HOUSE OF COMMONS

International Development Committee

Oral evidence: Disability and Development, HC 947

Tuesday 14 January 2014

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Written evidence from witnesses:

- Leonard Cheshire Disability
- Sense International
- Handicap International
- Australian Government
- Lorraine Wapling

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Members present: Rt Hon Sir Malcolm Bruce (Chair); Hugh Bayley; Fiona Bruce; Sir Tony Cunningham; Fabian Hamilton; Pauline Latham; Jeremy Lefroy; Mr Michael McCann; Fiona O'Donnell; Chris White

Questions 1-45

Witnesses: Mahesh Chandrasekar, International Policy and Campaigns Manager, Leonard Cheshire Disability, Edwin Osundwa, Country Representative for Kenya, Sense International and Ola Abu Alghaib, Regional Disability Rights and Advocacy Consultant, Handicap International gave evidence.

Q1 Chair: Good morning and welcome, lady and gentlemen. Thank you very much for coming to give evidence on what is the first day of our inquiry into disability and development. I apologise that you are in a very large room and we appear to be very far away. I hope people can hear and see, but if anybody has any problems, please let us know and we will do what we can. We will try to ensure to speak loudly and clearly. Perhaps each of you could introduce yourselves for the record: who you are and who you represent.

Mahesh Chandrasekar: Good morning, everybody. My name is Mahesh. I work with Leonard Cheshire Disability as International Policy and Campaigns Manager and I am also the co-chair of the Bond Disability and Development Group.

Ola Abu Alghaib: Good morning, everyone. My name is Ola Alghaib from Palestine. I work for Handicap International as Regional Co-ordinator for Disability Rights and Advocacy. I am also on the board of the Disability Rights Fund.

Edwin Osundwa: Good morning, everybody. My name is Edwin Osundwa. I work for Sense International (Kenya). I am the country representative and I am glad to be here today to give evidence on disability and development.

Q2 Chair: Thanks to all of you. We really value it, not least because of your involvement in campaigning but also your direct personal experience of being disabled. Both those things are really important in helping us to understand the issue. We are very aware that when we travel to developing countries, we very often do not see disabled people; they appear to be invisible and not often on show. They have been called a forgotten minority, although they are a large minority. Do you think this is true and, if so, why? What has contributed to their being marginalised or forgotten? Also, perhaps more positively, could you give us some examples of what you have witnessed? We will then move on to what responses there are or should be. Who would like to start?

Ola Abu Alghaib: Social exclusion of persons with disabilities in low and middle-income countries occurs for different reasons. One certainly is the stigma and the attitudes of communities around the perception of disability—one that is more from the medical point of view, in which people with disabilities are seen more as patients that need to be treated. The other main reason is the environment around them and the rights perspective. They are not seen because they are not integrated into communities. In addition, they do not have equal access to services.

In terms of positive points of view, we have seen on the ground that, when there is a sincere support to persons with disabilities in terms of accessibility—in terms of support for inclusive education, for example—children with disabilities were able to integrate into communities and act as normal children, if I can use that term, even in the context of conflict. I have seen it in refugee camps in Palestine. I have seen it in rural villages, where children are carried to school on the shoulders of their mothers. However, when the school is ready to accept those children, it is much easier.

Mahesh Chandrasekar: Lack of support in the community, as well as a lack of access to services and facilities open to the public, are some of the major barriers that face people with disabilities. As a result, children with disabilities, especially, are often considered as a curse or burden for a family.

I know of a family in the slums of Bangalore that has a daughter with cerebral palsy. She had difficulty walking and both her parents worked hard to ensure their children attended school. Somehow they managed to get a second-hand wheelchair for her to go to school and one of her siblings was ready to take her. Unfortunately, when the school she wanted to go to was not accessible and did not have accessible toilet facilities, all the school could offer was, "This is what we have. If you want, you can come and support your daughter whenever you want to."

This was not a practical solution because her mother was working as a house-help in many of the houses and her father was a painter who would get jobs on and off. Therefore, she dropped out of school. In poor communities, children like her, and children with multiple

intellectual and psycho-social impairments, are left at home all day, making them vulnerable to abuse. When they become victims, they do not have access to justice and the stigma adds to this.

There is a growing gap between disability and development—this is termed by Leonard Cheshire Disability Resource Centre as a disability development gap. In order for people with disabilities to have equal access to development programmes, especially those supported by DFID, they need to have a systemic approach on inclusion of disability, as they have explicitly and systematically included gender in strategy, business case, logframe, annual reviews and evaluations.

Edwin Osundwa: I have two little experiences. First of all, as a person living with a disability, because I now contribute to development through the work that I do, through my participation as a taxpayer in Kenya and through my support for other people, it is likely perceived that my disability has diminished. That is normal, just because I participate meaningfully in what the rest of society perceives to be a positive contribution. That is how greatly integrating a person with disability into development can turn around the fortunes of such a person.

Secondly, as I work with Sense International, I hear and experience cases where a mother who has given birth to a deaf-blind child, for example, has to quit her job because she has to take care of her deaf-blind child. That becomes a double tragedy for the family, because that mother stops earning a very important income that would sustain the rest of the family members. As soon as the mother stops working, in most cases the husband may desert that family. That compounds the problems that such a family experiences. This is just around the issue of resources, poverty and a lack of access to the equal opportunities from which other members of society benefit.

I believe strongly that development is about inclusion. It is about participation of all people at whatever level, and whenever there are obstacles, we need to address them so that everyone can contribute in their own ways. That can definitely reduce the discrimination, stigma and problems that we face.

Chair: We have been told that only about 4% of disabled people benefit from international aid, and you have all identified some of the reasons why there is exclusion. What do you think donors can do? I will bring in Chris White in a minute; in fact, it may be sensible to bring him in before you answer this question. We are interested in what a donor like DFID can do to change that situation.

Q3 Chris White: My question is about the countries where you work. Have you had the opportunity to observe DFID's mainstream programmes? What I mean by mainstream is those that are not specifically targeted at disabled people. How do you think disabled people were able to access these programmes and, based on your experiences, what more do you think DFID could do to make its programmes more inclusive?

Chair: This is your opportunity to say what you think DFID could do for you in your community.

Ola Abu Alghaib: I have been doing preliminary research into not only DFID's but other development agencies' support to Palestine, specifically to see how much attention has been given to disability. In particular, when I reviewed DFID's strategy for 2012 to 2015,

I only saw disability mentioned once in that strategy, and it was only on the cash transfers component.

Unfortunately, when reading through the document, if I were a country representative or a head of mission of DFID implementing programmes and I only saw disability mentioned once, unintentionally, the indication I would get is it that is not a mainstream strategy to integrate it within other development projects. An indication and a piece of advice to DFID is that if we want disability to be really mainstreamed within the development programmes, it has to be strategised first of all through a document that clarifies DFID's position, in terms of addressing disability as it does for gender issues. There should be an assurance that there are technical references and participation of people with disabilities when designing those programmes, but also clarifying indicators, as is done with gender issues, so that it is determined, when a programme is implemented, what needs to be addressed in relation to disability.

I can give you another specific example in relation to USAID. In 2011 USAID provided infrastructure support to Ramallah area, which is the central area of West Bank, and they forgot about the simple ramps in the street pavements. Therefore, millions of dollars were spent but, because there was no indicator saying it had to be disability friendly, none of the streets were made for people with disabilities to move around, and it is less costly if that is considered in the beginning. That is why it is really important to have an understanding of what needs to be done for disability to be integrated top down.

Q4 Chris White: Before the other two witnesses come in, can I specifically ask you: have you taken the opportunity, or has there been a mechanism for you, to challenge these programmes before they have been implemented?

Ola Abu Alghaib: In terms of the discussion around USAID, yes, we have. As representatives of the disability movement, we have voiced that. We have spoken to the key office in Jerusalem and in Tel Aviv. We have also met the people in Washington and addressed that specifically. They showed regret that, unfortunately, within that project it had not been addressed and they will ensure it is addressed in the future. However, it was a lesson learnt by them to consider that in future development projects. For me it was an indication of that.

Mahesh Chandrasekar: As DFID does not have an explicit policy on disability inclusion across all of its development programmes, it is difficult to answer this question of whether DFID's programmes have reached the disabled or not. Programmes targeting girls and women should have specific competence to address the issues of girls and women with disabilities. In rural areas and urban slums, a majority of women with disabilities are not part the women's self-help group movement. As a result, they do not have the same access to savings and credit programmes and are unable to work their way out of poverty. I estimate that the cost of exclusion to the nation's productivity could be as high as 1% to 7% of GDP if people with disabilities are not included.

I would like to specifically suggest that DFID's partnership principles dating from 2005 for reducing poverty and achieving an MDG that is of immediate relevance to disabled people makes no reference to disability. They should be remedied in the revision which is currently taking place. The Leonard Cheshire Disability Livelihood Resource Centre in Asia and Africa, supported by Accenture European Union, has been identified as an

example of innovative practice. There are over 22 Livelihood Resource Centres in nine countries that support over 10,000 disabled people to get paid, self employment.

Recently, the German Federal Ministry for Economic Co-operation and Development has launched an action plan for the inclusion of persons with disabilities. Similarly, AusAID has a strategy for disability inclusion. What we would like to do is recommend that a full-time senior civil servant is appointed in the Department whose primary role is to ensure that disability is included across all of DFID's policy and strategy, including country programmes and DFID's funded projects with civil society. In addition, there is a big opportunity for the UK to play a lead in ensuring disability is explicitly referenced in the post-2015 development agenda and in the new seven-year European Union development co-operation framework that starts in 2014.

Edwin Osundwa: To give you a small example, in Kenya, the Government started the free primary education programme in 2003. In that programme, supported heavily by DFID, around 7 million children who were out of school were able to join free primary education. After three years, a study on access—measured by the rates of enrolment—was conducted and it was realised that, of those who were out of school, 80% were children with disabilities. Most schools did not know what to do with those children. The Government was also only interested in the numbers of children being enrolled in the programme; they did not, in fact, ensure that all categories of children, including those with disabilities, were also benefiting.

In fact, when Sense International conducted a survey around the only 10 schools where deaf-blind children could access education, it realised that not all deaf-blind children were accessing education, because under the programme it was not possible for them to get teaching and learning materials. The DFID funds were only being used to produce text books and yet deaf-blind children do not necessarily benefit from text books as learning materials. It would be helpful for DFID to consider supporting programmes in the areas of education and health, but with the view of having such programmes including everybody so it is not only about those in the mainstream, but everybody—including children with disabilities.

Q5 Hugh Bayley: The terms of reference for this inquiry look specifically at what DFID might change to better accommodate the needs of disabled people in its development programmes, but I would like to ask you about multilateral agencies—UNRWA, for instance, for the Palestinian people, or the World Bank. Are there good examples? Are there examples of multilaterals that have already embedded good disability dimensions mainstreamed throughout their policy that DFID might learn from?

Ola Abu Alghaib: Taking the example of UNRWA, in the Palestinian context, disability has been, to a certain extent, mainstreamed within the strategy of UNRWA because there is a specific stream of programming for specific disability services, assurance of key services and assurance that people with disabilities are well integrated into their communities, but also there is a cross-cutting addressing of disability into the other programmes, meaning that in UNRWA there is a consideration that schools, as a policy, have to accept children with disabilities. Unfortunately, having said that, it depends on the type of disability. If you are a child with a visual impairment, you will have better access than a child with an intellectual disability. In addition, the claims are always around

resources. As I said, there is a clear policy, but sometimes there are defaults in terms of implementation due to resources, not due to the lack of clarity of what needs to be done.

In terms of the World Bank, it channels its development programmes directly through its own funding to the Government and civil society. To the Government, there needs to be further improvement, because even though they have direct disability attention through the Ministry of Social Affairs and Ministry of Health, they do not ensure that disability is well mainstreamed across different ministries; I am talking about the Ministry of Labour—the Ministry of Transport, for example.

Until now, in Palestine, we do not have accessible public transport for people with disabilities. It is not to do with resources, because Palestine is depending on the World Bank, the EC and DFID. It is an independent country on funding but disability, because it has not been addressed as a cross-cutting thing, is still channelled through the Ministry of Health and Social Affairs—more as medical members of the community rather than active citizens.

Q6 Pauline Latham: My first question is specifically to Edwin. Kenya has a number of disabled parliamentarians. Do you think this helps the Government implement disability and inclusive policies or is it irrelevant?

Edwin Osundwa: The parliamentarians with disabilities have just been elected; they have now been in Parliament for the last six months, as we held our elections in March of last year. They have just formed a group called KEDIPA and they are trying to come up with a strategy that will advance the agenda of mainstreaming disability into all programmes. I know for sure that the Government is now receptive. We have an enabling legislative environment and with adequate support and guidance from other experienced countries, we are definitely going to see a lot of mainstreaming of disability.

Q7 Pauline Latham: Which particular countries are you thinking about? Uganda has specific places for disabled people but they do not seem to be doing very much.

Edwin Osundwa: We do not have one specific country. The approach is to borrow certain components from different countries. For example, South Africa is doing fairly well with regard to CBR: community based rehabilitation programmes. That might be something that we would want to look at and see how practical it is in the Kenyan context. There are other countries that are doing well in the area of inclusive education, so it will be a matter of looking at different countries, borrowing what can work and adapting it to our situation.

Q8 Pauline Latham: Do you feel that having specific places for people with disabilities in Government is going to raise the profile and make things easier for disabled people to raise the issues through those individuals?

Edwin Osundwa: There are different perspectives on that. First of all, having people with disabilities in those high positions in itself brings a lot of publicity around disability, because without those people, disability is forgotten. A second perspective is that when you have such people, there is a possibility that, if they are well co-ordinated, they can push the agenda of disability through Government policies and influence other members of Government to appreciate and understand disability. However, all of these efforts must

also be supported by other development partners. For example, it is not only about the members of Parliament alone; civil society, DPOs and other development partners must also be convinced that this is the right thing to do.

Q9 Pauline Latham: Can I ask the other two whether they have any experience of countries where there are specific places for disabled people and whether that has helped the lot of people with disabilities?

Ola Abu Alghaib: If I use the example of Palestine, the fact that Palestine has recently reactivated the Higher Council for Disability and appointed a person with a disability to co-ordinate that council has brought more attention to disability across different ministries. The issue of the participation of people with disabilities across the different policymaking processes is very important. Having said that, that does not mean we have to assume all disability issues have to be channelled through this person; it is really considering the consultation process with people who are appointed across the different ministries as focal points, as is the case for gender, for example, in Palestine.

In addition to that, there has to be a support system ensuring that those voices are really heard, because in many cases, even if I am appointed within the structure, my point of view is not really taken into consideration in terms of voting weight and resources available. That is perceived a lot in Palestine—that this council does not have the financial resources to influence changes. It does not have decision-making processes, so it can give a consultation but it is not a decision-making body. Therefore, other components need to be ensured across that process to ensure its effectiveness.

Mahesh Chandrasekar: The whole issue of inclusion of people with disabilities in mainstream development is pretty new. As recently as September last year, there was a high level meeting on disability and development, in which all the heads of states joined together to say how development programmes, including the Millennium Development Goals, have failed to mention disability in any of the goals, targets or indicators. Countries have started acknowledging the fact that this is a big missed opportunity and they have started taking steps to mainstream or include people with disabilities into programmes. That is why I was giving you the particular example of Germany, where they have just launched their action plan for disability inclusion starting from 2013. It is a three-year programme. AusAID have started their own programme for disability inclusion from 2009.

All these stages for mainstreaming and looking at this issue seriously is where DFID can play a major role in playing the lead, because DFID has, in the past, produced excellent reports on how to address disability by using the twin-track approach. Way back in the year 2000, they talked about poverty, disability and development, whereby they said there should be progress for mainstreaming poor people with disabilities. At the same time, there should be specific programmes to make sure that people with disabilities are able to catch up with the rest. DFID has an excellent track record of spearheading the issues of disability but, unfortunately, over a period of time, I do not think it has caught up.

This inquiry provides a big opportunity for DFID to play that role of having something that is more proactive with a more clear-cut policy and with steps that can measure how disability inclusion has happened. It is not only a question for DFID. As a person with a disability, a disability activist and a DPO member, for me, the policy is very important

because I can hold DFID to account in terms of how they are doing their work to ensure it has meaning to the lives of disabled people in the country as well as at an international level.

Q10 Pauline Latham: Where countries have specific quotas for people with disabilities, do you think this is the best way? Do you think that precludes people from standing for office who are disabled but who are in, what you might term, ordinary seats?

Edwin Osundwa: That is the route being followed from an affirmative action philosophy. If you look at other groups who have historically been disadvantaged—for example, women—many Governments find it appropriate to bring them into the mainstream through affirmative action. That does not mean that it excludes or stops them from also ordinarily participating. This is just the starting point. For example, in Kenya, we have some members of Parliament who have been nominated to represent disability, but there are others who have contested for those positions and they have been elected by the general public.

Q11 Fiona O'Donnell: I would like to talk about attitudes of societies to people with disabilities, because if the life opportunities of, and the services used by, people with disabilities are going to change and have an impact on people's lives, society needs to change as well. If you go to school but no one plays with you at break time, or if you get a job but are shunned in the workplace, it is not meaningful.

What are the tensions you then have? Donors want to be able to report progress quickly. How long do you think that change will take? How is it evidenced? Would I, if I went to your home country, or countries you have visited, see people with disabilities taking part in television programmes? Also, Ola, I am afraid I cannot let this opportunity pass to challenge you about the name of your organisation, Handicap International. Do you think that name is helpful in terms of giving a positive view of disability? Is it something that you are considering changing?

Ola Abu Alghaib: Maybe I can start with the last point, because there have been a lot of strategic discussions within Handicap International about changing the word. It is perceived as the old terminology of disability. The challenge is that Handicap is more the French translation of the word rather than the English. However, I know that debates are still going on within the organisation to consider that.

In talking about societal attitudes, how long it will take and what needs to be changed, timing is an issue because changes in society take time. We cannot predict that. The perception of disability has grown with people over many years with the understanding that it is linked to a curse or a burden on the family or community, and that it is an additional cost and it requires technical expertise. For all of that to be resolved within a year or two is not realistic. However, regarding the steps required for it to happen, I have seen it in the context of Yemen, Egypt and Palestine, where we work with communities to change perceptions and attitudes.

First of all, there has to be change in the policy system. There have to be enforced rights and laws to ensure proper inclusion of persons with disabilities. First of all, it is my right to be treated equally in a workplace. The second element is support for role models.

There has to be support for people with disabilities to perceive what they feel they want to achieve in their lives and usually choice is an issue, so the involvement of people with disabilities and strengthening the capacity of disability organisations are key issues as well, in addition to engaging with media.

Media plays a massive role in changing people's attitudes. Until now, if we track the media's articulation of disability, whether in films or newspapers, it is still unfortunately a negative image. Therefore, it is about a combination of different strategies and a support system to ensure we reach that target. However, as I said, it is a long-term thing but it is taking place.

Again, in Palestine, the issue of conflict and the arising of young athletes, men, who were injured in the conflict and are now wheelchair users has changed the perception of disability, because you see them more often, they have a better support system, better incentives and more attention from their families and the communities because they are the heroes. All of that brought a new insight to disability and changed it so that now, in Palestine, you see a change that has happened over the last 10 years, but there is a long way still to go.

Edwin Osundwa: Yes, you can measure progress in disability. Yes, it is possible to have change. Yes, it is possible to turn around the entire spectrum. The reason is, for example, within a space of 10 years, the three East African countries have been able to enact legislation on disability. Within that very same space, those three East African countries have been able to sign and ratify the UN Convention on the Rights of Persons with Disabilities. Within that very same space, two of the countries that have reviewed their constitutions, i.e. Kenya and Tanzania, although they are still undergoing the process, have been able to expressly provide for the rights of persons with disabilities.

That is at the legislative level. However, at the practical level, we now have ministries with programmes on disability. We have disability councils, which are Government agencies, that advise Government on disability and manage funds related to disability programmes. We have inclusive education in place and we also have a lot of affirmative action. These are things that have happened over the last 10 years so it is very possible to put disability in that context and measure it and see how it is progressing.

Q12 Fiona O'Donnell: Could I just ask you, because there is a big emphasis right now on economic development from DFID, are you seeing any evidence of employment rights improving? Does the mother of the deaf-blind child have some rights as a carer in her workplace or are employment opportunities for people with disabilities improving?

Edwin Osundwa: Yes, that is true. When we look at the economic angle of all of this, we realise that programmes are being put in place to address the most marginalised. For example, the cash transfer programmes end up targeting those families who may have a child with a disability or where parents have to stop working and attend to their child with a disability. There are other programmes that have been designed to support such families to set up livelihood programmes. All of these are aimed at turning around the economic circumstance so that they become active members of the community. Persons with disabilities themselves have been provided with sheltered workshops where they can meaningfully participate in vocational trades that can generate income so that they can also contribute to society and at the same time earn a little.

Mahesh Chandrasekar: I would like to highlight the fact that the Convention on the Elimination of All Forms of Discrimination against Women came to force in 1981 so it is 33 years old. Even after all these years, there is a big gap between policy and practice. Therefore, in respect to that, if we look at the UN Convention on the Rights of Persons with Disabilities, it only came into force six years ago in 2008. However, it definitely has boosted the morale of people with disabilities across the globe.

I would like to give an example of how this has worked over the last three to four years through our programme called Young Voices. The voices of young people with disabilities are often marginalised. Leonard Cheshire Disability Young Voices project is a global network of over 1,200 young disabled people in over 20 countries, including India, Asia and Africa. They campaign for the ratification and implementation of the Convention on the Rights of Persons with Disabilities.

The project has transformed the way young campaigners think of themselves. The families, who were thinking, "What is going to happen to my son or daughter?" now think of them as brave soldiers. They are out in the world and gain the skills and confidence to engage with decision-makers and effectively advocate and campaign to end extreme poverty, discrimination and exclusion at the local, national and international level. They presented their experience at the UN Parliament and, in fact, on 3 December, they were there at the UK Parliament, where they shared their own experience of the challenges they face and how they overcome those challenges.

The project has been a catalyst in building the next generation of people in the disability movement as well. In India, they campaigned to the education board to make sure that students with visual impairment were able to use their computers to take their exams independently. In Zimbabwe, they lobbied for changes in the constitution so that sign language is now an officially recognised language. They have also been part of the youth consultations for post-2015. Like Edwin was saying, there are also involved in Tanzania in the review of the constitution.

This is the right time to ensure that people with disabilities, especially young people, are encouraged to understand disability differently. It is no longer a problem of inclusion—not being able to go to school or not able to go to work. It is a problem with the transport system. It is a problem with lack of access to water and sanitation. We need disability rights to be embedded in all of the work that we are doing. We need sustained engagement with people with disabilities. We need to allocate enough financial resources and ensure accessibility costs are built into all programme budgets. We need to build the capacities of duty bearers and right holders for change to happen. It is not a question of how long, because we cannot wait—we need education today; we need access to healthcare now; we need to come out of poverty today. We cannot say that we will have a policy that will materialise in 2014 or 2015 that is going to address the issues. Things can start straight away.

Fiona O'Donnell: We are still on that journey, too.

Ola Abu Alghaib: Can I add one example of a project with small funding that contributes to change in communities? We have recently supported a women-with-disabilities programme in Palestine where they were integrated into the private sector and NGOs. They had an internship of three months and were covered for their monthly salary, and a

change in the environment of the workplace was supported. Some 50% of those women were accepted full time after this project; the idea was that, once they were in the workplace, the employees could see they were productive, able to work and did not require such a massive support system. This is what we are talking about; sometimes it is the small initiatives that are really generating sustainable changes of attitudes and policies, with little money but on a strategic design of targeted programmes to ensure good practices later on.

Q13 Sir Tony Cunningham: Both Mahesh and Edwin have mentioned the importance of the UN Convention on the Rights of Persons with Disabilities. I wonder what practical steps you think DFID could take to help ensure more partner Governments implement the convention. Also, to take it a step further, do you think DFID should ever make this a condition of its financial support?

Edwin Osundwa: Within the UN Convention on the Rights of Persons with Disabilities, there is a monetary mechanism and, every year, every country that has signed and ratified the convention must produce a report of how it is progressing insofar as implementing the convention. I believe that is a very practical level at which DFID can also play a role, because on this Committee, which does the monitoring and reporting, DFID could also ask to be enjoined or, better still, they could obtain a copy of these reports and work to understand how these countries are progressing with implementation—because that particular convention has enshrined most of what can guide disability and development positively.

Ola Abu Alghaib: The Convention on the Rights of Persons with Disabilities did not add new rights to persons with disabilities; it has just confirmed that people with disabilities' rights are human rights. Yes, I agree with you that it can be a major indicator of looking into the country's acceptance of the principles of the convention and its integration within its policy system. That does not mean that I would exclude a country's support if it has not yet ratified or signed the convention.

However, I would say that it is an indicator of progress that it needs to happen in the near future and that there needs to be dedicated funding through DFID to the disability movement, to be a voice to the Government to ensure that the convention is signed and ratified. Following that, as was mentioned, there are a lot of steps to be taken because the changes within the policy system are the more critical issues in the articulation of the principles of the convention. Therefore, I agree with you that it has to be one of the key indicators of progress in terms of the sustainability of changes on the ground.

Mahesh Chandrasekar: Article 32 of the convention talks about international co-operation. It talks about all international co-operation and development programmes. They should be inclusive and accessible to people with disabilities, and the Government of the UK has signed and ratified the convention. Therefore, it is an obligation on the part of the UK, and especially DFID, to ensure all of its development programmes, not only programmes for disabled people—whether in water, sanitation, infrastructure development, education, health, increasing productivity, the economy or the environment—should be inclusive and accessible to persons with disabilities.

In order for DFID to comply with the convention, it has to take steps to ensure that it is in line with the convention. In fact, there is a committee hearing of the convention

happening, based on the UK's report, sometime in October of this year. There are definitely going to be questions asked by the community as to how DFID has implemented Article 32 of the convention, and even Article 11, which talks about emergencies: making sure that all programmes addressing emergencies and disasters should include the needs of people with disabilities.

I would like to highlight that the UK has played a key role in developing the development framework post-2015 along with David Cameron as one of the co-chairs of the High Level Panel, where they talked about "Leave no one behind" as one of the transformative shifts that can bring about a change for the future. In line with that, I would like to call for DFID to look at disaggregation of data, within all its goals, targets and indicators. This would help to measure the gaps and set targets to reduce gaps between social and economic groups, including persons with disabilities. This will also help focus and address the direct and indirect discrimination experienced by different groups that underpin inequalities.

Edwin Osundwa: Development, disability and poverty is such a complex discussion, but also a very interesting one. In the context of the developing world, you can imagine, for example, that in Kenya 3,000 people die every year as a result of road accidents. Over 7,000 acquire one kind of disability or another. If you go by such statistics, the burden that brings to the family and the economy is huge. That translates to poverty, because when someone who was actively in work or economic activity is then involved in an accident, that results in them not participating—they need to go through rehabilitation and a long process to regain their ability to work.

All these groups of people need many programmes to support them. We have a lot of diseases caused by a lack of immunisation, such as German measles and many other diseases. Therefore, many of our children are becoming disabled because of diseases that could have been avoided, but because we do not have adequate immunisation programmes, they end up falling into that category of disability. Therefore, we still have many people with these disabilities and many causes of disability. We cannot leave disability as something that cannot be addressed now.

Chair: Thank you for mentioning rubella. I have a particular interest in deafness and a daughter who is deaf because of a rubella infection, so it is an interesting point to make. There are things that can be done that are not happening at the moment.

Q14 Fabian Hamilton: Most people would agree that disabled people should have a say in programmes or policies that affect them, but how do you think that donors should approach this in practice, to ensure that people with disabilities have genuine influence? What mechanisms would you employ?

Ola Abu Alghaib: If the question is in relation to the context-related understanding, the main address is the DPOs, or disabled people's organisations, because they are the ones voicing the rights of persons with disabilities. They are the ones linking with the grassroots and communities on the ground around people with disabilities.

We need an active consultation process with such organisations and support for their existence, because, as I have seen in many countries, many of these organisations have had to stop functioning due to a lack of core support. The disability movement is an emerging

movement and it needs a lot of support. It also needs a lot of realisation for its context as well. Certainly, the address is the disability organisations and it has to be addressed on a proper, active consultation along with the design, implementation and the evaluation process. There also has to be a track of support to such organisations to continuously, actively represent the voices of the most marginalised within the disability context.

Edwin Osundwa: I tend to think that it is very possible to avoid reinventing the wheel. I know for sure that most Governments now have programmes that touch on disability. On the one hand, it would be prudent for development partners, such as DFID, to work through Government structures, but on the other hand to have the DPOs and other civil society organisations monitoring and participating in the design of programmes, because Governments run the largest programmes.

Governments also embed policies that guide the long-term implementation of programmes. Therefore, it is invaluable to hold Governments to account for sustainability purposes and ensure that it is Governments who are at the forefront to implement programmes that are all inclusive. However, this must be done in consultation with DPOs and NGOs.

Mahesh Chandrasekar: There are not DPOs in all places. Disabled people's organisations play a very important role because they are aware of their rights and their understanding of disability is in the context of rights. They have an important role in terms of advocating for their rights; however, they may not have the institutional capacity to carry out the functions. It is not that all people with disabilities are knowledgeable about their rights or can talk about disability in the way we are trying to communicate. Therefore, it is important to build the capacities of disabled people's organisations to understand the issue of disability, discrimination and the barriers they are experiencing because of attitudes, lack of access to information and communication, and a lack of access to transport. In addition, we need to coach young people with disabilities in schools to understand the issue that they are facing is not only related to their environment but also because of the system around them.

Before we start jumping to work with DPOs, we should ensure that they really represent the constituency with whom we would like to work. Are they representing the poor people, the women and the children with disabilities with whom we want to work? We want to hear the voices of people who are affected the most to bring about a change.

We would recommend that DFID look at people with disabilities being represented in the committees that are monitoring and implementing development programmes in both urban and rural areas. For example, India has strong local self-governing bodies called panchayats in rural areas and municipalities in the urban areas. These committees are formed to enhance people's participation and accountability. I would like all DFID's programmes to ensure that a certain number of seats in those committees are reserved for people with disabilities, so that they are part of the elaboration, the implementation and monitoring of the programmes they are aiming to achieve.

Q15 Fabian Hamilton: Mahesh, would it help if the donors employed more disabled people themselves? Would that contribute to policies being friendlier towards disabled people?

Mahesh Chandrasekar: It does enhance the sensitivity to issues of people with disabilities. If you have a person with a hearing impairment as a colleague in your office, what would you do? Would you learn sign language or would you just allow the person to live his/her life on their own? It does enhance the level of sensitivity of organisations. If you have a colleague who was visually impaired, would you just send print-outs of the minutes of a meeting or would you make an effort to ensure they are in an accessible form? Therefore, it definitely enhances the sensitivity to the issue.

It is important that people with disabilities are employed in the organisations, not only for the sake of being employed, but because of their qualification and ability to perform the particular role. It is important; if you do not have people with disabilities within your family or in your work space, you may not consider whether new programmes are going to be accessible for people with disabilities. It would be certainly be interesting to know the staff spread of DFID across the globe and how many of them have disabilities, and at what level they are functioning. Are they at every meeting or are they only at certain levels? You should also look at the gender issue as well, so it would be interesting to note how many of them are there.

Ola Abu Alghaib: I just wanted to share my personal experience, even though I work with a disability organisation that is a pioneer in supporting disability issues across many countries. I have seen that being around the table with my colleagues has been very effective for the assurance of the issue of participation of people with disabilities. Even when we are designing disability-specific programmes, we sometimes have the assumption that we know how things need to be done and we sometimes oversee the issue of where the voices of people with disabilities are in the design of that project. So, yes, the issue of having a colleague with a disability is important as an additional reference and reminder that things need to be done a certain way.

Q16 Mr McCann: The input of disabled people is crucial for developing programmes for the future. One of the ways in which donors are seeking to engage is to work with disabled people's organisations. Please, Mahesh and Edwin, do not take offence, but some experts have cautioned that these organisations are dominated by "educated, urban males"; I just wondered whether you have an opinion on that—whether it is a risk and whether disabled people's organisations, because of their vulnerability, can be dominated by people of a certain gender, or with a certain disability, and we miss out receiving feedback from people with complex needs and disabilities, and particularly women and children. Perhaps I can direct that to an urban male, Mahesh.

Mahesh Chandrasekar: That is very true. That is why I said in my previous response that it is important that the DPOs represent the constituency with whom they are going to work. If you are going to work with children with disabilities and if you are serious about hearing the voice of children with disabilities, do we have children with disabilities in those consultancies that we are doing? What measures are we taking to ensure that women with disabilities and people with certain impairments—for example, with multiple disabilities or sensory impairments—are part of those discussions? It tends to be that people with wheelchairs and male like me are visible or there in all of those important meetings, and there is a tendency that the rest could be left behind.

It is important that we look at the constituencies of the DPOs themselves. That is the reason why I talked about the Young Voices campaign, where we are supporting more young people with disabilities to join the disability person's movement. There should be a change in leadership as well. There should not be the same leader who has been there for all the meetings. As with any other good democracy, there should be elections; there should be new leaders emerging and opportunities created for both men and women as well as representative across disabilities.

At the same time, it is important that people with disabilities are consulted. Without consulting them, you are not going to find a complete solution. I would like to give another example: I have access to an incontinence device, which allows me to sit in this room and talk for one hour without having to go for a break. That is because I am earning; I am able to afford that. I am able to buy that on a regular basis, but that would not be the case if you are working with poor communities in rural areas. They may not be able to come out of their own houses because of a lack of accessible washrooms.

It is not that DFID has to look at DPOs that are registered. DPOs may not be registered. They may be a collective of disabled people who are meeting informally. Therefore, DFID should have an open-ended design. It should not be fixed that DPOs have to be registered. If DPOs are not registered, would DFID be able to fund those DPOs? How will DFID fund those DPOs that are not registered to build their capacities? DFID also has to have a flexible approach to ensure that the voices of the disabled are heard and not fall into the trap of meeting the same people again and again.

Ola Abu Alghaib: I chair a disability organisation myself, and I acknowledge that there are challenges within the disability movement—within the capacities of the DPOs, internal conflicts, the transparency within those organisations, and of representation and the unity of the voices. Looking at the women's movement, they took a while. It was an evolution of empowerment within the movement itself, but it was accompanied by a lot of support from development agencies to make that shift up to that level.

Along with the convention, the disability movement across different regions has revived. There is a better understanding of the role of the DPOs within persons with disabilities that was not there five years ago. There is a potential change if we consider, when designing programmes, that, as Mahesh said, yes, there is an assurance that when new members join, when actions are supported, it is open to everyone; it is not restricted to the small community of that DPO. Therefore, the assurance of the participation of people with disabilities through DPOs is a must. Alongside that, there have to be indicators for those DPOs to improve along the time of the support and to prove that they are changing at an organisational level and as a movement across that targeted country. I would advise both tracks.

Q17 Mr McCann: Edwin, do you think that disabled people's organisations are dominated by educated urban males?

Edwin Osundwa: Just like any other movement.

Mr McCann: Touché.

Edwin Osundwa: It is very typical of all movements. In Kenya, women are now saying it is the elite women and the rural women are not represented. Whenever there is an issue around women, rural women will say, "We are not represented." Adolescents would say, "Girls are not represented." Then older women will say the same; it is normal. It is usually at that level where there would be all those variations, but as the movement becomes cohesive, as the issues become cross-cutting and relevant to everybody, that gap tends to be filled. It is normal within disability but I also believe that when they feel that their interests are being articulated and represented, they will all tend to feel that this is the right course of action.

Q18 Hugh Bayley: What steps can donors take to help disabled persons' organisations to strengthen their capacity so that they become more effective?

Edwin Osundwa: What is critical for disabled people's organisations is, first of all, information. Without information, decisions cannot be made and it is very difficult for such organisations to act on a lack of information. Therefore, there must be constant provision of information. Secondly, there need to be mechanisms that help them improve in terms of their capacity, leadership, transparency, accountability and also lobbying and advocacy—if they are trained on a regular basis to do these things. There is also a need to help them build coalitions; rather than speak in their little voices alone, they should instead coalesce around an agenda and advocate on the same platform.

It is also important for them to have the skills and capacity to track different Government programmes—expenditures on disability for example, through which organisations can track how much has been spent on free primary education that has had an impact on children with disabilities. That information is very useful. Once the information is out, they can use it to hold the Government or other development agencies to account and to say, "Look, you are only spending 1% on this population and yet we are a sizeable number."

Ola Abu Alghaib: I will take the example of the disability rights fund; DFID is a key contributor in supporting that programme. The flexibility of modalities of funding to the disability organisations within that fund has shown great progress in terms of supporting the disability movement across the targeted countries, because the schemes supporting emerging groups of minorities realised that they would need to work together to change their realities at a local level.

Additionally, there are schemes supporting existing national DPOs to strengthen their capacities, improve the knowledge and understanding of their members, and build coalitions to address national policy. Such modalities can also provide the space for the disability movement to grow, but also it is a cross-cutting thing at all levels where support is ensured for the different capacities and groups across that country.

Mahesh Chandrasekar: DFID could invest in building the capacity of DPOs where they exist. Also if DFID is working in harder-to-reach or remote locations where there are no DPOs, they can promote the formation of disabled persons' organisations in such places.

Disability is not my identity. Disability is not all there is to me; I am not associated only with my disability. I have multiple identities: as a father, parent, employee, colleague or whatever it is. Disability happens to be one of my identities. That is important to

recognise: that disabled people have multiple identities—they could be farmers or whatever it is. When DFID is promoting people's collectives, it is important that DFID creates spaces for people with disabilities to be part of such collectives.

Also, as Edwin was telling us, people with disabilities should be seen as a resource. We have to pay them for their consultancy and their time. It is not that we take services free from people with disabilities because they happen to be disabled. People with disabilities have a resource; they can tell you exactly whether I can use, for example, the tube station, bus stand, public toilet or school that you have created.

When you are planning any development programmes, you can hire people with disabilities as consultants and pay them for their time. They can tell you, for example, as a person with a visual impairment, whether the colour contrast is good enough for them to make the best use of that space. It is important that people with disabilities are seen as resources and contributors who can provide solutions, rather than seeing them simply as trouble makers or people who are just raising their voices and screaming their guts out at any given opportunity. We need a more constructive dialogue and to respect each other to get the best out of everybody.

Edwin Osundwa: To add to that, there is this very nice concept about diversity; when people talk about diversity, they limit it to race, colour and sometimes beyond that to religion, but it definitely extends to disability. That is just how we are; we are a diverse group. It helps for us to appreciate that and try to accommodate everyone's diversity. If we do that in our programmes and development work, it is unlikely that anyone will feel left behind.

Q19 Hugh Bayley: How easy is it for disabled persons' organisations to apply for funding from DFID? Is it easier or less easy to apply for funding for disabled persons' organisations from NGOs or from other national bilateral donors? Ola, can you say a little more about the steps that the Disability Rights Fund takes to help small organisations build their skills?

Ola Abu Alghaib: In the region where I come from, it is almost impossible. I did research last year with 55 DPOs across six countries—not only DFID, but also EC funding. I was interested in global development agency funding streams. All of them expressed the challenge of accessing such funding, first of all because of language issues and also because of the precondition of history of engagement and annual budgets.

The third issue was the complexity of the format and the language articulated, where they had to hire consultants. They do not have the resources to help them apply. There was even the issue of the knowledge of existing streams. They do not know that within certain countries there are funds available that they are eligible to apply for. The fourth challenge is that, even when they partner with bigger NGOs, they are eaten up by bigger structures and in many cases the trickling down of the funding to those DPOs is hardly anything. From that example, it was clearly indicated that accessing funding from DFID was almost impossible for DPOs in my region.

The Disability Rights Fund is designed so that it is open to groups of persons with disabilities who are not even registered but have just decided to work together to change their realities within local communities across those marginalised and across disabilities.

Usually, the announcement is made in participation and assurance channelled through the disability movement in that country. We have all these national gatherings of DPOs where we inform them about the fund. We make sure that our templates are not so complicated in terms of requirements. We do not have any prerequisite obligation that you need to have a history, so in many cases it was the first grant—the $5,000 was the first money they had taken in hand.

We know that there is a risk within that, but we know that the lesson learned within that group is the starting point for them to realise how to take the step to become a more structured organisation. There is a flexibility of choice of where that money is spent. Clearly, it is not allowed to be spent on anything but around disability rights and advocacy; there is an open space for the DPOs within the limitation of the articles of the convention, which address almost everything. The choice is theirs, knowing, based on their context, realities and priorities, what needs to be done.

The third component is assurance of technical support. We do provide a lot of advice to them, for example, if they want to design a curriculum on Article 12. Sometimes they need expertise on what needs to be addressed, how it needs to be done and sometimes in terms of easy reading materials or provision of braille. We assure also that within budget there is a flexibility of assurance of accessibility across that. There are lessons learned shared between DPOs through these national gatherings. The component for the national coalition also encourages co-operation between the different DPOs. Because there was an announcement encouraging DPOs to work together, it was the first time they sat together and discussed issues at a national level. It reinforced the idea of unity of voice within the countries.

Mahesh Chandrasekar: Many of the DPOs are still not registered, so there should be some sort of automatic system for DFID to support them. How can we support unregistered organisations of people with disabilities? A welcome step would be some mechanism of support for them. I do not have much more to add on that particular point.

Ola Abu Alghaib: The mechanism that the Disability Rights Fund adopts is the fiscal sponsor. It is the idea that the group chooses an existing body of an organisation where the money is only channelled through that organisation but the organisation does not choose where the money is spent. The other option is that they choose two people of that group and a joint back account is opened. Then it is the choice of the group as to how to manage the money. These are two modalities of how funding to groups is managed right now.

Edwin Osundwa: It remains a challenge for DPOs to access DFID funding. There are very elaborate conditions, which are not very easy for our DPOs to meet. For example, the information about the application for funding is first of all not very readily available, because we are talking about DPOs that do not have access to the internet, for example. We are talking about DPOs who may be led by people who are visually impaired. Even if they knew about the funding, the information is not in an accessible format. We are talking about DPOs who may not have that history, which is a precondition for applying for those funds. We are talking about DPOs who do not have capacity to apply. They may not have experienced programme officers and so on and so forth. Therefore, it is still a challenge for those DPOs to tap into those funds, even if they are available.

Chair: Thank you for that. We hope that at the end of this inquiry we might be able to help resolve some of these issues and questions when we make recommendations to the Department. I thank all three of you for coming to give us evidence. It was really important for us to hear your first-hand experience, and you have been very forthcoming in answering our questions, so thank you very much. Feel free to stay and hear what the second panel have to say about what DFID has been doing, particularly in partnership with Australia.

Examination of Witnesses

Witnesses: **Bob McMullan**, former Australian Parliamentary Secretary for International Development Assistance, **Lorraine Wapling**, disability and development consultant with experience at AusAID and DFID, and **Dr Susie Miles**, Senior Lecturer in Inclusive Education, University of Manchester, gave evidence.

Q20 Chair: I thank you for coming and giving evidence to us. First of all, for the record, can I ask you to introduce yourselves?

Lorraine Wapling: Good morning, my name is Lorraine Wapling and I am a consultant in international disability and development.

Dr Miles: I am Susie Miles. I currently work at the University of Manchester teaching inclusive education, but I have worked for a long time in Southern and Eastern Africa on disability issues.

Bob McMullan: I am Bob McMullan. I used to be in the Australian Government dealing with these sorts of issues. I am now just a private citizen living and working here in London.

Q21 Chair: Thank you. It is some time—more than a year—since this Committee took the decision in principle that we would conduct an inquiry into disability and development. There is some evidence that DFID has taken that into account over the last year. Certainly the Parliamentary Under-Secretary, Lynne Featherstone, has made a declaration that she wants DFID to be a world leader in disability-inclusive development, which is something that we would welcome. However, we also recognise, from the evidence that we have just had, that there would be a lot to be done to achieve that.

There seems to be recognition by DFID that Australia is slightly ahead, and from other evidence we have heard, in some areas, so is USAID. It is good, of course, that DFID is prepared to learn and co-operate with other donors on that front. At the moment, they have made declarations about accessibility of school buildings, improving data, which was raised in a previous one, and funding civil society organisations, which again has been indicated is not as easy as it might be. What do you think DFID would need to do to move from where it is now to the rather ambitious claim of the Minister, to be a world leader—apart from follow Australia's example, of course?

Bob McMullan: Thank you very much. Having the ambition is a great start. There will be different paths but the key elements are, in some way, to have an overarching strategy. People use different words in different organisations, but to have some overarching document that says, "We want to have the world's best practice," that therefore prioritises this as part of the activities of DFID is important in itself. I will come to some content things briefly in a moment.

Chair: There will be another question specifically on that.

Bob McMullan: Let me say then why I think it is important. It sends messages to external bodies that liaise with DFID. What I found surprising in what was then called AusAID was the extent to which it sent a message inside the organisation and led to organisational change in the agency itself. That was not in my head when we started but, in hindsight, it was the most important thing and it happened as a by-product of what we set out to do with the strategy and the way we set about doing the strategy, which was a very extensive consultation with disabled person's organisations and setting up an advisory group of people with disabilities and experts in that area. That overarching document—as you say we can talk about its substance— its existence and the way you go about setting it up, is the most important thing you can do.

Lorraine Wapling: I would like to support that and maybe take it a step further and say that public declaration, public announcement and public commitment to working towards disability inclusive development is really important, because it sends a message to other international organisations that you are working with and wanting to influence.

The scale, scope and nature of the problem are important. It is acknowledging that this is a significant development issue. If you want to tackle poverty, education and all of those things, you have to understand that disabled people need to be included. If you make that public declaration, it influences the internal organisation itself but it also sends an important message to other development actors, and that is also very important.

Dr Miles: I endorse all that has been said in terms of making it part of every act of development. It is not a separate or a specialist issue, and it must not be sidelined as such. I do not think I have a great deal to add, other than to endorse DFID's stand because it is a very influential player.

Q22 Chair: What we wanted to tease out during this session are specific things that you all think DFID could do, because they are at the start of this process and it would help the inquiry. One other thing, mentioned in the previous evidence session—we are aware of it ourselves—is the stigma, which leads to disabled people being hidden away and discriminated against. We had evidence from Sightsavers, which said, "A lot is invested in changing societal perspectives on gender, and many interviewees commented that disability should get a similar amount of attention." Do you think that is the right approach or is something slightly different required?

Bob McMullan: It broadly is; I would not want to take the analogy too far but, to the extent that it is about changing social values, there is a lot to be learnt from what was done in the area of gender—not that there is not still a lot to do there. In some countries, people with disabilities in families are hidden away, and even where families love them just as

much as they do in our country, if there are no resources for support, they wind up, particularly people with mental illnesses, not leaving the house.

There are some terrible stories from Indonesia, not because of any peculiarities about Indonesia but because they have studied it better than some places. It is not that the families do not love their family members with mental illness but that they do not have any support to provide them with the assistance to participate in the community. So, yes, we have so far to go in changing attitudes, but in the developed world we need to change our attitudes so that we engage with this. The poorest of the poor are people with disabilities in developing countries, and if our development programmes are not targeting them, we are missing the point.

Dr Miles: Again, I endorse attitude change as the key issue—probably the hardest. I do not like to think of it as just families hiding children away; it is about the attitude throughout society and sometimes at a very high level, in UN agencies even, that needs challenging.

Lorraine Wapling: By making a strategic commitment to disability-inclusive development, by having a strategy and a framework, you are making the issue of disability something that is moving away from only focusing on impairment, which is what tends to happen. It is showing that this is an important development issue. That helps change the mindset.

In my work, often with agencies and mainstream organisations, we do an initial session that asks people to say what disability means to them. It helps to confront people's attitudes towards how they conceptualise and frame disability, and a lot of the words and phrases that come out of that, even from DFID officers and senior managers, still reflect an attitude that disability means something to do with impairment. Therefore, when you are thinking about an agency or an organisation wanting to become more disability inclusive, working on what people think disability means seems like a significant first step, because it helps to challenge that assumption that disability is only an impairment issue.

That is why the issue has not really been significant in development up to this point, until something like the UN convention comes along and makes it much more public. People are much more aware that disability is a rights issue; it is not just an impairment issue. Until you challenge that at the core, the agency or organisation cannot move forward with disability inclusion because there is still an assumption that disability is just about specific impairments—a health issue or whatever. As a social development adviser or governance adviser working in fragile states, why do I need to think about disability? By confronting that attitude and understanding that it is not only a matter of people's impairments, the agency can begin to move forward. That is one of the things that AusAID did quite well, and the strategy that they developed and the consultation process helped to change attitudes within the agency itself, which is a very important first step.

Dr Miles: Your question was about gender mainstreaming, the relevance of disability mainstreaming and the lessons that can be learnt. There are parallels and it would be great to have disability mainstreaming. However, it is very clear what gender is; disability is much less clear and well defined, and differently defined in different contexts. As Lorraine says, we need a greater appreciation of the barriers faced, according to the

particular impairment and the social context in which we are talking, as there is so much. It is not as simple as just saying, "Disability mainstreaming, like gender mainstreaming."

Q23 Mr McCann: We understand that AusAID began their programme by focusing on two sectors and four countries. DFID has a large number of programmes across the globe. Where should it start?

Bob McMullan: AusAID, as it was, had a large number of programmes across a large number of countries too. It was not as big as DFID but we did have to prioritise. It is the right question but there is no perfect answer to it. When we choose education and infrastructure, we could have chosen several other areas equally well. It was a combination of the advice we received from consultation with disabled people's organisations, whether we had the capacity to contribute and some of the countries where we saw we were most likely to be effective.

We were conducting a bit of a trial to see how this idea of prioritising the issue of disability inclusive development would work. We felt we could not immediately do it everywhere, so we felt the need to prioritise in both sectors and countries. Ultimately, that is not what you should do; you do it everywhere. But we felt that we had to start with some caution as a test case. The strategy is essentially based on the idea that ultimately everything we do in every country will be tested against its appropriateness for disability inclusion, and the special things we do to assist people with disabilities will be done everywhere.

DFID has a different geographical remit, so quite where it would choose to go were it to prioritise is not for me to say, but I do not think, in the long term, you would develop a strategy based on particular sectors or countries. However, like all big journeys, you have to start somewhere, and that was how we thought we could start in a way the institution was able to manage.

DFID, what was then called AusAID and USAID are big agencies, but you cannot turn them on a sixpence. You have to have a planned strategy for change and you have to prioritise. I think they turned out to be good choices but I do not want to pretend that they were the only choices, particularly with regard to countries. There is no country in which you could not properly prioritise this.

Lorraine Wapling: The consultation process itself, because it was so widespread and detailed, gave AusAID the opportunity to make a selection, both in terms of country and the sectors that they wanted to focus on. For me, it was logical to narrow it down and say, "We are going to put specific resources, time and energy into these countries and sectors," because it enabled AusAID to start to make that organisational transition, to build up the evidence base that it needed to expand and to put in place the support mechanisms that are definitely needed. Therefore, it was logical to make those decisions. The exact nature of those decisions came from the consultation process itself. If DFID were to do a similar kind of thing, I would definitely recommend a good broad-based consultation process happened, and then allow DFID to narrow down the potential.

The other thing is to look at where you already have good practice happening. When I look at mainstream organisations or other agencies that have tried to mainstream disability, one of the things I notice is that it tends to be more successful if they build on

things that are already successful. Looking at something that DFID is already quite well known for or in a country where there is already a good connection or collaboration with a wide range of stakeholders tends to be more successful in adding something like disability inclusion.

You already have an advantage there; you already have a good reputation. This is about improving your effectiveness. I have seen that working with mainstream organisations and potentially with DFID as well; it looks to things where it has its own comparative advantage and makes that better. That is easier to communicate as well.

Q24 Chair: Do you have any specific examples in mind?

Lorraine Wapling: For DFID or for mainstream?

Chair: For DFID.

Lorraine Wapling: In DFID it is difficult to find specific instances of mainstreaming with disability. In Rwanda, where they introduced social protection and they then began to add a disability component to social protection, it was really well designed. That was a good consultation process. DFID had a good relationship with the Rwandan Government and that gave them opportunity to have good discussions, as was the case in Zimbabwe and a little in Nigeria too. Where you have good relationships and it is possible to talk at that bilateral level with your Government, where there is trust, it presents good opportunities.

Dr Miles: As an educationalist with development experience, I think you have a great opportunity, with the post-2015 discussions and the sustainable development goals coming with hopefully a much greater focus on equity, to make education a main focus. I have the good fortune at the moment to be working with colleagues in DFID developing a topic guide on inclusive education, so I am conscious of some of the blockages or common resistance in the system to opening up to this issue.

There is a lot of fear around what it would imply. Recalling joining Save the Children in 1987 on a two-year contract, as the first and only regional disability adviser for Southern and Eastern Africa, I remember saying to the Director, "It is a two-year contract." He said, "No. This is a 20-year commitment." It is really important to see this in the very long term. There is a lot to be done.

Q25 Mr McCann: Can I direct my last question to Bob? It is about AusAID and it is a direct question about resources. How did you allocate your resources between different disabilities, and what proportion of the aid programme is devoted to disability?

Bob McMullan: There was not a very big extra budgetary commitment specifically for disability. There was some staffing devoted specifically to disability, which is still there. There was a particular attempt to ensure the programmes we had, on which we were already spending money, were redesigned so that they were more disability specific or inclusive. We were already doing some things with regard to these particular disability services, so they were enhanced.

There were also things that cost very little. For example, in our volunteer programme we made a particular effort to ensure there were people who could provide services to people

with disabilities. I remember seeing in Samoa the first teacher who was introducing sign language into a school in Samoa, who was an Australian volunteer who had gone there and was opening up education to a group of people who had never had a chance, effectively, to have it before—and not because of a lack of interest from the Government of Samoa, which is very good on this issue, but because they just did not have that resource. So, some things cost nothing.

I do not want to say it costs nothing, because once you go down the route of disability inclusive development, some things get more expensive. To give you an example, low-rise buses are more expensive than buses that are not specifically designed for people with disabilities. They cost more money. There is no hiding that, but none of us would have buses on which you hung a sign saying people of a particular race or religion cannot get on the bus so we should not buy ones that people with a disability cannot get on. However, it does cost more. I do not want to pretend there is no cost, although it was less than we feared.

Q26 Sir Tony Cunningham: Analysis by AusAID suggests that international aid may only reach around 4% of disabled people. Could you give us some idea of how this statistic was calculated?

Bob McMullan: I did not do it myself but it was peer reviewed. Let me give you a bit of background to it and then talk about its consequences. You will have to bring in others more expert than me to give you the detail of how it was worked out.

We did think that one of the things that was lacking was a lack of research in this area. That had two features. One was mentioned by Mahesh earlier, and one that you mentioned, Mr Chairman, was about disaggregated data, so that is already on your agenda. In the Australian Government aid programme's research programme, we had a specific stream in the research programme about research into disability and development, so there was money available for people internationally to bid for to look at research issues around disability and development, because we do not know enough.

What does show up is that, unless you review your current programmes and ensure your future programmes are sensitive to the needs of people with disabilities, most times they will miss out. I cannot validate the 4% figure myself; it is not research that I did but it is exactly consonant with the on-the-ground experience—that your education money does not go to children with disabilities unless you do something in particular to make sure they can take advantage it.

That is true for infrastructure. Someone earlier gave an example that is consistent with my experience. If you build a new road but you do not develop a mechanism for people with wheelchairs to be able to get along the footpath, that means that money is disadvantaging them. They used to be able to go along as badly as everyone else on the rough track; now they are the only ones that cannot get along the road. That is what drives the 4% figure, but you would have to get someone smarter than me to back up the number.

Q27 Chair: One of the things that we are very aware of is that in developing countries issues of diseases and illnesses that cause disability are even more prevalent than they are in developed countries. I wondered whether you all had thoughts about where prevention comes into this. Edwin mentioned rubella, but obviously there are many things, like mumps, measles, meningitis and these kinds of things, that lead to disabilities. Where do these fit into the disability strategy? This obviously helps to prevent people becoming disabled as well as to support them when they are. My understanding in terms of AusAID was that prevention was effectively moved into the health sector rather than included. What was the thinking behind that and what are the advantages or otherwise of taking that approach?

Bob McMullan: To some extent, I am the wrong person to ask this question but I am pleased to be asked it. My view is not entirely representative because the reason it was moved out of the disability programme in the original strategy was at the request of disabled people's organisations. Their view was that—and intellectually there is no question there is validity in this argument—the prevention of river blindness is a health question; it is not a question about disability. In one way that is true. Take a person with cataracts who has had an operation and before could not see but now can—is that services to people with disability or is it health? What I am saying is that the dividing line is very blurred, but it is clear that the majority thinking of disabled people's organisations it that they would like to see prevention conducted under the health programme.

I do not have a view about how it should be done, but I am absolutely of the view that it is an essential part of a development programme—whether you call it part of your disability aspect is an argument about semantics to me. However, it is fundamental that you deal, concurrently, with the issue of prevention and particularly in things like avoidable blindness, rubella, the emerging issues around diabetes and things like this. They are going to cause a massive increase in disability in developing countries unless we do something about it. It is a fundamental part of a development programme going forward, but you would get a lot of argument about whether it should be in the disability part. I am agnostic about that.

Dr Miles: This is the place to reiterate that disability is a cross-cutting issue; it does not belong in any one sector. It is terribly important that the sectors collaborate. I would like to raise one particular example that I have direct experience of: running clinics in Swaziland many years ago, looking at otitis media.

I was essentially looking at profound deafness at the time and supporting parents in improving the intake of the school for the deaf at the time. But it was the sheer quantity—times by 10 or even 100 of children who had severe or chronic otitis media, which was the case in this country until our nutrition improved after the war; it was not the antibiotics, I hear. So, it is directly linked to nutrition, poor growth and all of those health-related issues that are so essential to prevent further disabling conditions. Therefore, a disability that is a mild impairment can become a very severe disability if that prevention is not acted on. I had very great success—and this is a very long time ago now—in fitting very basic hearing aids to children who had otitis media, who were able to stay in school at a relatively low cost.

Q28 Chair: Is the provision of hearing aids a health or disability issue? I can understand that disabled people may take the view that there is a competition for resources and, therefore, the worry is that it will go on prevention rather than dealing with the problem they have. I understand that separation but, as you say, the crossover point is a bit unclear, and as I have already declared a particular interest in deafness, what are we doing about supporting deaf and, indeed, blind people with AIDS and other forms of disability?

Dr Miles: It is a highly complex topic, but I have to remember a discussion I had with the health director in Swaziland at the time, who said, "We cannot afford false teeth; we cannot possibly afford hearing aids," which I thought was fair enough at the time in terms of spending. You have to prioritise. We managed to set up very efficient audiological clinics with second-hand hearing aids from this country—this was in the 1980s. But these things take a great deal of sustainable action; to fit and maintain the hearing aid is a very long process.

Q29 Chair: It brought down the cost a lot?

Dr Miles: Yes exactly. For me, a very mild hearing impairment, which can get very much more severe as children become older if it is not treated, is a much, much bigger problem even than the smaller numbers with profound deafness and blind children. I do not want to dominate the discussion with that issue, but on a health issue there has to be a link to health and education.

Lorraine Wapling: There is an issue where you try to put prevention in the same strategy as empowerment and mainstream inclusion. When you try to communicate the strategy, you come up against some problems. If you put prevention into the same strategy as inclusive development, when you come to talk to people who do not quite get disability inclusion, they tend to focus on the impairment and that goes back to prevention. Prevention then becomes easier to do, so your strategy becomes dominated by stuff around prevention. It is not that it is not important; it is absolutely crucial, but you find it is much more difficult to communicate a disability inclusive development strategy if you have prevention in the same place.

AusAID learned from that. It is difficult to communicate in one way about disability inclusion when you are also talking about how to fix impairment. It is a problem. It makes it easier if you separate it, but I absolutely agree that it is a conversation that has to happen in parallel to the conversation you are having about disability inclusion because, from an effectiveness point of view, the more you can prevent, the better it is going to be. You want to have fewer disabled people, no doubt.

It is also about making sure that rehabilitation services are available. That is definitely true. For me, that is a conversation that has to happen within the health sector. The health sector is huge. It has a much wider set of stakeholders. It can engage with many different people. Disability is very small in terms of the influence and the stakeholders who are involved at the moment. If you want to be able to be effective and efficient with things like prevention and rehabilitation, the health sector is much better placed to be able to help you with that discussion and to be able to implement it.

It becomes a little more complicated around children and education. That is the point for me where the rehabilitation and health issues intersect significantly. From an adult

perspective of the rehabilitation services available, taking a very bare necessity approach to it, if you want to make the most impact, go with children and think about how rehabilitation services affect their education potential. At that point, you really need to look at trying to bring the sectors together—health, nutrition and even social protection, come together and intersect with children and how they experience education.

Q30 Mr McCann: I stress that by asking this question I am playing devil's advocate, but some people say that there is not enough data to show that disability-inclusive development is value for money. Our own Government has stressed from day one, since May 2010, that they will follow every pound and that the taxpayer in Britain has to have value for money. How do you respond to any suggestion that disability-inclusive development has value for money?

Bob McMullan: I guess I am the one who first had to deal with this issue with a different finance department in a different country, so I understand the question. It depends what you are trying to measure. At the most basic, is it true that there is not enough data? Yes, it is. It goes back to the question from one of your colleagues; there is not enough data, but we are getting more and more.

"Value for money" is an easy phrase but it is a complex question. If you are saying, "For the dollar, are we having an impact on the lives of people?" the value-for-money argument is pretty easy to make with regard to disability. The interaction becomes more complex when you talk about its relationship with economic development. It is not that there is no relationship; if a person who previously could not participate in the workforce now can, that clearly has an economic development linkage that is straightforward. However, the measurement is more difficult.

If your value for money is saying we want our pound—or in Australia's case, our dollar—to change the lives of the poorest people, then the evidence, although we would still like more, is still clear that dollar for dollar, pound for pound, this is very effective. The economic interaction is there but at this stage it is more complex and harder to validate and compare it with some other form of expending your money for economic development. In terms of improving the lives of the poorest people, this is the value for money number one.

Dr Miles: From an education point of view, I can think of many very rich examples of improved teaching and learning in schools in Manchester, as well as in Uganda and other places, where those are focused on diversity and inclusion, and it is done very well. It has raised standards and expectations of all children. It has brought a greater skill set to those teachers. I have heard teachers say, "We are better teachers now. Even if you take our money away tomorrow"—this is Lesotho—"we will continue to be inclusive teachers, because we are better teachers and we did not know what we were doing before." There is the ability to see children as individuals and ability to be flexible and responsive to children, so I see this issue as bringing added value to education and not necessarily costing more—arguably saving money.

Lorraine Wapling: I agree with my colleagues. Also, the issue to remember is that where you have a disability, it affects the individual, but it also affects the household. It is not just the individual that you are benefiting, but also the household connected to that

individual. There is doubt about that. Where you have a household with an individual with a disability, the household is disadvantaged. That also disadvantages the community.

I was involved in a very small-scale project in Malawi where they were trying to increase the economic potential of disabled people in the area. They did it through very cost-effective ways. It was about empowering disabled people themselves and giving disabled people the confidence to be economically productive and challenge some of the attitudes. It was a very well-designed project. I did an evaluation and I met with some community leaders.

One community leader, completely spontaneously, said to me, "It has made a huge difference. Now that disabled people are benefiting our community, the whole community has come out of poverty. Because we are now including disabled people, the whole community has now improved and our economic prospects are much better." Then she started reflecting on why that was the case, and she said, "Before, they were dependent; they were drawing our resources. Now they are productive, it means the whole community has a better potential." That, for me, represents what we mean by value for money. It is not just the individuals that we are impacting on; it is their household and their community. If we want to work very seriously on reducing or eliminating poverty, then focusing on disability makes absolute sense, because it does give you—as Bob says—really good value for money.

Q31 Mr McCann: For all of your answers, you had me at "hello"; no convincing was necessary for me on that.

DFID told us in their written evidence that it is very difficult to invest in large-scale projects until they have more data. They also tell us that they intend to improve their evidence base to get that data. Do you think that, even with a lack of data, it precludes an investment in a large-scale project and do you think there is a danger that, if we just wait until the data is available, we will lose opportunities to improve the conditions for disabled people across the developing world? Susie, you have a smile on your face.

Dr Miles: Well, I have "Doctor" in front of my name; I am supposed to know about data, aren't I? I heard that there is a data session that Nora Groce is going to be speaking to, so I had not prepared to speak about data.

I have a particular view on this. We have sufficient data to do what needs to be done; it is about a lack of will to do it. That is my feeling. I wrote a paper more than 20 years ago about the use and abuse of surveys and successfully persuaded UNICEF not to conduct yet another survey in Lesotho as it happened and instead directed it into a feasibility study of 300 schools to look at how feasible it was to promote inclusive education in the mountains. Therefore, it was directly impacting on the service provision and not separate from that.

I was involved in a survey in Iraq on disability a couple of years ago, which was funded by UNICEF. It cost a large amount of money but nothing really has happened as a result. I am rather a sceptic when it comes to data. Either there is a will and we can scratch together sufficient quantities of data to be convincing that there is an urgency now and the moment is right in history, with the right agenda as well.

Lorraine Wapling: Yes, it is an excuse. There is enough data around. We know that it is a significant enough issue for now. If you go back 10 or 20 years maybe, yes, that was true, but now there is an increasing evidence base to say that disabled people experience development issues. Their experience tends to be much more negative. There is evidence out there.

The other thing we need is for DFID to start to build up its own evidence base, and for that it needs to make a commitment. It needs to get started. It cannot continually keep saying that there is not enough evidence or "We do not know what is most effective." They keep saying that without looking back and understanding what it, itself, is doing. It needs to begin to monitor itself to build up its own evidence base. It has to make the first step; then it can start to generate its own evidence base. That is what AusAID is doing right now.

Bob McMullan: You do not need to build any more data to establish that people with disability in developing countries are the poorest people in the world; we have already established that pretty clearly. Secondly, you do not need any more data to review all your current programmes and activities to make sure that they are disability-inclusive. You can do both those things now. If you were looking at targeting a specific programme on a specific issue, it may be that you need more data, but there is an enormous amount that you could start to do today.

You might have seen the paper I distributed as a bit of a light-hearted presentation, but I hope you see the core of the point. It draws on a whole lot of United Nations data and other survey data to establish that the disadvantage is real and we know what it is already, whether it is education, violence against women, employment or political participation. In all those areas, people with disabilities are severely disadvantaged and there are tangible, concrete things we can do today. There is really no excuse not to be doing them.

Q32 Mr McCann: My final question is a bit of a moral conundrum; if it was put to a politician, they would be woolly and waffly and would not answer it. They would say, "We have to help everyone."

Let me put it to you: if you had £5 million to spend, and that £5 million could save 100,000 people from the ravages of AIDS, tuberculosis and malaria, but that same £5 million could help 1,000 disabled people, what decision would you make? Have you been in this situation in your professional lives, where those debates have taken place? What argument has triumphed?

Bob McMullan: In one sense, you put the decision-maker's dilemma starkly. All resource-allocation choices are about confronting the awful reality that there are more worthwhile things to do than there is money and, when you choose to do A, you are, de facto, choosing not to do B. That will always be the case.

In the UK and, in my experience, in Australia—although it might be a bit different now—our aid budgets were growing, so the choices were not quite so stark but they still exist. Resource-allocation decisions still have the implication that, "If I do twice as much A, I can do slightly less B," and there is no perfect answer to that question. We are never going to put 100% of our resources into whatever we think the most important thing is; we have to spread it across the range of challenges.

The case for a priority within that range of important issues for people with disabilities is the stark evidence that they are the most disadvantaged and they receive the least assistance, so that is a balance that needs to be redressed. You could not, though, redress it by saying, "We are going to give 100% of the money to deal with that and we are going to ignore AIDS," because people are dying needlessly and we ought to be doing something about it.

We will always have limited resources and have to make awful decisions about doing A and not B, or doing it in country A more than country B. There is no escaping that choice, and dealing with issues around disability is part of the same decision-making dilemma that every Government official and every Minister faces. I faced it, and colleagues here will be facing it. When the Government changes—it does not matter who they are—they will still face it.

Dr Miles: I am in an ivory tower. I am not a politician, thank goodness. I do not think there is an answer to that question, but I cannot help feeling there are disabled people who have AIDS and there are disabled people who get TB and malaria. Why is it always separated out? We have not talked about intersectionality. Disabled people are also girls and refugees; they also speak minority languages. They are poor. For me it is a nonsense, in a way, to separate it all out like that. I would want to prioritise people who are disabled and who also have AIDS and are vulnerable to TB and malaria within that programme, and mainstream it.

Lorraine Wapling: My perspective would be to say that you have to look at what is available globally and where the agency that has £5 million to spend can make an impact. If nobody else is looking at disability, then that focus on disability could be enormously influential, not just for those 1,000 people who you are investing in, but for showing the others who have done nothing on disability the impact that that can have.

From an agency perspective, that might be very good not only for the 1,000 people who you are directly influencing, but you are also maybe able to influence others who had not even thought that this was an issue in the first place. You could then get more from your money than you were anticipating.

Q33 Fabian Hamilton: In targeting its programmes, DFID normally asks whether the programme will reach people who are socially excluded. We have had quite a discussion about this and I think, Dr Miles, you have made a very good point. The factors encompass a whole range of issues, such as gender, age, geography, ethnicity and vulnerability to disease, as you mentioned, as well as disability. Some NGOs recommend that DFID should target disability specifically. Dr Miles, you have made your views clear, but I wonder what the rest of the panel's views are on this.

Bob McMullan: I think they do need to focus on disability specifically, not because I do not think some of those other questions of exclusion are unimportant. As Dr Miles said, they overlap. People with disabilities live in remote areas and have all sorts of other exclusion issues as well. There are two things that come together to make me say this is something we should target specifically. One is the data that shows that this is a particularly and extremely disadvantaged group; the second is that we know we can do something about it. That is a powerful combination of circumstances, and it would be sad to miss it.

Lorraine Wapling: I agree. For me, people have talked about social exclusion for a long time, and disabled people have not been included, so there is something that is still needed in order to persuade people who are working on social-exclusion or inclusion issues that disability is part of that debate.

I remember, when I was in DFID, I did a little survey to do with the understanding of social exclusion. What came out was an issue that social exclusion tends to be seen in terms of political minorities or women; nobody talked about social exclusion in terms of disability, because people were thinking disability was linked to medical impairments. There is an issue to do with making sure that, if you are talking about social exclusion, you need to specify disability within that debate; otherwise, it does not come up automatically. That is one problem.

The other thing is that disability is not just about social exclusion; it is about employment, health, HIV and gender-based violence. It is about all of those things, and there is a danger that, if you say disability is about social exclusion, you just put it to whoever is working on social-exclusion issues. If you are doing water and sanitation or health programmes, you do not think about it. It depends on how you use social exclusion as a sector and what social exclusion means within the agency. It tends to marginalise disability as an issue even more. You just have to be straight and to talk about disability-inclusive development. It is much simpler that way, because it then just means that, whatever sector you are working in, you have the mandate to talk about disability.

Q34 Fabian Hamilton: Susie, do you want to add anything to what you said previously? You have certainly made your views very clear.

Dr Miles: I think it has been said, really, but I suppose I would just reiterate that it is about issues of difference and discrimination. There is a danger of dealing with them all separately. As Lorraine says, the social-exclusion issues all intersect with disability, but disability tends to get forgotten and there is no doubt about that. The more that can be learned across the sectors within social exclusion, the better.

Q35 Fabian Hamilton: Let me flip this on its head. If we ensure that policies concentrate specifically on disability, how can we ensure that other discriminatory issues are not squeezed out—gay people, for example—with the issues you have raised about AIDS or vulnerability to disease and, of course, poverty itself? How do we ensure that that does not happen? Of course, the other issue is that older people too are, very often, completely marginalised.

Bob McMullan: We did not find that to be the challenge. DFID will have and AusAID had, and has in its new iteration, an overarching development strategy. It is just a question of whether you have specifically under it one focus on disability. It is very important but it is not the whole of our development strategy; it is just that, of the key five points that we are going to focus on, this, being the most disadvantaged group, is one of them.

You have to do it. It is about disability-inclusive development. It is about development, and there are a whole lot of other issues. What those of us who are advocating on this issue are saying is that your development strategy has to have a conscious commitment to being disability-inclusive, but it does not obviate the fact that it is a development programme.

Your colleague's point that all allocation of resource apply choice is, of course, true but, within that limitation, it does not put other activities under threat. One can still support the Global Fund to Fight AIDS, Tuberculosis and Malaria, and do something about disability. Other than that there is a resource-allocation question, there is no contradiction.

Dr Miles: I suppose you are talking about competing agendas. At the grassroots, that is about money. I remember the example of a drought in Lesotho, when disabled people did not get fed because there was a programme dealing with them. When the food arrived at the village, they were not fed.

That consciousness that is so simplistic is dangerous, whichever way it goes and whichever group wins out within the socially excluded groups. I suppose I would advocate for consciousness-raising about issues of discrimination and see it as an issue of discrimination, which has a lot in common with other aspects of discrimination in society. I differ slightly, maybe, from some of the other people on the panel on that.

Lorraine Wapling: I just think disability-inclusive development is easier language for people to get hold of. That is all.

Q36 Fiona Bruce: Good afternoon, panel. I have quite a number of questions on schools and school facilities. If you do not cover all your points with my first question, there are several more. DFID has recently committed to make the new school buildings it funds accessible to disabled children, but disabled children face less visible barriers to access. If DFID wants to ensure disabled children can access quality education, what should its next priorities be for those children in schools?

Dr Miles: I would say teacher education. It is fantastic that DFID has taken this stand on accessible buildings. It worries me that that is sometimes limited to physical access. Intellectual and sensory access is just as important: light quality, so that you can see the teacher's face, is good for all children, painting the walls white, lowering the blackboards and making the windows bigger. There are all sorts of ways in which access can be seen more broadly, but it is about the quality of teaching and learning.

That is a crisis anyway, from your 250 million children who cannot read, write or count after four years. There is a problem with the quality of education. In the work I did in Lesotho, we found 17% of children in those 350 schools in that feasibility study had some difficulty in learning, so there is a great deal to be gained, I would say, from drawing all teachers' attention to the issue of disability and difficulty in learning, however you want to describe that—in this country, it is SEN—and that this affects maybe one-fifth of the school population and that it changes from time to time.

Teachers need to see children as individuals, and that is about teacher education, not only at the pre-service level. It was done in Botswana in the early 1980s but it did not really have an impact. It has to be in service as well. There has to be ongoing teacher development. It is a range of interventions for teachers, I would say. We expect a lot of teachers in this term "inclusive education".

Q37 Fiona Bruce: Mr McMullan or Ms Wapling, do you want to add to that at all?

Lorraine Wapling: I would just like to add that one thing that DFID could also do is make it a condition of its partners: not only does its direct spending on education need to be accessible, but where it is funding others—its partners—it should make it a general condition. Whenever DFID is contributing to infrastructure in particular, that should be included.

The other thing is that, if you want to take it a step forward, you need to disaggregate data by disability. We need to know who those disabled children are in the school and we need to add that to the quality-assurance process, so that we know where disabled children are in terms of the system.

Bob McMullan: There is a lot, but let me just add one. It is usually the least attractive proposition. Making schools disability-friendly does not just mean you can get in; it has to mean you can go to the toilet as well. People do not like talking about toilets, but it is fundamental to the capacity of students to be able to participate in a school. That is an immediate second thing they need to do.

Q38 Fiona Bruce: My next question was going to be what resources DFID should set aside to take these steps. If you want to comment on that, please do so, but it is possibly fairly evident. Moving on, DFID is making increasing use of conditional bursaries and payment by results to improve school attendance and outcomes generally, but is there a risk that these frameworks exclude disabled children who may have more difficulty with regular attendance? You are nodding, Ms Wapling.

Lorraine Wapling: Unless we come down to looking at disaggregated data, there is a real danger that DFID goes into this results-based funding and could make the situation worse for disabled children, because it is going to be more difficult for disabled children to meet those requirements. Then schools are going to turn them away, so this needs to be introduced with extreme caution. The only way to do that is to monitor by looking specifically at what is happening to disabled children.

Dr Miles: It is about standards versus inclusion; that is how I would summarise this. Thinking about the UK context, we found it helpful to separate presence, as in access—getting through the door—from participation. The aim is to achieve your potential, which may not be the same as other children, so the idea of standardised testing and learning metrics is problematic with particular children with particular impairments.

On the other hand, in this country, there has been a great deal of emphasis on academic results and there has been a raising of expectations for children for whom there might have been very low expectations. I suppose that what I would identify is some sort of differentiation of that payment-by-results policy, some acknowledgement that it is about achieving potential and raising expectations, but not necessarily achieving the same as everybody else. Does that make sense?

Fiona Bruce: Yes.

Bob McMullan: I agree fundamentally with what Lorraine said. If you treat people who are inherently unequal equally, it is as unfair as treating people who are inherently equal unequally. It achieves the same inequitable result.

Fiona Bruce: That is a very pertinent way of putting it.

Bob McMullan: It is not original.

Q39 Fiona Bruce: Dr Miles, you mentioned inclusivity. Could the panel comment on what you see as the main advantages and risks of inclusive education for disabled children in low-income countries as opposed to separation into special schools?

Dr Miles: There is an awful lot to say about that. I would start by saying that it is not necessarily about whether a child attends a mainstream school or a special school in a low-income country; it is either going to school or not going to school. I can tell you that Lorraine and I have worked together on a report about schools in Uganda, where the national average for deaf children is 2%: 2% of deaf children are in schools. That includes the special schools and the units. As a result of the National Deaf Children's Society's international support to parents and sign-language training, 8% of deaf children now go to school in a particular part of Uganda called Bushenyi.

This was a very particular effort to increase that, but still only 8% are attending, so I do not think it is helpful to go back to the special-versus-inclusive debate that we have in this country, which is built on a very different history than many low-income countries have. I was in Samoa just a few months ago too, and the history of this field in Samoa is so utterly different from our own history. There is a very big danger in looking to western solutions, and special education and special schools, and assuming that is an appropriate response.

Lorraine Wapling: In this debate, it is not black and white; it is not one thing or the other. You have to go with what works. Above all, what we need to do is to research and find out more. The real issue for me is that, at the moment, neither system is working. We have, supposedly, special education happening in countries, but I just did a little bit of research and the reality that we found in Tanzania was that special schools were no different to mainstream schools in terms of what they were providing. The children were no better off in a special school. Even though they had made an effort to get there, there were no resources that were specific to their impairments. Whether or not the teacher turned up was fairly random.

At the moment, the entire system is broken, so what is really important is that somebody makes a commitment to saying, "Education for disabled children is important," and then, "Let us look at what is going to be the most effective in this context," drawing on examples from other countries where they have made efforts, like Samoa, Uganda and Zambia. There are examples in all kinds of places, but let us try to look at something that is more strategic and that we think, over the longer term, might make a bigger difference. Do not, however, hold yourself to one model or another. It is about the child and about making the commitment to educating that child.

Q40 Fiona Bruce: Do you have any examples of what has particularly proven to work in resource-poor settings?

Lorraine Wapling: Susie mentioned the example of Uganda before, which is something that we often talk about, because that was a very resource-poor area. We were dealing with a specific group of children—deaf children—who are notoriously difficult to provide quality education for. The community made a commitment to wanting to ensure that their

deaf children were educated locally in the mainstream school. Awareness-raising happened with the community so that they came to value the idea of education for their deaf children. In the past, there had just been an assumption that there was no point in sending deaf children to school. There was awareness-raising with the community and with the schools that were receiving the children.

They then set up units attached to mainstream schools. It was not mainstreaming, and they were segregated. They were educated in a unit, but the children in the units where it was very successful were absolutely delighted. They were very articulate and very intelligent. Their language was really well developed, because they had the opportunity to interact with each other and other sign-language users, and the teaching improved as a result. There was integration going on in terms of the community, because the whole project took a community-based approach to education. It involved the whole community, so there was integration happening beyond the school itself.

That was a fantastic example. There were problems and it was not exactly perfect. The other thing is that the local government took ownership, so local government was paying for the teachers in the units. That was another aspect. There was local-government ownership. Local government took the education of these deaf children as being a priority education issue, and they found some resources to enable at least the teachers to be paid, which made a big difference. It was small scale and there were virtually no resources except for the people, but it worked.

Q41 Fiona Bruce: That is very helpful. Do either of the other panel members want to give examples of good practice?

Bob McMullan: I want to add something that is consistent with this, which is that, in countries with very poor resources, you have to build on what there is. I do not want to give too many details, because my memory might be slightly wrong, but one of the small Pacific island countries had a specific school for visually impaired children. It is arguable that, if you started it afresh, you would not have done that, but it exists. The easiest way to improve outcomes is to improve that school. Starting afresh, you might not build that school, but it is there and it is there operating at a moderately good level, so the best thing to do is to make it better.

In a different place, the solution would be different because what exists is different. The Samoan example is different. The children with a hearing impairment operate, essentially, in a class in an existing school. That is what you build on because it is there and the Government has made the resources and they can strengthen it. I think the most important point is the one that was made about not just importing our western debate as to what happens in our system into entirely different contexts.

Dr Miles: Can I just make one more point? It is something about which I have learned a lot from doing research in this country as well as in other parts of the world, and it draws on experience in Lesotho. It is the issue of a whole-school approach. I know that the example that Lorraine and I have just given was of deaf children in a unit that was, essentially, separate, and there are arguments why, sometimes, it is helpful to have deaf children slightly separate but included. The danger of importing the idea of a special educational needs co-ordinator, for example, which some countries have done—I think they have done it in Uganda—and making one person a specialist within a mainstream

school is that all the problem children whom nobody wants to teach end up being educated by that specialist.

In Lesotho, there was an insistence from the beginning that every teacher in all 10 pilot schools was trained in what inclusive education is. Health professionals, special-schoolteachers and disabled people's organisation representatives were involved in the training—everybody who had any stake in disability got involved. It was seen as a whole-school issue and not something separate and special.

Q42 Fiona Bruce: I appreciate that what you are saying is that some provision is better than no provision, but how would you respond to the argument that some people make that, in class sizes of over 80, it is not realistic to teach children with sensory disabilities in mainstream schools?

Dr Miles: There were well over 100 in these classes in Lesotho 20 years ago, and they were the most positive of teachers in that whole programme. We had a meeting many years ago about inclusive education, and there was a unanimous agreement that class size was not necessarily a barrier. It does not mean that we would promote large class sizes as a good thing, but there were lots and lots of examples from practising teachers who are used to managing large classes. When given a little bit of knowledge and guidance on how to teach more inclusively, they did not see large classes as necessarily the big issue.

What we tend to forget with our class sizes of 30—if you are lucky—here is that children are a tremendous resource. We overlook children as a resource in schools. Where you have large class sizes—and I know that this is looking on the bright side and that there are problems—children can play a very big role in promoting inclusion through buddy systems, literally walking or pushing children to school and making notes. There are many examples I could think of where children have played an active role in promoting inclusion.

Q43 Fiona Bruce: A final question is on schoolchildren: disabled children can be vulnerable to bullying. Do you think that this, perhaps in mainstream schools, may discourage them from attending in a way that special schools could help prevent? Again, we are talking about an ideal world here, and I would ask that question.

Dr Miles: Bullying is an issue for schools in all sorts of ways, not just about disability. Engaging the whole school and all children in the project that is disability-inclusion is a bullying-prevention strategy. I concede the fact that it does happen—children can be cruel; teachers can be incredibly cruel—but, where there is strong commitment, conviction and awareness of discrimination and the damage that it does, and a buy-in, in a sense, to inclusion, that need not be the case. Friendship does need fostering. Your colleagues mentioned that in one of the earlier questions: it is no good going to school if you have no friends. Everybody has a responsibility in making that happen, because it does not necessarily happen naturally.

Lorraine Wapling: I can just add very quickly to that. Again, a little bit of research that we did specifically asked disabled children about their experiences of bullying, and there were lots of experiences of bullying from both special schools and mainstream schools. There is an issue, a lot of which has to do with teachers not being aware of what is happening and seemingly condoning the bullying that is happening. One of the issues is

definitely about making sure that there is an awareness of bullying among teachers and that they can deal with it.

One thing that continues to really concern me is about special schools and who is monitoring what happens in special schools. I get very concerned about the lack of governance and monitoring of behaviour and what happens in special schools, particularly to do with vulnerability and sexual and physical abuse. Because a lot of special schools are outside the mainstream system, there is very little accountability and oversight of who is employed. Basically, special schools are really outside the mainstream, and I get really scared about knowing what is really happening, especially where they are boarding. Who is really overseeing what is happening in these special schools? That really frightens me.

Q44 Fiona Bruce: One final question on a different topic: multilateral agencies. Much of DFID's budget is spent through multilaterals. Have you formed a view of how successfully key multilaterals include disabled people in their work, and how could DFID best encourage them to give disability a higher profile? Should this, perhaps, be a condition of funding, which Ms Wapling mentioned a short time ago?

Bob McMullan: DFID really has a critical role to play. They are a major funder of many of these international UN agencies and international financial institutions. Some of them try but, in my view, none of them have really got the disability-inclusive message comprehensively yet. Some of them have had terrific disability advisers. I was dealing with it more directly with a very good person at the World Bank, who was doing good work. I am not saying that nothing is happening; that would be totally unfair. However, I do not think that, comprehensively, any of the agencies, when I dealt with them—and I am two or three years out of date with this—had what I thought was a comprehensive view about disability-inclusive development. There were a couple of exceptions, and UNICEF was the closest.

A big role for DFID is advocacy generally in the UN system—someone mentioned earlier post 2015; not just that but that most immediately—and in international financial institutions and other bilateral agencies. Someone also mentioned what they do through the Disability Rights Fund. That combination of things is a very important aspect of where DFID, because of its scale, could be very significant.

Dr Miles: Can I just link that to a point that Lorraine was making? Maybe we need to re-emphasise that, and I do not know whether the multilaterals, through DFID's influence, could influence this. Disabled children do tend to be managed by social-welfare ministries and other names as such, and are not seen as part of education. That was the case in this country: children with intellectual impairments were under Health until 1970, and it was only when all disabled children's education was seen as the responsibility of the Ministry of Education that things really changed. That sounds a small thing, but it is a major institutional and organisational issue that could, through some of these agencies' influence, bring about a very big change in how disability is seen, in educational terms anyway. I will leave that question to Lorraine.

Lorraine Wapling: When I was doing my interviews for the AusAID review, I was in contact with the multilateral partners that had specifically a disability element to their partnership. All of them said how much they appreciated that focus from AusAID,

because—it is the same argument—it gave them the opportunity to push the information with their own agency.

If someone as big as DFID says, "You have to have something linked to disability, you have to report on it and it has to be reportable," so it has to be something that they are held accountable to, you put that in and they have to do something about it. There are people within these agencies who are desperate for those kinds of conditions to be added, because it would enable them to work within their own agencies to improve things. I have requests saying, "If there could be more conditionality linked with disability, we would be really happy."

Dr Miles: Can I just say one more thing? It is 20 years since Salamanca this year. Salamanca was the big moment internationally, where inclusive education was announced as the way forward through UNESCO. At that time, there was a disability champion in UNESCO, which is not the case anymore. There are people in UNICEF who are disability champions, and great things are happening, but there is a great danger that it is not institutionalised or established. This is a great opportunity today to contribute to that.

Q45 Chair: Thank you very much indeed. It has been a long but useful session. Both panels have given us a lot of insight and a lot to think of on the first time that we engaged on this. What I would say to you is that, if you have any reflections after this—anything you can add or reinforce—or any additional information that you want to draw to our attention, please do so, because we are really at the start of this process.

We take the point that we want DFID to do better—I think they have said they want to, but we have to help them to do it—and, through DFID, to ensure that they encourage others to do so. It is also good to hear that we can learn from other development agencies, like the Australian one. I hope that, whatever else happens with AusAID, as was, it does not abandon what it has achieved. It is always a shame that, when there is a change of Government, some good initiatives disappear.

Bob McMullan: I am sure it will not. The Prime Minister has made some very strong speeches about disability, and my understanding is they are going to move to a new strategy, so I am quite optimistic. Thank you very much, Chair.

Chair: That is good to hear and, hopefully, the UK and Australia can continue to work together on these issues. Thank you all very much.