

ASB Office for Indonesia and the Philippines

Working Paper

Disability-inclusive DRR Resource Guide

Use of the Washington Group questions on disability in Disaster Risk Reduction: An introduction

Introduction

This resource guide is an introduction to the *Washington Group Short Set of Questions on Disability* and how these questions may be used in disaster risk reduction (DRR). ASB has found the Washington Group questions to be helpful in better ensuring the inclusion of persons with disabilities in our DRR work. We have included the Washington Group questions in programme design, monitoring and evaluation and in adapting our work to better ensure equality of access and the participation of persons with disabilities.

When reading this guide, it should be kept in mind that the Washington Group questions were not designed for use in DRR. The Washington Group questions were designed to collect comparable data within national censuses and, therefore, to inform a range of policy making decisions. We hope we have not deviated too far from the original purpose of, and thinking behind, the Washington Group questions.

The Washington Group questions, and the concept of functioning that the questions are based upon, are a useful addition to the DRR practitioner or policy maker's toolbox. The questions can help us better assess, respond to, and promote inclusive risk management. Through sharing our experiences in this guide we hope to promote wider adoption of the Washington Group questions by DRR actors. We also hope this will contribute towards building common understandings of the relationship between disability and disaster risk within the DRR community.

ASB's Working Papers may be updated periodically. These papers allow us to share information with our partners, and others, while refining our thinking and content. We welcome feedback for future versions. Contact information is provided at the end of this guide.

Who is this guide for?

This guide is aimed at the DRR professional rather than the disability specialist. We assume much within this guide will be familiar to those working in, and concerned with, disability. For readers with a disability background, we hope the application of the Washington Group questions within DRR is of interest. This short guide is not a 'how-to'. Rather this guide aims to introduce the use of the Washington Group questions in DRR and how an understanding of functioning can improve risk sensitive policy and programming.

This guide is relevant to those working in DRR who want to make their work more disability-inclusive. The content will be of interest to DRR policy makers, managers and programme designers as well as those working directly with communities. When reading this guide, please keep in mind that inclusion is a process; the most important step is committing to begin. We encourage DRR actors, who have not yet done so, to consider how ideas in this guide can be integrated into your work.

The guide also contributes to better understanding the risks that individuals and communities face. As such, the guide aims to support commitments to Priority 1 of the *Sendai Framework for Action on DRR 2015-2030*:

- Priority 1: Understanding disaster risk

With growing acknowledgment that effective risk management is essential to the sustainability of development, this guide is also relevant to those working to build resilience, more broadly, and in human development in general.

What are the Washington Group questions?

The Washington Group questions were developed by the *Washington Group on Disability Statistics* following a United Nations (UN) meeting on disability measurement in New York, 2001. The Washington Group is an informal UN expert group that meets periodically to address issues in disability statistics and measurement. The group is named after the city where the first meeting was held. The work of the Washington Group is ongoing.

This guide focuses on the *Recommended Short Set of Questions* as endorsed by the Washington Group. These are commonly known as the Washington Group Short Set of Questions. In this guide we refer to this short set of questions as the Washington Group questions.

There are six Washington Group questions with four ‘core’ questions and two ‘additional’ questions:

Core questions

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

2. Do you have difficulty hearing, even if using a hearing aid?
3. Do you have difficulty walking or climbing steps?
4. Do you have difficulty remembering or concentrating?

Additional questions

5. Do you have difficulty (with self-care such as) washing all over or dressing?
6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?

We have found all six questions useful in our DRR work. However, if you are unfamiliar with the Washington Group questions, you may wish to begin with the core questions. Our experience has shown that the core questions can be easier to interpret, and to apply, in DRR. Nevertheless, all six questions will provide a more complete understanding of disability to better inform your work.

The reader should note that there are supplementary questions and explanatory notes for the six questions available from the Washington Group. Sources for more information are provided in the Further Reading section at the end of this guide.

Why were the Washington Group questions developed?

A long-term challenge for those concerned with disability has been the availability of data. Or more accurately, a lack of available data. For planners and policymakers, reliable data and information are critical to ensuring the right choices are made. For decision makers and researchers, disability data collection is complicated by two issues:

- i. The use of different definitions, or classifications, of disability in different parts of the world
- ii. The use of different ways, or methods, of collecting disability data in different parts of the world

At the international level, different definitions and ways of measuring disability have made it difficult to compare situations between countries. In turn, this made it difficult to have an accurate overview of disability globally. A lack of standardised definitions and methods means that what is reported between, and within, countries can vary greatly.

The Washington Group set out to address the concern of comparison between countries. The aim of the Washington Group is to have a standardised measure of disability that can be used globally. The questions are increasingly being used in national censuses. The purpose of the Washington Group questions is to identify key barriers limiting the participation of persons with disabilities. The questions are designed to be simple. A benefit of simple standardised questions is that the risk of differing cultural interpretations, which may affect responses, is reduced. Further, simplified questions minimise the resources, and training, required to prepare surveyors and interviewers and facilitate integration into other survey and assessment tools.

How do disability figures compare?

We now estimate 15-20% of the world's population are persons with disabilities. Taking the Asia Pacific as an example, data from many countries suggests figures of around 3%. The country reporting the largest population of persons with disabilities is Australia at 18.5%. As we know there is a strong link between poverty and disability, this may seem surprising. The higher population reported by Australia is due to the broader definition of disability used.

- *UNESCAP, Disability at a Glance, 2012*

The Washington Group are clear that the short set of questions are not designed to capture all aspects of disability. Furthermore, the questions are not designed to include all persons with disabilities. In order to do so, a more comprehensive disability-focused survey tool would be required. The Washington Group questions provide information on basic areas, or domains, of activity restrictions that are likely to be similar irrespective of location or culture. The domains addressed by the short set of questions are considered to reflect those most associated with social exclusion; that is, those strongly related to risk.

How is disability understood in the Washington Group questions?

Understandings of disability have changed over time. In the past, disability has often been viewed as a medical condition or impairment at an individual level. This view has, at times, contributed to the idea that disability suggests a person is 'helpless' and, therefore, in need of charity.

Talking about disability

- ASB's experience

Working with communities, we have found it challenging to address disability head-on. This has been due to stigma and people not self-identifying as having a disability. Talking indirectly about functioning is often easier e.g. 'Who had difficulty evacuating after the last earthquake/flood?' This may be a range of people and can open the door to talking about disability. Experiences of disasters present a common point of departure from which we can discuss shared concerns.

We now understand that disability is more complex. Disability is a result of the attitudes of society and of the barriers that exist that prevent persons with disabilities from participating fully in everyday life. Rather than being an issue for an individual, we now appreciate that disability is the concern of society as a whole. A social understanding of disability suggests it is not the person with disabilities that should change, but instead society itself must change. This social model of disability is also linked to the knowledge that persons with disabilities have the same rights as persons without disabilities. This equality of rights is described in the *UN Convention on the Rights of Persons with Disabilities*.

Defining different types of disability has largely been the concern of the health community. The *International Classification of Functioning, Disability and Health* (ICF) provides international guidelines for identifying and categorising types of disability. The ICF seeks to combine both medical and social understandings of disability. The ICF identifies nine domains, or areas, of *functioning* that relate to disability.

The ability to 'function' applies to us all. Our ability to function varies between individuals and context and over time; for example, as we grow older we may find it harder to carry out everyday tasks. Functioning can be thought of as what an individual is able to do in a particular environment. The Washington Group have simplified the nine ICF functioning categories into the six questions listed above. The six questions are presented in terms of what a person is able to do in their everyday life; such as, walking up steps or putting on clothes.

If we apply the above thinking to defining disability, we arrive at the following definition:

Disability = functioning limitation x environment

We have found the above understanding of disability to be helpful. For the DRR expert, the importance of the environment, or where people live, will be self-evident within their day to day work. The concept of functioning is discussed further in the following section.

What is the relevance of functioning to DRR?

Understanding functioning can help us to better assess, and respond to, the risks that an individual may face. In turn, a better understanding of the risks that individuals face provides a better understanding of the overall risk, or risk profile, of a community.

From experience, we have often found it helpful to bring things a bit closer to home. The following scenario (see text box below) is directed to persons without disabilities who are reading this guide:

Consider, that you have had an accident and you have broken your leg. You will most likely find that everyday tasks, such as moving around your home, are suddenly a lot more difficult. Your usual level of functioning will have been limited as a result of the accident. You may even consider yourself temporarily 'disabled'?

Imagine, you live in a place, or environment, with a risk of earthquakes and, potentially, tsunami. Or you may be on holiday in such a place when you had the accident. We assume that as a DRR professional, you know the correct safety procedures for these hazards. So, if there is an earthquake:

- How will you protect yourself during the earthquake?
- How will you evacuate after the earthquake and before a potential tsunami?

Unless, you have considered these questions the outlook may not be too bright. At a minimum, you will need to make a plan and consider any assistance you may need in advance. For many persons with disabilities living in hazard risk areas, this is an everyday reality. Simply, risk is amplified.

If we consider the barriers an individual may face in the scenario above, it becomes clear that an understanding of functioning is essential to assessing the risk an individual may face. Through combining our DRR understanding of the environment with functioning, we are presented with a powerful framework to guide our work. We know that during a disaster the environment is disrupted and that this disruption is, by definition, severe. From a DRR perspective, any disruption to the environment that further limits an individual's functioning, will, in effect, increase that person's disability. The idea that functioning and disaster risk are inherently linked raises two important considerations:

- i. In a disaster situation, children, women and men with disabilities are often at disproportionate risk. This reality needs to be better considered, and responded to, in DRR.
- ii. Persons with disabilities are no strangers to risk. For many persons with disabilities, managing risk is a part of everyday life. This means persons with disabilities have expertise and experiences that can inform, and improve, DRR.

We have found the Washington Group questions useful in directing our attention towards functioning. Considering functioning helps us to better understand the particular barriers that persons with disabilities may face in the areas where we work. Functioning also reminds us to consider how hazards may create new barriers to participation and increase risk. An important advantage of the Washington Group questions is they allow us to bypass discussion of impairments. Like most DRR actors, we are not always in a position to translate an understanding of an impairment into an appropriate DRR response. To do so, requires medical knowledge and adds a level of complexity that is not, for the most part, required by those working in DRR.

For example, the knowledge that an individual has a 'musculoskeletal' impairment may be confusing for many working in DRR. Further information would be required to plan and adapt an appropriate DRR response. In contrast, the knowledge that an individual has 'a lot of difficulty' walking or climbing steps is of immediate relevance. This information informs us, for example, that the individual may need assistance during evacuation. By focusing on functioning, rather than impairments, the DRR planner and implementer is presented with relevant, and actionable, information.

In our work, we have taken the liberty of using the Washington Group questions selectively. We have also used the questions outside of their original purpose. As an example, the third Washington Group question has encouraged us to ask who else this may apply to:

Question 3: Do you have difficulty walking or climbing steps?

Our thinking is that this question may also apply to:

- Elderly persons
- Infants and young children

- Women in late stage pregnancy
- People who are ill
- People who have had an accident



Figure 1 Washington Group questions being used in a risk assessment with an elderly person with functioning limitation

If we assume the above list includes persons *without* disabilities, this is beyond the intended scope of the Washington Group questions. Nevertheless, within a DRR context the considered application of select questions may well help us to better understand an individual's level of risk.

As noted, we can assume that a person who has difficulty walking or climbing steps will have difficulty evacuating independently. The ability to evacuate is fundamental to a range of hazard risks including fire, flood, typhoon and earthquake. Washington Group Question 3, therefore, reminds us why it is important that risk maps and information, including who may require assistance evacuating, must be regularly updated. Personal situations change and so can levels of risk; for example, people fall ill or have accidents.

How do you use the Washington Group questions?

The Washington Group questions are designed to be used directly with persons with disabilities. The questions should be asked directly to the intended respondent in keeping with good research practice. In some cases, you may decide it is necessary to ask the

questions to a family member or assistant. Directing questions to a family member or assistant is not the preferred approach; however, the Washington Group provide adapted standard questions that can be asked to an assistant if required.

The answers to the Washington Group questions are designed to reflect the experience of the person with disabilities themselves. There are four possible answers. These four answers are the same for each of the six Washington Group questions:

- a. No- no difficulty
- b. Yes- some difficulty
- c. Yes- a lot of difficulty
- d. Cannot do it at all

The four answers to each question are based on the person with disabilities' own experience. The answers to the Washington Group questions are, therefore, personal or subjective. If we remember that disability is best understood in social terms, we should not be concerned that the answers we receive are subjective rather than objective 'hard facts'. We have found that some interviewers are uncomfortable with the subjective nature of responses given to the Washington Group questions. This concern is not necessary. Often such concern is related to interviewers not being familiar with the questions or, at times, due to pre-conceptions of the interviewer. As with any other data collection, it is important that interviewers are well-briefed and trial the use of the questions in advance. Further information, including how to analyse responses, is available from the Washington Group.

When asking the Washington Group questions it is important to note that the questions assume an assistive device is not being used by the respondent. Assistive devices include, for example, wheelchairs, crutches or canes. The exception to this are questions 1 and 2. In these two questions, glasses

'I've used the Washington Group questions and number 3 about mobility doesn't work.'

- *DPO member, Vietnam*

The individual concerned had received some training in using the Washington Group questions and was interviewing a person who uses prosthetic legs. The respondent said they have no difficulty at all climbing steps and promptly demonstrated. In the earlier training, the interviewer was not informed that the questions refer to when the respondent is not using any assistive device.

and hearing aids are specifically mentioned and are included if these assistive devices are used by the respondent.

How do I identify persons with disabilities where I work?

If you include the Washington Group questions in community assessments, there is an important consideration. In many parts of the world, persons with disabilities are often invisible within communities. This may be due to barriers to mobility, discrimination or from a sense of ‘shame’ that may come from how society, or the community, views disability. This is what is known as a ‘hidden population’. Members of hidden populations are, by definition, those most socially excluded and, therefore, those most at-risk. As such, the identification of members of hidden populations deserves the full attention of the DRR community.

Identifying hidden populations can be challenging. Before using the Washington Group questions you will need to consider how you will identify persons with disabilities in your

From DRR to school enrolment

- ASB in Indonesia

In a DRR project for children with disabilities not in school, ASB trained community volunteers and DPO members to use the Washington Group questions. The aim being, to identify children with disabilities so they could be included in the project. Following the survey, and subsequent DRR trainings, there were positive results. On their own initiative, the volunteers and DPOs followed up with families of children with disabilities trained. One of the issues they discussed was school. Many parents did not know their child was ‘allowed’ to go to school. Nobody had ever told them and they had never felt comfortable to ask. This follow up led to around 70 children with disabilities being enrolled in school for the first time.

working area. There are a number of ways to do this. We have found *snowball sampling* to be effective. Snowball sampling begins with known, or previously identified, respondents from the target population. The identification of initial respondents may come from existing data or from information obtained within a community; such as, from teachers or health workers. Initial respondents are then asked to suggest other persons with disabilities you could speak to. This process continues, or snowballs, with each respondent suggesting further possible respondents. The assumption is that members of a hidden population may know other people from that same population.

While you may use available data from local authorities to begin sampling, we have often found such data to be outdated or inaccurate. In many cases, relying only on local authority data of persons with disabilities may not be very helpful beyond

identifying initial potential respondents for snowball sampling. In the majority of cases, we have found snowball sampling to result in the identification of significantly higher numbers of persons with disabilities than recorded in available official data.

Who can use the Washington Group questions?

We have found that the Washington Group questions can be used to good effect in DRR by a wide range of people. The simplicity of the questions means that minimum technical training on disability is required. In our work, the following have used the Washington Group questions in data collection successfully:

- Project management teams
- Field staff
- Teachers
- School heads and supervisors
- Community members and volunteers
- Village DRR forums and teams
- Students
- Disabled People's Organisations (DPO)

The above list included women, men, persons with disabilities and persons without disabilities of various ages. With the exception of DPO colleagues, the majority had little prior experience of disability. However, do not assume that all persons with disabilities will be familiar with the Washington Group questions.

We have used the information obtained from the above data collectors with officials at the national and local levels, and across sectors, as well as with partners to promote, and improve, inclusive-DRR design and delivery.

'This is the first time I've thought about disability in this way. This is interesting for our work.'

- *DPO member, Indonesia*

Ensuring the active participation of persons with disabilities in DRR is essential. Partnering with DPOs is a good way to ensure disability perspectives in your work. When working with DPOs, or individuals with disabilities, do not assume they will be familiar with the Washington Group questions. In our experience the Washington Questions were new for many DPO members.



Figure 2 Deaf surveyor interviewing a Deaf respondent using the Washington Group questions

How can I use the Washington Group questions in DRR?

Broadly, we can use the Washington Group questions in two key areas in DRR:

- Planning
- Implementation

Planning

In this guide, we interpret planning to include policy, programme design and management. The use of the Washington Group questions in planning reflects the original purpose of the Washington Group. That is, to collect standardised data to provide a comparable overview of disability. Naturally, better data gives rise to better decisions.

Within planning, the most basic level of disability measurement, or disaggregation, concerns the identification of persons with disabilities. At this basic level, this is in comparison to persons without disabilities. The question ‘are you a person with disabilities?’ can give us simple yes or no responses. This information may go some way towards identifying persons with disabilities in a population or participating within a programme. However, this level of data collection is insufficient if we want to know how we should adapt plans, policies or programmes to effectively meet diverse needs. The Washington Group questions, in

contrast, can assist us to better adapt planning to accommodate person with disabilities. Although the Washington Group questions may not give us a complete picture of disability, the questions assist us in identifying key barriers to participation that, in turn, result in increased levels of risk. This can better inform the following:

- **Identification**- beyond binary yes/no categorisations to better identify real needs
- **Prioritisation**- to highlight key barriers that result in disproportionate risk
- **Adaptation**- to adapt processes to ensure broader participation and improved access to programmes and services
- **Delivery**- to identify areas of support that may be required to delivery DRR plans more inclusively
- **Impact**- to better understand what works, why and for who?

We have found the Washington Group questions, and functioning, helpful in the planning and design of DRR interventions. This has allowed us to better consider, and ensure, we are meeting different needs and to allocate resource more appropriately. Examples include:

- Conceptualisation and problem solving during programme design to ensure maximum positive impact for as many people as possible
- Identifying when, and where, we may need to provide additional support, or assistance, during programme delivery to ensure the participation of highly at-risk individuals
- Identifying the skills we may need within teams
- Identifying when, and where, we may require external expertise (often from DPOs)
- Time allocation and, particularly, when we may need extra time to prepare and adapt programme components and activities, such as trainings, to support the active participation of all
- Budgeting and resource allocation

Further examples of how planning may be translated into action are included in the following section.

Implementation

Alongside planning, our experience of using the Washington Group questions has largely been in community-based and DRR education programmes. It is here that we have found an understanding of functioning can improve our understanding of risk. An improved understanding of risk can lead to better and more inclusive DRR solutions. We support the view that if a DRR solution works for those at disproportionate risk, it will also work well for the whole-of-community.

The following provides examples of how integration of data from the Washington Group questions can improve DRR programming and service delivery. Example Washington Group questions are included for reference. However, it is necessary to discuss the particular requirements, or accommodation, a person may need on an individual basis.

- **DRR outreach and trainings:**

Identifying how we should adapt our training delivery and materials to ensure all can access, and benefit from, the DRR information we provide. This may include providing information in different formats (e.g. audio or visual); providing information in large print and providing sign language interpretation. We can also better assess whether individual follow-up may be required with a participant with disabilities or, in some cases, family member. This also helps us to arrange training locations to ensure they are accessible and to decide where some participants will sit in advance. For example, we would not sit someone who has 'some difficulty' seeing (even if wearing glasses) at the back of the room.

Example Washington Group questions: 1,2,4 (and 6).

- **Risk mapping and assessments**

As has been noted, if we are not considering functioning in DRR, we are not properly assessing risk. By including the Washington Group questions in risk assessments and risk mapping we are able, for example, to better identify who can evacuate independently and who may need assistance. This allows us to better plan and ensure that families, neighbours and the wider community are prepared to ensure all evacuate safely. Following a disaster, knowing who may not have

been able to evacuate safely is essential information for first responders whether they are from within the community itself or from outside.

Example Washington Group questions: 1,3, 4 (and 5).

- **Early warning systems**

The design of early warning systems (EWS) rarely take into account the different functioning requirements of individuals. For example, many EWS are based on audible technologies; such as, fire alarms, flood and tsunami warnings. Colleagues from the Centre for Disability in Development in Bangladesh are working to ensure flood warnings in communities are also provided in visual formats. Such solutions need not be technical or expensive. The use of simple available technologies such as flags, in the Bangladesh example, can make EWS more inclusive and effective.

Example Washington Group questions: 1,2,4 (and 6).

Functioning limitation or disability?

- *ASB in Indonesia*

Working in some remote islands in Indonesia one of ASB's DRR teams observed that a large number of people, mostly men, had a fatty layer over their eyes. This was not cataracts, but a condition called 'surfers eye' (*pterygium*). These men did not consider themselves to be persons with disabilities. From a functioning perspective (Washington Group question 1), the team could assess that many of these men would have difficulty evacuating independently in the case of a tsunami and, particularly, at night.

- **Evacuation**

Ensuring all can evacuate safely in order to prevent, or limit, a disaster is fundamental to much work in DRR. Through understanding functioning, and how an individual's ability to function in a hazard risk environment may change, we can better anticipate, plan and practice evacuations. We can also better design evacuation routes to ensure minimal barriers to access. More accessible evacuation routes will benefit other potentially higher risk individuals; such as, elderly persons. The Washington Group questions also help us to identify who may need assistance evacuating. This identification allows us to ensure families,

neighbours and communities are prepared to assist as required and to ensure no one is left behind.

Example Washington Group questions: 1,3,4 (and 5).

- **Response and recovery**

Having available data in a response situation is essential for directing resources quickly and efficiently. As noted, information on who may not have been able to evacuate, and where, is important for first responders. Considering functioning also better informs the design, and locations, of emergency shelter, water and sanitation, health and education facilities. If we do not consider functioning across sectors in response and recovery, initiatives will not be accessible and, as such, will contribute to exclusion and sustain high levels of risk. Improving access to, for example, an emergency clinic by carefully considering location and access is to the benefit of all.

Closing

In this guide, we have suggested that understanding an individual's functioning limitations can greatly improve our understanding of that person's risk and, as such, inform better DRR interventions. We have noted that functioning is inherently linked to risk. As such, persons with disabilities face disproportionate risk during emergencies and disasters. Further, as persons with disabilities apply solutions to manage risk on a daily basis, persons with disabilities are well-placed to contribute to DRR.

The Washington Group questions allow us integrate an understanding of functioning into our DRR work that is flexible, practical and solution oriented. We hope that this guide has provided you with ideas of how you can use the Washington Group questions in your DRR planning and programming. If you choose to do so, you will have taken an important step on the road towards inclusion and in better understanding and responding to risk.

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Further Reading

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