# GUIDELINES ON THE INCLUSION OF PERSONS WITH DISABILITIES IN TECHNICAL, EDUCATION, VOCATIONAL AND ENTREPRENEURSHIP TRAINING

TEVETA

Technical Education, Vocational and Entrepreneurship Training Authority

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## ACRONYMS

| | | |
|---|---|---|
| CSOs | - | Civil Society Organisations |
| NVRC | - | National Vocational Rehabilitation Centre |
| TEVET | - | Technical Education, Vocational and Entrepreneurship Training |
| TEVETA | - | Technical Education, Vocational and Entrepreneurship Training Authority |
| WHO | - | World Health Organisation |
| MSTVT | - | Ministry of Science, Technology, and Vocational Training |
| UDHR | - | Universal Declaration of Human Rights |
| UN | - | United Nations |
| UNCRPD | - | UN Convention of Rights for Persons with Disability |
| ILO | - | International Labour Organisation |

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# CHAPTER ONE

## 1.0 INTRODUCTION

According to the World Bank and the World Health Organisation (2011), 15% of every country's population accounts for persons with disabilities. It is therefore presumed that 15% of Zambia's population or 2 million women, men, boys and girls comprises of Persons with disabilities. This represents a significant number that cannot be marginalised in the provision of vocational training if we are to achieve full participation of persons with disabilities to national development.

According to the Sixth National Development Plan, government is focusing on accelerating the mainstreaming of disability issues in national development so as to improve the lives of persons with disabilities. This will however be done through the development and implementation of legislation, policies and programmes in line with the United Nations Convention of Rights for Persons with Disability (UNCRPD).

According to statistics captured by MSTVT (2004), only 973 persons with disabilities were enrolled in the TEVET system that represented different disability groups and only 23% of persons with disabilities in Southern Africa have access to vocational training (World Bank & WHO, 2011).
Zambia is a signatory to a number of international treaties that support the provision of vocational training to persons with disabilities namely:

1. UNCRPD Article 24,26;
2. ILO Convention 159; and
3. ILO Recommendation 168.

There is also the national legislation, the Persons with Disability Act No. 6 of 2012 which clearly states the rights of persons with disabilities and includes the provision of vocational training.

The TEVET Strategy of 1998 "seeks to promote greater equity in the provision of education and training through the adoption of a policy of positive and affirmative action in relation to girls and women, the poor, the rural population, those with special education or training needs and other marginalised groups." Nevertheless, the TEVET Policy does not adequately address the noticeable imbalances in the provision of training for persons with disabilities. It is against this background that these guidelines on "Inclusion of Persons with Disabilities in TEVET" have been developed. This gap resulted in the development of the Disability Policy by the former MSTVT, and furthermore an action plan was developed in conjunction with ILO.

Persons with disabilities face many challenges in accessing training and employment due to the following barriers:

1. Discriminative policy;
2. Communication;
3. Negative societal attitudes;
4. Environmental and physical accessibility;
5. Inaccessible transportation systems;
6. Lack of supportive legislation; and

Lack of suitable curriculum.

# CHAPTER TWO

## 2.0 OBJECTIVES

1. To ensure accessible curricula for persons with disabilities in all vocational training institutions.

2. To eliminate all forms of communication, physical and attitudinal barriers to access TEVET for persons with disabilities.

3. To provide advice on job placement services, vocational and continuing training.

4. To provide advice on relevant educational assistive devices.

5. To promote a labour market and work environment that is open, inclusive, accessible and supportive to persons with disabilities.

6. To provide independent living skills to trainees.

# CHAPTER THREE

## 3.0 LEARNING ABOUT PERSONS WITH DISABILITIES

According to the Persons with Disability Act No. 6 of 2012, disability is defined as "A permanent physical, mental, intellectual or sensory impairment that alone, or in a combination with social or environmental barriers hinders the ability of a person to fully or effectively participate in society on an equal basis with others."

### 3.1 Views of Disability

Although current estimates suggest that people with disabilities make up 15% of any community, they can be invisible and isolated in society. Physical and social barriers exclude them from participating in mainstream society and fully realising their human rights.

The views of disability are what are referred to as the models of disability. These define how people look at Disability. One broad barrier faced by people with disabilities results from the ways most people misunderstand disability. Many automatically respond with pity and an impulse to care for those they consider weak and helpless. They assume people with disabilities cannot take care of themselves, live independently, or earn a living. Although they may think they are being compassionate, people who have this attitude can do great harm: they consistently underestimate people with disabilities and deprive them of their dignity and their potential. This mistaken understanding of disability is often called the **"charity model of disability"** because it assumes that what people with disabilities need is charity or benevolent caretaking. Charity can have a positive effect in some contexts, but in regard to disability, charity is generally negative because it can disempower and limit people with disabilities.

The charity model is closely linked to the traditional model which views a disability as a curse and punishment for sin. Therefore, a disability is thought to be contagious and non-disabled persons must keep away from

persons with disabilities to avoid contracting the disability. In this kind of model persons with disabilities are confined and isolated.

Equally disempowering is the **"medical model of disability."** Some people consider disability to be a health problem and focus on the "sickness" of the disability. The danger of this misunderstanding is that it emphasises "fixing disabilities" rather than fixing society by removing barriers and changing attitudes. Furthermore, it makes the medical profession responsible for people with disabilities rather than emphasising that the whole society has the responsibility to integrate people with disabilities fully.

Although charity and efforts to "fix" disabilities may be well intentioned, both the charity model and the medical model isolate people with disabilities in hospitals, institutions, and their homes rather than integrating them into society. Such attitudes do nothing to increase opportunities to achieve social and economic independence.

### 3.1.1 What is the "social model" for understanding disability?

Today the prevailing approach to disability advocacy worldwide promotes a **"social model"** for understanding disability. It actively discourages people with disabilities from seeking charity (the charity model of disability) or a cure (the medical model). The social model affirms that people with disabilities are full members of society who have important contributions to make to their families and communities. What prevent them from achieving their potential are not their disabilities but the unhealthy and disempowering misunderstanding of society.

The social model emphasises identifying, examining and exposing the barriers that physical and social environments place on people with disabilities such as:

1. Legal barriers that limit the rights of people with disabilities
2. Physical barriers that prevent access to shops, restaurants,

schools, work, transportation, and other places
3. Communication barriers that inhibit access to information

Rather than "fixing" people with disabilities to fit better into society, the social model focuses on changing society in order to eliminate the limitations imposed by the society.

### 3.1.2 What is a "rights model" for understanding disability?

The social model for understanding disability is complemented by a **rights model** for understanding disability. This approach is based on principles of human rights, as embodied in the United Nations **Universal Declaration of Human Rights** (UDHR) and other international human rights documents.

Fundamental to human rights is the principle that all human beings are equal in dignity and rights and that they are entitled to their human rights without distinction of any kind. Thus, people with disabilities are rights-holders who can and should determine the course of their lives as much as any other member of society. In a rights-based approach to disability, limitations imposed on people with disabilities by the social and physical environment are regarded as violations of their basic human rights. A human rights approach transforms the needs of people with disabilities into rights they can claim.

## 3.2 Appropriate Language

How you refer to people and communicate about them is part of good manners and part of disability etiquette.

### Put the person first

Say "person with a disability" rather than "disabled person." Say "persons with disabilities" rather than "the disabled." For specific disabilities, say "person with epilepsy" or "person who has cerebral palsy". Still, individuals do have their own preferences.

Avoid outdated terms like “handicapped”, “crippled” or “retarded.” Be aware that many persons with disabilities dislike jargon, euphemistic terms like “physically challenged” and “differently abled.” Say “person who uses a wheelchair” rather than “confined to a wheelchair” or “wheelchair bound.”The wheelchair is what enables the person to get around and participate in society; it's liberating, not confining. With any disability, avoid negative, disempowering words, like “victim” or “sufferer.” Say “person with downs syndrome” instead of “Downs's syndrome victim” or “person who suffers from Downs's syndrome.”

It is okay to use idiomatic expressions when talking to people with disabilities. For example, saying, “It was good to see you,” and “See you later” to a person who is blind is completely acceptable; they use these expressions themselves all the time. Many people who are Deaf communicate with sign language and consider themselves to be members of a cultural and linguistic minority group. They refer to themselves as Deaf with a capital “D,” and may be offended by the term “hearing impaired.” Others may not object to the term, but in general it is safest to refer to people who have hearing loss but who communicate in spoken language as “hard of hearing” and to people with profound hearing losses as Deaf or deaf.

# CHAPTER FOUR

## 4.0 UNIVERSAL DESIGN AND REASONABLE ACCOMMODATION

According to UNCRPD Universal design is defined as "the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialised design. The intent of universal Design is to simplify life for everyone by making products, communications and built environment more usable by as many people as possible at little or no extra cost. Universal Design benefits people of all ages and abilities.

Reasonable accommodation is defined as "necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms."

Reasonable accommodation is any change or adjustment to an environment that makes it possible for an individual with a disability to have equal access to the world around them. Reasonable Accommodation is used to help individuals with disabilities to learn, work as independently and efficiently as possible and live comfortably within their communities and home.

Sometimes reasonable accommodations can be modifications to existing equipment or materials to make them usable for persons with disabilities (such as lowering a kitchen countertop, or installing computer software that is capable of reading school assignments aloud.) Reasonable accommodations like these allow a person with a disability to participate in all aspects of everyday life, and to enjoy the benefits and privileges of employment, education and community life equal to those enjoyed by those individuals without disabilities.

When trying to determine how to provide reasonable

accommodations to a person with a disability, consider the following:

1. Changes to facilities and equipment (such as putting in ramps and parking spaces, making materials available in large print, or providing low and high-tech assistive technology)

2. The provision of special services (such as sign language interpreters or job coaches)

3. Creative thinking and problem solving. Providing reasonable accommodation does not have to mean buying expensive equipment or making major renovations to infrastructure. There are many innovative ways to make an environment accessible to a person with a disability.

Universal design and accessibility are proactive measures for all. They not only help persons with disabilities but others with specific needs, such as those with low literacy skills in a learning situation, or moving the audio-visual equipment on wheeled cart in the physical environment.

In training situations, reasonable accommodations also include actions taken or tools and devices provided to address the specific needs of an individual trainee with a disability so that he or she can participate with other trainees on an equal basis. To decide on required reasonable accommodation, trainers need to work with the trainee to identify;

1. Environmental or physical barriers to the trainee's participation.
2. Barriers in how course materials or instructions are presented that prevent the trainee's participation.
3. Barriers related to assessments that prevent trainers from obtaining an accurate picture of what the trainee knows or can understand.

## 4.1 Learning, Disability and Reasonable Accommodation

### 4.1.1 Physical Impairments

1. Putting up of ramps at entrances
2. Ensuring that toilets are accessible and conducive to use by all trainees
3. Installation of elevators so as to facilitate access to offices and other rooms which are not on the ground floor
4. Installation of accessible entrances and user friendly doors
5. There must be an accessible path of travel
6. Safe crossing across the road
7. Provision of adjustable work benches /tables/chairs
8. Accessible car park
9. Provision of sufficient lighting
10. Extra time allocation during class activity, assignments and assessments
11. Assistive devices
12. Provision of learning materials for reinforcement

### 4.1.2 Visual Impairment

1. Provision of braille equipment/ embosser as well as braille materials
2. Installation of elevators with verbal guidance
3. Provision of walking cane
4. Installation of audible alarm systems
5. Better contrasts on signs and environment
6. Use of large print and reflective signage
7. Use of braille/ tactile maps, labels, drawing and pictures
8. Safe crossings across the road
9. Clear lighting in classroom
10. Extra time allocation during class activity, assignments and assessments
11. Provision of learning materials for reinforcement

### 4.1.3 Hearing Impaired/ Deaf

1. Clear signs and labels on the doors or walls
2. Sign language interpretation in workshops and meetings
3. Interpreters and note takers should be present in lessons
4. Provision of voice recorders
5. Transcript/caption/ sub title
6. Visual alarms and emergency notification systems
7. Extra time allocation during class activity, assignments and assessments
8. Online interaction/chat forums where the students can discuss content that was learnt in class
9. Clear lighting in classroom
10. Should be allowed to maintain eye contact with the sign language interpreter at all times preferably sitting in front.
11. Provision of hearing aids
12. Provision of learning materials for reinforcement

### 4.1.4 Intellectual Impairment

1. Guidance in both English and vernacular
2. Presentation of information in a clear and simple language
3. Flexible school schedule
4. A quiet area for taking tests should be provided and it should be free from distractions
5. Allocation of extra time during class activity, assignments and assessments
6. Provision of learning materials for reinforcement
7. Maximisation of social and academic development

### 4.1.5 Mental Health Difficulty

1. Counseling
2. Seeking medical advise
3. Establishment of Special Education Department

4. Flexible school schedule
5. Extra time allocation during class activity, assignments and assessments.
6. Provision of learning materials for reinforcement

### 4.1.6 Persons with albinism

1. Magnifying glasses
2. Sunscreen lotion
3. Should be seated in front of the class
4. Controlled light
5. Allowance for wearing long sleeved shirts/blouses and a hat where a uniform is required
6. Extra time allocation during class activity, assignments and assessments.
7. Provision of learning materials for reinforcement

# CHAPTER FIVE

## 5.0 FULL COMMUNITY PARTICIPATION AND SUPPORT

### 5.1 Who is the Community?

A community is a place where people live together, work together assist and support each other to achieve a common goal. For the purposes of these guidelines a community includes; Families, businesses, Industry, Schools, faith based organisations, Non-Governmental Organisations (NGOs), Community Based Organisations (CBOs), Disabled Persons Organisations (DPOs), business houses, government agencies, health institutions, traditional and civic leaders.

### 5.2 Potential and Strategic Partners for Inclusion

Potential partners are those essential to your work but with whom you have not yet developed strategic partnerships with, for instance, learning institutions that provide TEVET and have not yet adopted inclusion principles to appropriately accommodate persons with disabilities. Such partners would easily adopt inclusion principles when engaged.

Strategic Partners are those key to our work and have already adopted inclusion principles to appropriately accommodate persons with disabilities, for instance; industries who are in partnership with TEVETA and its training institutions and are ready to absorb graduates with disabilities, either on attachment or full time employment. They may also include; institutions that may provide training and awareness on disability inclusion principles. Donors are also strategic partners.

### 5.3 Community Engagement

Community engagement begins with the training needs assessment of persons with disabilities; this will lead into determining the reasons for engagement. Specific disability related issues within the community need to be identified, addressed and redressed. This includes appropriate community support services including support persons, especially for

those persons with mental and intellectual disabilities.

## 5.4 Forms of Community Partnership

Partnership between TEVET institutions and the community shall be either short term or long term depending on the mutual relationship and purpose of the partnership. The purpose of partnership shall not take a charity model but shall be based on sharing resources where the training institution is benefiting and the community equally benefiting. The partnerships shall include;

1. Businesses and employers opening attachment places for persons with disabilities.
2. Businesses and employers deliberately absorbing graduates with disabilities.
3. Businesses and employers providing expert training to TEVET institutions.
4. Sponsorships of learners with disabilities.
5. Development of joint inclusion plans.
6. Identification of potential trainees with disabilities.
7. Carrying out accessibility audits.
8. Training in disability inclusion.
9. Designing welcoming orientation.
10. Determining in house expertise and possible outsourcing of expertise.
11. Identification of accessible means of transportation.
12. Identification of accessible training equipment and devices.
13. Determining how to successfully include trainees with various disabilities including those with intellectual disabilities and those who are deaf, blind.
14. Developing mentorship opportunities amongst community employers.
15. Finding real work environment where trainees practice skills.
16. Arrangement of job fares.
17. Teaching trainees with disabilities how to use public transport.

# CHAPTER SIX

## 6.0 DELIVERING OF TEVET

A curriculum shall be developed to encompass all training needs for the full inclusion of persons with disabilities. It shall cater for both the training of trainers, including trainers with disabilities and the training of learners with disabilities. The curriculum shall spell out the content, training techniques, training support services for all categories of disabilities and appropriate assessment for persons with disabilities. Training support services include;

1. Assistant trainers
2. Placement and counseling
3. Support persons
4. Accessible transport
5. Appropriate devices and aids
6. Mobile libraries
7. Braille transcription services
8. Itinerant trainers

It shall also include provision of reasonable accommodation, for instance accessible infrastructure; appropriate teaching and learning aid and support persons for person with mental and intellectual disabilities who need them. In the development of new curriculum a universal design approach shall be used. Disability awareness training and linguistic identity of deaf people shall form part of delivery of TEVET; all appropriate measures shall be taken to include deaf blind leaners and trainers.

The delivery of TEVET shall be done through open, distance, part time learning, institutional and community based education.

# CHAPTER SEVEN

## 7.0 AFFIRMATIVE ACTION, QUALITY STANDARDS AND ASSESSMENT CRITERIA

Affirmative action shall be taken to reasonably accommodate persons with disabilities in TEVET programs. This will entail carrying out necessary assessments to consider the circumstances of the person with the disability.

The degree of the disability shall also be taken into consideration during the process of any affirmative action. This will include:

1. Provision of more time in training programs for those learners with disabilities, who need more time.

2. Enrolling of persons with disabilities who meet the entry qualification but could have been disadvantaged by the disability.

3. Provision of Quota for persons with disabilities.

Minimum standards shall be developed to enhance access, participation, achievement while maintaining quality of TEVET programs. These standards should include the provision of, individualised learning and peer support for the purpose of achieving appropriate competencies within TEVET programs. The minimum standards shall include delivery of TEVET programs in appropriate communication modes and language that will include braille, sign language, augmentative and other alternative means of communication. The minimum standards should ensure the full and effective participation of all learners including those who are deaf blind or have multiple disabilities.

For purposes of ensuring full and effective participation, appropriate teacher to learner ratio shall be given due consideration depending on the

degree and category of disability. Adaptive Information Communication Technologies (ICTs) and other assistive devices shall form part of the education support for learners with disabilities.

There shall be, developed, an assessment criteria for persons with disabilities, which shall take due consideration of the type and degree of disability, such assessment criteria shall include; the allocation of appropriate time for persons with disabilities with due consideration to the degree and category of disability. For instance, some learners may not be given maximum time to complete a task, but will simply be allowed to complete a task at their pace and time. Assessment of persons with disabilities should be done using the same communication mode and language the learner was using during the training process. This should include assessments using adaptive Information ICTs and other assistive devices. The linguistic identity of deaf people and the deaf culture shall be taken into consideration

# CHAPTER EIGHT

## 8.0 MONITORING AND EVALUATION

TEVETA shall develop an effective monitoring and evaluation system which will capture both the qualitative and quantitative training process. The qualitative tools will monitor the quality of participation and achievement in terms of the competencies gained by the learners with disability. The qualitative tool shall also include the quality of training methodologies that include every person with disability. This entails the development of monitoring instruments that will capture access, participation and achievements to enhance full inclusion.

Quantitative monitoring tools will capture the numbers of persons with disabilities enrolled, returned, dropping and graduating from the TEVET system. This tool will be disability and gender disaggregated. There shall be a specific monitoring tool to track graduating persons with disabilities who are absorbed by both the informal and formal employment sectors, this tracking tool shall capture the performance and inclusion of persons with disabilities in the business or workplaces, it shall also be disability and gender disaggregated. Annual evaluation of the TEVET system will be carried out by TEVETA in collaboration with TEVET institutions. The tracking system shall ensure full participation of the community, partners of persons with disabilities and employers of persons with disabilities in business.

# CHAPTER NINE

## 9.0 CONCLUSION

The guidelines on Inclusion of Persons with disabilities in Technical Education, Vocational and Entrepreneurship Training is an important step towards inclusive vocational training in Zambia. These guidelines will be useful in the roll out of the Action Plan for Inclusive vocational training that was developed by the former Ministry of Technology, Science and Vocational Training in conjunction with International Labour Organisation.

The guidelines are pivotal in the upgrading of institutional premises so that all TEVET infrastructure are accessible to all stakeholders. The accessibility should also result in equitable acquisition of TEVET for both non-disabled persons and persons with disabilities.

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