**Participant Resource Book** ****

**For Enumerators on the Washington Group Questions**

# Welcome

Welcome to the Participant Resource Book for Enumerators on the Washington Group Questions, developed by Humanity & Inclusion and RedR UK.

The Washington Group Questions are rapidly emerging as the preferred data collection methodology by the global community for national data collection efforts on disability, and. more and more development and humanitarian actors are now using the methodology in their own data collection efforts.

In this Resource Book you will find support documents, tips, and frequency asked questions about the Washington Group Questions. This content builds on e-learning materials developed by HI which introduce many of the topics covered by this training.

This Resource Book has been designed to be used with a training that you will be able to access through your organisation. You should use this manual to inform and guide your use of the Washington Group Questions.

To learn more about the work of HI, please visit: <https://hi.org/>

To find out more about HI’s project on the Washington Group, and the learning resources, please visit: <https://humanity-inclusion.org.uk/en/disability-statistics-in-humanitarian-action>

To learn more about the work of RedR UK, please visit: <https://www.redr.org.uk/>

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# Learning Log: Template

Learning logs are a way to enhance learning. They do this by helping you think about what you have learnt and how you can apply it back at work. They are also a record of what you have done that you can refer back to later.

Learning logs also serve other purposes. One is to help you identify gaps in your learning and areas for further improvement. Another is to help you organise your learning, making it easier to revisit at a later date. Learning logs help by enabling you to reflect on the very process of learning, which in turn will help you discover how you best learn.

On the next pages are a learning log for this course. There is time built into the course programme for adding to your learning log, usually first thing in the morning or at the end of the day. Of course, you can fill it in at any time.

Other examples of learning logs:

<http://www.bbc.co.uk/keyskills/extra/module5/3.shtml>

<http://www.campaign-for-learning.org.uk/cfl/assets/documents/Activitiesandworksheets/diary_law.pdf>

All In Diary

[www.allindiary.org](http://www.allindiary.org)

A resource for humanitarian workers working in disaster situations and a tool to aid organisational learning and programme continuity.

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| **Session** | **What did I think of this session?** | **What did I learn from this session?** | **What can I use from the session?** | **How can I learn more about the topic of this session?** |
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CRPD Definition of Disability

**Persons  
with  
impairment**

=

**Disability**(disabling situation/ service/ society)

**Equal Social Participation**

**Environment**

**(institutional, attitudinal  
 & environmental barriers and/ or**

**facilitators)**

“**Disability** is an **evolving** **concept**, ... Disability **results** from **the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation i**n society on an equal basis with others.”

(UN CRPD 2006/ WHO ICF 2001, UNHCR 2010, 2011)

# Disability Language

## 

Disability terminology is evolving. It is recommended to use the language of ‘person first’ other than referring to a person by their impairment.

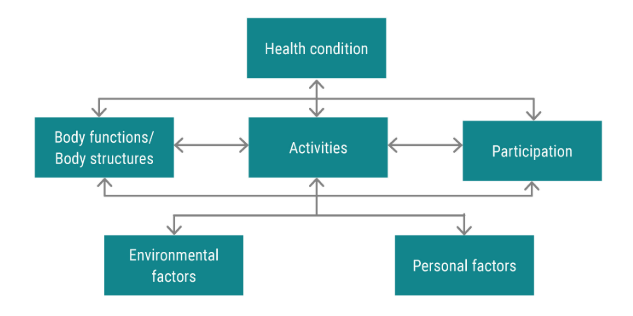
|  |  |
| --- | --- |
| **Do Use** | **Don’t Use** |
| Person with an impairment; person with disability, people with disabilities | the disabled, handicapped, PWD |
| Person without a disability, non-disabled person, sighted person | normal person |
| Person with a psychosocial disability, or psychiatric impairment or person with mental illness | ‘Mental’ or ‘mad’ |
| Person with intellectual disabilities or persons with learning disabilities | Mental handicap or retarded |
| Person who is blind, person who has low vision; partially sighted person | the blind; the visually impaired |
| Person who is deaf, person who is hard of hearing; | suffers from hearing loss, the deaf, deaf and dumb, deaf-mute |
| Person who has multiple sclerosis | afflicted by MS, victim of |
| Person with epilepsy | Epileptic |
| Person who uses a wheelchair Wheelchair-user | Confined or restricted to a wheelchair, wheelchair bound |
| Person with a physical disability | Invalid; handicapped person; cripple, crippled, lame |
| Unable to speak, uses synthetic speech | dumb, mute |
| Seizure | Fit |
| Lives with/has/experiences a disability/impairment | Suffers from |
| Congenital disability, born with an impairment | Birth defect |
| Person who had polio, person with post-polio paralysis | Post-polio, suffered from polio |
| Accessible toilet/parking for persons with disabilities | Disabled toilet/handicapped parking |
| People living in poverty  People living in situations of vulnerability/people living in situations that make them more vulnerable to… | ‘The poor’  Vulnerable people/groups |

***(Adapted for CBM DID toolkit)***

# ICF Model

Disability is a multi-dimensional concept, relating to:

* the **body functions and structures** of people, and impairments thereof
* the **activities** of people (functioning at the level of the individual) and the activity limitations they experience
* the **participation** or involvement of people in all areas of life, and the participation restrictions they experience (functioning of a person as a member of society)
* the **environmental factors** which affect these experiences and whether these factors are facilitators or barriers



# The Washington Group Short Set of Questions on Disability

The next questions ask about difficulties you may have doing certain activities

because of a HEALTH PROBLEM.

1. Do you have difficulty seeing, even if wearing glasses?

a. No - no difficulty

b. Yes – some difficulty

c. Yes – a lot of difficulty

d. Cannot do at all

2. Do you have difficulty hearing, even if using a hearing aid?

a. No- no difficulty

b. Yes – some difficulty

c. Yes – a lot of difficulty

d. Cannot do at all

3. Do you have difficulty walking or climbing steps?

a. No- no difficulty

b. Yes – some difficulty

c. Yes – a lot of difficulty

d. Cannot do at all

4. Do you have difficulty remembering or concentrating?

a. No – no difficulty

b. Yes – some difficulty

c. Yes – a lot of difficulty

d. Cannot do at all

5. Do you have difficulty (with self-care such as) washing all over or dressing?

a. No – no difficulty

b. Yes – some difficulty

c. Yes – a lot of difficulty

d. Cannot do at all

6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?

a. No – no difficulty

b. Yes – some difficulty

c. Yes – a lot of difficulty

d. Cannot do at all

# FAQs about the WGQs

**Are the WGQ used only for generation of data?**

Beyond the generation of data. The WGQ can be useful for humanitarian and development actors to promote a better understanding of disability by staff and also lead to cultural change in the organizations.

**Are the WGQ a diagnostic tool for disability?**

No. Frequently the WGQ are at times misinterpreted as a diagnostic tool, as opposed to their intended; purpose to identify the prevalence of disability in order to measure the inclusion of programming.

**What is the specific purpose of the WG-SS?**

The WG-SS are useful in generating data for:

* Provision of services, including the development of programs and policies for service provision and the evaluation of these programs and services,
* Monitoring the level of functioning in the population
* Assessing equalization of opportunities

**How is the WG Short Set meant to be used?**

The WG Short Set was not designed to be used in isolation. They should be used in conjunction with other measurement tools, i.e. include the WG Short Set within a larger survey or registration form to enable disaggregation of other measures (employment status, educational attainment, etc.) by disability status.It can be used in a census or survey format.The focus on functioning and the brevity of the tool mean that it can be rapidly and easily deployed in a variety of settings.

**Does WG Short Set capture all people experiencing difficulty in functioning?**

The WG Short Set will identify most, but not all, people with disabilities. The Short Set questions were not designed to measure all aspects of difficulty functioning that people may experience, but rather those domains of functioning that are likely to identify a majority of people at risk of participation restrictions. Psychosocial disability is one area where the short set under-identifies people. This issue is addressed in the extended set.

**Can I use the WG Short Set on children or adolescents?**

The domains covered by the WG questions are suitable for children five years and above.The questions will identify many children with disabilities in that age range but will miss many children with developmental or psychosocial disabilities. The WG and UNICEF collaborated on a Child Functioning Module which is the preferred tool for collecting information on children with disabilities.

**Can the Short Set be answered by a proxy respondent?**

Ideally, the questions should be answered by the individual in question (self-report) with the exception of those who are not capable of responding themselves. However, in a census setting and for some types of surveys, it is common to have a primary respondent report for all other household members and this is acceptable in these contexts.

**Can I use a screening question before asking the WG questions?**

No. You cannot use a screening question such as “Do you have a disability?” to determine who will be asked the WG questions; rather, it is the WG questions that should be used to determine who has a disability. A screening question negates the purpose for which the questions were designed.

**Can I change or adapt the questions to meet my needs?**

In order to collect internationally comparable data**,** it is important that the WG question be used without any changes to the wording of questions, order of questions, response categories, and cut-off points for classification of disability. There are very limited exceptions to this rule. For example, in countries where hearing aids are not available, leaving the hearing aid clause off the hearing question is allowed.

**Can I change the introductory sentence?**

The introductory sentence was included as a way of transitioning from one section of the questionnaire to another. Programs may choose not to use this introductory sentence, but it is important to not replace this with a sentence that uses the term ‘disability’.

**How do I translate the questions into my local language?**

Anaccurate translation that conveys the context or conceptual meaning (rather than a literal translation) of the WG questions is crucial. There exist protocols for translation as well as some existing translations for reference that can be sourced from the WG Secretariat.

**How are people with disability identified by the WG questions?**

The Washington Group Short Set assesses whether the respondent has a disability based on their responses to questions that assess difficulties with universal basic activities rather than by asking them to identify as having a disability. If any individual answers ‘a lot of difficulty’ or ‘cannot do it at all’ to at least one of the questions, they should be considered a person with a disability for data disaggregation purposes.

**Do the questions refer to the use of assistive devices?**

The intention with the Short Set questions is to record, with the exception of seeing and hearing, difficulties people have with unaccommodated functioning (without the use of assistive devices or assistance). The WG wants to be able to identify difficulties in functioning that may put a person at risk of limited or restricted participation. That risk of restricted participation – in the absence of accommodations – is ‘disability’ as defined by the UN Convention on the Rights of Persons with Disability (CRPD).

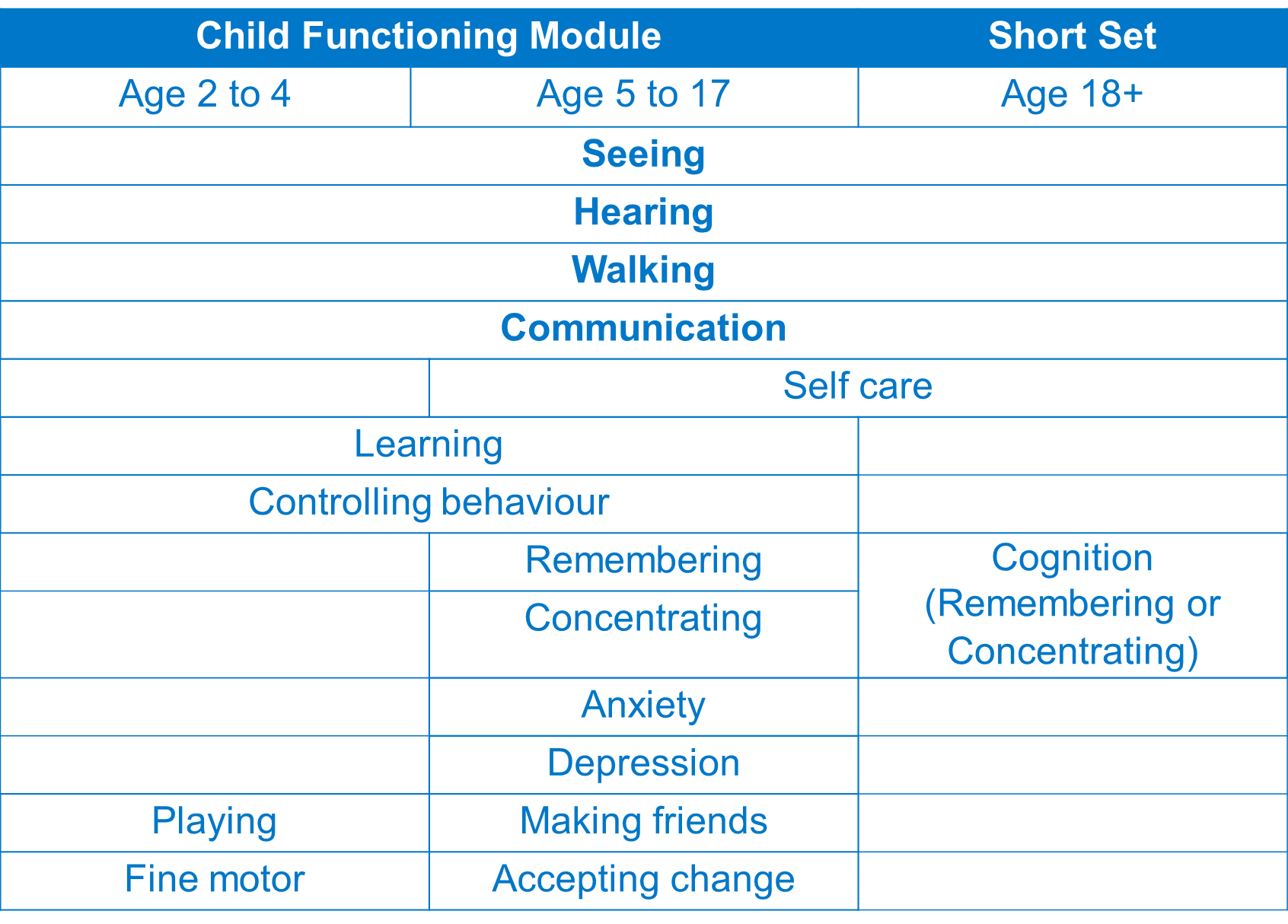
**What about short-term or temporary difficulties? Are they included?**

The WG questions do not address duration. Based on test results, the WG determined that when people answer the Short Set of questions, more often than not, they think of the difficulties they have in their usual state. That is, if someone has a broken leg – and temporarily has difficulty walking – that person tends to answer no difficulty because usually they do not have any difficulty and soon after the bone has mended, they will return to their normal state. Some respondents may answer that they do have difficulty walking even if the difficulty is expected to be temporary. The WG does not consider this to be a problem.

**Where is the best place to add the Short Set to a census or survey?**

This module of six questions is best situated either at the beginning of a survey questionnaire (together with the demographic information collected on household family members) or towards the beginning of a section that deals with health information. It is recommended that the module not be added on at the end of the questionnaire.

**What do the different questions sets cover?**

The different question sets cover different ages and domains. The table below summarizes the differences between the Short Set and the Child Functioning Modules.

# Tips for Using the Washington Group Questions

* Be clear about the purpose of the WGQ - it cannot be used as a diagnostic tool.
* If your target population is children, use the CFM. The Short is not appropriate for children under 5, and many with developmental disabilities will be missed.
* Use the questions exactly as they are
* Use translations of the questions verified by the WG. Consult the translation protocol on the WG website for guidance.
* Ensure that your data collection tools and information management system can be adapted to use the WGQ.
* Make training available to staff involved in the data collection and analysis and integrate training around disability awareness and inclusion.
* Ensure that enumerators are trained to ask questions sensitively and manage expectations when asking questions.
* Ensure that the data analysis phase is planned and adequately supported.
* Work with other INGOs to share knowledge, data and best practice.
* Promote the participation of and accountability towards persons with disabilities and organizations of persons with disabilities (DPOs) in efforts related to data collection and decision-making processes.

# Interview Guidance

(Check out – Additional Handout How to ask the WGQs)

* **Ask with respect**

All interviewees should be treated with respect, and the questions should be asked with dignity. Enumerators should feel comfortable asking the questions, and interviewing persons with disabilities. Take a look at the ‘*accommodations to consider’* below for more guidance.

* **Don’t use the word disability**

Ensure that the word disability is never mentioned – especially to introduce the questions. Research has shown that this may bias the responses and thus affect the quality of the data collected.

* **Read the questions exactly**

While the questions are simple, it is essential that the questions are asked exactly as they are written, including response categories. Read the response options aloud, at least until the respondent comes familiar with the answer categories

It is better to move past the question if it is not understood than to influence the data by interpreting it incorrectly.

* **Don’t change the questions**

Any adaptations that can be made to the questions, including the examples given in the questions, will have been made prior to data collection. During data collection, the questions should not be changed in any way.

* **Don’t give examples**

Apart for the questions with examples built in, do not give or make up examples for the questions as this will affect the quality of the data. Repeat the questions if needed and move on to the next question if the person does not understand.

* **Don’t make observations**

Data should not be recorded based on observation, or assumptions made about what a respondent can or cannot do as only they know their level of difficulties in their everyday environment. For example, upon seeing a wheelchair, do not infer that the respondent can’t walk - this might not be the case. If the respondent has difficulty hearing the questions, but states they do not have any difficulties hearing, do not change their answer.

However, be sensitive to the situation. It may be necessary to acknowledge what you observe. For example, “I can see you are in a wheelchair, but can you tell me to what extent you have difficulty walking” (followed up the response categories).

* **Translation**

Translations should have been agreed upon before data collection. Translation should not be done on the go. If translation on the go is necessary, comprehensive training on the meaning of the questions must be provided to ensure the smallest error possible.

* **Asking the questions to a proxy**

Sometimes you will not be able to ask the questions directly to the respondent (either due to language issues or other issues in communicating), and so you will have to use a proxy respondent. In this case, first opt for interpretation proxies, who can liaise between you and the respondent. If not possible, and in such cases as asking the child functioning module, a real proxy should be used. Consider carefully the relationship of the proxy to the respondent.

**Note** - the child functioning module should always be administered to the mother or the primary care giver.

# Interviewing Persons with Disabilities

(Check out – Additional Handout How to ask the WGQs)

* **Use people first language** – for example, don’t say disabled person, but person with disabilities.
* Treat persons with disabilities with the **same respect** as any other respondent.
* **Speak directly** to the person with disabilities, not to the third person (caregiver, parents), even if there is a translator or an interpreter present.
* **Do not make assumptions** about a person’s capabilities.
* Be close to the person but **keep an appropriate distance**.

Accommodation to consider for:

**Persons with physical disabilities**

* If the person is in a wheelchair, situate yourself at the same level so they do not have to be looking up at you.
* Don’t lean on or touch a person's wheelchair or move someone’s assistive device without permission.
* Arrange the space to provide for movement in a wheelchair or with assistive devices.

**Persons with hearing disabilities**

* Find a quiet, well-lit space, and use a sign language interpreter if needed.
* It may be useful to show the person the written questions.
* Speak slowly and clearly, don’t shout.

**Persons with vision disabilities**

* Make it clear when you are addressing the respondent, use their name.
* Identify / introduce yourself.
* Speak directly to the person in a normal tone.
* Clearly indicate when the interview is over.
* Don’t touch the person without asking, even to support them moving.

**Persons with speech and language disabilities**

* Speak slowly, if necessary, and speak clearly.
* Be prepared to repeat questions or answer categories if needed.
* Be encouraging and patient. Don’t put words in their mouth.
* Don’t pretend to understand them if you don’t - ask them to tell you again, if necessary.
* Do not assume communication difficulties are always associated with intellectual difficulties.

**Persons with intellectual disabilities**

* Make sure the respondent understands you, repeating questions and answer categories if necessary, and being patient and respectful.
* Listen carefully to what the person is saying, not how it is being said.
* Do not treat the respondent like a child.
* Often people with cognitive difficulties are concerned about answering “incorrectly” and do not want to provide an answer the interviewer does not agree with. Don’t change your tone or gestures as this might imply that a certain response option is the obvious choice.
* Be patient and give people time to respond.