorff, *Journey toward justice: personal encounters in the global south* (Bakers Academic 2013)
- Amos Yong, *Theology and Down Syndrome: Reimagining Disability in Late Modernity* (Baylor University Press, 2007).
- Amos Yong, *The Bible, Disability and the Church* (Eerdmans Publishing Company, 2011)

Online

- <http://www.catalystresources.org/who-is-the-god-we-worship-some-reflections-on-the-theology-of-disability/>
- <http://www.joniandfriends.org/help-and-resources/>

On DVD

- Books on disability theology are listed on the DVD
- Powerpoint presentation: *Theology and Disability* by Raaj Mondol Oct 30th 2015
- Article: *Putting the Last First, An Acceptable Theory Of Justice For People with Disabilities* by Heather Payne 2014
- Powerpoint presentation and handout: *God's Justice Related To Disability* by Heather Payne



INCLUSIVE CHURCH MINISTRIES



UNIT 3: INCLUSIVE MINISTRIES OF THE CHURCH

- A. Introduction – the need to be clearly inclusive**
- B. Objectives – to inform and inspire inclusion in the Kingdom**
- C. Background – a house of prayer for all**
- D. Improving accessibility**
- E. Conclusion – let all the people say, “Amen!”**
- F. Resources – print, online and on disc**

A. Introduction – the need to be clearly inclusive

Disability is prevalent in the world but rare in the church. The Lausanne Committee for World Evangelism stated (paper no. 35B) that people with a disability represent the world’s largest unreached people group. There are 750 million people with disability and less than 10% of these have access to the gospel. The Australian National Church Survey shows that the proportion of disabled people in church is lower than the percentage of those actually present in the community.¹ Is this true in India, too? More than likely.

A lack of active inclusion is equivalent to passive exclusion. If we are not actively including people with disability, we are passively excluding them. The current structures, processes and attitudes can prevent people with disability accessing our church.

In church a couple of weeks ago I met a man with visual impairment. I was interested in how inclusive the church was for this man, so I got into a conversation with him. The style of service had changed recently and instead of sitting in long rows people now sat in small circles. My friend said he could get into a seat alone when they were in rows but he needed help to get to a seat when they met in circles. The new style of worship had taken away a little of his independence. Someone from church had sent him the words for the hymns, which he was able to print onto large Braille sheets. He held across his stomach and read with his finger-tips whilst singing his praises with great joy. Of course, he was lucky to have the ability to convert print into Braille.

But, then, he shocked me.... He said he wished the service leaders would tell people when to sit down at different times in the service... he could not see and often discovered he was left standing up alone when everyone else was already sitting down, calling unwanted attention to himself.

It was a tiny example but it has helped me to see that without consultation from people with disabilities, our churches cannot become inclusive. Infact, I cannot imagine how they are excluded.
Jacky Bonney

¹ In *DISpensABILITY* Ministry Proposal, St Jude’s Church, Melbourne by Dr Nathan Grills

Jesus sets the tone for ministering to people with a disability. He saw them as real people, challenged their marginalization and had compassion on them. He showed great concern for not only their physical state, but their spiritual welfare as well. Intentionally loving those with a disability shows the world the heart of the gospel.

How the church responds to the most marginalized often reflects the state of the church. If people with disability are made welcome, and their needs are catered for, then it demonstrates to others that whatever their condition, they will be welcomed too. Our success-driven world often marginalizes and rejects those with a disability, and loving them allows the church to show the heart of God to the world. The community around us should be asking why Christians value these people so much.

People with disability bless and grow the church. 1 Corinthians 12:22 says that the weaker parts of the body are indispensable. Luke 14:13 says, "Invite the poor, the crippled, the lame, the blind... and you will be blessed".

The Church as the family of God needs to be clearly inclusive in order to demonstrate the unconditional love of God. By creating communities of equality, the church is able to demonstrate God's justice, affirming the truth that we are all created equally in the image of God. To do this, congregations must ensure that church facilities, teachings, ministries and leadership models are inclusive of and accessible to all people, including those with disabilities.

A disability ministry strategy developed by church leaders can steer a church towards a loving mindfulness of disability in every facet of church life to promote inclusion of those with special needs by utilising a twin-track approach. The twin track approach involves

- starting disability specific programmes as well as
- fostering an overarching attitude of disability inclusion.²

It should be based upon an audit of current inclusion, including the experience of church members living with disability.

This TOOLKIT unit guides the Church, congregation leaders and members to understand the small and large steps that they can take toward creating inclusive church ministries to the glory of God.

B. Objectives – to inform and inspire inclusion in the kingdom

The objectives of this unit are:

- to bring transformation into the lives of our friends affected by disabilities, with special attention to children and women,
- to motivate the Church and congregations to seek inclusion of those who have been left out,

² InDISpensABILITY Ministry Proposal, St Jude's Church, Melbourne by Dr Nathan Grills

- to guide in empowering those considered ‘unable’ to participate in ministry, including children and women,
- to challenge the church to proclaim the message that ALL are created equal in the image of God, and to enact this truth by actively creating acceptance and accessibility in the Body, and
- to proclaim the exciting, eternal hope that God is making all things new.

C. Background – a house of prayer for all

Every congregation should take seriously the call for the church to be the full embodiment of the family of God and a “house of prayer” for all peoples, including people with disabilities. According to some reports, approximately 19% of any given population have some type of disabling condition. Some persons have disabilities, but because their disability is not visible to the eye (i.e. hearing impairment, Multiple Sclerosis, chronic fatigue syndrome, etc.), they may go unrecognised. Facilitating full access to church communities is important for all people affected by disability regardless of how visible their impairment is.

The Lausanne Occasional Paper on Ministry among People with Disabilities provides a concise message to churches about creating inclusive ministries.

- **Kingdom inclusion:** We believe that the church must remove physical, emotional and spiritual barriers in order to bring in persons with disabilities and charge them through discipleship and training to use their spiritual gifts.
- **The glory of the Bride:** We believe that when the disabled, poor and marginalized are utilized in outreach for the Kingdom, the fullness of the Bride of Christ only then reflects the glory of the Bridegroom.
- **Kingdom empowerment:** We believe that the church fulfils scriptural mandates through training and equipping people with disabilities in order to help them exercise their God-given gifts in building the Body of Christ.

Sometimes people with disabilities attend church services regularly and yet they are not actively involved in the social networks or leadership structures of the church; the leaders have not yet invited them. Some persons may be hesitant to request special accommodations because they do not wish to draw attention to themselves or seem needy.

It is not only people with disabilities but also their families who feel significantly marginalized by the way in which the church treats people with disabilities. Parents of children with disabilities may be reluctant to attend church services because they are unsure of whether or not other congregational members will welcome them. Physical barriers such as staircases or narrow corridors of doorways, for example, often make it difficult for families of people with disabilities to participate in church life and ultimately result in excluding people with disabilities and their families from experiencing a full life of faith.

Congregations and their leaders need to make intentional efforts to be fully welcoming and inclusive of persons with disabilities (or any other vulnerable or marginalized peoples). Without

intentionality, we may remain unaware of the ways in which our buildings and approaches to ministry exclude people from participation in the church community. Audits help congregations pinpoint specific areas that require attention and work. Each faith community is different and the steps to increased accessibility and inclusion for people with disabilities will differ depending on factors such as the disabilities represented in the congregation, the ministry endeavours of the church, facilities and buildings used by the church. An audit can help assess where our congregation is currently and where we can most effectively take steps to become more inclusive.

- **Information about people with disabilities in the Church**

At the outset of a Church-inclusion programme, we should collect data on those with disability in our church community. This will help us respond to their needs and by doing so, make the church a welcoming, healthy, spiritual home and an attractive place to others in the community. However, when getting to know, listening and counselling children and adults with disability and their families, it is important to remember that confidentiality of personal details needs to be respected. A key staff person or volunteer should be able to maintain good sharing of information among helpers/volunteers while also respecting confidentiality of sensitive information.

- **Identifying those with disability in our community**

People with disabilities might often be hidden in the church neighbourhood and therefore not receiving any services. Churches and Christians need to be in the community actively reaching out to those with disability and linking them in to health, rehabilitation, education, employment and government services. They need to be included in social events, festivities and church music and drama presentations.

- **The Church itself a community promoting fullness of life**

The Church and pastors can build up knowledge of a wide range of community services for people with disabilities, including the elderly, in order to offer advice of specific assistance, such as local respite care facilities or volunteer families, day care and government benefits available. Health promotion through community mothers and toddler groups, and other forums needs to be inclusive of people with disabilities. Church members who are medically trained can offer basic screening clinics, which are inclusive of those with disability (for example, by offering home visits or consulting with the care givers of people with disabilities).

- **Undertake an accessibility audit:**

To guide in undertaking an audit, it may be useful to read through the resources provided by the Presbyterian Church (USA)³ provided in the Resources section. We suggest that you complete the audit every year, chart your progress and celebrate along the way the steps you make toward fostering full inclusion.

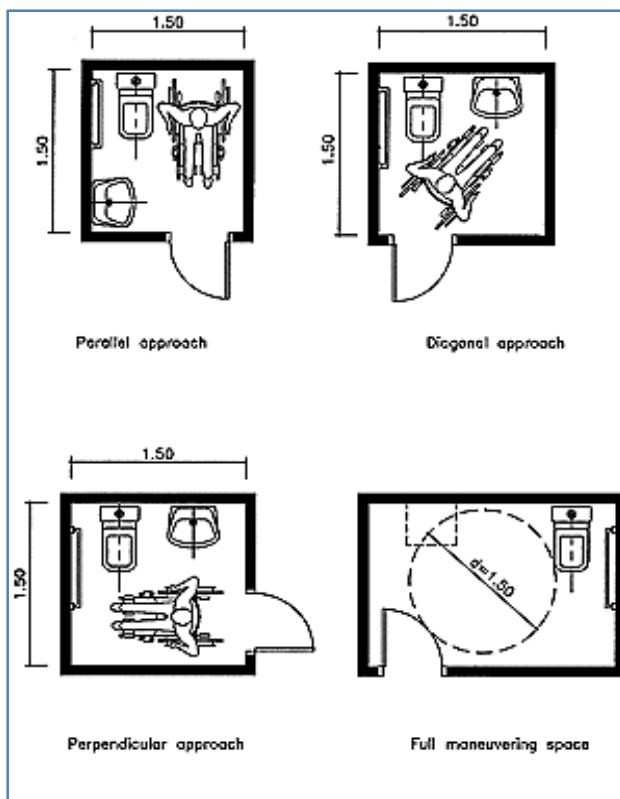
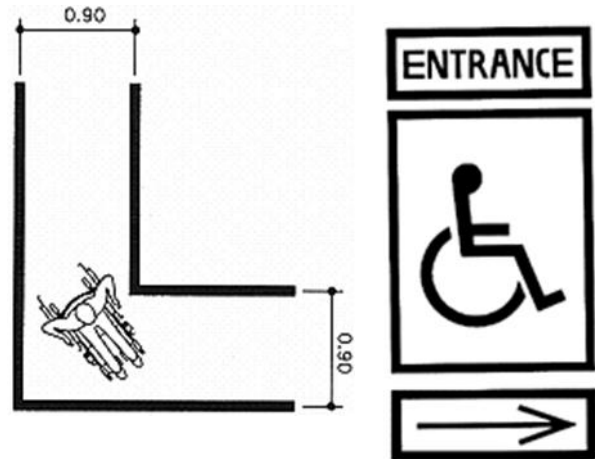
³ Presbyterian Church (USA) www.pcusa.org/resource/congregational-audit-disability-accessibility-incl/

From the audit, it became evident that there are some simple things we can do to improve accessibility for those with sensory issues, and some long term plans that could be made to improve physical accessibility. Training was suggested around inclusion, and working on current areas of disability ministry such as trialling a simple buddy system to care for children with disability already present in children's ministry.⁴

It is important to remember that good accessibility and efforts to create inclusive environments benefit everyone. For example, a ramp, initially designed for wheelchair users, will also help parents pushing a stroller and persons making heavy deliveries.

Try to be mindful of physical access when arranging chairs or tables (a safe route for wheelchairs/mobility aides requires 1.20m of space)⁵

Provide clearly marked accessible parking, entrances and toilets.



Identifying and removing physical barriers that prevent people from accessing the church building is vital for creating an inclusive environment, but remember that architectural accessibility is only the first step.

- Do not try to make all the changes at once. Some ideas can be implemented easily and some will take more time. Begin by focusing on the highest yield issues – the most important ones that are likely to bring the greatest benefit to the community.

⁴ InDISpensABILITY Ministry Proposal, St Judes Church, Melbourne.by Dr Nathan Grills

⁵ Accessibility for the Disabled - A Design Manual for a Barrier-free Environment

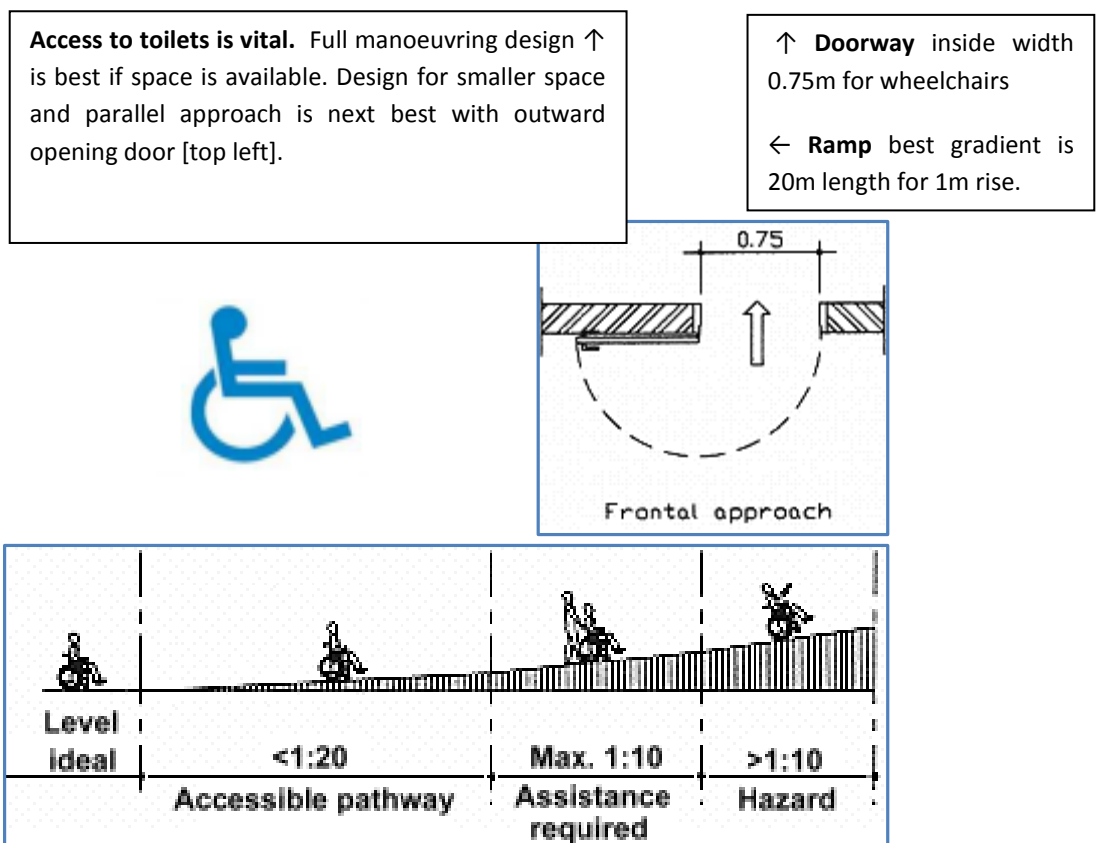
<http://www.un.org/esa/socdev/enable/designm/>

D. Improving accessibility

Church services ⁶

- **General Points**

- Provide material available in more than one medium – verbal, visual, dramatic, musical, etc.
- Try not to assume people know their way around the liturgy. If you are using books or paper, announce the page numbers and allow time for people to find the correct place.
- The use of language, the explanation of theological terms and the teaching methods should be appropriate to the needs of the particular congregation.
- Try to be sensitive to physical abilities within the congregation when issuing instructions regarding posture, for example, kneeling, and where possible give people a choice.
- Consider an area for people to sit who find it hard to sit still during the sermon/have chronic back pain/need space because of anxiety/somewhere away from loud sound system (for example, children with Autism Spectrum Disorder).



⁶ Adapted from *Creating Welcoming Churches, Disability, Spirituality & Faith Network* www.dsfnetwork.org
Aotearoa/New Zealand Inc. and Accessible Church by Lindsey Gale, CBM Luke 14

The Lord's Prayer and the Creed, by and for people with intellectual disabilities

The Lord's Prayer

The BUild version has been reproduced here, but groups may choose to use a sung version.

Father God in heaven
you are very special.
We want you to be our King
and for everyone to do what you say
here in ... *[supply the name of your town]*
as in heaven.
Give us today the food we need.
We are sorry when we are nasty or unkind
and we forgive those who are unkind and hurt us.
Keep us safe from badness,
for you are the King of everything.
You are the strongest
and we worship you for always. Amen.

We Believe

This section includes the Action Creed from Angola which has a number of simple actions. The Action Creed is also very usable by children (and adults too!). For those who can, it ends with a jump of joy!

We believe in God, the Father Almighty
who sent Jesus into the world.
He came as a baby, born of the Holy Spirit,
was crucified, died and was buried.
On the third day he rose again from the dead.
He ascended into heaven
where he prays for us continually.
Praise the Lord. Halleluia!⁷

- **Music**

- Ensure involvement of people with disabilities in your church service. Playing drums, shakers, etc are good ways of including children with disabilities during praise.
- Provide song books in Braille.

- **Welcome and taking up collection**

- Have church services where those with disabilities can participate. For example, those with mental challenges can help with collecting tithes, those with hearing and speech impairments can welcome the members, etc..

⁷ *Gathering for Worship* Baptist Union UK 2005

- Create visuals for Bible learning so that those within the church can involve those with disabilities (this seems to be a major area where those with disabilities are left out).

- **Communion**

- Wherever possible, people with disabilities should be welcome to receive communion in the same way as the rest of the congregation.
- Try and be aware of the fact that some people may have difficulty swallowing.
- Consider offering gluten-free wafers for those with allergies and juice rather than alcohol.

- **Baptism and dedication**

If there are difficulties participating in the normal forms of baptism or other similar practices in the life of the church, the church leadership should handle these with sensitivity, imagination and flexibility to develop alternative options that foster inclusion of all peoples.

S has touch issues, especially with water, and wanted to be baptised in a church that normally practices total immersion. With discussion between S, his parents and the pastor, a solution was found; a wet finger on his forehead was the answer, rather like the Anglican baptism of infants.

For the dedication of a child with disability the following prayer may be used or adapted⁸

Loving God, your Son Jesus Christ
called on his friends to join with him
in giving honour to children,
not for what they might become
but for what they are:
those to whom your Kingdom belongs.
We greet this child today,
not only conscious of how her/his disability
may affect the future we want for her/him,
but also conscious of all that she/he already is.
Make your love known to her/him through the presence of your Spirit
and through our love and care.
Help us to honour this child in her/his own right,
as an example to all who would enter your Kingdom;
and to welcome this child with love,
knowing that to receive her/him in your name
is to receive you.
As the family faces the challenges of the future,
we pray that all their happiness and sorrow
may be filled with the joy of finding in this child of yours
the gift of your own presence,

⁸ As above

though Jesus Christ our Lord.
Amen.

- **Children in church**

Your experience:

Discuss these various issues in small groups of 5-6 and provide feedback to whole group.

1. How much does your church include disabled children now?
2. Are disabled children as much as 3% of the total number of the congregation, that is to a rough percentage in the rest of the community:
 - in family services,
 - in Sunday School,
 - in Vocational Bible schools, and
 - in picnics and special celebrations like Christmas?
3. How can your local church include disabled children more in these areas and others you can think of?

"About nine years ago my family was attending a church near our home... One day a number of worried mothers told the pastor they were angry about the bad behaviour of one boy in Sunday school. They did not want their children to mix with this child and influence them. The boy was shouting out suddenly, including swear words, biting children and play violently with toys... The mothers requested the minister to ask the child's parents not to bring him again to Sunday school... The 'problem child' was ours." [p11]

"Our son, Chris, had disabilities that were hidden, not really visible, and that we were only beginning to understand. Many children with similar symptoms remain undiagnosed and untreated simply because they appear 'normal', even forward in many ways... Asperger's Syndrome is probably the most important of Chris's problems. It is a problem of social interaction with high intellectual capacity. With medical care and an individual education programme, Chris is making progress in the world. But the environment of the world does not make his way easy." [p12]

"My wife and I have often blamed ourselves, and so, suffered from shame and guilt... we were afraid people would see this weakness and, as a result, separated ourselves from the very means to bring wholeness. It was like a spiral from which we have been able to escape only part by part; and even then, only through the persevering hospitality of friends, an empowering network of medical caregivers, a loving church community, and, through them, the experience of God's grace." [p13]

"... Having a disability is not the same as being ill and needing a cure." [p14]

"The task is to show up the false common ideas about what is normal about people. These ideals are why people with disabilities are neglected and rejected from normal social life, which means they are treated as less than human." [p18]

"The Bible shows God's salvation lifts up the weak and does not put high value on human strength and normal standards. God does this in order to promote good interdependent social relations. It is through

hospitality that we participate in God's love that includes everyone, making real the kingdom of God announced by Jesus." [p20]

Vulnerable Communion by Thomas E Reynolds

Teaching our children with disability in a Sunday school environment is as important as it is in mainstream schools. Making them part of the community of believers, displays the character of God who has created each and every one in His own likeness (no exceptions). It is indeed a sad moment when we see our churches and Sunday schools devoid of people with disabilities.

Spiritual education

Let me share with you about a young boy with autism. He was never part of family prayers and did not like to go to church despite all sorts of cajoling and enticements.

And then one day his mother decided that if he would not come to listen to God's word, they would take God's word to him. They started family prayers wherever he was sitting. Slowly, he started joining in the family prayers. As he started hearing God's word, he started responding to it.

One day, totally unprompted, he went to his mother and said, "I want to ask Jesus to live in my heart". To those who understand autism this was a big step, since it was not a literal living, but rather an abstract concept.



He then asked to take baptism (as had been shared with him by his parents). However, he said, "I do not want to get wet". It was an interesting condition, especially since the church they belonged to had a Baptist tradition. A discussion among the pastorate committee ensued as they tried to include the child, honouring his difficulties. They finally agreed to touch his forehead with water, which was acceptable to the boy (though he had to be prepared mentally for it ahead of time).

Then slowly he started attending church and now attends it regularly. He leads devotions at home (perhaps not in the conventional sense but very much in the reading of the Bible).

And it all started with parents who prepared him and a church which accepted him.

- **Eating together**

This is a precious expression of community.

- Try to be mindful of different people's allergies.
- Tea and coffee should be dispensed from a surface not more than 900mm high.

- Educate the congregation about the importance of conversations taking place at eye level, for example, sitting down when speaking with a wheelchair user.
 - Make available tables with chairs for people who are unable to stand for their refreshments; clearance under tables should be at a minimum 820mm, with 800mm between table legs.
 - Provide straws for those who require them.
 - Consider a separate play area for children so they do not run and bump into people with impaired mobility/balance carrying hot drinks.
- **Making the visual environment inclusive**
 - Ensure good lighting especially on stages/altars/lecterns.
 - Reduce glare and direct sunlight on altars/lecterns/screens.
 - Illuminate the faces of people who are speaking.
 - Ensure the overhead slides can be read.
 - The font on slides should be Sans Serif (Arial, Helvetica, Verdana) and as large as possible (one verse per slide).
 - Provide the highest possible contrast between words and backgrounds on PowerPoints - uncluttered background and try a pastel colour on a dark background.
 - Make easily available large print, easy-English Bibles and Bibles in Braille.
 - Provide large print copies of all songs/prayers/notices/sermons for people who cannot see the screen.
 - Ensure all printed material is in 12pt at least, with the font as Sans Serif (Arial, Helvetica, Verdana). Provide good contrast between the text and background (dark text on light background).
 - Check whether to provide emailed or printed material ahead of time. This can assist people in preparing for worship, particularly people with visual impairments or English as second language.
 - Ensure all signs and notices are in large, clear typeface.
 - Encourage members to wear name badges that are easy to read.
 - Seek feedback about the visual environment particularly from those with vision impairment.

The Church is called to be a community and the Baptist church has long emphasized the importance of the local congregation and its life together. As we have seen, in one sense, God is the one who gathers the congregation. Yet as that congregation assembles for worship, we also see the gathering of friends and a focus of the fellowship relationships, which are expressed in witness, service and mutual care during the week.

A few years ago the Baptist Union affirmed a mission statement called *Five Core Values for a Gospel People*, which stated that Christian churches were called to be prophetic, inclusive, sacrificial, missionary and worshipping communities.

Similarly, we can claim that this worshipping community has five core worship values:

- Attention to scripture
- A devotional relationship with God and an openness to the Holy Spirit
- An understanding of the church as community
- A concern for the kingdom of God
- The Lordship of Jesus Christ, which is an over-arching commitment that binds these other values together⁹

- **Making the auditory environment inclusive**

- Try to use a good sound system that allows a wider range of people to hear.
- Try to have microphones that can be moved and used by a seated speaker
- Ensure a hearing loop is used (cuts out background noise).
- Provide lighting that allows people to lip read.
- Utilise an overhead projector to support speakers.
- Invite sign language interpreters to public and community worship events and other times if Deaf people attend.
- Inform sign language interpreters beforehand about the readings, songs and prayers.
- Provide a music stand to hold a copy of the words and a place where the signer can be seen, but also where they can see the presenters and the overhead screen.
- Ask presenters to read or speak more slowly, pausing at the end of readings, to wait for the sign language interpreter to finish before the next section of the service begins.
- Provide captions where possible, for example, for videos.
- Provide quiet spaces for discussion groups, particularly for people who have difficulty hearing, speaking or processing information.
- Seek feedback about the auditory environment particularly from those with hearing disabilities.

- **Church governance**

Of course, the church itself should encourage people with disabilities' participation in church governance forums and roles. This will help ensure that the activities of the church are inclusive and promote spiritual health for all members. See the Resources section for Engage Disability Declaration that a church may be guided by in preparing their policy to guide attitudes and practices of inclusive ministries.

See also the *InDISpensABILITY Policy of St Jude's Church, Melbourne*, by Dr Nathan Grills in DVD Resources.

⁹ *Gathering for Worship* Baptist Union UK 2005



Joni and Friends is answering the call in the Gospel of Luke 14, "invite the poor, the crippled, the lame, the blind and you will be blessed... make them come in so my house will be full."



Joni and Friends is built on Biblical truth and the foundation of Jesus Christ. They are about advancing disability ministry and changing the church and communities around the world. **Free resources** available from them include *The Irresistible Church* series of books, including the first, "Start with Hello," talks about how to make churches welcoming to persons with disabilities (www.irresistiblechurch.org)

E. Conclusion – Let all the people say, “Amen!”

As the Baptists say, “The Church is called to be a community” and “...as that congregation assembles for worship, we also see the gathering of friends and a focus of the fellowship relationships which are expressed in witness, service and mutual care during the week.”

Finally, Thomas Reynolds, father of a son with disabilities, writes,

“It is perhaps fitting to conclude with wisdom from Vanier, whose lifework incarnates the vision from my book:

‘In the midst of our broken world, our communities and our families are called to become like small oases, humble places of love where we try to live covenant between us and in solidarity with the weak and the suffering throughout the world. We can see that here are very many means of being an inclusive church in all its rich life as a community of God. Let us be bold, adventurous and sincere in stretching hide-bound traditions and be responsive, creative, loving to all God’s people in every aspect of community. Our communities are not cut off from the world. They are open to others in the local community and neighbourhood, as well as to those who are far away. We are all part of one and the same body, each one of us, in his/her own way, breathing the same breath of the Spirit of God.’”¹⁰

Praise be to the Lord, the God of Israel, from everlasting to everlasting. Let all the people say, “Amen!” Praise the Lord! - Psalm 106:48

¹⁰ 1 Thomas Reynolds *Vulnerable Communion: a theology of disability and hospitality* Brazos Press 2008

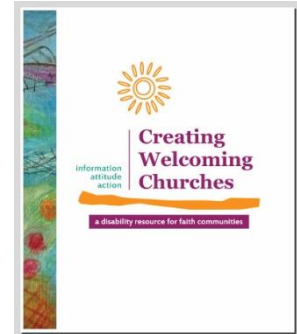
F. Resources – print, online and on disc

Print

- *Thomas Reynolds Vulnerable Communion: a theology of disability and hospitality*, Brazos Press, 2008

Online

- Joni and Friends www.joniandfriends.org/church-relations
- Presbyterian Church USA
www.pcusa.org/resource/congregational-audit-disability-accessibility-incl/
- *Creating Welcoming Churches, Disability, Spirituality & Faith Network*, www.dsfnetwork.org Aotearoa/New Zealand Inc. and Accessible Church by Lindsey Gale, CBM Luke 14
Available in hard copy booklet by email from info@dsfnetwork.org , cost \$15 including postage.
- *Accessible Church – Quick Points* (adapted from *Creating Welcoming Churches, Disability, Spirituality & Faith Network*, Aotearoa/New Zealand Inc. and Accessible Church by Lindsey Gale, CBM Luke 14) is attached
- *Providing a barrier free, accessible environment*: This handbook for architects can be useful for anyone wanting to see what it means to have a barrier-free and accessible workplace (and Church) <http://cPwD.gov.in/Publication/HandbookonBarrier.pdf>
- *Accessibility for the Disabled: A Design Manual for a Barrier-free Environment* <http://www.un.org/esa/socdev/enable/designm/>
- Samarthya is a Delhi-based organisation that can help with the assessing how barrier-free and accessible is your church or workplace. B-181, Manasarovar Garden, New Delhi – 110015, Mobile 98105 58321
Executive Director - Anjlee Agarwal, Programme Coordinator - Sanjeev Sachdeva



DVD Resources

- *Making and renewing Covenant: A Pattern for a Congregation including People with Learning Disabilities* pdf - This approach to the covenant service has been prepared for use by and with people with learning disabilities. The ideas are only suggestions and it may be that group leaders who are used to working with particular groups or individuals will want to use more familiar material. Some of these suggestions may, where appropriate, be incorporated in a church's own covenant service.
Gathering for worship Baptist Union UK. Complete PDF available.
http://www.baptist.org.uk/Articles/370656/Gathering_For_Worship.aspx
- *The InDISpensABILITY Ministry Proposal of St Judes' Church, Melbourne*. This is an excellent model of introducing inclusive ministries in a church in a systematic, consultative manner. It has many good detailed descriptions of activities, training and even job descriptions of volunteers equipped to support adults and children and their families living with disability, including offering respite care to families in the neighbouring communities.
- Wheelchair Guidelines EN.pdf



HEALTHCARE AND REHABILITATION



UNIT 4: INCLUSIVE HEALTHCARE AND REHABILITATION

- A. Introduction – gaining access to services is key**
- B. Objectives – to maximise well-being**
- C. Background – facing the problems**
- D. First-line guidance for non-medical people**
- E. Healthcare facilities and programmes – inclusive and community-based**
- F. Conclusion – excel at inclusion to point the way to God**
- G. Resources – print, online and on disc**

A. Introduction - gaining access to services is key

Access to healthcare is important for us to achieve our God-given potential. All too often, however, those with disabilities face many barriers to accessing healthcare in India. Most do not receive the general health services that we all need or the specific help that a person with disability needs, like wheelchairs, corrective surgery for their impairments and rehabilitation to maximise their physical and intellectual functions. Christians can play a role in ensuring quality medical care and rehabilitation. This does not mean that we need to purchase expensive aids or sponsor complex surgical procedures. We can find out where good, low cost and appropriate health and rehabilitation services are available in our area, both through the health system and through other church friends, and then assist persons with disabilities in accessing these services.

This unit provides basic information on various common causes for physical, mental and emotional impairments and the factors that lead to disability. It also provides a simple guide to a range of healthcare services, including community-based services. Rehabilitation services reduce the impact of impairments and thus this unit also includes a guide to the basics of physiotherapy, occupational therapy, speech therapy, psychology and Community-Based Rehabilitation [CBR].

This unit also provides some basic ideas as to how we

Jesus heals a man with leprosy

While Jesus was in one of the towns, a man came along who was covered with leprosy. When he saw Jesus, he fell with his face to the ground and begged him, "Lord, if you are willing, you can make me clean."

Jesus reached out his hand and touched the man. "I am willing," he said. "Be clean!" And immediately the leprosy left him.

Luke 5:12-13

can come alongside those with disability and their carers to promote their healthy participation in family life, the church community and wider society.

This unit addresses the Christian community on four levels:

- Christian individuals who are non-medical
- Christian individuals who are medical or paramedical
- Christian congregations and leaders
- Christian organizations that are healthcare providers

B. OBJECTIVES – to maximise well-being

The objectives of the unit are:

- to create an understanding of why persons with disabilities need to be included with dignity when looking at healthcare programmes and facilities,
- to offer practical suggestions for Christian NGOs/Church-based social work programmes working in community health to include persons with disabilities in their programmes with a community-based rehabilitation [CBR] approach as described by World Health Organization and
- to help lay people to support persons with disabilities and families so that they can access health and rehabilitation services entitlements (private and government).

Inclusive health means that all individuals can access healthcare irrespective of impairment, gender, age, colour, race, religion and socioeconomic status. To ensure this, healthcare service providers need to have positive attitudes towards disability and people with disabilities, and have appropriate skills, for example, communication skills to accommodate the needs of people with different impairments.

The whole environment needs to change so that nobody is actively or passively excluded; one way of achieving this is by ensuring that people with disabilities and disabled people's organizations (DPOs) are active participants in the planning and strengthening of healthcare and rehabilitation services.

The courage to overcome barriers

Muhammad Akram became deaf as a teenager due to an illness. The following anecdote describes his experience of visiting a doctor with his family.

"Being deaf I was always unaware of what they were talking about. If I asked the doctor a question he usually replied that he had told my family everything. And if I asked my family a question they always said, "Don't worry, nothing special," or "We will tell you later". Nobody really told me anything – I just had to take the tablets. No one used sign language and nobody had the time or

willingness to communicate with me using pen and paper. Over time I began to lose my confidence and became very dependent on others.

After joining a CBR programme I slowly gained confidence and developed the courage to face the challenges myself. I started to visit the doctor on my own and refused to take a family member with me. This forced the doctor to communicate with me directly in writing. Some doctors still ask me to bring someone with me on my next visit but I always tell them that I am an adult. I feel good as I have developed self-confidence and have also helped to raise the profile of disability by educating medical professionals.”

WHO CBR GUIDELINES Health Component¹

See DVD Resources for PDF

C. Background – facing the problems

The World Health Organization defines disability as an “umbrella term for impairments, activity limitations or participation restrictions”, which result from the interaction between the person with a health condition and environmental factors (for example, the physical environment, attitudes), and/or personal factors (for example, age or gender) that limit their ability to participate fully in society on an equal basis with others.

People with disabilities are far more vulnerable to lack/deficiency in healthcare, especially because the majority of people with disabilities (up to 75% in our population) live in rural areas where access to healthcare and services are already limited. The most important causes for lack of appropriate healthcare services for people with disabilities are: affordability and transport difficulties.

We can encourage individuals and families to obtain good healthcare and rehabilitation because it is important to reduce impairments at an early stage and, so, ensure maximum quality of life, not only for the individual but also the whole family.

Secondary complications develop when primary healthcare is lacking (for example, pressure sores in people with spinal cord

People with Disabilities were more than **twice** as likely to report finding health care provider skills inadequate to meet their needs, **four** times more likely to report being treated badly and nearly **three** times more likely to report being denied care.

-WHO Report

¹ www.who.int/disabilities/cbr/guidelines/en .

injury) and thus facilitating access to good primary healthcare for people with disabilities is vital.

We can also accompany people with disabilities and their families to appointments, and uphold them in prayer as they seek good quality healthcare and rehabilitation.

Early medical and rehabilitation intervention in the life of a child with disability is very important to reduce the level of impairment as much as possible. Parents usually carefully observe their children's development milestones (for example, rolling over on their own, holding their head up, sitting, crawling, walking, etc). If these milestones are delayed, families should be encouraged to take their child to a doctor for assessment so that developmental problems and disabilities can be identified and treated early.

Rehabilitation services such as physiotherapy, occupational therapy and speech therapy are beneficial for the long-term care of people with disabilities and their families. Rehabilitation services can provide people with disabilities and their families with interventions such as exercises, advice on maximum independence in activities of daily living, or equipment to facilitate mobility (such as walking aids, wheelchairs, etc). Additionally, people with disabilities can receive much-needed advice and support through the development of long-term therapeutic relationships with service providers (such as physiotherapists, occupational therapists, etc). Rehabilitation of people with disabilities is a process aimed at enabling them to reach and maintain their optimal physical, sensory, intellectual, psychological and social functional levels.

A lot of medical conditions that cause long term impairments (for example, cerebral palsy or Down's Syndrome) cannot be completely cured, but they can be managed effectively in order to reduce the extent to which they limit the function of individuals.

D. First-line guidance for non-medical people

As we saw in the TOOLKIT Overview in the stories of Emily Pearl Kingsley and Renee Bondi, adjusting to disability and its profound impact on life is an extremely difficult process for people with disabilities and their families. It is often difficult to know how best to support people during this phase of adjustment, but here we provide some suggestions for small ways that we can be of help.

- **Practical assistance**

Look for practical ways to help families, especially when the family are involved in intense therapy or are dealing with a medical crisis.

- Offer to go with the family for the doctors' appointments, especially if they need help with transport
- For a family with frequent hospitalisations, visit them and keep your visits short, but look for practical things to do like looking after their meals, etc
- Offer to help with laundry or cleaning the house, if they do not already have daily help
- Offer respite care so a husband and wife can get an evening off from caring for their child
- Invite a child with disability to come and play with your child after school
- Take the family member with disability out to a mall, market, etc
- Volunteer to look after their other children while the parents are busy with the child with disability

- **Encouragement**

"Therefore, encourage one another and build each other up, just as in fact you are doing."

1 Thess 5:11

Families affected by disability bring amazing gifts of encouragement to the body of the Church as they are refined by the experience of disability. However, they also need to be uplifted especially during times of health crisis. Here are some simple ways of providing encouragement to those in need.

- Send an uplifting note/email/message.
- Affirm all the effort that the parents are putting in to care for their child.
- Make an affirming phone call and keep it short.
- Notice specific accomplishments of the child with disability and let the parents know that you notice.
- Pay special attention to the siblings of the person with disability.
- Commit to praying regularly for that family. Ask for prayer requests and follow through on them.

- **Keeping a sense of perspective**

We all struggle with maintaining perspective at times. Families affected by disability often have a clearer perspective on life, but as they struggle with new challenges associated with disability, they will need the church family to come alongside them with love and assurances of God's providential and practical care. Offering a listening ear, reaffirming Scriptural promises, and praying with people with disabilities and their families are some practical ways that you can come alongside and support those in need. In addition to this people with disabilities and their families may benefit from hearing the testimonies of others with similar experiences or becoming connected with a parents' or Disabled Peoples' Organizations (DPOs) or professional counselling service.

- **Advocacy**

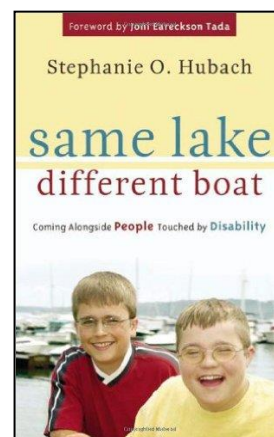
As families come to terms with the needs of their family member with disability, they may need the help of people who will become their advocates to help support them in accessing good specialist healthcare and rehabilitation, support groups, disability certificates, government schemes and services, early intervention and special education services. They may need the assistance of people who are able to connect them with resources within local churches, and church organisations.

Ideas from: **Same Lake, Different Boat: Coming Alongside People Touched by Disability**
by Stephanie Hubach

Since its publication in 2006, this book has been acclaimed as "a classic work" on disability, the gospel and the Church.

Available from [Google Books](#), www.Amazon.com and Kindle \$8.70

When the church attempts to function without all of its parts, the body of Christ becomes disabled. **Same Lake, Different Boat** is a transformational work designed to renew our minds to think biblically about disability in order that our lives, our relationships and our congregations might wholly reflect Christ.



E. Healthcare facilities and programmes – inclusive and community-based

Those with disability require access to many of the same health programs that others do. Three different levels of healthcare services and programmes for those with or without disability are described here:

- Health promotion and prevention
- Community programmes and primary healthcare, and
- Hospital medical care

- **Health promotion and prevention**

Health promotion enables people to increase control over and to improve their health with healthy lifestyles, such as having a good diet of fruits and vegetables, with less fat and carbohydrates.

Prevention focuses on stopping health conditions from occurring while also focussing on early identification and intervention to stop progression and to manage symptoms to prevent complications.



What this looks like: Health promotion includes information posters and other communication media providing details on how to stay healthy, for example, how to avoid diabetes by eating less carbohydrates or how to reduce high blood pressure to avoid strokes and paralysis. Information on the importance of early treatment for babies' clubfeet, while the bones are still soft, prevents deformity and disability later.

Disease and disability prevention includes ante-natal or post-natal screening of mothers and babies, vaccinations for polio, measles or TB and early treatment of cerebral palsy by physiotherapy, occupational and speech therapy, etc.

Advice to health staff on access to health promotion: Persons with disability are often unintentionally left out when health messages are communicated to the community. For example, if you are visually impaired and you smoke then how can you see the warning about tobacco on packs and adverts? Suggestions for how to identify and deal with some of these barriers are available in the WHO CBR Health Component www.who.int/disabilities/cbr/guidelines/en.

"At the age of 9, I became deaf as a result of a bout with meningitis. In 2002, I went for Voluntary Counseling and Testing (VCT). The results showed that I was HIV+. I become devastated and lost hope to live because I thought that being HIV+ was the end of world for me. Later, I met a disabled person who spiritually encouraged me to accept my status. Now I have confidence to be able to speak out on HIV/AIDS openly. I have been interviewed widely by print and electronic media and I have been invited to speak in public meetings. I am creating awareness on the importance of VCT and encouraging people to know their status. My work is limited by lack of money. Deaf people living in rural areas have no information on HIV/AIDS. I would like to break the barriers by going to visit them right where they live."

Susan

From World Report on Disability 2011²

As churches, we need to promote health 'in all its fullness', especially with those with less education, more traditional beliefs and superstitions about health, and less resources to pay for good health. Caring for the health and well-being of the disadvantaged has been the privilege and mission of the Church for 2,000 years! Whether it be HIV prevention or health promotion messages about alcohol, the Church needs to make teaching accessible to all.

² World Report on Disability 2011, World Bank WHO See DVD Resources

- **Community programmes and primary healthcare**

What this looks like: This may be a primary healthcare centre, an outpatients' department of a private hospital or may be a village-based clinic by a community health worker (such as an ASHA). They are the local services where health workers will give treatment for minor health problems such as fever, minor burns or wounds from accidents or falls, and be able to detect likely major health issues. In the last case, health workers will advise and refer a patient to suitable practitioners.

Advice to healthcare staff on access to primary healthcare for people with disabilities:

- These health facilities are often crowded rooms and usually not designed for people with mobility problems. They may have steps outside, narrow doors to doctors' or nurses cubicles or examination rooms so that wheelchairs or people with walking frames cannot move easily. They need to be adapted for easy access.
- Doctors and all staff need to have sensitive attitudes and practical knowledge of how to assist mobility and how to communicate with compassion, understanding, dignity and respect for all.
- Community programs need to collect statistical evidence on disability for different government departments to plan adequately for persons with disabilities and families to improve primary healthcare, and all other services to increase the quality of life of/for persons with disabilities and to lessen the burden of care for families.
- Community health workers may need to visit homes to provide primary care to those who have difficulty in getting out of home.

What can churches and church members do?

- It is at this primary healthcare level that churches and Christians can most easily engage to show care for those with disability.
- Churches can create a caring group for carers to provide practical support like transportation to the hospital, waiting with parents during various tests, caring for siblings so that parents can take the child with disability to the hospital, etc.
- Community health programmes should create opportunities for participation by persons with disabilities in community forums. Village health and sanitation committees consider the health issues of the village. The local church or community development programme can facilitate the participation of persons with disabilities in these forums to help educate the community about the health needs of persons with disabilities and allow persons with disabilities to participate in decision-making for the whole community.

- Church communities can be involved in identifying people with disabilities in the community. Churches and Christians need to be actively reaching out to those with disability and linking them in to health services and other supports.
- Young people can choose careers that can serve disabled people. Training in allied health professions, such as physiotherapy, occupational and speech therapy, audiology, podiatry, etc are available in many Christian healthcare institutions such as CMC Vellore and CMC Ludhiana at very reasonable cost. These careers are very rewarding and have the potential to reach many people with disabilities and their families to improve their quality of life substantially.
- We can work alongside these health programmes or engage directly in basic community health, even set up and run a CBR Programme³. See the next box for more details.

Community-based rehabilitation [CBR] is a programme developed by the World Health Organization for countries with less developed specialist rehabilitation services. It is a part of general community development and can be set up and run by community health or development programmes, other non-government organizations [NGOs] or community-based organizations [CBOs] such as Disabled People's Organizations [DPOs] and even churches. CBR is a strategy within general community development for the rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities to give essential home-based support by trained community volunteers; it amounts to a tool for inclusive development.

The aim of CBR is to enable social integration and maximum participation in community life for persons with disability with equal opportunities in education and employment, etc. CBR also enables and empowers PWDs to gain access to government schemes and services, as well as legal services, good healthcare and specialist rehabilitation, leisure opportunities, and civic life such as voting and standing for election.

The strength of CBR is that it can work in rural areas with limited infrastructure, as programme leadership is not restricted to professionals in healthcare, education, vocational or social services, but rather involves people with disabilities themselves, their families and communities, as well as appropriate professionals. www.who.int/disabilities/cbr/guidelines/en/

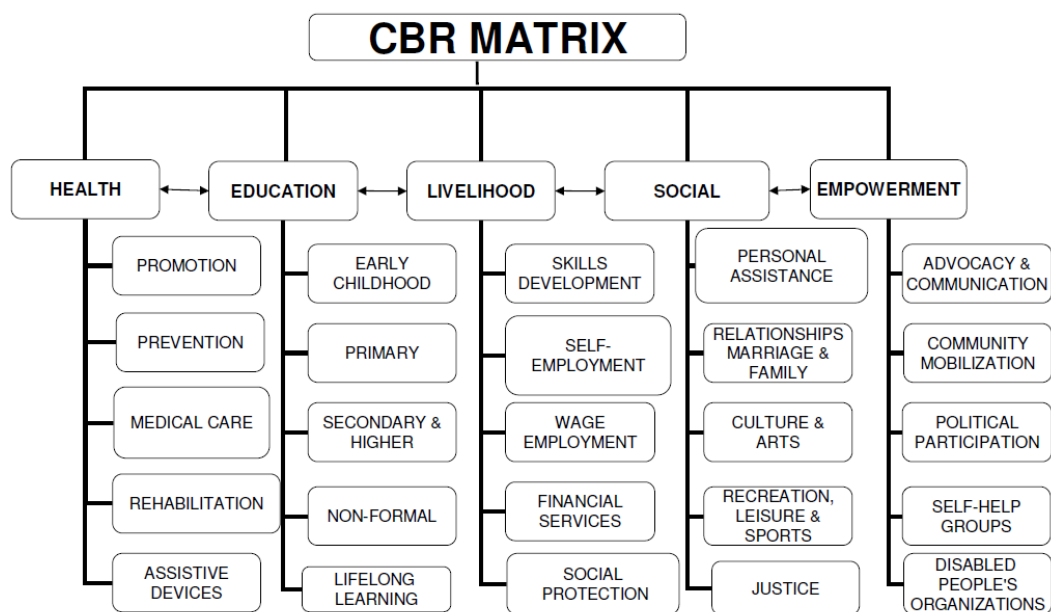
³ <http://www.who.int/disabilities/cbr/guidelines/en/>

A church-based disability programme can support children and adults with disabilities in attaining their highest possible level of health and well-being for a purposeful life. Some training from rehabilitation professionals, workers and volunteers can assist persons with disabilities in overcoming physical and psycho-social trauma by working alongside them and their families with consistent care, encouragement and expectation.

Existing church-based NGO/social work programmes can include persons with disabilities. The existing church programs can be made attractive and accessible to those with disability so they can also benefit. This may require adapting facilities, timings, activities and forms of communication.

The church buildings can be places persons with disabilities and their families from the community use to meet as self-help groups or for special therapy or for special education.

Church members can be part of CBR as trained volunteers or other volunteer helpers. Although much of rehabilitation is practical problem-solving, these training modules will enable volunteers to screen, assess, make a plan and enable persons with disabilities to participate to their fullest in their family of God as they join with us at the banquet that God is inviting us to.



The CBR matrix is a 'pick and mix' series of options - a set of components and elements from which the practitioners can create programs and interventions. Any one programme may choose to address only some of the components and elements. The matrix should not be seen as sequential. At the same time, the implementer needs to be in touch with other key organizations that usually take care of other components/elements.

- **Hospital Medical Care**

What does this look like: This involves examination by service providers such as a general doctor, paediatrician, neurologist or orthopaedic doctor to make proper diagnosis and treatment, give proper information and advice to people with disabilities or parents regarding treatment, and an accurate description of outcomes without giving false hope. They provide reference for further therapy such as physio, speech or occupational therapy.

Rehabilitation consists of physiotherapy, occupational therapy, speech therapy, audiology, etc.

- Physiotherapy is very helpful for most disabilities, to maintain strength and range of movement and to prevent secondary complications, for example, physio helps a child with cerebral palsy to reach development milestones of rolling over, sitting, crawling, etc and reduces the risk of developing contractures in the muscles or pressure sores for paralysed people.
- Occupational therapy [OT] focuses on improving the functional abilities of a persons with disabilities, as well as all round personal development to maximise the person's potential. Personal independence is the starting point with activities of daily living like dressing, bathing, eating, writing, etc., including mobility around the home and advising on minor adaptations. OT also considers things like role in the family, ensuring suitable education, employment and wider social skills and activities for persons with disabilities. Advising parents on children with disabilities and encouraging independence in them is important to avoid anxieties and over-protection.
- Speech therapy is very helpful for speech and hearing impairments, especially early on in children with disabilities development. A child who has a difficulty hearing will not be able to learn to speak, even when there are no speech impairments. Speech therapy helps with sucking and swallowing difficulties too.
- Audiology assists with testing hearing and hearing aids.
- Rehabilitation is particularly effective at the community level, involving the parents/carers/family members. Hospital rehabilitation staff can train community workers and volunteers in the basics and also help with more advanced needs such as the long term rehabilitation of spinal injuries and resulting paralysis.



- Sometimes, surgery is needed when people develop deformities, which prevent them from walking or using their arms and hands. This not only improves mobility but also hand function and personal independence, with better education and employment opportunities.
- Assistive and mobility devices such as splints, walkers, wheelchairs, crutches, etc promote physical, social and psychological independence, thereby reducing the effect of disability. As more people are living to old age, many city pharmacies also supply basic equipment, even raised toilet seats that fit over a squat toilet. Otherwise, specialist orthopaedic workshops usually supply these.

Benefits of wheelchairs

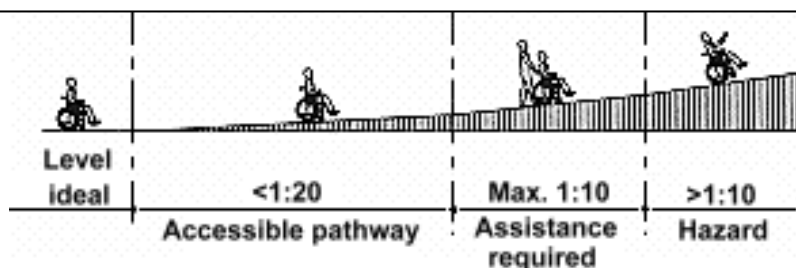
Wheelchair provision is not only about the wheelchair, it is about enabling people with disabilities to become mobile, remain healthy and participate fully in community life. A wheelchair is the catalyst to increased independence and social integration, but it is not an end in itself. In addition to providing mobility, an appropriate wheelchair is of benefit to the physical health and quality of life of the user. Combined with adequate user training, an appropriate wheelchair can serve to reduce common problems such as pressure sores, the progression of deformities or contractures, and other secondary conditions. A wheelchair with a proper cushion often prevents premature death in people with spinal cord injuries and similar conditions and, in one sense, is a life-saving device for these people.



How can the Christian healthcare services be more inclusive?

- Good medical care should be based on the principles of equity and excellence, and delivered with a sensitive and caring attitude in order to promote dignity and respect for all.
- Services which are run by church organisations should have good physical accessibility and also disability-friendly service policies and guidelines (for example, good patient registration and triaging systems, set ups that reduce moving from counter to counter for services, etc) to promote the inclusion of persons with disabilities.
- An audit should be undertaken of the built environment of the buildings and pathways with persons with disability and carers' participation.

Gradient of accessible slope: less than 1m rise within 20m length



- Persons with disabilities should be employed, both medically trained and as administration staff, and included in governance structures (for example, hospital citizen forums) to ensure inclusive and accessible services.
- Healthcare programmes should be particularly careful to provide care for the following groups: women, children and older people with disabilities; people with multiple impairments, for example, those who are both deaf and blind or who have intellectual impairments, disabilities and HIV/AIDS, mental health problems, leprosy or albinism.
- Paediatricians should have good knowledge of a range of services that can be helpful for children with disabilities to enable parents to get the right specialist care, for example, physio or speech therapy, without searching for unsuitable treatment in the vain hope of an unrealistic cure. This should include local services outside the hospital.
- Specific training is needed for doctors and nurses to consider the co-morbidities associated with various disabilities.
- Parents of a child with disability or carers of an adult with disability may need support in understanding information about diagnosis, diagnostic tests and treatment plans. This may take more time in an outpatients department and it may be worth planning for an individualised assessment and counselling with a person assisting the doctor.
- The family and the medical team need to involve the persons with disabilities in decisions about their health and medical care. This is a basic right recognised in Article 25 of the CPRD⁴.
- We need to advocate and facilitate persons with disabilities to make their own choices as far as possible. They must be given the necessary information with careful, full explanations. Persons with disabilities are made in the image of God and endowed with inherent dignity and worthy because of this. They should therefore be involved in making decisions that affect them.
- Where required, hospitals should also present the relevant medical information in accessible formats.

Healthcare services could employ persons with disabilities as staff with not only fully accessible workplaces but good accessibility throughout the entire healthcare facility, including grounds.



⁴ www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx

- The medical team also needs to be aware of the resources available in the community where the person with disability can be referred and in particular local churches that could be involved. There may also be support groups: Disabled People's Organizations [DPOs], NGOs that operate self-help savings groups, etc.

How can congregations be involved in inclusive healthcare?

- Church leaders should advocate for improved access in church-run health facilities.
- Churches need to make local medical facilities and staff aware of their ability to help with the physical and spiritual care of those with disability.
- The health system can be frightening and not always friendly, especially if you have a disability. A Christian, and in particular a respected leader, should play an important role in accompanying persons with disabilities and their families through this system.

Advocacy and empowerment to access government schemes and entitlements:

- It is often difficult for persons with disabilities to access available government schemes and entitlements due to factors such as distance, difficulty completing paperwork and even a lack of information about the sorts of schemes and services that are available. The church can help to bridge this gap through simple measures such as accompanying persons with disabilities as they apply for disability ID cards or pensions, assisting them in accessing special equipment like wheelchairs, meeting with medical officers, arranging medical certification, filling out paper work and opening bank accounts.
- Karuna Vihar in Dehradun provides a good example for how advocacy and empowerment activities can be undertaken. Volunteers from Karuna Vihar have a regular desk at the Chief Medical Officer's office to assist persons with disabilities as they attend to complete and submit their applications.

See UNIT 8: EMPOWERMENT

Ethical dilemmas in healthcare:

- There are many ethical dilemmas in the field of disability and the church has useful moral frameworks that can assist people in negotiating these ethical dilemmas. Christian leaders need to actively engage with health practitioners and policy makers to promote ethical practices with regards to the care of those with disability.
- The Christian disability movement is underpinned by a belief in the sanctity of human life, as all human beings are created in God's image. In the Christian worldview, there is no human form or function which has less value. In the Christian world view, value is not acquired or determined by how smart, how strong or rich we are – it is inherent in all human beings and comes from being created by God. Christians need to provide a counter voice to that of the world, especially around issues of human life and worth. For

example, when considering whether to abort a child with Down's Syndrome or to undertreat a child because they are intellectually disabled, Christians have a role in advocating for the dignity and worth of all human life.

Suraj* and his wife, Shanti*, from South India, already had 2 healthy children when they were expecting a third. Suraj was a successful business man.

The scan showed the baby had Down's Syndrome and the couple were advised to terminate. Shanti, a Catholic, said, "No, this is a child of God and we must keep him." Suraj was not too sure and told Shanti, "If you want this child, then he's your responsibility."

They kept the child, a son named Santhosh*. There were a number of sicknesses, but Santhosh survived.

A year later their oldest daughter was diagnosed with Leukemia and tragically died after 8 months. During this time it was the child with Down's that kept them together and helped them through. He gave them comfort, hugs and smiles, and always stayed positive. Although they could not cope, Santhosh with Down's could. Suraj's world was turned upside down.

He says, "Our child with Down's has taught me more than my business degree or training could. Now I have learned to value what God does and I praise God for giving us a child with Down's."

Shanti adds, "My husband has learned not to judge on external appearance and it seems that he no longer gets his sense of worth from his business."

**not the real names*

F. Conclusion: excel at inclusion to point the way to God

The Church and Christian health facilities are a major provider of healthcare in India. We, as Christians, have a moral and theological framework to care for those with disability that come in our midst. We should be helping our churches and health facilities to be seen as a shining light for those with disability, a city on a hill! As individual Christians there are many ways that we can support persons with disabilities and their families. As we do, we point the way to God.

ASHA'S STORY – HOW SHE BRINGS HOPE

A 6-year-old girl, let's call her Asha, was brought to the hospital with serious burns on both her hands and arms. The cause was not rare - electrocution while flying a kite on the roof terrace of her house. In

Your love reaches higher than the heavens; your loyalty extends beyond the clouds.

May you, my God, be honoured above the heavens; may your glory be seen everywhere on earth.

Psalms 57:10-11

order to save her life, the doctors had to amputate her arms and hands from just below her shoulders.

When Asha woke up from anaesthesia, she looked down at her body, not understanding or believing what happened to her. “What’s happened to my arms? Where are they? Where have they gone?” she desperately asked the nurses and her family.

A kind nurse smiled and touched her cheek. “We’re all here to help you. We’ll help you as much as we can to manage,” the kind nurse assured her.

It was true, the whole team of health professionals were very caring and helped Asha to recover from this severe injury. She was then transferred for rehabilitation and physiotherapy to strengthen her shoulders, and occupational therapy to help her learn to use her legs, feet and toes like arms and hands. Prosthetists worked to provide her with artificial arms and hands. However, in the subsequent years Asha’s small body and arm stumps were not strong or long enough to hold any prosthesis made for her. During this time, Asha was trained to use her toes to write, eat, brush, bathe and dress. Her family, who were below the poverty line, were unable to support her but the rehabilitation professionals, who became her extended family, encouraged her to pick up her life again and return to her studies.

Asha became a favourite of many as she strived to excel with her feet in a huge range of activities including dance, drawing and art. She had to stay in hostels to complete her studies and her friends admired her as she faced life courageously.

Along her journey, Asha found faith in a true God who was opening doors for her. Amazingly, two years ago she became the first person with this kind of disability to be employed by the government in a small village school in southern India. Even before this, Asha had started earning for her family by making necklaces and earrings from beads.

Asha is now a source of encouragement for the students in her school, helping them in practical ways by providing for their needs and teaching each of them a Bible verse every day at school. Amazingly, there has been 100 percent pass results for the first time in the 10th grade classes of this school for the subjects Asha has been teaching. With her income, she not only supports her family but also supports needy children in their education.

So Asha’s life of wonderful well-being speaks volumes, not only to adults and children with disabilities but to everyone she meets.

G. Resources: print, online and on disc

Further reading and resources

- Disabled Village children at <http://hesperian.org/books-and-resources/>
- WHO CBR guidelines at <http://www.who.int/disabilities/cbr/guidelines/en/index.html>
- UNCRPD document and the optional protocol at <http://www.who.int/disabilities/cbr/guidelines/en/index.html>
- Footsteps magazine by Tearfund at <http://tilz.tearfund.org/Publications/Footsteps+41-50/Footsteps+49/>
- World disability report at http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf
http://www.who.int/disabilities/world_report/2011/factsheet.pdf

Print

- *Same Lake, Different Boat: Coming Alongside People Touched by Disability* by Stephanie Hubach
- *Life after injury, A rehabilitation manual for the injured and their helpers* by Liz Hobbs, Sue McDonough, Ann O'Callaghan
- *Disabled Village Children* by David Werner

Online

- EHA Advocacy Manuals Information on programs: RBSK, MSBY, RSBY, pensions, NREGA, disability pension)
- WHO CBR guidelines at <http://www.who.int/disabilities/cbr/guidelines/en/>
- Convention of Rights of persons with disabilities 2007 at www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx
- CBR Monitoring Manual and Menu (MM&M) now freely available on-line at <http://sydney.edu.au/health-sciences/cdrp/projects/cbr-monitoring.shtm>
(MM&M is a practical toolkit that meets the needs of CBR managers and stakeholders, and is consistent with the philosophy of CBR and disability-inclusive development)
- Club Foot CURE India National Office, A3-149 Janakpuri, New Delhi 110058 at Director.india@cureinternational.org

On Disc DVD Resources

- Determinants of health.docx
- WHO Early Childhood Development.pdf
- WHO CBR Introductory and Health components PDF on DVD Resources
- WHO Mobility devices.pdf
- Wheelchair Guidelines.pdf
- GOOD CBR in Thailand.docx



PERSONAL DEVELOPMENT AND FAMILY LIFE



UNIT 5: PERSONAL DEVELOPMENT AND FAMILY LIFE (Parenting, Sexuality and Relationships)

- A. Introduction – well-being for all the family**
- B. Objectives – to create awareness and openness about human needs**
- C. Issues faced by persons with disabilities and their families**
- D. Results – what we can do**
- E. Resources – print, online and on disc**

A. Introduction – well-being for all the family

This unit will cover personal areas of life such as character and attitude development of children growing up with disabilities, and personal adjustments for those who acquire disabilities as young adults or later in life. The fundamental physical and intellectual aspects of child development are covered in Unit 4: Inclusive Healthcare and Rehabilitation. Healthcare professionals (for example, paediatricians, psychologists, rehabilitation therapists, occupational therapists and physiotherapists) look at the development milestones of children with disabilities and assist with factors such as personal independence, speech and language, mobility and maximisation of personal potential.

Parenting young children is a difficult task at any time, but even more so when parenting children with disabilities. This unit provides guidance for parents nurturing a child with disabilities. It aims to assist parents to develop their children's potential. Family is the core support network for people with disability and can provide support and assistance in unique ways.

Sexuality is a natural part of the human experience and this too needs to be considered as normal in the lives of people with disability. Friendships, special relationships and long term intimacy in marriage are areas that should be supported appropriately, especially for young adults.

Here's a mass wedding of different kind

Durgesh Nandan Jha
@timesgroup.com

New Delhi: The Janmashtami Park in Punjabi Bagh, west Delhi witnessed a unique affair on Sunday — marriage of 101 couples of which nearly 60 were specially-abled.

The matchmaking and mass marriage ceremony was conducted by Narayan Seva Sansthan, an NGO that runs one of the largest charitable hospitals in the country for polio-afflicted patients.

"We register eligible bachelors and spinsters with any sort of disability for marriage and provide them a platform to meet at the hospital. If the couple like each other they marry," said Prashant Aggarwal, who heads the NGO.

Uttarakhand resident Kavita Bisht and Mangu Puri from Rajgarh in Madhya Pradesh were one such couple who tied the knot on Sunday. "We met in the hospital. I was undergoing vocational training while Kavita was recovering post-surgery. We liked each other and decided to get married," Puri, who has weakness of the lower limb due to polio, said. His partner, too, suffers from paralysis of

Yogesh Kumar



PICTURE PERFECT: Nearly 60 couple who tied the knot on Sunday are differently abled

Read what Javed Abidi and a surgeon specializing in spinal injuries say about sex and marriage.

run a family, which is all I expected," said Meera.

Dr Rajeev Sharma, senior consultant, orthopaedics department at Apollo hospital, said polio weakens the lower or upper limbs.

In rare cases, it can cause weakness of muscles of lower extremity. He added that most polio-afflicted patients can lead a healthy sexual and reproductive life.

"In India, we are still fighting to help the specially-abled get the basics. Marriage, which is equally important, remains a neglected area," said Javed Abidi, a disabled rights activist. Recently, the Indian Spinal Injuries Centre started a clinic dealing with sexual and reproductive health issues of people with spinal injury.

"People with spinal injuries have the same desires and expectations as any other human being," said Dr H S Chhabra, director and chief spine

surgeon at the Indian Spinal Injuries Centre. But the sexual health needs of these patients or their desire to have a family is often played down. Rehabilitation focuses mostly on improving mobility, said another expert.

Times of India 1.2.16

B.

Objectives: to create awareness and openness about human needs

The objectives of this unit are:

- to create an understanding of the normal and abnormal emotional and psychological needs of children growing up with disabilities and, as a result, ensuring character development and maximum independence,
- to help family members and Christian friends give emotional and psychological support to an adult person with disabilities adjusting to disability,
- to help Christians to support persons with disabilities and families to experience inclusion in social activities to form and maintain healthy friendships, and
- to assist teenagers, adults with disabilities, and their family and friends to understand and manage their sexuality in appropriate ways, including marriage.

C. Issues faced by persons with disabilities and their families

- Stories of families with people with disabilities

Andrew's story

Your experience:

Look for and discuss the various issues in the story below in small groups of 5-6 and provide feedback to whole group.

1. The ethical question – how would you or your parents react to that medical decision about someone in your family?

2. Behaviour training with respect – how is this applicable to all children and adults?
3. Sexuality and friendship – what is your response to the friendship here?
4. Relationship with God – how can we support the faith of people like Andrew?

Andrew was born with a heart problem and Down's Syndrome. These two often come together. He had 3 older siblings and they were told that Andrew would never be able to run around like other children. In fact, Andrew was very active, inquisitive and playful when he was young; the doctors called him hyper-kinetic, that is, over-active. At 5 years old, he had heart surgery and in the hospital, he was not at all bed-bound, but ran around the ward and further away. The nurses pinned a label on his back with his name and ward number so that the staff could return him to base.

The surgery provided relief to him for nearly 50 years, although he constantly had respiratory infections and even pneumonia a couple of times. One time, when he was about 14 years old, he was seriously ill with pneumonia and had to have an oxygen tent over his bed. The senior doctor told the family that the medical team would not go to 'heroic' lengths to resuscitate him if his heart stopped. The reason he implied was his Down's Syndrome, his low quality of life and poor future prospects as a productive citizen. The family were not involved in the decision and did not question it, although it was deeply disturbing. Now, this medical decision would not be considered ethical because it was discriminatory by de-valuing his life and his worth.

Andrew loved to ride around the garden on a tricycle, play cricket, fly kites, as well as watch TV, especially cowboy films, James Bond and Star Trek. He loved writing, drawing and colouring, playing the piano and singing, too. He sang hymn-like songs using a hymnbook, and a recognizable 'Away in a manger'. He knew what he liked and wanted to do, often in a stubborn way and so was called contra-suggestive. He knew, too, and felt when he was scolded, constantly corrected and restricted, especially by his careful mother, that he was being treated like a young child and he complained angrily. His father comforted him and cajoled him to change his mood and bring him around, tickling him and teasing him. This was often a successful ploy, but not really helpful in the long run because it rewarded bad behaviour with affectionate attention.

The family learnt from Andrew's residential home how to treat him in a more adult way, giving him a range of good options to choose from: "Do you want to have a bath now or in the morning?", "Do you want to have tea or coffee?", "What would you like to eat for lunch - chicken or sausages?", etc. When he was slow to come to eat a meal, his sister learnt to ask him, "Would you like chicken for lunch?" He'd answer, "Yes, please," and come to eat. He always liked chicken but he also loved most food. So it was an easy question to ask, even after preparing the food, but it was an adult approach giving him respect.

From his teenage years, Andrew was aware of sexual feelings and masturbated in bed before he fell asleep. He would murmur loudly and chew his thumb at the same time. Sometimes in the daytime when he was a bit bored, he would do the same in his bedroom. Often, when away visiting friends or on holiday, he would have to share a bedroom with his sister, 10 years older than himself. Then, she would feel uncomfortable with this behaviour and would say to him at bed time, “No noise, Andrew.” He appeared to understand this and was quiet and still. He seemed to know that this was a private activity; he had that amount of social awareness. He was a mimic and so a careful watcher of what others did normally in public.



Andrew with his special friend, Ruth, on a day out together

Later in life, when he was in his thirties, he made friends with Ruth, a few years younger than him and with more speech and intellectual capacity. They both lived in a residential home for adults with intellectual disabilities. Soon after Ruth went to live there, she told her mother, “There’s a very nice man at Solden Hill. His name is Andrew.” They were good companions for several years and affectionate towards each other. Then Andrew’s chest gave him more problems. He needed several hospital admissions, then a constant oxygen supply to breathe properly. He slipped into very poor health and sleepy inactivity and had to move to a nursing home, away from Ruth. How they said goodbye to each other, I don’t know.

It was hard for us too, when he died, but he had lost his quality of life and was welcomed by the Lord, I’m sure. Andrew was God-conscious; he used to pray meaningfully although not in intelligible words, except for “Amen”. I think he would have recognized God and responded to his love.

Written by Andrew’s sister.

Thomas, the father’s story

Your experience:

Discuss these points from the story below in small groups of 5-6 and provide feedback to whole group.

1. Think what it may mean to be a parent with disability, what would you find a challenge and what would you enjoy?
2. If you had a child with disability, what would be your ambition for them?

Thomas is married and has two children. He also has very limited sight but that does not stop him from taking care of his share of parenting, including feeding the children. One day, he mashed bananas and was feeding his little girl. He put the mashed banana on the spoon and offered it to the little girl but touched her nose and not her mouth. So, the child took hold of his hand and guided it to her mouth instead, without any fuss.

While walking together, Thomas would take the child's hand to guide her but, once, the child changed the hold so that she was taking her father's hand and leading him. Thomas tried again to take the lead but the child quietly persisted. The child showed surprising but natural acceptance of her father's impaired vision.

Thomas has learnt from his experience of growing up with impaired vision. He has two pointers for parents of children with disabilities:

- Do everything to develop the talents and interests of your child with impairments.
- Have expectations of your child, for them to take responsibility for their own life.



A mother's story

Your experience:

Think about these questions as you read the story and discuss them in small groups of 5-6 and provide feedback to whole group.

1. What do you understand about the needs and lessons of siblings in this story?
2. What has given David a rock-star mentality?
3. What advice from their experience would Sushila and Sanjiv give to others?

An argument started among the disciples as to which of them would be the greatest. Jesus, knowing their thoughts, took a little child and made him stand beside him. Then he said to them, "Whoever welcomes this little child in my name welcomes me; and whoever welcomes me welcomes the one who sent me. For it is the one who is least among you all who is the greatest."
Luke :46-48

It was a life-changing milestone when David was born into our family 28 years ago. I wanted the perfect child (whatever that meant!) and I had to come to terms with a reality that was far removed from my expectations and hopes. Today, however, from the vantage point of 28 years, I look back with gratitude for the tremendous blessing and healing we ourselves have received from having David in our lives. Also, I am grateful for the experiences of God's faithfulness and intervention in our family through the hard and difficult times.

The journey to this place of peace has not, however, been an easy one. If I could go back and relive my parenting experiences, I would do things very differently. Unfortunately though, that is not possible. We have been left with rich lessons learnt and have been able to share with others who have just started on their own journey.

We were in a village for the first 14 years of our son's life. That made it harder as there was no clear diagnosis of his disability, there being no infrastructure there. We knew he had Down's Syndrome soon after his birth. We only learnt 14 years later, that he was also Autistic when we returned to the city. As I studied about autism and how to care for our son, I saw how many mistakes I had made. I realized how difficult it must have also been for him to cope with all the confusing changes in our lives as we moved away from all that was familiar in the village into a different reality in the city.

Things often centred around the needs of my special son. This meant that the other siblings had to carry a burden in ways that I did not always recognize. I would sometimes make demands on them to make space and allowances for the special needs of David. While this was not in itself bad for them, I can see that it might have been better all round to also recognize their needs. Sometimes justice and fairness were compromised. This was also their childhood and I was expecting adult responses. I wish I had let them express their feelings about their brother's sometimes eccentric behaviour. What was amusing to us could be hugely embarrassing for them. In hindsight I see how good it would have been for our differently-abled son to realize it was not only always about him. Currently he has a bit of a rock-star mentality and generally feels like he deserves all the attention and love without having to do much to deserve it!

When our children were teenagers it was not always comfortable for them to bring friends home. There was often just no control over what David might do and say. He could be unpredictable. I realize now how hard it must have been at times for them. Though it has done them no real harm it would have made it much easier to allow them to express their pain and struggle. I think sometimes we forget the needs of our able children in the face of the glaring disability of one. So it is important to consider all and be there for each one. Our youngest probably had it the hardest because before he was a few months old, he had to take on the role of elder brother to his almost two years older sibling. He did not always have the kind of

attention and support that he needed, without having to compete with David. All the emotions were depleted in some ways by the demands of caring for David.

There were many positives as well. Both his elder sister and younger brother have had to make sacrifices of time and energy as they have taken turns to share in the responsibility of babysitting, bathing and generally being around to care for him. It has taught them to have compassionate hearts for those less able than themselves. Isn't that who we are meant to be - to care for the least of those of us?

They too have appropriated values that have been inclusive, sensitive and non-competitive. As a direct result of having had David, they have become people-centred as well as chosen vocations to work with people.

Having David has shaped us to become who we are today. We have had to make space for David and consider ways to include him and enable his participation. This has needed a change of headspace regarding what is important and what is not. It has slowed us down and we have learnt to enjoy and value what he adds to our lives. We live in a competitive world and everything is geared towards production, achievement and results. There is the conviction that, as far as you are able to, it is critically important to get there and benefit before someone else does. The strongest drive with regard to our children can sometimes be to help them succeed on those terms; to view production and achievement as the highest goals.

David is unique, unbothered by social niceties and true always to who he is. What freedom! We have learnt, as a result, not to take ourselves so seriously. As umpteen extremely embarrassing moments have given all of us a thick skin and taught us that it is not all about looking good on the outside that makes the grade. Though it is completely possible and important to teach them what is appropriate and what is not - as you would with any child.

Having David has taught us that people matter, that the value of a person goes far deeper than what we can get from him. He makes us laugh and love him for all the right reasons. In learning to take care of him, all of us have learnt to be a little less selfish. We have understood what unconditional love is. There is nothing to be gained in any tangible way from looking after him and yet there is everything to be gained.

We have had to rethink who is to be valued and for what reason. How are we to evaluate the role of someone who cannot deliver? Who cannot speak as much, but does, and can, feel as deeply?

David has taught us to understand the true nature of equality. We have, in a sense, been converted - forced to understand unconditional love and acceptance. We have learnt why people matter and for what reason, what makes us proud of our children and why we delight in them. What place does anyone have who cannot do all the things that mean he is 'useful' and a contributing member in a family or in society at large?

The journey has not been an easy one. In a society that has no room for vulnerability and brokenness, we are on display, our pain visible to all. But why did God make us and what is our purpose? It is through the weak that God displays His glorious wisdom, through the broken body of His son that He worked His powerful act of salvation for the world. We have found how our disabled son has worked God's enabling in our lives. We have learnt that success is defined by God's purposes being realized in us and not in terms of our earning ability or the material wealth we accumulate.

We have a church, and seeing our acceptance of David, they too have received him. He now plays the congas during worship, prays out loud, unintelligibly but heartfelt during intercession. He once came prepared with 'notes' and a Bible to orate the sermon and it was with great difficulty that we managed to convince him otherwise.

Our son has resulted in God's best for us and we have all only benefitted. So, though there are many things about my parenting which I wish I could redo, there is nothing at all I would change about this - the perfect will of God for our lives. Our precious differently-abled son has been used by God to shape us to have Godly values.

- Sushila Ailawadi

See the article written by Shruti Rajkumar, sister of David [Dibby]:

www.indiaanya.com/2014/09/03/dibby/

Anita Ghai's experience of her growing years with polio

"The normative culture, both in India and the world over, carries existential and aesthetic anxieties about difference of any kind be it caste, gender or disability... leading to acute marginalisation, discrimination and stigmatisation. My growing years were thus characterised by markers such as 'disabled', 'handicapped', 'crippled', 'differently-abled' and 'special'." Anita Ghai, Delhi



We need to understand stigmatization, in order to empathise, but not sympathise. That is, feel with loving concern without expressing pity and sentimentality, for example, “Oh, you are soooo brave.” Accepting, affirming, encouraging support and friendship is best.

Your experience:

Discuss in a group examples of sympathetic and empathetic responses to persons with disabilities that would occur in conversations.

Children and Parent’s Voices**Voice One**

“I refuse to be seen as an inspiration. There’s more to living with a disability than that... I don’t want people to make hasty opinions about my life when they don’t know enough about it... Disability is not the central thing in my life. Disability is just one thing among many that contributes to the richness of living.”

Robert F Molsberry, once a child with disabilities, quoted by Thomas E Reynolds in *Vulnerable Communion* (p16)

Voice Two

“He [my husband] said I had landed him with a liability for life. We split when my daughter was four. My husband is now married again and has a healthy child.”

Mother of a daughter with muscular dystrophy, *Times of India, Crest Edition, July 24th 2010* (p11)

Voice Three

“My wife would care for our son every minute of the day, even sleeping in his room for the first nine years. She blamed herself for his cerebral palsy and was so obsessed with caring for him that she didn’t let anyone else help. I would hardly ever see her,” says a husband who sought relationship counselling, successfully, to save his marriage.

Times of India, Crest Edition, July 24th 2010 (p11)

- **Emotional, psychological and sexual needs of children and adults with disability**

Sexual and reproductive health services include family planning, maternal health care, preventing and managing gender-based violence, and preventing and treating sexually-transmitted infections including HIV/AIDS. While little information is available, it is widely thought that people with disabilities have significant unmet needs. Adolescents and adults with disabilities are more likely to be excluded from sex education programmes.

WHO and World Bank’s *Report on Disability*, 2011

SANDEEP’S STORY – Sexuality with appropriate expression

*Sandeep had been working for a disability NGO for several years. Although affected by cerebral palsy, rather shaky as he walked and not able to talk intelligibly, he had been found to be perfectly capable of looking after the NGO’s shop, and was popular with the regular customers. Sandeep had come to the NGO for work experience from what was then known as The Spastics Society of N. India (now AADI). He had attended their school and through his childhood and teens they had guided him and supported his parents; he had grown into a confident young man. As the only son of a city grocer, he was anxious to find employment but not in his father’s shop, as he wished to bring money into the family by working independently.

During the period of his work experience, he was given a rather dull job of counting and bundling together hundreds of towels ready for stocktaking. He became a favourite of the rest of the team. After discussions with him, his parents and advisors from AADI, it was decided to offer him a job on probation. After several months to identify what role he could play in the organisation, he found his place in the shop and after several months he became a fulltime member of staff. He had been performing well for several years when the administration noticed that the phone bills from the shop were inexplicably creeping up. The second month of record-high bills raised serious alarm and an investigation identified an ISD number in a South Pacific Island.

The CEO called the number and found it was to a sexually explicit site and it seemed from timing and other factors that Sandeep had been making the calls. The CEO wanted to keep

Sandeep on the staff team and realized that sexuality issues amongst people with disability were rarely spoken about. She was able to call someone from AADI to seek their opinion. They were most helpful explaining that sex education was part of what they taught the young people in their centre, both to protect them from sexual abuse but also to equip them to deal with sexual needs. They were aware that youth with disabilities shared information about such sites and phone numbers amongst themselves and that there was a place for them as they grew older especially as many would remain unmarried.

“Most people with disabilities embrace the independent living philosophy which views disability as an inevitable part of life, and which views people with disabilities as a growing population of strong, independent people with few differences from the rest of the population. The many inconveniences a person with a disability may experience are seen as the only real difference between people with and without disabilities¹.”

The many inconveniences a person with a disability may experience are seen as the only real difference between people with and without disabilities. This is true of matters relating to marriage and sex. Those people with disabilities that cannot attract a marriage partner (often because of disability) can certainly be said to be sadly inconvenienced. So being able to deal with an unfulfilled sexual drive is therefore important for them; but just as people without disabilities must learn and practice appropriate behaviour, so must people who have disabilities. This subject needs addressing; training is a must for all young people regardless of whether or not they have disabilities.

Sandeep was confronted and admitted that he had been making the calls when no one was in the shop. He was warned, given counselling by the AADI team and instructed to pay off the amount he had incurred in making the phone calls. Perhaps an older staff member or one without disabilities would have been asked to leave. In this case, Sandeep was young and learning and it was decided to “give him a chance”. That was not a mistake; in the subsequent decade he has been a faithful, reliable and careful member of the staff team.

*Name has been changed

Your experience:

Discuss these questions in the group

1. What would you have done as Sandeep’s employer?
2. Is it right to give young people like Sandeep a means of sexual expression? What expressions would be socially acceptable and what would not be?

¹ <https://www.disabilityinfo.org/mnip/db/fsl/FactSheet.aspx?id=77> The Massachusetts Network of Information Providers for People with Disabilities (MNIP)

3. Why do we usually not talk about these issues?

D. Results - what we can do

These are some of the roles of the Christian community (including ministry staff and lay people) supporting families with disabled children:

- Visiting the family on a regular basis or as much as they would like is an important role for members of the Church family. People with disabilities benefit from having friends to interact with and share in the ordinary things of life, to enquire about life experiences with empathy, sincere concern and patient listening, to offer small gifts (for example, books to borrow etc), to encourage with offers of help wherever possible and to faithfully pray with and for them.
- One church has a roster to help a church family on Sunday mornings so that they can go to the service; several church members in turn look after their autistic son.

One family in our English-speaking church had an autistic son of about 14 yrs and another younger child. Sometimes the father, Manjit*, would come to church with his younger child and it was some time before I realised that the older boy, Steven*, could not sit still in church throughout the whole service. His mother, Sunita*, preferred a Hindi service but did not always attend because of Steven. I made a point of speaking to Manjit after the service and asked about his wife, how she was managing and why she did not come to church too.

The family had a young man helping them at home and he was a good carer of Steven but he had left the family unexpectedly and although he promised that he would return, it was several months since he left. In the meantime, the family was searching for another helper unsuccessfully. Manjit, after a few weeks of post-service enquiry, told me that his wife hardly went out of the home anymore, that she was not even going downstairs to the entrance lobby of the block of flats.

Then I decided to ask if I could visit, with someone else in the church - an elder's wife with a caring, prayerful heart. "Yes," Manjit said, "Sunita would welcome a visit."

We visited at a convenient time, when Steven was away at special school, and were received warmly. We chatted and Sunita showed us around her spotless, spacious home. After tea and snacks, we offered to pray and asked what specifically we should pray for. We prayed simply, then asked if we could come again in about 2 weeks. So, we visited several times and took occasional books and small tokens of love.

After a couple of months, Sunita started to come to the church. She was happy, the original helper had returned, and Manjit and Sunita started a Hindi home group in their own home. Sunita was very thankful for our visits that were as supportive friends with no special expertise to offer - only caring, listening and prayer. By the grace of God, the visits helped the family turn a corner at a difficult time.

*not the real names

- Help link those with similar experiences of life so that they can share their encouragements, challenges and sorrows. Across a group of churches, it may be possible to form a Disabled Persons' Organization or fellowship, which meets regularly to provide mutual support and services such as advocacy, social events and education to members.

One church has started a club for young adults with intellectual and other disabilities, called WAVE (We are All Valued Equally). It holds special monthly services with a difference. These services are more interactive and more meaningful but no less spiritual than the usual church service. WAVE is a 'campaigning social club' for 16-25 year olds with and without learning disabilities, where everyone comes along as an equal member rather than a 'client' or 'volunteer'. Members work together to plan activities, workshops and events. It is all about learning from each other and making a difference in the local community.

See Resources below for more information about WAVES.

- Sexual awareness for people with learning disability: A Christian friend of mine, an occupational therapist in England, taught sexuality awareness to people with a moderate learning disability. She found that this was a neglected area in supporting adults and children with learning disabilities and developed the course herself in the context of her work. The aims of the course were:
 - to teach persons with disabilities about the reproductive process and how they came into being,
 - to give students the language to describe their own intimate body parts to make the difficult job of disclosing abuse possible, and
 - to impart socially acceptable behaviour in the context of a close relationship.

The main topics covered were: body parts (public and private), good/bad touch, the life cycle, puberty, sex and the law, the reproductive process, sexual feelings, pregnancy and birth, contraception, etc. Within these topics, issues discussed were self-esteem, communication, saying no, respecting others, choosing friends, qualities of friends, sexual decisions and relationships.

My friend, the occupational therapist, writes: "In one group, after showing a film of the development of the foetus in the womb through to giving birth, one lovely lady resident in a Christian care home, with tears running down her face (mine too as you can imagine) said, "I never knew, I never knew, it's so beautiful". That moment was very empowering for me, to believe in what I was doing.

In that same group, another lady, with Down's, for the first time disclosed abuse 'that she had suffered'."

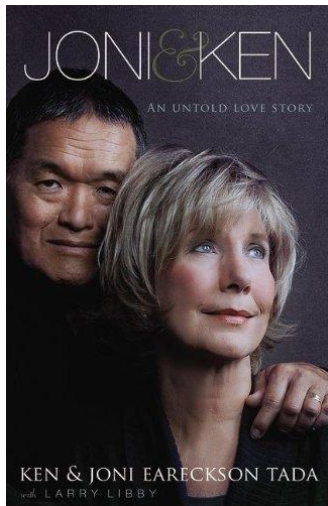
Christian social workers, teachers, nurses, youth workers, parents or other family members could all take up this neglected area of giving sensitive but practical and essential support in

this way to both children and adults with learning disabilities and their families. Teaching may be provided in formal group settings or by taking advantage of what educationalists call 'the teachable moment'. The 'teachable moment' is when an opportunity to teach arises naturally from a situation or event. For example, when a person with a learning disability asks a particular question or shows evidence of confusion about behaviour (for example, what is acceptable in private but not in public).

Sexual abuse is common among children and adults with both learning and physical disabilities. Both males and females experience abuse and abuse may even arise from within families. As such, it is very important to equip persons with disabilities to recognize and act against this degrading violation.

See Resources below.

An example of an enduring marriage enjoyed by someone with disability is Joni Eareckson Tada



who dived by accident into shallow water at 17 years of age and broke her neck. She became paralysed from the shoulders down and then came to know Jesus, who gave her hope.

Joni married Ken, who now says that he was naive when they decided to marry, but their marriage and friendship has endured with their daily walk with God. Joni is now 67 years old and together she and Ken have lived a full life of ministry for many other persons with disabilities around the world.

After over 30 years of marriage, Ken and Joni offer readers a rare and candid account of their journey through quadriplegia, depression, pain and cancer.

Watch some of their wonderful videos on YouTube to learn more of her story, her faith and ministry. For more information see Resources.

E. RESOURCES – print, online and on disc

Print

- *Joni & Ken, an untold love story*, Ken and Joni Eareckson Tada available from <http://www.joniandfriends.org/>

Online

- WAVE Club, St James Church, Muswell Hill, London, UK club@wave-for-change.org.uk
waveclub.org.uk
- Raising sexual awareness for carers, teachers and advocates
Practice issues in sexuality and learning disabilities - eBooks by Ann Craft
- The Family Planning Association of UK markets many excellent videos/DVD's. 'All About Us' aims to help the personal development and knowledge of people with learning disabilities around sex, sexuality and relationships. £10 <http://www.fpa.org.uk/product/all-about-us-cd-rom#ueaC28wxOfpuymTM.99>
- Joni Eareckson Tada tells her story on YouTube: <https://www.youtube.com/watch?v=p8srspUp5uM>,
<https://www.google.co.in/url?sa=t&rct=j&q=&esrc=s&source=web&cd=4&cad=rja&uact=8&ved=0ahUKewjc7I7gmflKAhWImZQKHUwJBqcQtwlINjAD&url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv%3DDVVXJ8GyLgt0&usg=AFQjCNG9UIBcEGMtt3VJYfW5zbHqKHgzvw>
- Disability Equality, Diversity, Rights and Inclusion groups-noreply@linkedin.com

DVD Resources

- *Andrew's story –an empowering Christian worldview*: See DVD Resources
- *Andrew and family – photo story presentation*: See DVD Resources

God Is Powerful and Kind - Psalm 62

Only God can save me, and I am at peace with him.

² God alone is the mighty rock that keeps me safe
and the fortress where I am secure.

³ I feel like a shaky fence or a sagging wall.

How long will all of you attack and assault me?

⁴ You want to bring me down from my place of honour.

You love to tell lies, and when your words are kind,
hatred hides in your heart.

⁵ Only God gives inward peace, and I depend on him.

⁶ God alone is the mighty rock that keeps me safe,
and he is the fortress where I feel secure.

⁷ God saves me and honours me.

He is that mighty rock where I find safety.

⁸ Trust God, my friends, and always tell him
each one of your concerns.

God is our place of safety.

⁹ We humans are only a breath; none of us are truly great.
All of us together weigh less than a puff of air.

¹⁰ Don't trust in violence or depend on dishonesty
or rely on great wealth.

¹¹ I heard God say two things:

"I am powerful, and I am very kind."

The Lord rewards each of us according to what we do.



EDUCATION



UNIT 6: EDUCATION

- A. Introduction – lifelong education for life skills**
- B. Objectives – education for all**
- C. Background – experiences of parents, policies and practice**
- D. Issues – parents’ expectations, special education, inclusive education**
- E. Results – what we can do**
- F. Resources – print, online and on disc**

A. Introduction – lifelong education for life skills

- Education is a basic fundamental right. Everyone (including girls, of course) needs to have access to education and learning. The Right to Education Act (RTE)^{1, 2} provides for free and compulsory elementary education in a neighbourhood school. It clarifies that it is the obligation of the government to provide free elementary education and ensure compulsory admission, attendance and completion of elementary education to every child from 6-14 years of age. India became one of 135 countries to make education a fundamental right of every child when the act came into force on 1 April 2010. However, while this is the law, it still is a long way from being achieved. The majority of those with disabilities are still in their homes, unable to access the basic level of education and training.
- In India and in many other countries, Christians have been at the forefront of providing education. Often they have also started schools for children with visual impairment. Other charitable organisations have followed this example and finally governments have provided education and even guidelines or policies for inclusive education.
- Inclusive education is based on the premise that all children learn from each other and grow with each other. An inclusive society where everyone is valued as being an important member, begins with an inclusive school and education. Education however, is not just within the school premises. We all learn from our homes, our community,



¹ http://mhrd.gov.in/rte_rules

[The Right of Children to Free And Compulsory Education Act, 2009 dated 27th August 2009](#) - (735 KB)

² righttoeducation.in/

our schools, our peers. So there are several stakeholders to make the inclusion a successful one. It includes school principals, parents, children with disabilities, resource room teachers, teacher's aides, community workers, peers and regular teachers.

- The difficulties of finding suitable formal education are common because very few schools accept those with special needs. It could be because of lack of infrastructure and trained resource people. To achieve inclusive education, barriers for those with disabilities must be removed. In a formal setting, we need to remember that education is not just within the four walls of the classrooms, but in games, recess, social structures and in non-formal settings, for example, shops, parks, restaurants, etc.
- The range of education, which includes learning for life, is presented, including basic functional skills, education in basic literacy, numeracy, shape and colour recognition etc, and vocational education for jobs, social skills and other lifelong learning.

There are 3 types of educational settings that should be accessible to those with disabilities:

- separate (special schools, therapy centres, early learning centres, etc),
- integrated (special sections in mainstream school, separate departments but included in non-academic programmes, etc),
- inclusive (part of the regular classroom sitting with all children and learning from a modified curriculum).

MY IDENTITY IN GOD, A CHILD WITH AUTISM

'I belong!'

For [God] created my inmost being; [God] knit me together in my mother's womb. Psalm 139:13

'I am important to God.'

When God made me, God made me in His likeness. We are all made in God's image. So God created man in His own image, in the image of God He created him; male and female He created them. Gen 1:27

'We have different gifts.'

According to the grace given to us. Rom 12:6

'I have strengths and weaknesses.'

We all have strengths and weaknesses, but we can help each other. Now to each one the manifestation of the spirit is given for the common good.

1 Cor 12:7

'I have Autism Spectrum Disorder (or any other disability).'

It's just part of who I am. Each of us is one of a kind.

I praise Him because I am fearfully and wonderfully made; (God's) works are wonderful, I know full well. Psalm 139:14 ³

³ P.106, Newman, Barbara J, 'Autism and your church', CLC Network, Faith Alive Christian Resources, Grand Rapids, MI.

B. Objectives – education for all

The objectives of this unit are:

- to outline the importance of education as a right for children with disability, especially girls,
- to describe the range of education and the issues involved and
- to offer a way forward for lay people, professionals and the church as a whole to improve access and quality of education for children with disability.

C. Background - experiences of parents, policies and practice



All parents have a dream of seeing their children as part of the fabric of society. With children with disabilities, though, it seems like the world puts them in different categories. They seem to be pushed to the fringes of society. This does not apply just in education but in all of life. Inclusion benefits everyone. A society is enriched as children work together and learn from each other. This applies not just to academics, but also social skills, vocational education, life skills, etc. Education for those with disabilities for the most part has

been given more as a hand-out rather than a crucial element of their development. In the misguided words of a neighbour beside my workplace, “These children do not understand, so why teach them”.

Rajan is just one of an estimated 90% of children with disabilities in developing countries who is not in school⁴. In general, children with disabilities are less likely to start school and have lower rates of staying and being promoted in school than their peers without disabilities⁵. The correlation between low educational outcomes and having a disability is often stronger than the correlations between low education outcomes and other features such as gender, rural residence or poverty.

There are complex interactions between disability, literacy, poverty and health outcomes. In some countries, having a disability like Rajan’s, doubles the chance that the child will never attend school⁶. Poverty is both a cause and consequence of disability⁷. Being poor increases the risk of sustaining a preventable disability, and impedes access to education and

⁴ Walker J. Equal right, equal opportunity – inclusive education for children with disabilities. Global Campaign for Education, 2013.

⁵ Filmer D. Disability, poverty, and schooling in developing countries: Results from 14 household surveys. World Bank Economic Review. 2008;22(1):141-63

⁶ Lewis I, Bagree, S. Teachers for All: Inclusive Teaching for Children with Disabilities. International Disability and Development Forum; Brussels 2013

⁷ DFID. (Department for International Development) Disability, poverty and development. 2000; Available from: http://www.livelihoods.org/static/dfid_N163.html

healthcare⁸. Poor access to healthcare means children with disabilities are more likely to have secondary health conditions decreasing their ability to go to school⁹. Low literacy, and low health literacy, increases the burden of disease in poverty-affected countries and aggravates health and economic disparities.

Amit is a young boy with multiple disabilities. An intelligent boy with excellent leadership skills, he just 'looks' different. However he has been bearing the brunt of teasing, jostling and isolation as students in his school refuse to talk to him. Having an alcoholic father, the family is steeped in poverty, which adds to the exclusion of the child. However, he was able to find a special school, which not only provided him with scholarships but also with an education. As his education increased so did his acceptance in his society. As his leadership skills developed, so did his confidence. The difference happened because of the education he received. The ideal situation for him would still be a mainstream school where he is accepted for being himself, but so far, that seems like a distant dream. The special school is still trying to get him into a government school, and someday, he will be included as part of the larger fabric of society, contributing to it and enriching it with his gifts.



Taking part, being included in the drama or presentation and playing a significant part is empowering, educating, rewarding and validating.

Your experience:

Discuss the questions below in small groups of 5-6 and provide feedback to whole group.

1. Do you know families with a child with disability? What was their experience in finding the right school?
2. Do you know of any special schools in your area? What is the experience of children who attend them and that of their parents?
3. In the article above what does low literacy among children with disabilities cause?
4. Are you associated with any Christian schools? How do they approach disability?

D. Issues – parents' expectations, special education, inclusive education

• Parents' grieving and acceptance

Sometimes it is much easier for parents to accept children who have physical difficulties than those who may have intellectual difficulties. Church members can play an important role in loving, praying for and practically helping at this time. The Christian worldview that

⁸ Singal N. Disability, poverty and education: implications for policies and practices. International Journal of Inclusive Education. 2011;15(10):1047-52

⁹ WHO. Media Centre Fact Sheet No.352 Disability and Health. WHO; 2013 [updated Reviewed September 2013; cited 2014 30 June]; Available from: <http://www.who.int/mediacentre/factsheets/fs352/en/>

values each person because they are made in God's image and that knows each person has a contribution to make to the body, can be a starting point to help parents to accept their children. The acceptance by the family, of the child as well as the disability, is important. However, once the process of 'grieving' is over, the training of parents becomes important to empower the child. At this time, we also need to understand that the parent roles are equally important. We need to get them on board to assist in the continuation of education in non-formal settings like home and community. The role of the extended family also plays a major part in providing maximum learning opportunities to the children.

- **Early intervention and learning**

It is important that a child with special needs is given a diagnosis at an early age: the earlier the diagnosis, the earlier the intervention, the better the prognosis. Across disabilities, the early learning intervention programmes include physiotherapy, special education, functional skills, ADL (activities of daily living), and occupational, speech and language therapy, among some. Early intervention always needs to be individualized to the child and his/her needs. For this, it is important for the teacher to know his/her student and to include the parents as much as possible so that they can continue therapy and education at home in ordinary ways like play, at meal time, at bath time, with music, etc. Each child is an individual with a unique blend of strengths, weaknesses and the role of the teacher is to equip this child for adulthood, and to mould him/her more and more into the likeness of Jesus Christ. At the end of it all, the goal for all of us remains the same - to be in the likeness of Jesus Christ.

For early intervention some of the questions we should ask are:

- What are the goals you, as a teacher or parent, desire to accomplish (think of skills he/she will need to possess at the age of 21)?
- What are the steps needed to accomplish that goal?
- Are the facilities adequate - number of rooms and toilets, open space for play, etc?
- Are there any materials/tools that would be helpful or necessary?
- What type of educational training is needed?
- Where and when will this goal be accomplished?
- Who are the people with whom you need to communicate? ¹⁰



A teacher, teaching assistant, volunteer or parent can all educate children with disabilities with patient encouragement, creativity, a sense of fun and play, creating opportunities for the child to try harder, to understand a little more and to achieve the next step. It's rewarding for everyone!

¹⁰ Adapted from Appendix B-12, p.58, GLUE training manual, Luurtsema, Kimberley S. and Newman, Barbara J. , CLC Network 2009.

- How can we, as Christians and churches, walk alongside a family to improve early intervention?

Early learning centres

Early intervention and learning often happens at early learning centres (ELCs). They are often initiated under a Community-based Rehabilitation (CBR) project and even churches. Located in or near a group of villages, they are easily accessible to children with developmental needs. Here they receive therapy, learning and social opportunities on a regular basis. However, the goal should be to develop these learning centres into hubs within each community from where all disability-related activities happen. Eventually the communities recognise the learning centres as resource centres.

The learning centre provides these children with a safe place to learn from each other through play and gives them the experience every child should have of going to school. Children receiving support from learning centres may belong to any of the following categories:

- Activities of daily living: maximum independence skills in bathing, toileting, dressing, eating, etc.
- Children with disabilities that require input before integrating them into mainstream learning opportunities
- Children with disabilities who may require long-term support
- Children who are school-going and may require special inputs after school hours
- Young children identified to receive early intervention

For younger children, ELCs in the community are an alternative to expensive special schools and avoid segregating children into 'special' ghettos. Instead, ELCs are small, local units, which actively seek to integrate children with disabilities into the community. The ELC approach is perhaps less expensive than a special school. However, for some children, a special school will become the only option as they grow up.



- **Mainstreaming and inclusion**

This is the gold standard and is often achieved in many high-income countries through multiple teachers' aides and specific learning supports. The inclusion of children with disabilities in mainstream schools promotes universal primary education, is cost-effective and contributes to the elimination of discrimination.

Unfortunately, all too often, in low-income settings, compounded by inadequate human and learning resources, such children flounder. Where there is a right to education, children with

disabilities are often at best babysat out of a legal obligation or at worst are stigmatised and abused. This is not the best situation for the teacher, the children with disabilities or the other students. Mainstream schools can be inaccessible resulting in children with disabilities either dropping out or having to move to a special school in the unlikely event they are available. However, special needs teachers can contribute their expertise by training mainstream schoolteachers as part of the CBR approach. Done in consultation with the school headmaster, church volunteers can volunteer as teachers' aides to help the child with disability to integrate.

- **Home-based care:**

With appropriate resources and training, most children should be able to attend a school or an ELC. However, in India, until changes can be made and resources mobilised, children with disabilities may need to be supported to learn from the safety of their home. This is intensive and may rely on a parent, carer or even a church volunteer. However, this can be isolating and the goal is to get them into an environment with other children where they can socialise and be a part of the community setting.¹¹

- **Vocational training:**

This is an important type of education, which is sometimes found lacking in schools. Most mainstream schools, that do practice inclusion, do not have facilities for children with disabilities after the age of 18. Special schools also do not have vocational facilities. It is then that parents do not know what to do. If young adults have not been taught skills to keep themselves occupied, or earn some money, they sit at home, thereby becoming dependent. It also leads to a lot of abuse of them by other family members.

See UNIT 5: PERSONAL DEVELOPMENT AND FAMILY LIFE



Vocational training increases work skills like:

- Communication
- Basic maths and handling cash
- Hand-eye coordination
- Concentration and memory
- Safety awareness
- Reliability and time keeping

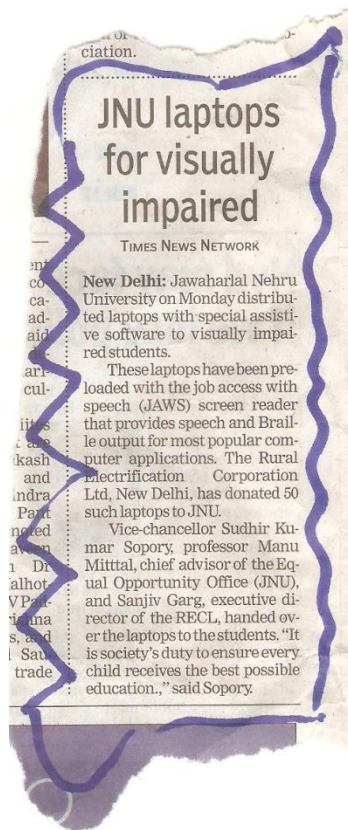
¹¹ *Literacy for Those With a Disability* article by Dr Nathan Grills & Dr Natalie Tan, Nossal Institute of Global Health, University of Melbourne, Australia

- Social skills

Types of work could include craft work, looking after plants, simple assembly, simple woodwork (sanding and polishing), domestic cleaning and washing dishes.

These skills really need to be part of all education from early intervention rather than only after 16 years of age. It is sometimes very late to teach basic skills to someone who is in their teens. However, it is not hopeless or impossible. NGOs and churches can supplement this vocational training by helping train in specific skills outside the schoolroom.

See UNIT 8: LIVELIHOODS for more on employment.



Well done JNU!

How many more students with visual impairment need laptops with JAWS?

Do you know of any?

Can you help them get laptops?

Be an advocate.

“Speak up and judge fairly; defend the rights of the poor and needy.” Prov 31:8

E. Results: What can we do?

Your experience:

Discuss the questions below in small groups of 5-6 and provide feedback to whole group.

1. How can we, as a Christian community, contribute to make education, formal and non-formal, accessible to children with disabilities within our schools?
2. How can we enhance and empower Christian families who have children with special needs?
3. How can we encourage our own children to be more disability-aware at school and in their neighbourhood?
4. How can we advocate for the education rights of children with disabilities?



An inspiring story to encourage any students with vision problems

• As a church

Christian institutions have long been at the forefront of providing good education in the country. It therefore also becomes a mandate for us to be at the forefront of including those with disabilities. We need to speak up and lead by example in the education of those with disabilities.

Christ has called us to be His voice among the nations. The redemption of all of creation to Christ forms the basis of our faith. This includes the whole fabric of community of which children with disabilities are a part. We are called to be a blessing and to minister to the whole person as Jesus did.

However, pushing children with disabilities to the fringes of society not only alienates them but also makes our society and community much poorer because of the gifts and talents that they bring us.

Scripture clearly states that each and every part of the body is important and integral to the whole (1 Cor 12:18, 21-25). We see clearly here how all are equally important in the kingdom of God. No part is 'useless' or 'not worthy'.

Speaking God's truth to the nation about disabilities is the calling of everyone who is a disciple. Living out that inclusion is our mandate.

Therefore, as Christians we need to lead from the front and be an example to the world. We must make all Christian schools barrier-free and accessible. This does not include just ramps, but the use of sign language, providing visual teaching learning materials, adjusting the social setting to promote acceptance, etc.

We should ensure education for all children according to the following education rights:

- Schools: Sarva Shiksha Abhiyan/Right to Education Act
Compulsory schooling up to 8th standard (14yrs), maximum 35 children in a class - local/government school or private school. Private schools to provide 25% seats free to those below poverty line
- See <http://www.upefa.com/upefa/rte/rte.pdf> (Sections 3,12,17,24,25& 28)
National Indian Open School: Correspondence (distance) education for anyone up to 12th standard
See <http://www.nos.org/>

Use Braille books and audio tapes and music for children with visual challenges.

Ensure intentional involvement by teachers or classroom assistants of children with disabilities in recess time, games, and other children's activities etc.

Prepare the larger community to involve those with disabilities in all social programmes, be it weddings, games, concerts, etc for the development of wider social skills.

Get to know any local special schools and offer to put on Christmas or Easter festival events or parties.

Encourage church youths to volunteer, maybe with outings or holidays for families with children with disabilities or young adults with disabilities.

See *UNIT 9: LEISURE* for more information.



- **As a Christian education professional**

Train in special education and bring a Christian perspective into the field of Special Education.

Ensure that the school where you teach has services for disabled children: that the school-built environment is fully accessible and that either classes are inclusive with the necessary classroom assistance available or that there are special classes for children with disabilities.

Provide assistive devices to those who are unable to afford them.

Reach out to the families of children with disabilities that are attending the school to ensure all-round support: access to government benefits, support to siblings and respite day care for parents' time off periodically.

Learning through play: recognizing shape, colour, size, hand dexterity. Play gives a sense of achievement and an opportunity for praise and encouragement that builds confidence and self-esteem.

- **As an individual**

As a youngster looking for a worthwhile, service-oriented career, you could train in Special Education. Courses are available in Delhi (ASHISH Centre, Dwarka Mor, West Delhi) and other places in India (Karuna Vihar, Dehradun).

As a homemaker, you could offer to volunteer for a few hours a day or week at a nearby special school or mainstream school that needs classroom aides to assist children with disabilities.

As a neighbour to a family with a child/children with disabilities, you could encourage your own children to go around and play, help with homework, invite to a birthday party or take on an outing.

As a church volunteer you could be a teacher's aide, undertake outside school tutoring for children with disabilities and visit homes to help children with disabilities learn.

F. Resources - print, online and on disc

Online

- Rehabilitation Council of India – information on certified special education and other rehabilitation courses www.rehabcouncil.nic.in
- Accessibility for the Disabled - A Design Manual for a Barrier-Free Environment <http://www.un.org/esa/socdev/enable/designm/>
- WHO CBR Guidelines www.un.org/disabilities

DVD Resources

- WHO CBR Guidelines: Education Component PDF
- *Literacy for Those With a Disability*, article by Dr Nathan Grills & Dr Natalie Tan, Nossal Institute of Global Health, University of Melbourne, Australia
- EHA Advocacy Manual *Claiming-Our-Rights-English-v4-April-2014.pdf*
- Right to Education Act 2009 RTEAct.pdf



Photo: Anugrah Programme,
Herbertpur Hospital, Dehradun.



LIVELIHOOD



UNIT 7: LIVELIHOODS

- A. Introduction – poverty and unemployment**
- B. Objectives – livelihoods for productivity and dignity**
- C. Understanding livelihood options – beyond crafts**
- D. Results – what we can do**
- E. Conclusion – inclusive employment benefits society**
- F. Resources – online and on disc**

A. Introduction – poverty and unemployment

People with a disability in developing countries experience greater poverty than those without a disability. According to the International Labour Organisation (ILO), unemployment rates amongst people with disabilities are as high as 80%. There are many possible reasons for the relationship between poverty and disability including lack of education for children with disabilities (either because of poor accessibility or unwillingness of schools to adapt to the special needs of children with disabilities). Poor education opportunities among people with disabilities subsequently mean that employment rates are lower. Even people with disabilities who do manage to get an education often face obstacles to gaining employment because employers are reluctant to hire people with disabilities due to the belief that they will not be productive or that there will be difficulties catering to the special needs of employees with disabilities.



However there is much evidence to show that if a people with disabilities is given the opportunity to work and earn his/her living, the result is a dignified livelihood, increased independence and the ability to contribute to family life. Employment tends to develop the confidence of individuals as well as

increasing their ability to function as productive members of society. Furthermore, people who are economically active typically gain greater respect in mainstream society. For adults who have become disabled perhaps from an accident or illness, the primary goal is to return to gainful employment as soon as possible.

The Church and the wider Christian family can work to assist people with disabilities to help develop their potential to participate as productive members of society, generate an income and increase their independence and self-sufficiency.

[Deuteronomy 15:4-6](#)

No one in Israel should ever be poor. The Lord your God is giving you this land, and he has promised to make you very successful, if you obey his laws and teachings that I'm giving you today.

You will lend money to many nations, but you won't have to borrow.

You will rule many nations, but they won't rule you.

B. Objectives – livelihoods for productivity and dignity

The objectives of this unit are:

- to create an understanding of livelihood options for people with disabilities. Here we will look at the different ways that people with disabilities can be included in mainstream employment.
- to encourage church communities to employ people with disabilities and train them for all jobs in the church. Here we discuss how people with disabilities can be involved in employment in the church.
- to encourage employers in the church (businessmen, legal and accounting firms, doctors, NGO's, etc) to show Christian love through inclusion and positive discrimination by actively seeking applications and recruiting people with disabilities when job vacancies arise.
- to help lay Christians advocate for more inclusive employment and find ways to contribute to the livelihood of people with disabilities.

C. Understanding livelihood options – beyond crafts

• Livelihoods and education

Livelihoods for people with disabilities should be considered in the context of inclusion and ability. To have the best opportunities for independent living and employment in adult life, children need access to education, whether mainstream schooling (which should be the case as far as possible) or special schools with teachers trained to work with particular disabilities. In addition to teaching literacy, numeracy and other practical skills, the school environment also helps children to develop social skills. Those children with multiple disabilities or cognitive disabilities benefit from the communal aspects and disciplines of attending school, and in special schools can be taught skills that might allow them to participate in productive work in adult life. Some special schools have vocational training units that teach basic work skills, often through craft work, but aiming beyond that to open employment.

See UNIT 6: EDUCATION for information about different learning opportunities for persons with disabilities

Education is a safeguard against a life of begging. In Indian culture, individuals are prepared to provide for beggars, especially those with visible disabilities. In many cases however, a person resorts to begging only when it seems as if there is no other option for them. Once a person receives an education, two things typically happen. The first is an increase in employability, negating the need to beg. The second is that an educated person is better equipped to identify alternative options to begging, such as gaining further training or applying for social benefits.

A child blinded to beg better**An incident from the Oscar-winning movie, *Slumdog Millionaire***

A handsome young man is the front-man of a very horrible child begging racket. He picks up two orphan boys, Salim and Jamal, from a Mumbai rubbish dump. He entices them with cold drinks and takes them to his 'children's home' where they are fed well.

Salim, older and bolder, is groomed as a leader and assists the adults in their work until he sees them, with cruelty beyond words, deliberately blind one boy. The boy can sing well, so when he is blind he can attract more money begging.

Is this just a film story or a cruel reality?

Girls and young women with disabilities are known to face double discrimination on account of their gender and disability. For girls and women with disabilities, education is of utmost importance as it assists them in overcoming their disadvantages by gaining self-confidence, entering the job market, achieving their potential earning capacity and contributing to the family unit.

Teaching core life skills at The Leprosy Mission

Vocational training centres run by The Leprosy Mission in India for young people affected by leprosy teach a wide variety of technical skills such as motor mechanics, tailoring, welding, electronics, radio and TV repair, stenography, sericulture, offset printing and computing. Students learning these skills graduate with qualifications recognized by the Government. But the centres also make a strong point of teaching other types of skills, especially business management and core life skills.

The core life skills curriculum covers three areas: developing personal skills, developing coping mechanisms, developing fitness for a job.

Personal skills include self-esteem, personality development, positive thinking, motivation, goal-setting, problem-solving, decision-making, time management and stress management. Coping mechanisms include how to deal with: sexuality, shyness, loneliness, depression, fear, anger, HIV/AIDS, alcoholism, failure, criticism, conflict and change. Fitness for a job includes leadership, team work, career guidance and the work environment.

Core life skills are taught in three ways: (a) through a timetable and activities which emphasize early rising, personal and environmental cleanliness, punctuality, responsibility, leadership and concern for others; (b) through the example of centre staff; (c) through weekly classes.

These centres have a rate of job placement for their graduates of more than 95%. There are three main reasons for this success. First, employers are looking for candidates with a strong sense of responsibility and this is inculcated through the core life skills training; local employers know that graduates of The Leprosy Mission centres have high personal standards. Second, The Leprosy Mission has very active job placement officers who have excellent relationships with local businesses. Third, The Leprosy Mission centres have a strong alumni association which keeps graduates in touch with each other and with their centres, helps new graduates to find jobs and helps those in jobs to keep them.



- **Job skills training**

This is essential to enhance the opportunities for viable livelihoods. It has been shown that people with disabilities do not waste opportunities of training and employment, and often outshine others.

- **Mainstream livelihoods**

Once an adult, the ultimate goal will be for a person with disabilities to find employment, preferably mainstream employment, where he/she is employed on the basis of ability, interest and suitability for the job. In the case of a person with cognitive or multiple disabilities, sheltered workshops can provide an alternative option for employment. However, there are a growing number of examples where even people with cognitive disabilities have been able to find employment in companies that have identified positions where they can be most usefully employed.



Ram, who although on crutches, uses electric plant machinery for carpentry work

There is a growing understanding in the employment sector now that, with adaptive technologies and innovative approaches, there are few areas of employment that cannot be taken up by a person with disabilities given the right education and opportunity. Examples might be hearing-and-speech-impaired people working in the front office of a five star hotel. Whilst they may be unable to talk to customers, they can very well handle the on-line bookings so essential for good business. Another example is utilising technologies such as screen reader software to allow visually-impaired people to participate in employment.

Travelling to work and accessibility in the work place are often a major challenge for people with disability. Reaching places of work, being able to get into the building, up the stairs, behind the desk, to the bathroom, etc, can be difficult but are not insurmountable. Help and guidance for constructing accessible and inclusive workplaces is available to willing employers.

In all cases, employment is a means to independence and wider social inclusion. The more that people with disabilities are included in mainstream employment, the more employers will be able to identify and understand their capabilities and capacities.

- **Self-employment**

Self-employment options are many and varied and may include a one-woman tailoring business, keeping a small petti-shop, owning a photocopy machine, keeping livestock or even running a major business enterprise. For such enterprises to be successful, it is essential to make sure that the person is equipped with the right knowledge to be self-

employed. In some cases, a support team of family or friends or an employee might be necessary to allow the business to run smoothly, for example, people with disabilities may require assistance to go to the market to buy stocks or raw materials. Self-employment is often a great option for very poor people who have not had the benefit of education. The NGO, Family of Disabled in Delhi was started by a remarkable man with high-level paraplegia and successfully gives small start-up funds to people with disabilities who want to set up as small street vendors.

Jai Nath Singh is a 25-year-old man with polio in both lower limbs and is unable to stand and walk. But today, he has helped another man by helping him earn a salary of Rs 2200 per month for working in his shop and handling his tea stall.



Like any person with disability with the desire to be self-sufficient and independent, Jai Nath Singh came to Delhi 3 years ago in search of work. After proving his capabilities, he found work in a shoe factory, in Naraina Vihar, New Delhi, which was far from his house in Okhla. He had great difficulty in commuting and quit working there. Meanwhile, he kept exploring the possibility of earning a living on his own. He moved to Naraina Vihar to live with friends from his village and opened a tea stall near where he worked previously, to start serving the workers of the same factory. He was

earning well but wanted to grow his tea stall by adding other eatables to it.

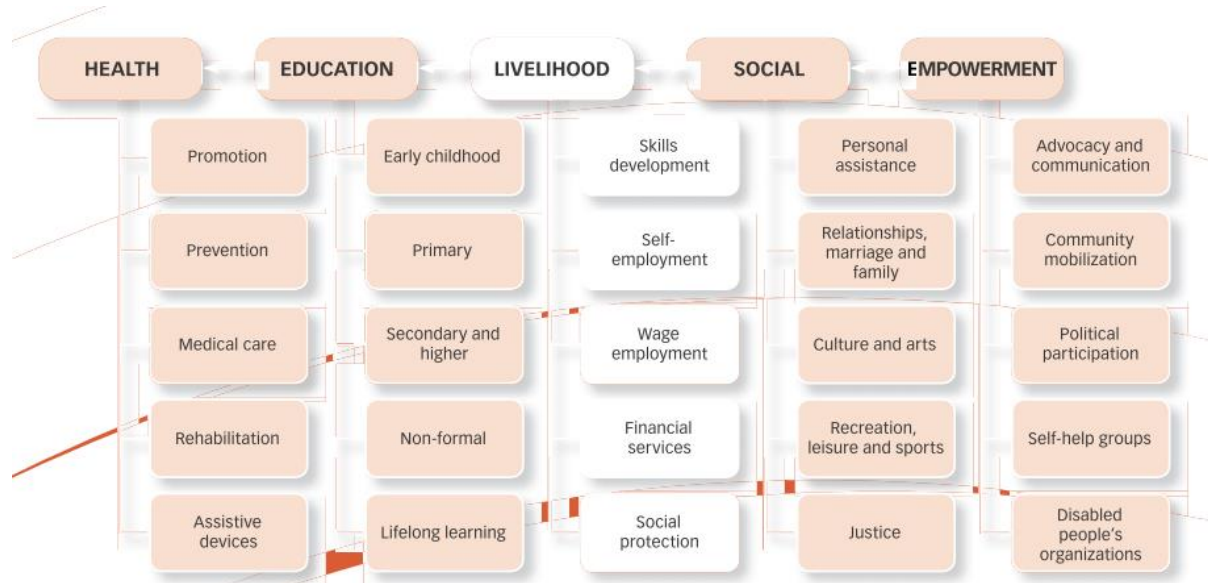
He approached Family of Disabled for financial assistance and seeing his zeal and will to grow in life they helped him. The results were fruitful with his daily earnings rising to Rs 200-250 every day.

His vision is to increase his potential to be self-sufficient, and for that he has learned mobile repairing and will soon start a centre to teach others and earn. Jai Nath is a perfect example of “Where there is a will there is a way”. <http://familyofdisabled.org/where-there-is-a-will-there-is-a-way-jai-nath.html>

Despite the benefits of self-employment for people with disabilities, not everyone is suited to self-employment, perhaps because of lack of confidence or the necessary discipline to work without direction. Gaining access to working capital can also be a challenge as all forms of self-employment require some financial resources to get started. Inclusive self-help groups involved in savings and credit schemes can be a source of capital for people with disabilities. Organisations involved in the promotion of self-help groups for micro credit should remember to include people with disabilities as members.

A Community-based Rehabilitation [CBR] programme can include employment as one of the five strategies - Health, Education, Social, Empowerment. The outline below is from WHO CBR GUIDELINES EMPLOYMENT.

See DVD Resources for more information about CBR



Goal

People with disabilities gain a livelihood, have access to social protection measures and are able to earn enough income to lead dignified lives and contribute economically to their families and communities.

Role of CBR

The role of CBR is to facilitate access for people with disabilities and their families to acquiring skills, livelihood opportunities, enhanced participation in community life and self-fulfilment.

Desirable outcomes

- People with disabilities have access to skills development and lifelong learning opportunities.
- Parents of children with disabilities advocate for access to education, skills acquisition and work opportunities for their children.
- People with disabilities have access to decent work opportunities without discrimination in a safe and non-exploitative environment.
- People with disabilities have access to microfinance services.
- Women with disabilities have equal opportunities for work and employment with men.
- Families of persons with disabilities, especially children and people with severe disabilities, have access to better means of livelihood.
- All poverty reduction strategies and programmes include and benefit people with disabilities and their families.
- The work of people with disabilities is recognized and valued by employers and community members.
- Local authorities adopt and apply policies and measures to improve the access to work for people with disabilities.
- People with disabilities have access to social protection measures as a right.

BOX 2

Convention on the Rights of Persons with Disabilities, Article 27 – Work and Employment (3)

States Parties recognize the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities. States Parties shall safeguard and promote the realization of the right to work, including for those who acquire a disability during the course of employment, by taking appropriate steps, including through legislation ...

WHO CBR GUIDELINES Employment
(p12)

Decent work

Not all types of work are desirable; it is important to distinguish between decent work and work which exploits and perpetuates poverty and lack of dignity. Decent work is work which dignifies and does not demean. The ILO describes decent work as follows.

BOX 3

Decent work: ILO definition

“Decent work sums up the aspirations of people in their working lives. It involves opportunities for work that is productive and delivers a fair income, security in the workplace and social protection for families, better prospects for personal development and social integration, freedom for people to express their concerns, organize and participate in the decisions that affect their lives and equality of opportunity and treatment for all women and men.” (5)

WHO CBR guidelines

<http://www.who.int/disabilities/cbr/guidelines/en/>

D. Results - what we can do

• The Church as the Employer

The call to serve in the church is open to all, including men and women with disabilities. If we make our church meeting places accessible and welcoming to everyone, including the proverbial lame and blind, then we might expect that some of them will feel called to ministry. Church can lead the way in society by employing Christians with disabilities for work in the church at all levels. Seminaries and theological colleges can make known that they are more than happy to welcome students with disabilities and congregations can encourage young people with disabilities to enter fulltime ministry just as much as they would do any other young people in the church.

People with disabilities can participate in all types of ministry in the church, included paid ministry, just as well as people without disabilities. This is because they, like everyone else, offer “diverse gifts and viewpoints that will enrich the church as a whole”¹.

The very first practical step will be for church leaders to look at how welcoming the church buildings are to people with disabilities. One way of doing this is to invite members of the congregation who have disabilities (including their families and carers) to share their experiences of how barrier-free the physical environment is for them. Here we are talking about all types of barriers - not only whether a person in a wheelchair or using crutches can get into the meeting place but whether he/she can see and hear the preacher once inside. There are some organisations that can send auditors to assess the accessibility of those meeting places. There are also resources available online that can be used to make a self-assessment.

¹ <http://www.umcmision.org/Find-Resources/New-World-Outlook-Magazine/New-World-Outlook-Archives/2014/May/June/0527accessibilityisanotherword#sthash.s30oErFR.dpuf>

Once barriers have been identified, the church community can be asked to help address the shortcomings and welcome all in to the church congregation.

As people grow older, they may begin to suffer hearing loss, impaired vision, reduced mobility and some cognitive changes as a normal part of ageing. By making church barrier-free and inclusive, those people can continue to meet, worship and serve as before.

For more information on church accessibility refer to UNIT 3: INCLUSIVE MINISTRIES OF THE CHURCH

- **Employers in the Church**

MESH is an NGO in Delhi. We were approached by The National Association for the Blind Women's Centre to provide work experience to one of the young women in their training programme. Having never worked with visually-impaired people before, I asked to visit the centre and see what the young people could do. I was amazed to watch students deftly finding their way around the computer using screen readers that spoke to them and knew at once that we could invite a young woman to spend some time with us doing data entry work. But first, I asked if someone could visit and speak to the staff.

Three visually-impaired women conducted a question and answer session with all the staff and demonstrated JAWS software. Everyone wanted Sunita to join us. She spent several months in the main office, entering data and following up on calls arising from a listing on Just Dial yellow pages, building a data base of addresses and preparing case studies.

Watching her use the computer, manoeuvre around the shop and office, and interact with the members of the team convinced us all she was as competent as anyone. We extended the time she spent with us but as there was no vacant post at the time we could not afford to keep her on the team. We would certainly consider employing a visually-impaired person in the future.

Jacky Bonney, Former Executive Secretary, MESH

Raising awareness is important in the church because every church community will have members who are employers (for example, lawyers or accountants, architects or designers, farmers, businessmen, NGOs or senior people in hospitals and schools). As Christians, we are constantly challenged to show the love of Christ in the workplace. Christians who are also employers can show Christ's love through inclusion and positive discrimination toward people with disabilities. There are three main ways of doing this as an employer within the church:

- Contact institutions in the region that are providing special education or vocational training to young people with disabilities. Offer to take a person with disabilities onto your work team for work experience.
- When job vacancies arise, actively seek applications and recruit persons with disability from amongst those who are found to be suitable.

- Be willing to adapt, for example, consider changing the way you work now in order to provide opportunities to qualified persons with disability who might not be able to go out to work. For example, in this time of on-line connectivity it might be possible to employ someone with quite essential duties to work from home or to be located in a part of the office that is most accessible.

Vanita – a wife and shopkeeper



The ability to socialise with people on a daily basis and have a valued role in society is something we take for granted. For some this is a luxury that is simply not available, and what is worse is it is through no fault of their own – if you were born with a disability into a country that was not fully equipped to support you, how do you think you would cope?

For Vanita, this was her reality. Vanita was born completely blind. Being unable to see her whole

life, put a lot of responsibility on Vanita's parents to keep her out of harm's way. But without the resources for training and education, the only way they could do this was by keeping her in the house all day, every day.

Sightsavers joined up with India-based Dalit Sangh, a civil society movement for the development of the poor and needy, to start a three-year Community-based Rehabilitation and Inclusive Education programme which would help improve the lives of people like Vanita. In addition to combating blindness and the rehabilitation of those who were irreversibly blind, the programme focused on mobilizing other disabled groups, strengthening organizations and working with adolescent and youth groups.

Vanita was 18 when she was offered help from one of Sightsavers' workers. But at first Vanita's parents, frightened for her safety, were against her participating in any form of training. They did however agree to it once a local field worker reassured them that it would be vital in her steps towards leading a normal life.

Before Vanita met staff from the project, she said she would be left alone at home all day, due to this she was shy and felt very lonely and isolated. But with the support of her field worker, Vanita was taught skills in basic living, personal hygiene, orientation and mobility, money identification and was given assistance in applying for the pension of 150 IR (about £1.46) that she was eligible for.

"I feel like a responsible person now. I have learnt so much, I have my own kitchen for me and my husband... I am no longer dependent."

Now 23, Vanita is married and her husband, Hariesh, lives with her and her family. Thanks to the project, Vanita was able to set up her own shop outside her parents' house where she sells shampoo, tea, biscuits and soap to her community.

<http://www.sightsavers.org/stories/vanita/>

The impact when Christian businesses take this positive stand

- They can act as an example in their work sector that can lead to similar businesses taking the same action resulting in more employment opportunities for people with disabilities.
- The fact is undeniable that Christians can then lead the way, serving as a witness to God's love to the non-Christian community.

The Business Case:

Why consider a person with disability for employment?



- **Widens the candidate pool:** Employers of persons with disability have always found that an alternate but equally competent candidate pool is especially useful where the skill pool is limited or employees are in short supply.

Cafe Coffee Day has large number of branches across the country. The demand for brew masters is so high that they were always short-staffed when it came to brew master's position. EnAble India did the initial job analysis and found the brew master job most suitable for the hearing-impaired candidates, provided they found the right workplace solution. Once the workplace solution was identified, eligible candidates were identified, trained and placed. Today, nearly 120 hearing impaired brew masters are working in Cafe Coffee Day all over the country.

- **Promotes diverse workforce:** Many organizations have already recognized that diversity among their workforce brings many business benefits like creative thinking and innovation that promotes efficiency, productivity and overall business success.

Satyabhama, from TESCO, who is hearing impaired is always bubbling with ideas. One of her ideas has simplified the invoice processing method resulting in better productivity and quality of work. She also has won many awards for her efficiency. Read [Sathyabhama's story](#) here.

- **Creates an inclusive organization:** When employees are part of an inclusive organization, it boosts employee morale and team work. The new perspective helps in bringing out better and more inclusive products thus expanding the customer base.

Thoman Xavier, Operations Support Manager from Shell, says that the job of a petrol attendant is physically demanding. When fellow workers see that a person with disability is doing the same job cheerfully, it has a positive effect on the overall team. Read about [inclusion of disabled](#) here.

- **Embodiment of CSR (Corporate Social Responsibility):** A socially responsible company is appreciated by its customers and stakeholders, thereby improving its public image.

Persons with disability constitute 1% of Thomson Reuters' workforce in India. The company received the Helen Keller award in early 2008 for its efforts in providing employment opportunities for persons with disability. Read about our [collaboration with Thomson Reuters](#) here.

• **Change makers - advocates in the church**

As lay people, it is helpful to know that, "Most people with disabilities embrace the independent living philosophy which views disability as an inevitable part of life, and which views people with disabilities as a growing population of strong, independent, people with few differences from the rest of the population. The many inconveniences a person with a disability may experience are seen as the only real difference between people with and without disabilities²."

Once that is appreciated, then there will be an understanding that people with disabilities can work and wish to work, and should be given an opportunity to work and also that the inconveniences of having a disability can be eased with the support of the rest of the congregation.

² <https://www.disabilityinfo.org/mnip/db/fsl/FactSheet.aspx?id=77> The Massachusetts Network of Information Providers for People with Disabilities (MNIP)

- **Christian professionals striving for better workplace accessibility**

When Christian builders, civil engineers, interior designers, architects and designers of all kinds begin to insist on accessibility and universal design, especially in places of employment, they will professionally exercise Christian love towards people who are excluded because of lack of access. This in turn will make it easier for people with disabilities to be employed. For example, car owners and shop owners in the congregation can make sure that they are not blocking access and pathways that will make it impossible for people with disabilities to get to work. Also, members of the congregation working in public transport can do their part to ensure that all consideration is given to people with disabilities trying to use the bus or train to reach work.

- **Christians reaching out in support**

While we can make many small practical contributions to the employment of a person with disabilities, it is important to remember that people with disabilities should be involved in their own decision making. However, lay people can ask people with disabilities known to them if they can help in any way to overcome the inconveniences of disability and see if they can respond to their needs. If disability is not a taboo or hidden subject, then it will be easier for lay people to ask if they can help in some practical way, just as we might ask anyone else in the congregation who was coping with inconveniences.

Some examples:

- Offering to carpool with someone for whom getting to work by public transport is just too difficult
- Offering to be a companion to walk to work with a visually-impaired person
- Giving five minutes of your time to assist a person with a wheelchair to load it into an auto or car might be a simple act that can help a person in work without having to pay for an assistant,
- Offering to help write a CV, and/or circulate it amongst your known contacts can assist people with disabilities in gaining employment
- Finding ways to help support the education of people with disabilities
- Accompanying a young visually-impaired person to school or college might be all that is needed to ensure they complete their studies
- Offering to be a reader/writer for a visually-impaired student
- Providing one-to-one tuition to a child who is struggling to learn
- Taking care of siblings so that parents can spend extra homework time with a disabled youngster
- Offering to accompany a parent through the process of getting a disability certificate, which may be helpful in securing a college place and other state benefits
- Identifying and supporting the businesses of people with disabilities. Every sale of a good product made by a disabled person is a contribution towards their

efforts to work for a living and is yet another way of choosing to show the love of Christ in your everyday life.

E. Conclusion – inclusive employment benefits society

Persons with disabilities and their families benefit clearly from self-sufficiency leading to increased dignity and respect. Many socially responsible organizations have recognized that diversity among their workforce brings many benefits like creative thinking and innovation that promotes efficiency, productivity, and creates a positive, more humane environment. Christians can take and make opportunities in any of their work places, benefitting society and building Kingdom communities.

F. Resources – online and on disc

Online

Creating an accessible and barrier-free Church and workplace

- **Providing a barrier free, accessible environment:** This handbook for architects can be useful for anyone wanting to see what it means to have a barrier-free and accessible workplace (and Church) <http://cpwd.gov.in/Publication/HandbookonBarrier.pdf>
- Samarthyaa is a Delhi-based organisation that can help with assessing how barrier-free and accessible your church or workplace is.
B-181, Manasarovar Garden, New Delhi – 110015, Mobile 98105 58321
Executive Director - Anjee Agarwal, Programme Coordinator - Sanjeev Sachdeva
- **Guidelines for creating accessible events :** <http://www.inclusive-development.org/cbmttools/part3/1/Accessiblemeetingsorevents.pdf>

Employing people with disabilities

- *Disability Handbook for Industry* – ITC Hotels
<http://www.itchotels.in/custom/Disability%20Handbook%20for%20Industry.pdf>
- *The Business Case: Why consider person with disability for employment?* http://enable-india.org/new/index.php?option=com_content&view=article&id=10
- *Guidelines for providing certain facilities in respect of persons with disabilities who are already employed in Government for efficient performance of their duties* – a Government memo
http://www.ccdisabilities.nic.in/content/en/docs/36035_3_2013-Estt.Res.-31032014.pdf
- *WHO CBR guidelines on employment* <http://www.who.int/disabilities/cbr/guidelines/en/>

DVD Resources

- *Enable India*
http://enable-india.org/new/index.php?option=com_content&view=article&id=10
- *Shanti's story Nepal.docx*



EMPOWERMENT



UNIT 8: EMPOWERMENT

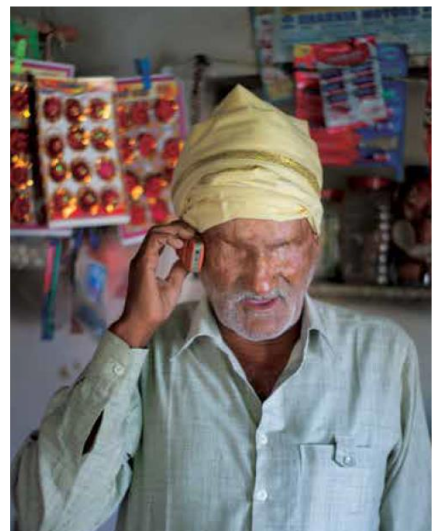
- A. Introduction – speaking truth to power**
- B. Objectives – building up people-power**
- C. Empowerment approaches – understanding people-power**
- D. Upholding rights – duty-bearers, holders and watchers**
- E. Results – what can we do?**
- F. Conclusion – your God chose you!**
- G. Resources –online and on disc**

A. Introduction – speaking truth to power

Empowerment is currently, perhaps, an overused word in some circles. What does the word mean? The term empowerment implies making people more powerful - especially people who start with little or no power. What kind of empowerment do we mean? In this unit, we will consider empowerment as a tool to achieve justice. Empowerment often goes hand-in-hand with advocacy as people speak out on behalf of the powerless to counteract that which is unjust and unfair. The ultimate aim of a process of empowerment is to support people with disabilities to be self-advocates, able to speak truth to power.

Empowerment is a re-ordering or re-balancing of power; it requires a sharing of power. It may involve inviting to the table of decision making those previously excluded.

Indian society tends to exclude children and adults living with disabilities from enjoying a decent quality of life as citizens in both villages and towns. Society is still strongly patriarchal and women continue to face distinct marginalization and disempowerment. Women with disabilities often experience double disadvantage in society. Consequently, they require special attention as we seek to create inclusive societies. Even though people with disabilities and their families constitute a significant percentage of the population of India they are often unable to access entitlements, gain employment and attain a high quality of life. This is in spite of the implementation of ["The Persons with Disabilities \(Equal](#)



Sankarlal Bishnoi runs a shop and is the spokesperson for a DPO (disabled people's organisation) supported by Sightsavers in Bikaner, India.

[Opportunities, Protection of Rights and Full Participation\) Act, 1995"](#) ¹. Therefore, it is imperative for other actors to come alongside people with disabilities and their carers to help access various entitlements.

The biblical perspective of inclusion and empowerment shows in the economic provisions made for widows, orphans, foreigners and others in need or oppressed. God's law provided for them, for instance in Deut 14:29. It was the citizens' duty to help them and the king's task to uphold the law with justice.

Esther was a brave advocate for her own people, speaking to the King to save their lives. Mordecai, her cousin, sent a message to Esther the queen:

"Ask her to go to the king and beg him to have pity on her people, the Jews! If you don't speak up now, we will somehow get help, but you and your family will be killed. It could be that you were made queen for a time like this!"

She replied, "I will go in to see the king, even if it means I must die." Esther 4: 8,14,16

She risked her life, to speak up and to save the oppressed Jews unjustly threatened with death. She was a fore-runner of Jesus, the true saviour of her people.

Bearing in mind again the relationship between empowerment and justice, we can use Proverbs 31: 8-9 as a helpful goal of empowerment, to attain the rights of people in need.

Speak up for those who cannot speak for themselves, for the rights of all who are destitute. Speak up and judge fairly; defend the rights of the poor and needy. [NIV 2011]

B. Objectives – building up people-power

The objectives of this unit are:

- to develop a biblical understanding of the use of power, the growth of competence, responsibility and leadership, especially in advocacy, speaking truth to power,
- to develop a conceptual understanding of disabled people's organizations [DPOs] and their significant role in empowering people with disabilities as self-advocates,
- to build knowledge and capacity on the use of the PWD act (Persons with disabilities act) & RTI Act² for accessing/assessing information about any work of a government dept., including personal applications for schemes and services, and
- to achieve wider inclusion by campaigning for the passing and implementation of the new Right of Persons with Disabilities Act and the meaningful application of the new Sustainable Development Goals.

¹ <http://www.disabilityaffairs.gov.in/content/page/acts.php>

² www.righttoinformation.gov.in

C. Empowerment approaches – understanding people-power

- Empowerment is often considered on an individual basis – empowering individuals to become self-advocates. The concept of empowerment is broader than this, however, and should be on a community-wide level.
- Empowerment is:
 - gaining a realistic idea of one's self: with self-confidence, self-motivation, self-control to be a self-advocate,
 - making use of personal assets such as information, knowledge, skills, experience, capacity for work, family assets, associations with decision-makers and leaders in the society, to contribute to the community,
 - recognizing and taking advantage of legitimate freedoms: freedom of choice, freedom of movement, freedom of speech, freedom to flourish, even freedom to serve others and freedom to fail,
 - (Empowerment through CBR) is assisting people with disabilities to develop advocacy (the freedom to enjoy and assert one's rights) and communication skills, and to take appropriate opportunities and support to - express their needs and desires effectively³,
 - working on behalf of others who are on similar journeys but with fewer opportunities.

- What does the Bible tell us to do as advocates?

The verse in Proverbs 31: 8-9 gives us an idea of what it might look like to act as a godly advocate. This passage refers to the laws that governed Jewish society - God-given laws, where widows, orphans and foreigners were to be cared for by the society because of their vulnerability. (Deut 14:29; 16:11, 14; Isaiah 10:2; Mal 3:5) Another version of this passage reads, "But you must defend those who are helpless and have no hope. Be fair and give justice to the poor and homeless." (CEV) From here we gain a vision of advocacy – speaking out on someone else's behalf in the face of injustice.

- **Jesus' mission is to save everyone in every way**

- **Jesus' mission to save people holistically - bodies and souls**

Jesus' ministry, in brief, involved preaching, teaching and healing. He healed when others could not, for example, giving sight to the blind, healing the boy with fits, disturbed and self-destructive behaviour, healing the woman bleeding for 12 years, and, most notably, bringing dead people back to life.

In his declaration in Nazareth about the reason for his coming to earth (Luke 4:14-21), he not only talked about healing and bringing good news to the poor but he also spoke about releasing captives and setting the oppressed free. Jesus met both the spiritual and physical needs of men and women. He gave not just physical but also spiritual

³ WHO CBR GUIDELINES: Empowerment www.who.int/disabilities/cbr/guidelines/en/ See RESOURCES for PDFs

sight. He set free people from spiritual as well as physical and social oppression. As John 10: 10 says, he came “that they may have life, and have it to the full”.

- **Jesus’ mission to save people from injustice**

So, as we take seriously the work of preaching, teaching and healing, we also need to take seriously the work of overcoming oppression and captivity, marginalization and social discrimination. These forms of injustice are very present in our world and contribute to causing poverty, ill health and greater degrees of disability. Poor health and disability need to be addressed in a wholistic way, by working towards social justice.

Psalm 146: 5-7 says “Happy is the (person)…, whose hope is in the Lord his God… who gives justice to the poor and oppressed. (Living Bible)

Isaiah 1:17 reaffirms “See that justice is done. Defend widows and orphans and help those in need.” (CEV)

- **Jesus’ mission was God’s love and justice in action**

Jesus brings reconciliation between God, humankind and the created world. This is part of God’s redemptive work to restore all of creation and bring about the fullness of the Kingdom of God – a work that will be made perfect at the second coming of Jesus. Col 3:10-11.

- **Church and mission action: correcting unjust exclusion of people with disabilities in society**

- **Medical mission serving the marginalised**

Medical mission has an honourable history of working with the poor and marginalized, for example, with those affected by leprosy, populations in remote places or with the marginalized communities like tribal people, where there are no other health services.

- **Advocating to save people with disabilities and their families from unfair lack of services**

Despite the many good outcomes that medical missions have achieved, such missions have usually not focused effort on challenging the underlying reasons for unjust healthcare provision. In many cases, medical mission models have met the healthcare needs of populations, but have often not acted to provide broader and more widespread solutions. For example, medical missions may have effectively treated polio but not always been at the forefront of vaccination programs. Direct interventions, such as those provided through medical services are necessary and beneficial; however, advocacy can take these interventions a step further, pushing for prevention rather than just cure.

- **Advocacy based on goodwill and cooperation with the authorities**

Advocacy should not be aggressive or confrontational. The basis for advocacy should be compelling and, where possible, assisting the government to fulfil its responsibilities under the law (for example, People with Disabilities Act 1996, Right to Education 2009, National Trust Act, Rehabilitation Council of India Act, etc, and international

obligations, such as the UN Convention of the Rights of the Child 1989 and UN Convention of Rights of Persons with Disability 2007).

D. Upholding rights – duty-bearers, holders and watchers



Solidarity or coming alongside someone in need is a kind of support that gives strength and empowerment.

Amir Khan on *Satyamev Jayate* standing with this girl is a form of advocacy. With his profile as a major celebrity and his use of the national media, Amir Khan is a powerful advocate. See the special episode of Satyamev Jayate at <http://www.satyamevjayate.in/watch-the-episodes/persons-with-disabilities/watch-full-episode-english.aspx>

- The rights of people with disabilities - Disability Benefits, National Social Assistance Programme



Ministry of Social Justice and Empowerment

Department of Social Justice and Empowerment
Department of Disability Affairs

Govt. of India

- In order to access government schemes and benefits, people with disabilities first require a disability certificate. Disability certificates are given when an individual has more than 40% impairment as determined by the Chief Medical Officer at the local District Hospital.
 - Once a person has a disability certificate, they can then apply for a disability pension from the Department of Social Welfare if they are between 18 and 59 years of age and below the poverty line (BPL). Disability ID cards, hand-propelled tricycles, housing grants, etc., can also be obtained as listed here <http://socialjustice.nic.in/schemespro3.php>.
- Schemes under the Implementation of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 include:
 - incentives to employers in the private sector for providing regular employment to persons with disabilities,
 - District Disability Rehabilitation Centres (DDRCs),
 - awareness generation programme,
 - technology development projects in mission mode,
 - Deendayal Disabled Rehabilitation Scheme (DDRS) to promote voluntary action for persons with disabilities.

- The DDRS aims to facilitate delivery of various services to people with disabilities by voluntary organizations (DPOs, NGOs, FBOs). This is administered by the Ministry of Social Justice and Empowerment and provides grants to NGOs for various projects including:
 - vocational training centres,
 - sheltered workshops,
 - special schools for persons with disabilities,
 - project for pre-school and early intervention and training,
 - project for community-based rehabilitation,
 - project for human resource development,
 - seminars / workshops / rural camps,
 - project for legal literacy, including legal counselling, legal aid and analysis, and evaluation of existing laws,
 - environment-friendly and eco-promotive projects for the handicapped,
 - grant for purchase of vehicle, computer
 - project for low vision centres,
 - half way home for psycho-social rehabilitation of treated and controlled mentally ill persons*
 - District Disability Rehabilitation Centres (DDRCs)

Mentally ill 40-yr-old killed by TN parents

Coimbatore: In a case of filicide, a couple on Saturday allegedly thrashed their 41-year-old mentally challenged son to death because of his "unprovoked physical assaults" on them, police said.

The couple—Kishanamma and Mahalakshmi—beat their son with a hammer and an iron rod, resulting in his death, in their home on Saturday morning, police said.

Rajendran, who has some mental disorder, started abusing his wife and nine-year-old son without any provocation, said. Unable to bear the physical abuse, his wife left the house with their son, who was hospitalized, but did not improve, en-

In an unfriendly world, mentally ill come home to kin

Chennai: Every time residents on Erikkarai street in Tambaram here wake up to the rumble of metal shutters opening, they know Venugopal D and Sriam V have started their day. While the former wipes the humming refrigerator and the glass display containing grocery items, the latter pores over the accounts of the previous day.

What the neighbourhood doesn't know is that before schizophrenia grabbed

Poorly Equipped Units Add To Woes Of Elderly, Infirm

Ambika Pandit
@timesgroup.com
TOI 28-1-16

New Delhi: Digambar Singh thinks the allotment of a new flat is more a curse than a blessing. Having lived most of his 60 years in an illegal hut in a slum in Jwalapuri, he thought he would finally get to live a decent life when he was allotted a flat at Bapraula in far-flung northwest Delhi. He sold the only piece of land he owned in UP and paid the Rs 1.42 lakh for the unit at the "relocation and rehabilitation" scheme at Bapraula. In November last year, when he moved from Jwalapuri to his new house, he found that flat no 594 C allotted to him was on the fourth floor.

Singh had lost both his legs in an accident a decade ago, and the Delhi Urban Shelter Improvement Board (DUSIB) has now burdened his august years by making him negotiate narrow flights of stairs to reach his new residence. Literally in tears as he sat on his wheelchair in the small flat, Singh sighed, "When DUSIB told us about the relocation, officials had noticed my condition, but I have been given a fourth floor flat. I have been pleading for help, but there appears to be no solution in sight."

Similar stories of a poorly executed relocation exercise are being told by elderly and infirm residents languishing on

angered by the ill-planned resettlement process because they took expensive loans and exhausted their savings to pay DUSIB Rs 1.42 lakh as down payment for the general-category flats, which included Rs 30,000 for maintenance for five years. Those in the SC category paid Rs 1,000 for the house and Rs 30,000 as maintenance.

There is no school in the vicinity so many children have stopped going to classes. The nearest bus stop is a good 1.5km walk away. There are muddy patches in the name of playgrounds, and the buildings show severe seepage and leaking roofs.

The absence of piped potable water and the open dra-

STUCK: Digambar Singh who lost both his legs in an accident has been allotted a flat on the fourth floor at Bapraula

E. Results: What can we do?

The offer of government grants for NGOs is an opportunity for Christian individuals and NGOs to become involved in disability inclusion work. This might include for example:

- Churches that are beginning to provide senior citizens' homes could include accommodation for people with disabilities expansion of an existing church training centre to include those with disability, and apply for support from the DDRS to do this.
 - Churches could apply to DDRS to run half way homes for mentally ill.
- **Supporting the advocacy of people with disability**
This can be done at different levels but ultimately we want to empower the persons with disabilities to be the advocate. This can be done in one or more of the following ways:
 - Approaching a person in power (for example, a government official or a senior company decision-maker) to speak on behalf of the powerless with the necessary information of the services due, the reality of actual provision and a specific request
 - Approaching people in power by 'opening the door' - by going in front and linking them to the appropriate leaders
 - Approaching people in power with the less powerful at your side and speaking together
 - Approaching people in power with someone growing in power speaking for themselves, with support in the background
 - Approaching people in power by someone empowered speaking for themselves
 - Approaching people in power by someone empowered speaking for a group of the least powerful

- **Support a Project building empowerment for self-advocacy**

World Vision, India, has carried out a successful project of 3 years for children with disabilities.

Our Voice – 'The State Assembly of Children with Disabilities' was designed to provide an opportunity for children with disability to learn and participate in the process of advocating for their rights and priorities. Children with disabilities

from Area Development Programmes, Projects and NGOs joined to discuss with policy makers



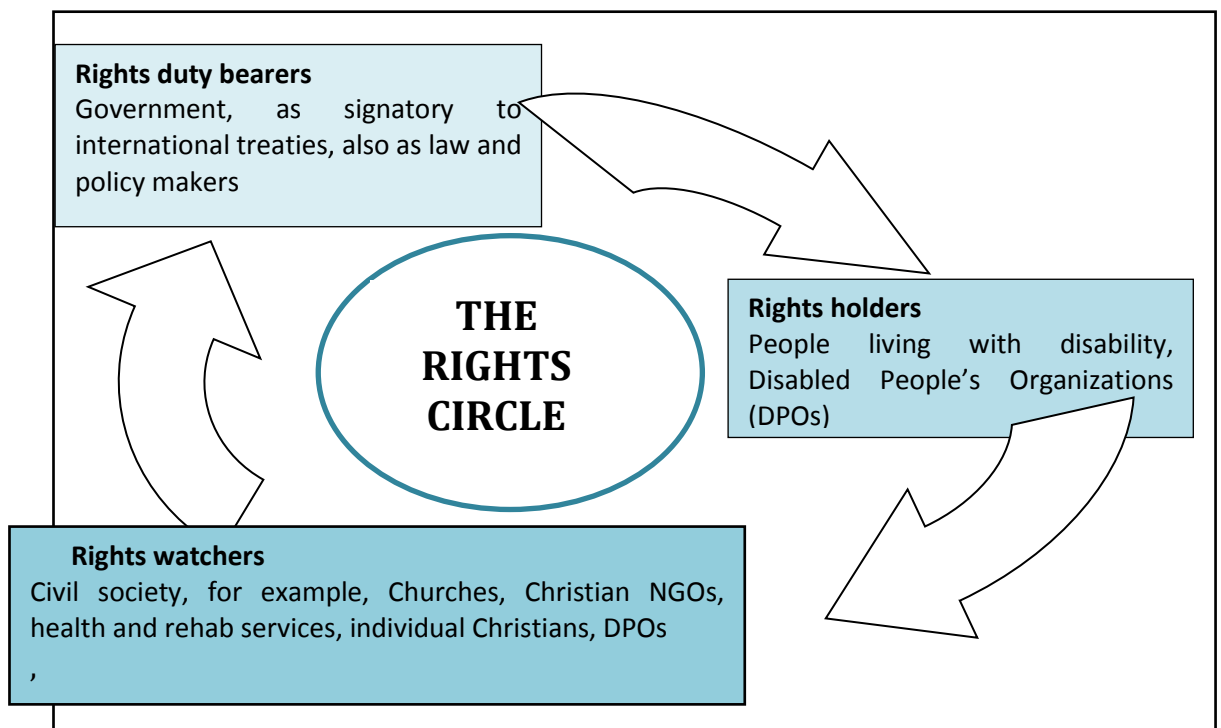
the contexts and issues that make them vulnerable. In the process, children were educated on their rights and responsibilities as future citizens of the country. These assemblies also helped the children to build their confidence levels and showcase their talents. Children produced a report on 10 demands for Government policy makers, which included recommended strategies/solutions on how to address these issues. The report was endorsed by a panel in the assembly who heard the voices of these children and then was disseminated to the government, policy makers, political leaders at the block, district and state level to sensitize them on the children's issues and to influence policy and prioritization for the 2014 election manifesto.

- **Building local Disabled People's Organizations [DPO] for mutual support and advocacy**

- A disabled people's group is made up of people with disabilities who join together based on shared interests and/or attributes. This might happen quite informally at first and a church is ideally placed to arrange a meeting for a group of people with disability to talk through their issues.
- Over time, a formal community-based organization (DPO) might be formed where members of the group own and manage the group themselves, often with initial training and on-going support. As community-based organizations, DPOs have a local area presence and have the capacity to affect change in the areas in which they exist.
- The advantages of DPOs - working together works! There is long tradition of community-based organizations (CBOs) operating at various levels in India. Development actors have increasingly realized the importance of inclusive development, whereby the objects of development - the disadvantaged - are heard and included in the development process. The ultimate focus of any development programme should lie in building the capacity of local communities, which is the way for sustainable long-term development.
- There are now numerous success stories of how DPOs, when capacitated, not only leverage government entitlements and facilities for their members, but also work to counter discrimination in their communities.
- Whose reality counts? Development practitioners, including Christians, have found that changes in their own personal behaviour and attitude are fundamental for promoting the participation of people with disabilities. Again and again, in the process of promoting development, we have rushed and dominated, imposing our reality, and denying that of the weak and vulnerable. Empowering those with disability requires us to change, to interact in new ways, to step back from controlling, and rather aim to become facilitators, enabling those who are weak and marginalized to express their views and act to change their own realities. We need to rely on the strength of people with disabilities, recognizing their capacity as key contributors, rather than focusing only on their needs.

- **Key characteristics of good DPOs**

- The members live in the same locality and have a shared vision, commitment and set of values.
- The group itself identifies their own priority areas.
- Groups are transparent and accountable in their functioning.
- Members build networks to gain information and build alliances to leverage resources.
- DPOs mobilize local resources by collective action for their development, including government schemes and benefits.
- DPOs are both rights holders and rights watchers. Others who are in solidarity are rights watchers. Both hold the government to account, who are the rights duty-bearers.



- **Key challenges of DPOs**

These include poor communication, difficulty accessing resources, ineffective group management and leadership skills, poor strategy for capacity building and low understanding of accountability and transparency. Diversity of social backgrounds and uncertainty of land status in urban slum areas has jeopardized formation and functioning of DPOs. In addressing such challenges, external groups like churches can play an accompaniment role.

- **Starting a DPO: a how-to guide**

- **Pray.** I mean it! Do not skip this point! “God, please give me the people you want to bring together in my group.”
- **Start by building relationships:** Be friendly and accepting of everyone – some people with disabilities will be easy to connect with and others will not. You will learn from both. Know that God has answered your prayer no matter who ends up in your group.

- **Build friendships with people you are gathering for your group:** Visit them at home or talk to them at other community meetings, social gatherings (pick them up or tell them to meet you there and introduce the idea of getting together as a like-minded group. After a week or two, when four or more commit to meeting as a group, have your first meeting. Keep inviting more to join.
- **First meeting - plan well beforehand:**
 - Try to find an easily-accessible venue.
 - Consider helping with transport for people who have difficulty travelling.
 - Provide warm, friendly welcome and light snacks.
 - Provide introductions and the opportunity for everyone to get to know each other and the purpose of the group.
 - Put forward group values for discussion and decision.
 - Do a short study (for example, newspaper report on lack of access to schools) and discuss possible actions.
 - Begin developing group ownership, share responsibilities, write journal of meetings.
 - Plan the next meeting.
 - Close the meeting.
 - Consider a purpose statement for the group to discuss informally with people with disabilities.
 - After the meeting, make it a point to individually thank members for coming.
 - Be together. Develop friendships. Talk about anything. Eat together. Go to someone's house.
- **Using the Right to Information [RTI] Act of 2005⁴**
 - Purpose of the Act, how and where to file applications, and what to do with the information received.
 Right to Information is a fundamental right that every citizen has! The RTI provides all the information about the Government and what they are doing with the money from our taxes.
 We have the right to ask our Government for information about anything, like why the roads outside our houses are not fixed, why a ramp has not been built at the main post office yet, why a passport application is delayed, etc.
 - What does Right to Information mean?
 It includes the right to inspect works, documents and records or obtain information in the form of printouts, video cassettes or any other electronic mode.
 - What is the Application Procedure for requesting information?
 We can apply in writing or online in English, Hindi or in the official language of the area to the Public Information Office, specifying the particulars of the information sought.

⁴ <https://rtionline.gov.in/>

We will then be required to pay a fee, usually around Rs 10, unless we belong to the below poverty line category.

- o What is the time limit to get the information?

30 days from the date of application; 48 hours for information about the life and liberty of a person. Failure by government staff to provide information within the specified period is punishable by law.

- o Where do we submit the application for information?

We can go to the Public Information Office [PIO] of the Government department we are questioning or we can go to any of the designated post offices and submit the “fee” and “application” at the RTI counters. They will issue a receipt and acknowledgement, and it is then the responsibility of that post office to deliver it to the right PIO.

• **Successful advocacy – a few stories**

Here are two stories of empowerment from Project Sammalit Vikas Jankari run by ASHA, justice and development wing of CNI Sambalpur Diocese, Balangir, Odisha.

A small opportunity means great hope for many

Shamari Dharua, a 36 year-old woman, lives with her mother and elder brother in Jhankarpali village in Balangir District, west Odisha. This is a remote village without any opportunities, but despite this Shamari has hope for the future; she is a lady known for her hard work and enthusiasm.

Shamari went to school up to 7th class, which is good for a young woman of her age living where she does. What is more remarkable is that she has a 50% disability of missing one hand.

Shamari says, “I am comfortable with my disability and have never felt shame or regret because of it. I can do everything that other women can do.”

A Disabled People’s Group was formed in her area and Shamari’s skills and potential leadership were noticeable during the meetings at the village, GP and Block levels. So she was selected as the secretary of the Trishkati DPO of Jhankarpali Gram Panchayat. When she went to the first training to build DPOs, her leadership qualities sharpened and her interest grew to work for other disabled people of the gram panchayat.

Now Shamari has become a great role model in the DPO. She visits the homes of People with disabilities, collects data to build up the records on people with disabilities and passes on information on government schemes. Shamari accompanies many people with disabilities to the Block and other Government offices for pensions, medical certificates and other related schemes with successful results and without any support of a CBR worker or anybody else.



Against the odds

The life of Phulmal Pradhan is an example of how a wise person can beat the odds and move ahead. Phulmal is 40 years old and has a mobility problem but his biggest problem was that he was homeless.

When he joined the Disabled People's Organization in his area, Deogaon, Balangir, Odisha, he came to know about the various state government schemes for differently-abled persons - about a livelihood scheme and about the "MO KUDIA" housing scheme. Then he went to the Sarpanch to apply for them, but because of the Sarpanch's lack of information, he rejected Phulmal's application.



However, Phulmal did not lose hope: he contacted the ASHA CBR worker about this and asked about the guidelines to access the schemes. Taking these with him, Phulmal went back to the Sarpanch. The result was that the Sarpanch accepted his application and provided the solution to his biggest problem.

Let's celebrate and thank God for this means of service by the ASHA Project Sammalit Vikas Jankari of the CNI Church.

- The United Nations Conference on Sustainable Development has developed a set of sustainable development goals (SDGs) to succeed the Millennium Development Goals (MDGs), whose achievement period ended in 2015. The SDGs are to address all three dimensions of sustainable development - environmental, economic and social development. The SDGs run from 2015 to 2030. Disability is mentioned in the SDGs, specifically in education, growth and employment, inequality, accessibility of human settlements, as well as data collection and monitoring of the SDGs. Disability inclusion is also implied under all of the SDGs through the wording "for all". "For all" includes those with disability.
 - **Goal 4** on inclusive and equitable quality education and promotion of life-long learning opportunities for all, focuses on eliminating gender disparities and ensuring equal access to all levels of education and vocational training for the vulnerable, including people with disabilities. In addition, it deals with building and upgrading education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all.
 - **Goal 8** is a means to promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all. The international community aims to achieve full and productive employment and decent work for all women and men, including for people with disabilities, and equal pay for work of equal value. Closely linked is **Goal 10**, which strives to reduce inequality within and

among countries by empowering and promoting the social, economic and political inclusion of all, including people with disabilities.

- **Goal 11** would work to make cities and human settlements inclusive, safe and sustainable. So, Member States need to provide access to safe, affordable,

Win victories for truth and mercy and justice.
Do fearsome things with your powerful arm.

You are God, and you will rule forever as king
Your royal power brings about justice.
You love justice and hate evil.
And so, your God chose you
and made you happier than any of your friends.

Psalms 45: 4,6-7

accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, such as people with disabilities. In addition, they aim to provide universal access to safe, inclusive and accessible, green and public spaces.

- **Goal 17** stresses strengthening the collection of data, monitoring and accountability of the SDGs. High quality data will be more available, timely, reliable and also disaggregated by disability.

What can we do about the new SDGs?

We can use them as a justification to design new inclusive development projects for people with disabilities in the poorest districts of India, especially where there are Christian mission hospitals or development agencies.

We can use them to leverage funds for new projects for CBR, for empowerment of DPOs towards community and political participation and leadership.

We can use them to advocate for matching funds under the Government schemes to provide much-needed services that are lacking now and where the Christian community has notable expertise, for example, inclusive vocational training in healthcare and rehabilitation services, inclusive and special schools, extended family homes for the mentally ill, people with disabilities and children with disabilities, and respite care for families, etc.

F. Conclusion – your God chose you!

Empowerment is a crucial area of work with adults and children with disabilities, requiring a heart of love, acceptance and humility, understanding of the concepts of empowerment as a basis to social development and soft skills of facilitating, endlessly supporting and encouraging. As we all aspire for a better quality of life for our families and ourselves, let us remember those who start with much greater disadvantages than ourselves. Therefore, we encourage you, the Church and individual Christians in India at this time to rise to the challenge selflessly, like Esther.

“It could be that you were made... for a time like this!”

G. RESOURCES – online and on disc

Online

- Government portal for all Disability information http://socialjustice.nic.in/people_with_disabilitiesact1995.php
- https://en.wikipedia.org/wiki/Right_of_Children_to_Free_and_Compulsory_Education_Act
- www.righttoinformation.gov.in/
- www.who.int/disabilities/cbr/guidelines/en/
- <http://www.satyamevjayate.in/storiesofchange/accessible-gwalior.aspx>
- Caring for care-givers; mental health <http://www.satyamevjayate.in/nurturing-mental-health/episode-5watchvideo.aspx?uid=s3e5-ev-v4&lang=hindi>

On DVD

- WHO CBR GUIDE9789241548052_empower_eng.pdf
- cbr_matrix_11.10.pdf
- EHAClaiming-Our-Rights-English-v4-April-2014.pdf
- EHA Claiming-Our-Rights-English-v4-April-2014.pdf
- Government benefits disabilitybook.pdf
- Our Voice - Assembly of CHILDREN WITH DISABILITIES- guide book.docx
- Satyamev Jayate – Gwalior is barrier-free, Caring for care-givers; mental health
- Story - Hemant leads the way.docx
- Story - jayakumari.docx
- Story - Sightsavers.docx



LEISURE



UNIT 9: LEISURE

- A. Introduction – so many benefits**
- B. Objectives – to increase opportunities**
- C. Background – to be as physically active as possible**
- D. Leisure activities – many and varied**
- E. Resources – print and online**

A. Introduction – so many benefits

Leisure activities are those activities that enhance the life experiences of persons with disabilities and their families. They include activities such as sports, music, art, dance and drama.

Leisure in all its forms helps provide:

- enhanced self-competence through improved sense of self-worth and self-reliance,
- better ability to socialize with others, including greater tolerance and understanding,
- enriched capabilities for team membership,
- heightened creative ability,
- improved expressions of and reflection on personal spiritual ideals,
- greater adaptability and resilience,
- better sense of humour,
- enhanced perceived quality of life,
- greater opportunities for social interaction in the family, church and wider community.



Of prime importance is the fact that we, as Christians in the disability ministry, must move beyond our self-imposed walls and integrate those we serve into the existing events of our community! Involvement in leisure activities, for us and our friends who are disabled, can certainly impact our community—and extend the love of Christ in action.

B. Objectives – to increase opportunities

The objectives for emphasising the importance of leisure activities in the daily routine of persons with disabilities are:

- To help the church understand why leisure is important and necessary for persons with disabilities
- To enable members of the church to use their talents in serving persons with disabilities in sports, music, art and drama
- To encourage the local church to create leisure activities which would relate to their members who have a disability
- To equip church members to recognize and mentor persons with disabilities to excel in various forms of sports, music, art and drama.

C. Background - to be as physically active as possible

Each individual is unique. Although every individual is different, it is true that some people with disabilities or mobility issues are not as active as others. If a person has a disability or limited mobility and is leading a sedentary lifestyle, he/she may be at greater risk of becoming obese, or experiencing Type 2 diabetes, high blood pressure or coronary heart disease.

For anyone with a disability or mobility issue, it is vital to be as physically active as possible. Equally, it is important to find ways to overcome any barriers the person may face as he/she tries to become physically active. These barriers may include affordability and/or a lack of access, transportation and information.

The benefits of physical activity are real. Whether one has a short-term or long-term disability, or is experiencing mobility issues for any reason, physical activity can help:

- give an enhanced sense of control,
- allow to focus on the physical abilities, not the disability or mobility issue, and
- give more energy and strength to do things on one's own, whether at home or at work, or for tasks such as grocery shopping or housework.



Participants in activity groups for people with disabilities report that these programs:

- help them to feel they are not alone when working towards fitness or health goals.
- provide a social outlet where people can discuss common experiences, talk about solutions to various challenges and just have fun together.

Exercising in a social setting also increases motivation to participate in physical activities.

Physical activity for persons with disabilities need not be strenuous to achieve health benefits. Significant health benefits can be obtained with a moderate amount of physical activity, preferably daily. The same moderate amount of activity can be obtained in longer sessions of moderately intense activities (such as 30-40 minutes of wheeling oneself in a wheelchair) or in shorter sessions of more strenuous activities (such as 20 minutes of wheelchair basketball).

- Additional health benefits can be gained through greater amounts of physical activity. People who can maintain a regular routine of physical activity that is of longer duration or of greater intensity are likely to derive greater benefits.
- Previously sedentary people who begin physical activity programs should start with short intervals of physical activity (5-10 minutes) and gradually build up to the desired level of activity.
- People with disabilities should first consult a physician before beginning a program of physical activity to which they are unaccustomed.



D. Leisure activities – many and varied

• Examples of Leisure and Recreation Activities by proVISION, Bangalore

○ The PlayGroup in the Park

One of the challenges for people affected by disabilities in Bengaluru is the lack of accessible parks. The city officials were approached and asked to make one park, Cole's Park, an accessible park for wheelchair users. They agreed, a ramp was put up and that provided the opportunity to begin a Saturday PlayGroup in the Park. Because of the school schedules, the event is held once a month when children are out of school.

From 9 to 11am, families affected by a disability and their child, join the PlayGroup staff in the gazebo (band-shell). They are entertained by the likes of a puppet show, a gospel story, or a drama (a Christmas crèche, complete with shepherds in wheelchairs, a Wise Man on crutches, a Mary with polio), etc. Furthermore, a craft is taught and created by the invitees, songs and dances are aplenty, and snacks are provided. PlayGroup also provides children with disabilities educational scholarships. PlayGroup makes a special effort to have the fathers of the children there, as mothers are so often the caretakers.

PlayGroup is an excellent opportunity for volunteers from local businesses and corporations to join up and they continue to remain involved. In fact, it is not a rare sight to see CEOs of companies singing and dancing with the kids! A local dance

troupe or a singer or a gym-owner is often invited to share his/her talents with the crowd. From time to time, a local wedding-hall owner invites all for a painting contest/lunch across the street after the PlayGroup.

- **World Disability Day—or another Holiday Event**

ProVISION chooses to make this event a fun day for those attending, and holds it as a pre-Christmas event. A fashion show is put up involving 20 of their attendees in wheelchairs, on crutches—little people, both children and adults, beautifully dressed, make-up done by a “professional”, and a DJ welcoming them into the venue with lively music. A talent show is organized and it includes various talents from individual NGO’s who attend: singers, dancers, instrumentalists, mimicry and comedians; Scripture reciters, dramatists. Many options for people with disabilities to simply have fun! And what makes it exciting is the involvement of so many of the attendees.

Also included is a 10 minute message from a Christian pastor or teacher (very simple, animated and a joyous message of Christmas). Such an event could also be held on Republic Day, Independence Day or other holidays, as the Message can be conveyed in each of these.

- **Mother’s Day Out**

Mothers, who are usually the primary caretaker of a child, sibling or parent with a disability, are in great need of respite. To honor them, a small group of these mothers are called to a central place (office, home, Center). There, they are treated to haircuts provided by local hairdressers who volunteer their talent freely, a manicure/pedicure, also by a beautician. Other activities provided to them include a movie, an encouraging talk by a local woman in ministry, a counselor who can speak into their challenges or a childcare specialist for those with special needs. A dancer who encourages them to “move”. This is a time for relaxation—nothing heavy or too serious is suggested. Tea and lunch would be served to enhance the fellowship. Meanwhile, volunteers can entertain their children at another place nearby. Or other family members are asked to free the mother up so she can enjoy the day. Mother’s Day Out could be a few hours, or a full day.

- **Friendship Circle**

Once a month, parents/caretakers of children with disabilities gather—perhaps 12 or so people—for an intimate opportunity to share their anxieties and needs and to identify with others who also experience much of the same challenges. A brief, inspiring video is first shown and then participants share their concerns. There might be a parent of an older child with a disability invited, who has had more experience, to share some child-rearing ideas. There might be a person with a disability, now an adult, to share how their parents encouraged them to move beyond their disability or a business person who has overcome his disability in the workplace. Due to people’s work schedules, often one and a half hours on a Friday

afternoon is suitable. Tea time provides more chance for them to talk to those who might be facing the same challenges.

- **And others...**

- **Wheelchair dancing:** Inspiring movement by people in wheelchairs or on crutches, to the tunes of contemporary Christian music. Meaningful in a church service or special event.
- **Wheelchair exercise:** Special exercises for upper body for those in a wheelchair, to enhance flexibility and strength. This can be done in classes or they can be individually instructed from the manual *Wheelchair Workout Guide* by proVISION ASIA.

- **Birdwatching:** This activity takes people to beautiful landscapes, countryside, hills, lakes and seashores. It requires the use of a car and sometimes a lot of birdwatching can be done from the car itself. Some terrain will be difficult for people on a wheelchair or someone with mobility problems, but sometimes just moving short distances on a level motor road in a good location, such as hills, provides ample opportunity for good sightings of birds. One great spot in the Delhi area is the road along Najafgarh drain near Chawla, just beyond Dwarka. Another is Okla Bird Sanctuary, which has a road along the river. For families or church groups it is a fun activity with a picnic thrown in.

You will need: A good mid-range pair of binoculars of about Rs 4,000 [Nikon Action 8x40] and a book on birds like *Pocket Guide to Birds on the Indian Subcontinent* by Grimmett, Inskipp & Inskipp of Rs 1,200.

Most big towns or cities will have a bird club. For example, DelhiBird, which has a very active e-group DELHIBIRD@yahoogroups.com for arranging group outings, reports of outings and trips to places further away like Andamans, Arunachal Pradesh, etc. Being part of a club is a great way to socialize as there is usually sharing of food and lots of friendly chat and advice. There are occasional other meetings or parties to enjoy together as well. A lot of car-pooling goes on. So sharing rides could possibly be arranged. Outings are usually planned for early mornings by the group, especially in hot weather but birding can be successful later in the day as well. Often, it is possible to see other wildlife like Nilgai deer or snakes.

John Stott, the renowned Christian speaker and author, was a keen birdwatcher and wrote a book, *Birds Our Teachers; Bible lessons from a lifelong birdwatcher*, available from www.amazon.co.uk/Birds-Our-teachers-Biblical-bird-watcher/dp/1859856357/ref=sr_1_19?s=books&ie=UTF8&qid=1454311345&sr=1-19&keywords=john+stott

- **Dramatic presentation:** Monologue/dialogues/drama troupe plays can be represented on stage. The Christmas story, complete with Mary on crutches, Joseph in a wheelchair, wise men visually impaired, shepherds with physical disabilities, etc

can be performed by people with disabilities. Dramatic representations can also include the Easter message.

Drama can be a great arena for talent and socialization in school plays followed by college and amateur dramatic clubs, where they exist, or in drama used for public awareness of social issues.

Disability itself is a significant issue that would benefit from public or street drama on the issue. Aastha, a Delhi NGO, puts on wonderful plays with multiply disabled children in wonderfully imaginative sets and costumes for children and assistants. Children are in colourful costumes and the assistants are in black against a plain black background, a fantastic theatrical device.

- **Luke 14 Bible Match:** A Bible verse memory competition is conducted between the Bible Boys and Gospel Girls, with various games. This is done with both disabled and non-disabled children, which creates a wonderful chance for children to learn how to work as a team with those different from themselves. (proVISION ASIA)



- **Photography:** Photography is increasingly commonplace with mobile phone cameras giving very good quality results. Local courses can provide instruction or have photographers in the congregation set up a workshop and hold a contest for those participating, even a competition of selfies!
- **Art:** Art also lends itself to the development of a skill, self-expression and simple pleasure. It can be inexpensive with a range of artists' materials available in stationery shops.
- **Special Music:** Music for a church service or special event can be provided by a differently-abled person. A song or an instrumental piece brings a special form of joy to the occasion.

Music in itself is an area of pleasure and learning, and it is an expression and appreciation of God-given talent. Guitar classes are commonly available or piano and violin, too, with a little search. Many people are self-taught guitarists with a simple introductory book and a song book with chords.

Disabled people who made a difference!

Tom Wiggins (1849-1908)

Born a slave, Tom was blind and autistic (with a learning difficulty). He grew up hearing his master's children playing the piano. To everyone's surprise, Tom could play any tune on the piano. His master, General Bethune took him round concerts and earned a good living. As he grew up, Tom travelled the world giving very popular concerts. He knew 700 tunes and composed 100 of his own. Tom was exploited by the people who controlled his life, though he was also happy. When asked how he had learned to play so well, Tom said "God taught me."

Ludwig van Beethoven (1770-1827)

Ludwig van Beethoven was a world-famous German-born musical composer who wrote some of his most important music when he was deaf. Beethoven demonstrated musical talent when he was five years old. When he was in his twenties he realized that he was going deaf. He was tortured not only by the absence of sound, but the constant whirring and whistling sounds he heard. As his deafness developed, he continued to write and conduct great music. Beethoven once said of his deafness "I will hear in heaven."

- **Sports for people with disabilities**

Background:

Organized sports for athletes with a disability are generally divided into three broad disability groups: the deaf, people with physical disabilities, and people with intellectual disabilities. Each group has a distinct history, organization, competition program and approach to sport.

Formal international competitions in deaf sport began with the 1924 Paris *Silent Games*, organized by the Comité International des Sports des Sourds, CISS (The International Committee of Sports for the Deaf). These games evolved into the modern Deaflympics, governed by the CISS. The CISS maintains separate games for the hearing impaired athletes based on their numbers, their special communication needs on the sports field and the social interaction that is a vital part of sports.

Organized sport for persons with physical disabilities existed as early as 1911, when the *Cripples Olympiad* was held in the U.S.A. One of the most successful athletes was Walter William Francis, a Welshman, who won both the running and wrestling championships. Later, events often developed out of rehabilitation programs. Following the Second World War, in response to the needs of large numbers of injured ex-service members and civilians, a time of sport was introduced as a key part of rehabilitation. Sport for rehabilitation grew into recreational sport and then into competitive sport. The pioneer of this approach was Sir Ludwig Guttmann of the Stoke Mandeville Hospital in England. In 1948, while the Olympic Games were being held in London, he organized a sports competition for wheelchair athletes at Stoke Mandeville. This was the origin of the Stoke Mandeville Games, which evolved into

the modern Paralympic Games. Currently, Paralympic sport is governed by the International Paralympic Committee, in conjunction with a wide range of other international sport organizations.^[3]

Sport for persons with intellectual disabilities began to be organized in the 1960s through the Special Olympics movement. This grew out of a series of summer camps organized by Eunice Kennedy Shriver, beginning in 1962 (<http://www.espn.com/video/clip?id=13312264>). In 1968 the first international Special Olympics were held, in Chicago. Today, Special Olympics provide training and competition in a variety of sports for persons with intellectual disabilities.

Listen to the wonderful song about Nine Gold Medals won at the Special Olympics <https://vimeo.com/3795701>.



- **Outdoor sports for people with disabilities:**

There are 600 million disabled people in the world and, in the past, very few outdoor sporting activities were available to them. Disabled people, just like the rest of us, need the thrill and enjoyment that outdoor sport can provide. With awareness, technological advances, as well as the help of willing volunteers, more activities are becoming available to them.

Initially, it may be very helpful to connect with a local sports organization for persons with disabilities. Ongoing events are held, and these become valuable experiences for all involved as meaningful relationships develop. Some organizations involved in organising these events include: the Paralympics Committee, Special Olympics (Amar Jyoti, Karkadooma in Delhi). It would vary from place to place, as some of these international organizations may be represented locally.

- **Examples of outdoor sports**

- **The TCS World 10K** (specifically for those in Mumbai, Bengaluru and Delhi)

Every year, Tata Consultancy Solutions (TCS) hosts a 10K Marathon in three cities across India. As it is a fundraising platform for NGOs, it is a wonderful opportunity for disability ministry organizations to be involved! Not only can money be raised for the cause of the work but also, it provides an opportunity for advocating for/encouraging those who are affected by disabilities.

The scenario in Bengaluru: 50 of the people with disabilities, carefully fit into their wheelchairs, are registered to enter the differently abled wheelchair category. Local VIPs (corporate heads, actors, politicians, govt. officials, etc) are invited to push these wheelchair “runners”. What a statement is made, as these wheelchairs, lead the pack of over 25,000 runners! Of course, it is not a race for these wheelchair-bound friends, but a chance to be a part of the community. The incredible encouragement extended to these people by those in the event, is truly a gift to them.

- **Horseback riding**

Horse riding is a wonderful experience and benefits the rider both physically and mentally. Therapeutic benefits include improved balance, posture, co-ordination, as well as more supple and relaxed muscles. This in turn reduces muscle spasms. Regaining mobility, the challenge of learning something new and the fascination of an adventure element provides a real sense of achievement. Independence and confidence grow along with the pure enjoyment of riding.

- **Fishing**

Fishing is very popular within the disabled community and it is easy to see why. It provides a great opportunity to enjoy being outside in a healthy environment. In the UK alone there are over 5,400 disabled people holding a fishing license and over 1,000 of those, fish competitively. The British Disabled Angling Association (BDAA) has proven that fishing increases attention span, offers social inclusion, a sense of achievement and motor skills development.

E. Resources – print and online

www.joniandfriends.org/BYS

Sports for Disabled People in India - Academia.edu

[www.academia.edu/1939895/Sports for Disabled People in India](http://www.academia.edu/1939895/Sports_for_Disabled_People_in_India)

Home: Disability News and Information Service for India

www.dnis.org

Sports for Disabled People in India - Academia.edu

[www.academia.edu/1939895/Sports for Disabled People in India](http://www.academia.edu/1939895/Sports_for_Disabled_People_in_India)

Jim Pierson and Robert E. Koth, Editors; Special People: A Resource for Ministry With Persons Who Have Disabilities

Joni and Friends, Special Needs Smart Pages

David Werner, Disabled Village Children

Malesa Breeding, Dana Hood and Jerry Whitworth, Let All the Children Come to Me
proVISION ASIA “Wheelchair Workout Guide”

History says, don't hope

On this side of the grave,

But then, once in a lifetime

The longed-for tidal wave

Of justice can rise up,

And hope and history rhyme.

By Seamus Heaney, Irish Poet



UNIT 10

SAFEGUARDING CHILDREN AND VULNERABLE ADULTS



UNIT 10: SAFEGUARDING CHILDREN AND VULNERABLE ADULTS

- A. Introduction**
- B. Objectives**
- C. Background**
- D. What can we do?**
- E. Conclusion - pledge**

A. Introduction

All of us are vulnerable at some time. Unlike us, children and people with disabilities may be unable to fully protect themselves from harm or exploitation causing them to be more vulnerable. Safeguarding, then, is the way to go and it is the act of preventing harm and protecting dignity (through choice, voice and participation).

Dignity = having respect and being valued for who you are

Being able to participate = having a choice, voice and role

Appropriate privacy is also part of dignity. Shame is the opposite of dignity.

Psalm 3: 2-5 says, "God is the lifter of our heads... he enables us to stand in dignity because we reflect his glory as people created in his image (not because of our own skill or ability). God himself answers us when we call to Him. God never ignores or excludes us! God is our shield. He is concerned for our safety. He sustains us and ultimately brings about deliverance."

We are called to follow this God of love who bestows dignity, listens and protects.

In all this, we are guided by the following principles:

We are all uniquely created in God's image and individually loved by God.

All people should be treated with dignity and respect without discrimination.

Everyone has the right to be safe, and participate in society.

All people have the right to make decisions affecting their own lives.

Protecting vulnerable people from harm is everyone's responsibility.

B. Objectives

- To recognize everyone's right to safety, participation and voice
- To build awareness of dangers/issues vulnerable people face
- To call the church to take action in safeguarding vulnerable people
- To provide guidance in good practice relating to PWDs/vulnerable people (including obtaining permissions)
- To help develop response plans for when there is a concern or issue
- To build good safeguarding practice as a church or organization
- To provide further resources for the support of PWDs, churches and organizations in safeguarding vulnerable people

C. Background

Protecting dignity

Safeguarding is the act of preventing harm and protecting the dignity of vulnerable people. In this first section, we will look at protecting dignity. A dignified life means that they are able to so live that the vulnerable people among us have the opportunity to fulfill their potential. Obviously, our attitude from the onset should be one of respect in how we relate to any vulnerable person. We should speak positively and edifyingly to others at all times. Following this, protecting dignity is about allowing people to have a choice and voice on how they want to participate in society.

Having a choice means that a person should be allowed to make decisions about things that affect them. As we care for people with disabilities we can sometimes act for them; this is not always wrong but it is important to note that we do not forget their personal desires, preferences and ideas - to respect these is to respect the person. To rob anyone of choice or their decision-making power is to disrespect them as individuals. If God has considered it important enough that He continues to allow us free will, then obviously choice is an integral part of being human.



Anugrah Program, Herbertpur

Sometimes people with disabilities are robbed of their voice. We forget to listen to their opinions or perspectives. This is a form of exclusion. To fail to listen to anyone is to fail to respect them. We need to focus our attention and listen, and not just assume we know what another person wants, thinks or needs. Communication can be difficult for some people with disabilities. Working to overcome this obstacle is important. We can usually still provide opportunities for choice by deliberately making choices available, i.e., a choice between two or three things – perhaps a person with speech impairment can point to a preference.

People should have the opportunity to represent themselves. If we are always speaking for people with disabilities, then we may not be listening to them clearly. We should allow them to share their own perspective and stories. We must also respect their choice if it is to not share! We must also be mindful and always get prior permission before sharing photos or stories.

To fully participate in society, people value a role or purpose. God, certainly, includes us all in his plans. At any given moment, God wants to use us in his larger plans. Everyone has some sort of skill and creativity, and an inclusive community finds ways to use each person's skills and gifts for the good of the group. It may be as simple as a child with developmental delay offering joy through smiling at others. It could be a deaf child's job to feed the fish each day or a child in a wheelchair's job to welcome people to a church meeting. A person with partial paralysis might become the treasurer of a committee, a person who has a visual impairment might serve communion, someone with spina bifida might play an instrument during worship, someone with a degenerative disorder might be a lawyer advocating for others. It is important to note that our worth/value does not come from what we do but from being created and loved by God. Everyone is of equal worth/value then. Participation is more about belonging, enjoyment, choice, creativity and input. Participation adds to our relational connectedness and our quality of life. When people with disabilities participate, we all gain from what they have to offer. (1 Cor 14: 26)

Levels of participation might include: to be present; to be recognized (known, spoken to, included); to be heard (listened to); to be given opportunity to input/be creative/change something; to initiate, plan or lead; to have a chosen and recognized role/purpose or job.

Protecting safety

Staying safe is a skill. A two-year-old child is not capable of safely crossing a road by himself. He is highly vulnerable in that situation. It is the role of the carer to safely escort the child across the road.

As with this situation, someone is vulnerable if they are unable to fully protect themselves from harm or exploitation. Anyone can be vulnerable but people with disabilities are often more so.

- They may not have the mental capacity to understand, assess and respond to dangers due to learning disability or physical or mental illness, chronic or otherwise, including an addiction to alcohol or drugs
- They may be physically unable to act to protect themselves.
- They may also face difficulty in communicating concerns or incidents of harm or exploitation.
- They may have social difficulty in responding to danger. For example, an abuser might be someone they are highly dependent on.

Since vulnerable people may not be able to keep themselves safe, others must help them. Protecting vulnerable people from harm is everyone's responsibility. The vulnerable person should be empowered as much as possible with an understanding of their rights and dangers, and how to respond or seek help. But this alone this is not enough. We need safe communities who can look out for those who are vulnerable and respond to abuse and exploitation. Families, care givers, professionals, community groups, churches, NGOs and government all have a part to play in effectively safeguarding vulnerable people.

Types of harm/danger

- Life dangers like possibility of burns from a cooking stove or fire
- Harm during 'ordinary care' like bruises forming on a PWD's body. This might mean a different style of transfer is needed in providing best care for that person.
- Abuse like physical, sexual, emotional, neglect
- Exploitation like financial, trafficking, unfair labor, some forms of misrepresentation



It is important to note that no safeguarding can be absolute. Accidents or abuse may still happen despite safeguarding people but it is our responsibility to proactively safeguard vulnerable people to the best of our abilities (as individuals, churches and organizations). If accidents or abuse happens, then it is our responsibility to respond well to the situation, in the best interests of the victim. This means we must act!

Life dangers

We must work to minimize the risks by being aware of risks, conducting risk assessments (for places and events), mitigating risks and planning how to respond in the case of an incident.

The risk matrix is a simple but helpful tool for assessing specific risks. The reason for using a risk matrix is to identify unacceptable risks before you are exposed to them, and to take action by either reducing the likelihood and/or lessening the consequence of the event.

Risk associated with each hazard in your context is to be evaluated by considering the likelihood of the event (from rare to almost certain) and its consequence (from insignificant to catastrophic). This is a kind of estimate and not an exact science. The point where likelihood and consequence intersect provides your risk exposure to this event.

CONSEQUENCE SCALE		
Level	Descriptor	Description - one or more of the following
1	Insignificant	No injuries, negligible financial loss, inconvenience only
2	Minor	First aid treatment, no long-term effects, medium financial loss, disruption to routine but can be managed
3 (i)	Significant	Medical treatment required, moderate to high financial loss, major disruption
3 (ii)	Significant	Not immediate but longer term significant health danger (eg: as with ongoing exposure to high levels of air pollution)
4	Major	Extensive or long-lasting injuries, major financial loss, much difficulty
5	Catastrophic	Death(s), huge financial loss, permanent damage
LIKELIHOOD SCALE		
Level	Descriptor	Description (vulnerable person in your setting / context)
A	Almost certain	The event might directly affect vulnerable person around 2 times per year or more
B	Likely	The event might directly affect vulnerable person once every 1 year

C	Possible	The event might directly affect vulnerable person once every 3 years
D	Unlikely	The event might directly affect vulnerable person once every 10 years
E	Rare	The event might directly affect vulnerable person once every 40 or more years

LEVEL OF RISK					
Consequence / Likelihood	1.Insignificant	2.Minor	3.Significant	4.Major	5.Catastrophic
A. Almost certain	Moderate (5)	High (10)	High (15)	Extreme (20)	Extreme (25)
B. Likely	Moderate (4)	Moderate (8)	High (12)	Extreme (16)	Extreme (20)
C. Possible	Moderate (3)	Moderate (6)	High (9)	High (12)	High (15)
D. Unlikely	Low (2)	Moderate (4)	Moderate (6)	Moderate (8)	High (10)
E. Rare	Low (1)	Low (2)	Moderate (3)	Moderate (4)	Moderate (5)

Note: Because disabilities vary so much, it is worthwhile assessing for specific people with disabilities in specific situations. You can also plan to reduce risk to specific people with specific actions but it is best to seek to make the location/event safely accessible to all.

Note: If score is higher than 16, then there is an unacceptable level of risk! If it is 10 or higher there is need to bring down the score through mitigating measures. For scores lower than 10, you can still work to reduce risks (though this is less urgent) and think through your response in event of occurrence.

Risk assessments should be undertaken for locations and regular or specific events /programs.

Example:

Location or event: Church building (regular use)

Hazard / risk	Level of risk	Action(s) to reduce risk (if score of 12 or above)	Who	Response plan in event of occurrence
Fall from balcony	C3 = 9	<ul style="list-style-type: none"> - John* to have carer** with him if on balcony - Everyone should remain behind yellow line - Install railing by 1/11/18 (*John is in a wheelchair and occasionally has seizures <p>Note: His carer** when at church may be a different person from his usual family member)</p>	<p>John's carer</p> <p>All point person to organise</p>	Provide first aid, take to hospital if necessary
Fire in the	D4 = 8	- Evacuation plan developed and	Safeguarding	Sound alarm and

building		displayed. Fire Drills 2x in 12 months - *Jyoti to be warned by anyone near her and lead out of the building *Jyoti is profoundly deaf	committee All All	evacuate as per plan. Call fire brigade
Etc...				

Harm during ‘ordinary care’

We need to be aware of the signs of harm and review our practices accordingly.

Sometimes problems can occur and families might need support to get ideas from health professionals or from simply talking to others and trialing various ideas. For example, to prevent pressure sores the suggestion is to move a person every 20-30 min – perhaps an alarm could be set on the phone to help remind the carer. Perhaps the family can take turns at this. For each issue, problem solving is required.

Obviously our aim is to minimize harm to both carers and the person with a disability but also to increase the quality of life for both.

Abuse

The World Health Organisation defines child abuse as “all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power.”

WHO’s research shows that children with disabilities are four times more likely to suffer abuse.

Types of abuse

Physical abuse means to inflict physical harm or injury or the deliberate failure to prevent physical harm or injury. It includes hitting/striking/spanking/beating, pinching, kicking, shaking, burning, etc., or forcing someone to perform a physically harmful act like standing in the hot sun for extended periods. It includes ‘corporal’ or physical punishment in schools, which is now illegal.

Sexual abuse is forcing sexual contact or exposure to sexual acts or materials of any kind. This includes not only rape but (unwanted) kissing; touching of breasts or between the legs; visual exposure of breasts or area between the legs either of the victim or the perpetrator; exposure

in printed/digital or video form of these body parts or any other sexual act. Stalking is also categorized as sexual abuse.

What is grooming? Grooming is defined as developing the trust of an individual or his or her family for the purposes of sexual abuse, sexual exploitation or trafficking. Grooming can happen both online and in person.

Emotional/psychological abuse includes verbal disrespect, insult, shaming or threatening as well as exclusion or confining. It includes bullying of any type (including cyber bullying).

Neglect includes not providing adequate nutrition, medical care, education, shelter or other essentials for a person's healthy development and is a form of abuse.

Discrimination in any form is a type of abuse. For example, denying the right to education

Exploitation includes financial exploitation, human trafficking, unfair labor or even misrepresentation and is also a form of abuse.

Abuse can be once-off or recurring. Abuse occurs in every society and in every section of the society. Abusers could be family members, neighbors, professionals and even church members. It is ignorant to think that abuse could not happen in my neighborhood, my organization or my church.

Effects of abuse

It is important to understand that abuse has very damaging and long lasting effects. Some of the effects can include:

- Permanent physical damage
- Developmental trauma
- Anxiety
- Depression
- Developmental problems in children such as delayed emotional and social development
- Learning difficulties and low academic achievement
- Speech disorders
- Aggression and acting out behaviour or withdrawal
- Poor self-esteem, self-harming or suicidal behaviour
- Other mental health disorders
- Difficulties making and maintaining positive relationships

(For a more extensive list, see the resource pack.)

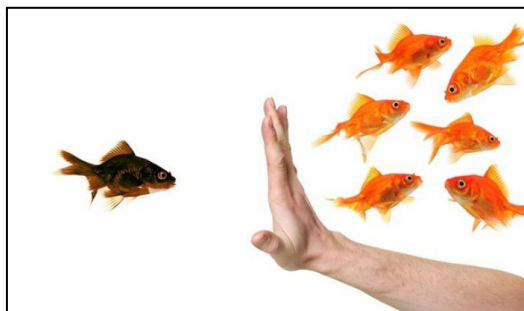
D. What can we do?

- Be aware
- Be proactive
- Be responsive

What can we do as individuals?

The most important thing to do is to support families with members who have disabilities. At the simplest level, being a good friend! All of us face struggles but for people with disabilities struggles may be daily and extreme. Being a good friend means fellowshiping together (or simply having a chai and talking) as well as supporting them. The relationship should be open and two way, and definitely not patronizing. “Love one another as I have loved you.” (John 13: 34) Be responsive to learning from your friends with disabilities.

We should be sensitive to the signs of abuse around us. The story of ‘The Good Samaritan’ in Luke 10: 25-37 clearly shows us that we should not close our eyes to abuse! We must respond!



We can also have conversations at home, in church and in our workplaces on these issues, and sensitize others. We must be aware of people around us who may be excluded, and include them.

What can we do as a church or organization?

To build good safeguarding practices as a church or organization, we must not just print off a policy and file it away! That will not change anything! Keeping in mind that safeguarding is about protecting vulnerable people's right to be safe and to participate fully in society, we must take deliberate steps toward this end. The best safeguarding practice would incorporate all of the following; good practice would include the first 5 points. These are not so much a check list but things we can continue to improve on over time. (Please find more information in the resource pack.)

- Build awareness, shared values (and practices) around non-violence, safety and inclusion. (Tip: Don't just preach it, but work at demonstrating it as a community)
- Have a safeguarding pledge that is signed by all. (Tip: Proudly display your pledge publically) See example at the end of this chapter.

- Appoint a 'safeguarding committee' with a point person who oversees safeguarding issues. (Tip: Have highly respected but also available people on the committee. Aim to work proactively!)
- Develop a policy for safeguarding vulnerable persons. Include practice guidance for intimate care, etc. Know when and how to report to authorities. (See example in resource materials)
- Empower vulnerable people with a working knowledge of their rights, life skills, etc. (Tip: Encourage children and vulnerable people to speak up if they have a problem.)
- Build skills in caring for children and people with disabilities. (Tip: Include positive strategies to deal with challenging behaviours)
- Support vulnerable families sensitively with initiatives that target issues or specific needs like providing respite care, assistance with transport to medical appointments, advocacy with local school for inclusion, access to livelihood program, linkage to appropriate NGOs or other resources, fellowship (professional counselling) for depression, etc. (Tip: Your genuine friendship is likely the most valued support and definitely the best starting point)
- Team up with other support services, NGOs, government authorities, etc.

At the end of the day though, safeguarding is about our heart. Loving as we are loved and hating evil. This should become our culture and what we are known by! "They will know that you are my disciples when you love one another." (John 13: 34-35)

No abuse is ever acceptable, no matter what the excuse. Some abuse may have an underlying reason that can be addressed. Family members may be under incredible stress. In these situations, abuse can occur. Perhaps a positive intervention could be to help support the family. Perhaps a church member could, for example, offer to cook some meals, take children to school or provide respite care to the family.

Neglect can be a major problem for people with disabilities. Advocacy for rights to be met is important. Neglect, although serious, is most often not deliberate and can be addressed with family support.

Some abuse of severe nature needs professional intervention in seeking to protect the vulnerable. Hating evil is an important theme throughout the Bible. (For example, Psalms 97: 10) The reason that God hates evil, including abuse, is that it destroys people's lives. Jesus never called us to hate another human. We are to hate evil, not the person. Clearly, abuse should be stopped. A person who has been seriously abusive needs to be reported and should not be in leadership or allowed to be in situations where they may abuse again.

Behaviour protocols: An important aspect of safeguarding is making sure our church or organization has behaviour protocols that aim to limit the opportunity for abuse to occur. Most importantly, no one should ever be alone with a child or vulnerable adult. There should be

guidelines around appropriate touch, positive parenting, as well as communication -including obtaining proper informed consent to share people's stories or photographs. There should be clear plans in place for the intimate care of persons with special needs or any overnight stays such as family camp. Suggested protocols can be found in the safeguarding policy example in the resource section. For everyone to understand the expectations, training regarding protocols and the whole safeguarding policy should be regular. Everyone should sign the declaration of commitment.

When there is a concern or incident

Sometimes we might become aware of something that concerns us about someone else's life. It can begin simply as a 'feeling that something is not right'. We may be picking up on subtle clues about a person who may seem sad or agitated, who may be acting unusually or who may be displaying some physical sign – a bruise or injury, perhaps. (See resource section 'signs of abuse') We should not jump to conclusions of abuse but we should not ignore small signs either!

Sometimes someone will disclose (tell us) something bad that has happened to them.

Warning: We cannot tell from appearance if someone is an abuser. We may be shocked when we hear a report. That is a common reaction but should never stop us from responding.

It is always important to listen carefully to the facts and respond to any concern or allegation. Children and vulnerable people hardly ever lie about abuse!

We should write down our concerns focusing on the facts. Give details in brief and date the notes. Use a body map to show areas of bruising.

We could ask 'what happened?' (and write down response also). We should be careful not to ask leading questions. That means we should not make suggestions as to what happened. If the ability to communicate is an issue, then great care is needed to provide enough support for a PWD to report abuse, without skewing the information by suggestion.

Confidentiality is important. We should only tell people on a need-to-know basis. (We must not gossip at all, even for group prayer!) We should follow our safeguarding plan but the usual procedure would be to tell our superior or safeguarding committee point person. Then the safeguarding committee would meet to decide the best course of action. We should not confront a suspected abuser.

A key guiding principle in any response is that we should always act in the best interests of the vulnerable person. Obviously we should act quickly if there is imminent danger or chance of harm.

We should be aware that it is very difficult for a person to report an issue of abuse if the perpetrator is someone close to them or their family, or on whom they are dependent (which is often the case). These people need extra support.

Childline is a wonderful resource for responding to children (people under 18) in need. We can simply phone 1098 for advice and support or to report a concern and Childline will respond. Whilst they are not the police, they are government indorsed and will work with the police in the interests of the child when necessary. All children should be made aware of this phone number and how to use it. Childline also has some wonderful videos and other resources on their website.

POSCO Act 2012 makes it mandatory to report any sexual offence against a child (under 18 years). Reports can be made to Childline, the police, the Special Juvenile Police Unit (SJPU) or the government Child Welfare Committee (CWC).

Only by working together can we build safe communities for vulnerable people, where people with disabilities enjoy full participation and dignity of authentic and mutual relationships.

E. Conclusion: Pledge

MY PLEDGE TO PROTECT CHILDREN & PEOPLE WHO ARE VULNERABLE



proVision Asia - Bengaluru

“Speak up for those who cannot speak for themselves, for the rights of all who are destitute.”

Proverbs 31:8

Affirmation:

I believe we are all uniquely created in God’s image and individually loved by God.

I believe each child is a gift from God and deserves dignity and respect.

I believe that it is God’s desire that all children grow in a loving, secure and nurturing environment.

I believe that as God’s people, we are responsible to provide the love, care, nurture and protection that God desires for children and vulnerable people.



My Pledge:

I will treat every person with dignity and respect, without discrimination.

I will seek to listen to and be inclusive of all people I come in contact with, without discrimination, aiming to be a supporting friend to those I know are in need.

I will help nurture the children in my care so that they fulfill God's purpose for them.

I will help provide a safe, secure environment for all in my home, at work and at Church.

I will promote non-violence in my community and speak out against abuse.

I will seek God's help in prayer for all of this.

Amen



For more information or copies of the toolkit contact
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