



TOOLBOX

INCLUSIVE CLIENT RESPONSIVENESS

FOCUS ON PEOPLE WITH DISABILITIES AND OLDER PEOPLE

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COMMUNICATING WITH PEOPLE WITH DISABILITIES AND OLDER PEOPLE - TIP SHEET

INCLUSIVE LANGUAGE

To guarantee inclusion and respect of the human rights-based approach of disability, it is essential to use appropriate vocabulary. To know what terminology to use, the best option is just asking the person what words they prefer/identify with. This can be different in different contexts and languages.

If this is not possible, as per the table below, it is recommended the use of “**person-first language**”, which puts the person before their impairment. For example, we will say “person with disabilities” instead of “disabled”.

COMMUNICATION TIPS

There are some general recommendations¹ to improve communication and interaction skills when interacting with older people and persons with disabilities:

- ➔ Do not make assumptions about the skills and capacities of persons with disabilities and older people – this can affect the way we communicate and interact with them. Remember that persons with disabilities are people, first and foremost. Just like all people, they have different opinions, skills and capacities
- ➔ Address older people and persons with disabilities in the same way as you talk to everyone else, speak directly to them, even if there is an interpreter or a caregiver.
- ➔ Use a normal tone of voice, do not patronize, or talk down.
- ➔ Look at what they can do. This can often give insight into how they can communicate and participate in your activities.
- ➔ Ask first when offering assistance, wait until your offer is accepted before you help and follow the instructions of the person.
- ➔ Be patient to and let the person set the pace in talking and doing things.
- ➔ Greet persons with disabilities in the same way you would other people. For example, offer to shake hands (if culturally appropriate), even if they have an arm impairment or artificial limb.
- ➔ Be close to the person but keep an appropriate distance.
- ➔ Ask for advice. If you have a question about what to do, how to do it, what language to use or the assistance you should offer – ask them. The person you are trying to work with is always your best resource.

You should always support older people and persons with disabilities to participate in a survey, an interview or submit feedback and complaints on their own behalf and if required you must provide reasonable accommodation. Alternatively, if an older person or a person with a disability requires and authorizes someone else (such as a caregiver, personal assistant, or family member) to participate, allow them to do so². However, you must always check with the person that their advocate has conveyed the correct message on their behalf and that you have understood it correctly.

¹ https://bridgingthegap-project.eu/wp-content/uploads/BtG_Inclusive-and-accessible-Communication-Guidelines.pdf

² https://humanity-inclusion.org.uk/sn_uploads/document/humanitarian-inclusion-standards-for-older-people-and-people-with-disabilities-ADCAP.pdf

Labels NOT to use	Person first terminology.
Handicapped, Disabled, PWD	Person(s) with disability/ies
Mental patient Mental handicap Mentally defective	Person with psychosocial disabilities Person with intellectual disabilities, Person with learning disability Person with cognitive disability
Blind Visually impaired	Person who is blind, Person with visual impairment, partially sighted person
Hearing impaired Deaf	Person with hearing impairment, Person who is hard of hearing, Persons who is deaf Person who experiences communication difficulties.
Invalid, handicapped person Wheelchair bound, confined or restricted to a wheelchair	Person with a physical disability Person who uses a wheelchair, Wheelchair-user
Old person, Oldies	Older person

More information on accessible communication product, meeting and events, check this [very useful guidance](#) from the Bridging the Gaps initiative.

In addition to these general recommendations, below are some tips when relating with specific difficulties:

PEOPLE WITH DIFFICULTIES SEEING

- Always identify yourself and others who may be with you.
- Indicate when you move from one place to another and if you leave or return to a room.
- When conversing in a group, remember to say the name of the person to whom you are speaking to give vocal cues.
- Speak in a normal tone of voice.
- Avoid vague language, such as “that way” or “over there” when directing or describing a location.
- Let the person know when the conversation is at an end.
- Do not touch the person without asking.
- When you offer to assist someone with a vision loss, allow the person to take your arm to better guide this person.
- Use specifics such as “left at 2 meters” when directing.
- When offering seating, place the person’s hand on the back or arm of the seat.

EXAMPLE OF REASONABLE ACCOMMODATION: *Ask persons with vision impairments if they would like documents in alternative formats, such as Braille or large print. In some contexts where people have access to computers, persons with vision impairments may prefer electronic documents that are accessible through screen reader software (e.g., Word documents).*

PEOPLE WITH DIFFICULTIES HEARING

- Find out how the person prefers to communicate. People with hearing impairments may use a combination of writing, lip reading and/or sign language. This can be done by following the person's cues to find out if they prefer and use sign language, gesturing, writing or speaking or other alternative communication methods.
- Get the person's attention before speaking, by raising your hand or waving politely.
- Face and talk directly to a person who is deaf, not to the interpreter (as they are only facilitating the communication).
- Look directly at the person and speak clearly, slowly and expressively without overreacting/overemoting to establish if the person can read your lips.
- Speak in a normal tone of voice, do not shout.
- Keep your hands and food away from your mouth when speaking. Avoid communicating while smoking or chewing gum.
- Try not to sit or stand with your back to the light – this can put your face in the dark and make it difficult to lip read.
- Try to eliminate background noise.
- Written notes can often facilitate communication.
- Encourage feedback to assess clear understanding.
- If you have trouble understanding the speech of a person who is deaf or hard of hearing, let him/her know and offer to try again or use alternative communication methods.

EXAMPLE OF REASONABLE ACCOMMODATION: *Provide sign language interpretation.*

PEOPLE WITH DIFFICULTIES COMMUNICATING (UNDERSTANDING OR BEING UNDERSTOOD)

- Ask the person (or if appropriate the persons accompanying them) about how best to communicate with them.
- Encourage the person to communicate in whatever way/s work for them and encourage them to ask questions.
- Check how the person indicates yes and no.
- Keep your manner encouraging rather than correcting.
- Allow extra time for communication and check understanding regularly. Do not attempt to finish a person's sentences – let them speak for themselves.

- Formulate simple sentences and use precise language incorporating simple words. Do not give too much information at one time. If necessary, ask short questions that require short answers or a nod or shake of the head.
- Use hand gestures, notes, easy-to-read forms, pictures/photographs.
- Be patient, do not speak for the person. Take the time necessary to ensure clear understanding and give time to put the thoughts into words, especially when responding to a question.
- Give the person time to respond to your question or instruction before you repeat it. If you need to repeat a question or point, then repeat it once. If this does not work, then try again using different words.
- Give whole, unhurried attention when talking to a person who has difficulty speaking. It is OK to say "I don't understand." Ask the individual to repeat their point, and then say it back to them to check that you have understood it correctly.
- Always check if the person has understood and if you have understood him/ her correctly. Verify responses to questions by repeating each question in a different way.
- Revisit any areas of misunderstanding and try to articulate more clearly and simply.
- Use real life examples to explain and illustrate points. For example, if discussing an upcoming medical visit, talk the person through the steps they are likely to go through both before and during the appointment.
- Give exact instructions: for example, "Be back from lunch at 12:30," not "Be back in 30 minutes"

EXAMPLE OF REASONABLE ACCOMMODATION: *Provide Easy-to-Read consent form and formats, if required ensure a support person is part of the process if needed.*

PEOPLE WITH DIFFICULTIES WALKING (INCLUDING WHEELCHAIR USERS)

- When speaking with someone in a wheelchair, talk directly to the person and try to be at their eye level, but do not kneel. If you must stand, step back slightly so the person does not have to strain his/her neck to see you.
- When giving directions to people with mobility limitations, consider distance, weather conditions and physical obstacles such as stairs, curbs and steep hills.
- Arrange the interview space to provide for movement in a wheelchair or other assistive devices.
- Do not lean on or move someone's wheelchair or assistive device without their permission.
- If a person transfers from a wheelchair to a car, toilet, etc., leave the wheelchair within easy reach. Always make sure that a chair is locked before helping a person transfer.
- Move at their speed. Do not walk ahead of them if they are moving slower than you.
- Discuss transportation options for activities and events. Consider what is going to be safest, most affordable and the least amount of effort for the individual and family.

EXAMPLE OF REASONABLE ACCOMMODATION: *Provide transport cost if the location is not accessible.*

GUIDANCE ON COLLECTING DISABILITY DISAGGREGATED DATA

THE WASHINGTON GROUP

The [Washington Group Questions](#) are recommended for collecting data on **disability status** during quantitative data collection (and qualitative under certain circumstances). The most commonly used tool is the [short set](#) (six questions) which have been developed and tested extensively by the Washington Group, and are considered the most reliable tool to disaggregate data by disability status, allowing for comparability across a range of international contexts. These questions are designed to identify people who have difficulties in performing basic, universal activities and are at greater risk than persons without such difficulties of **restricted social participation** in an unaccommodating environment. The short set is aligned to the rights-based understanding on disability¹.

➔ For each question, the respondent selects one of four possible answer categories:

- No, no difficulties
- Yes some, difficulties
- Yes, a lot of difficulties
- Cannot do it at all

In addition to providing information on who faces each type of difficulty and what is the level of difficulties, responses to the six questions can be combined into **one binary answer** (disability status = “yes”/“no”) determining whether an individual has a disability, regardless of the total number of difficulties.

➔ The cut-off recommended by the Washington Group to determine disability status is:

At least on answer to the six question is either “a lot of difficulties” or “cannot do it at all.”

➔ Using the Washington Group Short Set of Questions has the following **advantages**:

- They are designed expressly as an add-on to existing censuses and surveys.
- They are short, and on average take only one to two minutes to administer.
- They are internationally standardized as they use universal activities (seeing, hearing, walking, remembering, or concentrating, self-care and communicating) that can be analyzed and compared across global contexts.
- They identify persons with disabilities as per the [human-rights based](#) approach to disability to which the IRC also adheres.
- They do not stigmatize the respondent as they do not use the word disability or discriminatory language.
- They rely on self-reporting as only the person experiencing a disability will be able to report accurately the level of difficulties, they are facing.



Do you have difficulty seeing, even if wearing glasses?



Do you have difficulty hearing even if using a hearing aid?



Do you have difficulty walking or climbing steps?



Do you have difficulty remembering or concentrating?



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



Using your usual language, do you have difficulty communicating or being understood?

¹ https://sites.unicef.org/disabilities/index_70434.html

Depending on the context, **other Washington Group questionnaire** may be more appropriate:

- The [Enhanced Short Set](#) (extra 4 questions) which adds extra questions on anxiety and depression to the short set to better identify psychosocial disability which can be essential in some contexts.
- The [Child Functioning Module](#), developed with UNICEF for children aged 2-4 and 5-17.
- The [Extended Set](#) where more detailed information about disability is required.

The Washington Group Questions set were designed to be used at individual level (as individuals are best placed to report accurately the level of difficulties they are experiencing in their environment). However, as data collection in the IRC often takes place at household level, the Washington Group questions have been [adapted for household level data collection](#). In this case the head of the household either answers for the [entire household](#) or for each individual member separately (as [proxy](#))

REMEMBER: DO NOT link the question domain (seeing, hearing, walking etc.) to an impairment or type of disability (e.g. difficulty seeing=visual impairment/disability). **This will not lead to correct or reliable data**, as multiple difficulties could be present in all impairments e.g. persons who cannot see also often report difficulties to walk.

WHEN TO USE THE WASHINGTON GROUP SHORT SET?

The short set should be **incorporated** within a broader survey, questionnaire, ideally in the demographic section. It is **NOT** meant to be used **in isolation**. The Washington Group Short Set were designed to identify people at risk of **exclusion** and **NOT to identify the cause** of the difficulties or the impairment / medical condition, and therefore **cannot be used for diagnosis or referrals** to health facilities.

The Washington Group questions were designed for **quantitative** data collection (e.g. survey) and can sometimes be used in qualitative (e.g. interview) data collection:

Quantitative	The Washington Group questions can be integrated in the demographic section of any quantitative data collection tool, and therefore should be used in all surveys and quantitative data collection channels .
Qualitative	<p>The Washington Group questions can be used in qualitative data collection methods when collecting information about respondents, but it is not always appropriate.</p> <ul style="list-style-type: none">➔ In a Key Information Interview (KII), you can add the Washington Group questions at the start of the interview when asking the participant about other demographics (sex, age, etc.).➔ In a Focus Group Discussion (FGD), they are only suitable if you are registering participants individually and in a confidential and safe space before the FGD takes place. They should not be asked to the whole group. <p>A good alternative to get information on persons with disabilities during qualitative data collection methods, is to carry out KIIs and FGDs with a person/ group of persons with disabilities only.</p>

GUIDANCE FOR DATA COLLECTION

When collecting data to answer the Washington Group Questions, keep in mind the following advice:

Deciding on Data Collection	<p>DO ask yourself the following questions before collecting the data</p> <ul style="list-style-type: none"> <input type="checkbox"/> What is the purpose of collecting data on persons with disabilities? Is the Washington Group the right tool for this purpose? <input type="checkbox"/> Which set of Washington Group questions should I use? Think about your target population and your context <input type="checkbox"/> Can my data collection tools be adapted to use these questions? (check with your M&E teams) <input type="checkbox"/> Who needs to be trained to gather this data?
Preparing for Data Collection	<ul style="list-style-type: none"> <input type="checkbox"/> DO always add the questions in the demographic section of your tool (along with age and sex) <input type="checkbox"/> DON'T change the questions and answer categories, EXCEPT for the following minor adaptations (which you can DO if needed): <ul style="list-style-type: none"> Remove references to “glasses” in question 1 when they are not available in your context Remove references to “hearing aids” in question 2 when they are not available in your context Replace the reference to “stairs” in question 3 if they are not present in your context, and either remove or replace them with “short hill” or “small ladder” Remove question 5 on “self-care” if this is perceived as offensive or disrespectful in your context Move question 6 on “communication” to the start if you want to begin with a more common question on the language barriers <input type="checkbox"/> DO add questions from the Enhanced Short Set on anxiety and depression to collect data on mental health and psychosocial disabilities which are particularly relevant for humanitarian context <input type="checkbox"/> DO translate the questions in advance of data collection, and DO pilot test any translations for clarity and comprehension <input type="checkbox"/> DO specifically train the enumerators on how to ask the Washington Group Questions (using the guidance below)
During Data Collection	<ul style="list-style-type: none"> <input type="checkbox"/> DO use respect and patience when conducting the interview <input type="checkbox"/> DON'T use the word “disability” when asking or introducing questions <input type="checkbox"/> DO ask questions directly to each respondent/person, and ONLY use a proxy/caregiver in situations where this is not possible, e.g. _____ <input type="checkbox"/> DO ask the questions and answer categories using the exact language given <input type="checkbox"/> DON'T provide any examples <input type="checkbox"/> DON'T translate the questions during the data collection/interview (only translate in advance) <input type="checkbox"/> DO record the answer given to you by the respondent, and DON'T challenge or question the respondent’s answer <input type="checkbox"/> DO remember that these questions are NOT a diagnosis tool and DON'T use the respondent’s answers for referral to health services

ANALYSIS OF THE DATA

Once you have collected information on disability status and the Washington Group Questions as part of your data collection, there are many new and nuanced questions you can ask and answer!

<p>Cleaning the Data</p>	<p>Prior to analysis, all data should be cleaned (e.g. checked for consistency, accuracy, and useability). Depending on the specific information being analyzed, this could include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No redundancy in the unit of analysis (e.g. the same person does not appear twice in the database unless for a particular reason) <input type="checkbox"/> Ensuring no entry errors and conducting spot checks if manually entered data <input type="checkbox"/> Confirming that all quantitative values fall within a reasonable range <input type="checkbox"/> Read across all the data for a few individuals. Do their “stories” (e.g. flow of data) make sense?
<p>Calculating Overall Disability Status</p>	<p>For each client or respondent, the six Washington Group Questions will provide answers to six distinct difficult questions. These should be combined into a single overall disability status (“yes/no”), indicating whether a given person has a disability (“lot of difficult” or “cannot do it at all”) in at least one domain. This overall status can be calculated in Microsoft Excel using simple formulas (see an example below).</p>
<p>Looking at type of difficulties</p>	<p>Note: While a single overall disability status (“yes”/“no”) will be calculated for each respondent, depending on how this information will be used or acted upon, program staff may find it useful to further disaggregate key questions by specific type of difficulty. For example, program staff may want to know if people with a certain type of difficulty (e.g. seeing or walking) have more or less access to services or feedback channels (due to specific barriers) or are more or less satisfied with IRC’s response.</p> <p>But, DO NOT link the question domain (seeing, hearing walking etc.) to an impairment or type of disability (e.g. difficulty seeing=visual impairment/disability) in your analysis. This will not lead to correct or reliable data, as multiple difficulties could be present in all impairments e.g. persons who cannot see also often report difficulties to walk.</p> <p>DO NOT add all the people who report one type of difficulties as you will double count people who reported difficulties in more than one domain.</p> <p>For more information on how to do this, please contact your VPRU M&E focal point or technical coordinator.</p>
<p>Disaggregating Disability with Sex and Age</p>	<p>Disability data should always be presented disaggregated by sex and age. Avoid presenting groups such as “persons with disabilities” as a separated group with no sex and age disaggregation.</p>

Table 1: Sample Washington Group Question responses and overall disability status

Person #	Washington Group Question (asked)						Disability Status? (1=yes, the person rates "a lot of difficulty" or "cannot do it at all" on at least one item OR 0=no, the person ranks "no difficulty" or "some difficulty" on all items) (calculated)
	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?	5. Do you have difficulty (with self-care such as) washing all over or dressing?	6. Using your usual language, do you have difficulty communicating, (for example understanding or being understood by others)?	
Person 1							
Person 2							
Person 3							

➔ Common challenges or mistakes include:

- "Double counting" an individual who reports having a lot of difficulties or cannot do it at all in more than one domain (e.g. both visual and mobility difficulties)
- Disaggregating disability data *without an accompanying sex/age disaggregation*
- Linking the level of difficulties to impairments or medical conditions*

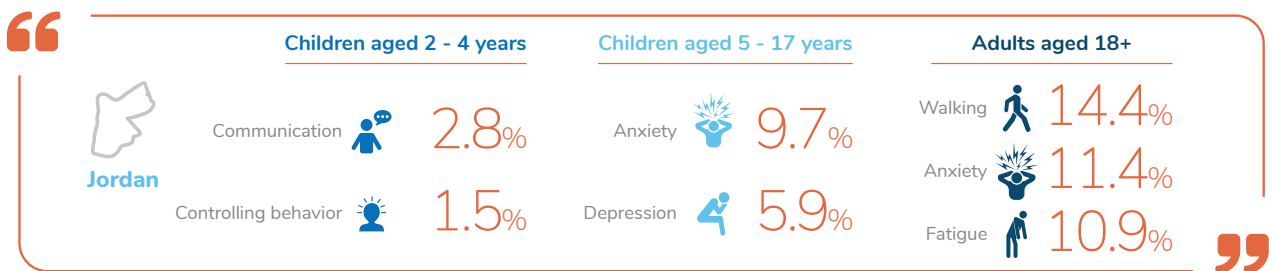
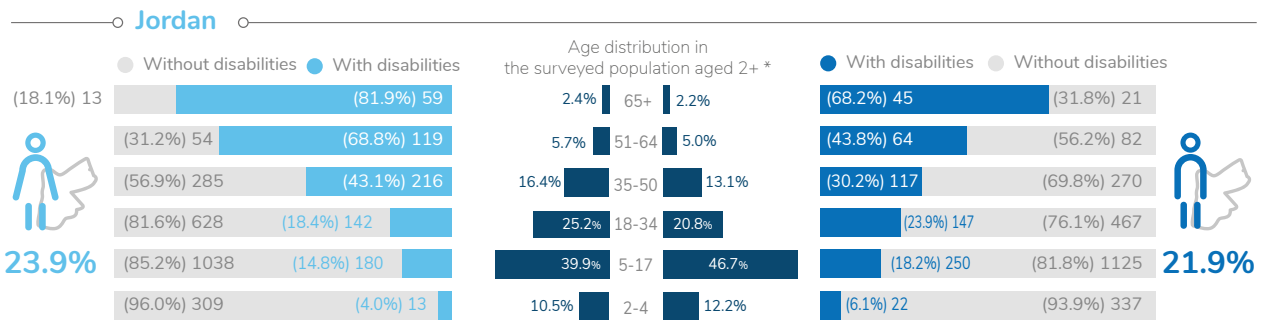
REMEMBER:

*While age may be reported in groups (as modeled in table 2 above), the **actual age** of an individual should always be collected where possible. This can be done by collecting the individual's date of birth where appropriate (e.g. case management services) or asking the individual directly for their age, or best estimate of their age. See the IRC VPRU disaggregation guidance presented here for more information.*

Table 2: Example of table to analyze and present data disaggregated by sex, age, and disability.

Sex	Disability Status	Age						
		18-24	25-34	35-49	50-59	60-69	70-79	80+
Female	without disabilities							
	with disabilities							
Male	without disabilities							
	with disabilities							

Highlights from analysis can be visualized in different ways to draw attention to key trends or takeaways. Some good examples of data visualization from a study² carried out by Humanity & Inclusion and IMMAP can be seen below.



COMMON ANALYSIS Q&A

➔ What population is my program serving, and what disability considerations should I keep in mind?

One of the simplest analyses is to calculate the proportion of the clients you serve who have disabilities using the Washington Group recommended cut-off. You can also calculate the proportion of clients who have each type of difficulties. For example, knowing that large proportion of your clients have difficulty walking may affect the extent to which you conduct home outreach or provide transportation assistance. You can also keep these differences in mind as you conduct further data collection and data analysis moving forward (e.g. how might the needs of people with these different disabilities be similar to or different from those of people without disabilities?).

Note: Some individuals may have multiple types of disabilities, so it is important to separately calculate (i) the proportion of clients with disabilities and (ii) the breakdown of clients with each type of disability. You cannot simply sum the number of people with difficulties in one domain to get the total number of people with disabilities. You will be double counting people who report difficulties in more than one domain.

➔ **Do I need to disaggregate every single question and response category by disability?** While collecting and analyzing this information may lead you to results you were not expecting, it can also be a way to capture trends and stories you and your team are already aware of through your work but do not have evidence for. Some questions you could ask yourselves include:

- To what extent are people with disability accessing IRC's services? (If there is not lack of access, the trends in the data might not be representative.)
- Where might it be important to understand differences in lived experience between people with different types of difficulties? (e.g. seeing vs. communicating difficulties)

² <https://humanity-inclusion.org.uk/en/news/1-in-5-syrian-refugees-has-a-disability-new-survey-reveals>

- Given our own experience and stories we hear, what do we suspect may be affecting the access and satisfaction of people with disabilities to important resources? What information do we need to effectively address these gaps?
- What information would help us best understand the lived experience of people with disabilities? How might we make decisions differently with this knowledge?

➔ **There are too many numbers! How could I better understand what this means?** As noted above, looking at this information through visuals and charts may help us see trends and patterns more clearly, particularly when we are trying to understand how the lived experience of people with disabilities may differ from that of people without disabilities.

➔ **Okay, we made our tables with disability disaggregates. We're done with analysis, right?** No, you're just getting to the interesting pieces! While these tables and charts may look pretty, you're now at the stage where you get to remind yourself, "Why does this matter? What story do we see?" It may be helpful to sit with a colleague and go table-by-table or chart-by-chart and ask yourself:

- What makes sense to you or aligns with your own experience?
- What surprised you or confused you?
- How might this affect what decisions you make? What other information might you need to do so?

➔ **How might you analyze qualitative data? (e.g. KIIs, FGDs)** Qualitative data is a great way to ask "how" and "why" questions that ask clients (both those with disabilities and those without) to explain their access to and satisfaction with different IRC services, as well as further explain some of the differences we see in survey data between people with and without disabilities. Respondents can privately share their responses to the Washington Group Questions at the beginning of (or before) the interview, which can be used to calculate an overall disability status which can be linked to the interview transcript in Dedoose (or other qualitative analysis software). Depending on the information needed, excerpts from their responses can be assigned to "codes" that group and categorize key themes (e.g. by type of feedback mechanism or type of barrier), which can be further broken apart by whether the respondent was a person with disabilities or not.

➔ **I'm still confused about how or why we should be incorporating disability data and how they can be used alongside sex and age. What do I do?** Yes, this is complicated work! Please feel free to reach out to your TA and request support from the broader VPRU team and MEL unit – no question is too small or insignificant, and we would love to learn from your own experiences.

ADDITIONAL WASHINGTON GROUP DATA COLLECTION RESOURCES:

- ➔ There are numerous resources available on the [Washington Group website](#) and developed by [Humanity & Inclusion](#) regarding the use of these questions in humanitarian action:
 - E-learning:** <https://kayaconnect.org/course/view.php?id=1221>
 - FAQs:** https://humanity-inclusion.org.uk/sn_uploads/document/2019-01-WGQs-Frequently-Asked-Questions-final.pdf
 - UNICEF Resources on Child Functioning Module:** <https://data.unicef.org/topic/child-disability/module-on-child-functioning/>
 - Training pack for enumerators:** https://humanity-inclusion.org.uk/sn_uploads/document/2019-01-training-pack-for-enumerators-using-the-wgqs-in-humanitarian-action.zip
 - Do's & don'ts for enumerators:** https://humanity-inclusion.org.uk/sn_uploads/document/2018-How-to-ask-the-WGQs-leaflet-Final.pdf

- ➔ For additional resources on Washington Group Short Set Analysis, please refer to the following resources:
 - Washington Group Analysis Overview: <https://www.washingtongroup-disability.com/analysis/analysis-overview/>
 - Washington Group Step-by-Step Analysis Video: <https://youtu.be/efYOd8S7aIE>
 - Washington Group Data Disaggregation Video: <https://youtu.be/-qSvFHEu-pw>

QUESTIONS TO COLLECT DATA ON BARRIER TO ACCESS AND PREFERENCES

The following questions are adapted from the [Client Responsiveness toolkit using Annex 2: Writing Questions to Proactively Collect Client Feedback](#) and should be added to relevant survey, focus group discussions and key informant interview. By adding these questions, you will be able to collect information on the barriers faced by persons with disabilities when using IRC’s feedback channels and identify their preferences.

REMEMBER: to disaggregate your data by sex, age (asking the exact age or date of birth) and disability (using the Washington Group questions) to understand what barriers are affecting different groups.

Table 4	Start up phase
<p>Engagement Preference – survey</p>	<p>How (through which channel) would you prefer to receive information on this project?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Community meetings <input type="checkbox"/> Local radio <input type="checkbox"/> Loudspeakers / megaphones <input type="checkbox"/> Billboards <input type="checkbox"/> Leaflet and brochures <input type="checkbox"/> SMS <input type="checkbox"/> Email <input type="checkbox"/> Social media <input type="checkbox"/> Through IRC staff <input type="checkbox"/> Through community volunteers <input type="checkbox"/> Through local leaders <input type="checkbox"/> Other (please specify) <p>Specific for children: Peer to peer (through other children) Through parents/caregivers</p> <p>**NEW** Do you currently face barriers accessing any of these channels? If yes which channel? And what is the barrier?</p> <p>**NEW** Do you require reasonable accommodation or support to be able to access any of these channels? If yes, what kind?</p> <p>If you wanted to make a suggestion or to provide a feedback to the IRC, how would you like to do this?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Personally at IRC office <input type="checkbox"/> Personally with field staff <input type="checkbox"/> Calling IRC phone line <input type="checkbox"/> Via SMS or WhatsApp <input type="checkbox"/> Through Social media <input type="checkbox"/> Through email <input type="checkbox"/> Through a suggestion box <input type="checkbox"/> Through community leaders <input type="checkbox"/> Other (please specify) <p>Specific for children:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Through your children’s committee <input type="checkbox"/> Through a focal point <input type="checkbox"/> Through parents/caregivers <p>**NEW** Would you require assistance or reasonable accommodation to be able to make a suggestion this way? If yes, what support do you require?</p>

How would you like to receive the answer?

- Personally at IRC office
- Personally with field staff
- Calling IRC phone line
- Via SMS or WhatsApp
- Through Social media
- Through email
- Through community leaders
- Other (please specify)

Specific for children:

- Through your focal point/teacher
- Through your peer/child committee
- Through parents/caregivers

****NEW**** Do you currently face challenges receiving answers to your feedback? If yes, what kind?

****NEW**** Do you require reasonable accommodation or support to be able to receive an answer from IRC? If yes, what kind?

What channels would you prefer to use if you wanted to report a sensitive information (reports about corruption, violence or other inappropriate behavior of IRC staff or member in the community for example)? List as possible responses only the channels that are appropriate to your context and that you know having the resources to implement.

- Personally at IRC office
- Personally with field staff
- Calling IRC phone line
- Via SMS or WhatsApp
- Through Social media
- Through email
- Through a suggestion box
- Through community leaders
- Other (please specify)
- I would not want to report it (Please explain)

Specific for children:

- Through your case worker
- Through parents
- Through children's committee focal point

****NEW**** Do you currently face barriers accessing any of these channels? If yes which channel? And what is the barrier?

****NEW**** Do you require reasonable accommodation or support to be able to access any of these channels? If yes, what kind

Engagement Preference – FGD/KII	<p>All these questions are **NEW** and they ask about barriers to access and NOT category of people to be aligned with the rights-based understanding of disability.</p> <p>We recommend that at least one KII or a FGD is organized with a person/group of persons with disabilities. If the FGD/KII is not with persons with disabilities, data collectors can prompt respondents to think about: women, persons with disabilities, older people... when asking the questions below:</p> <p>Are there channels which are not accessible to you and/or members of your community? If yes which ones and why? And what do you think can be done to facilitate access to these channels?</p> <p>Are there specific barriers that would prevent you and/or member of your community from lodging a complaint with IRC? If yes which ones (attitudinal, physical, information, institutional)? And what do you think can be done to address these barriers?</p> <p>Are there specific barriers that would prevent you and/or member of your community to inform IRC about a sensitive complaint with IRC? If yes which one (attitudinal, physical, information, institutional)? And what do you think can be done to address these barriers?</p>
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Table 5	Implementation and Close-out Phase
Access, Safety and Fair Treatment - Survey	<p>Was it easy for you to get to the location/ access the IRC feedback mechanisms?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't want to answer</p> <p>**NEW** If no, why not?</p> <p>How comfortable and safe did you feel when coming to the location/ to access the IRC services?</p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> Not very much</p> <p><input type="checkbox"/> Somewhat</p> <p><input type="checkbox"/> Mostly</p> <p><input type="checkbox"/> Completely</p> <p><input type="checkbox"/> Don't want to answer</p> <p>**NEW** If you did not feel completely safe, what was the reason?</p> <p>**NEW** This question has been rephrased to ask about barriers to access and NOT category of people to be aligned with the rights-based understanding of disability.</p> <p>What are the barriers you and/or members of your community face in accessing services?</p> <p><input type="checkbox"/> Physical, please specify (measures to ensure a child/persons with disability can easily enter, use and circulate inside the service provision center/space including the bathrooms, etc.)</p> <p><input type="checkbox"/> Information/Communication, please specify (printed information materials are not provided in braille or that is too small or font that is difficult to read, videos that are not captioned and don't have transcriptions, lack of audio recorded messages, lack of sign language interpretation, etc.)</p>

	<ul style="list-style-type: none"> <input type="checkbox"/> Attitudinal, please specify (behaviors by service providers limit your potential as a person with disabilities to be an independent individual when accessing services: inappropriate language, acting as if people with disabilities cannot make decisions for themselves, not talking directly to the person; not listening to people with disabilities, scheduling only special activities for accessibility, rather than making all activities accessible, etc) <input type="checkbox"/> Institutional please specify (policies, guidelines or procedures that discriminate persons with disabilities, such as lack of technical resources e.g. sign language interpreters, lack of skills and knowledge of capacity of the staff trained to equally include persons with disabilities, lack of resources to fully accessible services and specific services for persons with disabilities, services providers do not have the appropriate tools and resources to equally ensure the inclusion of persons with disabilities into their services.) <input type="checkbox"/> Don't know <input type="checkbox"/> Don't want to answer
<p>Access, Safety and Fair Treatment - FGD</p>	<p>**NEW** To get better quality data here, the questions have been broken down to ask the respondent about her/his experience and then about her/his community.</p> <p>What made it difficult for you to access the IRC services?</p> <p>What makes it difficult for members of your community to access IRC services?</p> <p>What can be done to ease your access to the IRC services?</p> <p>What can be done to ease access to the IRC services for members of your communities?</p>
<p>Respectful and Dignified Treatment - Survey</p>	<p>**NEW** To get better quality data here, the questions have been broken down to ask the respondent about her/his experience and then about her/his community.</p> <p>Do you think that the IRC staff treated you with respect?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't want to answer <p>If no, why do you think this was the case?</p> <p>Do you think that the IRC staff treated other people with respect?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't want to answer <p>If not, which groups do you think are not treated with respect? And why?</p>
<p>Respectful and Dignified Treatment - FGD</p>	<p>**No changes**</p> <p>Why have you been dissatisfied with IRC staff treatment?</p> <p>What do you think can be done to improve this?</p>

<p>Voice and Empowerment - Survey</p>	<p>**NEW** To get better quality data here, the questions have been broken down to ask the respondent about her/his experience and then about her/his community?</p> <p>Do you think that the IRC takes your view into account when implementing this project?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> Not very much <input type="checkbox"/> Somewhat <input type="checkbox"/> Mostly <input type="checkbox"/> Completely <input type="checkbox"/> Don't want to answer <p>If not, why do you think this is the case?</p> <p>Do you think that the IRC takes into account views from members of the community when implementing this project?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> Not very much <input type="checkbox"/> Somewhat <input type="checkbox"/> Mostly <input type="checkbox"/> Completely <input type="checkbox"/> Don't want to answer <p>If not, which groups do you think are excluded? And why?</p>
<p>Voice and Empowerment - FGD</p>	<p>**No changes**</p> <p>What can the IRC do to communicate better with its clients?</p> <p>What (if any) additional channels that the IRC should consider for clients to share their feedback?</p> <p>What (if any) additional recommendation you would give to the IRC to improve the quality and efficiency of its client feedback mechanism?</p> <p>What else can the IRC do to involve clients in the decision making process?</p>

BARRIERS & ENABLERS IN IRC'S FEEDBACK CHANNELS

This document builds on [Annex 5: Strengths and Weaknesses of Proactive and Reactive Feedback Channels](#) from the [Selection and Design of Feedback Channels](#). The table below outlines some of the general barriers to access that persons with disabilities and older people can face when interacting with IRC's feedback channels. The table considers for each channel environmental (**physical, communication**) and **attitudinal** barriers that exist and what actions need to be taken to address barriers. This does not however include barriers that exist in your specific context and operational environment (e.g. no access to the clients in remote areas, no phone coverage, etc), so we still recommend using Annex 5.

There are other ways to ensure accessibility of feedback channels to persons with disabilities and older people, please refer to the Guidance on Inclusive Client Responsiveness (focus on people with disabilities and older people) to find out more such as:

<p>Capacity building</p> <p>IRC staff on the rights-based understanding – this is the best way to overcome existing attitudinal barriers and stigma on disability.</p> <p>🔗 Training pack and inclusive comm tip sheet</p>	<p>Removal of barriers:</p> <p>Identify access barriers and remove them by including persons with disabilities and older people in the design of the feedback channels, conduct an Accessibility Audit semi-annually at a minimum.</p> <p>🔗 Accessibility Audit</p>
<p>Disaggregating data</p> <p>by sex/gender, age and disability to monitoring access to feedback channels of people with disabilities and older people.</p> <p>🔗 Guidance on data disaggregation</p>	<p>Participation:</p> <p>Work with local Organizations of Persons with Disabilities to design inclusive services, provide referrals, address access barriers and provide reasonable accommodation.</p>

*According to the [IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action](#), barriers are factors in a person's environment that hamper participation, create disability and limit access to and inclusion in society. **Attitudinal barriers** are negative attitudes that may be rooted in cultural or religious beliefs, hatred, unequal distribution of power, discrimination, prejudice, ignorance, stigma and bias, among other reasons. Attitudinal barriers are at the root of discrimination and exclusion. **Environmental barriers** include physical obstacles in the natural or built environment that prevent access and affect opportunities for participation, and inaccessible communication systems. The latter do not allow persons with disabilities to access information or knowledge and thereby restrict their opportunities to participate. Lack of services or problems with service delivery are also environmental barriers.*

PROACTIVE CHANNELS

Barriers to access	Survey	FGD	Individual interview	Community meeting	Stakeholders' group	Local radio
Physical	No	Yes	No	Yes	Yes	No
Key actions	N/A	Check venue is accessible with an accessibility audit	N/A	Check venue is accessible with an accessibility audit	Check venue is accessible with an accessibility audit	N/A
Communication	Yes	Yes	Yes	Yes	Yes	Yes
Key actions	Provide variety of formats to facilitate the discussion: braille, easy-to-read and sign language interpretation					NOT ACCESSIBLE for people with severe hearing difficulties
Attitudinal	Yes	Yes	Yes	Yes	Yes	Yes
Key actions	IRC staff have received training on disability core concepts and inclusive communication Check that people with disabilities, older people or their representative organizations are included in survey sampling/ invited to interview/ meeting					Use deliberate messaging to encourage persons with disabilities and older people to use feedback channels

REACTIVE CHANNELS

Barriers to access	Suggestion boxes	Toll-free hotlines	Office walk-in hours	SMS lines	Social media
Physical	Yes	No	Yes	No	No
Key actions	Check location/height of the box with an accessibility audit	N/A	Check venue is accessible with an accessibility audit	N/A	N/A
Communication	Yes	Yes	Yes	Yes	Yes
Key actions	Clearly signpost the box and provide forms in braille and easy-to-read	NOT ACCESSIBLE for people with severe hearing difficulties Use easy-read scripts	Provide variety of formats: braille, easy-to-read and sign language interpretation	Use written, video and audio messages	
Attitudinal	No	Yes	Yes	No	No
Key actions	Ensure box is locate in a space that persons with disabilities feel comfortable and safe accessing	IRC staff have received training on disability core concepts and inclusive communication			

The table below from the [ECHO Operational Guidance](#) on the Inclusion of Persons with Disabilities in EU-funded Humanitarian Aid Operation provides some more details examples of barriers in different type of feedback channel and enablers to address them. These are examples and do not constitute an exhaustive list. Enablers suggested might not always be appropriate depending on the context you work in. Please refer to the Guidance on Inclusive Client Responsiveness (focus on people with disabilities and older people) for a list of enablers.

Examples of barriers	Specific enabler to remove barriers
Persons with disabilities are not aware of feedback and complaints mechanisms in place and what they are intended for (information & communication barrier).	Ensure that information is provided through/in accessible channels, formats, languages and locations (e.g. places where persons with disabilities often come)
Feedback and complaints mechanisms are designed in a manner excluding persons with disabilities from using them, e.g. only by hotline, SMS or writing (physical barrier)	Ensure that a variety of options are available to access the feedback mechanism (e.g. accept complaints in sign language with a trusted interpreter, or with the assistance of a support person; use voice messages; organize meetings or Stakeholder Group with representatives of persons with disabilities).
Feedback and complaints from persons with disabilities are systematically ignored or not taken seriously (attitudinal barrier).	Raise awareness of households (HH), communities and staff on rights and nondiscrimination and include respect for persons with disabilities into organisational policies and codes of conduct; hire persons with disabilities and/or include them in the awareness raising activities and among incentive staff and volunteers
Feedback and complaints are only accepted from the person holding the entitlement, e.g. to cash assistance, but the cash mechanism is not accessible for persons with certain disabilities (legislative/regulatory barrier).	Ensure that a variety of options are available to access the feedback mechanism and accept complaints lodged by a person with disability on an equal basis as others.

EASY-TO-READ GUIDANCE



INTRODUCTION TO EASY READ

Easy read is a way of **making written information easier to understand**, by using **simple language** and illustrating the information with **pictures**. The main purpose of an Easy Read document is to **facilitate communication** with persons with learning/intellectual disabilities and therefore goes beyond a simple translation of existing documents into easier to understand language.

It focuses on the **main points of a document** so that persons with learning/intellectual disabilities can understand the main issues and make informed decisions. Easy Read can also be a useful format for other groups of people, including people who are not communicating using their usual language, people with low literacy and for people with hearing difficulties and/or sign language users.

Easy Read information is:

- Information that is clear and easy to read and understand.
- Different from plain language but uses the same principles and builds on them.
- Written information supported by pictures.
- Using everyday words and has no jargon or acronyms.

WHEN SHOULD I USE EASY READ FORMATS?

Easy Read should be used by IRC staff to facilitate and/or strengthen communication. It is not always required but, if requested, is part of IRC's obligation to provide **reasonable accommodation** to persons with communication difficulties or learning/intellectual disability. It is an essential a tool to support staff to provide quality services and be accountable to diverse populations. As an IRC staff member, you have a variety of tools in your toolbox now available as Easy-Read, You can choose to use all or none of these:

- Consent/assent forms,
- Assessment forms for PRoL, WPE and CP case management
- Client feedback forms (survey, FGD, questions on barriers)
- Safety plans

Other key considerations when using Easy-Read

It is not always the preferred or most appropriate way of delivering information to persons with learning/intellectual disabilities. Engaging with persons with disabilities will help you determine the most appropriate channels.

Producing written information in Easy Read is not enough by itself to make information accessible. Easy read should be used to support communication with an individual as part of an interactive process.

There are other ways of making written information accessible to persons with learning/intellectual disabilities, including video, talks, presentations, drama, role-play or posters.

Some persons with disabilities may still need support from a family member or care giver to go through an Easy Read document, particularly where it includes complex or sensitive information.

GETTING STARTED WITH USING EASY READ CASE MANAGEMENT FORMS

As you begin to think about how these forms may be translated/used in your context, here are some questions to ask:

- ➔ Do these Easy Read forms resemble the existing forms I am using?
- ➔ Have people with learning/intellectual disabilities (or their representative organizations) been consulted before using these forms?
- ➔ Do the images in the Easy Read forms reflect the population you are serving and look and feel of your context?
- ➔ Does this Easy Read meet clients' accessibility and information needs? If not, am I providing information through a range of channels and formats, in case barriers remain?
- ➔ Can the language used be translated into local languages? What are key terms to look for?

Once you have answered these questions, you may choose to take some time to adapt these forms to your context.

COMMUNICATION WITH PERSONS WITH LEARNING/INTELLECTUAL DISABILITIES OR COMMUNICATION DIFFICULTIES.

When using Easy Read with persons with learning/intellectual disability, it is also important to use appropriate communication methods.

More information on how to communication with persons with disabilities can be found [here](#).

Before you start the interview

- Ask the person (or if appropriate the persons accompanying them) about how best to communicate with them.
- Encourage the person to communicate in whatever way/s work for them and encourage them to ask questions
- Check how the person indicates yes and no.

Throughout the interview

- Keep your manner encouraging rather than correcting.
- Allow extra time for communication and check understanding regularly. Don't attempt to finish a person's sentences – let them speak for themselves.
- Be patient, do not speak for the person. Take the time necessary to ensure clear understanding and give time to put the thoughts into words, especially when responding to a question.
- Give the person time to respond to your question or instruction before you repeat it. If you need to repeat a question or point, then repeat it once. If this doesn't work, then try again using different words.
- Give whole, unhurried attention when talking to a person who has difficulty speaking. It is OK to say "I don't understand." Ask the individual to repeat their point, and then say it back to them to check that you have understood it correctly.
- Always check if the person has understood and if you have understood him/ her correctly. Verify responses to questions by repeating each question in a different way.
- Revisit any areas of misunderstanding and try to articulate more clearly and simply.

When asking the questions

- Formulate simple sentences and use precise language incorporating simple words. If necessary, ask short questions that require short answers or a nod or shake of the head.
- Use real life examples to explain and illustrate points. For example, if discussing an upcoming medical visit, talk the person through the steps they are likely to go through both before and during the appointment.
- Use hand gestures, notes, easy-to-read forms, pictures/photographs.
- Give exact instructions: for example, "Be back from lunch at 12:30," not "Be back in 30 minutes"
- Do not give too much information at one time

INSTRUCTIONS TO CONDUCT AN ACCESSIBLE FOCUS GROUP DISCUSSION AND KEY INFORMANT INTERVIEW

This document provides guidance on how to conduct Focus Group Discussions (FGD) and Key Informant Interviews (KII) which are inclusive of persons with disabilities and older people.

SETTING UP FGD AND KII

For FGD, constitute groups of 8 to 12 client/beneficiaries, representing diverse sexual orientations and gender identities, age (at least two age groups across the life cycle) and disability types (with particular attention to including invisible and underrepresented groups and their care givers, including –but not limited to –persons with intellectual, psychosocial or multiple disabilities). Barriers to communication must be considered when arranging groups, organizing smaller groups if required for a meaningful interaction. For KII, set-up enough interviews to the same diversity factors are reflected.

The interviews should be facilitated by staff who are trained on inclusion of the same gender of the group, in their language and providing reasonable accommodation measures to ensure accessibility in communication. The inclusive communication tip sheet can be a useful resource for staff.

OBJECTIVE

Persons with disabilities and older people have crucial experiential insight into the barriers they face when accessing services and feedback channels. Without their input, the IRC is operating solely on assumptions. FGDs and KIIS will be useful for speaking to a larger number of beneficiaries/clients at once while leveraging group interactions for richer, more complex data.

ORGANIZING CONSULTATIONS

Prior to the FGD/ KII

Step 1: Identify individuals interested and relevant for the consultation. For consultations with clients: Involve IRC staff to suggest the best way for the identification of clients with disabilities/older client, which may include different pathways:

- 1 Identifying clients with disabilities/older client who have used IRC's services; This may provide data on potential barriers faced by these clients when trying to reach out to the IRC.
- 2 Identifying clients with disabilities/older client who have used IRC's feedback channels (and are in the feedback registry); this may offer the possibility of gathering data on clients who have experienced the use of the feedback channels (successfully or unsuccessfully)
- 3 Identifying non-clients who have, nevertheless, reached out to the IRC to require information on services. This may provide data on potential barriers faced by these persons when trying to access both IRC communication channels and/or services.
- 4 Identifying Organizations of Persons with Disabilities and Older People Associations who have members who could have been recipients of IRC's services. This may provide data on potential barriers faced by these persons when trying to access both IRC communication channels and/or services.

Step 2: Identify a venue and conduct an **accessibility audit**¹ (if it has not been conducted before). Identify potential barriers to reach, enter, circulate and use facilities of that venue and materials used during the consultation, and share this information with participants (e.g. we would like to inform you that the venue has no accessible toilets and stairs at the entrance).

Do not assume that persons with disabilities and older people will not participate in case barriers have been identified; providing this information gives an opportunity for individual choice, as well as to identify support to participation or alternative ways of participating.

Step 3: Share relevant documentation at least a week (or minimum 4 days) prior to consultation. For IRC clients, share the **informed consent form**, background information, and questions.

Step 4: Ensure adequate communication (SMS, e-mail, verbal exchange, phone call etc) which explains the purpose of the meeting and how the information collected will inform IRC's work moving forward. Include information about the accessibility (or lack of) of the venue and an invitation to request reasonable accommodation; follow up each request separately providing accurate information and feedback whether the request can or cannot be provided. Provide contact information in case there are questions prior to meeting.

Prior to
the FGD/
KII

Step 5: Plan for reasonable accommodation. As per the guidance provided by the [Inter-Agency Guidelines on Inclusion of Persons with Disabilities](#),² the provision of reasonable accommodation will be provided according to the following process:

- ❶ The possibility of requesting reasonable accommodation measures will be proposed by trained IRC staff in advance to any meeting, interview or focus group discussion; it will be also proposed, at any needed time, to any person with a disability or older person who find barriers to participate in the consultative process on an equal basis with others, and regardless of previous measures taken to make the consultative process as accessible as possible; E.g. "Would you require any adaptation or support to access this interview and communicate during the interview with us?"
- ❷ Requests will be managed in an individual basis and through an interactive and transparent dialogue, where persons requiring reasonable accommodation will have an opportunity to express their requirements E.g. "Yes, I am a deaf woman, and I use sign language".
- ❸ Options to address identified barriers will be tailored to meet the person's requirements and designed together with the person E.g. "Do you know any person who could make sign language interpretation for you, and whom you trust for this interview, or would you like us to identify a professional sign language interpreter?"
- ❹ Options to address existing barriers will be then evaluated, given available resources, and considering the following components: budget provisions, time required to develop the solution, and availability of service providers, technical or human resources required. E.g. "The sign language interpreter preferred by the person would require a financial contribution and transportation to the center".

¹ [Humanity & Inclusion](#) and [CBM](#) have detailed guidance on how to conduct accessibility audit of services. For more information on this, please contact VPRU Inclusion Technical Advisor.

² The content has been adapted from the Annex 1 of the IASC Guidelines on Inclusion of Persons with Disabilities, available [here](#).

- ⑥ A solution will be offered within given resources; this solution will be verified with the person, to find out if the proposed solution meets its purpose.
 - If a solution is found and can be provided within available resources, it will be provided. If no solution is found, an alternative and/or equivalent way of participation will be proposed and verified with the person.
 - If no solution is finally found, the person will be given the option of participating, assuming that there will not be additional support, or withdraw her interest in participating, in which case the IRC will send an apology to the person. In addition, the denial of reasonable accommodation will be objectively justified according to the following criteria: We regret not being able to provide this adaptation... it is impossible to provide this adjustment because it is not available (in context) ... It is impossible to provide this adjustment because it is not affordable given available financial resources dedicated to this project... It is impossible to procure this adjustment in time to meet its purpose... It is illegal to provide this adjustment (e.g. requiring a personal assistant or family member who has to cross a border without having adequate documentation. Refer to the Protection team for case management).

During the FGD/KII

- Step 1:** Find an area that is quiet and private for this discussion, and where people feel safe to speak.
 - Step 2:** Identify a facilitator and a note taker of the same sex as the participants of the FGD/KII. Ensure they are both familiar with the inclusive communication tip sheet and have received adequate training on inclusion.
 - Step 3:** Take notes as close to verbatim as possible, either on a laptop or handwritten. Notes should include who attended (how many people, gender, age groups, disabilities, any other relevant background information- organizational type, etc.). In FGD, make sure that information on disability is recorded in a privately before or after the FGD.
- Try to write down exactly what people are saying, rather than summary statements. Build a conversation with participants and repeat back what is said to confirm that you have understood correctly.
- Step 4:** Provide feedback to refine questions and format for future consultations.

After the FGD/KII

- Step 1:** Type up notes as soon as possible (preferably within 24 hours) to retain information and reduce bias.
- Step 2:** Make a note of any questions that came up or questions that did/didn't work in this consultation, for use in future data collection.
- Step 3:** Follow up with select participants on points of clarification or issues that need further explanation