CHILD PROTECTION

TRAINING MANUAL

FOR PERSONS WORKING WITH DEAF CHILDREN
Preface

Each day that passes, we continue to witness a harsh reality of the safety and wellbeing of some Ugandan children threatened by abuse and neglect. Some of these victims are usually deaf and more vulnerable. The situation calls for action and intervening effectively in the lives of these children and their families not the sole responsibility of any single agency or professional group, but rather a shared community concern.

The understanding of the complex problems of child abuse and neglect has increased dramatically since the user manuals were first developed. This increased knowledge has improved the ability to intervene appropriately in the lives of the deaf community. Likewise, there has been a better grasp of what people can do to prevent child abuse and neglect from occurring. Further, knowledge of the unique roles key professionals can play in child protection has been more clearly defined, and a great deal has been learned about how to enhance coordination and collaboration of community agencies and professionals. It also gives me joy that, today, society is increasingly becoming aware of the need to respect and promote the rights and welfare of deaf children as part of the strategies to create an all-inclusive environment for all persons.

With increased knowledge on deafness, ANPPCAN has developed a “Child Protection Manual for Persons Working with Deaf Children.” The methodology used in the process involved review of existing manuals and other documents, as well as key informant interviews and in-depth interview, among other methods.

This manual is intended to empower professionals and community workers who encounter child abuse and neglect cases of deaf children in the course of their work. It equips them with relevant knowledge and skills to address the problems of abused deaf children and their families. All kind of professionals and other community members involved in child protection work, such as frontline staff, legal professionals, educators, healthcare professionals, counsellors, psychologists, prosecutors, family lawyers, guardians, and law enforcement personnel, will find the manual valuable.

Allow me note, however, that this tool cannot substitute for the discipline-specific training of the above professions. The manual mainly covers the child protection issues, communication with deaf children, deaf-blindness, guidance and counselling as well as the legal instruments involved in the work of protecting such children.

We hope that this manual will add to the body of resources available in the field of child protection and deafness in the country and will be used by the various stakeholders for its intended purpose.

Anslem Wandega

Executive Director,
ANPPCAN U Chapter
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LIST OF ACRONYMS

- ANPPCAN  African Network for the Prevention and Protection Against Child Abuse & Neglect
- COMBRA  Community Based Rehabilitation Alliance
- DCW  Deaf Child Worldwide
- KATU  Ka Tutandiike Uganda
- KYU  Kyambogo University
- NCDC  National Curriculum Development Centre,
- NUDIPU  National Union of Disabled Persons of Uganda
- SU  Sign Health Uganda;
- UDBC  Uganda Deaf Blind Children
- UDEWO  United Deaf Women Organisation
- UNAD  Uganda National Association of the Deaf
- WVU  World Vision Uganda
Acknowledgement

ANPPCAN (U) Chapter is a non-governmental organization that is committed to the prevention of, and protection against child abuse and neglect, through research and advocacy, networking with other organizations as well as service delivery, working with children and communities for sustained impact.

In the course of fulfilling its mission, ANPPCAN recognizes the need to work with persons working with the Deaf children so as to promote and protect the rights and welfare of deaf children.

In this respect ANPPCAN (U) Chapter views the aspect of working with deaf children as central in the promotion and protection of general children's rights. This handbook has thus been produced to facilitate the training and empowering organizations and persons working with deaf children and all relevant stakeholders to incorporate and promote child protection in their day to day work.

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INFORMATION FOR THE FACILITATOR

It is the responsibility of the facilitator to present each Unit’s content and activities as clearly as possible and for maintaining a comfortable learning environment for participants. The facilitator should therefore be very familiar with this training manual, the materials and activities in each unit so that they feel confident about the content and process.

Preparing for the training

The facilitator, in preparation for training should carefully consider the following as very important.

- The suitability of the venue for the training
- Having enough resources for the training both material and financial
- Preparation of any additional equipment in case it is required

Beginning the training

Introductions

Facilitators should begin the training by welcoming the participants and introducing themselves.

- A number of different exercises can be done for participant introductions. Facilitator can ask participants to introduce themselves one by one or get into pairs and find out what their partner’s name is, where they are from, workplace and can even share a happy memory from their childhood. Alternatively, the facilitator can ask the participants if they know any game that can be played to introduce the participants. This is likely to encourage participation and involvement right from the start.

Explaining the purpose of the training

The facilitator should make sure that the purpose of the training is clear to participants. The training covers different aspects of child protection with emphasis to the Children who are Deaf.

Establishing Ground Rules

It is important at the beginning of the training to establish what the ground rules will be. Participants should suggest and agree on the basic rules that everyone should follow to help the training go smoothly. Ask participants to suggest some basic rules. Such rules could be for example, to ‘be on time’, ‘let one person talk at a time’, respect for each other’s views and opinion, active participation of every one, switching phones to a silent mode to mention but a few. The facilitator should write the agreed rules down clearly and hang them somewhere visible to all. Talk through the list whilst writing it down to make sure everyone understands.

Participants’ Expectations and Fears

Ask participants to talk about what they are expecting to get out of this training and what their worries are about what may get in the way of this. What are their expectations? What are their fears? Write down all the ideas on the flipchart. Keep these to go over again at the end. Please remember to address the fears the participants identify as you go along with the training.

Facilitating the training

The units should be run in a way that the participants feel engaged and are keen to get involved and contribute ideas. Here are a few techniques that can be built into the sessions to promote participation:
Participatory methodologies

Working in groups

Participants can be divided into groups of 4-5 to discuss a topic. These groups can change for different exercises. Groups enable participants to get to know each other and build trust over time.

Sharing experience and reflection

❖ **Brainstorm**: This is often used in a large group or plenary. Its importance is that all ideas or points that are made by the group are accepted before the facilitator makes any judgments. This enables all thoughts and suggestions to be voiced.

❖ **Use of index cards**: Each participant writes down their ideas on a piece of paper that is collected and posted on a board or large piece of paper along with the other notes. This enables the facilitator to cluster answers and suggestions.

❖ **Role-play**: this involves acting out pre-assigned roles that illustrate the problem or issue at hand. It can help participants understand how others feel or how actions affect people differently.

❖ **Story circles**: The facilitator identifies a common theme around which each participant tells a story of a real life experience. In small groups each participant has a chance to share a story. The method often bonds the group emotionally.

❖ **Debates**: This is useful to explore divergent views among participants on a topic. The facilitator usually provides a statement or a question and asks participants to explore it from differing standpoints. Time is usually allowed for the different groups to develop their ‘case’ and then there is a plenary session where the cases or arguments are debated.

Evaluating the training

First of all, it is very important to evaluate the training you have conducted. There should be short evaluations of the training at the end of every day to make sure the facilitator is made aware of problems or any suggestions for improvement. Simple questions like; what did you like the most? What did you like the least? And do you have any changes to suggest should be able to provide you the necessary feedback. At the end of the training, a more thorough evaluation should be done as an exercise for all participants.
WELCOME & PARTICIPANTS INTRODUCTIONS (15 Minutes) or depending on the number of participants

The facilitator welcomes the participants and informs them that the training they are participating in aims at equipping them with knowledge and skills to protect children who are Deaf from abuse and neglect and how they can work to help the children who are Deaf and their families against this abuse. The facilitator/facilitators will introduce themselves, relevant employment history and expertise on the subject matter.

The participants introduce themselves, what they do and years of experience and express their expectations from the training.

- The facilitator writes on a flip chart the participants’ expectations from the training
- Compare the list of expectations to the objectives of the training to determine if all the expectations of the workshop will be met. If there are expectations that are not covered in the workshop objectives, discuss how these expectations can be met if appropriate, or explain that the particular expectation cannot be met during this training.
- The facilitator then encourages participants to draw on their experience throughout the training especially during class exercises
- Facilitator then posts on the wall the list of the overall objectives of the training
- Facilitator will discuss housekeeping details including the following
  - Point out location of rest room
  - Mobile phones should be set to silent
  - There will be regular breaks as desired by the team
  - Time management will be paramount in order to stay on schedule

Participants can also add any details that have not been included.

OBJECTIVES

BY THE END OF THE OF THIS INTRODUCTION, PARTICIPANTS WILL BE ABLE TO;

1. Introduce themselves and become acquainted with one another
2. Identify their expectations and compare them to the training objectives
3. Decide on housekeeping details

WHY THIS TRAINING?

It is clear that there are a significant number of people with disabilities in our communities. Children and adults with disabilities have always been neglected and abused by even their closest relatives. The people who are Deaf in our community have particularly been the main victims of such abuse due to the stigma attached to their disability. More so the lack of knowledge about the disability and its causes among community members and the fact that children who are Deaf lack knowledge of their rights has also made the situation worse.
Community workers, teachers and family members of the children who are Deaf need to be empowered, they need to be knowledgeable about Deafness and the Deaf culture, they need to understand what children who are Deaf can and can’t do, and the legal framework that protects their rights. They also need to understand the importance of effective communication which is important in the protection of children who are Deaf. Many of the problems of these children arise from communication barriers. Therefore this is crucial in understanding their needs. With this information, community workers and the people who interact with children who are Deaf will be better equipped to help and provide proper services to these individuals.

In the units below we will cover issues on Deafness to explain what it is, the causes, prevention and how to detect hearing loss in children. Effective communication with children who are Deaf will also be covered and will include how one can work effectively with interpreters. Guidance and counselling as a way of helping children who are Deaf cope with their problems, child protection and legal support and the legal framework and rights of disabled persons.
UNIT 1

CHILD PROTECTION, CONCEPTS AND ISSUES

INTRODUCTION
Protecting children is everyone’s responsibility in the society. Children who are disabled and particularly those who are Deaf are more likely to face abuse than non-disabled children. Abuse for such children in most cases is done by people who are close to them, like family members, relatives or care takers. Unfortunately these children are less likely to be taken serious if they reported abuse and the people responsible for the abuse may instead blame the child. Therefore community workers and people who interact with children who are Deaf have to be vigilant in monitoring the children’s welfare.

UNIT OBJECTIVES

By the end of the unit participants should be able

1. To improve the understanding of child protection
2. Increase the capacity to prevent abuse by identifying characteristics of abuse
3. Gain skills in upholding child rights
4. To increase awareness on how to create protective environment
5. To strengthen the ability to identify child protection issues without stigmatizing or targeting the children
6. To utilize a holistic framework when responding child protection including legal issues and referrals
7. To understand procedures to be followed when child abuse concerns are raised

CONTENTS

- Understanding Child protection issues
- Understanding child abuse, exploitation violence, and harm
- Child abuse
- Categories of child abuse
- Myths related to child abuse
- Child exploitation
- Forms of child exploitation that are recognized
- An overview of child rights and legal instruments related to child protection
- Children’s rights
- Responsibilities of children
- Legal instruments related to child protection
- Role of the community worker- case identification and referral
- How a community worker can get information from a victim of child abuse
- What a community worker should know before communicating with the child
- Managing child abuse cases involving children who are Deaf
- Roles of authorities who provide protection services to children

DURATION: 9 Hours 30 Minutes
SESSION 1.1 Understanding Child Protection (1 hour)

- Explain to the participants that child protection has been used differently by different sources. However, they all agree that child protection involves putting in place measures to prevent child abuse and neglect and making children’s rights a reality.
- Divide participants into groups and ask each group to brainstorm their understanding of child protection.
- Each group through their leader present their ideas while you note them down on the flipchart and discuss them.
- Use the support note to explain further.
- It is important to note while explaining to the participants that the definition is a holistic approach to child protection and consists of four major areas of interest.
- Use the support notes to outline and explain the four major areas.
- Explain to the participants that of the four areas of child protection, providing a protective environment is the most essential. Children cannot flourish, achieve their rights, and develop fully if some aspects in the environment are not safe.
- Ask participants to mention some of those elements that facilitate a safe environment for our children.
- Write them down and discuss them.
- Use support notes to clarify further and also add on any aspects that have not been mentioned.
- Summarize and conclude.

Note:
1. Community officers and care givers need to understand that any right of a child that is violated is a child protection issue.
2. Failure to protect children undermines national development and has costs and negative effects that continue beyond childhood into the individual’s adult life.

SESSION 1.2 Understanding Child Abuse, Exploitation, Violence and Harm (1 hour)

- Note: It is important for the participants to get to understand the terms child abuse, exploitation, violence and harm.
- Ask participants to suggest the definition of child abuse.
- Write down their responses and discuss them.
- Use the support notes to clarify and explain further where there is need.
- Mention that deaf children may be more vulnerable to such abuse because of community attitude and beliefs towards them.
- Ask participants to name some of the community beliefs about the deaf that may be indicators of abuse.
- Write them down and discuss them.
- Inform the participants that there are four categories of abuse.
- Write the categories on the flip chart and on four cards:
  - physical abuse,
  - emotional abuse,
  - sexual abuse and
  - neglect.
- Divide the group into four groups each group representing one of the categories.
- Ask each group to brainstorm the signs that may indicate child abuse in their category.
After brainstorming each group pins up their responses on the board and discuss them with the whole group and agree on the possible signs in each group.

Add information from the support notes as may be needed and conclude.

Inform participants that the next session will look at child exploitation, violence & harm.

SESSION 1.3  Child Exploitation, Violence and Harm (45 minutes)

- Ask participants to brainstorm on the definition of child exploitation.
- Write down their responses and discuss.
- Use the support notes to clarify and add any information that may be desired.
- Explain that there are two recognized main forms of child exploitation.
- Name them and write them on the flip chart.
  - Sexual exploitation
  - Economic exploitation
- Explain these terms using the support notes.
- Ask participants to brainstorm on the definition of violence and harm.
- Write down their responses and discuss.
- Clarify using support notes and conclude.

SESSION 1.4  Child Rights and Legal Instruments Related to Child Protection (45 minutes)

- Ask participants to name children’s rights in Uganda.
- Write them and discuss.
- Use support notes to add any point not mentioned.

NOTE:
The facilitator should explain to the participants that children’s rights are derived from the basic human rights. A lot of emphasis is placed on children’s rights because a Deaf child as is the case with children with other disabilities requires special care and protection. This is so because they are highly vulnerable to abuse.

SESSION 1.5  Rights and Responsibilities (40 minutes)

- Explain that although children’s rights have been put in place to protect them, they also have responsibilities to fulfill especially to their family and community.
- Request participants to identify children’s responsibilities in Uganda.
- Note them down and discuss.
- Add any information if needed from the support note.

SESSION 1.6  Legal Instruments Related to Child Protection (1 Hour 30 Minutes)

- Facilitator hands over copies of the laws to participants.
- Divides them into groups and ask them to read those laws and discuss them.
- Allow question and answer time to facilitate participants to understand these laws well.
SESSION 1.7  Role of Community Worker- Case Identification and Referral (40 Minutes)

- Explain that it is the duty of the community worker to look out for those children who may be facing abuse. Many children are hidden from the community and many are neglected by people who are supposed to protect them. The community worker should be able to look beyond what they see or hear to best help the vulnerable child who may not be able to speak out what exactly they are going through.
- Explain that signs of abuse may display differently in different children, some will have behavior change; some may fall sick or lose appetite etc. It is the duty of the community worker to read all this and relate it to something.

SESSION 1.8  What a Community Worker Should Know Before Communicating With the Child (30mins)

- Introduce the session by explaining that after a community worker has identified that a Deaf child may be facing abuse, they need to prepare how they can get more information from the affected child as well as any important sources.
- Ask the participants to come up with ideas on what the community worker should do to prepare before communicating with the child.
- Write down the ideas and discuss them.
- Use support notes to clarify.

SESSION 1.9  How a community worker can get information from a victim of child abuse (20 minutes)

- Explain to the participants the session is going to look at how a community worker can get information from a victim of child abuse.
- Ask participants to come up with the best strategies.
- Note down their ideas and use support notes to add to their responses.

SESSION 1.10  Managing child abuse cases involving a Deaf child (50 mins)

- Ask participants to divide into small groups of 4-5 and give them a note with the information in Scenario 2.
- Give them time to read through and have them discuss how they would handle that case.
- Let them regroup and they share what they have discussed.
- Note their ideas on the board and discuss them together.

Scenario 1

'A six year old girl in a nursery school for the Deaf was defiled by a man who lived in a nearby house while the mother was away at work in 2008 in the eastern Uganda. The man was arrested and taken to court but upon the accused being granted a cash bail of Uganda shillings 400,000 he failed to appear in court for hearing of the case. Warrants of arrest were issued but the man remained at large. Later he was arrested after one year but the case kept on being adjourned due to technicalities within the court. All the time the child and the mother were appearing in court having covered many kilometres walking to attend court. The mother of the child who is a single mother and a casual worker in a farm got weary of the journeys and was compromised by the accused with Uganda shillings 100,000. She stopped appearing in court and finally the case was withdrawn in 2011.'
SESSION 1.11 Roles of authorities who provide protection services to children (30 minutes)

- Draw a circle and write “authorities who provide protection services to children”
- Ask participants to identify the authorities. As they name them draw a line from the circle and put another circle on top of the line and write the identified authority.
- Discuss the role of the authority and add any missing information.
- Using information in scenario 1 brainstorm on how you would help such a family to get justice and also to cope with the child’s ordeal.

SESSION 1.12 Strategies for supporting families with children who are deaf to reduce the risk of abuse/neglect (30 minutes)

- Explain that this session aims at helping parents to protect their children from abuse.
- Ask participants to identify ways how they would help families with children who are deaf to reduce the risks of abuse.
- Discuss their responses and add new ideas from the support notes.

SUPPORT NOTES

UNDERSTANDING CHILD PROTECTION

The term ‘child protection’ is used in different ways by different organizations in different situations. In this Manual, the term will mean protection from violence, abuse and exploitation. Child protection is simply measures and structures to prevent and respond to abuse, neglect, exploitation and violence affecting children (save the Children).

In its simplest form, child protection addresses every child’s right not to be subjected to harm. It complements other rights that, inter alia, ensure that children receive that which they need in order to survive, develop and thrive.

Child Protection consists of reducing risks to children’s holistic well-being, making children’s rights a reality, restoring hope and a dignified living where abuse has occurred and creating an enabling environment that supports children’s positive development.

The goal of child protection is to promote, protect and fulfill children’s rights to protection from abuse, neglect, exploitation and violence as expressed in the UN Convention on the Rights of the Child.

The definition is a holistic approach to child protection and consists of four major areas of interest and these include the following:

1. Reducing Risks (or preventing abuse). Children are subjected to various abuses, like sexual abuse, exploitation etc. It is therefore important to prevent those abuses from happening to children by coming up with a set of responses seeking to protect children.

2. Making children’s rights a reality. Children have rights like right to education, food etc., and these rights need to be enforced and upheld. Communities therefore need to make responses that value and uphold child rights by dealing with child protection problems.

3. Restoring hope and a dignified living (or well-being). Child protection is not only about preventing abuse but responding to abuse when it happens. Every child who has experienced a child protection problem has the right.
Creating an enabling environment (or protective environment). This is the most essential aspect in the definition of child protection as it encompasses every aspect of our society and life. Children cannot flourish, achieve their rights, and develop fully if aspects in our environment are endangering them. There are some elements identified which point towards an enabling environment for child protection, these are:

i. A country’s attitudes, traditions, behaviors, practices respect children including those with disabilities. In this case, communities and their members have stopped practices that endanger children by focusing on harmful attitudes, traditions and behaviors.

ii. The Government is committed to fulfilling protection rights. It has put in place all measures geared towards full enjoyment of rights by children by strengthening its capacity and commitment.

iii. Children feel free to speak openly about issues that concern them and they are aware of their rights not to be abused. In this case, children are given information, skills and have created platforms upon which they can speak out on child protection issues and abuses in a free and democratic environment.

iv. Government has created protective legislation and ensured its enforcement for the safeguarding and protection of children. In this case, laws, Acts and policies in place for child protection are suitable and are being enforced.

v. Local resources are tapped into and community structures and families understand and are committed to the protection of children. Communities are fully taking part in child protection initiatives and mechanisms are in place to promote child protection.

vi. There is an open discussion and advocacy initiatives on child protection issues. The media and civil society organizations are freely engaged in discussions related to all issues surrounding child protection. The media covers these issues without traumatizing the children.

vii. Organizations and their staff have the capacity to understand and respond to child protection problems. All staff of organizations dealing with child protection including those not directly linked have been given training on child protection and know how to respond to child protection violations. Communities are also empowered to not only identify but also come up with their own local solutions.

viii. Monitoring, Evaluation and Reporting systems are in place. Periodic reports are produced focusing on violence against children; capacity is built to collect reliable data on all child protection issues including changes and trends.

ix. Support systems are established for assisting in recovery and reintegration. Rehabilitation centers have been put in place, appropriate services are in place and extended to all communities, and children with disabilities have access to rehabilitation services.

x. Society recognizes children’s positive development and resilience. This involves recognizing that children can participate and contribute meaningfully to the society.

Child protection covers a wide range of important, diverse and urgent issues. These include but not limited to birth registration and right to identity, children involvement in armed conflicts, sexual
exploitation, trafficking and sale of children, harmful traditional practices, violence and neglect, juvenile justice, child labour and rights of child victims. Many, such as child prostitution, are very closely linked to economic factors. Others, such as violence in the home or in schools, may relate more closely to poverty, social values, norms and traditions. Often criminality is involved, for example, with regard to child trafficking. Even technological advance has its protection aspects, as has been seen with the growth in child pornography.

UNDERSTANDING CHILD ABUSE, EXPLOITATION VIOLENCE, AND HARM

Trainers and community workers using this manual should have a clear understanding of the terms “abuse”, “Exploitation”, “Violence” and “Harm”

CHILD ABUSE

Abuse is defined as the process of making bad or improper use, or violating or injuring, or to take bad advantage of, or maltreatment of a child. It is an ill treatment of children including serious physical, emotional and sexual assaults and neglect as well as cases where the standard of care does not adequately support the child’s health or development.

It is a deliberate act of ill treatment or neglect that can harm or is likely to cause harm to a child’s safety, well-being, dignity and development.

It can be physical, emotional, or sexual mistreatment of a child or the neglect of a child by those meant to take care of the child. Child abuse can be committed with or without reason provided for it.

Deafness in children can make them more vulnerable to child abuse. What might be considered harmful or abusive treatment of a non-disabled child is sometimes seen as acceptable for a Deaf child. Therefore in discussing the safeguarding of children who are Deaf it is essential to consider not only personal attitudes and values but also the social context that children are living in, and what the community attitudes towards are towards Deafness.

Deaf awareness of how society treats children who are Deaf is critical so that, community workers do not reinforce abusive attitudes or behaviour in their own practice but also helps staff to promote the rights of children who are Deaf to be protected.

There are many things people might believe about children who are Deaf that will affect whether they think they are at risk of abuse. Community workers have probably encountered many examples of children who are Deaf being ill-treated and abused. Indicators of abuse give us important clues to what might be happening to a child or young person; they should not usually be seen in isolation from the rest of the child’s life and experience.

For disabled children who are Deaf indicators of abuse may be masked or confused by their disability and ability to communicate.

People might say:
- Injuries are self-inflicted
- Behaviour is symptomatic of the disability
- A Deaf child’s allegation is false because they do not know what they are talking about
- They have to treat the child in that way for their own good e.g. tying or chaining up, not feeding, locking up, not dressing among others

It is therefore important to recognize that children who are Deaf can be abused and harmed, and the effects of abuse may be more dangerous since they may not be able to report the abuse. The protection of children who are Deaf may need extra thought and attention especially when a community or society does not recognize their human rights.
MYTHS RELATED TO CHILD ABUSE

Myths are beliefs which are commonly held, but which are not true or accurate. There are myths relating to all kinds of child abuse, some of which are more or less common in different parts of Uganda. This impact on a range of ways on how to treat and discipline children. Examples of myths relating to child abuse include:

- Children with disabilities (Children who are Deaf) should be kept separate from other children so they don’t inflict their bad luck on other children
- A child who is Deaf is a curse to the family and should be kept away from public view
- Difficult children in homes should be punished excessively
- Children need a good spanking to show who’s the boss
- Having intercourse with a very young child or even a baby can cure you from AIDS
- Street children should be kept in government remand homes as they are all criminals
- Children don’t make the same mistake again if they are given a good caning
- Children always know why they are being punished

CATEGORIES OF ABUSE:

There are four broad categories of abuse:-

Physical Abuse: This involves the use of violent physical force so as to cause actual or likely physical injury or suffering. It can be intended or as a result of neglect to protect a child. This kind of abuse can manifest itself in form of hitting, shaking, burning, torture, poisoning and others.

Some characteristics (signs) that can help recognize physical abuse

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking medical treatment
- Caregivers showing lack of interest of do not seem disturbed by an accident or injury
- Caregivers are absent without good reason when the child is presented for treatment
- Repeated presentation of minor injuries (which may present a cry for help and if ignored could lead to a more serious injury
- Reluctance to give information or mention previous injuries
- Hiding certain body parts that might be burned/wounded
- Fearfulness of children in approaching adults

Emotional Abuse: This abuse includes humiliating and degrading treatment of a child. Such acts like; name calling and bullying, constant criticism, belittling, persistent shaming, solitary confinement and isolation among others. It can be visible between a care giver and a child (those who normally associate with the child). It denies the child affection, approval and security.

Some characteristics (signs) that can help recognize emotional abuse

It is difficult to recognize emotional abuse since the signs are usually behavioral rather than physical. The manifestations of emotional abuse are often associated with other forms of abuse. The following may guide in identification of emotional abuse:

- There may not be attachment between child and a parent/career
- May have aggressive behavior towards others
- May have low self-esteem and a lack of confidence
- May be withdrawn or seen as a loner, difficult relating to others
• May be self-harming and have strange behavior.

**Sexual Abuse**: This includes all forms of sexual violence including rape, early and forced marriages, incest, showing children pornographic materials, indecent touching or exposure, using sexually explicit language towards a child. Sexual abuse occurs when a child is used by another person for his or her sexual gratification.

**Some characteristics (signs) that can help recognize sexual abuse**

Like any child - boys and girls of all ages may be sexually abused. However the chances of abuse are higher among children who are Deaf who may lack the communication skills and often are frequently scared to say anything due to guilt and/or fear. Recognizing such abuse can be difficult. Some of the signs that may help to identify these abuses may be both behavioral and physical. These signs both behavioral and physical and may include but not limited to:

- Inappropriate sexualized conduct
- Sexually explicit behavior, play or conversation, inappropriate to the child’s age
- Unwillingness to remove clothes for sports events, cultural events
- Pain or itching of genital area
- Blood on underclothes
- Pregnancy of an underage girl
- Injuries to the genital or anal area, bruising to buttocks, abdomen
- Sexually transmitted infections
- Presence of semen in and around private parts.

**Neglect**:  

Neglect relates to the failure to care and protect a child which results in impairment of the child’s health or development. Neglect includes but not limited to abandonment, failure to supervise and protect children from harm, the deliberate failure to provide basic necessities of life like medical care, food, clothing, education, exclusion from home, failing to give name (Children who are Deaf are more often isolated and not given names for identification) or carelessly exposing a child to harm for examples can amount to neglect.

**Some characteristics (signs) that can help recognize child neglect**

Recognizing neglect is not easy but evidence is built up over a period of time and can cover different aspects of parenting. Indicators may include:

- Failure by parents or caregivers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be in a pathetic condition with no apparent medical causes
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for longer time.

**CHILD EXPLOITATION**

Exploitation of a child refers to the use of the child in work or other activities for the benefit of others and often results into unjust, cruel and harmful treatment of the child. These are all to the detriment of the child’s physical or mental health, development, and education.
Exploitation covers situations of manipulation, misuse, oppression, and abuse due to lack of power and status. Exploitation constitutes a form of coercion and violence detrimental to the child’s physical and mental health, development and education.

THERE ARE TWO MAIN FORMS OF CHILD EXPLOITATION THAT ARE RECOGNIZED:

Sexual exploitation:

This involves abuse of a position of vulnerability, or trust for sexual purposes either by profiting monetarily, socially or politically from the exploitation of another as well as personal sexual gratification. E.g. sexual slavery.

Economic exploitation of a child:

This involves use of the child in work or other activities for the benefit of others. This includes, but is not limited to, child labour. Child domestic work, child soldiers, the use of children in criminal activities including the sale and distribution of narcotics, the involvement of children in any harmful or hazardous work are just cases in point.

Violence

Though defined differently basing on the focus and approach taken, the UN Study on violence against children (2006) draws on Article 19 of the Convention on the Rights of the Child to define violence as: all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.

In other words, violence is the planned use of physical force or power, threatened or actual, against a child, by an individual or group that either results in or has a high likelihood of resulting in actual or potential harm to the child’s health, survival, development or dignity. Violence can be committed by individuals or by the State as well as groups and organizations through their members and their policies. It results not only in fear of or actual injury but also in fundamental interference with personal freedom.

Harm

Harm is the result of the exploitation, violence, abuse and neglect of children and can take many forms, including impacts on children’s physical, emotional and behavioral development, their general health, their family and social relationships, their self-esteem, their educational attainment and their aspirations.

AN OVERVIEW OF CHILD RIGHTS AND LEGAL INSTRUMENTS RELATED TO CHILD PROTECTION

All children have a right to be protected from harm and have their welfare promoted regardless of their sex, religion, nationality, and disabilities. It is the responsibility of each of us especially all those who come into contact with children to keep them safe and promote their rights. It should be noted and emphasized that, the protection of children in Uganda is premised on the legal framework and policies. Both local and international legal instruments are a basis for child protection.

Before exploring the various laws and policies upon which child protection is based, let us first look at the rights of children as enshrined.
CHILDREN’S RIGHTS

- A child in Uganda should have the same rights irrespective of sex, religion, custom, rural or urban background, nationality, tribe, race, and marital status of the parents or opinion.
- The right to grow in a peaceful, caring and secure environment, and to have the basic necessities of life, including food, healthcare, clothing and shelter.
- The right to a name and a nationality.
- The right to know his/her parents and to enjoy family life with them and/or their extended family. Where a child has no family or is unable to live with them, he/she should have a right to be given the best substitute care available.
- The right to have his or her best interest given priority in any decisions made concerning the child.
- The right to express an opinion and to be listened to, and to be consulted in accordance with his or her understanding in decisions which affect his or her wellbeing.
- The right to have his or her health protected through immunisation and appropriate healthcare and to be taught how to defend himself/herself against illness. When ill, a child should have the right to receive proper medical care.
- A child with disability should have the right to be treated with the same dignity as the other children and to be given special care, education and training where necessary so as to develop his or her potential and self-reliance.
- The right to refuse to be subjected to harmful initiation rites and other harmful social or customary practices, which are prejudicial to a child’s health.
- The right to be treated fairly and humanely within the legal system.
- The right to be protected from all forms of abuse and exploitation.
- The right to basic education.
- The right to leisure which is not morally harmful, to play and to participate in sports and positive cultural and artistic activities.
- The right not to be employed or engaged in activities that harm his or her health, education, mental, physical or moral development.
- A child, if a victim of armed conflict, a refugee, or in a situation of danger or extreme vulnerability, should have the right to be among the first to receive help and protection.

CHILDREN’S RESPONSIBILITIES

Rights normally go hand in hand with responsibilities. The following are responsibilities of children in Uganda:

- A child in Uganda shall first of all have responsibilities towards his or her family, society, country and then the international community. A child shall according to his or her age, ability and rights, has the duty:
- To work for the cohesion of the family, to respect his or her parents, elders and others; and to assist them.
- To use his or her abilities for the benefit of the community.
• To preserve and strengthen cultural values in his or her relations with other members of society in the spirit of tolerance, dialogue and consultation, and to contribute to the moral wellbeing of the society.

• To preserve and strengthen the independence, national unity and the integrity of his or her country.


LEGAL INSTRUMENTS RELATED TO CHILD PROTECTION


This is a very important convention for the rights of children, Uganda ratified this convention. It sets forth a wide range of provisions that encompass civil rights and freedoms. According to the convention, all children have the right to (just to cite a few among others):

• Protection from mistreatment by parents or others responsible for his/her care (article 19)
• Protection from economic exploitation and work that is hazardous which may harm the child's health, physical, mental, spiritual, moral and social development (article 32)
• Protect from sexual exploitation and abuse (article 34)
• protection from all other forms of exploitation (article 36)
• not be subjected to torture or degrading treatment (article 37)
• if the victim of armed conflict, torture, neglect, maltreatment or exploitation, to receive appropriate treatment for his/her physical and psychological recovery and reintegration into society (article 39).


It provides for rights, opportunity and protection among others for the child. Article 4 for example talks about the best interests of the child. It calls upon all actions undertaken concerning the child by everyone be taken in the best interest of the child

Article 5 talks about the survival and development of children. Every child has an inherent right to life.


This is the supreme law of Uganda. Under this Constitution, issues of human rights and particularly child rights are provided for under chapter four, Article 34.

Key issues of Article 34: Subject to laws enacted in their best interest, children shall have the right to know and be cared for by their parents. Or those entitled by law to bring them up. Also, a child is entitled to basic education, medical treatment. Children are also entitled to be protected from social or economic exploitation and shall not be employed to do work which is hazardous and therefore interfering with their health, education or social development.


The government of Uganda enacted the Children’s Act 2004 as a principal law that deals with children’s affairs and their protection. The Act was aimed at consolidating all the laws related to child protection. It also sought to establish institutions that can ensure easy access to justice by children.

It establishes the rights of children such as the right to live with parents, protection from discrimination, violence, abuse and neglect (Article 5).
There are other laws and policies which promote the rights of children like the Local government Act, Orphans and other Vulnerable Children Policy among others.

The facilitator should make copies of these laws available for participants and take them through each of the laws for better understanding and grasping of key issues. Participants should make effort to read all these laws for ease of reference.

ROLE OF THE COMMUNITY WORKER- CASE IDENTIFICATION AND REFERRAL

Identification of cases of child abuse may not be as easy as you may think. For people in child protection, it takes a lot of understanding of the child and the environment in which they live. Some children may be shy or may reject contact with the people who are not close family, some are hidden out of people’s sight and some cases need to be told by concerned members of the community. Community workers need to know and understand signs of child abuse in children so that they can protect the child from further abuse.

Often the child may not say or sign what is happening to them because they are frightened. Sometimes communication difficulties have made it impossible for the child to report. However the child will have other tell signs such as withdrawal, become angry without reason, may change behaviour, and be fearful of some places, people or things. This type of change of behaviour is important in showing that something is not right and therefore a community worker should be keen to see this and seek to help the affected child.

WHAT A COMMUNITY WORKER SHOULD KNOW BEFORE COMMUNICATING WITH THE CHILD

- Make sure that the place where she/he is going to talk to the child is suitable, child friendly and that the child feels safe.
- Find out what form of communication the child desires to use and if possible let them choose the interpreter they feel comfortable to work with.
- Be aware that the child might give you information that has been given to them by the offender or someone who intends to protect the offender.
- Be aware that the child’s information may not be clear and detailed.
- Be aware that a child’s attention span is short so you might need to give him/her short breaks before moving on.
- Community worker should be aware that there are other possible sources of evidence besides that given by the child like the people who live with the child, teachers, social worker or neighbors who can help to give more information.

HOW A COMMUNITY WORKER CAN GET INFORMATION FROM A VICTIM OF CHILD ABUSE

In most cases children will find it difficult to report about any abuse they face. If the child is able to come to an authority to report, it is important that they listen carefully to what they have to say. In case of a child who is Deaf and the community worker does not know how to sign they should get an interpreter or use other methods of communication like, drawings, if the child can write let her write down, use toys to explain.

- Try not to ask questions, let the child lead the pace. Show interest in the conversation by repetition of what has been signed, good eye contact and encouraging nods
• Show the child that you care and understand what they are going through and that you are taking it seriously.
• Use simple language depending on the child’s age.
• Pass on information to concerned authorities so that investigations can begin. Do not confront the suspect/abuser as this will affect investigations.
• It is important to inform the child that you may have to pass on the information to other people who know what to do to help and praise him or her for having reported the abuse.
• Look out for the non-verbal communication like avoiding eye-contact, angry face, repeated movements etc. These might tell more than the actual words.
• Be sure to keep a log of what the child told you, what you saw, where the alleged abuse took place, who was involved, where and when the child told you about the abuse.
• If the information is provided by a concerned community member, a neighbour or family friend, try to visit the Deaf child’s parents’ home and gather more information on why things are happening that way.
• Do not show that you are over powered by emotion.
• Do not express disapproval of the alleged perpetrator, as this person may be loved or cared for by the child.
• Give the child the impression that you are not surprised or shocked by anything the child tells you and that the child does not need to feel embarrassed.
• If the child appears very frightened, find out what it is that frightens him or her and reassure that he or she is doing the right thing by reporting the abuse.
• When you finish, explain to the child about the follow up and prepare the child for further investigations.

MANAGING CHILD ABUSE CASES INVOLVING A CHILD WHO IS DEAF
• Report case to authorities, police, Local council chairman, medical officers in case the child requires medical attention- in case of defilement there could be concerns about infections like HIV, STIs, pregnancy.
• Ensure that you get a sign language interpreter to help the child make a clear report to the authorities.
• Make a home visit to assess the child’s situation or work with the area authorities to give you details about what is happening.
• Provide counseling to the affected child and their family.
• Provide support to the remaining members of the family in order for them to continue protecting the affected child.
• In case of a runaway child, find the child’s family and try to work out ways of having the child back in the family. If possible, facilitate the child to go back home to continue with education and if conditions at home are not favorable, try to counsel the family members, encourage them to learn how to effectively communicate with the child so that they don’t get misunderstandings. If they don’t know sign language, encourage them to learn it.
• If it is the Deaf child who is in conflict with the law, ensure that they get a sign language interpreter to help the child with the police interview and if they have to go to court ensure continued presence of an interpreter.
• Help the child to realize what he has done wrong and counsel him/her on how to prevent him/her from such behaviour in the future.

• Encourage witnesses to go and give their statements and also appear in court when the case is presented.

• Community workers should sensitize the public about the importance of reporting child abuse in the community and the rights of children who are Deaf.

Scenario 2

'A deaf girl Anna (not real name) aged 8 years in Kampala in 2009 was playing outside their house while the mother was in the kitchen preparing supper. A man 38 years old, who happened to be their next door neighbour, beckoned the girl using a sign 'come' which is quite an easy sign for any hearing person to form. The girl having learnt how to respect adults responded positively to the call. The moment she reached where the man was standing next to his house, he pulled her in and defiled her. He then threw her out of the house, locked the house and disappeared from the vicinity for two weeks. Luckily the parents learned about the defilement and reported the matter to the police. He was later arrested and charged in court. The case is still on in Court '.

ROLES OF AUTHORITIES WHO PROVIDE PROTECTION SERVICES TO CHILDREN

The community worker will have to work with the help of professionals when handling child abuse cases. These will include parents, Police, local council chairperson, health workers and teachers. Below are their roles in child protection;

Parents

These are responsible for protecting and providing for their children. In case a child is abused by a community member it is the responsibility of the parent to ensure that their child gets all the support she or he needs.

The Police

It is a law enforcement agency of government. It is responsible for investigating crime. It has Children and Family Protection Unit which is responsible for handling matters of child abuse, domestic violence, child custody and maintenance and general counseling for the clients.

Local Councils

These are responsible for helping police in identifying and taking action on a suspected offender in their area of jurisdiction.

Probation and Social Welfare Office

The Probation and Social Welfare Officer (PSWO) makes applications to the court on behalf of clients for the care, custody or maintenance of children. He or she also recommends to court the need for detention of a child. They are also responsible for making a social report to the court on matters of adoption or fostering.

Health Workers

Health workers provide medical support to the affected child and perform medical examination in case of sexual abuse. This can be done in private clinics or by a police surgeon.

Teachers

Teachers interact more with these children and the community so they are responsible for educating the children and the community about child rights and child abuse.
STRATEGIES FOR SUPPORTING FAMILIES WITH CHILDREN WHO ARE DEAF TO REDUCE THE RISK OF ABUSE OR NEGLECT:

Increase parent knowledge of child development and issues on Deafness. Connect the family to appropriate professional services who can support the family in providing proper care and adapting parenting skills to the child’s unique needs.

Strengthen family members’ interactions with the child by teaching them communication skills or how to use different communication methods like sign language to reduce frustration from both the parent and child.

Provide a home visiting program to visit the families to provide services and also connect the family to any other needed support.

Encourage parents to join support groups where parents can share their experiences in a supportive group setting. Parents can share their experiences, get information on how to help their child & get emotional support.

Teach children to protect themselves. Share information about abuse and neglect and talk about feelings children may experience if abuse is attempted. Help children understand how to identify it, respond to it, and tell others.

Teach children about their bodies and others and about sexuality. Review the proper names for body parts and functions. Explain the difference between appropriate and inappropriate social or sexual behaviour.

Reduce social isolation of children who are Deaf by ensuring that children are included and feel welcome at all activities. Support them as they form and strengthen relationships with peers and trusted adults.

Maximize children’s communication skills. Practice communication skills with them and model healthy relationships and positive interactions with other children and adults.

Involves parents in their children’s education. Inform them when their children learn about abuse or sexuality; offer them the same training materials. Provide strategies for parents to reinforce the lessons at home.

Ensure prevention programs are inclusive and appropriate to children’s ability levels, culture, and gender. Remember that some children may need to be trained more frequently in order to retain the information.
UNIT 2

DEAFNESS

INTRODUCTION
Deafness refers to a person who is unable to receive spoken information through hearing. Hearing impairment refers to the loss of hearing and this can be complete or partial.

This unit will cover the definition of Deafness and Hard of Hearing, types of Deafness, classification of Deaf people, causes of Deafness, how to prevent it and the signs to look out for in a person experiencing Hearing loss, basic hearing assessment skills and interventions, the Deaf culture, elements of the Deaf Culture and the dos and don’ts of the Deaf culture

UNIT OBJECTIVES
By the end of the unit participants should be able

1. To define Deafness and Hard of Hearing
2. To identify the categories of Deafness
3. Identify the possible causes of Deafness and how to prevent it.
4. Identify signs of a hearing loss
5. To use the basic hearing assessment skills
6. Gain an understanding of what makes the Deaf a cultural group.

CONTENT
• Definition of Deafness and Hard of Hearing
• Types of Deafness
• Classification of Deaf people
• Causes of Deafness and how to prevent it
• Signs of a Hearing loss
• Basic assessment of hearing loss skills and intervention
• The Deaf Culture
• Elements of the Deaf Culture
• Dos and don’ts of the Deaf culture

DURATION: 3 Hrs. 15 minutes

METHODOLOGY: Discussions, brainstorming & presentations

MATERIALS: Flip charts, marker pens, chalk board, chalk, note books and pens.

Session 2.1: Deafness and hard of hearing (30 minutes)

➢ Ask participants to define Deafness and Hard of Hearing. Write down the responses on the chalk board or flip chart, have a discussion and come up with a joint definition with the group.

➢ Use the definition from the support note to clarify the definitions.
Name and explain that there are different types of deafness.

Explain that Deaf people can be divided into sub groups depending on when they acquired hearing loss. Write them down;

Ask participants to define these terms and write their responses on the flipchart/ white/chalk board

i. congenital deafness
ii. pre-lingual deafness
iii. post-lingual deafness
iv. Hard of hearing

Use the support note to clarify the responses

SESSION 2.2: Causes of Deafness (30 Minutes)

Introduce subject by saying that the causes of deafness can be divided according to when and how one got it. This can be prenatal or post natal causes.

Write down on two separate flip charts the prenatal causes and post natal cause.

Divide participants into different groups and give them small cards or papers and let each group write at least one cause from each of the words written on the charts.

Ask each group to post its information on the two flipcharts.

Discuss responses and add any information from the support notes as may be needed.

SESSION 2.3: Indicators of the presence of a hearing loss (20 minutes)

Start by saying that early identification, assessment and intervention of hearing loss is important if assistance is to be given to a child to help him/her to live a happy life.

Ask participants to identify possible indicators of a hearing loss.

Write the participants responses on a flipchart and discuss them.

Using the case study 1-BRAIN STORM: what are some of the methods that can be used to help the child learn to communicate with other family members.

Note down the ideas from participants and discuss.

SESSION 2.4: Basic assessment of hearing loss and intervention (20mins)

Introduce the session by emphasizing to the participants that hearing is a very important component in aiding a child’s language skills. Therefore it is essential that all people who work or interact with children ensure that the children have good hearing.

Ask participants to brain storm on some of the preparations that can be made before carrying out an assessment. Write their responses on the flip chart and discuss them.

Divide participants in groups and ask them to come up with possible assessment check list.

Have each team share their ideas then agree on the most appropriate ones
Inform participants that depending on the outcome of the assessment they can seek help from professionals to help in clarifying the outcome of the assessment.

**Note to facilitator**: Emphasize that it is important to identify early that a child has hearing problems. A child learns more in the early years of life. They learn language very quickly therefore if a child’s hearing problem is not recognized early the best years of learning communication skills may be lost.

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**SESSION 2.5: How to prevent Deafness (30 minutes)**

- Start session by saying that some deafness can be avoided through prevention, early identification and intervention.
- Divide participants into groups and ask them to brainstorm ideas on how to prevent deafness.
- Inform them that some prevention measures can be taken at prenatal and others postnatal.
- Let each group present their ideas to the general group while the facilitator notes them down.
- During the discussion ask participants to identify the factors that can be prevented during prenatal and those that can be prevented at postnatal.
- Use the support notes to clarify where there is need.

**Note to facilitator**: Emphasise that Prevention, early detection and proper intervention are key factors in preventing and reducing the effects of Deafness.

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**SESSION 2.6: Deaf Culture and the Elements of Deaf Culture (45 minutes)**

- Ask participants to explain the term Deaf culture write down their responses and discuss.
- Use the support notes to clarify their responses.
- Explain that the Deaf have their beliefs and ways of life that explain them called the elements of the Deaf culture. Ask the participants to name them.
- Clarify their responses using the support notes.
- Draw a table and ask participants to show how one should interact effectively with people from the Deaf community.
- The table should have two sides- one with Dos and the other Don’ts. By show of hands come up with ideas while one of them writes them on the board.
- Discuss them and use the support notes to clarify where there is need.

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**REVIEW SESSION 2.7 Evaluation and closing (20 minutes)**

1. Ask participants to reflect on the different sessions i.e. definition of deafness, causes, prevention, signs, assessment, and the Deaf culture. Ask them to give suggestions of what they think should be done to ensure that the community understands and change their attitudes towards the Deaf.
2. Facilitator may use small pieces of paper with numbers, distribute to all participants and ensure that they follow the number order to give feedback of what each of them has learned from the sessions and how it will help them to change their attitude towards the Deaf.
3. Note down their contributions and fill in the gaps where necessary.
SUPPORT NOTES

UNDERSTANDING DEAFNESS

Deafness is the degree of impairment where a person is unable to hear or understand speech even when it is amplified. It can be mild, moderate, or profound. For example, children with mild Deafness have some difficulty following speech, mainly in noisy situations. Those with moderate Deafness have difficulty following speech without a hearing aid while those with profound Deafness do not hear speech at all. There are different classifications of Deafness depending on the onset. The Deaf/hard of hearing use sign language, lip reading and sign language interpreters to communicate with the wider world.

The Deaf have a culture with values and behaviour and consider themselves as a minority cultural group not disabled.

Hard of hearing refers to those who have a hearing loss and communicate through spoken language. They are also known as hearing impaired. They use spoken language, sign language and lip reading to communicate. These two terms are used by those individuals who have a hearing loss but do not identify themselves as ‘culturally Deaf’. This group of people prefer to communicate using spoken language and generally identify as hearing people who may require hearing augmentation and behavioural adjustments in order to achieve social inclusion. (Queensland health, 2008)

There are different types of hearing impairment and these depend on which part of the ear is affected. These are as follows:

- Conductive hearing impairment – this is a problem in the outer or middle ear that prevents sound waves to travel to the middle ear. It is often caused by chronic middle ear infections and can be medically or surgically treatable.
- Sensor neural hearing impairment is a problem with the inner ear or the hearing nerve. It is mostly permanent and requires rehabilitation such as the use of a hearing aid.

CLASSIFICATION OF DEAF PEOPLE

Deaf people can be divided into sub groups depending on when they acquired hearing loss.

A) DEAFNESS
   (I) Congenital Deafness
   Refers to a person who was born Deaf and never had a chance to hear the spoken language of the environment. These people depend on sign language and cannot learn the language of the community.

   (II) Pre-lingual Deafness
   This refers to a person who was born hearing but lost it before mastering the language of the family. They cannot ably speak the language of the hearing community.

   (III) Post lingual Deafness
   This refers to a person who was born hearing but lost it after learning the spoken language of the surrounding. If such a person is given support they can speak the language of the hearing community.

B) Hard of Hearing
   This refers to those people who have some degree of hearing and can hear the spoken language but it takes time to receive the message. These can benefit from using hearing aids.
CAUSES OF DEAFNESS

Causes of Deafness can be divided according to when and how they came about. Some causes happen before the child is born (prenatal) while some Deafness comes after birth, e.g. Due to infections or physical torture and some causes are not known. It is important to recognize the early sign of Deafness since hearing is the key to learning language. As soon as a parent suspects Deafness they should take the child for a hearing test and a diagnosis given in order for support to start as soon as possible. If a child is not given early support, understanding and help to communicate from an early age, Deafness can be one of the most difficult, lonely and misunderstood disability. (David Werner, 1999)

Below are the causes of Deafness;

Prenatal causes (before birth)

- Hereditary: Many children are born Deaf because of genetic reasons. Deafness can be passed down in families even though there appears to be no family history of Deafness.
- Deafness can also be caused by complications during pregnancy. Illnesses such as rubella (German measles), Syphilis, and herpes can cause a child to be born Deaf. Often the child also has brain damage and learning problems.
- Lack of oxygen at birth or baby slow to breath.
- Lack of iodine in mother’s diet (common in areas where many people have goitres) and the child may show signs of mental retardation or cretinism(David Werner, 1999).
- Being born prematurely (early and small) can increase the risk of being Deaf or becoming Deaf. Premature babies are often more prone to infections that can cause Deafness.
- Inappropriate use of drugs by the mother during pregnancy, such as corticosteroids, antibiotics like Gentamicin, anti-malarial drugs can damage the inner ear.
- Severe jaundice.

Post natal (after birth)

- Infections like meningitis, measles and mumps can cause Deafness.
- Chronic ear infections that are not managed properly.
- Head injury or physical mistreatment.
- Frequent exposure to loud noise.
- Age related- as people age they may lose some of their hearing.

INDICATORS OF THE PRESENCE OF A HEARING LOSS

Early identification/ detection of hearing loss is important in order to give the child affected the necessary assistance before it is too late. Below are some of the signs of a hearing loss.

- Problems following conversation, particularly in groups and when background noise is present.
- Problems discriminating speech sounds (‘I can hear your voice, I just can’t understand what you’re saying’).
- Child does not respond to his or her name when called.
• Child’s speech is not clear.
• Does not follow instructions.
• Language and speech development is delayed.
• Inappropriate responses to questions/blank looks/smiling/nodding.
• Requests for people to repeat what they said.
• Intense watching of the speaker’s mouth.
• Volume of television or radio turned up loudly.
• Speaking with a loud or soft voice.
• Behaviour such as anger and frustration.
• Complaints of dizziness, ringing or pain in the ear.

CASE STUDY 1

A family had two children Ronald 8yrs and Raina 1. One time as Ronald played with his baby sister he stood behind her and called her name, then hit a tin and also tried to clap loudly but his sister did not turn to look at his brother. Then Ronald hit a pan so hard it was then that Raina turned to look at his brother. Ronald reported his findings to his parents and they took Raina to a healthy worker who confirmed their fears- Raina was found to have a severe hearing loss. The parents were advised on how to help their daughter to develop and learn to communicate

Possible responses:
• Use signs with your hands every time you speak to show what you mean.
• Include all the signs and gestures that people already use in your village.
• Teach all the children to use them too.
• Make it fun.
• Use picture card.
• Reward the child for every response she /he makes.

BASIC ASSESSMENT OF HEARING LOSS SKILLS & INTERVENTION

When a child is growing up, hearing is important in ensuring the child’s social emotional, educational and personality development. Even a partial or mild hearing loss can affect a child’s ability to speak and or understand language. Therefore it is important to identify a child’s hearing problems early in life so that the effects can be minimized.

Parents, caretakers, community workers and teachers can carry out basic assessments on the children’s hearing in the comfort of their homes or school. These assessments can help to find out how a child responds to various sounds and how they use the information from the sound.

In order to carry out a good observation and assessment, the person assessing should always make sure that they present the sound in such a way that the child’s reaction is because he/she heard the sound and not because he/she saw you presenting it. They should also be presented in a quiet environment. Some of the sounds that can be used can be; a clap, alarm, shakers, rubbing your hands together close to the child’s ears etc.
PREPARATION FOR ASSESSMENT

In order to carry out a good assessment the community worker should make sure that;

- There is a good room or place that is free from destructions like noise.
- The place should have good lighting.
- Check the sitting arrangement.
- The community worker should find out who is bringing the child for assessment and what their concerns are.

When making an assessment these are some of the questions that can be used

<table>
<thead>
<tr>
<th>Assessment checklist</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The child responds to loud sounds?</td>
<td>(Yes/No)</td>
</tr>
<tr>
<td>2. The child responds to soft sounds?</td>
<td>(Yes/No)</td>
</tr>
<tr>
<td>3. The child turns his head to locate the direction of the sound? If so does the child turn only when it is presented on one side of the ear i.e. either left or right?</td>
<td>(Yes/No)</td>
</tr>
<tr>
<td>4. The child shows poor or no interest in playing with noise making toys like rattles bells etc.?</td>
<td>(Yes/No)</td>
</tr>
<tr>
<td>5. The child has failed to start using first words like “mama, dada” bye etc.?</td>
<td>(Yes/No)</td>
</tr>
<tr>
<td>6. You feel that the child does not understand simple commands like wave bye–bye until &amp; unless your speech is accompanied by gestures?</td>
<td>(Yes/No)</td>
</tr>
<tr>
<td>7. He/she insists on watching your face while you speak?</td>
<td>(Yes/No)</td>
</tr>
<tr>
<td>8. the child is unable to respond to your call from a distance of 5ft</td>
<td>(Yes/No)</td>
</tr>
<tr>
<td>9. the child calls for pardon unnecessarily</td>
<td>(Yes/No)</td>
</tr>
<tr>
<td>10. If a child can speak, can they repeat whispered words said in either ear?</td>
<td>(Yes/No)</td>
</tr>
</tbody>
</table>

If the answer is NO to any of the questions above, the child will need professional help. The child may be referred to an Ear, Nose and Throat specialist (ENT) to do further assessment to establish the real problem. If a child has an ear discharge, regular and long term treatment may be required to stop it completely.

If the child is found to have a hearing impairment a rehabilitation process can be introduced. This may include training to make the best use of residual hearing, speech–language stimulation and therapy and special education programs.

Community workers and parents can also seek help from associations of the Deaf for counselling of the child and parents, schools of the Deaf with special training, community members who are Deaf and have learned sign language or parents of children who are Deaf.

NOTE: Early identification and intervention as well as family support are important factors that determine the success of a rehabilitation program. Therefore whenever a hearing problem is suspected immediate action should be taken.
HOW TO PREVENT DEAFNESS

Some Deafness can be avoided through prevention, by having them treated through early diagnosis and proper treatment. Below are some of the ways to prevent Deafness.

Prenatal (before birth)

- Pregnant women should avoid contact with people suffering from German measles (Rubella).
- Girls and women should get vaccinated against German measles before they get pregnant.
- Avoid using or abusing drugs during pregnancy, these may affect the baby.
- Have regular medical check-ups during pregnancy.
- Eat as well as possible (eat a balanced diet) before and during pregnancy, use iodized salt, and include foods rich in iron and other vitamins and minerals.
- Screen and treat syphilis and other infections during pregnancy.
- Improve antenatal and promote safe delivery.

Postnatal (After birth)

- Avoid using Sharpe instruments to clean the ears e.g. pen covers, match sticks etc.
- Ensure early identification/detection, assessment and intervention.
- Ensure proper hygiene for the ears to prevent ear infections and treat ear infections when the child gets them. Clear the outer ear of excess wax through simple washing with fingers or a soft cloth.
- Make sure to Vaccinate the baby against measles and if possible mumps.
- Take precaution to prevent brain damage.
- Avoid exposure to very loud noises. When a child cannot avoid them, teach him to cover his ears, or use ear plugs.

DEAF CULTURE

Culture refers to the shared ideals, values, norms, beliefs about life that become unconsciously or subconsciously as rights and beliefs. Cultures are highly specific systems that explain the how of the community. The Deaf culture explains a group of people who have a degree of hearing loss who identify themselves as belonging to the Deaf community and have common beliefs, values and behaviours that distinguish them from the rest of the community. People who belong to the Deaf culture have come to accept themselves as Deaf with a capital ‘D’ and their only medium of communication is sign language. They believe that being Deaf is not a disability but is an identity of a different group of people who belong to their own ethnic group.

Because language influences culture, the Deaf community uses sign language to communicate just like the spoken language. Accepting one’s Deafness as a way of identification is the core element of belonging to the Deaf community. The Deaf community has its own rules of behaviour and socialising which all depend on visual signals.

Members of the Deaf community believe that if Children who are Deaf receive good education then they can be able to favourably compete with the hearing people. They have the same range of ability and can be successful in all professions like law, medicine, carpentry, tailoring, ICT etc. While not every Deaf person uses sign language, it is fairly generally accepted by the majority that these opportunities
are greatly increased by the use of sign language which needs to be known as well, and used as well, as any spoken language. (Akach & Woodford, 2001)

ELEMENTS OF THE DEAF CULTURAL VALUES

Deaf people have acquired lot of knowledge about themselves that helps to explain them as a distinct cultural group. They have found ways to express themselves through shared activities like clubs, gatherings and events with many opportunities for socializing. They have a set of rules that govern their way of life and behaviour. Below are the values and behaviours of the Deaf culture.

- The Deaf prefer being called **DEAF** and not Hearing Impaired.
- They prefer sign language as a medium of communication.
- English is used as a second language. Many Deaf people have local languages and they use that for communication.
- People who are not Deaf are referred to as ‘Hearing’.
- You can gain a Deaf person’s attention by touching or through visual e.g. tapping on the upper arm, flicking the light, waving your hand in front of their eyes.
- The Deaf prefer use of visual alerts e.g. flash light, vibrating alarms, SMS on the phone.
- Deaf people always use ‘sign names’ if talking about a person who is not present. Note- name signs should not be rude or descriptive of someone’s structure in an abusive way.
- Avoid visual noise as it is as distracting as oral noise is to hearing people. E.g. flashing jewellery, walking in the middle of two people signing, blinking lights, bright coloured clothes.

DEAF COMMUNITY OR WAYS

**DOS**

- Learn and respect sign language
- Use a sign language interpreter
- Wave hands or tap on the shoulder of the Deaf person to call for attention
- Face or look at the person you are talking to
- Wait for someone to finish a communication before you can talk
- Inquire first if the person who is Deaf needs your help
- Address the person who is Deaf and not the interpreter
- Note cultural dynamics of the environment in which you are working
- Have a positive attitude towards the Deaf
- Try to learn from them
- Dress decently
**DON’TS**

- Do not shout, use normal speech
- Do not stand in front of the source of light
- Do not pass in front or in the middle of people who are communicating
- Avoid bright colours, flashing jewellery, colourful finger nails etc
- Avoid signing while talking
- Do not patronise Deaf people
- Do not hide information from the Deaf person
- Do not stand too close to the Deaf person when signing
- Do not eat, chew or distract your mouth when communicating with a person who is Deaf
- Do not go as an expert.
UNIT 3
COMMUNICATING WITH THE DEAF

INTRODUCTION
Communication and language are the main ways through which we make our thoughts, needs and desires known. The challenge of learning to communicate is by far the greatest for people who are Deaf. Learning to communicate opens a lot of avenues of passing on what is on our mind and also helps in interacting and making contacts.

In this unit we will cover communication methods, explain sign language, how to communicate with children who are Deaf, get to know who is a sign language interpreter and the strategies for working alongside sign language interpreters.

UNIT OBJECTIVES
By the end of the unit participants will be able to:

1. Demonstrate the methods of communication used by the Deaf
2. To use basic signs of Uganda sign Language
3. Become familiar with the requirements when working with an interpreter.

CONTENT
- Overview of communication methods
- Sign language
- Sign language interpreter
- Strategies for working alongside sign language interpreters
- Communicating with children who are Deaf.

DURATION: 2 Hours 5 minutes

METHODOLOGY: Brain storming, discussions, presentations, display the manual alphabet, role play.

MATERIALS: Board, chalk, marker pens, note books, papers, flip charts

Note: Facilitator should be conversant with sign language or work with an interpreter so as to clarify on issues that may arise

Introduce the session by explaining that communication and language are the main ways through which people communicate with each other. Children who are deaf use sign language to communicate and therefore depend on interpreters who mediate between them and the hearing community in order to communicate.

SESSION 3.1 Sign Language (20 minutes)
- Ask participants to define the terms sign language and finger spelling. Write their responses on a flip chart and discuss.
- Use the support notes to clarify definitions if necessary.
- Display the manual alphabet and show the participants how it is used. (Facilitator can use the
 Demonstrate how the manual alphabet is used while the participants follow.

- Ask them to volunteer and show the participants what they have learnt by spelling their names using the manual alphabet.
- Show the participants some basic signs like- good morning, am fine, mother, father etc.

SESSION 3.2  Sign Language Interpreter. Strategies of working alongside a sign language interpreter (45 minutes)

- Ask participants to explain who a sign language interpreter is.
- Write the participants responses and have a discussion.
- Inform participants that Deaf people have local languages and that some of them may not understand the Uganda sign language. Therefore they will need a Deaf interpreter who understands the local language to help the trained interpreter. This Deaf interpreter is known as the Deaf relay interpreter.
- Divide the participants into groups and ask each group to brainstorm on how best one would work with a sign language interpreter (10mins).
- Ask each group post their ideas on the board and then discuss them with the whole group.
- Choose the best ideas and write them on the side and if there is need use the support notes to supplement what the participants have contributed.

SESSION 3.3  Communicating with the deaf children (40 minutes)

- In small groups participants will write down the ways how they can communicate with a Deaf child.
- The leader of each group will then share the group ideas with the rest of the group.
- Facilitator will add to what the participants have put together.

REVIEW SESSION 3.4 Summary and evaluation (20 minutes)

1. Ask participants to define the term Sign language and finger spelling.
2. Ask the participants to outline the effective practices when communicating with children who are Deaf.
Communication

Communication is a conversation which involves the use of body, face, hands, gestures and spoken words. Children who are Deaf depend on others to communicate such as interpreters who mediate between them and the hearing world in order to form a conversation. It’s therefore important for people who work and interact with Children who are Deaf help them learn language or sign language to enable them live a happy life full of socializing and friendships.

The Deaf have different ways of communicating with the wider world depending on the level of their Deafness. Some use sign language, some use implants/ hearing aids which help them to hear sounds, some lip read and some entirely rely on sign language interpreters. The Deaf communicate through Sign Language and the only way they can communicate with hearing people is through trained sign language interpreters. Sign language interpreters are people who are trained to translate sign language into spoken language or vice versa.

Sign language

Sign language is a visual and gestural form of spoken language. It involves the use of hands, face, eyes, mouth and body to communicate. Sometimes fingers are used to fingerspell the alphabet in order to communicate a word that may not be signed e.g. Peoples’ names. Finger spelling alone is not sign language but it can be very useful when communicating with Sign Language users. Sign language has no written form in common use like spoken language, it has its own grammar.

Sign language is the preferred medium of communication for the Deaf. The Deaf may sometimes communicate in their local language or use English which is their second language. Sign Language provides the Children who are Deaf the opportunity to express themselves and provides a free flowing communication and exchange of ideas. A Deaf person who is able to speak can also use sign language as this is an easy means of communicating their needs. Sign language is the natural language of the Deaf. In Uganda, Uganda Sign Language is a legally recognized language.

Finger spelling is the manual representation of letters of the alphabet on the hand. It is used for different purposes; it can be used to represent words that do not have a sign equivalent, or to represent names of people or places and the alphabet.

SIGN LANGUAGE INTERPRETER

A sign language interpreter is a person who bridges the communication gap between the hearing community and the Deaf. The interpreter is responsible for communicating the meaning, intent and emotion of the message. Interpreters should not add their opinion nor remove any part of the message.

It is important to use a trained interpreter; they keep the integrity and legal rights of both parties. Family members and friends are not accredited interpreters and where possible should not be used as interpreters in professional settings due to lack of competence, bias or personal interest which may compromise the interpretation process. (Queensland health 2008)

Sometimes a trained interpreter may need to work alongside a Deaf interpreter to help in interpreting and clarifying communication between the trained hearing interpreter and the Deaf child. This is usually a Deaf person and is known as a ‘Deaf Relay Interpreter’. (Queensland Health, 2008) Some Deaf people use local sign language which may not be easily understood by the trained sign language interpreters then a Deaf Relay Interpreter may be used. The Deaf Relay interpreter usually belongs to the same cultural background and will help in aiding mutual understanding by using additional skills and experience to enable the message to be relayed effectively, for example experience with the Deaf indigenous people, or foreign language. (Queensland Health, 2008)
STRATEGIES FOR WORKING ALONGSIDE SIGN LANGUAGE INTERPRETERS

In order to ensure effective communication when working with interpreters these should be put in place.

- Meet with the interpreter beforehand and brief him/her about the activity and if there is anything special like technical terms, vocabulary, cultural difference should be clarified then.
- Provide interpreter with any written materials ahead of time.
- Reserve a seat/seats for the interpreter as well as the Deaf child and make sure they have clear view.
- The interpreter should be in the Deaf child’s sight line to allow him/her to pick up visual cues and expressions of the speaker.
- Provide good lighting so that the interpreter can be seen.
- Talk directly to the Deaf child – avoid directing comments to the interpreter (for example “Ask him_ _, Will she ----,).
- Maintain eye contact with the child.
- Speak naturally at your normal pace.
- Avoid private conversations. The interpreter will interpret whatever she or he hears and should not censor any portion of the communication.
- One person should speak at a time- an interpreter can only follow one person at a time.
- Be aware that the interpreter will always be several seconds behind so please pause before moving on to another message.
- Avoid asking the interpreter for opinions or comments regarding the content of the meeting.
- Provide short breaks as interpreting is mentally and physically straining.

(Queensland Health, 2008)

COMMUNICATING WITH CHILDREN WHO ARE DEAF

Below are guidelines for best practice when communicating with Children who are Deaf.

Interpreters

Engage the services of a sign language interpreter.

Respect a Deaf child’s wish to use an interpreter, even if they can reasonably communicate with you by speech because they may use speech for expressive communication but require sign language for receptive communication.

Allow the Deaf child to decide where to sit for access to the interpreter.

Attention

- Get the Deaf person’s attention by a gentle touch on the upper arm.
- Flicking lights on and off is a way of gaining the attention of a large group.

Adequate Lighting
• Ensure adequate lighting is on your face, not behind you.
• Avoid glare, shadows and dim nightlights.
• In the dark, shine the torch to illuminate your own face not the Deaf person’s.
• Flicking or flashing lights can be distracting to Children who are Deaf.

Visual communication
• Maintain eye contact, it is considered rude to break eye contact during a conversation with a Deaf person.
• Use lots of facial expression and body language.
• Try to learn some sign language yourself, or learn the finger-spelt alphabet or mime.
• Make sure your face is clearly visible to give the Deaf child access to your lip patterns and facial expressions as they glance between you and the interpreter.
• Speak at normal pace, not too fast, not too slow.
• Use visual aids such as pictures, diagrams, models, where possible.

Avoid misunderstandings
• Let the Deaf child know the subject of the conversation before beginning to communicate.
• Let the child know about any change of topic.
• Use open-ended questions rather than “yes” or “no” questions.
• Don’t assume a nod means agreement or affirmation.
• Clarify to ensure the Deaf child understands.
• Rephrase when the child doesn’t understand something the first time, try to say it in another way, for example “are you thirsty?” can be rephrased to “do you want a drink?”
• Allow for breaks from time to time, especially in intense and long conversations.
• Write down important information such as times, dates, time tables, medication names and dosages.

Plain English
• Use plain english for writing notes. Respect that English is regarded as a ‘second language’ for the Deaf.
• Writing in english to replace an interpreter is NOT an acceptable practice – it is unethical and unfair.
• Many Children who are Deaf may have problems understanding English as it is very challenging to learn English when you cannot hear the language spoken every day.
• A Deaf child’s level of English should not be assessed as relating to the child’s intelligence.
• Children who are Deaf will often write English words but use the sentence structure of sign language.
• Be mindful of documents presented in written English with an expectation that everyone can
read and understand them. For example signs around the school, Patient Information Sheets in health facilities.

**Keep it Visual**

- In addition to using interpreters and written English the hearing professional should aim to use visual aids to compliment the interpreted utterances. Wherever possible aim to produce information visually by using Pictures, posters, photographs, diagrams, symbols, signs, models, books with graphics, flip charts, flow charts and comics.

- Use dots points, short sentences, and clear space between paragraphs, use multiple examples, facial expressions, mime, gestures, demonstrations, objects.

  (Ideas from Queensland Health, 2008)
INTRODUCTION

Deaf Blindness is a term that describes a condition that combines in varying degrees both hearing and visual impairment which causes difficulties with communication, access to information and mobility. Deaf Blindness has a significant impact on a person’s life, even if they are not totally blind or Deaf.

This unit will cover the causes of Deaf Blindness, the methods used by the Deaf Blind to communicate, tips on guiding a Deaf Blind person, how to help a Deaf Blind child to fit in their environment and the recommended educational practices for children who are Deaf Blind.

UNIT OBJECTIVES:

By the end of the unit participants will be able:

1. To gain an understanding of Deaf Blindness
2. To be able to identify the causes of Deaf Blindness
3. To demonstrate the methods of communication of the Deaf Blind
4. To demonstrate the recommended education practices of children who are Deaf Blind

CONTENT

- Causes of Deaf Blindness.
- Methods used by the Deaf Blind to communicate.
- Tips on guiding a Deaf Blind person.
- How to help Deaf Blind children to fit in their environment.
- Recommended educational practices for children who are Deaf Blind.

DURATION: 4:15 minutes

METHODOLOGY: Brainstorming, discussions, role play and plenary sessions

MATERIALS: Board, maker pens, chalk, flip charts, note books and pens

Deaf Blindness (10 minutes)

- Introduce the session by telling the participants that among the Deaf there is another special group of the deaf, the Deaf Blind. These are special because they use a more sophisticated form of communication. You should also note that they use different forms of communication depending on the level of deafness, blindness and when they got the disability.

- Ask participants to explain what they understand by the term Deaf Blindness.

- Write their responses and discuss them. Use the support notes to clarify the definition.

SESSION 4.1 Causes Of Deaf Blindness (30 minutes)

- Having defined Deaf Blindness we would like to know what causes it. Explain that some of the causes are prenatal while others are post natal.
Divide the group into two and have one group brainstorm on the prenatal while the other does the post natal (10mins).

Let each group present their ideas to the whole group and exchange ideas.

Facilitator can add to the participants ideas using the support notes.

SESSION 4.2 Communicating with Deaf Blind children (30 minutes)

In this session we are going to look at how best one can communicate with a child who is Deaf Blind.

Ask participants by show of hands to identify some of the measures that can be taken to ensure effective communication with a child who is Deaf Blind.

Note all the responses.

Use the support notes to clarify and also add those that have not been mentioned.

SESSION 4.3 Methods used by the Deaf Blind to communicate (45 minutes)

Having looked at how the Deaf Blind communicate; now we are going to look at the methods they use to communicate.

In small groups participants can brainstorm the methods.

A leader of the group then presents to the whole group while the points are noted on the flipchart.

When all groups have presented, discuss the points and clarify using the support notes.

SESSION 4.4 Tips on guiding a Deaf Blind person (30 minutes)

Role play

Ask two people to volunteer.

Ask one to act as a Deaf Blind while the other acts as the guide.

Blind fold the one who is acting as a Deaf Blind and use ear plugs to plug the ears.

Ask the guide to take the Deaf Blind person out of the room and then guide her back in the room and help her to sit on the chair. The guide should also tell the Deaf Blind person how many people are in the room. Then remove the blind fold and ear plugs.

Ask the volunteer who acted as a Deaf Blind what she/he felt like as a Deaf Blind person.

Did she feel like she trusted the guide to walk her/him to an unknown place?

Ask participants how best they would have communicated to the volunteer to understand what was going on in the room.

How best they would have guided the volunteer to the room.

Facilitator can then use the notes to explain how best to guide a Deaf Blind child.
SESSION 4.5 How to help deaf blind children to fit in their environment (30 minutes)

- The facilitator will role a piece of paper and fasten it with cello tape.
- Using the paper will through it to one participant then the participant will tell the rest how she/he would help a Deaf Blind child cope in the environment.
- The paper will then go round the room until each person has contributed something.
- Facilitator can also use the notes to add and clarify what has not been said.

SESSION 4.6 Recommended educational practices for children who are Deaf Blind (1 Hour)

- Children who are Deaf Blind may usually also be faced with some extent of retarded normal growth which affects the development of essential social skills. Such as exploration, communication, socialisation and independence.
- Write the skills on four flipcharts and also write the same on four cards or more.
- Divide the group into small groups and give them the cards.
- Each group should write how they would help the child develop that particular skill written on the card they received.
- After brainstorming they can pin their ideas on the respective flip chart and have them discussed.
- Add any ideas not included and summarise.

REVIEW SESSION 4.7 Summary and evaluation (20 minutes)

- Ask participants to reflect on the main points discussed in this unit including the causes of Deaf Blindness, methods of communication, tips on guiding a Deaf Blind person, and the recommended education practices for children who are Deaf Blind.
- Ask them to suggest ideas they would want to take back to the community and other people who have a negative attitude towards the Deaf.
- Ask them how the new findings have helped their attitude?
SUPPORT NOTES

UNDERSTANDING DEAF BLINDNESS

Deaf Blindness is a combination of hearing loss and sight loss and affects a person’s ability to communicate, to access all kinds of information, and to get around (Sense international). Not all Deaf Blind people are totally blind or totally Deaf—indeed many have some residual vision and or sight which can help them access the environment if appropriate support is given.

Some people are born Deaf Blind. Others may be born Deaf or hard of hearing and become blind or visually impaired later in life; or the reverse may be the case. Others are born with both sight and hearing but lose some or all of these senses as a result of accident or illness.

Their specific needs vary enormously according to age, onset and type of Deaf Blindness. Because the disability makes them unable to use their senses effectively, they require services that are specially designed for Deaf Blind people.

They communicate in many different ways determined by the nature of their condition, the age of onset, and what resources are available to them. For example, someone who grew up Deaf and experienced vision loss later in life is likely to use sign language, one, who grew up blind and later became Deaf, is more likely to use a tactile mode of their spoken language. For children who are Deaf Blind their understanding of the environment is much limited and can only be understood for as much as how far the child has been stimulated to get to understand their environment. If a child is profoundly Deaf and totally Blind his or her experience extends as far as her finger tips can reach, this leaves them lonely if they are not in contact with someone at any given time. (Resource pack Deaf Blindness, 2009)

Individuals who experience Deaf Blindness often face challenges in the areas of exploration, mobility, communication, social skills, independent living etc.(Resource pack Deaf Blindness, 2009) Without an understanding of the unique challenges and needs of children with Deaf Blindness, it can be difficult for the support team to help the person effectively, as well as the Deaf Blind child to live a fulfilled life. A multidisciplinary team approach is needed in order to be able to serve and meet the needs of children who are Deaf Blind.

WHAT ARE THE CAUSES OF DEAF BLINDNESS?

There are various factors that have been noted to be the causes of Deaf Blindness. Below are the major causes.

Prenatal causes

- Congenital Deaf Blindness—this refers to a person who was born Deaf Blind or acquired Deaf Blindness before they could learn the language of their surrounding.
- Usher’s Syndrome is a genetic or inherited condition that affects hearing, vision and balance.
- Children with Down’s syndrome also experience considerable sight and visual impairment.
- Charge Syndrome is a genetic condition that affects the ears, eyes, heart and nose. This is caused by gene mutation.
- If a pregnant woman catches Rubella/German measles she increases the risk of having a child who is Deaf Blind.
Postnatal causes

- Head injury/trauma.
- Infections like Meningitis.
- Stroke.

COMMUNICATING WITH A DEAF BLIND CHILD

Good communication is key in creating relationships and belonging to a group. In order for a Deaf Blind person to live a comfortable life, they will have to depend greatly on clear, concise and accessible communication. (Resource pack Deaf Blindness, 2009)

Deaf Blind children use many different methods of communication. The methods they use vary, depending on the amount of residual sight and hearing an individual has, causes and when an individual experienced vision and hearing loss, their backgrounds, and any additional disabilities an individual has. It will also depend on whether the individual has learned formal language before becoming Deaf Blind.

Things to consider when communicating with a Deaf Blind child;

- It is important to recognise the different degrees of Deaf Blindness since each condition requires a different communication style. Some Deaf Blind children require that someone signs in small space in front of his or her face and may also require tactile interpreting if his or her vision has reduced severely.
- Make sure you have the child’s attention before trying to communicate with them. Gently touching the top of the Deaf Blind person’s arm is a common way of attracting their attention without startling them.
- Identify yourself clearly.
- Check that you are in the best position to communicate, avoid noisy places and background noise.
- Adapt the conditions to suit the individual e.g. use good lighting, mind the space between you and the Deaf Blind person some may need you to be very close up, some may require the interpreter to have dark clothing that matches the background.
- Speak clearly and a little slower, but don’t shout. Some become uncomfortable when you shout
- Make your lip patterns clear without over-exaggerating.
- Keep your face visible – don’t smoke, eat, or cover your mouth.
- Use gestures and facial expressions to support what you are saying.
- If necessary, repeat phrases or re-phrase the sentence in order to allow the child to understand what you are communicating.
- Be aware that communicating can be hard work. Take regular communication breaks
- Try writing things down. You might need to experiment with different sizes of letters and different coloured paper and pens.
- Use text message (SMS) when using a phone for those who still have some vision.
- If working in groups, some Deaf Blind children require small group interpreting because of the varying eye problems such as cataracts that cause poor vision.
• Some Deaf Blind people require tactile interpreting where they have to put their hands over the interpreter’s hand in order to understand language.

• Those who have lost both sight and hearing depend on smell and touch. Therefore if you have to use perfume be sure not to use ones with a strong scent and also make sure to keep clean.

• The interpreter must be willing to touch and be touched. Some Deaf Blind children communicate through tactile methods, therefore you have to be willing to be touched and also touch the person you are communicating with.

• Offer them choices so they can make their own decisions. This puts them in control of their environment and their life.

• Make sure everything is clear at all times. Give reasons to why things are happening, what is going to happen and what is in his surroundings.

METHODS USED BY THE DEAF BLIND PEOPLE TO COMMUNICATE

• Speaking clearly is one of the most effective and common ways of communicating with Deaf Blind children who have some remaining vision and a hearing loss.

• Sign language- some children with low vision use sign language to communicate, in some cases one may need to sign or fingerspell at slow pace than usual to allow the Deaf Blind child to follow. Some children with low vision need the person who is signing to wear colours that contrast their skin colour to allow for better vision. E.g. If one has dark skin then they should wear a bright colour.

• Adapted signing- some Deaf Blind children may require their signer to be up close to them and also reduce the signing area. Some signs made waist level have to be adapted e.g. when signing belt you show it at chest level rather than at waist level.

• Tactile sign language- The Deaf Blind child puts his or her hands over the signer’s hands to feel the shape, movement and location of the signs. Some signs and facial expressions may need to be modified (for example, signing not true instead of lie, spelling “dog” rather than signing “dog”). People can use one-handed or two-handed tactile sign language.

• Print on palm- The person communicating with the Deaf Blind child prints large block letters on the child’s palm. Each letter is written in the same location on the child’s palm.

• Many congenitally Deaf Blind and multi-sensory-impaired children who do not have formal verbal communication methods will use non-verbal improvised forms such as;
  - Body movement - includes a range of meaningful gestures such as pointing.
  - Changes in breathing pattern.
  - Eye pointing.
  - Vocalising.
  - Leading others to wanted objects or activities.

• Deaf Blind manual alphabet is a method of spelling out words onto a Deaf Blind child’s hand. Each letter is presented with a different sign or place on the hand.

• Braille is a system of writing and printing for visually impaired people, in which arrangements of raised dots representing letters and numbers are identified by touch. It can be used by Deaf Blind people who have an understanding of written language. Although originally intended for the purpose of information being documented on paper, braille can now be used as a digital aid to
conversation, with some smart phones offering braille displays, and computer braille keyboards allowing access to instant messaging software, Skype or chat rooms.

- Object of reference are often used to assist Deaf Blind children to communicate. Photos, pictures and objects can be added to other structured forms of communication. Some congenitally Deaf Blind or multi-sensory-impaired children learn to use particular objects to symbolise a significant activity. For example, a towel may indicate bath, or a fork may be used to show that it is time for a meal. This method allows children who are Deaf Blind to make choices and enables others to let them know what is planned.

- Picture symbols are sometimes used to support the development of language, either accompanying text or in their own right.

- Lip-reading involves the Deaf Blind watching the lip shapes, gestures and facial movements of the person they are talking to so that they get a fuller understanding of what they are saying.

- Tadoma involves a Deaf Blind child placing their thumb on a speaker’s lips and spreading their remaining fingers along the speaker’s face and upper neck. Communication is transmitted through lip movement, jaw movement, vibration and facial expressions of the speaker. This method is used by children who still have some residual hearing and or sight.

- Interpreters act as translators between the Deaf Blind child and the person they are communicating with.

- Hearing aids are used by children who have a hearing impairment or whose hearing has deteriorated but still have some hearing.

- Intensive interaction is a practical approach designed to be used with children with learning disabilities that is commonly used with congenitally Deaf Blind and multi-sensory-impaired children. It is used with individuals who may initially be resistant to interacting with other people to improve communication by adjusting voice, gaze or body language to appear less threatening or more interesting. Following the Deaf Blind child’s lead by responding to them rather than dictating the pattern of the interaction, imitation to initiate communication and changes in intonation to engage and relate to the individual, Treating the child’s actions as communication, observing how the interaction is proceeding, using rhythm and repetition to hold the child’s attention.

- The total communication approach is about using the right combination of communication methods for the child to ensure the most successful forms of contact, information exchange and conversation. For example, a child may receive information via speech and signs while expressing themselves via signs and symbols like, Body language, Facial expression, Objects of reference, Photographs, Drawing, Symbols, Written words, Vocalisation, Intonation, Verbalisation.

- A child who is Deaf Blind will need clear communication and a reliable and meaningful routine of meaningful activities that are communicated to him or her in a consistent way. (Resource packet Deaf Blindness, 2009) Touch cues, gestures, and use of object symbols are some typical ways in which to let the child who is Deaf Blind know what is about to happen to her or him. Predictable routine will help to ease the anxiety, which is often caused by the lack of sensory information. (Resource packet Deaf Blindness, 2009)

HOW TO HELP DEAF BLIND CHILDREN TO FIT IN THEIR ENVIRONMENT

Deaf Blindness poses a great challenge to those who are affected by it as well as their immediate family. The family, teachers and community workers who work with these people have the duty to introduce them to their environment and help them to utilize it to the best of their ability. Below are some of the ways one can help a Deaf Blind to get used to their environment:
Deaf Blind children need help to learn how to move about in their environment with confidence. The fact that they lack Vision or have reduced vision, they will have difficulty navigating but will also lack the motivation to move out of their safety area. Any effort made to move should be rewarded with interesting stimulation that motivates further movement.

Education for a child with Deaf Blindness needs to be highly individualized; the limited channels available for learning necessitate organizing programs for the individual child that will address the child’s unique ways of learning and his or her own interests.

As children grow through their school based education, they can be helped to start transitional plans to help them prepare for after school life. The child’s own goals, directions, interests, and abilities must guide the planning at every step of the way. The team of professionals who have worked with the child such as interpreters, family members and friends will be essential in this transition as they will be the best advisers in this process of transition.

The challenge of having a child who is Deaf Blind can be as great to parents as they struggle to come to terms with their child’s disability. Including the child in family activities as well as in the community is even a greater challenge. Since the child does not respond to care like other children, parents need to find activities which they think will easily be enjoyed by the child. Parents also need to be encouraged to change their attitude regarding typical developmental milestones and learn to appreciate their child’s small achievements such as learning to sign a new word, feeding themselves etc. (resource packet Deaf Blindness, 2009)

Children who are Deaf Blind may exhibit behaviour problems. The frustration caused by the inability to understand and interact with an environment saturated with auditory and visual stimuli may create aggressive or severe behaviour problems. (Resource packet Deaf Blindness, 2009) It is important to carry out behaviour assessment in order to determine what causes the behaviour problems and deal with it right away. This may involve modification of the environment and creating appropriate interventions.

**TIPS ON GUIDING DEAF BLIND CHILDREN**

- When walking let the Deaf Blind child take your hand.
- Walk at a moderate pace depending on the Deaf Blind child’s abilities.
- Slow down when approaching obstacles e.g. A chair, stairs etc. and let the child know why you are slowing down.
- Keep the child updated about the surrounding. Describe everything – buildings, flowers, cars, the people around, toys, activities in the play area etc.

**RECOMMENDED EDUCATIONAL PRACTICES FOR CHILDREN WHO ARE DEAF BLIND**

Lack of sensory perception not only interferes, but also to some extent retards the normal growth and the development of many of the most essential and fundamental skills in all other areas such as: Exploration, Communication, Socialization, Independent Living Skills, Self-determination, Functional Academics, and Transitional Planning. Below are some of the ways you can help a Deaf Blind child.

*These are extracted from the Resource packet Blindness, 2009*

**Encouraging exploration**

Children with vision and hearing loss may need to be encouraged to explore their environment using all their senses in order to help them build skills in all areas of development.

*You can encourage the child to explore his surroundings in the following ways:*
• Remove dangerous and valuable objects from the area, so the child will not fear getting hurt or getting in trouble. If you need to say “No” too many times, the child may not want to explore further.

• Attach objects to the child’s chair, car seat, stroller or wheelchair to allow contact with objects. They can be placed next to the child’s body without touching his hands or face. The child may just allow them to be there at first and later will explore them with his hands.

• Games with objects can also be played, placing objects inside the child’s clothing to encourage the child to search for the object. Be sure to avoid those very sensitive areas of the child’s body and begin the games with body parts where he allows touch.

• Place objects a few inches away from the child’s hands to make it easier for him to find the objects. He may accidentally bump into it and explore it further.

• Combine the use of senses by adding light to noisemakers, vibrations to sound, and interesting textures to brightly coloured objects to encourage the child to use his remaining vision or hearing. An example would include feeling the vibration of a piano, placing a musical toy on a lighted surface, etc. These added senses will help to attract the child’s attention.

Creating a need to communicate

Some students with vision and hearing loss may not be able to express some or all of what they want to say through speech, sign language, finger spelling, writing, or gestures. When an individual cannot express themselves in these traditional ways, they often choose other ways of expression. They will choose the way that is easiest to get their message across. This expression is communication. The individual may communicate through facial expression, body movement, posture, vocalization, crying, tantrums, etc. These reactions are frequently seen by parents and/or professionals as behaviours that need to be eliminated, when in fact the student is trying to communicate and becomes more and more frustrated when his communication is misunderstood. If, instead, the individual’s attempt to communicate can be acknowledged and expanded, difficult behaviours may begin to decrease.

Points to note

1. Look at all of the individual’s behaviour as an attempt to communicate.

2. Be sure the individual has had medical problems eliminated.

3. Attempt to understand the individual’s communication efforts.

4. Teach the Child or adult a more acceptable way to communicate what he has to say, after showing you understand the effort.

Individuals with vision and hearing loss may show communication skills in many ways. This communication may take the form of body movement, gestures, facial expressions, vocalizing, use of objects or people, pointing to pictures, or more formal systems. As these skills begin to develop, it may be helpful to create a need for increasing the use of these new communication forms.

You may do movements together with the individual that the person really enjoys (e.g., rocking, dancing or swinging). You can stop your movement, pause for a few seconds, and see if the individual indicates he wants to continue. He may indicate he wants to continue by his body movement, facial expression, gestures, vocalizing, etc. This is the beginning of communicating needs and wants.

As the individual becomes familiar with various routines, you can watch to see if he anticipates each step of the routine. As you do the familiar routine, pause before moving on to the next step of the activity. During the waiting period of a few seconds, watch for movement, body posture, facial expression, gestures, vocalizing, etc., which may indicates that the individual wants to complete the activity. (For example, you may assist the individual with dressing and may pause after the socks are placed on his toes. He may wiggle his toes to indicate a desire to finish dressing).
Any times a person with vision and hearing disabilities learns a variety of tasks well that do not require the need to communicate. You can create a need to communicate within the routine/task by “forgetting” to put out all materials he will need for finishing the task (e.g., putting out a can of soup without the pan, putting out the toothpaste without the toothbrush, or placing a desired objects just out of reach.) The individual will then need to ask for the missing item in whatever way he can. You should not however, interrupt his independence by removing materials he is currently using. It is also not recommended to insist he describe what he is doing in order to continue his task (e.g. the teacher removes the child’s cookies for each bite until the child says/signs/gestures, “I want the cookie”). If you interrupt by removing materials he already has, the individual may feel punished and may not wish to communicate. If you block his independence by requesting a description of what he is doing, he may stop functioning independently and may always wait to be prompted to continue actions.

After the child expresses his desire to continue these activities, it is very important to let him know that you understood his attempts to communicate. You may say “Oh, you need the toothbrush!” or “You want your socks on?” etc. Your movements as you speak can be an imitation of his movement. Your statements should tell him that you “heard” what he was saying and that you respect his wishes. Be sure that your facial expression, body language, vocalizations, and speech all give a message of positive feelings about his communication.

Teaching Body Language

We communicate a lot of information about our feelings through our body language: our facial expressions, the way we position ourselves, distance from others, and gestures. We receive this information primarily through our vision. The child with dual sensory impairments does not get this information from others. He also is not aware of how others see him. These children must have help to learn to express their feelings, through appropriate body language. If their feelings and body language do not match, their communication may be misunderstood and the child may be frustrated. You can help the child in the following ways:

Have the child feel your face while you say/sign the name of the feeling expressed. Have him feel the tension in your muscles when you are angry, relaxed muscles when you’re happy and a frown when you’re unhappy.

Also have him feel your shoulders and hands to learn about body position related to the different feelings. An upright body frequently shows a positive attitude and confidence. A slumped body sometimes signals sadness or fatigue.

If you feel comfortable allowing the child to feel your heart rate, this also provides a lot of information. You can have a young child feel your heart. An older child can feel your neck or wrist. Your heart rate will show when you’re angry, happy, excited, etc.

Have the child feel his own face, posture, and heart rate to become aware of how he appears to others.

Touch Clues

Individuals who have little functional use of their vision or hearing are often unable to understand what is going to happen to them. Things may seem to appear from and disappear into nowhere. People may touch and move the students without warning and for seemingly no reason. These students often have tantrums or become fearful when they are handled in this way. Touch cues are one way to give the students information about what is going to happen.

The purpose of touch cues is to give the individual with vision and hearing loss a way of understanding about activities, people, and places through the use of touch and/or movement.

Touch cues are signals placed on the person’s body to give a specific message (e.g., adult touches shoulder to “sit down”). Parents and teachers use many of these cues with young students with dual sensory impairments. Parents naturally touch their infants in a specific way before picking up or moving the child. These early cues given many times in the same way allow the student to know someone is present and that something is about to happen.
Each person touching or moving the student may handle him slightly differently or may touch him in a specific place on his body to let him know who is there (e.g., Mom touches his chin, Dad touches his forehead, adult assists student to touch his hair, ring, or watch).

Using touch cues consistently in daily routines allows the student to understand his own surroundings and the people he meets in his daily schedule.

Each student needs a set of cues specific for his own situation at home, school, and work. It is very important to encourage everyone working with the student to use the same cue to help the student understand the meaning of the cue.

**SOCIALIZATION SKILLS**

**Facilitating Friendships and Interactions**

Developing relationships with others is important for any individual. Individuals with disabilities, especially severe disabilities, may frequently have fewer friends and fewer interactions with peers than do individuals without disabilities. In order for interactions to occur with peers without disabilities and ultimately to have friendships develop, it may be necessary for parents and teachers to facilitate interactions between students with and without disabilities. It is insufficient simply to have students with disabilities physically placed in classrooms with their nondisabled peers. It is likely that individuals with and without disabilities will need ideas for ways in which to interact with one another. This section provides strategies that parents, teachers, and others can implement to facilitate interactions between individuals with and without disabilities.

Facilitating friendships and interactions between peers can involve several strategies.

1. Provide opportunities that help to bring students together (e.g., class activities). Encourage students to work together on class assignments and in “special classes” such as art, music, library and so forth. Encourage “buddy systems” for school activities as well as activities before and after school.

2. Present the individual with disabilities to others in a positive manner. Have the student with disabilities share, independently or through adaptations, his/her special interests or talents with the class. This will enable students to view the student with disabilities as a competent individual.

3. Make accommodations or adaptations in the environment to help involve the individual with disabilities in meaningful ways. Avoid seating the student with disabilities on the periphery of activities/class. Make adaptations to classroom activities, instructions, and materials as needed.

4. Use the classroom curriculum to teach about diversity, equality, and friendships. Discuss similarities and differences among students in the classroom. The classroom teacher may facilitate discussions regarding concerns, fears, and questions that may arise pertaining to friendships with students with disabilities. Ask peers to assist in planning strategies for facilitating friendships with students with disabilities.

5. Use teaching methodologies that encourage cooperation among students and expect the student with disabilities to participate in class activities with his/her peers. Give the student with disabilities valued roles in cooperative learning groups.

6. Minimize adult presence as much as possible so that the adult does not interfere with interactions between the students.

7. As the teacher, demonstrate acceptance of and positive interactions with the student. Students typically imitate the behaviours that they see modelled by their teacher. Avoid the use of juvenile language when talking with the student with disabilities.

8. Provide encouragement and praise when students participate in positive interactions with one another.
9. Respond to challenging behaviours in a manner that teaches peers positive social or coping skills.

**Appropriate Touch**

Sometimes the enthusiastic attempts of children with vision and hearing loss to begin introductions to and friendships with other people are seen as frightening if the touch is too rough. The child may also approach people very closely in order to use her senses of touch and smell or limited vision. The child must be taught as young as possible how to touch others properly for her own safety and to develop friendships with others.

1. Teach the child to approach others by gently tapping others on the shoulder. When the person turns towards her/him, s/he can then ask for what she wants or can show someone what s/he wants to do. It is very important to help her/him touch appropriately before s/he has a chance to scare or hurt anyone. You may need to prompt this gentle touch for a while until the child does it independently.

2. Teach the child to remain an acceptable distance from others (e.g., generally the distance of an outstretched area, although this varies in different cultures) until s/he has permission (from family or teachers) to explore people further. S/he can then move in closer to touch the person to identify familiar things about that person (e.g., cologne, ring, watch, hair, beard, etc.). The child should not be allowed to explore strangers.

3. The child should be taught that s/he can decide who s/he allows to touch her/him, including parents, other relatives, close friends, etc. You must also respect that any part of the child’s body is private if she so chooses. The child should also be taught to move away or make some noise if s/he feels uncomfortable in a situation.

**Circle of Friends**

Sometimes a more intense strategy for facilitating friendships is necessary. “Circle of Friends” is an activity completed with students without disabilities to discuss the importance of friendships and relationships in their lives and to generate ideas for ways in which they can be friends with peers who have disabilities. The ensuing steps are followed when implementing the “Circle of Friends” process implementing strategies such as Circle of Friends can encourage students with and without disabilities to interact with one another. Encouraging positive interactions may be the first step to the development of meaningful friendships that are important for everyone.

1. Discuss the importance of friendships and relationships in everyone’s lives.

2. Provide students with four concentric circles and ask them to identify the important relationships in their lives. After completing each circle, ask students to share their responses if they are willing.

   a) In the inner circle, ask them to put the names of those individuals to whom they are closest (e.g., those they love the most, those with whom they share their secrets).

   b) In the second circle, ask them to list those people they really like, but not quite as much as those in the first circle (i.e., those with whom they do not share their secrets).

   c) In the third circle, ask them to identify those individuals with whom they like to do things because of the groups to which they belong (e.g., sports teams, clubs, dance groups, scouts).

   d) In the fourth, or outermost, circle, ask them to list those people who are paid to be in their lives (e.g., doctor, dentist, teachers, and coaches).

   e) After discussing the circles of several volunteers, show the class the circles of an individual who has very few relationships (e.g., only family members in the inner circle, perhaps no one in circles 2 and 3, and numerous service providers in circle 4).

   f) Ask the students to discuss (1) how they would feel and (2) how they would act if their circles looked like those of someone with few relationships. List their responses on chart paper.
g) Explain to the class that circles may not look very different from that of the hypothetical individual with few relationships. Ask them what they could do to change that situation. List their responses on chart paper.

h) Ask the class if there is anyone who would like to become part of circles. Be sure that they know that not everyone must do so. List the names of those who are interested.

Developing Independence

The child who has vision and hearing loss may need your help to explore the world through touch and movement. You may be afraid he will get hurt, but all children receive a few bumps and bruises as they grow up. He needs to get out and move around to increase development in all skill areas. You can encourage independence in the child in the following ways:

1. Child-proof the home or classroom to allow the child to learn to avoid obstacles in a safe way. Remove dangerous or valuable objects, which may be of concern. This strategy is no different than you would use with any other young child.

2. Teach the child new skills by doing activities together, with your hands on top of his. As he becomes more familiar with the activity, make your touch lighter and lighter until the child does it for himself.

3. It is important that you point out to the child the natural cues that are available in the environment which tell him what to do. For example, the child can be taught to feel his hands for stickiness or to smell his hands to determine if hand washing is needed. In this way, he will do it for himself when necessary, rather than waiting for someone to tell him to wash his hands.

4. The child should be encouraged to use his sense of touch in all activities to provide for greater independent movement and safety in exploration. The child should be taught to feel for the seat of his chair before sitting. He should search for dropped objects by touch. He should be allowed to touch his food and drink to locate them on the table and to determine when he is finished.

Dressing and Undressing

Independent dressing and undressing skills can considerably shorten the time that parents must spend helping their children. If parents begin when the child is very young, by talking about what they are doing (e.g., “Give your hand; now put your arm in the sleeve and push it all the way through”), the child will begin to learn the concepts of clothing and body parts, as well as understand the actions and movements that are involved in dressing. When the child indicates an interest in being independent, begin by teaching the child how to undress, since it is easier to remove clothing than to put it on. The child is likely to become less frustrated if she learns to undress before dressing, unbutton before buttoning, and unzip before zipping.

Develop routines for taking off shoes or socks or a sweater at appropriate times. Encourage the child to help pull down and pull up pants during toilet training. Begin by using loose-fitting clothes that are the easiest to put on, such as pants with elastic waistbands rather than zippers. The child also needs to learn how to organize clothing. Set an example by keeping clothes organized in wardrobes, drawers, and closets. Have the child identify which garments are needed, locate where they are stored, and place them on the bed or another flat surface. Lay out garments, tee shirts, pants, and so forth in the order which they will be put on. Teach the child how to locate the right garments, check that they are right side out, put them on, and smooth them, so they are not twisted on the body. Eventually, you may discuss colour coordination and the general principles of style.

Children can become familiar with the concepts of laterality (right and left) before or while they learn to put on their shoes and can be taught to insert the correct foot into the correct shoe and pull up the tongue, if necessary. Different tactile markings on the soles of shoes help to identify right and left. Shoes with Velcro fasteners or slip-on shoes, such as loafers, are much easier. However, if the child is physically able, shoe-tying skills should be taught as well. Shoe-tying skills require fine motor development and thus generally are learned after the child enters elementary school. Shoe models or
adult shoes are helpful while teaching lacing and knot tying. They should be placed in front of the child with the heel closest to him so the shoe is in the position it would be if it were on the child. Work on the lace first. Make one shoelace by tying together two laces in contrasting colours and/or with two textures and centre the laces between the bottom eyelets. When teaching the child how to tie laces, place the shoe on a table or wrap the laces around the child’s thigh with the ends on top, so they can be tied on top of the thigh.

Buttoning and zipping also help to develop motor control. Begin by using large buttons on loose-fitting garments and zippers on pants or skirts that do not need to be threaded. By the time the child enters elementary school, s/he should be able to put on, fasten, and remove pants, shirts, coats, and sweaters with little help. During the preschool years, emphasize dressing skills using self-help teaching materials equipment. Unless you begin to teach these techniques early, you will find the child may be old enough for school but cannot put on her/his clothing.

SELF-DETERMINATION
Relaxation Strategies
An individual with vision and hearing loss can become tense, frightened, or angry. There is need to develop strategies which can help an individual learn to relax his body. When relaxed, he is better able to position his body, to use his senses, and generally feel better.

It is important to teach ways of relaxing on a regular basis, just as you would any other motor skills. You should not wait until the person is rigid or in a tantrum to work on relaxing.

Some of the following techniques may be helpful:

The individual can relax his body through deep breathing. (For infants and small children, this can be done by holding the child in your lap with his face against your chest. For older individuals, you sit face to face.) Breathe deeply in and out of your mouth, exhaling so the individual can feel the force of the air. Do this as slowly as possible. It may also help to have the child feel your chest as you breathe, to feel how the lungs expand. (An older individual can feel your pulse to achieve the same results.) After the demonstration, have the individual imitate the breathing and feel his own chest to match your breathing.

The individual can also relax his body by working on each body part separately until the whole body relaxes. You can start with arms and legs by gently shaking the limb until it relaxes. When the lower arm relaxes, move to the upper arm, then to the shoulder, etc. Be very careful to avoid injury of the joints. For individuals with physical disabilities, consult the physician or therapist providing services before trying these suggestions to make sure you are moving the limbs properly.

The individual can also relax through massage. Deep, firm touch, moving from the head down the spine will help students with sleep difficulties. Individuals who become over-stimulated easily may benefit from massage throughout the day to help them calm down and relax.

Note: A tickling type of touch will cause the child to become very excited and may cause inappropriate reflex movements in individuals with physical impairments.

Once the individual becomes familiar with these strategies, you will then be able to demonstrate them for the purpose of imitation during the times of stress. The individual will know what to do and can adjust his body to match your breathing, muscle tone, or body posture.
UNIT 5
GUIDANCE AND COUNSELLING FOR CHILDREN WHO ARE DEAF

INTRODUCTION
Guidance and counselling supports and facilitates a child in developing and managing their personal, social, educational, and career plans. It involves peer helping, one on one with the counsellor and referrals to specialists. It ensures early intervention and responding to a child’s immediate and on-going problems and concerns which interfere with their day today life. Children who are Deaf are often socially excluded by the hearing community. They are often at risk of loneliness and other social challenges. This means that many children who are Deaf will need counselling to help them with their problems.

This unit will cover the definition of guidance and counselling, issues to consider when counselling a Deaf child, reasons why children who are Deaf would use guidance and counselling services, towards positive attitudes and empowerment, and the qualities of counsellors for children who are Deaf.

UNIT OBJECTIVES
By the end of the session participants will be able to:

1. Identify the importance and reasons for guidance and counselling for Children who are Deaf.
2. Become aware of the best practices of counsellors working with the Children who are Deaf.
3. Acquire skills on how to help Children who are Deaf to live a positive and empowered life.

CONTENT
• Overview & Definition of guidance and counselling.
• Issues to consider when counselling children who are Deaf.
• Why counselling?
• Towards Positive attitudes and empowerment.
• Qualities of counsellors for Children who are Deaf and how they can help them.

DURATION: 2:40mins

METHODOLOGY: Brain storming and discussions,

MATERIALS: Flip chart, Marker pens, chalk board, chalk, note books and pens.

Guidance and counselling for children who are Deaf (20 Minutes)

➢ Explain that guidance and counselling helps a child to talk about his or her problems in a confidential and secure environment in order to help her overcome her immediate and future problems.

➢ Ask participants to explain what they understand by guidance and counselling.

➢ Allow them to discuss and share experiences.

➢ Use the support notes to clarify the definition.

================================================================
SESSION 5.1 Why counselling? (30 minutes)

- Explain that guidance and counselling is important and should be readily available to whoever needs it. Deaf children need to be able to access it whenever they need the service.
- Ask participants to identify some of the importance of guidance and counselling to a Deaf child.
- Note their responses and discuss them.
- Add any points that have not been mentioned using the guiding notes.

SESSION 5.2 Issues to consider when counselling a Deaf Child (30 minutes)

- Explain to the participants that there are steps that need to be taken when preparing for a counselling session with a child who is Deaf.
- Hand over a card to each individual and ask each one to write one issue they should consider before starting a counselling session with a child who is Deaf.
- After each has written their idea, let them pin them on the board and discuss them.
- Use the support notes to clarify or add any ideas where needed.

SESSION 5.3 Towards positive attitudes and empowerment (30 minutes)

- Explain that children who are Deaf need to be encouraged and helped to improve their self-esteem. Positive attitude should start with them and then spread out to the rest of the community.
- Ask participants to brainstorm ideas on how children who are Deaf can be encouraged to live a positive and empowered life.
- Ask a volunteer to write down their ideas and you discuss them.
- Present to them any ideas that have not been discussed and conclude.

SESSION 5.4 Qualities of counsellors for children who are Deaf (30 minutes)

Explain to the participants that a counsellor needs to understand the different ways to communicate effectively with children who are Deaf and that every Deaf child is different and so need to organise counselling sessions that meet every individual child’s needs.

- Divide the participants in groups and ask them to brainstorm on the qualities of a counsellor of Deaf children.
- Ask one group to present their ideas and have the rest of the groups to add to what the first group has contributed.
- Ask one participant to write down the ideas that are presented by the groups.
- Use the support notes to add to their presentation and summarise.
REVIEW SESSION 5.5 Summary and evaluation (20 minutes)

- Ask participants to reflect on what has been covered in the different sessions— the barriers faced by the deaf in their communities, reasons why they should access counselling services, factors to consider when preparing for a counselling session, positive attitudes & empowerment and the qualities of a counsellor of the Deaf. Ask them how this will help them serve the Deaf better in their communities.

- Role a piece of paper and fasten it with cello tape and throw it to one of the participants and ask her to reflect on any issue discussed in the unit and then pass on the ball to another participant.

- This should go on until every participant has made a contribution.

- Conclude the unit.

SUPPORT NOTES

Over view and definition of Guidance and counselling

Guidance and Counselling is the assistance given to a child to help him or her overcome problems and explore difficult feelings, to know about themselves, and be able to adjust to the environment around them and others. It aims at preparing the child to face the future with confidence and acquire skills to help him/her in future. This should be done in a non-judgmental environment so that the child can gain confidence and be able to improve their life. (Holly siegrist, 2011) For Children who are Deaf and other people with impairments who face environmental and societal barriers, counselling can provide them direction on how to make sense out of their situation and come up with solutions to deal with the problems they face.

Children who are Deaf face a lot of oppression in their communities such as not getting access to education and health services, some children are sent to main stream schools where they are misunderstood and bullied. Parents’ attitude towards children with disability and Deafness is another abuse that children who are Deaf face. They are often left alone without attention; some go without food, and other necessities as they are seen as a burden to the family. This causes frustration, confusion and aggression and can lead to internal oppression. (Holly siegrist, 2011) It is important that community workers, family members and teachers who interact with these children help them to live a confident life through providing counselling services to guide and empower them.

Counsellors need to provide an environment that will encourage the Children who are Deaf to use the service and they need to be compassionate and knowledgeable about Deaf issues (Ratna, 1994).

SOCIETAL BARRIERS FACED BY CHILDREN WHO ARE DEAF

- Failure by the hearing people to communicate to them clearly.
- Negative attitude from the parents and the community.
- Lack of access to social services, like education and health services.
- Lack of counsellors to help them when they need counselling services.
- Access to education facilities that will give them sufficient services to meet their needs.
- Children who are Deaf face isolation and loneliness.
- They face physical torture and abuse even from immediate family members.
• They don’t get access to information and other social services.

• Children who are Deaf would often prefer counsellors who sign, but there aren’t many available.

• Counsellors sometimes use sign language interpreters but often don’t know how to use them effectively.

WHY THE DEAF SHOULD ACCESS COUNSELLING

Counselling is a social activity (Swain, Griffith and Heyman, 2003), which should be readily accessed by whoever needs it. Information on counselling services should be availed to Children who are Deaf so that they can use them whenever necessary. Counsellors should respect and have a positive attitude towards the Children who are Deaf as members of the community. Empathy is needed in order to encourage trust. Below are some of the reasons why Children who are Deaf need to access guidance and counselling services.

• Counselling should promote self-esteem and positive identity. A Deaf child should be encouraged through his or her past oppression and overcome it.

• Resilience should be encouraged, and a counsellor should work to help a child to find acceptance in being themselves. (Corker, 1996)

• In case of a Deafened child, the counsellor can help the child to come to terms with their new condition and encourage them to create a new future and find happiness (Hogan, 2001). They should also help them develop a positive attitude about this change and also get them in touch with other Children who are Deaf so they don’t feel alone.

• Counsellors should know about the children’s educational and language backgrounds if they are to help them effectively. They need to understand that Children who are Deaf are often treated poorly by hearing people in social interactions so it is important to learn more about the social barriers faced by the Deaf and accept them as real.

ISSUES TO CONSIDER WHEN COUNSELLING A DEAF CHILD

• Most Children who are Deaf prefer sign language as their medium of communication. Therefore the counsellor should endeavour to use sign language or hire a sign language interpreter when she or he interacts with a Deaf child. It is also important that the counsellor has enough knowledge about Deaf issues.

• Lighting- the counsellor should make sure that there is enough light in the meeting room. Children who are Deaf rely on sign language and or lip-reading and access to sound in order to communicate. Poor lighting can make lip reading difficult and thus affect communication. Therefore, it is important to ensure that a room is both well-lit and quiet.

• Eye contact- The counsellor should ensure good eye contact with the Deaf child. It is common for counsellors to take notes when working with the hearing people and will not need to keep eye contact. However with the Deaf breaking eye contact will be seen as rude and will break information flow.

• Be Visual— All information of a Deaf child comes from the visual world. It is important to use visual techniques during counselling sessions such as; demonstrations, videos, flipcharts, pictures etc. to illustrate your communication. However, counsellors should be careful not to talk while looking away or whilst the Deaf child is looking at a visual illustration.

• Write it down- Following lip reading or sign language interpretation can be tiring and this may affect the Deaf child’s retention of information. Therefore it’s important that all decisions, plans,
agreements and appointments are kept visual or in plain language.

- Have breaks during a session- Lip reading and signing can be straining many Children who are Deaf will have to concentrate very hard in order to follow spoken conversations of length, so consider having breaks in the discussion.

- Always ask the Children who are Deaf which form of communication they would prefer to use during the session. Some use sign Language and may need an interpreter, some use both sign language and lip reading.

- Let the Deaf child decide on the choice of the interpreter. Some Children who are Deaf may not be comfortable with some interpreters. Some may not want to use an interpreter who he/she sees regularly within the school/community. Others may wish to use a particular interpreter whom they feel they can trust, or may have a particular preference for a female /male interpreter.

- The interpreter is there to interpret. Counsellors should acknowledge the presence of the interpreter, but should maintain eye contact with the Deaf child when speaking to them.

- Watch out for language- Sign language has a different structure and vocabulary to spoken language, therefore typically open-ended questions may need examples to make sense in sign language. Counsellors should be prepared to extrapolate the meaning and try to steer clear of abstract concepts. It might be worth meeting with the interpreter before the session to discuss how to format questions.

- Understand facial expressions- Sign language communication utilises facial expression to both illustrate emotion and carry grammatical information. Therefore, counsellors should be wary of using person perception and body language to determine a Deaf child’s state of wellbeing, as this may lead to misinterpretation. There is no easy answer to this – seek advice, learn more about sign language, and ask the client how they are feeling if you are not sure.

(Deafness and school counselling [www.ndcs.org.uk](http://www.ndcs.org.uk))

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- Children who are Deaf should be encouraged to always announce that they are Deaf and request that proper communication methods are followed to allow them interact freely.

- Since sign language is the natural language of the Deaf, children should be encouraged to learn it and use it with confidence in order to help them to control their environment when hearing people are not willing to communicate with them (Holly siegrist, 2011).

- They should be encouraged to accept themselves, see themselves as valuable so as to reduce on the stress and also to live a happy life.

- They should be more determined about things in life and achievements and pursue goals with confidence.

- Children who are Deaf should be encouraged to have it upon themselves to take any necessary positive action towards their wellbeing. The counsellor should not take it upon his / herself to make decisions for the Deaf child unless she or he gets prior permission of the child or their immediate family members.
• They should be helped to learn their rights and responsibilities so that they are able to claim what belong to them while they also fulfil their obligations.

Qualities of a counsellor for the deaf

Counsellors working with people who are Deaf should have:

• Patience, empathy, an open enquiring approach, and unconditional acceptance of the Deaf as human beings.

• A counsellor should find out the preferred method of communication of the Deaf child and use it to serve the child well.

• Counsellors should help Deafened children to find things that they enjoy in life so that they can get on with life. They should help them to regain their confidence by doing things that they enjoy. Once one gets this confidence they will not dwell on their inability to hear, but look at things that they enjoy in life. (Holly Siegrist, 2011)

• The Deaf need community support outside of counselling. Deafness can lead to isolation from the world and one would need all the help they need not to suffer alone.

• Above all the counsellor should be willing to listen to the client as this is the best quality they could have as this ensures that they are fully understood.

• It is important for the counsellor to understand the internal oppression that Children who are Deaf may have and help them with detecting, talking about, and understanding their emotions.
UNIT 6
UNDERSTANDING LEGAL INSTRUMENTS FOR PROTECTION OF PEOPLE WITH DISABILITIES

INTRODUCTION

This section provides information on the specific laws and rights of people with disabilities as enshrined in the international treaties and Conventions; and National laws and policies. According to the 2002 Population and Housing Census, at least 16 per cent of the population is disabled. Applying this estimate to today’s Ugandan population (approximately 30 million) would indicate that they may be some 5 million disabled people in the country. Disabled people in Uganda, as in most developing countries in the world, face extreme conditions of poverty, have limited opportunities for accessing education, health, and suitable housing and employment opportunities. The Government of Uganda has adopted a number of laws and policies pertaining to people with disabilities, including their right to productive and decent work and basic services. Laws on disability are often dominated by the idea of equalization of opportunities. This means that society must employ its resources in such a way that every individual, including persons with disabilities, has an opportunity to participate in society. Some of the disabilities include difficulty in seeing, hearing, speech, moving and learning. It should be noted however that there is no single law in Uganda that entirely focuses on the Deafness which is the focus of this manual but generally addressing all forms of disability.

UNIT OBJECTIVES

By the end of this session participants should be able to:

- Explain the legal framework on disability;
- Identify and explain the international and national legal instruments in the legal framework on disability.
- Identify and ably explain the rights of persons with disabilities as enshrined in the legal instruments.

CONTENT

- Legal framework on Disability.
- General laws for people with disabilities.
- Specific laws for persons with disabilities.
- International laws, conventions and agreements.

Methodology: Brainstorming, question and answer, small group discussions and plenary presentations

Materials: Flipcharts, markers, masking tape, notebooks and, copies of laws and policies documents

Duration: 7 Hrs. & 30mins

Legal instruments for protection of people with disabilities (50mins)

- Introduce the topic in some detail and its objectives.
- Through a group work assignment ask the participant to write the existing laws and policies concerning disability. Make them write their contributions on a flipchart and present them during the plenary session. Together with participants go through them and reach consensus on them.
- Give a lecture on the existing legal framework on disability and the rights enshrined therein.
Lead the participants into general discussion on instruments in the legal framework on disability.
Wrap up the session with emerging issues in the discussions.

SESSION 6.1: General laws on protection of people with disabilities (2 hours)

- Brainstorm with the participants by asking them if they understand what a legal instrument means, ask them to name the various instruments in place for protection of people with disabilities.
- Explain to the participants that protection of rights of people with disabilities requires laws to be put in place and be observed at all times due to abuse.
- Emphasize to them that child protection too involves putting in place measures to prevent child abuse and neglect and most of all, make children’s rights a reality.
- Ask them whether they know who makes these laws and why they are made. This will lead the discussion into the reasons behind the laws on disability.
- Note that the general laws have no specific sanctions or penalties for the offenders.
- Divide participants into groups and ask each group to brainstorm on the various general laws in Uganda on the protection of people with disability.
- Each group through their leader present their ideas while you note them down on the flipchart and discuss them.
- Use the support note to explain further on the general laws.
- Summarize and conclude.

SESSION 6.2 Specific laws on protection of people with disabilities (2 hours)

- Brainstorm with the participants by asking them to name the various specific laws for protection of children with disabilities.
- Explain to the participants that protection of rights of children with disabilities requires specific laws to be put in place and be observed at all times due to abuse.
- Note that the specific laws have specific sanctions or penalties for the offenders and that they can be quoted in courts of law.
- Divide participants into groups and ask each group to brainstorm on the various specific laws in Uganda on the protection of people/children with disability.
- Each group should make presentations on their understanding of these laws.
- Note down their ideas while they present and use it for discussion purposes.
- Use the support notes to explain further on the specific laws.
- Summarize and conclude.

SESSION 6.3 International laws, conventions and agreements (2 hours)

- Brainstorm with the participants by asking them to name the various Conventions, Agreements and Protocols for protection of children with disabilities.
- Explain to the participants that protection of rights of people with disabilities requires specific laws to be put in place for the whole World. These serve as a standard to guide governments as well as International humanitarian and Development Agencies in providing assistance and protection.
- Note that the International standard agreements and Conventions can only work in a specific country after they have been ratified. Uganda therefore needs to ratify and domesticate these laws.
- Divide participants into groups and ask each group to brainstorm on the various Conventions and Agreements on the protection of children with disability.
- Each group should make presentations on their understanding of these laws.
- Note down their ideas while they present and use it for discussion purposes.
Use the support note to explain further on the specific Conventions, Declarations and Protocols. Summarize and conclude.

REVIEW SESSION 6.4 Summary and evaluation (40 minutes)

- Ask participants to reflect on the different sessions, and give their views on how best the Ugandan law should protect the Deaf children.
- Ask participants to form groups of 4-6 depending on the numbers available.
- Ask them to identify laws from the ones taught that meet the direct needs of Children who are Deaf.

SUPPORT NOTES

LEGAL FRAMEWORK ON DISABILITY

It is important that People with Disabilities (PWD) and community workers are aware of the existing laws related to disability and acquire copies of such laws. This is useful in that they can use the laws to lobby and advocate for equal opportunity in all aspects of life including but not limited to economic, social and political as well as participating in planning, budgeting and decision making. Knowing the laws also enables the PWDs and community workers to influence policies and service delivery in favour of PWDS.

The national laws of Uganda concerning PWDs are mainly made:

a) To provide legal protection for PWDs in service provision.

b) To eliminate all forms of discrimination against PWDs.

c) To provide a framework for equalization of opportunities to PWDs.

d) To consolidate the laws governing individual employment relations.

e) To enhance empowerment, participation and protection of rights of PWDS.

To guide and inform the planning process, resource allocation, implementation, monitoring and evaluation of activities in respect to PWDs concern at all levels.

A: General Laws

These are general in nature and have sanctions or penalties that affect all citizens in the country.


   - Objective (VI) of the constitution ensures gender balance and fair representation of marginalized groups on all constitutional and other bodies.
   - Objective (xxiv) sub-section c, provides for promotion of sign language for the Deaf.
   - Article 21(2) provides that a person shall not be discriminated against on the ground of disability.
   - Article 32 (1) state shall take affirmative action in favour of groups marginalized on the basis of disability.
   - Article 35 (1) provides that PWDs have a right to respect and human dignity and 35 (2) provides that parliament shall enact laws for protection of PWDs.
• Article 59 (4) provides that the parliament shall make laws to provide for the facilitation of citizens with disabilities to register and vote.

• Article 78 (1) provides that parliament shall consist of representatives of PWDs.

• Article 78 (2) provides that every five years, parliament shall review the representation of PWDs to parliament for the purposes of retaining, increasing or abolishing the representation.

2. The Children Statue 1996

Section 10 of the statute focuses on children with disabilities and states that the parents of the children with disabilities and the State shall:

• See that the children with disabilities are assessed as early as possible;

• Offered appropriate treatment;

• Provide facilities for rehabilitation and equal opportunities to education.

Section 11 (5) provides that Local Government Councils shall keep a register of disabled children within its area of jurisdiction.

3. The Local Government Act 1997

• PWDs are represented by two people one man and one woman.

• PWDs are represented at lower Local Government Council L.C. III or Gombolola or Division as the above in all councils L.C. II and L.C. I.


• Section 28 provides for the rights of PWDs in respect to customary land- it provides for access to ownership, occupation or use of land.


• Allows any person who is not an MP to give assistance to a member of disability in the house or committee.

6. The Uganda Communication Act 1998

• Section 8 provides for research into the development and use of new communication techniques and technologies to provide accessibility of hearing impaired people to communication services.


• Section 42 provides that no person with disability shall be denied a driving permit by reason of his or her disability.

• Section 132 provides for use of bells, alarms, direction indicator to access PWDs to roads, railways and airports.

8. The local Government (Amendment) Act 2001

• Section 55 provides for the representation of PWDs on: District Service Commission.

9. The Universities and Tertiary Institutions Act 2011

• The act provides for the establishment of the National council for Higher Education which shall consist of one person with disability appointed by the Minister.

• Section 28 provides for affirmative action in admission to a Public University.

- Chap. 3 Section 2 clause Vii states that children with disabilities (special needs) have priority over normal children.

11. The Evidence Act (Cap 6)

- Section 118: Dumb Witnesses.

- A witness who is unable to speak may give his or her evidence in any other manner in which he or she can make it intelligible, as by writing or by signs; but the writing must be written and the signs made on open court. Evidence so given shall be deemed to be oral evidence.

12. The East African Community Customs Management Act 2004

- This Act there is a provision for exempting all taxes including VAT, withholding tax and import duties for the disabled, blind and physically handicapped persons as regards materials, articles and equipment including one motor vehicle which are specifically designed for use of disabled or physically handicapped persons;

- the provisions also provides for exemption for materials, articles and equipment including one motor vehicle which are intended for educational, scientific or cultural advancement of the disabled for use of an organization approved by the Government for the purpose of this exemption.

13. Health Sector Strategic Plan II: 2005/6-2009/2010

- Chapter 3 Section 3.4.2 injuries, disabilities and rehabilitative health.

14. Specific targets are:

   i) To reduce hearing impairment from 105% - 85%.

   ii) To reduce visual impairment from the estimated 1% to 0.8%.

   iii) To increase provision of assistive devices to PWDs who need them.

   iv) To reach 80% of the population with messages on disability prevention and rehabilitation.

- Section 3.4.4: Mental Health and control of substance abuse.

15. Specific targets:

   i) All regional referral hospitals with functional mental health units;

   ii) To increase community access to mental health services by 50%;

   iii) To establish a community strategy for prevention of mental health problems.

B. SPECIFIC LAWS FOR PWDS

The above discussed laws are very general in nature and have no specific sanctions or penalties. However there are laws that can be quoted especially by parents, individual citizens or PWDs or the national council for disabilities in courts of laws.
1. The policy on Disability in Uganda - 2006

Provides areas of focus by all stakeholders in:-

1. Accessibility
2. Participation of PWDs and care givers
3. Capacity building
4. Awareness raising
5. Prevention and management of disabilities
6. Care and support (i.e. provision of basic, physical and psychological needs of PWDs and their care givers).
7. Research
8. Communication- use of sign language, tactile and Braille literacy.


i) Can sue and be sued

ii) It is a monitoring and evaluation mechanism

iii) Established at the following levels:-

a) National Council for Disability
b) District: District Council for Disability
c) Sub-county: sub-county Council for Disability

i) Promotes equalization of opportunities for PWDs

ii) Advises electoral commission in elections of PWDs

iii) Representatives on the Council come from:

a) PWDs (all types) in respect to gender
b) Government representatives form line ministries
c) Parents of PWDs
d) Youth representative with disability.

3. The Persons with Disability Act 2006

The Act provides for:-

a) Disability coding
b) Rights to quality education and health
c) Employment of PWDs
INTERNATIONAL LAWS, CONVENTIONS AND AGREEMENTS

There are a number of treaties and conventions that protect the rights of persons with disabilities to which Uganda is a signatory. They mainly focus on protecting persons with disability from discrimination and creating equal opportunities for them to participate in society. Member states are obliged to make laws that enforce and protect these rights as indicated below.

Universal Declaration of Human Rights (1948) (article 3, 7, 21, 23, 25)

- The Universal Declaration of Human Rights (UDHR) was adopted by the General Assembly of the United Nations in 1948. It provides human rights standards accepted by all member states.
- Article 25 (1) the UDHR specifically mentions the socio-economic rights of people with disabilities
- Article 7 guarantees equality before the law and equal protection by the law for all people, including against discrimination.

International Covenant on Civil and Political Rights (1966)

- Under Article 26, it is stated that all people are equal before the law and have the right to equal protection of the law.
- It was ratified by Uganda government in 1995.

International Covenant on Economic, Social and Cultural Rights (1966)

- Under article 2, it recognizes the inherent dignity, equality of all persons and the rights to be free from any kind of discrimination on any grounds such as race and colour, and “other status”.
- It was ratified by the Uganda government in 1987. Special reference should be made to the general comment 5 that was adopted in 1994 as a result of the inadequacies in the earlier instrument (ICESCR):

General Comment 5 (1994)

The above formulates obligations of states to eliminate discrimination of persons with disabilities in the areas of:

Equal rights for men and women (“double discrimination” article 3) Work (articles 6-8), social security (article 9), Protection of the family (article 10), Adequate standard of living article 11), Right to physical and mental health (article 12), Right to education (articles 3 and 14) and the right to take part in cultural life and enjoy the benefits of scientific progress (article 15).
Declaration on the Rights of Mentally Retarded Persons (1971)

- It was proclaimed by the UN General Assembly in 1971.
- It states that: “The mentally retarded person has, to the maximum degree of feasibility, the same rights as other human beings.”

Declaration on the Rights of Disabled Persons (1975)

- It was declared and adopted by the UN General Assembly in 1975; being the first international document that tried to define the term “disability.”
- It includes a number of social and economic rights as well as civil and political rights.

Declaration on the Rights of Deaf Blind Persons (1979)

- Under Article 1 it is stated that “…every Deaf Blind person is entitled to enjoy the universal rights that are guaranteed to all people by the Universal Declaration of Human Rights and the rights provided for all disabled persons by the Declaration of the Rights of Disabled Persons.”


- Under (article 3) of CEDAW, it provides among other things for protection of the rights of all women, whether disabled or not.
- General Recommendation 18 (of CEDAW) stresses that disabled women suffer from double discrimination and are a particularly vulnerable group.

It recommends that governments provide information on disabled women in their periodic reports and on special measures that governments have taken to ensure that women with disabilities “have equal access to education and employment, health services and social security, and to ensure that they can participate in all areas of social and cultural life.”


- Article 18 (4) states that people with disabilities have the right to special measures of protection.
- Article 16 (1) provides that every individual shall have the right to enjoy the best attainable state of physical and mental health.

World Program of Action (1982)

- Its global strategy is to enhance disability prevention, rehabilitation and equalization of opportunities.
- The WPA emphasizes the need to approach disability from a human rights perspective.

Convention (No. 159) Concerning Vocational Rehabilitation And Employment (OF PWD1983)

- It is a treaty of the International Labour Organization (ILO), a UN specialized agency. Uganda ratified it, 27 March 1990.
- Under Article 2, states are obliged to “formulate, implement and periodically review a national policy on vocational rehabilitation and employment of disabled persons”.
- Article 4, emphasizes the principle of equal opportunity and treatment between PWD workers and other workers.
Convention on the Rights of the Child (1989) (article 2, 6, 12, 23, 28)

- Was ratified by the Ugandan government in 1990.
- Article 23 prohibits discrimination on grounds of disability.
- Under Article 2 (2), states are required to take all appropriate measures to ensure that children with disabilities are not discriminated against. They are entitled to enjoy “full and decent life”.

Principles for the Protection of Persons with Mental Illnesses and the improvement of Mental Health Care (1991)

- This emphasizes that all persons have the right to the best available mental healthcare and that persons with a mental illness shall be treated with humanity and respect for the inherent dignity of the human person.
- It emphasizes that individuals with mental disabilities, have the right to protection from economic, sexual and other forms of exploitation, physical or other abuse and degrading treatment.
- Where a person lacks legal capacity due to his or her mental illness, any decisions related to the well-being of this person, shall be made only after a fair hearing by an independent and impartial tribunal established by domestic law.


- It was adopted by the UN General Assembly in 1993 in the aftermath of the Decade of Disabled Persons.
- It represents a strong moral and political commitment of Governments to take action to attain equalization of opportunities for persons with disabilities.
- It addresses preconditions for equal participation, target areas of equal participation, implementation measures and monitoring mechanisms.
- Its implementation is monitored by the UN Special Rapporteur on Disability.

Beijing Declaration on the Rights of People with Disabilities (2000)

- It was adopted at the World NGO Summit on Disability.
- It calls for a higher standard of living, equal participation and the elimination of discriminatory attitudes and practices.


- Uganda ratified it on 25th September 2008
- Provides a recognized international standard for PWDs' human rights in one document.
- It is intended to protect the rights and dignity of persons with disabilities.
- Parties to the Convention are required to promote, protect, and ensure the full enjoyment of human rights including but not limited to access to justice and public services, right to education, Health, respect, integrity, participation in all aspects of society, right to employment, adequate standards of living, right to vote, and ensure that they enjoy full equality under the law


This was adopted by the General Assembly in March 2007. It provides for the rights of PWDs including: Health, Education, Accessibility, Integrity, Movement, communication, Justice, Employment, Marriage, and Association etc.


Deafness & school counselling, www.ndcs.org.uk


Princess Alexandra Hospital, Brisbane South Health District. Queensland Health

(2008) Deafness and Mental Health: Guide lines for working with people who are Deaf or Hard of hearing.


www.sense.org.uk/content/communication with the Deaf Blind
ANNEX:

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Energizing Change

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