

Improving social inclusion and empowerment for people with disabilities in low- and middle-income countries: why does it matter and what works?

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Why does disability matter?

There are an estimated 1 billion people (including 150 million children) with disabilities worldwide.¹ That means that, on average, one in seven people and one in 20 children has disabilities.

Do people with disabilities lack social inclusion and empowerment?

People with disabilities living in low- and middle-income countries (LMICs) face widespread social exclusion.^{1, 2} For instance, adults with disabilities living in India, Cameroon, and Guatemala are less likely to be married and face barriers in taking part in social, community, and civic life compared with their non-disabled counterparts.^{2, 3}

Empowerment relates to people with disabilities having a voice, taking control over their own lives, and advocating for their rights and entitlements.⁴ The limited evidence available suggests that people with disabilities face many barriers in this sphere, such as political participation.⁵

Which barriers to social inclusion and empowerment do people with disabilities face?

Barriers to social inclusion and empowerment for people with disabilities include physical barriers (including inaccessible transport and buildings), information barriers (including lack of sign language interpretation at meetings), system/institutional-level barriers (including lack of policies and legislation requiring that cultural events are accessible), and stigmatising attitudes. Effective interventions aiming to achieve better social inclusion and empowerment for people with disabilities must help overcome these barriers.

Why does social exclusion and lack of empowerment matter for people with disabilities?

Everyone has the right to social inclusion and empowerment, including people with disabilities. These rights are specifically laid out in the UN Convention on the Rights of Persons with Disabilities (UNCRPD).¹ Exclusion is therefore a violation of rights. Social exclusion and lack of empowerment are also development issues. The Sustainable Development Goal (SDG) 10 includes a call to *empower and promote the social, economic and political inclusion of all*. Appropriate and successful inclusive development programmes cannot be established without the central involvement of people with disabilities.

What works to improve social inclusion and empowerment for people with disabilities in low- and middle-income settings?

We conducted a Rapid Evidence Assessment (REA) to answer this question. We undertook an extensive scoping of the literature, and identified 16 studies that explored ‘what works’ to improve social inclusion and empowerment for people with disabilities in low- and middle-income settings.^{6–21}

What evidence is included in the REA?

The REA considered rigorous evidence, limited to randomised controlled trials (RCTs) and systematic reviews, which explored the effectiveness of interventions to improve educational outcomes for people with disabilities in LMICs. Qualitative studies, observational studies, and non-impact evaluations were not included in the review. Findings and recommendations should be understood in this context.

We applied quality grading to the literature, so that we could assess where there was strong evidence and where evidence was limited or missing.

Emerging findings

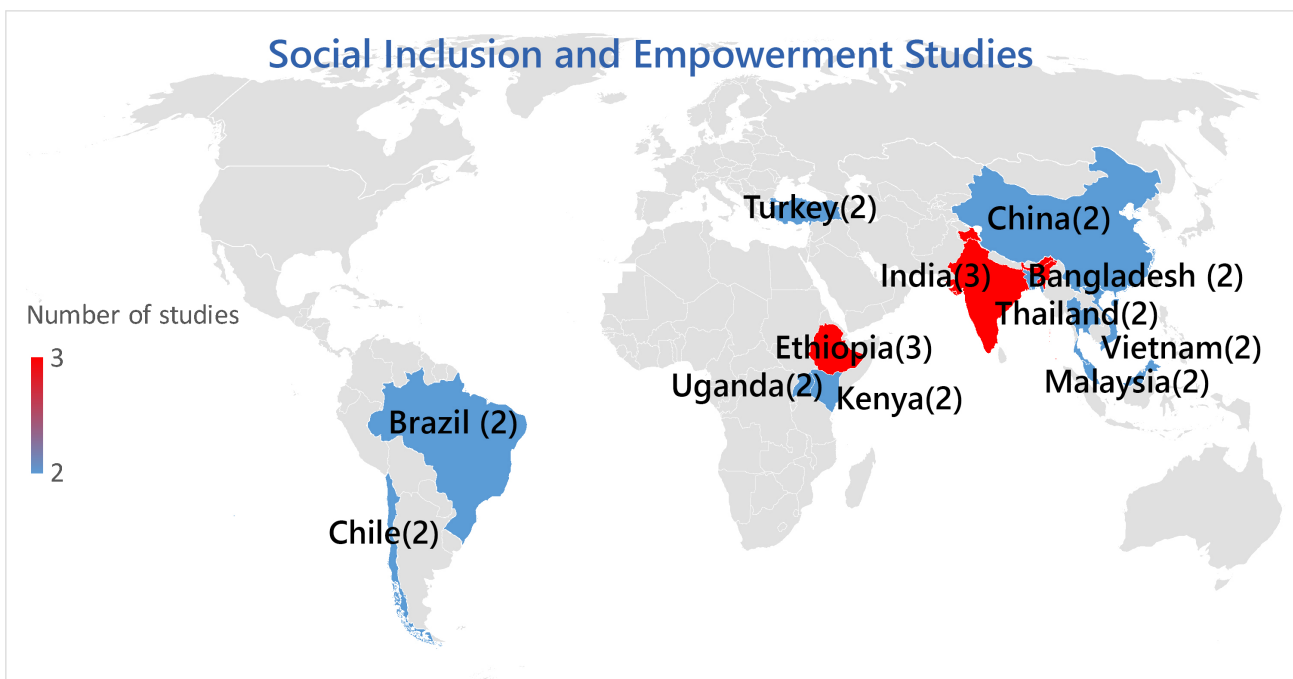
The following conclusions were reached by the REA:

- **There was very little evidence available:** only 16 studies were identified. All the studies measured improvements in social inclusion, and only two in empowerment.^{6, 13}
- **The quality of the evidence was poor:** almost all the studies were scored as having low quality, and only two were of moderate quality.^{7, 8}
- **Most interventions tried to improve the social skills of the person with disabilities, but did not focus on system-level (e.g. policies) or community-level changes.** While the quality of the studies was generally low, most showed evidence of impact, including the following:
 - o **Vocational training** supporting people with disabilities improved measures of social inclusion (e.g. improved perceived acceptance by family members), and empowerment (e.g. likelihood of voting) in Bangladesh.¹³
 - o **Social skills training:** programmes were effective at improving social skills in Malaysia¹⁴, Brazil¹⁶, and India⁹.

¹ Article 3 of UNCRPD: ‘Respect for inherent dignity, individual autonomy including the freedom to make one’s own choices, and independence of persons; Non-discrimination; Full and effective participation and inclusion in society’

- **A school-level intervention** which trained teachers using a complex behavioural intervention called the ‘Good School Toolkit’, designed to change the operational culture of the school, was effective at reducing violence perpetrated against children with disabilities in Uganda.²²
- **Community-based rehabilitation (CBR) and other holistic interventions** were effective in improving social inclusion (for example, friendships) and empowerment (for example, membership of Disabled People’s Organisations (DPOs) and village councils) for people with disabilities in Bangladesh.^{6, 23}

Figure 1: Map showing the location of studies included in the REA



Summary of evidence

Various approaches can be used to improve social inclusion and empowerment of people with disabilities. The REA used the World Health Organization CBR matrix as a framework to categorise the different interventions and outcomes considered by the studies available. The table below presents an assessment of the overall evidence in relation to each of these domains.


Table 1: Summary of evidence by sub-outcome area

Social inclusion	Empowerment
General social inclusion <i>Limited evidence</i>	Advocacy and communication <i>No evidence</i>
Personal assistance <i>No evidence</i>	Community mobilisation <i>No evidence</i>
Relationships, marriage, and family <i>Promising evidence</i>	Political participation <i>Limited evidence</i>
Culture and arts <i>Limited evidence</i>	Membership of Self-Help Groups (SHGs) <i>Limited evidence</i>
Recreation and sports <i>Limited evidence</i>	Disabled People's Organizations (DPOs) <i>Limited evidence</i>
Justice <i>Limited evidence</i>	

Evidence limitations and gaps






- **The interventions and outcome measures used by the 16 studies were all different. This meant direct comparison (for example, across countries) was very difficult.** The outcomes used were mostly in terms of social skills, rather than social inclusion, and only two explored outcomes related to stigma or discrimination.^{16, 19} This also meant that most interventions tried to treat the person with disabilities, rather than to address societal reasons for their exclusion and lack of empowerment.
- There were additional important evidence gaps: only one study was undertaken in a humanitarian context, and data were lacking on whether outcomes differed by gender and the intersectionality between disability and other characteristics associated with discrimination such as age and ethnicity. There was also very limited evidence on whether interventions were cost-effective.

Figure 2: Summary of key results and evidence gaps for social inclusion

	 Personal assistance	 Interpersonal relationships	 Stigma & discrimination	 Cultural & arts	 Recreation & sports	 Justice
Number of studies	0	12	2	1	2	1
Impairment type	-	All (1) Neurological (5) Intellectual (2) Physical (4)	Physical or sensory	Physical (1)	Physical (1) Intellectual (1)	All (1)
Outcomes	-	Having friends, treatment by family, socialisation, (see more*)	Social skills inventory and ICF functioning measures	ICF functioning measures	ICF functioning measures	Violence
Evidence of impact	-	✔ Yes (9), No (3)	Yes (1), No (1)	✘ No (1)	✘ No (2)	✔ Yes (1)
Study quality	-	LOW (11) MODERATE (1)	LOW (2)	LOW (1)	LOW (2)	MODERATE (1)
Gender analyses conducted	-	✘ No (12)	✘	✘ No (1)	✘ No (2)	✘ No (1)
Humanitarian setting	-	✘ No (11), Yes (1 post-earthquake)	✘	✘ No (1)	✘ No (2)	✘ No (1)
Cost-effectiveness analysis	-	✘ No (12)	✘	✘ No (1)	✘ No (2)	✘ No (1)
Areas of strong evidence	-	Most studies show an improvement in interpersonal relationships	None	None	None	None
Overall evidence assessment	No evidence	Promising evidence	Insufficient evidence	Insufficient evidence	Insufficient evidence	Insufficient evidence

*ICF interpersonal relationships checklist, participation in household activities, social acceptance, social relationships, emotional development, pro-social behaviour, social conduct.

Figure 3: Summary of key results and evidence gaps for empowerment

	 Advocacy & communication	 Community mobilisation	 Political participation	 Participation in Self Help Groups and DPOs	 Disabled Peoples Organisations (DPOs)
Number of studies	–	0	2	1	1
Impairment type	–	–	Physical, visual, hearing, speech, and intellectual (1); physical (1)	Physical, visual, hearing, speech, and intellectual	Physical, visual, hearing, speech, and intellectual
Outcomes	–	–	Participation in Gram Sabha (1), voting (1)	Participation in SHGs and DPOs	Participation in DPOs
Intervention type	–	–	CBR programme (1), vocational training (1)	CBR programme (1)	CBR programme (1)
Evidence of impact	–	–	Yes (2 – but not intellectual disabilities)	Yes (1)	Yes (1)
Study quality	–	–	LOW (2)	LOW (1)	LOW (1)
Gender analyses	–	–	Yes (1), No (1)	No (1)	No (1)
Humanitarian setting	–	–	No (2)	No (1)	No (1)
Cost-effectiveness analysis	–	–	No (2)	No (1)	No (1)
Areas of consistent evidence	–	–	None	None	None
Overall evidence assessment	No evidence	No evidence	Insufficient evidence	Insufficient evidence	Insufficient evidence

Conclusions

The social inclusion and empowerment of people with disabilities is essential so that they can live fulfilling lives, and fulfil all their rights.

The REA considered rigorous evidence, limited to impact evaluations and systematic reviews, which explored the effectiveness of interventions to improve educational outcomes for people with disabilities in LMICs. Qualitative studies, observational studies, and non-impact evaluations were not included in the review. Findings and recommendations should be understood in this context.

Better evidence is needed on what works in order to recommend the most effective approaches or programmes. Without this evidence, relevant programmes will not be scaled up, countries will fail to be CRPD-compliant, and there is a serious risk that the SDGs will not be achieved.

There was 'promising evidence' that interventions are effective at improving relationships for people with disabilities. Concerted action is needed to promote social inclusion and empowerment for people with disabilities in tandem with long-term investment in better quality evidence on what approaches and programmes are most effective in delivering this change.

Recommendations for research:

1. People with disabilities must have a central role in setting the research agenda and developing policies and programmes to support social inclusion and empowerment, as well as in assessing their effectiveness.
2. High-quality intervention studies using consistent approaches to measurement, and including analysis of different population groups and settings, need to be funded and undertaken to provide evidence on 'what works' to improve social inclusion and empowerment for people with disabilities. These new studies should preferentially focus on empowerment, as the evidence gaps here are even larger than for social inclusion, despite it being an important focus of many disability programmes.
 - a. Studies should use robust methodologies, including RCTs and with a sufficient sample size.
 - b. To support comparison of effectiveness between interventions, studies should use consistent approaches to defining and measuring disability (e.g. using the Washington Group questions²), social inclusion, and empowerment. This may lead to the development of new tools which can learn from other agendas such as gender and HIV.
 - c. Studies undertaken should consistently consider a broad range of characteristics and aspects of identity (e.g. gender ethnicity and intersectionality), which may influence outcomes.
 - d. More studies need to be conducted in low-income countries (the majority of the studies in this review were from middle – generally upper-middle – income countries), and in humanitarian settings, to understand 'what works' to advance educational outcomes for people with disabilities, in these contexts.

² www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/

- e. Advocacy efforts are needed to encourage funders (including governments, multilateral agencies, research institutes, and other foundations) to commit financial support towards these studies.
3. Relevant existing programmes implemented by governments, DPOs, and non-governmental organisations should evaluate whether they are effective for improving social inclusion and empowerment for people with disabilities. Given the complexity of undertaking high-quality impact evaluations, programme implementers may wish to seek advice from experts when designing and delivering such studies.
 4. Monitoring systems should be implemented that allow disaggregation of social inclusion and empowerment indicators by disability/impairment types (e.g. using the Washington Group measures). This will permit the assessment of inclusion and progress over time of people with disabilities in these areas.

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