OPERATIONAL RESEARCH PROTOCOL TO MEASURE ATTITUDES, STIGMA AND SOCIAL NORMS TOWARDS CHILDREN WITH DISABILITIES IN EUROPE AND CENTRAL ASIA

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unicef

The Operational Research Protocol was developed by Drexel University and the UNICEF Europe and Central Asia Regional Office. It is part of a package of materials developed between 2015-2019, including a systematic review, and operational research protocol and a monitoring and evaluation (M&E) framework developed to measure changes in discriminatory attitudes and social norms regarding children with disabilities in Europe and Central Asia (ECA).

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CONTENTS

I. INTRODUCTION 7

Background 7
Conceptual Model 7
How To use this document 8

II. PLANNING 9

Selection of a Local Research Agency 9
Arrangements for working with Children with Disabilities 10
Choosing Participants and designing a sampling frame 11
selecting participant groups 11
Designing a sampling frame 12
Sample Size 14
Question selection 15
Structured Interview 15
Focus Group Discussions with Caregivers 24
In-Depth Interviews with Children 28
In-Depth Interviews with Professionals 30
Translation 30
Pretesting 31
Pretest Sampling 32
Ethical Review 33
Planning Recommendations 34

III. FIELD WORK 35

Recruitment of Data Collectors 35
Data Collector Training 35
Quality Control procedures 36
CAPI 38
Field Work Recommendations 39

IV. DATA ENTRY AND ANALYSIS 40

Data Entry 40
Quantitative Analysis 41
Qualitative Analysis 41
Data Entry and Analysis Recommendations 42

V. DISSEMINATION 42

Reporting 42
Dissemination Plan 43
Dissemination Recommendations 44

VI. CONCLUSION 44

VII. REFERENCES 46

VIII. APPENDICES 48
Appendix 1: Constructs of the Conceptual Model 48
Appendix 2: Guidelines for research with children with disabilities 50
Appendix 3: Quantitative Structured Interview 52
S) Filter Questions *52*
A) Background Variables *53*
B) Defining Disabilities (All Respondents) *53*
C) Contact with Children with Disabilities (All respondents, with modifications for Children with disabilities and their caregivers) *55*
D) Attitudes (All Respondents) *57*
E) Social Norms (All respondents, except Children with disabilities and Peers) *63*
F) Stigma (All Respondents) *75*
G) Social Distance (Peers of Children with disabilities and their Caregivers Only) *80*
H) Closing (All Respondents) *81*
Appendix 4: FGD Guide for Caregivers of Children with Disabilities 83
Overview *83*
Participant Information *83*
Introduction *84*
Activity A: Free-listing *84*
Activity B: 2x2 tables for social norms Note: Parts that change with the vignette are highlighted *85*
Activity C: Pile Sorts *87*
Activity D: Empathy Mapping *89*
Closing *90*
Appendix 5: FGD Guide for Caregivers Of Children without Disabilities 92
Overview *92*
Participant Information *92*
Introduction *93*
Activity A: Free-listing *93*
Activity B: 2x2 tables for social norms Note: Parts that change with the vignette are highlighted *94*
Activity C: Pile Sorts *97*
Activity D: Empathy Mapping *98*
Closing *100*
Appendix 6: FGD Vignettes 101
Activity B1: 2x2 tables for social norms around Child Abandonment for a Child 0-3 years old with Physical Disabilities *101*
Activity B2: 2x2 tables for social norms around Child Abandonment for a Child 0-3 years old with Intellectual Disabilities *102*
Activity B3: 2x2 Tables for Social Norms around Inclusive Education for a Child 3-6 years old with Physical Disabilities *104*
Activity B4: 2x2 Tables for Social Norms around Inclusive Education for a Child 3-6 years old with Intellectual Disabilities *106*
Activity B5: 2x2 Tables for Social Norms around Inclusive Education for a Child 6-11 years old with Physical Disabilities *108*
Activity B6: 2x2 Tables for Social Norms around Inclusive Education for a Child 6-11 years old with Intellectual Disabilities *110*

Activity B7: 2x2 Tables for Social Norms around Human Rights for a Child 3-6 years old with Physical Disabilities *112*
Activity B8: 2x2 Tables for Social Norms around Human Rights for a Child 3-6 years old with Intellectual Disabilities *114*
Activity B9: 2x2 Tables for Social Norms around Human Rights for a Child 6-11 years old with Physical Disabilities *116*
Activity B10: 2x2 Tables for Social Norms around Human Rights for a Child 6-11 years old with Intellectual Disabilities *117*
APPENDIX 7: IDI GUIDE FOR CHILDREN WITH DISABILITIES 120
Overview *120*
Participant Information *120*
Introduction *120*
Activity A: Pile Sorts *120*
Activity B: Social Distance Map *121*
Activity C: Same as or Different? *122*
Closing *123*
APPENDIX 8: IDI GUIDE FOR CHILDREN WITHOUT DISABILITIES 123
Overview *123*
Participant Information *123*
Introduction *124*
Activity A: Pile Sorts *124*
Activity B: Social Distance Map *125*
Activity C: Same as or Different? *125*
Closing *126*
APPENDIX 9: IDI GUIDE FOR PROFESSIONALS 126
Overview *126*
Section 1: Background and Contact with Children with disabilities *126*
Section 2: Attitudes towards Disability *127*
Section 3: Challenges and Positive Experiences *127*
Section 4: Social Norms *128*
Section 5: Discrimination *129*
Section 6: Closing *129*
APPENDIX 10: IDI VIGNETTES 130
Section 4.1: 2x2 tables for social norms around Child Abandonment for a Child 0-3 years old with Physical Disabilities *130*
Section 4.2: 2x2 tables for social norms around Child Abandonment for a Child 0-3 years old with Intellectual Disabilities *130*
Section 4.3: 2x2 Tables for Social Norms around Inclusive Education for a Child 3-6 years old with Physical Disabilities *131*
Section 4.4: 2x2 Tables for Social Norms around Inclusive Education for a Child 3-6 years old with Intellectual Disabilities *132*
Section 4.5: 2x2 Tables for Social Norms around Inclusive Education for a Child 6-11 years old with Physical Disabilities *132*
Section 4.6: 2x2 Tables for Social Norms around Inclusive Education for a Child 6-11 years old with Intellectual Disabilities *133*
Section 4.7: 2x2 Tables for Social Norms around Human Rights for a Child 3-6 years old with Physical Disabilities *134*

Section 4.8: 2x2 Tables for Social Norms around Human Rights for a Child 3-6 years old with Intellectual Disabilities *135*
Section 4.9: 2x2 Tables for Social Norms around Human Rights for a Child 6-11 years old with Physical Disabilities *136*
Section 4.10: 2x2 Tables for Social Norms around Human Rights for a Child 6-11 years old with Intellectual Disabilities *136*
APPENDIX 11: TRANSLATION GLOSSARY 138
APPENDIX 12: PRETESTING RECOMMENDATIONS 142
APPENDIX 13: RESEARCH PROTOCOL FOR ETHICAL REVIEW 147
APPENDIX 14: INFORMED CONSENT AND ASSENT 149
APPENDIX 15: OUTLINE OF A CONSENT FORM FOR ADULT PARTICIPATION 151
APPENDIX 16: OUTLINE OF AN ASSENT FORM FOR CHILD PARTICIPATION 158
APPENDIX 17: SAMPLE AGENDA FOR DATA COLLECTOR TRAINING 159
APPENDIX 18: TRAINING RECOMMENDATIONS 162
APPENDIX 19: QUALITATIVE FGD DATA ENTRY GUIDES 165
Introduction *165*
Participant Demographics *165*
Activity A: Free Listing *166*
Activity B: 2x2 Tables for Social Norms *168*
Activity C: Pile Sorts *171*
Activity D: Empathy Mapping *172*
APPENDIX 20: QUALITATIVE IDI DATA ENTRY GUIDE 176
Introduction *176*
Activity A: Pile Sorts *176*
Activity B: Social Distance Maps *177*
Activity C: Same or Different? *179*
APPENDIX 21: QUALITATIVE FGD DATA ANALYSIS GUIDE 182
Introduction *182*
Free Listing *182*
Social Norms: 2x2 Tables *183*
Pile Sorts *184*
Empathy Mapping *185*
APPENDIX 22: QUALITATIVE IDI AND FGD DATA ANALYSIS GUIDE 187
Introduction *187*
Empathy Mapping *187*
Free Listing *188*
Pile Sorts *189*
Same or Different? *190*
Social Distance Mapping *190*
2x2 Tables for social norms *191*
APPENDIX 23: CHECKLIST FOR STRONG RESEARCH REPORTS 194
APPENDIX 24: DISSEMINATION PLAN TEMPLATE 196

I. INTRODUCTION

BACKGROUND

In October 2018, Drexel University was contracted by UNICEF Europe and Central Asia Regional Office (ECARO) to create an operational research protocol and a monitoring and evaluation (M&E) framework to track and assess the results of interventions aimed at changing discriminatory attitudes and social norms towards children with disabilities. The work stemmed from a 2015 systematic review, also conducted by Drexel University, which identified a need for more rigorous research protocols and data collection tools that could robustly measure the social norms and attitudes that lead to discrimination against children with disabilities. To develop the protocol and framework, Drexel created a conceptual model (Figure 1) that connects C4D activities to the violation of human rights of children with disabilities through negative social norms and attitudes. Subsequently, tools were developed to measure core constructs of the conceptual model and were pretested, pilot tested, and finalized for general use. This operational research protocol is the result of that work and is intended to walk the user through implementation of the developed tools. A supplemental report addresses developing a M&E framework within which to implement this research protocol.

CONCEPTUAL MODEL

Following the systematic review, the Drexel team developed a conceptual model through which Communication for Development (C4D)[1] activities can be linked to the human rights violations experienced by children with disabilities (Figure 1). The causal pathway shows that C4D approaches and activities can be used to affect positive changes in the attitudes and social norms that can lead to a reduction in both public and self-stigma. Together, these factors can contribute to a more inclusive society, in which children with disabilities experience the same human rights as their peers without disabilities. The research tools were then developed to capture data on the key constructs in the model. Additional information on the conceptual model can be found in Appendix 1.

[1] Communication for Development involves using communication-based tools and methods to foster two-way communication between researchers and community members in order to understand the knowledge, attitudes, beliefs, values, and social norms of the community. Community members are empowered to elucidate their perceptions of issues in their environment, along with developing and implementing solutions using a human-rights based approach (UNICEF, 2015)

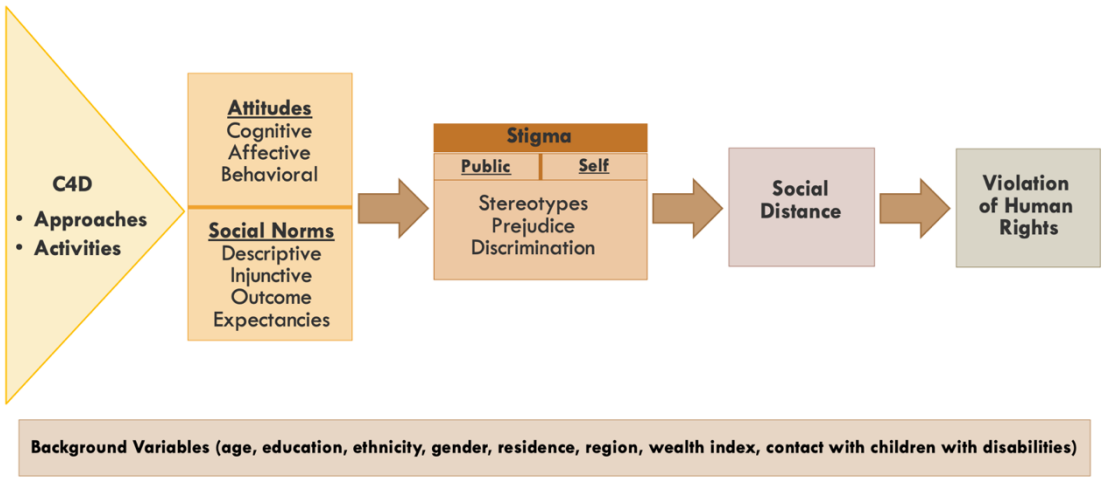


FIGURE 1: CONCEPTUAL MODEL ON DISCRIMINATORY ATTITUDES AND SOCIAL NORMS TOWARDS CHILDREN WITH DISABILITIES

HOW TO USE THIS DOCUMENT

This document is intended for use by UNICEF staff and partners. It is not a detailed step-by-step guide on how to monitor and evaluate your overall C4D efforts. Instead, the instructions compiled here are a guide on how to use the designed research tools. It contains recommendations and best practices for formative research, monitoring, and evaluation. It is broken into four main sections: Planning, Field Work, Data Entry and Analysis, and Dissemination (Figure 2). The Planning section provides recommendations on how to select a local research agency (LRA), define your participants and stakeholders, customize the tools to your specific needs, and pretest the tools. The Field Work section offers suggestions for recruiting and training data collectors, as well as how to incorporate computer-assisted personal interviewing (CAPI). The Data Entry and Analysis section recommends methods for working with the data after it has been collected. Finally, the Dissemination section discusses sharing the results with your stakeholders. A significant amount of information is housed within the appendices to provide additional details on the sections relevant to your individual needs.

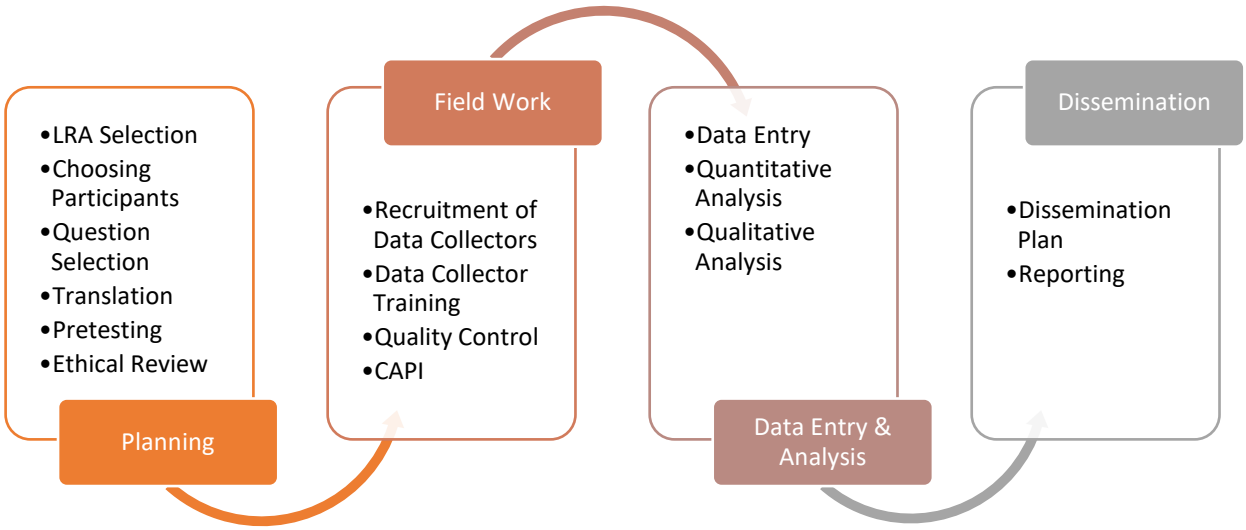


FIGURE 2: REPORT OUTLINE

It is important to approach the information in this report from the perspective of your C4D efforts' realities. The choices you make will ultimately depend on your objectives, programme, context, and resource limitations.

II. PLANNING

Careful planning is crucial to collecting useful, high-quality data within the given time and budget constraints of your C4D efforts. The planning stage involves the selection of an LRA, identification of participants and the sampling frame, tailoring the research tools to meet your C4D efforts' information needs, translation of the tools into the local language(s), pretesting the tools and revising them based on pretest results, and obtaining ethical clearance for the research. This chapter includes recommendations for each of the steps in the planning process.

SELECTION OF A LOCAL RESEARCH AGENCY

The selection of a suitable LRA who will facilitate your data collection process is critical to the success of the research. The search for the agency should begin as soon as possible and requires drafting and publishing detailed terms of reference (TOR). Figure 3 shares some of the key considerations to include in your search and TOR arrangements.

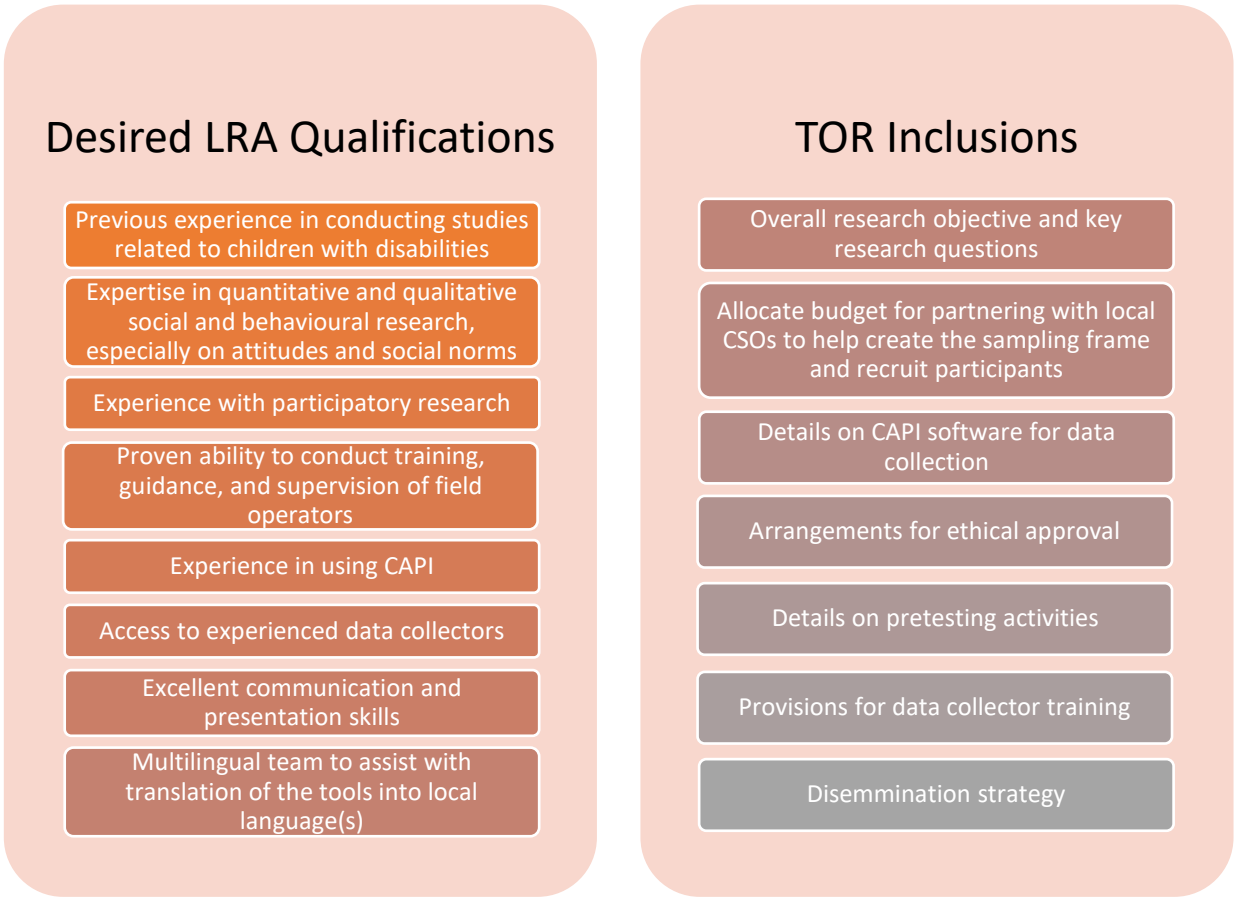


FIGURE 3: KEY CONSIDERATIONS FOR LRA SELECTION

ARRANGEMENTS FOR WORKING WITH CHILDREN WITH DISABILITIES

In addition to the above qualifications, the LRA should designate a core team member with experience working with children with disabilities. Ideally, this should be a trained researcher who has previously conducted research with children with disabilities or it could be a special educator or social worker who regularly works with such populations. If the identified team member(s) with experience working with children with disabilities has not conducted research before, it is recommended to have a trained researcher and that person work together as a team; the researcher can facilitate the interview, while the educator/social worker can provide assistance and support to the child with a disability. Regardless of who is conducting the research, they should familiarize themselves with best practices for interviewing children with disabilities (Figure 4). Appendix 2 contains more detail on the best practices and specific strategies for working with different disabilities. However, there is no "one-size-fits-all" approach, so strategies should be adjusted to fit the age and disability of the children with whom you are working.

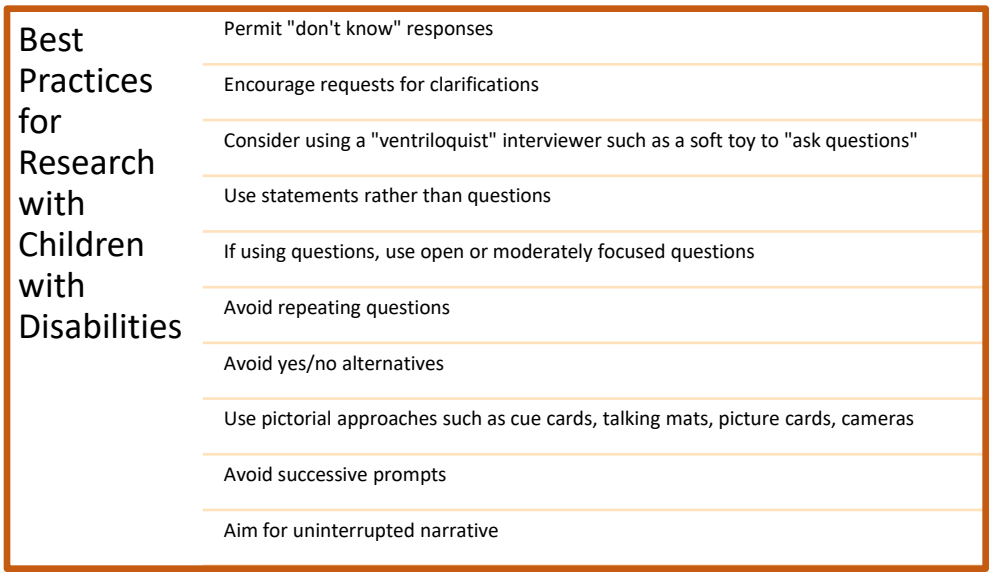


FIGURE 4: BEST PRACTICES FOR CONDUCTING RESEARCH WITH CHILDREN WITH DISABILITIES

CHOOSING PARTICIPANTS AND DESIGNING A SAMPLING FRAME

SELECTING PARTICIPANT GROUPS

Begin the process of developing a sampling frame early on, as recruitment of the appropriate participants may take some time. First, you should define criteria for selection based on the needs of your C4D efforts. For example, do you want to interview professionals that have direct contact with children with disabilities, or will indirect contact suffice? Are you interested in caregivers of children of a certain age? Clearly defined inclusion and exclusion criteria will help streamline the recruitment process. Carefully consider these factors and develop psychographic profiles to identify exactly who these populations are, and then work backwards from there. It is your role to begin making these decisions, although the LRA can assist in finalizing the criteria. Planning for recruitment is critical to gathering participants in a timely manner, so recruitment plans should be included in the budget section of the TOR. This is especially critical considering the inherent difficulties in accessing certain populations for research on children with disabilities.

The most challenging stakeholders to recruit are likely to be children with disabilities and their caregivers. Due to fear, stigma, and denial of disability, caregivers may be resistant to participation or to allowing their child to participate. There are several strategies your team can try in order to make recruitment of caregivers of children with disabilities, and children with disabilities themselves, as productive as possible. The best place to start is to request a list of local agencies (governmental and non-governmental) involved with children with disabilities. UNICEF staff who may be involved with these groups or have

knowledge of ongoing activities and interventions can serve as vital resources for the LRA throughout this process. Further, UNICEF staff may be best suited to contact these agencies because of their previously established ties. UNICEF staff may also be in a position to leverage their existing arrangements with local agencies to help with accessing their records and databases for recruitment. When developing TORs with these various local agencies, it may even be useful to include such arrangements for assistance with participant selection.

Aside from the help of UNICEF, the LRA team should compile a list of agencies, schools, and other groups where participants can be recruited (see Figure 5 for suggestions). The sampling frame should cast a wide net and recruit only from a wide range of locations. For example, recruiting only caregivers and children with disabilities from special schools will produce biased information relative to having a balanced sample from both general and special schools.

Compensation may be a critical part of recruitment due to participants' tendency not to want to participate in research on this topic. Your team should work with the LRA to explore appropriate ways to compensate the participants, specifically caregivers of children with disabilities and their children. Suggestions include materials that can be useful for them, such as user-friendly documents on the Convention on the Rights of the Child (CRC) or Convention on the Rights of Persons with Disabilities (CRPD) and information on how to access services in the community. If possible, it would be best to discuss with local agencies working in this field and participants themselves what they think good forms of compensation would be (i.e. what would be most useful?).

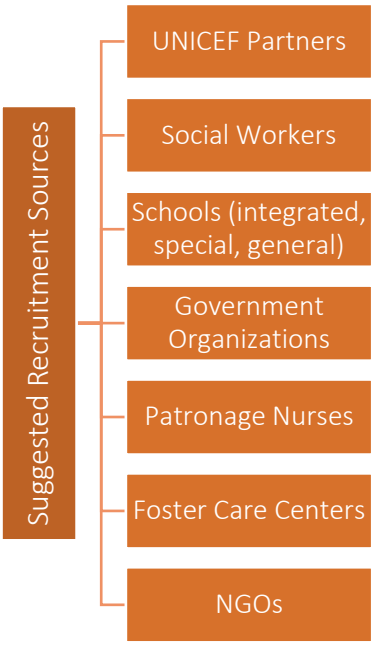


FIGURE 5: SUGGESTED RECRUITMENT RESOURCES

DESIGNING A SAMPLING FRAME

Probability sampling allows for the generalization of results to larger populations, and as such they are almost always preferred, but often not feasible (e.g. cost barriers, technology barriers, information barriers). Probability sampling involves the selection of a sample from a population, based on the principle of randomization or chance. Probability sampling is more complex, more time-consuming and usually more costly than non- probability sampling. However, because units from the population are randomly selected and each unit's probability of inclusion can be calculated, reliable estimates can be produced along with estimates of the sampling error, and inferences can be made about the population.

There are several different ways in which a probability sample can be selected. The method chosen depends on a number of factors, such as the available sampling frame, how spread out the population is,

how costly it is to survey members of the population and how users will analyze the data. When choosing a probability sample design, your goal should be to minimize the sampling error of the estimates for the most important survey variables, while simultaneously minimizing the time and cost of conducting the survey.

When probability sampling is infeasible, several alternatives can be considered, as shown in Figure 6.

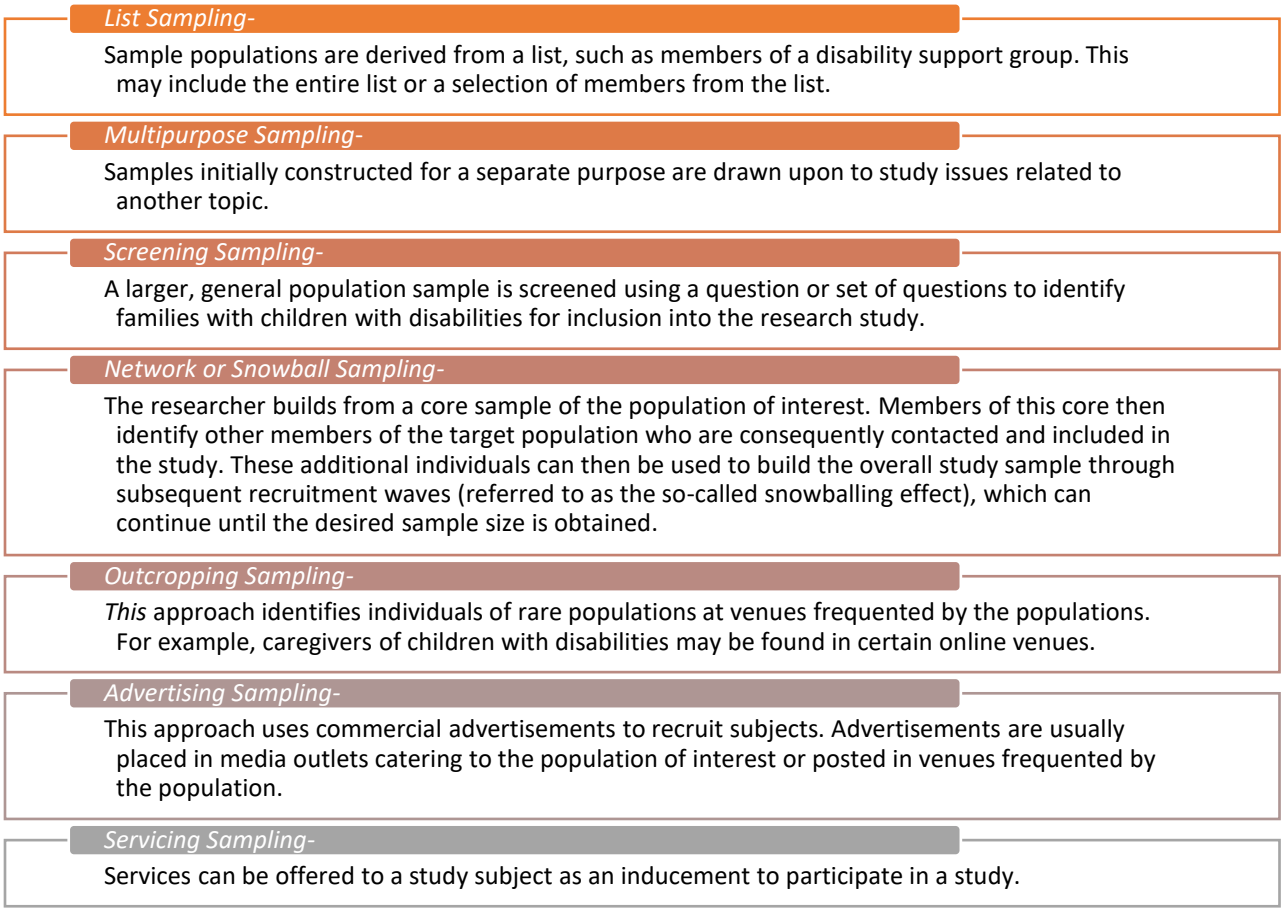


FIGURE 6: ALTERNATIVES TO PROBABILITY SAMPLING

Each of these methods can be used independently, but in combination. They are all similar to each other in that confidence intervals should only be placed upon findings with caution. Causality is strengthened when evidence compiled from multiple studies using different sampling methods produce similar findings.

MORE ABOUT SNOWBALL SAMPLING

As collecting data on rare, hidden, and/or dispersed populations, such as children with disabilities and their caregivers can be a substantial challenge, the above strategies of recruitment from local agencies

and UNICEF resources may prove inadequate. A number of additional strategies to study these "hard to reach" populations are often utilized. One of these methods is snowball sampling, a type of nonprobability sampling were identified study subjects are used to find and sometimes recruit additional subjects. The advantage of this method is its ability to economically recruit larger samples than would otherwise be possible.

However, because snowball sampling does not utilize probability methods, snowball samples may be subject to biases. The greatest of these is that the initial subjects will likely identify additional subjects similar to them on many of the topics being explored. Thus, caution must be taken in ascribing levels of confidence (particularly in the form of confidence intervals) to findings. Consequently, it may not be possible to generalize to the larger population of children with disabilities and their caregivers. When snowball sampling and other nonprobability methods are used, it is important to outline the limitations of the method when reporting results.

While it may not be possible to state all findings with confidence using snowball sampling, this method is valuable in that it allows for the possibility of uncovering issues smaller samples could not have identified. That is, more voices can be heard on a given research topic. As additional studies using similar methods add to our understanding of these populations, we can begin to assign levels of confidence to notable findings.

SAMPLE SIZE

Another key aspect in sampling is the size of the sample. Calculations must be done to determine the appropriate number of respondents to include in order to have statistically significant results and to be able to disaggregate the results by key variables, such as type of residence or amount of contact with children with disabilities. The differences method can be used to calculate accurate sample sizes to determine whether a programme created a difference in indicators between baseline and end-line. See the Appendix of the M&E framework for details on preforming sample size calculations using the differences method.

It is important to consider the level of disaggregation required for your information needs when deciding on your sampling frame, as this has a direct impact on your sample size. Keep in mind that increasing levels of disaggregation means exponential increases in sample size, so when faced with time and resource constraints, only choose to disaggregate variables that are crucial to your information needs. For example, if you calculate your required sample size to be 100 people and want to disaggregate your data by both gender (2 groups) and residence (3 groups) you will need a total of 600 participants.

Decisions about sampling frames will also rely on judgements about the scope and size of the C4D efforts themselves and the need for generating data from a sample that is representative of and generalizable to the population as a whole.

QUESTION SELECTION

After you have selected your intended respondents and designed your sampling framework, you will need to refine the quantitative and qualitative tools to 'fit' participants. The tools may also need to be adjusted according to your C4D goals, objectives, and indicators. You must ensure that the tools capture the key short-, medium-, and long-term results you are seeking to achieve as part of your overall C4D efforts. The following sections provide information on the specific quantitative and qualitative tools, including the purpose of the questions, number of questions in the section, and potential modifications. The tools themselves can be found in Appendices 3-9.

STRUCTURED INTERVIEW

The quantitative, structured interview questionnaire is located in Appendix 3. The structured interview is formulated as a general tool that can be asked to any of the identified stakeholder groups: children with disabilities and their caregivers, children without disabilities and their caregivers, education professionals, health professionals, social work professionals, civil society professionals, and government officials. Within the structured interview, designations are made for which questions are intended for which type of stakeholder, as well as any modifications for different stakeholders.

BACKGROUND VARIABLES

The background section of the tool serves to collect socio-demographic and economic information about the respondents, by which results can be disaggregated (assuming adequate sample size). It contains seven questions for all respondents and three more questions for professionals. Depending on the desired results of your C4D efforts, you may want to add additional questions to this section. For example, if you need to disaggregate your data by religion, you should include a question here.

During the pilot testing of the tools, several respondents chose not to respond to the question on income level. To prevent this in your own research, there are three suggestions. First, if the country has an official government-authorized household classification by rural and urban areas as part of social services, use that information. If not, instead of doing several small income brackets, you could find the average income in the country (or region, depending on your context) and have three response categories corresponding to less than the average, about the average, and greater than the average. A final method to prevent respondents from skipping this question is that, when using CAPI, the data collector could turn the device to the respondent and let them select the answer. This could create a greater sense of anonymity and privacy for the respondent, which could encourage them to respond truthfully.

DEFINITIONS OF DISABILITY

B1: Participant Self-definition of Disabilities. Before measuring attitudes and norms towards children with disabilities, it is important to determine the ways in which respondents define children with disabilities. This section has respondents indicate if they feel children with specific physical and intellectual

impairments could be categorized as children with disabilities. This line of questioning allows the researchers to understand what types of impairments respondents consider to be a disability, as well as which impairments or disabilities the respondents have previously heard about.

Response options include no, yes, and maybe. A "refused to answer" response category is included to understand if there are specific impairments respondents are unwilling to discuss. There is also a "don't know" response option for participants who state that they do not know in spite of prompting. It is recommended to have response categories for both spontaneous and prompted answers. This allows for the data collector to provide a definition or explanation of the disability if the respondent is unfamiliar with it. Such response options should reduce the number of "don't know" responses that you collect.

The questions are phrased in two ways: those that ask about impairment by function and those that ask about it by name. If your C4D efforts are interested in awareness of specific disabilities, it will be important to ask the questions with specific names.

B2: Participant Understanding of the CRPD Definition of Disability. Over time the ways in which people view disability has evolved from looking at persons with disabilities as victims of their impairments and in need of others' help and sympathy (charity model), to looking at persons with disabilities as having a medical problem that needs to be cured (medical model), to viewing disability as a result of the ways in which society is organised (social model). This section of 21 questions is designed to classify the respondent's attitudes into these three models: charity, medical, and social. Using a Likert scale ranging from strongly disagree (1) to strongly agree (5), respondents are asked the extent to which they agree or disagree with the statements, such as "children with physical disabilities promote diversity in a society."

The set of questions can be asked about children with physical or intellectual disabilities, depending on the focus of your C4D efforts. It is not recommended to ask about children with disabilities in general because in pretesting, many respondents indicated that their answer depended based on the type of disability. Additionally, nine of the 21 questions are recommended to only be asked to adult respondents. This is because, in pretesting, children with disabilities were exceptionally uncomfortable with these statements. Eliminating the nine questions for children also keeps the tool shorter for them, which is better for their engagement throughout.

B3 and B4: Attributes of an average child without a disability and attributes of an average child with a disability. These two sections are designed to examine attitudes towards children with disabilities by comparing attributes. Each section has a total of seven pairs of attributes, examined through a semantic differential scale. A semantic differential scale is a seven-point rating scale to measure attitudes by asking respondents to select an appropriate position on a scale between two bipolar adjectives. The left side of the scale denotes more negative attributes, while the right side denotes more positive ones. Respondents are first asked to rate an average child without a disability and then asked to rate an average child with a disability. These scores are compared to assess if respondents view children with disabilities more or less favourably than children without disabilities.

Pilot testing the questions showed that there were no real differences between the way respondents answered the questions for an average 5-year-old versus an average 9-year-old. Therefore, you can ask respondents to think about a child of an age that is appropriate to your C4D efforts. If, for programme purposes, you need to disaggregate this information by age, we suggest a larger age difference than 5 and 9, perhaps between 6-8 and 12-18. Pilot testing also revealed that there were no noticeable differences in comparing a child without a disability to a child with a physical disability versus to a child with an intellectual disability. So again, choose what best fits your information needs.

CONTACT

C1: Amount of Contact with Children with Disabilities. Literature shows that attitudes of individuals who have contact with children with disabilities vary from those who do not (Slininger, Sherril, & Jankowski, 2000). Contact is therefore an important mediating variable in this research. Using a simple yes-no question as the starting point, contact is operationalized to include type of relationship with the child, the frequency of contact, and finally individual respondents' description of, and reactions to, children with disabilities. These questions are asked to all respondents except children with disabilities. Caregivers of children with disabilities are asked if they have any contact with any children with disabilities apart from their own child. There is also one question asking about contact with adults with a disability. If this is an important factor in your C4D efforts, you may also want to ask the type and frequency of contact with adults with disabilities.

C2: Description of Contact with Children with Disabilities. The amount of contact a respondent has with a child with a disability is not the only important factor. Reaction to contact also matters; therefore, it is important to move beyond the yes-no questions related to amount and have respondents describe their contact. A core set of 12 questions are asked to respondents to examine their opinions and feelings, on a five-point scale ranging from strongly disagree (1) to strongly agree (5). The questions cover a variety of emotions including pity, anger, discomfort, and acceptance. There are an additional two supplemental questions that can be asked to ascertain affective reactions, e.g. "I feel frustrated…"

These questions can be used as a filter for respondents and as a way to compare quantity and quality of contact with children with disabilities. Additionally, how the questions are phrased impacts the responses: positive reactions to contact are fundamentally different from negative reactions to contact. Therefore, even if the respondent is uncomfortable, the negatively worded questions must be asked in addition to the positively worded questions. For such situations, data collector training is key to helping the respondent to feel comfortable and engaged.

ATTITUDES

The structured interview contains four sections on attitudes: general attitudes towards children with disabilities, general attitudes towards families of children with disabilities, general attitudes towards inclusive education, and attitudes of professional groups towards inclusive education. Based on your

needs' assessment and the focus of your C4D efforts, you may ask any or all of the sets of questions on attitudes.

D1: Attitudes Towards Children with Disabilities: This section involves 18 questions for children without disabilities and caregivers of children with and without disabilities and an additional nine questions for all respondents. The inclusion of multiple questions allows attitudes to be examined as a multidimensional concept.

Using a 5-point Likert Scale, the first eighteen questions ask peer respondents to rate their agreement or disagreement with statements concerning things they would or would not do or feel relating to children with disabilities. For caregivers of children without disabilities, the questions are rephrased to capture the respondent's desires about their child's actions and feelings, while caregivers of children with disabilities are asked about their desires for their child's interaction with another child with a disability. The nine questions asked to all respondents are phrased in terms of general perceptions of children with disabilities.

All of the questions in this section are asked in relation to children with disabilities as a whole; they were not pilot tested differentiating by type of disability. However, if that is relevant to your C4D efforts, you may modify the questions to ask about a specific disability or category of disability.

D2: Attitudes Towards Families with Children with Disabilities. In this section, adult respondents, except caregivers of children with disabilities, are asked 12 questions concerning their opinions of families of children with disabilities. Respondents rate their agreement or disagreement using the 5-point Likert scale. Seven of the 12 questions are marked as optional. These seven questions were not considered a valid solution in the factor analysis in the pilot study; however, they are included because the solutions did roughly fall together to create a set of questions that could be used to measure negative affective attitudes towards families of children with disabilities. If such negative affective attitudes are important to your C4D efforts, then you should include those seven questions in your evaluation.

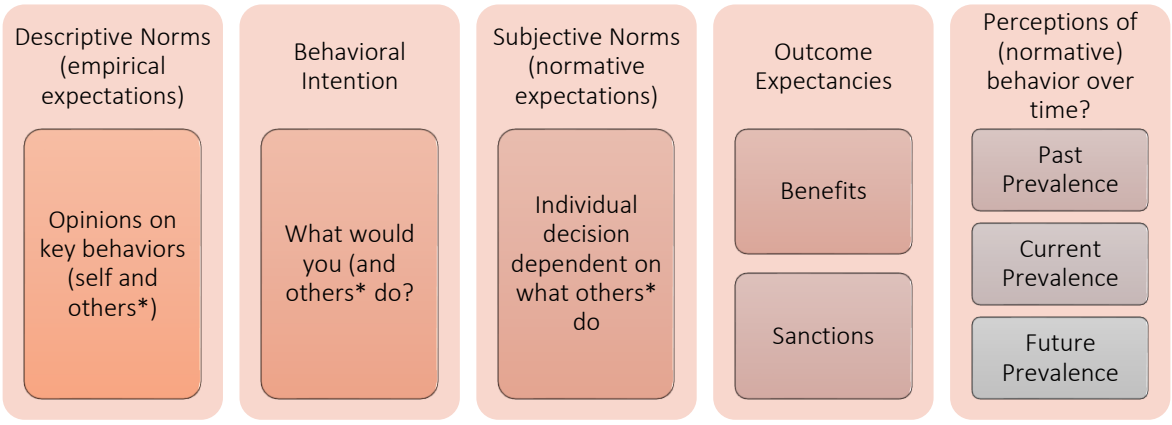
D3: Attitudes Towards Children with Disabilities and Inclusive Education. To capture general attitudes towards inclusive education, this section contains 21 questions to be asked to all adult respondents. The questions capture such topics as the positive impact of inclusive education on students, the negative impact of inclusive education on students, students' skills and abilities, and teachers' training.

D4: Attitudes of Professional Groups Towards Inclusive Education. In addition to the questions in section D3, the 11 questions in this section relate to general attitudes towards inclusive education. These questions are asked only to professionals, as they approach the topic from a more professional perspective. Two of the 11 questions are optional, as they are more related to the physical environment, which may be outside the teacher's control.

The wording of some of the questions varies based on respondent type: Teachers answer the questions about their own willingness and other professionals make a judgment on what teachers should be willing to do.

SOCIAL NORMS

Social norms are a function of personal attitudes and behaviours, as well as beliefs about the attitudes and behaviours of others (Figure 7). These judgements are made based upon the reference group, or the



*Others: Reference Groups – family, others who matter to you, society in general

FIGURE 7: SOCIAL NORMS COMPONENTS

population whose opinions respondents care about and factor into their own decision making. This section of the tool focuses on social norms around three behaviours: child abandonment (institutionalization), inclusive education, and human rights.

One challenge in measuring norms over these topics is that the respondents themselves may never have to make these decisions, particularly adults without children with disabilities who are no longer having children. For this reason, ten vignettes were developed, each representing a different age group, topic, and disability type (see Figure 8). Respondents are read the vignette and then answer a series of questions corresponding to descriptive and subjective norms, behavioural intention, and outcome expectancies. The vignettes are listed in Appendix 4.

For caregivers of children with disabilities, the vignettes are not necessary because they continually referred to their own child during the pilot. The primary caregiver is also

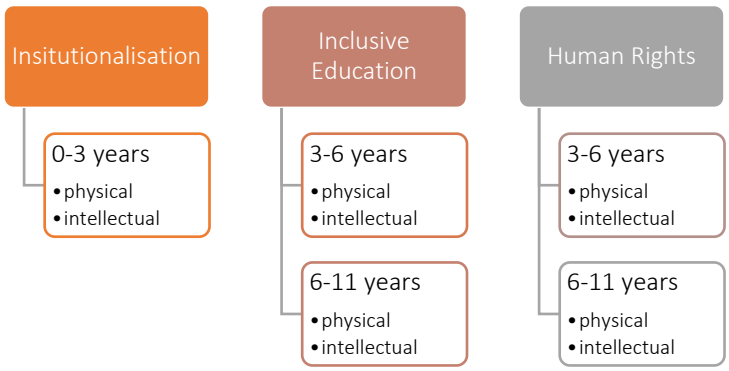


FIGURE 8: SOCIAL NORMS VIGNETTES

predominantly responsible for decision-making in these areas, so instead of asking what their choice would be for a hypothetical child, they can respond to what their choice in these respects would be for their own child. Adult respondents without a child with a disability responded to one set of vignettes: one for physical disabilities and one for intellectual disabilities within the same domain and for the same age group (for suggestions on how to use vignettes see Figure 9). Parents of children with disabilities need only be asked about one domain for their child, and the data can be matched to the vignette data by domain, age group, and disability type during analysis.

E1-E2: Social Norms Around Child Abandonment: Descriptive norms are operationalized through asking respondents whether they personally approve of, and whether their reference group personally approves of, institutionalization (at an institution or in foster care) of a child with disabilities. Behavioural intention is measured by asking whether others whose opinions they care about would actually institutionalize the child. Subjective norms are operationalized by asking what their reference group would expect them to do in the situation, as well as whether their choice in the situation would be dependent on the opinions of their reference groups. Perceptions of the behaviour over time are assessed by asking the proportion of children with disabilities in the community who are institutionalized currently, were five years ago, and will be five years from now.

Depending on the context, there may be different ways to ask about institutionalization. For example, in the qualitative pilot test, respondents used 'institutionalisation' to mean both poorly funded group homes where children with disabilities are sent by their families, but also 24-hour care facilities where children with disabilities received constant support from disability experts. One was viewed positively, and one was viewed negatively, but both were called institutions by different stakeholders (although some called the 24-hour group homes "deinstitutionalized"). It is critical to understand these nuances to use the correct terminology. Use the pretest to help determine the appropriate terms and modify the vignettes and associated questions accordingly.

E3-E6: Social Norms Around Inclusive Education

Descriptive norms are measured through asking respondents whether they personally approve of, and whether their reference group personally approves of, a child with disabilities attending general school (or kindergarten) over special schools (or staying home). Behavioural intention is operationalized by asking whether others whose opinions they care about would actually send the child to general school (or kindergarten). Subjective norms are assessed by asking what the reference group would expect them to do in the situation, as well as whether their choice in the situation would be dependent on the opinions of others. Perception of the behaviour over time are measured by asking the proportion of children with disabilities in the community who attend general school (or kindergarten) currently, attended five years ago, and will attend five years from now.

Depending on the context, there may be different ways to ask about inclusive education. For example, the types of schools may vary and whether there are laws around inclusive education may be important

factors in asking about this topic. The vignette and questions around it should be altered and pretested accordingly.

E7-E10: Social Norms Around Human Rights

Descriptive norms are assessed by asking if the respondent thinks, and their reference group would think, that the child is being treated fairly (i.e. being treated equally to others without discrimination). Behavioural intention is measured by asking whether the reference group would change the situation to make it more equitable and fair. Subjective norms are assessed by asking what the reference group would expect them to do, as well as whether their choice in the situation would be dependent on the opinions of others. Respondents are then asked to estimate perceived prevalence of fair, equal treatment towards children with disabilities as it is currently, was five years ago, and will be five years from now.

This was the most challenging section of the structured interview for respondents in the pilot. In some cases, respondents did not recognize that there was a human rights violation in the vignette, which had been altered, first based on the feedback of disability experts and again after pretesting, to be subtle in order to reduce discomfort among respondents. However, as a result, respondents often gave contradictory answers or responded to other domains (like inclusive education) that the vignette was not about. For this reason, it is suggested that you develop and thoroughly test a human rights vignette (or prompt for parents of children with disabilities) that directly reflects local realities, and that is clear enough that respondents will recognize the intended rights violation while reducing discomfort as much as possible. Some recommended themes include: structural barriers like inaccessible buildings or recreational spaces, not being allowed to enrol in general school in spite of legislation, and ostracization by children without disabilities.

Suggestions Using Vignettes

- Let respondents know you will be telling a story and asking questions about it before you start.
- Read the vignette slowly and clearly.
- Provide printed copies of the vignette so respondents can refer back to it.
- Repeat key details of the vignette within questions (the child's age and type of disability, for example) so respondents keep them in mind.
- Remind respondents that while they might not have the power to make these choices, we want to know what they would do if they did.
- Encourage respondents to think of their own experiences in relation to the activity.
- Probe if respondents give "I do not know" as an answer, encourage them to choose what they think is the best response.
- Remind respondents that they do not have to give the same answers between vignettes, tell them you will ask about the same issue but with a child with a different type of disability.

FIGURE 9: SUGGESTIONS FOR USING VIGNETTES

Like with the construct of attitudes, there are several sub-constructs of Stigma (Figure 10). When deciding which questions to include in your study, first decide what specific type of stigma will be covered and select the domains accordingly. However, note that if you are interested in domains F4, F5, or F6, all three sections must be asked because the questions are meant to be compared across domains.

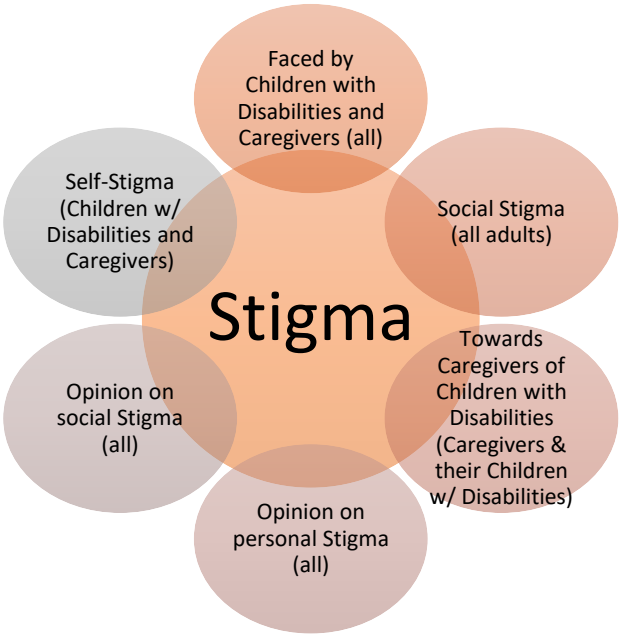


FIGURE 10: STIGMA DOMAINS

F1: Stigma Faced by Children with Disabilities and their Caregivers. In this section, all respondents are asked 11 questions about the stigma faced by children with disabilities and their families. Using the scale from 1 to 6, where 1 = never, 2 = a few times a year, 3 = a few times a month, 4 = a few times a week, 5 = every day, and 6 = multiple times per day, children with disabilities and their caregivers rate how often the events happen to themselves, while other respondents rate how often they think the events happen to caregivers and their children with disabilities.

In pilot testing, some data collectors indicated the response scale was too specific causing respondents to struggle to recall exactly when events occurred. Therefore, you may choose to rephrase the scale into the following response categories: never, rarely, sometimes, often, and always. However, such a choice would need to be thoroughly pretested prior to implementation.

F2: Social Stigma towards Families of Children with Disabilities. The section on social stigma towards families of children with disabilities asks nine questions to all adult respondents, using a 5-point Likert scale from strongly disagree (1) to strongly agree (5). The questions were supposed to correspond to affective, cognitive, and behavioural dimensions. However, during the pilot test, factor analysis of the

responses yielded only a one-factor solution with several outliers. Unless it pertains directly to your C4D efforts' information needs, this entire subsection could be omitted.

F3: Self-stigma of Caregivers of Children with Disabilities. Because this is a section on self-stigma, the 22 questions in this section are intended for response by caregivers of children with disabilities only.

During the pilot, data collectors indicated that these questions caused many caregivers to become quite emotional, some to the point of tears. Because one of our principles of research is to do no harm, it is important to explore additional ways of asking these questions while still collecting the information necessary. One recommendation is for data collectors to frame the introduction of this section by telling respondents that they are going to say some statements about issues caregivers have reported experiencing and that we want to know how much it relates to them. This could make the respondents feel less isolated. Data collectors themselves also need sensitivity training to handle a situation where a respondent becomes visibly emotional.

Additionally, if possible, a higher proportion of the questions could be positively worded. However, changing the wording of a questions may not yield accurate measures of stigma and would therefore require extensive pretesting before use.

In the pilot testing, there was also some confusion about the responses because some caregivers would say, for example, that they felt sad because they had a child with a disability (a measure of self-stigma); however, the reason for their sadness was not because their child has the disability, but rather because of how their child is treated by others (social stigma). This specific set of questions should only be used with additional training provided to data collectors on why these questions are being asked and how to specifically ask and code these questions.

F4: Personal Opinion of Stigma Toward Children with Disabilities, F5: Opinion of Public Stigma Toward Children with Disabilities, F6: Self-Stigma among Children with Disabilities. These three sections gather information on opinions on social stigma, opinions on personal stigma, and levels of self-stigma using the same set of 5 questions. As such, these sections are intended to be taken as a whole, i.e. if you choose to include one of these sections you need to include all three. F4 and F5 are asked to all respondents, whereas F6 is only asked to children with disabilities and their caregivers as it is a measure of self-stigma.

The statements in F6 are designed to capture self-stigma without making the children with disabilities agree to statements directly judging themselves (I.e. I am unpredictable). This change was made after pretesting yielded great discomfort and nonresponse for "I am" statements. Asking children to compare themselves to other children is way to create personal distance from the topic and increase comfort (and thus the response rate) of the participants.

In the pilot test, these questions were asked about disability as a whole, however many respondents indicated that their answer depended on the type of disability. Therefore, you may want to ask this section about specific categories of disability related to your C4D efforts.

SOCIAL DISTANCE

G1-G2: Social Distance from Child age 6-11. The social distance section of the structured interview is intended for children without disabilities and caregivers of children without disabilities. Respondents are read a vignette describing a child with a physical disability and then asked a series of sixteen questions about what they would or would not do in social situations, such as saying hello or sharing snacks. This is repeated for a child with an intellectual disability. Caregivers are asked the same questions with a modification to ask what they would approve of their own child relative to the child in the vignettes.

If your C4D efforts are only interested in one type of disability, you could include only one of the two subsections. However, analysis in the pilot study showed significant differences in social distance depending on the type of disability, therefore it is recommended that both subsections remain in the tool.

Additionally, when choosing a vignette, use one that aligns with the overall objective of your C4D efforts.

FOCUS GROUP DISCUSSIONS WITH CAREGIVERS

Focus group discussions (FGDs) consist of a group of 6-10 participants and a facilitator. Figure 11 shows some of the advantages of using FGDs for qualitative data collection.

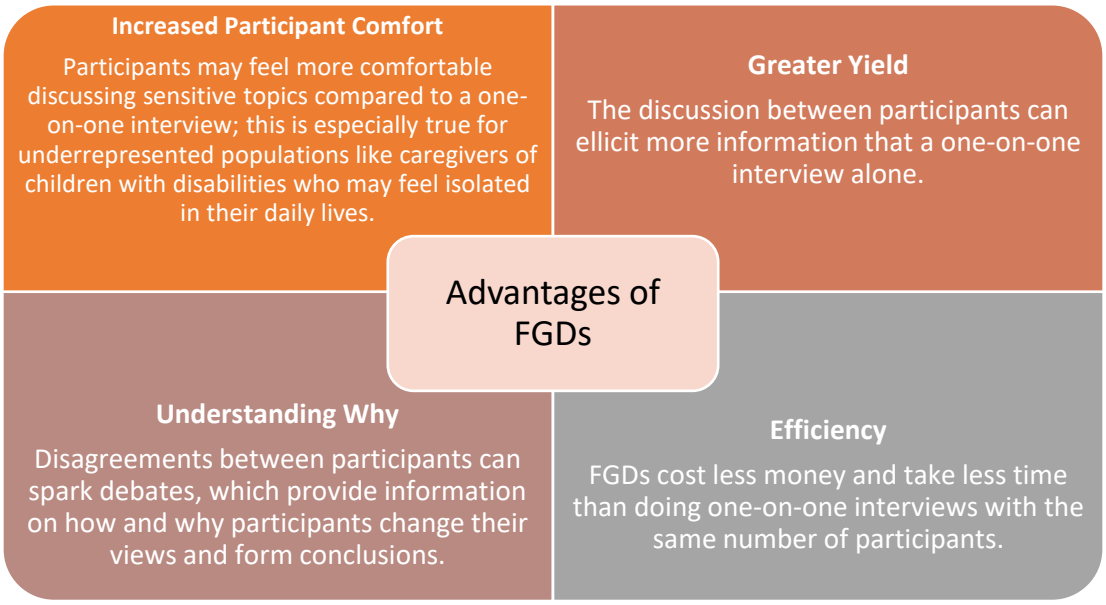


FIGURE 11: ADVANTAGES OF FGDS

When conducting FGDs, it is important to consider the location. The discussion should take place somewhere convenient and easy for participants to access. Consider what times participants will be

available for an FGD, which can take up to two hours. If possible, FGDs can be held in locations where participants work or frequent, such as schools or healthcare facilities. It may be advantageous to arrange discussions at times when caregiver's children are not in their care, such as in the mornings at schools after they drop their children off.

In addition to recording discussions, facilitators should be trained to document non-verbal cues like hesitation, emotional responses, or facial expressions, as these can be telling about how comfortable participants are discussing children with disabilities.

The FGD guides (Appendices 4 and 5) consists of four participatory activities to be conducted with caregivers. Each activity provides data that compliments sections of the structured interview tool. This supplemental data can help provide insight into the quantitative results.

FREE LISTING

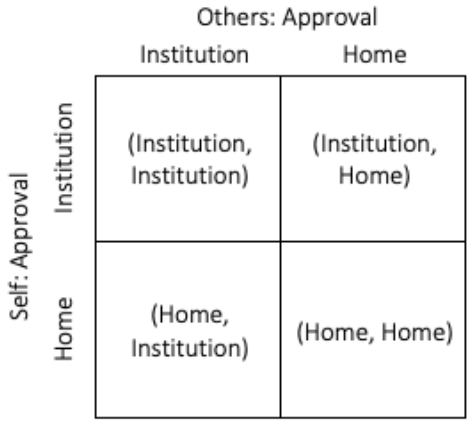
Free listing provides information on participant's attitudes towards children with disabilities. Participants are asked to reflect on what they feel when they think of children with disabilities. They then list all the words or phrases that come to mind. The next step is having participants categorize the terms by the three models of disability. This elicits information on how the participants view the terms, as either the medical, charity, or social model of disability. Finally, to provide further context, participants categorize the terms as either positive or negative. This enriches the data in the sense that participants may identify a term as fitting under the medical model but classify the term as positive. This nuance sheds light on how disability is being conceptualized within the three models of disability, how the participants' attitudes towards disability shape the negative and positive connotations associated with the different models, and how they view disability as a social construct.

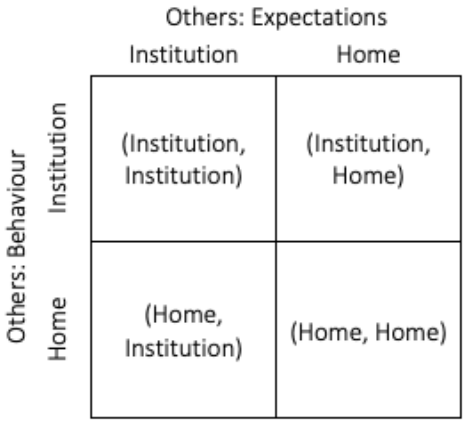
It is critical that facilitators get at the key question: what participants feel when they think of a child with disabilities. During the pilot, participants tended to choose terms that either reflected what they believe children with disabilities feel or were symptoms of disabilities. Facilitators must be trained to probe and keep the participants responding to the key question, so the data is most useful.

When used over time, Free Listing can show how attitudes are shifting and if they are becoming more positive towards children with disabilities. Whether participants are adopting the perspective of the social model of disability (or have increasingly favourable opinions of it) can also be demonstrated.

2X2 TABLES FOR SOCIAL NORMS

FIGURE 12: 2X2 TABLES





This activity mirrors the social norms section in the structured interview tool. The same three domains are assessed, child abandonment (institutionalization), inclusive education, and human rights, and the same vignettes are used with caregivers of children without disabilities (Appendix 4). This makes the qualitative data gathered here complimentary to the quantitative data, and also allows for comparability. Although the questions are roughly the same, there is an added visual component: the 2x2 table (see Figure 12). This is a unique way to measure social norms developed by the Drexel team. Participants choose what quadrant their responses fall in based upon 1) their personal approval of, and their perceived approval of others towards, the behaviour; 2) their belief about whether others would do the behaviour and would expect them to do the behaviour. This provides insight into whether social norms may be at play. While this activity measures the social norms construct, the topics themselves also cover social exclusion and distance (in the case of child abandonment and inclusive education), as well as human rights violations. The type of human rights violation will be specific to the topic you select that reflects the overall objectives of your C4D efforts.

The main benefit of asking the social norms questions in this qualitative activity is that it allows the facilitators to delve into the social sanctions and rewards associated with making the decision they do. Such exploration isn't possible in the quantitative interview because of the open-ended nature of asking about reasons, sanctions, and rewards. The FGD, on the other hand, creates the perfect environment to understand why people provide the answers they do.

In addition to normative data, this activity and the accompanying quantitative section can provide insight into where participants lie on the stages of change. Those people who challenge the negative/regressive norms can be considered innovators and early adopters, while those whose attitudes reflect the negative/regressive norms can be considered late adopters and laggards. Over time, change can be observed in the adoption of positive/progressive personal and perceived attitudes, beliefs, and expectations over the negative/regressive ones on a population-level.

When conducting this activity, it was hard for participants to consider the thoughts and behaviours of the reference group. To help alleviate this issue, a short social network map can be completed before beginning the activity. Participants report whose opinions are important to them regarding children with disabilities at the different levels of the social ecological model. When asking about the beliefs and behaviours of others, as well as if participant's decision would be influenced by others, facilitators should refer participants back to the social network map. For additional training recommendations, see Appendix 17.

PILE SORTS

Table 1: List of Attributes to be Categorized	
Positive	**Negative**
Cheerful	Sad
Hardworking (active)	Lazy (passive)
Brave (Powerful)	Fearful (afraid)
Dependent (helpless)	Independent (strong)
Confident	Insecure
Social	Withdrawn
Optimistic (positive)	Pessimistic (negative)

Pile sorts are used here to assess attitudes and stereotypes around children with disabilities. Caregivers categorized the same set of attributes used in section B3 and B4 of the structured interview tool (see Table 1) into one of four boxes that they think the term best represents: children with disabilities, children without disabilities, both, and neither.

It may be advantageous to change the words that participants sort, based on your context and local needs. However, be sure that the terms match in the quantitative and qualitative tools. Facilitators should be trained to record both 'first impressions', or which box the card is first placed in, as well as final decisions made by the group and how these decisions came about.

How participants feel relative to children with disabilities helps to illustrate attitudes and reveal the presence of stereotypes. Over time, this data can show whether participants are aligning a greater number of positive characteristics, and fewer negative ones, with children with disabilities and/or both groups of children.

EMPATHY MAPPING

Empathy maps are used to measure the discrimination and stigma constructs, but the topics that participants raise have the potential to shed light on all constructs of the conceptual model. To complete this activity, participants first map what the current society looks like relative to discrimination of children with disabilities. Participants sort these terms into four quadrants forming the empathy map: what they see, hear, say/do, and understand/feel (see Figure 13). Next, participants create another map of what a society

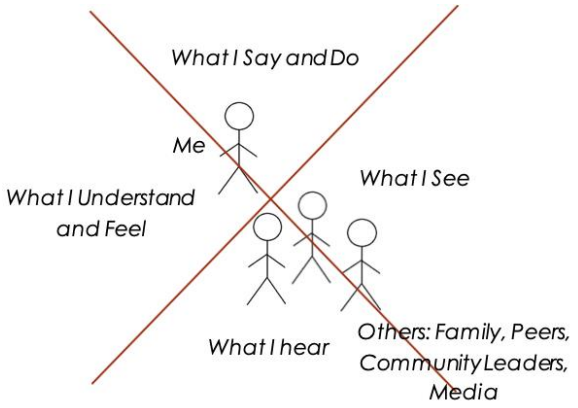


FIGURE 13: EMPATHY MAP OUTLINE

free from discrimination would look like. In this way, participants are encouraged to think about how society today would be different for children with disabilities and society as a whole if there was equal opportunity and no discrimination. Participants then discuss as a group the reasons for their answers, who is responsible for making these changes, and how they can personally contribute towards change.

In the pilot study, participants tended to resist sharing what a discrimination-free society would be like, and instead declared that such a society is impossible to achieve. Facilitators must be trained to probe further in these cases. For example, they can use the "current society" map to identify specific issues or themes and ask how they would be different.

This activity allows researchers to assess how participants view a society free of discrimination, which highlights the factors the population views as most important in this respect. By understanding who participants think is responsible, C4D efforts can specifically target these groups. Likewise, assessing what participants feel they themselves can do is important for determining where the population is on the readiness to change spectrum. If they believe that achieving a discrimination-free society is impossible and they cannot do anything to help change it, C4D efforts should focus on communicating tangible ways in which people can make a difference. As participants begin to understand that we all have social responsibility when it comes to eliminating discrimination and fostering fairness and equity in society, C4D efforts can track how participants are adapting and taking on more responsibility over time.

IN-DEPTH INTERVIEWS WITH CHILDREN

IDIs allow for a deeper level of information to be gathered through the use of three participatory activities[2]. These participatory research tools make the IDIs more engaging and encourage children to share their views on complex and sensitive topics.

In the pilot test, children with physical disabilities and children without disabilities understood all activities well and were able to complete them in full. The activities were far more challenging for the children with intellectual disabilities. Therefore, it is critical to have special educators with experience working with children with intellectual disabilities as part of the interview. If possible, it would be best to have them present to aid the facilitator who is trained in data collection. The two can then work as a team. Other suggestions for conducting in-depth interviews using participatory methods with children with intellectual disabilities are listed in Figure 14.

[2] The in-depth interviews were initially designed as focus group discussions, but the participants struggled to work through the activities as a group, especially children with intellectual disabilities. That said, depending on the disability types of interest, these tools can be used in a focus group discussion with some wording modifications to the tools.

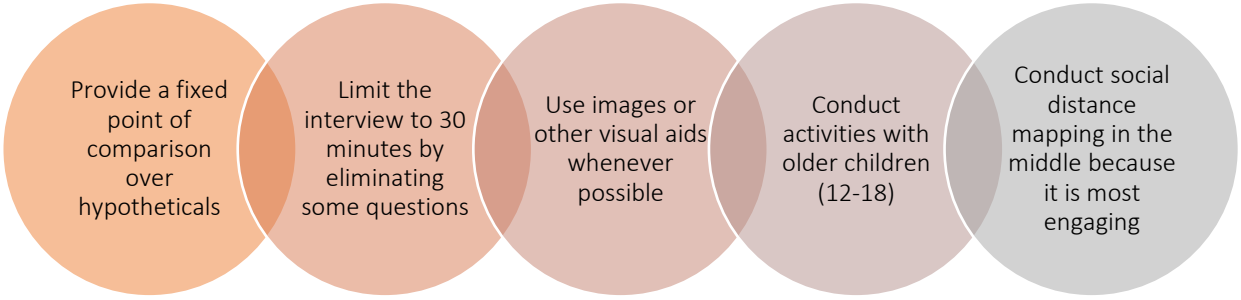


FIGURE 14: SUGGESTIONS FOR IN-DEPTH INTERVIEWS WITH CHILDREN WITH INTELLECTUAL DISABILTIES

The following activities are conducted with children with physical and intellectual disabilities and children without disabilities. Each section describes the tool, what constructs it measures, tips for use, and how the data can be used. Copies of the IDI guides are attached in Appendices 7 and 8.

PILE SORTS

Like with Piles Sorts in the caregiver FGDs, Pile Sorts with children measures stigma and stereotypes around children with disabilities. For the children with disabilities themselves, this activity also assesses self-stigma. A new set of words is proposed for this activity, and therefore they must be pretested with the local population for applicability and understanding. The words are: good, bad, happy, sad (from original validation), together, alone, hardworking (from original validation; likes to do things), and lazy (from original validation; does not like to do things). These words match the words used in sections B3 and B4 on the structured interview tool so the data is complementary and can be compared.

In the pilot test, children with intellectual disabilities struggled with the categorization of words, so it is suggested that facilitators sort them based on the child's response, and do not bother with placing them in boxes, which can be distracting. It is important to provide a fixed point of comparison here (such as a sibling or friend), so children with intellectual disabilities could compare the terms with children without disabilities they know. It is further suggested to use images representing the term to help them understand the intended meaning of the words.

SOCIAL DISTANCE MAPPING

The social distance mapping activity provides information on the social exclusion of children with disabilities by children without disabilities. By having children place stickers on images for where they play in a park setting, and then where children with different types of disabilities/children without disabilities play, and where all children play together, patterns of social distance can be assessed. Children are probed for reasons to their responses to provide more nuance to the data. This activity corresponds to the social distance section of the structured interview tool (G1-G2). The data from social distance mapping can provide information on whether social distance is being reduced over time, in both physical and social domains.

While the questions can remain the same, the location should be selected depending on context and local realities. In the pilot, a park was the selected location and children with physical disabilities responded according to their aspirations, not reality, because of the lack of inclusive parks. As this tool is intended to measure actual social distance, it is critical to choose a location where children with and without disabilities actually interact. Some suggestions for locations are: inclusive schools (classrooms, playgrounds, or cafeterias), places of worship, bazaars or other gathering spaces, and inclusive parks, if available. These locations, and the associated questions about interaction there, should be pretested to determine their applicability.

SAME OR DIFFERENT

Same or different elicits information on attitudes towards disability, and can also shed light on stigma, self-stigma, and discrimination depending on what information participants share. In this activity, participants reflect on how children with and without disabilities are similar and different. Then, having just described these characteristics, they are asked about five behaviours: whether they would say hello to, share with, play with, invite over to play, or share a secret with a child with (children without disabilities) or without disabilities (children with disabilities). These questions correspond to those in the social distance section of the structured interview tool (G1-G2).

Children with intellectual disabilities struggled to make comparisons without a fixed point, such as their classmates in general schools or their siblings. Likewise, they had trouble understanding the concept of disability. Facilitators should be trained to help children with intellectual disabilities by probing using these fixed comparisons.

IN-DEPTH INTERVIEWS WITH PROFESSIONALS

The IDIs with professionals may be conducted to provide more detail for the constructs covered in the structured interview tool. In the pilot test, it was found that professionals gave responses that mostly reflected their professional point of view rather than their personal opinions. For this reason, it is suggested that in-depth interviews with professionals are conducted as a formative research technique. The tool can be used with health, education, social work, civil society, and government professionals to develop an understanding of disability within these sectors. It is further suggested that if professionals are important stakeholders in your program or research, that they complete the same FGD as caregivers for monitoring and evaluation purposes.

TRANSLATION

After finalizing the core tools according to your team's specific needs, they must be translated into the local research language(s). The tools should be translated from English into the local language(s) and then back translated from the local language(s) to English. The pre- and post-translation of the tools should then be compared for consistency and accuracy. It is also important to have the translated version

checked by someone who works in this subject area (a UNICEF staff member or similar) for use of specific terminology. A concentrated review of the translations is imperative to ensure a nuanced understanding of the terminology and tools.

Note, if conducting the research in more than one language, the English version of the tools should be the source for both translations. That is to say, do not translate the English tools into language A and then translate the language A tools into language B, as this can create deviations from the original intentions of the language. To assist in translation, a glossary developed of technical terms specifically for conducting research on discriminatory attitudes and social norms against children with disabilities, with which respondents may come into contact (Appendix 11). Have someone from your technical team who is fluent in the local language provide appropriate translations to these terms before beginning the full translation of the resources. After translation, the tools should be back-translated, and then the original English version and back-translated English versions compared, to ensure that the intended meaning and purpose of the questions was maintained throughout the translation process.

PRETESTING

Pretesting occurs with a small sample of your intended respondents and serves to assess whether the language and length of the tools is appropriate for the research context. Through pretesting, you can decide whether to include certain optional questions in your full research study and whether the questions work with your intended respondents. Pretesting also provides an opportunity to gather information on additional response categories that can be pre-coded for the quantitative questionnaire.

Although these tools have already been pretested and validated, it is important to allot time and financial resources to pretesting your tools after translation. Pretesting can determine the overall cultural appropriateness of the tools, as well as the suitability of the vignettes and questions individually. Modifications should be made to ensure cultural relevance; this may vary by type of respondent. It is especially important to determine children with disabilities are able to understand the tools. As the tools were piloted with children with physical and intellectual disabilities, your team should be careful to assess the results of pretesting with children with other types of disabilities. Appendix 12 contains a table that highlights specific questions to which we recommend paying close attention during pretesting.

Within your team, identify a small group of individuals who will serve as validators during the pretest. The validators will observe a set of interviews, in-depth interviews, and focus group discussions during the pretest. They will document nonverbal cues, such as hesitation or facial expressions of confusion or discomfort. They can also document which questions respondents needed additional clarification on and how the tools were interpreted overall. A small debrief meeting can be held upon completion of the pretest, bringing together the validators and the researchers and moderators who actually conducted the interviews and focus group discussions. During this debrief, validators should discuss the results with the researchers and moderators, and together the group can collaborate on the next steps, whether it is

rewording or removing questions or sections. A summary of key elements for validators to assess and later discuss in the debrief is included in Figure 15 below.

Nonverbal Cues

- Eye contact
- Facial expressions
- Emotional reactions, such as laughter or crying
- Body language
- Tonnation and volume (speed of speaking and how loud they speak)
- Gestures
- Hesitancy

Verbal Cues

- Comments participants give directly
- Repetition of phrases
- Emphasis
- Requests for breaks or to stop participation

Response Latency

- Length of time to complete each question (noting if it is especially long)
- Length of time to complete tool

FIGURE 15: SUGGESTED PRETESTING CHECKLIST ITEMS

Note that the above cues can be subjective and hard to decipher, making hosting a debrief instrumental to the success of your pretest revisions. As a group, you can discuss the results and determine what the cues meant and how to adapt the tools so respondents have the best experience possible while still obtaining data that is representative of the research goals.

PRETEST SAMPLING

There are various recommendations in the literature regarding appropriate sample sizes for qualitative and quantitative pretesting. Although no complete consensus exists, many researchers interview approximately three individuals per stakeholder group for quantitative research. For qualitative research, much of the literature suggests that pretesting isn't necessary (Perneger, Courvoisier, Hudelson & Gayet-Ageron, 2015). However, given the participatory nature of the qualitative tools in this research, we recommend pretesting at least one FGD with caregivers of children with disabilities, one FGD with caregivers of children without disabilities, one IDI with children with disabilities, and one IDI with children without disabilities. If you are conducting the research with more than one age group of children, adjust the number accordingly. Likewise, if you are conducting IDIs with children with different disabilities,

conduct a pretest with each category of disability. Additionally, one IDI (or FGD, if applicable) with professionals may be conducted to examine the length and comprehension of the tool(s).

ETHICAL REVIEW

Ethical review is necessary for all research involving human subjects; however, it is especially important when so-called "vulnerable populations" are included. Children with and without disabilities are both considered vulnerable populations and require extra protections when involved in research. A research ethics committee will review all research components (Figure 16) to ensure that the fundamental principles of respect for persons, beneficence, and justice are upheld.

FIGURE 16: COMPONENTS OF RESEARCH FOR REVIEW BY ETHICS COMMITTEE

Appendix 13 provides a more detailed list of the components that should be included in a research protocol submitted for ethical review.

Some countries have dedicated research approval organizations. Your LRA partner should be aware of these boards already. Universities usually have their own dedicated institutional review boards (IRB), so when collaborating with a university as your LRA partner, you must obtain clearance through their dedicated IRB. There are also certified global review board partners with which UNICEF is able to contract and with whom UNICEF may already have a long-term agreement, if no other available IRBs exists. Regardless of the IRB you go through, it is important to make allowances in your research timeline to obtain ethical clearance. Depending on the committee completing the review, this process can take several months. Check with the IRB to determine the process and timing of their review systems. Obtaining the research committee's meeting schedules and dates by which study materials must be submitted can help researchers plan their work, such as writing up protocols, around that schedule.

Informed consent must cover the following information:

- Description of the research (i.e., name of study, study objectives, duration, expected responsibilities, procedures, sponsor/donor, responsible IRB)
- Risks and benefits to the participant
- Voluntary nature of participation
- Confidentiality and privacy protections
- Compensation
- Contact information for follow up questions

Because of the sensitive nature of this research, is worth emphasizing the importance of obtaining informed consent and/or assent from research study participants. Informed consent/assent provides participants with the information necessary to make an educated decision about whether or not to participate in the research. Figure 17 lists critical information that should be included in consent/assent documents. Appendix 14 contains additional information on informed consent/assent and Appendices 15-16 provides examples of the consent and assent forms used in the pilot study for the development of the research tools. Again, extra measures should be taken to ensure that children, especially those with disabilities, are able to decide whether they want to participate in research or not.

PLANNING RECOMMENDATIONS

Thorough planning will help to ensure a smooth and effective data collection process. Some of the key

FIGURE 17: COMPONENTS OF INFORMED CONSENT

recommendations from the planning section are reiterated in Figure 18 below.

FIGURE 18: PLANNING RECOMMENDATIONS

III. FIELD WORK

RECRUITMENT OF DATA COLLECTORS

One of the responsibilities of the LRA is to recruit the data collectors who will implement the tools. When hiring an LRA, make sure their proposal includes details on the minimum qualifications for data collectors and how they will be recruited. It is highly recommended to recruit from already well-established networks of data collectors in your country. Figure 19 provides some recommendations that you can provide to the LRA on who to engage for data collection.

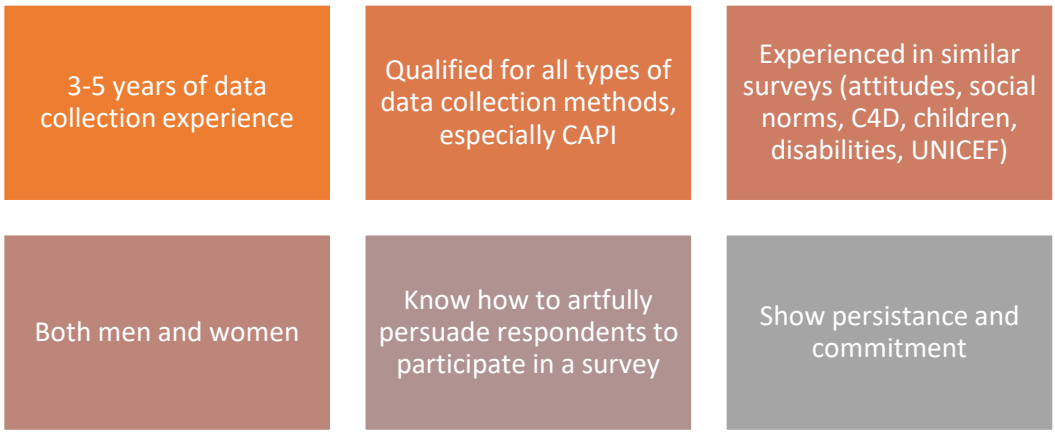


FIGURE 19: RECOMMENDED QUALIFICATIONS OF DATA COLLECTORS

Recruitment of supervisors is also an important step as they play several roles throughout the data collection process, including the quality control measures detailed below. Supervisors may be staff of the LRA or may be recruited and hired externally. As with data collectors, supervisors need to be experienced in this type of data collection. They should also have experience conducting field and telephone back-checks.

DATA COLLECTOR TRAINING

Adequate training helps data collectors become familiar and comfortable with the data collection and sampling procedures and tools and helps to mitigate biases that data collectors may have (Fowler & Mangione, 1990). Data collector training should start after the tools have been finalized, that is, after

revisions based on the pretesting have been made. All supervisors and data collectors should be required to attend the entire training.

The data collector training should include the following components: 1) a theoretical orientation involving the objectives of the pilot test; 2) an ethics module to orient the team on appropriate procedures including respect for persons (informed consent/assent procedures), beneficence, and justice; and 3) all aspects of data collection (Figure 20). The training should be participatory in nature, including role-playing (mock surveys, interviews, and FGDs) and opportunities for participants to ask questions and clarify concerns. Depending on the final scope and complexity of your research, a minimum of a five-day data collector training that includes three days of training, one day of field testing, and one day of debriefing is required. For the qualitative tools, two days of training – a half-day of training, one day of field testing, and a half-day for debriefing – is the minimum requirement. Appendix 17 provides a sample agenda for the data collector training and Appendix 18 provides a table of elements to highlight throughout the training.

FIGURE 20: TOPICS OF DATA COLLECTOR TRAINING

In the case that the data collectors do not have experience working with children with disabilities, you should consider holding a half-day or day long sensitization workshop in which data collectors can address their own biases related to children with disabilities.

Another consideration is to make sure that the data collectors are familiar with the CAPI version of the tool. You may need to increase the training by a day to provide adequate time for interaction with the CAPI tool. While this may mean a delay in the start of data collection, it has high returns in regards to data quality.

It is also crucial to train supervisors on the topic and tools used for data collection. Supervisors should have an extra day of training that reviews field team deployment and quality control procedures.

QUALITY CONTROL PROCEDURES

To ensure the quality and accuracy of the data being collected, several quality control mechanisms should be used throughout the field work stage of the research. The first step to ensure high quality data is

thoroughly training the data collectors, which is implemented before data collection begins and was described in the previous section. Other quality control processes used during this research should include having field supervisors, observing data collection, verifying data, checking data, and monitoring data transfer. Details on these processes are below.

Having Field Supervisors: The role of field supervisors is to oversee the data collection process to ensure the highest quality data is collected. They provide individual data collectors with feedback and handle any issues that arise. The field supervisors update the research managers and liaise between the managers and data collectors. Field supervisors are critical for confidentiality as they manage access to any identifying information. They also work to match field staff with respondents, which can increase a respondents' comfortability and willingness to participate.

Observing Data Collection: Field supervisors are responsible for observing data collectors in action, to ensure that they are following research protocols related to recruitment, consent and assent, and administration of the tool. Observing data collectors is especially important in the first few days of fieldwork, as this is when data collectors are first putting into practice what they learned in the training. You should work with the LRA to determine the percentage of observations that supervisors will conduct and what mitigation measures will be undertaken in the event of problems. Typically, 10% of interviews are observed.

Verifying Data: Supervisors should also verify the quality of data being collected by performing back-checks of completed surveys. Additionally, supervisors can conduct verification interviews, in which they go back to a previously-interviewed respondent, ask them a small set of questions, and compare the answers they collect with those recorded by the data collector. Selection criteria for the back-check questions are that they should be easily verifiable from one day to another. For example, observations of gender and type of house, or questions about knowledge of key elements in the tool. For example, in this tool you might choose questions relating to contact with children with disabilities. At the minimum 10% of interviews should be back-checked.

Monitoring Data Transfer: Proper transportation, storage, and transmission of data is essential for ethical research. For the quantitative data collection, if CAPI is used, only electronic methods of data transfer will be employed. This allows data to be sent to the server at the research headquarters as soon as an interview is complete. For qualitative data, pictures of participatory materials and audio or video recordings can also be shared electronically through encrypted files. Paper materials should be kept with the supervisors until they can be transferred and stored in locked cabinets at the research offices. Any identifying information should be kept separately from the research data, also in locked cabinets, only accessible to research managers.

When used in concert, these quality control checks create feedback loops allowing for corrective action to be taken quickly to address any issues that emerge during data collection.

There are many advantages to using computer-assisted personal interviewing (CAPI) software to conduct the quantitative interviews. Such benefits include:

- Direct recording of data from the interview, which eliminates the need for data entry at a later point and avoids an additional source of errors and costs.
- Data is available immediately for further analysis.
- Automatic filtering and skip patterns reduce opportunities for data collector error. This also allows the full concentration of the data collector to be on the important contents of interviewing, not on following skip patterns.
- Allows for efficient monitoring and control because of automatic control of sample and quotas.
- Can increase response rate to sensitive questions because it is possible for respondent to complete certain questions on the questionnaire themselves.
- Possible to integrate logos/pictures/commercials and similar, if necessary.

When choosing a CAPI software, you should keep a few things in mind to make sure you pick one suited for your C4D efforts. For example, choosing a platform that allows data to be collected offline may be a requirement if not all of your C4D effort areas have adequate internet connectivity. Or you may require a multi-lingual option that allows data collectors to choose between several languages based on respondent preference. Figure 21 provides a series of questions that can guide your CAPI software selection.

A final consideration when using CAPI is that the research timeline must contain sufficient allotments for developing the application, cross-checking the CAPI tools against the soft-copy questionnaires for accuracy and consistency, finalizing the CAPI tools prior to the pretesting, making last minute revisions before the data collector training and field work, allowing data collectors to practice on the CAPI tool prior to data collection.

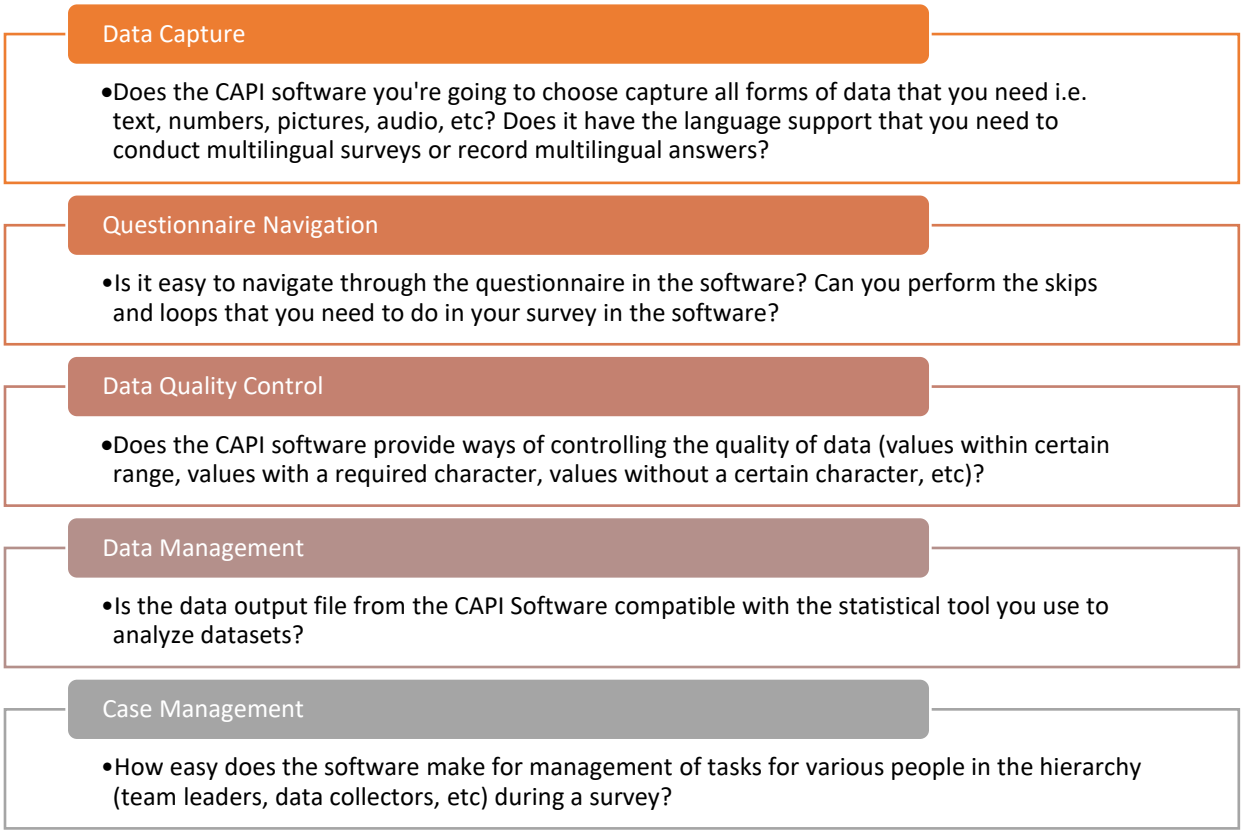


FIGURE 21: QUESTIONS TO GUIDE CAPI SOFTWARE SELECTION

FIELD WORK RECOMMENDATIONS

Some of the key recommendations from the Field Work section are highlighted in Figure 22.

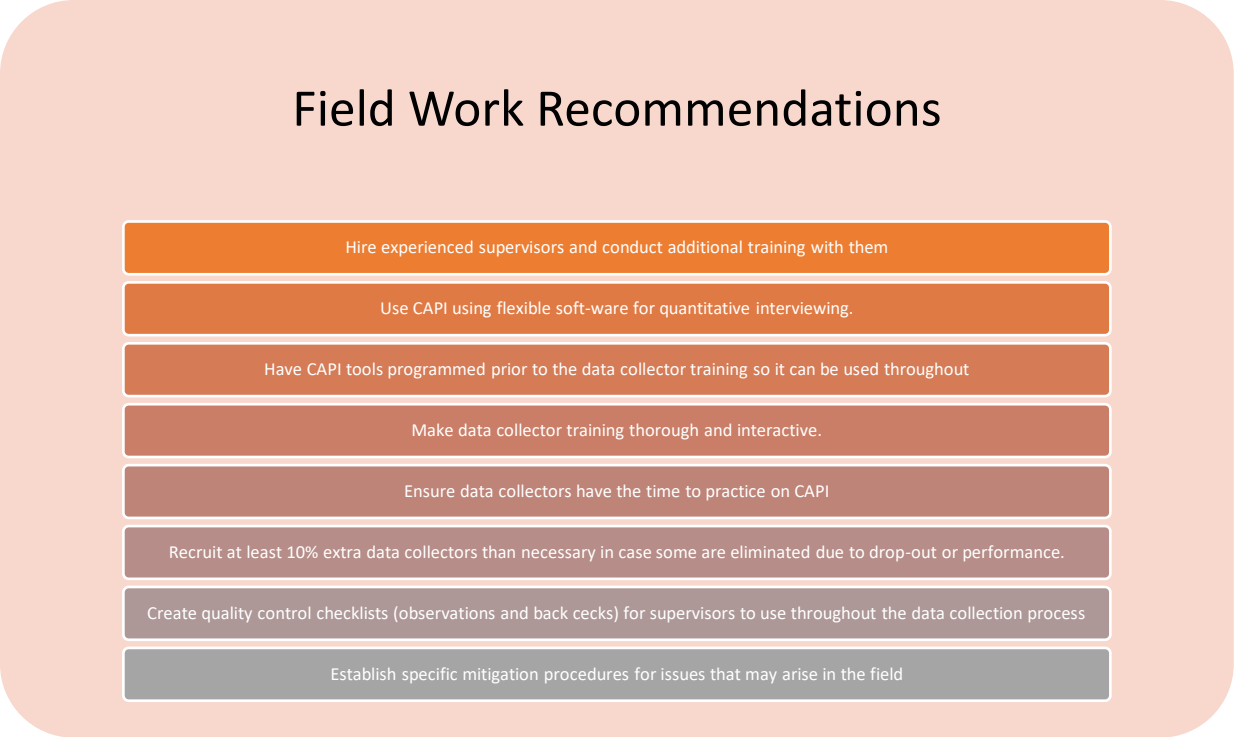


FIGURE 22: FIELD WORK RECOMMENDATIONS

IV. DATA ENTRY AND ANALYSIS

This section covers the steps to take after all the data has been collected including data entry and cleaning and quantitative and qualitative analysis. Although these steps happen after fieldwork is completed, it is important to prepare for them while the fieldwork is still underway.

DATA ENTRY

When using CAPI, quantitative data entry should happen automatically through the program. However, the files downloaded from the CAPI database should still be reviewed for accuracy and errors. The one aspect that you should focus on for quantitative data entry is the "others" responses. A rule of thumb is that if over 5% of respondents provided "others" responses (that is, responses that weren't anticipated and pre-coded) these other responses should be post-coded. In other words, the qualitative other responses should be categorized and coded numerically, so as to be analysed with the other quantitative data. Additionally, to make data analysis easier, it is recommended to create a matrix that lists the sample sizes and questions asked to each respondent group.

Qualitative data entry for the activities introduced in this specific pilot study can be completed using the transcripts, blank data entry templates, and data entry guides (Appendices 19 and 20). These resources

provide instructions on how to enter the data for analysis. Qualitative data entry for all open-ended questions consists of thematic analysis, where the key ideas from the FGDs and IDIs are recorded on the data entry template as concise phrases. These statements should capture the underlying meaning of the response. For the close-ended questions, such as where participants sorted the cards for pile sorts or the quadrant that they fell in for 2x2 tables, the number "1" is entered under the appropriate variable according to the instructions in the data entry guide. As transcripts are assessed, highlight key statements and phrases top incorporate into the results.

If possible, having two people do qualitative data entry is suggested. This will speed up the process, as one person reads the responses and the other codes them. This can also help increase the accuracy of data entry. Another recommendation is to have a separate reviewer review a portion of the entered data and assess the two sets of codes for inter-rater reliability. Inter-rater reliability examines the extent to which the coding by independent coders aligns. Lombard, Snyder-Duch and Bracken (2002) provide guidelines on conducting inter-rater reliability testing.

QUANTITATIVE ANALYSIS

While field work is still underway, you should create a data analysis plan that outlines what and how analyses will be conducted. The plan should communicate how the key constructs of the conceptual will be measured (operationalized) using the data available.

It is recommended to undertake quantitative data analysis in a powerful program such as STATA or SPSS. Quantitative analysis will involve recoding responses, computing new variables, and running tests to calculate averages, frequencies, and statistical significance. If your sample size allows for it, it is also recommended to run multivariate analyses to control for confounding factors.

A table outlining how indicator topics are linked to the key constructs of the conceptual model, as well as some suggested formulas for analysis, is provided in the M&E framework report.

QUALITATIVE ANALYSIS

The completed data entry templates can be analysed using the data analysis guides in Appendices 21 and 22. The data entry templates are Excel files, so after data is entered, basic frequencies can be determined and further disaggregated by stakeholder type and other demographic characteristics. The most common responses should be reported, along with any particularly insightful responses. When reporting findings overall, the quantitative and qualitative data covering the same constructs should be compared and discussed in tandem. Examples of topics to discuss include discrepancies and similarities between the quantitative and qualitative data, and information from the participatory methods that provides more information useful when analysing the quantitative data.

Data should be disaggregated by stakeholder type and disability type to determine if there are differences between stakeholder groups. Other ways to analyse data should be explored by your team depending on your objectives and research questions to track key short- and long-term results.

DATA ENTRY AND ANALYSIS RECOMMENDATIONS

Some of the key recommendations from the Data Entry and Analysis section are highlighted in Figure 23.

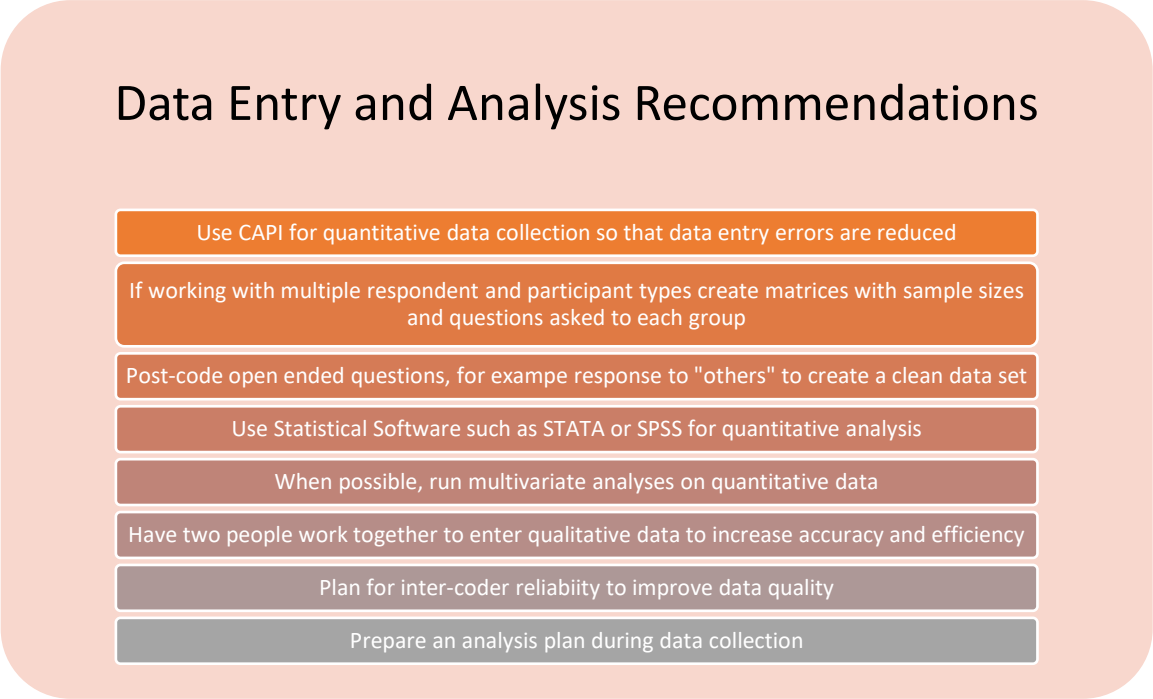


FIGURE 23: DATA ENTRY AND ANALYSIS RECOMMENDATIONS

V. DISSEMINATION

REPORTING

In addition to creating analysis templates, the LRA should create a report template while fieldwork is still underway. Creating report templates can simplify data analysis steps, as unnecessary analysis will be identified ahead of time. UNICEF staff and other key stakeholders should review report templates and come to a consensus on what to include. As well as section headings, the report template can contain dummy tables, charts, and graphics to save time after analysis is performed.

Figure 24 outlines common elements in that should be included in the report. Details on these elements can be found in Appendix 23.

FIGURE 24: ELEMENTS OF REPORTING

DISSEMINATION PLAN

It is also important to design a dissemination plan upfront in the research process. A dissemination plan outlines strategies for sharing the results of your research with various stakeholders. Figure 25 contains a list of questions to guide the design of your dissemination plan. Appendix 24 contains an example of a dissemination plan template.

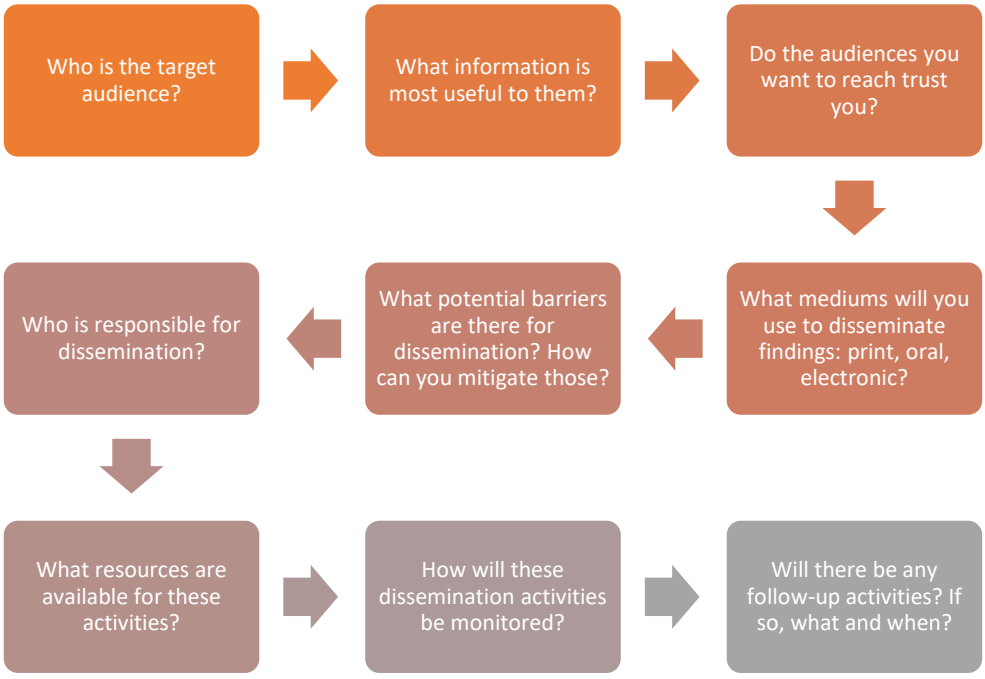


FIGURE 25: DESIGNING A DISSEMINATION PLAN

The methods you use to share your results should be geared toward your stakeholders, and special accommodations should be made to share the information with the participants of your research. Figure 26 lists some examples of channels through which your research could be disseminated. Depending on

your stakeholders and their needs, you may choose multiple formats and create different summaries for the different types of stakeholders. For example, you may need to create a traditional report to share with donors, a policy brief to share with local governments, and a social media post to share with participants. Given that children with disabilities are included in this research, you need to pay special attention to the ways in which you make research available to them. Alternative formats may include audio-formats (e.g., digital talking books), braille and braille ready files, large print formats that use sans Serif fonts, captioned, audio descriptive, and/or signed visual media, E-pub and accessible HTML.

FIGURE 26: DISSEMINATION CHANNELS AND FORMATS

Regardless of the format of dissemination, you should try to make the information as accessible as possible. This means tailoring the information to fit the audience, using active voice, avoiding technical language (when possible), using graphics and illustrations, and linking or providing access to more in-depth reports (CDC, 2013).

DISSEMINATION RECOMMENDATIONS

Some of the key recommendations from this section on reporting and disseminating research are highlighted in Figure 27.

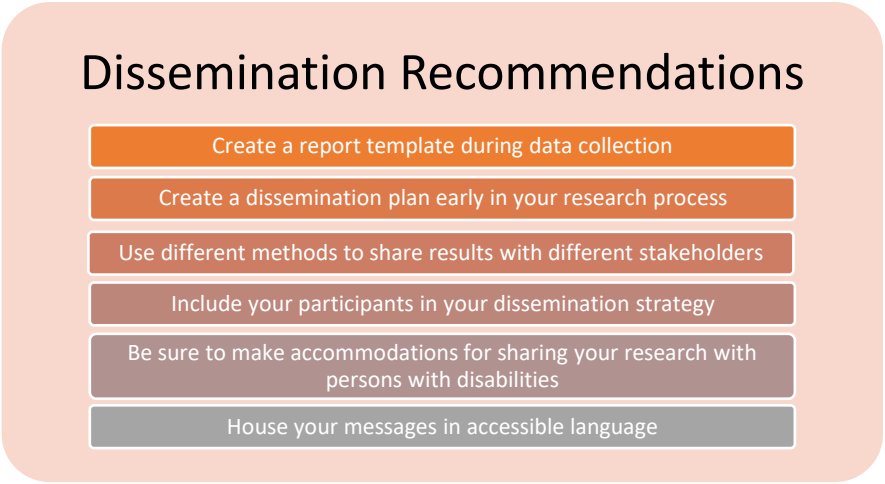


FIGURE 27: DISSEMINATION RECOMMENDATIONS

VI. CONCLUSION

This document is meant to provide guidance and suggestions for adapting this operational research protocol developed to track and assess the results of C4D efforts aimed at changing discriminatory attitudes and social norms towards children with disabilities in ECARO to your unique C4D efforts. This protocol may be used to measure the impact of C4D approaches and activities on social norms, attitudes, stigma, and social distancing towards children with disabilities. With a comprehensive, mixed-methods approach, the tools included in this protocol allow for triangulation of data across constructs of the conceptual model, including attitudes, social norms, stigma, and social exclusion. Gathering data on these constructs can help you to connect your C4D efforts to a reduction in discrimination and human rights violations against children with disabilities.

This protocol has been designed and tested for use with children with disabilities, with the belief that their (often underrepresented) voices should be heard in research about and for this population. Your team can adapt the questions as needed to reflect the local context and realities, while maintaining the underlying meaning of the content. When used over time this protocol, in conjunction with the accompanying M&E framework, will illustrate pathways to change that can be used in programmatic development. It is hoped that this research will ultimately serve to reduce harmful social norms, negative attitudes, stigma, and social distance, as well as the human rights violations resulting from these factors for children with disabilities and their families.

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VIII. APPENDICES

APPENDIX 1: CONSTRUCTS OF THE CONCEPTUAL MODEL

Table 2: Definitions of Key Constructs and Measurement Sub-constructs	
Construct	**Definition**
Attitudes	"An idea charged with emotions which predisposes a class of actions to a particular class of social situations" (Triandis, 1971, p.2)
Cognitive	People's beliefs and knowledge about others
Affective	People's feelings and emotional reactions to others
Behavioural	People's intended behaviour towards others
Social Norms	The unwritten rules that guide behaviour (Mackie, Moneti, Shakya, & Denny, 2015)
Descriptive	Beliefs about what others do
Injunctive	Beliefs about what others approve of or think people should do
Outcome Expectancies - Rewards	Beliefs about the perceived benefits or rewards to oneself or others as a result of complying with norms
Outcome Expectancies - Sanctions	Beliefs about the perceived sanctions or punishments from performing or not performing a behaviour
Stigma	A deeply discrediting attribute; "mark of shame"; "mark of oppression"; devalued social identity (Pescosolido & Martin, 2015, p. 92)
Public Stigma	Stereotypes, prejudice, and discrimination endorsed by the general population (Pescosolido & Martin, 2015, p. 92)
Self-stigma	Internalized acceptance of stereotypes and prejudice (Pescosolido & Martin, 2015)
Stereotypes	"Collectively held beliefs about the members of social groups" (Pescosolido & Martin, 2015, p. 92)
	Endorsement of stereotypes of the self. (Corrigan & Rao, 2012)
Prejudice	A negative emotional response towards a stereotyped group or an individual who is part of that group (Allport, 1954; Eagly & Chaiken, 1993)
	Negative emotional reactions based on internalization of negative stereotypes, Low self-esteem and poor self-efficacy are primary examples of these negative emotional reactions (Corringan & Rao, 2012)
Discrimination	Unfair treatment based on personal characteristics or group membership (Williams, Yu, Jackson, & Anderson, 1997)
	Self-imposed isolation (Corrigan and Rao 2012)
Social Distance	The degree of willingness to engage in social interactions and relationships with a specific population (Wahl, 2012)
Human Rights: Dehumanization	"Psychological process through which others are derogatively likened to 'animal' and perceived as 'less human'" (Costello & Hodson, 2014, p.176)

APPENDIX 2: GUIDELINES FOR RESEARCH WITH CHILDREN WITH DISABILITIES

This appendix provides guidelines for research with children with disabilities. The first list of recommendations comes from Lewis (2004) and research specific to children and young people with learning disabilities. While this is by no means and exhaustive list of guidelines, these are a good starting point for those thinking about how best to go about conducting research with children with disabilities. A brief explanation of each pointer is provided.

- Permit or encourage "don't know" responses and requests for clarification: Young children may feel uncomfortable to admit when they don't know or do not understand a question. Children can be taught to ask for rephrasing and made comfortable to say when they don't know something, thus improving the accuracy of their answers
- Stress not knowing the events or views of the child: Child often assume adults know the answer because they are older, and this appears to be truer when there is good rapport between a child and a data collector. Using a "ventriloquist interviewer" technique in which an object such as a soft toy asks the question may improve the clarity of responses.
- Use statements rather than questions: There is research suggesting that statements may be better triggers for richer responses from children
- If using questions, use an appropriate level of generality: Children with disabilities, especially learning disabilities may have difficulty answering questions that are too general or too specific. Aim for open or moderately focused questions
- Avoid repeat questions: By repeating a question, a child may think that the first answer they gave was incorrect and change their answer
- Avoid yes/no alternatives: Young children especially those with learning difficulties tend to answer yes/no questions in the affirmative
- Pictorial approaches may be valuable: Research suggests that pictures can help children answer questions more accurately especially when asked to select between two options. When a question asks to pick between two options, the child will likely select the latter. Visual techniques can also help capture the views of children who find it difficult to communicate verbally.
- Avoid successive prompts: Probing too much can make children feel like they need to fill in the gaps and they will do so with imaginary details.
- Be wary about the use of modifying terms: Modifiers are adjectives or adverbs. Children have difficult grasping these kinds of terms, for instance when choosing between polar opposites.
- Be aware of the impact of referents and pronouns: Referents and pronouns can be hard for children to grasp. Using a definite compared with an indefinite article in a question can sway a child's answer
- Aim for uninterrupted narrative: Cue cards can help reduce the number of interrupts during an interview or other research activity

UNICEF's (2013) report *Take Us Seriously* also lays out some practical suggestions for creating environments for inclusive participation. The UNICEF report also provides specific guidance for different disabilities.

1. A welcoming introduction

- Check whether the environment allows everyone to participate equally (e.g. ramps, wide doorways, no hazards, effective lighting, accessible toilets, space for children to move about freely)
- Ask children how you can best meet their needs
- Ask if and how a child wants or needs to be assisted
- Help children to develop group rules for group activities
- Create time to help the children get to know one another
- Introduce consistent, predictable routines

2. Equal opportunities for every child

- Recognise that every child has a contribution
- Encourage children to understand and value each others' differences
- Encourage everyone to participate equally
- Allow children with disabilities to take the same risks as other children so they can gain confidence
- Do not help children with disabilities unless they need it
- Be open and flexible to change
- Introduce activities leading children to understand the experience of disability

3. Building on children's strengths

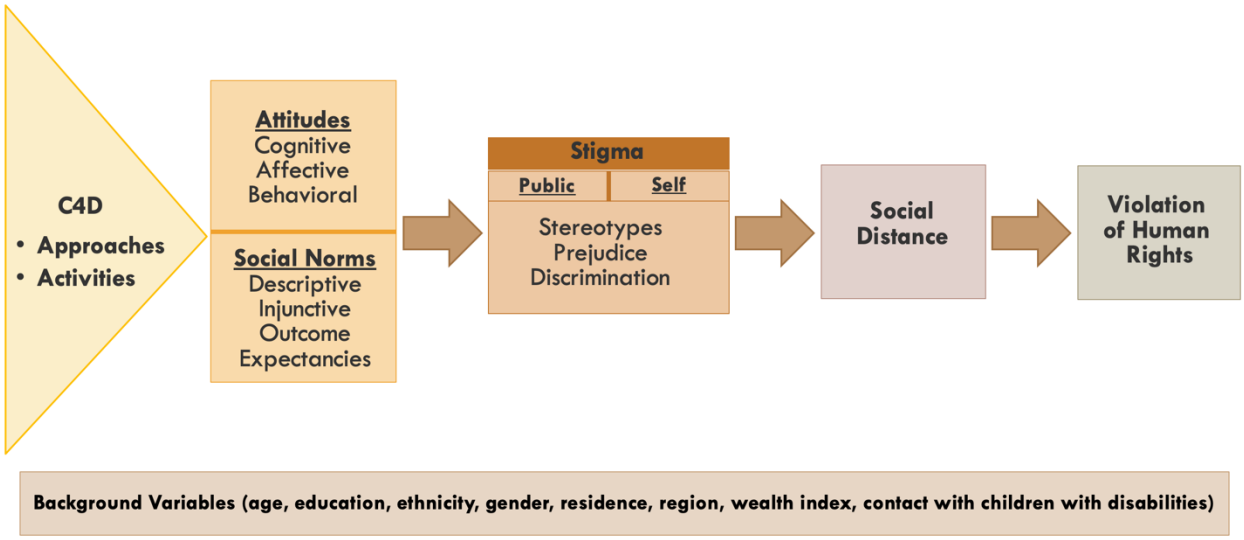
- Focus on reinforcing each child's strengths and abilities
- Use peers and encourage teamwork and child-to-child activities
- Encourage children to pair up to support each other
- Encourage an inclusive environment by praising children who say I don't understand or ask for help or thank them for asking and then offer help or an explanation

4. Accommodating differences

- Give children plenty of time to understand what is being talked about and to formulate their responses
- Respond to individual needs of a child and listen to them
- Be flexible and adjust your level of language to different children
- Recognise that children with different impairments will access information in different ways
- Use pictures and images to help children communication ideas and views
- Allow children themselves to decide where they sit and take part in activities
- Use smaller groups
- Model good communication so that children learn from what they see and hear

FIGURE 28: TIPS FOR CREATING ENVIRONMENTS FOR INCLUSIVE PARTICIPATION

APPENDIX 3: QUANTITATIVE STRUCTURED INTERVIEW



The structured interview tool focuses on the **attitudes, social norms, and stigma** constructs listed in the above conceptual model. This document provides a master list of measures that can be used with adaptations for quantitative structured interviews across respondents. The specific ways that each question should be worded for different respondents are denoted in each section. The exact meaning associated with the questions will be retained. For example, questions will ask about: "your child with a disability" for parents and caregivers of children with disabilities; "a child with disabilities" for parents and caregivers of children without disabilities; and "you" for a child with a disability.

The response categories and final questions will be determined by your team after pretesting. Response categories and individual items that are highlighted in brackets below will need to be adapted to the local context. See Appendix 12 for suggestions on pretesting and on which sections are optional or required. Individual questions within a section that are optional are denoted with "OPT:" at the beginning of the question. If you choose to leave this question in the structured interview, delete the "OPT" before using the tool.

S) FILTER QUESTIONS

Questions to establish eligibility and identify respondents

n	Type of Respondent	Eligibility
1	Children with Disabilities	[Stratification: gender, age, type of impairment (physical, intellectual)]
2	Parents/Caregivers of children with disabilities	[Adult primary caregiver of a child with disabilities (use# 1)]
3	Peers of children with disabilities	[Stratification: gender and age]
4	Parents/Caregivers of peers	[Adult primary care giver of children without disabilities (#3)]
5	Professionals	[Individuals working in selected sector with at least 2 years of experience in that sector]

A) BACKGROUND VARIABLES

A1	Age in years	_____(years)	
A2	Gender	Male	Female
A3	Residence	Rural	Urban
A4	Education	Primary Secondary College +	
A5	Employment Status	[Insert as per context]	
A6	Socio Economic Status Measure	[Insert as per context] 888 Refuses to answer 999 Don't know	
A7	Ethnicity	[Insert as per context]	
A8	For Professionals Only:		
A8.1	Organization		
A8.2	Role		
A8.3	Length of service in this profession (in years)		

B) DEFINING DISABILITIES (ALL RESPONDENTS)

B1: Participant self-definition of disabilities (All respondents. For Children with Disabilities and Peers, you may need to explain the terms.)

For the following statements, please respond using yes, maybe, or no. In your opinion, would you classify [insert question] as a child with a disability?

		No (1)	Maybe (2)	Yes (3)	Refuse to answer (888)	Don't Know (999)
B1.1	A child who has persistent difficulties learning and	1	2	3	888	999

	understanding					
B1.2	A child with an intellectual impairment	1	2	3	888	999
B1.3	A child who has persistent difficulties interacting with peers	1	2	3	888	999
B1.4	A child who is blind (total)	1	2	3	888	999
B1.5	A child with a vision impairment	1	2	3	888	999
B1.6	A child with Down Syndrome	1	2	3	888	999
B1.7	A child with Autism	1	2	3	888	999
B1.8	A child who is deaf (Total)	1	2	3	888	999
B1.9	A child who is hard of hearing	1	2	3	888	999
B1.10	A child who stutters	1	2	3	888	999
B1.11	A child with epilepsy	1	2	3	888	999
B1.12	A child who has difficulties in moving	1	2	3	888	999
B1.13	A child who has difficulties using body parts	1	2	3	888	999
B1.14	A child who lacks a part of the body	1	2	3	888	999

B2: Participant understanding of the CRPD definition of disability. (All respondents)
Please rate your agreement with each of the following statements, using a scale from 1 to 5 where 1= strongly disagree and 5= strongly agree.
Children with [PHYSICAL/INTELLECTUAL] disabilities [INSERT QUESTION].

		Strongly Disagree (1)	Somewhat Disagree (2)	Neither Agree nor Disagree (3)	Somewhat Agree (4)	Strongly Agree (5)	Refuse to answer (888)	Don't know (999)
B2.1	are more likely to suffer from a disease, injury, or other health conditions	1	2	3	4	5	888	999
B2.2	face barriers in their physical environment, free mobility and/or play	1	2	3	4	5	888	999
B2.3	OPT: face social barriers	1	2	3	4	5	888	999
B2.4	OPT: are a tragedy for the family	1	2	3	4	5	888	999
B2.5	OPT: need special social services	1	2	3	4	5	888	999
B2.6	need special institutions such as special schools	1	2	3	4	5	888	999
B2.7	need special institutions such as living homes	1	2	3	4	5	888	999
B2.8	suffer due to negative attitudes towards them	1	2	3	4	5	888	999
B2.9	promote diversity in a society	1	2	3	4	5	888	999
B2.10	should be accommodated for in society regardless of their level of ability	1	2	3	4	5	888	999
B2.11	should get equal opportunities (such as school and play) regardless of cost	1	2	3	4	5	888	999
B2.12	deserve to live in an environment adapted to fit their abilities	1	2	3	4	5	888	999
[All Respondents EXCEPT Children with Disabilities and Peers]								
B2.13	are defective	1	2	3	4	5	888	999

B2.14	require medical care to fit in society	1	2	3	4	5	888	999
B2.15	need charity to fit in society	1	2	3	4	5	888	999
B2.16	need separate health services	1	2	3	4	5	888	999
B2.17	are different from "what is normal"	1	2	3	4	5	888	999
B2.18	require societies to change to participate on an equal basis as others	1	2	3	4	5	888	999
B2.19	OPT: should have others (such as caregivers and professionals) make all decisions for them	1	2	3	4	5	888	999
B2.20	cannot fit into society without financial help for their families	1	2	3	4	5	888	999
B2.21	are better off in institutions with experts to take care of them	1	2	3	4	5	888	999

B3: Attributes of an average child without disabilities (All respondents)

Now I am going to ask you to describe the AVERAGE [5 / 9]-year-old CHILD in [insert country] (child without any disabilities), using the following pairs of attributes. [Show them the scale printed on a separate piece of paper.] Please point to the number that corresponds to where you think they fall related to the pair of words.

B3.1	Insecure	1	2	3	4	5	6	7	Confident
B3.2	Independent (strong)	1	2	3	4	5	6	7	Dependent on others (helpless)
B3.3	Sad	1	2	3	4	5	6	7	Cheerful
B3.4	Positive (optimistic)	1	2	3	4	5	6	7	Negative (pessimistic)
B3.5	Brave (powerful)	1	2	3	4	5	6	7	Fearful (afraid)
B3.6	Lazy (passive)	1	2	3	4	5	6	7	Hardworking (active)
B3.7	Social	1	2	3	4	5	6	7	Withdrawn

B4: Attributes of an average child with disabilities (All respondents)

Based on what you know or assume, using the same pairs of attributes, try to describe the AVERAGE [5 / 9]-year-old CHILD WITH A [PHYSICAL/INTELLECTUAL] DISABILITY in [insert country]. Please point to the number that corresponds to where you think they fall related to the pair of words.

B4.1	Insecure	1	2	3	4	5	6	7	Confident
B4.2	Independent (strong)	1	2	3	4	5	6	7	Dependent on others (helpless)
B4.3	Sad	1	2	3	4	5	6	7	Cheerful
B4.4	Positive (optimistic)	1	2	3	4	5	6	7	Negative (pessimistic)
B4.5	Brave (powerful)	1	2	3	4	5	6	7	Fearful (afraid)
B4.6	Lazy (passive)	1	2	3	4	5	6	7	Hardworking (active)
B4.7	Social	1	2	3	4	5	6	7	Withdrawn

C) CONTACT WITH CHILDREN WITH DISABILITIES (ALL RESPONDENTS, WITH MODIFICATIONS FOR CHILDREN WITH DISABILITIES AND THEIR CAREGIVERS)

C1: Amount of Contact with Children with Disabilities (All Respondents, except Children with Disabilities, and with modifications for caregivers of Children with Disabilities)			
C1.1	Do you have any contact with any adults with a disability?	1 (no)	2 (yes)
C1.2	Do you have any contact with **a child** with a disability? Caregivers of Children with Disabilities: Do you have any contact with any children with disabilities other than your own child?	1 (no) [If no, skip to Section D]	2 (yes)
C1.3	If yes, how do you know them? (Multiple answers: First, second, third, and other mentioned. All answer options will appear each time a question is asked.)	1. Relative 2. Friend 3. Classmate 4. Acquaintance 5. Other_____	
C1.4	On average how much contact do you have with this individual (these individuals)? Contact may include things such as being in the same location, meeting, working with them, having a brief or in-depth conversation, etc. (There should be a response in C1.4 for every response in C1.3.)	1. Less than once a year 2. Once per year 3. A few times per year 4. Once per month 5. A few times per month 6. Once per week 7. A few times per week 8. On a daily basis 9. Not sure 10. Other (free response)	

C2: Description of Contact with Children with Disabilities (All respondents, except Children with Disabilities)

Using the scale from 1 to 5 where 1= strongly disagree and 5= strongly agree, to what extent do you agree or disagree with the following statements to describe your contact with this individual (these individuals)?

		Strongly Disagree (1)	Somewhat Disagree (2)	Neither Agree nor Disagree (3)	Somewhat Agree (4)	Strongly Agree (5)	Refused to answer (888)	Don't Know (999)
C2.1	It is rewarding when I am able to help	1	2	3	4	5	888	999
C2.2	OPT: It hurts me when they want to do something and can't	1	2	3	4	5	888	999
C2.3	OPT: I feel frustrated because I don't know how to help	1	2	3	4	5	888	999
C2.4	I feel ignorant about children with disabilities	1	2	3	4	5	888	999
C2.5	I try to act normally and ignore the disability	1	2	3	4	5	888	999
C2.6	I feel uncomfortable and find it hard to relax	1	2	3	4	5	888	999

C2.7	I am aware of the problems that children with disabilities face	1	2	3	4	5	888	999
C2.8	I cannot help staring at them	1	2	3	4	5	888	999
C2.9	I feel unsure because I don't know how to behave	1	2	3	4	5	888	999
C2.10	I admire their ability to cope	1	2	3	4	5	888	999
C2.11	I pity them	1	2	3	4	5	888	999
C2.12	After frequent contact, I find I just notice the person not the disability	1	2	3	4	5	888	999
C2.13	I am afraid to look at this person straight in the face	1	2	3	4	5	888	999
C2.14	I tend to make contacts brief, finishing them as quickly as possible	1	2	3	4	5	888	999

D) ATTITUDES (ALL RESPONDENTS)

D1: Attitudes towards Children with Disabilities (Peers, Caregivers of Peers, Caregivers of Children with Disabilities, with modifications by question; Professionals, Government Officials, and Children with Disabilities skip to D1.24)

I am going to read you some statements about things you would or would not do relating to children with disabilities. Using the scale from 1 to 5 where 1= strongly disagree and 5= strongly agree, to what extent do you agree or disagree with the following statements?

P = Peers of children with disability CC = Caregivers of Children with Disabilities CP = Caregivers of peers of Children with Disabilities		Strongly Disagree (1)	Somewhat Disagree (2)	Neither Agree nor Disagree (3)	Somewhat Agree (4)	Strongly Agree (5)	Refuse to answer (888)	Don't Know (999)
D1.1	P: I would introduce a child with a disability to my friend CC: I would want my child to introduce another child with a disability to their friends CP: I would want my child to introduce a child with a disability to their friends.	1	2	3	4	5	888	999
D1.2	P: I would stick up for a child with a disability who was being teased CC: I would want my child to stick up for another child with… CP: I would want my child to…	1	2	3	4	5	888	999
D1.3	P: I would invite a child with a disability to my birthday party CC: I would want my child to invite another child with… CP: I would want my child to…	1	2	3	4	5	888	999

D1.4	P, CP: I would not talk to a child with a disability even if I know them CC: I would not talk to another child with…	1	2	3	4	5	888	999
D1.5	P, CP: I would not mind a child with a disability living next-door to me CC: I would not mind another child with a…	1	2	3	4	5	888	999
D1.6	P: I would be happy to have a child with a disability for a friend CC: I would be happy for my child to have another child with… CP: I would be happy to have my child have…	1	2	3	4	5	888	999
D1.7	P: Children with disabilities are as happy as I am CC: Other children with disabilities are as happy as my child is CP: …are as happy as my child is	1	2	3	4	5	888	999
D1.8	P: I would be pleased if a child with a disability invited me to his house CC: …pleased if another child with a disability invited my child… CP: …pleased if a child with a disability invited my child…	1	2	3	4	5	888	999
D1.9	P: I would feel good doing a school project with a child with a disability CC: I would not mind if my child did a school project with another child with a disability CP: I would not mind if my child did a school project with a child with a disability	1	2	3	4	5	888	999
D1.10	P: I would invite a child with a disability to sleep over at my house CC: I wouldn't mind if my child invited another child with a disability… CP: I wouldn't mind if my child invited a…	1	2	3	4	5	888	999
D1.11	P, CP: Being near a child with a disability scares me CC: Being near other children with disabilities scares me	1	2	3	4	5	888	999
D1.12	P: I would be embarrassed if a child with a disability invited me to his/her birthday CC: …if another child with a disability invited my child…	1	2	3	4	5	888	999

	CP: …invited my child…							
D1.13	P: I would tell my secret to a child with a disability CC, CP: Not asked	1	2	3	4	5	888	999
D1.14	P: I would enjoy being with a child with a disability CP: I would enjoy my child being a child with a disability CC: Not asked	1	2	3	4	5	888	999
D1.15	P: I would not go to play at the house of a child with a disability CC: I wouldn't let my child go to play at the house of another child with a disability CP: I wouldn't let my child go to play…	1	2	3	4	5	888	999
D1.16	P, CP: I feel upset when I see a child with a disability CC: …when I see another child with	1	2	3	4	5	888	999
D1.17	P: At school, I would miss recess (play time) to keep a child with a disability company CC: I wouldn't mind if my child missed recess to keep another child with… CP: I wouldn't mind if my child missed…	1	2	3	4	5	888	999
D1.18	P, CP: I would have to be careful what I say when I am with children with disabilities CC: …with other children with	1	2	3	4	5	888	999
[ALL RESPONDENTS]								
D1.19	**ALL**: Children with disabilities can do lots of things for themselves	1	2	3	4	5	888	999
D1.20	**ALL**: Children with disabilities enjoy playing as much as children without disabilities	1	2	3	4	5	888	999
D1.21	**ALL**: Having a disability makes children with disabilities stronger	1	2	3	4	5	888	999
D1.22	**ALL**: Children with disabilities want more attention from adults than children without disabilities want	1	2	3	4	5	888	999
D1.23	**ALL**: Having a disability makes children with disabilities wiser	1	2	3	4	5	888	999
D1.24	**ALL:** Children with disabilities know how to behave properly	1	2	3	4	5	888	999
D1.25	**ALL:** Children with disabilities don't have	1	2	3	4	5	888	999

	much fun							
D1.26	**ALL:** Children with disabilities are interested in lots of things	1	2	3	4	5	888	999
D1.27	**ALL:** Children with disabilities are often sad	1	2	3	4	5	888	999
D1.28	**ALL:** Children with disabilities can make new friends	1	2	3	4	5	888	999
D1.29	**ALL:** Children with disabilities need lots of help to do things	1	2	3	4	5	888	999

D2: Attitudes towards families with children with disabilities (All respondents except Children with Disabilities, peers, and caregivers of Children with Disabilities)

Using the scale from 1 to 5 where 1= strongly disagree and 5= strongly agree, to what extent do you agree or disagree with the following statements?

		Strongly Disagree (1)	Somewhat Disagree (2)	Neither Agree nor Disagree (3)	Somewhat Agree (4)	Strongly Agree (5)	Refused to answer (888)	Don't Know (999)
D2.1	OPT: I feel sorry for families that have a child or children with disabilities, because they are victims of unfortunate circumstance.	1	2	3	4	5	888	999
D2.2	OPT: Families that have a child or children with disabilities feel sorry for themselves.	1	2	3	4	5	888	999
D2.3	OPT: Families that have a child or children with disabilities are as happy as my family.	1	2	3	4	5	888	999
D2.4	OPT: Families that have a child or children with disabilities often take a patronizing attitude towards their child which results in isolation from others.	1	2	3	4	5	888	999
D2.5	OPT: Families that have a child or children with disabilities are not a burden to society.	1	2	3	4	5	888	999
D2.6	Families that have a child or children with disabilities try to hide them.	1	2	3	4	5	888	999
D2.7	OPT: Families that have a child or children with disabilities don't face more difficulties than any other family.	1	2	3	4	5	888	999
D2.8	Families that have a child or children with disabilities do not share the fact that they do	1	2	3	4	5	888	999
D2.9	Families that have a child or children with disabilities are ashamed of the fact	1	2	3	4	5	888	999

	that they do.							
D2.10	If a child with disabilities is left without family care, it is better to put them in a foster family than in an institution	1	2	3	4	5	888	999
D2.11	If a child with disabilities is left without family care, it is better to put them in an institution than a foster family.	1	2	3	4	5	888	999
D2.12	OPT: Families that have a child or children with disabilities need a lot of help.	1	2	3	4	5	888	999

D3: Attitudes towards Children with Disabilities and Inclusive Education (All respondents, except Children with Disabilities and their peers)

Using the scale from 1 to 5 where 1= strongly disagree and 5= strongly agree, to what extent do you agree or disagree with the following statements?

		Strongly Disagree (1)	Somewhat Disagree (2)	Neither Agree nor Disagree (3)	Somewhat Agree (4)	Strongly Agree (5)	Refuse to answer (888)	Don't Know (999)
D3.1	Most students with disabilities do their best to complete their assignments.	1	2	3	4	5	888	999
D3.2	Students with disabilities can be best served in general classrooms.	1	2	3	4	5	888	999
D3.3	Any extra attention students with disabilities require is to the detriment of the other students.	1	2	3	4	5	888	999
D3.4	The challenge of being in a general classroom, as opposed to a special classroom, promotes the academic growth of students with disabilities.	1	2	3	4	5	888	999
D3.5	General-classroom teachers have the ability necessary to work with students with disabilities.	1	2	3	4	5	888	999
D3.6	The presence of students with disabilities in general classrooms promotes acceptance of differences on the part of students in the classroom without disabilities.	1	2	3	4	5	888	999
D3.7	Students with disabilities will probably develop academic skills more rapidly in a general classroom than in a special classroom.	1	2	3	4	5	888	999
D3.8	Inclusion of students with disabilities will promote their social independence.	1	2	3	4	5	888	999
D3.9	Students with disabilities do not monopolize the general-classroom	1	2	3	4	5	888	999

	teacher's time.							
D3.10	The inclusion of students with disabilities is beneficial for students without disabilities.	1	2	3	4	5	888	999
D3.11	Students with disabilities create too much confusion in the general classroom.	1	2	3	4	5	888	999
D3.12	General-classroom teachers have sufficient training to teach students with disabilities.	1	2	3	4	5	888	999
D3.13	Inclusion has a negative effect on the emotional development of the students with disabilities.	1	2	3	4	5	888	999
D3.14	Students with disabilities should be given every opportunity to function in the general classroom where possible.	1	2	3	4	5	888	999
D3.15	Teaching students with disabilities is better done by special rather than general classroom teachers.	1	2	3	4	5	888	999
D3.16	Isolation in a special classroom has a negative effect on the social and emotional development of the students with disabilities.	1	2	3	4	5	888	999
D3.17	Students with disabilities often lack the academic skills necessary for success in a general classroom	1	2	3	4	5	888	999
D3.18	Students with disabilities often lack the social skills necessary for success in a general classroom	1	2	3	4	5	888	999
D3.19	Inclusion of children with disabilities is efficient because it reduces transition time (time required to move from one setting to another	1	2	3	4	5	888	999
D3.20	Children with disabilities can learn in a general classroom if the curriculum is adapted to meet their individual needs	1	2	3	4	5	888	999
D3.21	Children with disabilities should be in special classrooms so that they do not face rejection in the general school	1	2	3	4	5	888	999

D4: Attitudes of professional groups towards inclusive education (Education Professionals, Health Professionals, Social Work professionals, CSOs, and Government officials)

Using the scale from 1 to 5 where 1= strongly disagree and 5= strongly agree, to what extent do you agree or disagree with the following statements?

	Strongly Disagree	Somewhat Disagree	Neither Agree nor	Somewhat Agree	Strongly Agree	Refuse to	Don't Know

		(1)	(2)	Disagree (3)	(4)	(5)	answer (888)	(999)
D4.1	Students who have difficulty expressing their thoughts verbally should be in general classes	1	2	3	4	5	888	999
D4.2	Students who fail exams frequently should be in general classes	1	2	3	4	5	888	999
D4.3	Students who are inattentive should be in general classes	1	2	3	4	5	888	999
D4.4	Students who need an individualized academic program should be in general classes	1	2	3	4	5	888	999
D4.5	Students who require assistive technology (braille, sign language) should be in general classes	1	2	3	4	5	888	999
D4.6	I am (T)/teachers should be willing to encourage students with a disability to participate in all social activities in the general classroom	1	2	3	4	5	888	999
D4.7	I am (T)/teachers should be willing to adapt the curriculum to meet the individual needs of all students regardless of their ability	1	2	3	4	5	888	999
D4.8	OPT: I am (T)/teachers should be willing to modify the physical environment to include students with disabilities in a general classroom	1	2	3	4	5	888	999
D4.9	OPT: I am (T)/teachers should be willing to physically include students with a disability in a general classroom with the necessary support	1	2	3	4	5	888	999
D4.10	I am (T)/teachers should be willing to adapt my communication techniques to ensure that all students with disabilities can be successfully included in the general classroom	1	2	3	4	5	888	999
D4.11	I am (T)/teachers should be willing to adapt the assessment of individual students in order for inclusive education to take place	1	2	3	4	5	888	999

E) SOCIAL NORMS (ALL RESPONDENTS, EXCEPT CHILDREN WITH DISABILITIES AND PEERS)

Note: Each Respondent will answer 1 "set" of vignettes (physical and intellectual vignette for each category). For example, a respondent might answer E1 and E2 or E7 and E8. The vignettes for each respondent should be chosen in advance.

E1: Social Norms around Child Abandonment for a Child 0-3 years old with Physical Disabilities Now I'm going to tell you about a child. [Filip/Ana] is a two-year-old, who cannot sit up, crawl, stand or walk independently and his/her arms and legs often make involuntary jerky movements. [Filip/Ana] needs to see a physical therapist regularly to help his/her with movement.						
E1.1	What is the best place for [Filip/Ana] to live? I will read to you several options, and I would like you to choose the one that best describes…	Home	Foster Family	Institution		
E1.1a	Your Opinion	1	2	3		
E1.1b	Opinion of your family members	1	2	3		
E1.1c	Opinions of other people whose opinions matter to you	1	2	3		
E1.1d	Opinion of society in general	1	2	3		
E1.2	Let us suppose you (your family members, other people whose opinions matter to you, society in general) were responsible for making the decision on the best place for [Filip/Ana] to live what would…	Home	Foster Family	Institution		
E1.2a	You do	1	2	3		
E1.2b	Family members do	1	2	3		
E1.2c	Other people whose opinions matter to you do	1	2	3		
E1.2d	Society in general do	1	2	3		
E1.3	You decided that the best place for [Filip/Ana] to live was [INSERT ANSWER FROM E1.2a]. To what extent would this decision be affected by what…	Not at all (1)	A Small Extent (2)	A moderate extent (3)	A great extent (4)	Completely (5)
E1.3a	Your family expects you to do	1	2	3	4	5
E1.3b	Other people whose opinions matter to you expect you to do	1	2	3	4	5
E1.3c	Society in general expects you to do	1	2	3	4	5
E1.4a	Based on the answers you provided above, can you estimate how many children like [Filip/Ana] out of 10 currently live at home?					
E1.4b	Think back to five years ago, was the percentage of children like [Filip/Ana] living at home {much less, a bit less, about the same, a bit more, a lot more} than now?	Much less (1)	A Bit less (2)	About the same (3)	A bit more (4)	A lot more (5)
E1.4c	Think about five years from now. Do you think the percentage of children like [Filip/Ana] living at home will be {much less, a bit less, about the same, a bit more, a lot more} than now?	Much less (1)	A Bit less (2)	About the same (3)	A bit more (4)	A lot more (5)

E2: Social Norms around Child Abandonment for a Child 0-3 years old with Intellectual Disabilities Now I'm going to tell you about a child. [Mario/Irina] is a two-year-old who cannot roll over or sit without assistance. He/she has difficulty using his/her hands and does not point to objects or use gestures such as such as waving or shaking head. [Mario/Irina] does not make eye-contact, follow objects if you wave it in front of his/her face, repeat sounds or actions to get attention.						
E2.1	What is the best place for [Mario/Irina] to live? I will read to you several options, and I would like you to choose the one that best describes…	Home	Foster Family	Institution		
E2.1a	Your Opinion	1	2	3		
E2.1b	Opinion of your family members	1	2	3		
E2.1c	Opinions of other people whose opinions matter to you	1	2	3		
E2.1d	Opinion of society in general	1	2	3		
E2.2	Let us suppose you (your family members, other people whose opinions matter to you, society in general) were responsible for making the decision on the best place for [Mario/Irina] to live what would…	Home	Foster Family	Institution		
E2.2a	You do	1	2	3		
E2.2b	Family members do	1	2	3		
E2.2c	Other people whose opinions matter to you do	1	2	3		
E2.2d	Society in general do	1	2	3		
E2.3	You decided that the best place for [Mario/Irina] to live was [INSERT ANSWER FRO E2.2a]. To what extent would this decision be affected by what…	Not at all (1)	A Small Extent (2)	A moderate extent (3)	A great extent (4)	Completely (5)
E2.3a	Your family expects you to do	1	2	3	4	5
E2.3b	Other people whose opinions matter to you expect you to do	1	2	3	4	5
E2.3c	Society in general expects you to do	1	2	3	4	5
E2.4a	Based on the answers you provided above, can you estimate how many children like [Mario/Irina] out of 10 currently live at home?					
E2.4b	Think back to five years ago, was the percentage of children like [Mario/Irina] living at home {much less, a bit less, about the same, a bit more, a lot more} than now?	Much less (1)	A Bit less (2)	About the same (3)	A bit more (4)	A lot more (5)
E2.4c	Think about five years from now. Do you think the percentage of children like [Mario/Irina] living at home will be {much less, a bit less, about the same, a bit more, a lot more} than now?	Much less (1)	A Bit less (2)	About the same (3)	A bit more (4)	A lot more (5)

E3: Social Norms around Inclusive Education for a Child 3-6 years old with Physical Disabilities

Now I'm going to tell you about a child. [Marko/Elena] is a 5 year old. He/she experiences involuntary muscle spasms down the left side of his/her body. He/she is able to move around unaided but his/her capacity to participate in a range of physical and fine motor activities (such as colouring or cutting with scissors) is limited. Although [Marko/Elena] has a great sense of humour and loves to learn, he/she requires considerable individual support and his/her speech is jerky and slurred.

E3.1	What is the best place for preschool education for [Marko/Elena]? I will read to you several options, and I would like you to choose the one that best describes…	Stay at home and not attend preschool (1)	Day Centre for Children with Disabilities (2)	General kindergarten in special groups with children for disabilities (3)	General Kindergarten with other children (4)
E3.1a	Your Opinion	1	2	3	4
E3.1b	Opinion of your family members	1	2	3	4
E3.1c	Opinions of other people whose opinions matter to you	1	2	3	4
E3.1d	Opinion of society in general	1	2	3	4
E3.2	Let us suppose you (your family members, other people whose opinions matter to you, society in general) were responsible for making the decision on the best option for preschool education for [Marko/Elena]. What would…	Stay at home and not attend preschool (1)	Day Centre for Children with Disabilities (2)	General kindergarten in special groups with children for disabilities (3)	General Kindergarten with other children (4)
E3.2a	You do	1	2	3	4
E3.2b	Family members do	1	2	3	4
E3.2c	Other people whose opinions matter to you do	1	2	3	4
E3.2d	Society in general do	1	2	3	4

E3.3	You decided that the best option for preschool for [Marko/Elena] was [INSERT ANSWER FROM E3.2a]. To what extent would this decision be affected by what… Responses: 1 not at all 2 a small extent 3 moderate extent 4 great extent 5 very great extent	Not at all (1)	A Small Extent (2)	A moderate extent (3)	A great extent (4)	Completely (5)
E3.3a	Your family expects you to do	1	2	3	4	5
E3.3b	Other people whose opinions matter to you expect you to do	1	2	3	4	5
E3.3c	Society in general expects you to do	1	2	3	4	5
E3.4a	Based on the answers you provided above, can you estimate how many children like [Marko/Elena] out of 10 currently attend general kindergarten with other children?					
E3.4b	Think back to five years ago, was the percentage of children like [Marko/Elena] attending general kindergarten with other children {much less, a bit less, about the same,	Much less (1)	A Bit less (2)	About the same (3)	A bit more (4)	A lot more (5)

	a bit more, a lot more} than now?					
E3.4c	Think about five years from now. Do you think the percentage of children like [Marko/Elena] attending general kindergarten with other children will be {much less, a bit less, about the same, a bit more, a lot more} than now?	Much less (1)	A Bit less (2)	About the same (3)	A bit more (4)	A lot more (5)

E4: Social Norms around Inclusive Education for a Child 3-6 years old with Intellectual Disabilities

Now I'm going to tell you about a child. [Petar/Violeta] is a 5 year old. He/she has trouble communicating, does not seem to listen when spoken to, is easily distracted, is often on the go, fidgets with hands and feet, often interrupts and intrudes on others. [Petar/Violeta] has trouble doing things independently and are withdrawn for a few hours a day to work with specialists, to help him/her remember things. Although [Petar/Violeta] can run and play like other children, he/she sometimes forgets the rules of certain games.

E4.1	What is the best place for preschool education for [Petar/Violeta]? I will read to you several options, and I would like you to choose the one that best describes…	Stay at home and not attend preschool (1)	Day Centre for Children with Disabilities (2)	General kindergarten in special groups with children for disabilities (3)	General Kindergarten with other children (4)
E4.1a	Your Opinion	1	2	3	4
E4.1b	Opinion of your family members	1	2	3	4
E4.1c	Opinions of other people whose opinions matter to you	1	2	3	4
E4.1d	Opinion of society in general	1	2	3	4
E4.2	Let us suppose you (your family members, other people whose opinions matter to you, society in general) were responsible for making the decision on the best option for preschool education for [Petar/Violeta]. What would…	Stay at home and not attend preschool (1)	Day Centre for Children with Disabilities (2)	General kindergarten in special groups with children for disabilities (3)	General Kindergarten with other children (4)
E4.2a	You do	1	2	3	4
E4.2b	Family members do	1	2	3	4
E4.2c	Other people whose opinions matter to you do	1	2	3	4
E4.2d	Society in general do	1	2	3	4

E4.3	You decided that the best option for preschool for [Petar/Violeta] was [INSERT ANSWER FROM E4.2a]. To what extent would this decision be affected by what… Responses: 1 not at all 2 a small extent 3 moderate extent 4 great extent 5 very great extent	Not at all (1)	A Small Extent (2)	A moderate extent (3)	A great extent (4)	Completely (5)
E4.3a	Your family expects you to do	1	2	3	4	5
E4.3b	Other people whose opinions matter to you expect you to do	1	2	3	4	5

E4.3c	Society in general expects you to do	1	2	3	4	5
E4.4a	Based on the answers you provided above, can you estimate how many children like [Petar/Violeta] out of 10 currently attend general kindergarten with other children?					
E4.4b	Think back to five years ago, was the percentage of children like [Petar/Violeta] attending general kindergarten with other children {much less, a bit less, about the same, a bit more, a lot more} than now?	Much less (1)	A Bit less (2)	About the same (3)	A bit more (4)	A lot more (5)
E4.4c	Think about five years from now. Do you think the percentage of children like [Petar/Violeta] attending general kindergarten with other children will be {much less, a bit less, about the same, a bit more, a lot more} than now?	Much less (1)	A Bit less (2)	About the same (3)	A bit more (4)	A lot more (5)

E5: Social Norms around Inclusive Education for a Child 6-11 years old with Physical Disabilities

Now I'm going to tell you about a child. [Nikola/Marija] is an 9 year old. He/she experiences involuntary muscle spasms down the left side of his/her body. He/she is able to move around unaided but his/her capacity to participate in a range of physical and fine motor activities (such as writing or drawing) is limited. Although [Nikola/Marija] has a great sense of humour and loves to learn, he/she requires considerable individual support and his/her speech is jerky and slurred.

E5.1	What is the best school for [Nikola/Marija] to attend? I will read to you several options, and I would like you to choose the one that best describes…	Special School (1)	General School to attend all special classes (2)	General School to attend some general classes (3)	General School to attend all general classes (4)
E5.1a	Your Opinion	1	2	3	4
E5.1b	Opinion of your family members	1	2	3	4
E5.1c	Opinions of other people whose opinions matter to you	1	2	3	4
E5.1d	Opinion of society in general	1	2	3	4
E5.2	Let us suppose you (your family members, other people whose opinions matter to you, society in general) were responsible for making the decision on the best school for [Nikola/Marija] to attend. What would…	Special School (1)	General School to attend all special classes (2)	General School to attend some general classes (3)	General School to attend all general classes (4)
E5.2a	You do	1	2	3	4
E5.2b	Family members do	1	2	3	4
E5.2c	Other people whose opinions matter to you do	1	2	3	4
E5.2d	Society in general do	1	2	3	4

E5.3	You decided that the best option was for [Nikola/Marija] to attend [INSERT ANSWER FROM E5.2a]. To what extent would this	Not at all (1)	A Small Extent (2)	A moderate extent (3)	A great extent (4)	Completely (5)

	decision be affected by what… Responses: 1 not at all 2 a small extent 3 moderate extent 4 great extent 5 very great extent					
E5.3a	Your family expects you to do	1	2	3	4	5
E5.3b	Other people whose opinions matter to you expect you to do	1	2	3	4	5
E5.3c	Society in general expects you to do	1	2	3	4	5
E5.4a	Based on the answers you provided above, can you estimate how many children like [Nikola/Marija] out of 10 currently attend a general school to attend all general classes?					
E5.4b	Think back to five years ago, was the percentage of children like [Nikola/Marija] attending general school to attend all general classes {much less, a bit less, about the same, a bit more, a lot more} than now?	Much less (1)	A Bit less (2)	About the same (3)	A bit more (4)	A lot more (5)
E5.4c	Think about five years from now. Do you think the percentage of children like [Nikola/Marija] attending general school to attend all general classes with other children will be {much less, a bit less, about the same, a bit more, a lot more} than now?	Much less (1)	A Bit less (2)	About the same (3)	A bit more (4)	A lot more (5)

E6: Social Norms around Inclusive Education for a Child 6-11 years old with Intellectual Disabilities

Now I'm going to tell you about a child. [Igor/Katerina] is an 9 year old. [Igor/Katerina] finds it hard to focus on a task for too long, and lashes out violently when he/she becomes upset. He/she has a hard time regulating his/her emotions, connecting his/her actions with the consequences, and with expressing himself/herself to others. [Igor/Katerina] has trouble doing things independently and receives extra learning assistance outside the classroom, for part of the day to help him/her remember and recall things and with reading, writing and math. Although [Igor/Katerina] can run and play like other children, he/she sometimes forgets the rules of certain games.

E6.1	What is the best school for [Igor/Katerina] to attend? I will read to you several options, and I would like you to choose the one that best describes…	Special School (1)	General School to attend all special classes (2)	General School to attend some general classes (3)	General School to attend all general classes (4)
E6.1a	Your Opinion	1	2	3	4
E6.1b	Opinion of your family members	1	2	3	4
E6.1c	Opinions of other people whose opinions matter to you	1	2	3	4
E6.1d	Opinion of society in general	1	2	3	4
E6.2	Let us suppose you (your family members, other	Special School (1)	General School to	General School to	General School to

	people whose opinions matter to you, society in general) were responsible for making the decision on the best school for [Igor/Katerina] to attend. What would…		attend all special classes (2)	attend some general classes (3)	attend all general classes (4)
E6.2a	You do	1	2	3	4
E6.2b	Family members do	1	2	3	4
E6.2c	Other people whose opinions matter to you do	1	2	3	4
E6.2d	Society in general do	1	2	3	4

E6.3	You decided that the best option was for [Igor/Katerina] to attend [INSERT ANSWER FROM E6.2a]. To what extent would this decision be affected by what… Responses: 1 not at all 2 a small extent 3 moderate extent 4 great extent 5 very great extent	Not at all (1)	A Small Extent (2)	A moderate extent (3)	A great extent (4)	Completely (5)
E6.3a	Your family expects you to do	1	2	3	4	5
E6.3b	Other people whose opinions matter to you expect you to do	1	2	3	4	5
E6.3c	Society in general expects you to do	1	2	3	4	5
E6.4a	Based on the answers you provided above, can you estimate can you estimate how many children like [Igor/Katerina] out of 10 currently attend a general school to attend all general classes?					
E6.4b	Think back to five years ago, was the percentage of children like [Igor/Katerina] attending general school to attend all general classes {much less, a bit less, about the same, a bit more, a lot more} than now?	Much less (1)	A Bit less (2)	About the same (3)	A bit more (4)	A lot more (5)
E6.4c	Think about five years from now. Do you think the percentage of children like [Igor/Katerina] attending general school to attend all general classes with other children will be {much less, a bit less, about the same, a bit more, a lot more} than now?	Much less (1)	A Bit less (2)	About the same (3)	A bit more (4)	A lot more (5)

E7: Social Norms around Human Rights for a Child 3-6 years old with Physical Disabilities

Now I'm going to tell you about a child. [Goran/Suzana] is a 5-year old. He/she has difficulty hearing and stutters when he/she speaks. As a result, other children often don't include him/her during play time. [Goran/Suzana] is frequently frustrated and irritated by tasks in the kindergarten groups due to his/her impairments. He/she would benefit from help from a specialist, but the kindergarten lacks the resources to provide one-on-one support.

E7.1	In this vignette, are [Goran/Suzana] are being	No (1)	Somewhat (2)	Mostly (3)	Yes (4)

	treated as equal to their peers? By this I mean recognised, enjoying, and exercising the same fundamental rights and freedoms as others, without distinction, exclusion, restriction on the basis of their disability? Please tell me what you think will be…:				
E7.1a	Your Opinion	1	2	3	4
E7.1b	Opinion of your family members	1	2	3	4
E7.1c	Opinions of other people whose opinions matter to you	1	2	3	4
E7.1d	Opinion of society in general	1	2	3	4
E7.2	Let us suppose, you (your family members, other people whose opinions matter to you, society in general) were responsible for making the decision of addressing this situation. What would…	Completely Change (1)	Change Most of it (2)	Keep Most the Same (3)	Keep Exactly the Same (4)
E7.2a	You do	1	2	3	4
E7.2b	Family members do	1	2	3	4
E7.2c	Other people whose opinions matter to you do	1	2	3	4
E7.2d	Society in general do	1	2	3	4

E7.3	You decided that the best option was for [Goran/Suzana] was to [INSERT ANSWER FROM E7.2a]. To what extent would this decision be affected by what… Responses: 1 not at all 2 a small extent 3 moderate extent 4 great extent 5 very great extent	Not at all (1)	A Small Extent (2)	A moderate extent (3)	A great extent (4)	Completely (5)
E7.3a	Your family expects you to do	1	2	3	4	5
E7.3b	Other people whose opinions matter to you expect you to do	1	2	3	4	5
E7.3c	Society in general expects you to do	1	2	3	4	5
E7.4a	Based on the answers you provided above can you estimate how many children like [Goran/Suzana] out of 10 are treated as completely equal to their peers? I.e. Being recognised, enjoying, and exercising the same fundamental rights and freedoms as his/her peers, without distinction, exclusion, restriction on the basis of their disability?					
E7.4b	Think back to five years ago, was the percentage of children like [Goran/Suzana] being treated as completely equal to their peers {much less, a bit less, about the same, a bit more, a lot more} than now?	Much less (1)	A Bit less (2)	About the same (3)	A bit more (4)	A lot more (5)

E7.4c	Think about five years from now. Do you think the percentage of children like [Goran/Suzana] being treated completely equal to their peers will be {much less, a bit less, about the same, a bit more, a lot more} than now?	Much less (1)	A Bit less (2)	About the same (3)	A bit more (4)	A lot more (5)

E8: Social Norms around Human Rights of a Child 3-6 with Intellectual Disabilities

Now I'm going to tell you about a child. [Aleksandar/Natasha] is a 5-year old. He/she has a very short attention span and has significant problems in retaining information. As such, his/her achievement across all curriculum areas is very low. [Aleksandar/Natasha] is also prone to impulsive behaviour, often interrupting and intruding on others, and is very socially immature. [Aleksandar/Natasha] has few friends. His/her parents are overly protective which has resulted in her having limited social/recreational experiences.

E8.1	In this vignette, are Aleksandar/Natasha are being treated as equal to their peers? By this I mean recognised, enjoying, and exercising the same fundamental rights and freedoms as others, without distinction, exclusion, restriction on the basis of their disability? Please tell me what you think will be…:	No (1)	Somewhat (2)	Mostly (3)	Yes (4)	
E8.1a	Your Opinion	1	2	3	4	
E8.1b	Opinion of your family members	1	2	3	4	
E8.1c	Opinions of other people whose opinions matter to you	1	2	3	4	
E8.1d	Opinion of society in general	1	2	3	4	
E8.2	Let us suppose, you (your family members, other people whose opinions matter to you, society in general) were responsible for making the decision of addressing this situation. What would…	Completely Change (1)	Change Most of it (2)	Keep Most the Same (3)	Keep Exactly the Same (4)	
E8.2a	You do	1	2	3	4	
E8.2b	Family members do	1	2	3	4	
E8.2c	Other people whose opinions matter to you do	1	2	3	4	
E8.2d	Society in general do	1	2	3	4	
E8.3	You decided that the best option was for Aleksandar/Natasha was to [INSERT ANSWER FROM E8.2a]. To what extent would this decision be affected by what…	Not at all (1)	A Small Extent (2)	A moderate extent (3)	A great extent (4)	Completely (5)
E8.3a	Your family expects you to do	1	2	3	4	5
E8.3b	Other people whose opinions matter to you expect you to do	1	2	3	4	5
E8.3c	Society in general expects you to do	1	2	3	4	5

E8.4a	Based on the answers you provided above can you estimate how many children like Aleksandar/Natasha out of 10 are treated as completely equal to their peers? I.e. Being recognised, enjoying, and exercising the same fundamental rights and freedoms as his/her peers, without distinction, exclusion, restriction on the basis of their disability?					
E8.4b	Think back to five years ago, was the percentage of children like Aleksandar/Natasha being treated as completely equal to their peers {much less, a bit less, about the same, a bit more, a lot more} than now?	Much less (1)	A Bit less (2)	About the same (3)	A bit more (4)	A lot more (5)
E8.4c	Think about five years from now. Do you think the percentage of children like Aleksandar/Natasha being treated completely equal to their peers will be {much less, a bit less, about the same, a bit more, a lot more} than now?	Much less (1)	A Bit less (2)	About the same (3)	A bit more (4)	A lot more (5)

E9: Social Norms around Human Rights for a Child 6-11 years old with Physical Disabilities Now I'm going to tell you about a child. [Stephan/Sofia] 9-year old. He/she has difficulty hearing and stutters when he/she speaks. He/she is frequently frustrated and irritated by tasks in the classroom and is socially immature. As a result, other children often don't include him/her during recess. Additionally, [Stephan/Sofia] would benefit from additional classroom help, but the school lacks the resources to provide one-on-one support.					
E9.1	In this vignette, are [Stephan/Sofia] are being treated as equal to their peers? By this I mean recognised, enjoying, and exercising the same fundamental rights and freedoms as others, without distinction, exclusion, restriction on the basis of their disability? Please tell me what you think will be…:	No (1)	Somewhat (2)	Mostly (3)	Yes (4)
E9.1a	Your Opinion	1	2	3	4
E9.1b	Opinion of your family members	1	2	3	4
E9.1c	Opinions of other people whose opinions matter to you	1	2	3	4
E9.1d	Opinion of society in general	1	2	3	4
E9.2	Let us suppose, you (your family members, other people whose opinions matter to you, society in general) were responsible for making the decision of addressing this situation. What would…	Completely Change (1)	Change Most of it (2)	Keep Most the Same (3)	Keep Exactly the Same (4)
E9.2a	You do	1	2	3	4

E9.2b	Family members do	1		2	3	4
E9.2c	Other people whose opinions matter to you do	1		2	3	4
E9.2d	Society in general do	1		2	3	4
E9.3	You decided that the best option was for [Stephan/Sofia] was to [INSERT ANSWER FROM E9.2a]. To what extent would this decision be affected by what…	Not at all (1)	A Small Extent (2)	A moderate extent (3)	A great extent (4)	Completely (5)
E9.3a	Your family expects you to do	1	2	3	4	5
E9.3b	Other people whose opinions matter to you expect you to do	1	2	3	4	5
E9.3c	Society in general expects you to do	1	2	3	4	5
E9.4	Based on the answers you provided above can you estimate how many children like [Stephan/Sofia] out of 10 are treated as completely equal to their peers? I.e. Being recognised, enjoying, and exercising the same fundamental rights and freedoms as his/her peers, without distinction, exclusion, restriction on the basis of their disability?					
E9.4a	Think back to five years ago, was the percentage of children like [Stephan/Sofia] being treated as completely equal to their peers {much less, a bit less, about the same, a bit more, a lot more} than now?	Much less (1)	A Bit less (2)	About the same (3)	A bit more (4)	A lot more (5)
E9.4b	Think about five years from now. Do you think the percentage of children like [Stephan/Sofia] being treated completely equal to their peers will be {much less, a bit less, about the same, a bit more, a lot more} than now?	Much less (1)	A Bit less (2)	About the same (3)	A bit more (4)	A lot more (5)

E10: Social Norms around Human Rights for a Child 6-11 years old with Intellectual Disabilities

Now I'm going to tell you about a child. [Dejan/Vesna] is a 9-year old. He/she has a very short attention span and has significant problems in retaining information. As such, his/her achievement across all curriculum areas is very low. [Dejan/Vesna] is also prone to impulsive behaviour, often interrupting and intruding on others, and is very socially immature. [Dejan/Vesna] has few friends. His/her parents are overly protective which has resulted in her having limited social/recreational experiences.

	In this vignette, are Dejan/Vesna are being treated as equal to their peers? By this I mean recognised, enjoying, and exercising the same fundamental rights and freedoms as others, without distinction, exclusion, restriction on	No (1)	Somewhat (2)	Mostly (3)	Yes (4)

	the basis of their disability? Please tell me what you think will be…:				
E10.1a	Your Opinion	1	2	3	4
E10.1b	Opinion of your family members	1	2	3	4
E10.1c	Opinions of other people whose opinions matter to you	1	2	3	4
E10.1d	Opinion of society in general	1	2	3	4
	Let us suppose, you (your family members, other people whose opinions matter to you, society in general) were responsible for making the decision of addressing this situation. What would…	Completely Change (1)	Change Most of it (2)	Keep Most the Same (3)	Keep Exactly the Same (4)
E10.2a	You do	1	2	3	4
E10.2b	Family members do	1	2	3	4
E10.2c	Other people whose opinions matter to you do	1	2	3	4
E10.2d	Society in general do	1	2	3	4

	You decided that the best option was for Dejan/Vesna was to [INSERT ANSWER FROM E10.2a]. To what extent would this decision be affected by what…	Not at all (1)	A Small Extent (2)	A moderate extent (3)	A great extent (4)	Completely (5)
E10.3a	Your family expects you to do	1	2	3	4	5
E10.3b	Other people whose opinions matter to you expect you to do	1	2	3	4	5
E10.3c	Society in general expects you to do	1	2	3	4	5
E10.4a	Based on the answers you provided above can you estimate how many children like Dejan/Vesna out of 10 are treated as completely equal to their peers? I.e. Being recognised, enjoying, and exercising the same fundamental rights and freedoms as his/her peers, without distinction, exclusion, restriction on the basis of their disability?					

E10.4b	Think back to five years ago, was the percentage of children like Dejan/Vesna being treated as completely equal to their peers {much less, a bit less, about the same, a bit more, a lot more} than now?	Much less (1)	A Bit less (2)	About the same (3)	A bit more (4)	A lot more (5)
E10.4c	Think about five years from now. Do you think the percentage of children like Dejan/Vesna being treated completely equal to their peers will be {much less, a bit less, about the same, a bit more, a lot more} than now?	Much less (1)	A Bit less (2)	About the same (3)	A bit more (4)	A lot more (5)

F) STIGMA (ALL RESPONDENTS)

F1: Stigma faced by children with disabilities and their caregivers (All respondents)

Children with Disabilities: Using the scale from 1 to 6, where 1=Never, 2= a few times a year, 3=a few times a month, 4=a few times a week, 5= every day, 6=multiple times per day, how often do any of the following things happen to you because you have a disability?

Caregivers: Using the scale from 1 to 6, where 1=Never, 2= a few times a year, 3=a few times a month, 4=a few times a week, 5= every day, 6=multiple times per day, how often do any of the following things happen to you because you have a child with a disability?

All Others: Using the scale from 1 to 6, where 1=Never, 2= a few times a year, 3=a few times a month, 4=a few times a week, 5= every day, 6=multiple times per day, how often do you think that the following things happen to a caregiver of a child with a disability?

		Never (1)	Rarely (2)	Somewhat Often (3)	Very Often (4)	Always (5)	Refused to answer (888)	Don't Know (999)
F1.1	C, CC: You are treated with less courtesy than other people. Others: They are…	1	2	3	4	5	888	999
F1.2	C, CC: You are treated with less respect than other people. Others: They are…	1	2	3	4	5	888	999
F1.3	C, CC: You receive poorer service than other people at restaurants or stores. Others: They receive…	1	2	3	4	5	888	999
F1.4	C, CC: You are treated with respect. Others: They are…	1	2	3	4	5	888	999
F1.5	C, CC: People act as if they think you are not smart. Others: …think they are not smart	1	2	3	4	5	888	999
F1.6	C, CC: People act as if they are afraid of you Others: …afraid of the caregiver	1	2	3	4	5	888	999
F1.7	C, CC: People act as if they think you are dishonest Others: …think the caregiver is dishonest	1	2	3	4	5	888	999
F1.8	C, CC: People act as if they're better than you are Others: …than the caregiver is	1	2	3	4	5	888	999
F1.9	C, CC: You are called names or insulted Others: They are…	1	2	3	4	5	888	999
F1.10	C, CC: You are threatened or harassed Others: They are…	1	2	3	4	5	888	999
F1.11	C, CC: People avoid contact with you Others: …with them	1	2	3	4	5	888	999

OPTIONAL F2: Social Stigma towards families of children with Disabilities (All respondents, except Children with Disabilities and their peers)

Using the scale from 1 to 5 where 1= strongly disagree and 5= strongly agree, to what extent do you agree or disagree with the following statements? A family of a child or children with disabilities [insert question]

		Strongly Disagree (1)	Somewhat Disagree (2)	Neither Agree nor Disagree (3)	Somewhat Agree (4)	Strongly Agree (5)	Refused to answer (888)	Don't Know (999)
F2.1	Has problems making friends	1	2	3	4	5	888	999
F2.2	Has problems keeping friends	1	2	3	4	5	888	999
F2.3	Is treated differently at work	1	2	3	4	5	888	999
F2.4	Has problems adding family members (marriage)	1	2	3	4	5	888	999
F2.5	Is treated differently by other family members.	1	2	3	4	5	888	999
F2.6	Has problems getting a job	1	2	3	4	5	888	999
F2.7	Has problems taking care of other family members	1	2	3	4	5	888	999
F2.8	Has problems taking care of other children	1	2	3	4	5	888	999
F2.9	Is treated differently by society in general	1	2	3	4	5	888	999

F3: Self Stigma of Caregivers of Children with Disabilities (Caregivers of Children with Disabilities only)

I'm now going to make some statements about some issues that caregivers of children with disabilities have experienced and I'd like to know how much you relate to them. Using the scale from 1 to 5 where 1= strongly disagree and 5= strongly agree, to what extent do you agree or disagree with the following statements?

		Strongly Disagree (1)	Somewhat Disagree (2)	Neither Agree nor Disagree (3)	Somewhat Agree (4)	Strongly Agree (5)	Refused to answer (888)	Don't Know (999)
F3.1	I feel inferior because I have a child or children with disabilities	1	2	3	4	5	888	999
F3.2	I feel emotionally tired because I have a child with a disability	1	2	3	4	5	888	999
F3.3	The behaviour of my child with a disability makes me feel embarrassed	1	2	3	4	5	888	999
F3.4	I feel helpless for having a child with a disability	1	2	3	4	5	888	999
F3.5	I feel sad because I have a child with a disability	1	2	3	4	5	888	999
F3.6	I worry that other people would know I have a child with a disability	1	2	3	4	5	888	999
F3.7	I am under no more pressure having a child with a disability than if I had a child without a disability	1	2	3	4	5	888	999

F3.8	Other people discriminate against me if I am with my child with a disability	1	2	3	4	5	888	999
F3.9	My reputation is damaged because I have a child with a disability	1	2	3	4	5	888	999
F3.10	People's attitudes towards me are the same when I am with my child with a disability as when I am not with my child with a disability	1	2	3	4	5	888	999
F3.11	Having a child with a disability imposes a negative impact on me	1	2	3	4	5	888	999
F3.12	My self-esteem is not impacted by having a child with a disability	1	2	3	4	5	888	999
F3.13	Having a child with a disability makes me think that I am less to others	1	2	3	4	5	888	999
F3.14	Having a child with a disability does not affect my image	1	2	3	4	5	888	999
F3.15	I avoid communicating with my child with a disability in public spaces	1	2	3	4	5	888	999
F3.16	I dare not tell others that I have a child with a disability	1	2	3	4	5	888	999
F3.17	I reduce going out with my child with a disability	1	2	3	4	5	888	999
F3.18	Given that I have a child with a disability, I've cut down the contacts with my friends and relatives	1	2	3	4	5	888	999
F3.19	When I am with my child with a disability I do not keep a low profile	1	2	3	4	5	888	999
F3.20	I've cut down the contact with my child with disability	1	2	3	4	5	888	999
F3.21	I dare not to participate in activities related to physical/intellectual disability lest other people would suspect that I have a child with a disability	1	2	3	4	5	888	999
F3.22	Given that I have a child with a disability, I've cut down the contact with my neighbours	1	2	3	4	5	888	999
F4: Personal Opinion of Stigma toward Children with Disabilities (All respondents) Norms and attitudes towards children with disabilities vary. Using the scale from 1 to 5 where 1= strongly disagree and 5= strongly agree, to what extent do you agree or disagree with the following statements?								
		Strongly Disagree (1)	Somewhat Disagree (2)	Neither Agree nor Disagree (3)	Somewhat Agree (4)	Strongly Agree (5)	Refuse to answer (888)	Don't Know (999)
F4.1	As compared to other children, most	1	2	3	4	5	888	999

	children with disabilities are unpredictable							
F4.2	As compared to other children, most children with disabilities are able to take care of themselves	1	2	3	4	5	888	999
F4.3	As compared to other children, most children with disabilities are dangerous	1	2	3	4	5	888	999
F4.4	As compared to other children, most children with disabilities are in control of their behaviour	1	2	3	4	5	888	999
F4.5	As compared to other children, most children with disabilities are self-reliant	1	2	3	4	5	888	999
F5: Opinion of Public Stigma toward Children with Disabilities (All respondents) Norms and attitudes towards children with disabilities vary. Using the scale from 1 to 5 where 1= strongly disagree and 5= strongly agree, to what extent would you say that your family members, other people whose opinions matter to you and society in general agree that…								
		Strongly Disagree (1)	Somewhat Disagree (2)	Neither Agree nor Disagree (3)	Somewhat Agree (4)	Strongly Agree (5)	Refused to answer (888)	Don't Know (999)
F5.1	As compared to other children, most children with disabilities are unpredictable.	1	2	3	4	5	888	999
F5.2	As compared to other children, most children with disabilities are able to take care of themselves.	1	2	3	4	5	888	999
F5.3	As compared to other children, most children with disabilities are dangerous	1	2	3	4	5	888	999
F5.4	As compared to other children, most children with disabilities are in control of their behaviour	1	2	3	4	5	888	999
F5.5	As compared to other children, most children with disabilities are self-reliant	1	2	3	4	5	888	999
F6: Self-Stigma among Children with Disabilities (Children with Disabilities and their Caregivers ONLY)								
Children with Disabilities: To what extent would you say that you are similar to… Caregivers: To what extent would you say that your child with a disability is similar to…		Strongly Disagree (1)	Somewhat Disagree (2)	Neither Agree nor Disagree (3)	Somewhat Agree (4)	Strongly Agree (5)	Refused to answer (888)	Don't Know (999)
F6.1	Children with disabilities who may be unpredictable	1	2	3	4	5	888	999
F6.2	Children with disabilities who may be able to take care of themselves	1	2	3	4	5	888	999
F6.3	Children with disabilities who may be dangerous	1	2	3	4	5	888	999
F6.4	Children with disabilities who may be in control of their behaviour	1	2	3	4	5	888	999

F6.5	Children with disabilities who may be self-reliant	1	2	3	4	5	888	999

G) SOCIAL DISTANCE (PEERS OF CHILDREN WITH DISABILITIES AND THEIR CAREGIVERS ONLY)

G1: Social Distance from Child 6-11 years with Physical Disabilities (Peers of Children with Disabilities and their Caregivers ONLY)

Note: for Caregivers of Peers, if you have already used this vignette with them in the social norms section, ask them to recall [Nikola/Marija] and then describe the scenario again.

I'm now going to tell you about a child. [Nikola/Marija] is your age [your child's age]. He/she experiences involuntary muscle spasms down the left side of his/her body. He/she is able to move around unaided but his/her capacity to participate in a range of physical and fine motor activities (such as writing or drawing) is limited. Although [Nikola/Marija] has a great sense of humour and loves to learn, he/she requires considerable individual support and his/her speech is jerky and slurred.

Peers: Ask as is Caregivers of Peers: Ask "would you approve of your child…" instead of "would you…"		No (1)	Maybe (2)	Yes (3)	Don't Know (4)
G1.1	Would you go up to him/her at school and say "hello"?	1	2	3	4
G1.2	Would you have a conversation with him/her?	1	2	3	4
G1.3	Would you make friends with him/her?	1	2	3	4
G1.4	Would you let him/her play with you during break time?	1	2	3	4
G1.5	Would you sit next to him/her at lunchtime?	1	2	3	4
G1.6	Would you sit next to him/her in class?	1	2	3	4
G1.7	Would you share your things with him/her in class?	1	2	3	4
G1.8	Would you invite him/her to come to your house to play?	1	2	3	4
G1.9	Would you share a secret with him/her?	1	2	3	4
G1.10	Would you work on a class project with him/her?	1	2	3	4
G1.11	Would you add him/her to your digital social network as a friend?	1	2	3	4
G1.12	Would add him/her to a group that you play online games with?	1	2	3	4
G1.13	Would you talk to him/her in a group private online chat?	1	2	3	4
G1.14	Would you go to a public place to play or hang out with him/her, like the cinema or a park?	1	2	3	4
G1.15	Would you share snacks with him/her?	1	2	3	4
G1.16	Would you choose him/her to be on your team during sports (PE)?	1	2	3	4

G2: Social Distance from Child 6-11 years with Intellectual Disabilities (Peers of Children with Disabilities and their Caregivers ONLY)

Note: for Caregivers of Peers, if you have already used this vignette with them in the social norms section, ask them to recall Igor/Katerina and then describe the scenario again.

Now I want you to think about a different child. Igor/Katerina is also your age [your child's age]. Igor/Katerina finds it hard to focus on a task for too long, and lashes out violently when he/she becomes upset. He/she has a hard time regulating his/her emotions, connecting his/her actions with the consequences, and with expressing himself/herself to others. Igor/Katerina has trouble doing

things independently and receives extra learning assistance outside the classroom, for part of the day to help him/her remember and recall things and with reading, writing and math. Although Igor/Katerina can run and play like other children, he/she sometimes forgets the rules of certain games.					
Peers: Ask as is Caregivers of Peers: Ask "would you approve of your child…" instead of "would you…"		No (1)	Maybe (2)	Yes (3)	Don't Know (4)
G2.1	Would you go up to him/her at school and say "hello"?	1	2	3	4
G2.2	Would you have a conversation with him/her?	1	2	3	4
G2.3	Would you make friends with him/her?	1	2	3	4
G2.4	Would you let him/her play with you during break time?	1	2	3	4
G2.5	Would you sit next to him/her at lunchtime?	1	2	3	4
G2.6	Would you sit next to him/her in class?	1	2	3	4
G2.7	Would you share your things with him/her in class?	1	2	3	4
G2.8	Would you invite him/her to come to your house to play?	1	2	3	4
G2.9	Would you share a secret with him/her?	1	2	3	4
G2.10	Would you work on a class project with him/her?	1	2	3	4
G2.11	Would you add him/her to your digital social network as a friend?	1	2	3	4
G2.12	Would add him/her to a group that you play online games with?	1	2	3	4
G2.13	Would you talk to him/her in a group private online chat?	1	2	3	4
G2.14	Would you go to a public place to play or hang out with him/her, like the cinema or a park?	1	2	3	4
G2.15	Would you share snacks with him/her?	1	2	3	4
G2.16	Would you choose him/her to be on your team during sports (PE)?	1	2	3	4

H) CLOSING (ALL RESPONDENTS)

We have been talking about attitudes toward children with disability, inclusive education, and discrimination on the basis of disability. Before concluding, I'd like to leave you with three official definitions of these concepts.

1) A person with a disability is a person with a "long-term physical, mental, intellectual, or sensory impairment which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (CRPD, Article 1, 2006)"

2) Inclusive education is an education system that includes all students, and welcomes and supports them to learn, whoever they are and whatever their abilities or requirements. This means making sure that teaching and the curriculum, school buildings, classrooms, play areas, transport and toilets are appropriate for all children at all levels. Inclusive education means all children learn together in the same schools (UNICEF, 2017)

3) Discrimination on the basis of Disability: “any distinction, exclusion, restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil, or any other field” (CRPD, Article 2, 2006).

Thank you very much for your participation today. Are there any last thoughts you’d like to share with me?

APPENDIX 4: FGD GUIDE FOR CAREGIVERS OF CHILDREN WITH DISABILITIES

OVERVIEW

The overall purpose of this focus group discussion (FGD) is to validate data obtained in the structured interviews. The FGD should last between 90 to 120 minutes. The discussion should be interactive, engaging, and empowering. Ideally, there should be 8-12 participants in the group.

The specific objectives of the FGD are to:

- Identify perceptions about children with disabilities
- Discuss attitudes towards children with disabilities in comparison to their peers
- Examine social norms associated with discrimination against children with disabilities
- Determine what a society with equal opportunity for all people, without negative attitudes, social norms, and stigma (stereotypes, prejudice, discrimination) and social exclusion looks like and how society can be altered to achieve this vision

PARTICIPANT INFORMATION

Record the following information for each focus group participant. [Adjust the table to reflect the key background characteristics we need to capture]

#	Name	Age	Ethnicity	Education	Employment Status	Town	Contact
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

11
12

INTRODUCTION

Say: Thank you for joining this discussion today! We are excited to learn what you think. First, I am going to go over the focus group discussion rules. Please let me know if you have questions.

1. No comment is a silly comment!
2. There are no right or wrong answers
3. Respect everyone
4. One person, one voice (do not speak when others are speaking)

ACTIVITY A: FREE-LISTING

- Purpose: To understand how participants define and conceptualize a child with disabilities.
- Materials: You will need a large sheet of chart paper with the diagram in Figure 29 below drawn on it. Write "Children with Physical Disabilities" or "Children with Intellectual Disabilities" in the centre circle (corresponding to the FGD designation). You will also need a second sheet listing the different categories (see Figure 30) and different-coloured markers to correspond to the categories (keep the colours consistent across FGDs).

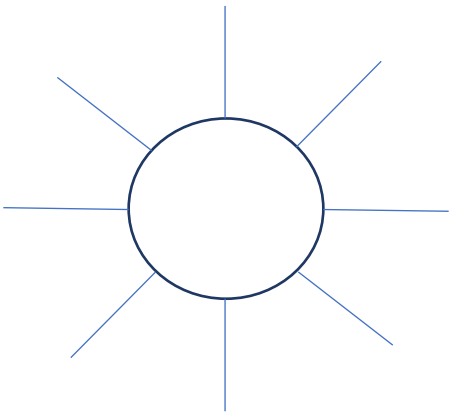


FIGURE 29: FREE-LISTING DIAGRAM

- Suggested time: 25 minutes

Say: In this activity, we are interested in learning what comes to your mind when you think about children with disabilities. As I ask questions, the note-taker will record your responses on this large chart paper.

[Show participants the prepared diagram]. There are no right or wrong answers. We want to get the first responses that come to your minds.

1. What words come to mind when you hear the phrase "children with intellectual/physical disabilities"? Probe: what are your reactions? What do you feel?
    a. [If participants are giving only disability types or symptoms, probe for feelings]

Do: Record each response at the end of a line, adding more lines if necessary. Remind participants that there are no correct or incorrect answers. Allow participants to provide answers until no new responses are being generated.

Say: Now, I'd like for you to look over the following statements. [Show participants the prepared second sheet and read the statements aloud.]

Children with disabilities are persons with an illness and need to be treated by doctors.
Children with disabilities need the help of others to survive.
Children with disabilities have the same rights as all other children, so communities need to change the environment to support them to participate fully.

FIGURE 30: CATEGORIZATIONS FOR FREE-LISTING

Say: Let's categorize each of our responses by these three statements. [Give an example. For example, if someone said "needy" in the free-listing, say "For Example, needy could fit under the first statement."]

Ask participants for reasons for why they are categorizing **each** word as they are. Stop to discuss any words that participants might disagree on the categorization.

Say: Lastly, let's categorize each of these terms as either positive or negative.

Ask participants for reasons for why they are categorizing **each** word as they are. Stop to discuss any words that participants might disagree on the categorization.

ACTIVITY B: 2X2 TABLES FOR SOCIAL NORMS
NOTE: PARTS THAT CHANGE WITH THE VIGNETTE ARE HIGHLIGHTED

- Purpose: To measure the extent to which discriminatory practices towards children with disabilities are governed by descriptive and/or injunctive social norms and what the outcome expectancies (sanctions and rewards) are.
- Materials: Flip chart paper one with the tables below drawn on them; blank paper for participants to record their answers.
- Suggested time: 40 minutes

Say: for the next activity, let's start by listing the people whose opinions matter to you. We will write the type of person in these circles on this sheet of paper.

Here you are in the middle (show blank version of Figure 31). The second circle represents the people in your family. Who are the family members whose opinions you care about? [WRITE RESPONSES ON BLANK SOCIAL NETWORK MAP]

The third circle represents your community, whose opinion in your community is important to you? [WRITE RESPONSES ON BLANK SOCIAL NETWORK MAP]

The fourth circle represents society, whose opinion in society is important to you? [WRITE RESPONSES ON BLANK SOCIAL NETWORK MAP]

Distribute blank paper to everyone in the group.

FIGURE 31 SOCIAL NETWORK MAP

Say: For our next activity, I want you to think about your own child with a disability.

Thinking of your child with a disability, what is the best place for him/her to live? At home or an institution?

Have the participants write down their choice on a piece of paper in front of them.

What about people whose opinion matters to you? Remember we have listed all the people whose opinions matter to us, you can look back at this list to help get ideas about what the people whose opinions matter to you would think. Do they believe that at home or an institution would be the best place for your child to live?

Have the participants write down their choice on a piece of paper in front of them.

Now show them the first 2x2 table (See Figure 32).
Go through the boxes one by one and ask participants to raise their hand if they fall in that box. For example, say "Raise your hand if you wrote "Institution-Institution."

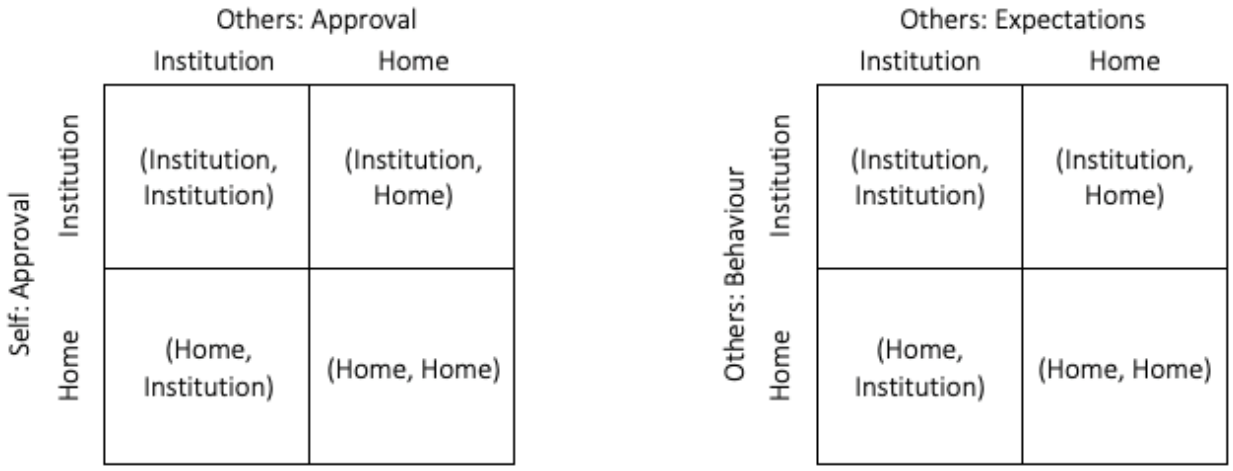


FIGURE 32: 2X2 TABLES

Say: Let us suppose that those whose opinions matter to you are responsible for making the decision on the best place for your child to live. Do you think that they would keep your child at home or place him/her in an institution?

Have participants record their answers on the paper in front of them.

Say: In your opinion, what do you think those people believe you should do. (Repeat choices if necessary: would others expect you to keep your child at home or place him/her in an institution?)

Have participants record their answers on the paper in front of them.

Show them the 2x2 table for behaviour. Go through the boxes one by one and ask participants to raise their hand if they fall in that box.

After all responses have been recorded, count the number of responses in each quadrant and write the total in each square. Beginning with the quadrant containing the most responses, use the probing questions below to discuss the table. Ask the probing questions to respondents in each quadrant.

- Can you tell me some reasons why most of you feel this way about others' behaviours and their expectations of your behaviour?
- To what extent would your behaviour in this situation be driven by motivations to comply with what others expect of you?
- What are some of the rewards (good things, positive consequences) associated with [placing your child in an institution or keeping your child at home]?
- What are some of the punishments/sanctions (bad things, negative consequences) associated with [placing your child in an institution or keeping your child at home]?

ACTIVITY C: PILE SORTS

- Purpose: To identify attitudes towards and stereotypes about children with disabilities.
- Materials: Set of cards with descriptive words (one card for each word) and four boxes labelled "children with disabilities," "children without disabilities," "both," and "neither."
- Suggested Time: 25 minutes

Distribute the cards throughout the group.

Say: We are now going to describe children. I've given you each several cards with different words on them. Look at the word on the cards and decide, does this word describe a child with a disability, a child without a disability, both, or neither? Think about a child who is about nine years old. Place the cards in the box that match your opinion.

Allow participants time to read their words and distribute in the corresponding boxes.

If the participants do not know the definition, provide the following definition for each word:

Original Term	Definition
Hardworking (active)	Someone who participates in things
Brave (powerful)	Having courage
Cheerful	Being full of happiness
Dependent (helpless)	Relying on help from others for many things
Fearful (afraid)	Feeling scared
Independent (Strong)	Able to do many things without help from others
Insecure	Not sure of oneself, feel doubt about oneself
Positive (optimistic)	Thinking happy, hopeful thoughts about things or the future
Lazy (passive)	Someone who does not participate in things
Negative (pessimistic)	Thinking sad, bad thoughts about things or the future
Sad	Being unhappy
Confident	Believing in oneself
Social	Someone who enjoys talking and interacting with other people
Withdrawn	Closed, does not want to talk to or interact with other people

If time allows, after sorting the premade cards, participants could be given additional blank cards to write (or be helped to write) other ideas for sorting.

Go through the boxes and discuss the placement of the cards. Ask for reasons why a card is in the box it is. Ask about any potential agreement or disagreement.

Say: let's discuss where the words have been placed. There may be differences in opinion, but that is okay I want to know everyone's thoughts.

Record disagreement and note where participants are split. Determine how many participants would place it in the various boxes and record this number for data analysis purposes. We want to know both

where they initially placed it, which words people disagree on, and the proportion of people who think the word should be in each box (if they disagree).

ACTIVITY D: EMPATHY MAPPING

- Purpose: To elicit what an inclusive society, i.e. a world where all children, including children with disabilities, were treated equally and had equal opportunity, would look like and what actions an individual can take to help make that possible.
- Materials: You will need a large sheet of paper with the diagram below (Figure 33) drawn on it.
- Suggested time: 35 minutes

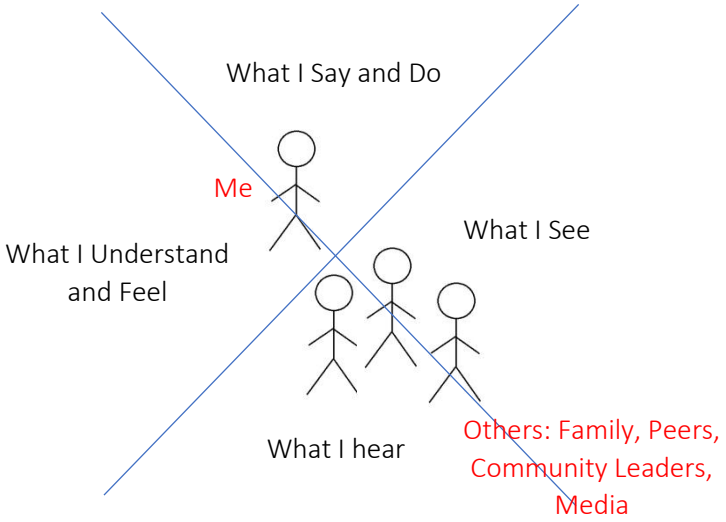


FIGURE 33: EMPATHY MAPPING DIAGRAM

Distribute several sticky notes or small pieces of paper to each participant.

Say: To start, let's fill out this map with things you hear, see, say and do, and understand and feel in the world today as it relates to children with disabilities. What is society like currently?

Give participants a minute or two to think and then, when they are ready, show the pre-drawn flipchart with the labelled quadrants and point them to the first quadrant [What I See].

Say: In society today, what do you see (meaning, what do you see relative to children with disabilities)?

Each participant will record their response on a sticky note and attach it to the appropriate quadrant. Let them know if something fits in more than one quadrant, they can write and post the same thing more than once.

Continue to fill in the remainder of the empathy map in the same manner.

Say: Now, we are interested in understanding what a society with equal opportunity for all people, without negative attitudes, social norms, and stigma (stereotypes, prejudice, discrimination) and social exclusion looks like to you, and how society can be altered to achieve this vision. Specifically, we want to think about a society free from discrimination against children with disabilities.

Take a moment and imagine what this society would be like. You can close your eyes if you feel comfortable to envision this society. Think about what you see and hear others doing/saying, and what you say, do, and feel.

Give participants a minute or two to think and then, when they are ready, show the pre-drawn flipchart with the labelled quadrants and point them to the first quadrant [What I See].

Say: In this community, what do you see (meaning, what does a discrimination free community look like to you)?

Each participant will record their response on a sticky note and attach it to the appropriate quadrant. Let them know if something fits in more than one quadrant, they can write and post the same thing more than once.

Continue to fill in the remainder of the empathy map in the manner above.

After all of the questions have been answered, compare the 'current' Empathy Map with the 'discrimination free' Empathy Map quadrant by quadrant and discuss the responses with participants. If there are many responses, either choose a theme that they share or ask which are the most important and discuss those. Go through as many responses as time permits. Potential discussion prompts include:

- Can you explain what you meant by {INSERT RESPONSE}
- What do you think needs to happen to achieve {INSERT RESPONSE} If they say 'everything' then probe for which changes are most important.
- Whose responsibility is it to affect this change? Probe for levels of social ecological network; can reuse the social network map from the 2x2 tables.
- What can you personally do to affect change?

As you discuss these points, make clear notes of any alterations made by the group for where words are on the empathy map and what brought about these changes. Record this on the transcript for data analysis.

CLOSING

Finally, is there anything else that you want to tell me? Is there anything that we should have talked about but didn't talk about?

Thank you very much for your participation today. I would like to remind you that the discussion will be kept confidential and that anything said in the discussion should not be talked about outside of the group.

APPENDIX 5: FGD GUIDE FOR CAREGIVERS OF CHILDREN WITHOUT DISABILITIES

OVERVIEW

The overall purpose of this focus group discussion (FGD) is to validate data obtained in the structured interviews. The FGD should last between 90 to 120 minutes. The discussion should be interactive, engaging, and empowering. Ideally, there should be 8-12 participants in the group.

The specific objectives of the FGD are to:

- Identify perceptions about children with disabilities
- Discuss attitudes towards children with disabilities in comparison to their peers
- Examine social norms associated with discrimination against children with disabilities
- Determine what a society with equal opportunity for all people, without negative attitudes, social norms, and stigma (stereotypes, prejudice, discrimination) and social exclusion looks like and how society can be altered to achieve this vision

PARTICIPANT INFORMATION

Record the following information for each focus group participant. [Adjust the table to reflect the key background characteristics we need to capture]

#	Name	Age	Ethnicity	Education	Employment Status	Town	Contact
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

11
12

INTRODUCTION

Say: Thank you for joining this discussion today! We are excited to learn what you think. First, I am going to go over the focus group discussion rules. Please let me know if you have questions.

1. No comment is a silly comment!
2. There are no right or wrong answers
3. Respect everyone
4. One person, one voice (do not speak when others are speaking)

Say: Now we will go through a series of activities related to children with disabilities. Children who have a disability have some type of difficulty compared to other children their age. Does anyone have any examples of types of disabilities?

Say: If you would like to, please share with us if you know anyone with a disability. You can tell us how you know them if you want to.

ACTIVITY A: FREE-LISTING

- Purpose: To understand how participants define and conceptualize a child with disabilities.
- Materials: You will need a large sheet of chart paper with the diagram in Figure 34 below drawn on it. Write "Children with Physical Disabilities" or "Children with Intellectual Disabilities" in the centre circle (corresponding to the FGD designation). You will also need a second sheet listing the different categories (see Figure 35) and different-coloured markers to correspond to the categories (keep the colours consistent across FGDs).
- Suggested time: 25 minutes

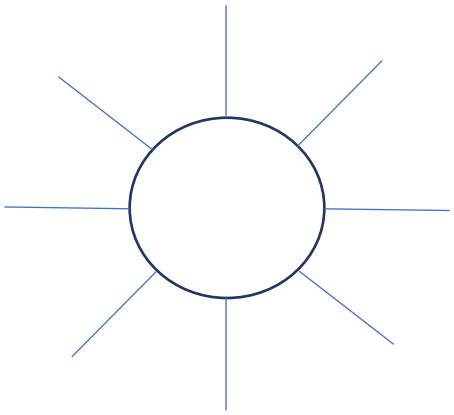


FIGURE 34: FREE-LISTING DIAGRAM

Say: In this activity, we are interested in learning what comes to your mind when you think about children with disabilities. As I ask questions, the note-taker will record your responses on this large chart paper. [Show participants the prepared diagram]. There are no right or wrong answers. We want to get the first responses that come to your minds.

2. What words come to mind when you hear the phrase "children with intellectual/physical disabilities"? Probe: what are your reactions? What do you feel?
    a. [If participants are giving only disability types or symptoms, probe for feelings]

Do: Record each response at the end of a line, adding more lines if necessary. Remind participants that there are no correct or incorrect answers. Allow participants to provide answers until no new responses are being generated.

Say: Now, I'd like for you to look over the following statements. [Show participants the prepared second sheet and read the statements aloud.]

Children with disabilities are persons with an illness and need to be treated by doctors.

Children with disabilities need the help of others to survive.

Children with disabilities have the same rights as all other children, so communities need to change the environment to support them to participate fully.

FIGURE 35: CATEGORIZATIONS FOR FREE-LISTING

Say: Let's categorize each of our responses by these three statements. [Give an example. For example, if someone said "needy" in the free-listing, say "For Example, needy could fit under the first statement."]

Ask participants for reasons for why they are categorizing **each** word as they are. Stop to discuss any words that participants might disagree on the categorization.

Say: Lastly, let's categorize each of these terms as either positive or negative.

Ask participants for reasons for why they are categorizing **each** word as they are. Stop to discuss any words that participants might disagree on the categorization.

ACTIVITY B: 2X2 TABLES FOR SOCIAL NORMS
NOTE: PARTS THAT CHANGE WITH THE VIGNETTE ARE HIGHLIGHTED

- Purpose: To measure the extent to which discriminatory practices towards children with disabilities are governed by descriptive and/or injunctive social norms and what the outcome expectancies (sanctions and rewards) are.
- Materials: Flip chart paper one with the tables below drawn on them; blank paper for participants to record their answers.

- Suggested time: 30 minutes

Say: for the next activity, let's start by listing the people whose opinions matter to you. We will write the type of person in these circles on this sheet of paper.

Here you are in the middle (show blank version of Figure 36). The second circle represents the people in your family. Who are the family members whose opinions you care about? [WRITE RESPONSES ON BLANK SOCIAL NETWORK MAP]

The third circle represents your community, whose opinion in your community is important to you? [WRITE RESPONSES ON BLANK SOCIAL NETWORK MAP]

The fourth circle represents society, whose opinion in society is important to you? [WRITE RESPONSES ON BLANK SOCIAL NETWORK MAP]

FIGURE 36: SOCIAL NETWORK MAP

Distribute blank paper to everyone in the group.

Say: Next, I want to start by telling you about a child.

Filip/Ana is a two-year-old, who cannot sit up, crawl, stand or walk independently and his/her arms and legs often make involuntary jerky movements. Filip/Ana needs to see a physical therapist regularly to help his/her with movement.

Thinking of Filip/Ana, what is the best place for him/her to live? At home or an institution? (Note, the participants may want other options, such as placing with a foster family. For this exercise, they must choose between one of the two preidentified options.)

Have the participants write down their choice on a piece of paper in front of them.

What about people whose opinion matters to you? Remember we have listed all the people whose opinions matter to us, you can look back at this list to help get ideas about what the people whose opinions matter to you would think. Do they believe that at home or an institution would be the best place for Filip or Ana to live?

Have the participants write down their choice on a piece of paper in front of them.

Now show them the first 2x2 table. Go through the boxes one by one and ask participants to raise their hand if they fall in that box. For example, say "Raise your hand if you wrote "Institution-Institution."

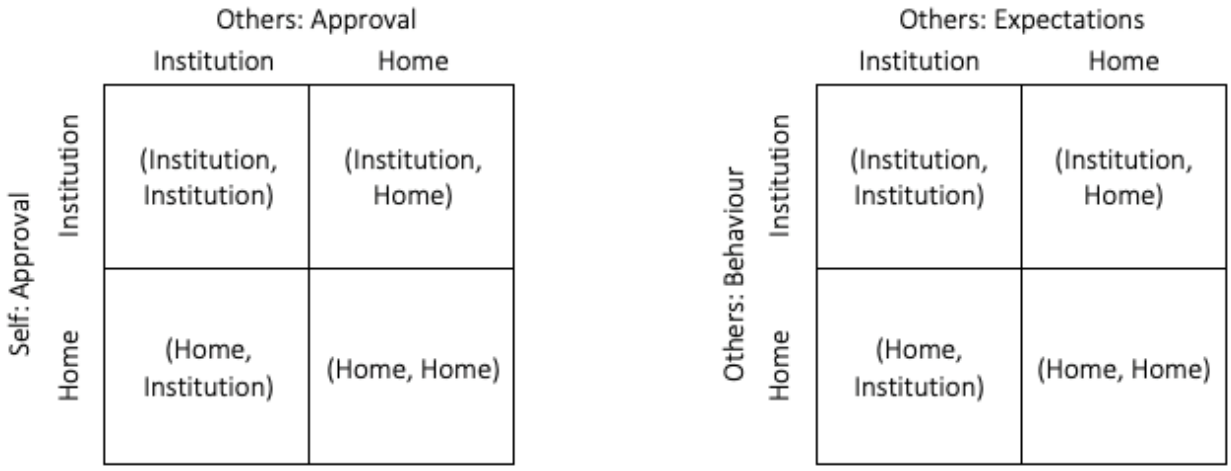


FIGURE 37: 2X2 TABLES

Say: Let us suppose that those whose opinions matter to you are responsible for making the decision on the best place for Filip/Ana to live. Do you think that they would keep Filip/Ana at home or place him/her in an institution?

Have participants record their answers on the paper in front of them.

Say: In your opinion, what do you think those people believe you should do. (Repeat choices if necessary: would others expect you to keep Filip/Ana at home or place him/her in an institution?)

Have participants record their answers on the paper in front of them.

Show them the 2x2 table for behaviour. Go through the boxes one by one and ask participants to raise their hand if they fall in that box.

After all responses have been recorded, count the number of responses in each quadrant and write the total in each square. Beginning with the quadrant containing the most responses, use the probing questions below to discuss the table. Ask the probing questions to respondents in each quadrant.

- Can you tell me some reasons why most of you feel this way about others' behaviours and their expectations of your behaviour?
- To what extent would your behaviour in this situation be driven by motivations to comply with what others expect of you?
- What are some of the rewards (good things, positive consequences) associated with [placing Filip/Ana in an institution or keeping Filip/Ana at home]?

- What are some of the punishments/sanctions (bad things, negative consequences) associated with [placing Filip/Ana in an institution or keeping Filip/Ana at home]?

ACTIVITY C: PILE SORTS

- Purpose: To identify attitudes towards and stereotypes about children with disabilities.
- Materials: Set of cards with descriptive words (one card for each word) and four boxes labelled "children with disabilities," "children without disabilities," "both," and "neither."
- Suggested Time: 25 minutes

Distribute the cards throughout the group.

Say: We are now going to describe children. I've given you each several cards with different words on them. Look at the word on the cards and decide, does this word describe a child with a disability, a child without a disability, both, or neither? Think about a child who is about nine years old. Place the cards in the box that match your opinion. Remember, there are no right answers; we only want your opinion.

Allow participants time to read their words and distribute in the corresponding boxes.

If the participants do not know the definition, provide the following definition for each word:

Original Term	Definition
Hardworking (active)	Someone who participates in things
Brave (powerful)	Having courage
Cheerful	Being full of happiness
Dependent (helpless)	Relying on help from others for many things
Fearful (afraid)	Feeling scared
Independent (Strong)	Able to do many things without help from others
Insecure	Not sure of oneself, feel doubt about oneself
Positive (optimistic)	Thinking happy, hopeful thoughts about things or the future
Lazy (passive)	Someone who does not participate in things
Negative (pessimistic)	Thinking sad, bad thoughts about things or the future
Sad	Being unhappy
Confident	Believing in oneself
Social	Someone who enjoys talking and interacting with other people
Withdrawn	Closed, does not want to talk to or interact with other people

If time allows, after sorting the premade cards, participants could be given additional blank cards to write (or be helped to write) other ideas for sorting.

Go through the boxes and discuss the placement of the cards. Ask for reasons why a card is in the box it is. Ask about any potential agreement or disagreement.

Say: let's discuss where the words have been placed. There may be differences in opinion, but that is okay I want to know everyone's thoughts.

Record disagreement and note where participants are split. Determine how many participants would place it in the various boxes and record this number for data analysis purposes. We want to know both where they initially placed it, which words people disagree on, and the proportion of people who think the word should be in each box (if they disagree).

ACTIVITY D: EMPATHY MAPPING

- Purpose: To elicit what an inclusive society, i.e. a world where all children, including children with disabilities, were treated equally and had equal opportunity, would look like and what actions an individual can take to help make that possible.
- Materials: You will need a large sheet of paper with the diagram below (Figure 38) drawn on it.
- Suggested time: 35 minutes

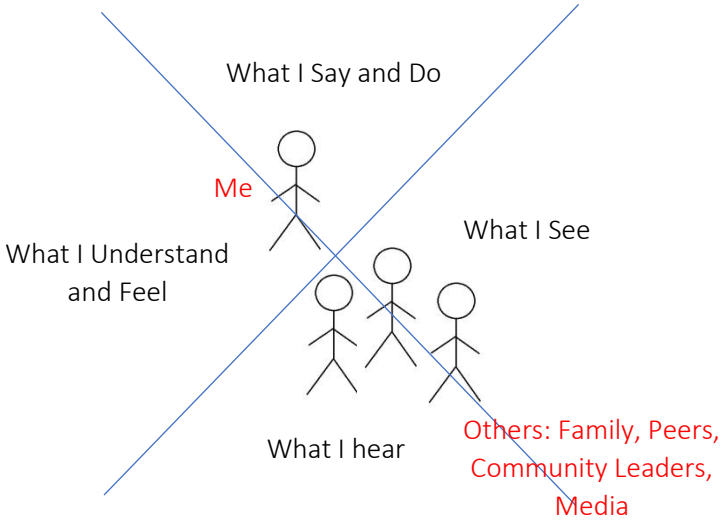


FIGURE 38: EMPATHY MAPPING DIAGRAM

Distribute several sticky notes or small pieces of paper to each participant.

Say: To start, let's fill out this map with things you hear, see, say and do, and understand and feel in the world today as it relates to children with disabilities. What is society like currently?

Give participants a minute or two to think and then, when they are ready, show the pre-drawn flipchart with the labelled quadrants and point them to the first quadrant [What I See].

Say: In society today, what do you see (meaning, what do you see relative to children with disabilities)?

Each participant will record their response on a sticky note and attach it to the appropriate quadrant. Let them know if something fits in more than one quadrant, they can write and post the same thing more than once.

Continue to fill in the remainder of the empathy map in the same manner.

Say: Now, we are interested in understanding what a society with equal opportunity for all people, without negative attitudes, social norms, and stigma (stereotypes, prejudice, discrimination) and social exclusion looks like to you, and how society can be altered to achieve this vision. Specifically, we want to think about a society free from discrimination against children with disabilities.

Take a moment and imagine what this society would be like. You can close your eyes if you feel comfortable to envision this society. Think about what you see and hear others doing/saying, and what you say, do, and feel.

Give participants a minute or two to think and then, when they are ready, show the pre-drawn flipchart with the labelled quadrants and point them to the first quadrant [What I See].

Say: In this community, what do you see (meaning, what does a discrimination free community look like to you)?

Each participant will record their response on a sticky note and attach it to the appropriate quadrant. Let them know if something fits in more than one quadrant, they can write and post the same thing more than once.

Continue to fill in the remainder of the empathy map in the manner above.

After all of the questions have been answered, compare the 'current' Empathy Map with the 'discrimination free' Empathy Map quadrant by quadrant and discuss the responses with participants. If there are many responses, either choose a theme that they share or ask which are the most important and discuss those. Go through as many responses as time permits. Potential discussion prompts include:

- Can you explain what you meant by {INSERT RESPONSE}
- What do you think needs to happen to achieve {INSERT RESPONSE} If they say 'everything' then probe for which changes are most important.
- Whose responsibility is it to affect this change? Probe for levels of social ecological network; can reuse the social network map from the 2x2 tables.
- What can you personally do to affect change?

As you discuss these points, make clear notes of any alterations made by the group for where words are on the empathy map and what brought about these changes. Record this on the transcript for data analysis.

CLOSING

Finally, is there anything else that you want to tell me? Is there anything that we should have talked about but didn't talk about?

Thank you very much for your participation today. I would like to remind you that the discussion will be kept confidential and that anything said in the discussion should not be talked about outside of the group.

APPENDIX 6: FGD VIGNETTES

CHILD ABANDONMENT FOR A CHILD 0-3 YEARS OLD WITH PHYSICAL DISABILITIES

- Purpose: To measure the extent to which discriminatory practices towards children with disabilities are governed by descriptive and/or injunctive social norms and what the outcome expectancies (sanctions and rewards) are.
- Materials: Flip chart paper one with the tables below drawn on them; blank paper for participants to record their answers.

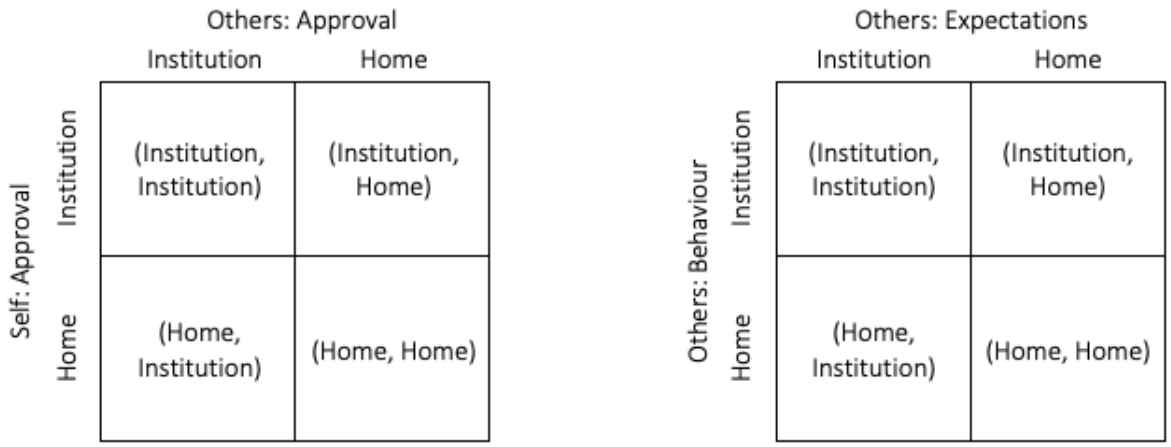


FIGURE 39: 2X2 TABLES FOR ABANDONMENT

- Suggested time: 40 minutes

Distribute blank paper to everyone in the group.

Say: For our next activity, I want to start by telling you about a child.

Filip/Ana is a two-year-old, who cannot sit up, crawl, stand or walk independently and his/her arms and legs often make involuntary jerky movements. [Filip/Ana] needs to see a physical therapist regularly to help his/her with movement.

Thinking of [Filip/Ana], what is the best place for him/her to live? At home or an institution?

Have the participants write down their choice on a piece of paper in front of them.

What about people whose opinion matters to you? What do they believe? [Repeat choices if necessary]

Have the participants write down their choice on a piece of paper in front of them.

Now show them the first 2x2 table. Go through the boxes one by one and ask participants to raise their hand if they fall in that box. For example, say "Raise your hand if you wrote "institution-institution."

Say: Let us suppose that those whose opinions matter to you are responsible for making the decision on the best place for [Filip/Ana] to live. Do you think that they would keep [Filip/Ana] at home or place him/her in an institution?

Have participants record their answers on the paper in front of them.

Say: In your opinion, what do you think those people believe you should do. (Repeat choices if necessary: would others expect you to keep [Filip/Ana] at home or place him/her in an institution?)

Have participants record their answers on the paper in front of them.

Show them the 2x2 table for behaviour. Go through the boxes one by one and ask participants to raise their hand if they fall in that box.

After all responses have been recorded, count the number of responses in each quadrant and write the total in each square. Beginning with the quadrant containing the most responses, use the probing questions below to discuss the table. Ask the probing questions to respondents in each quadrant.

- Can you tell me some reasons why most of you feel this way others' behaviours and their expectations of your behaviour?
- To what extent would your behaviour in this situation be driven by motivations to comply with what others expect of you?
- What are some of the rewards (good things, positive consequences) associated with [placing [Filip/Ana] in an institution or keeping [Filip/Ana] at home]?
- What are some of the punishments/sanctions (bad things, negative consequences) associated with [placing [Filip/Ana] in an institution or keeping [Filip/Ana] at home]?

CHILD ABANDONMENT FOR A CHILD 0-3 YEARS OLD WITH INTELLECTUAL DISABILITIES

- Purpose: To measure the extent to which discriminatory practices towards children with disabilities are governed by descriptive and/or injunctive social norms and what the outcome expectancies (sanctions and rewards) are.
- Materials: Flip chart paper one with the tables below drawn on them; blank paper for participants to record their answers.

- Suggested time: 40 minutes

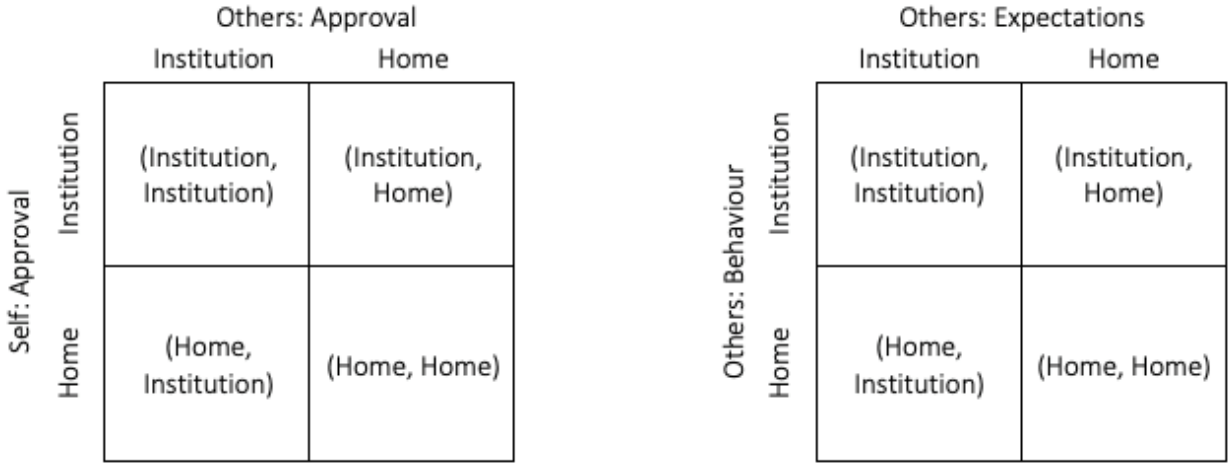


FIGURE 40: 2X2 TABLES FOR ABANDONMENT

Distribute blank paper to everyone in the group.

Say: For our next activity, I want to start by telling you about a child.

[Mario/Irina] is a two-year-old who cannot roll over or sit without assistance. He/she has difficulty using his/her hands and does not point to objects or use gestures such as such as waving or shaking head. [Mario/Irina] does not make eye-contact, follow objects if you wave it in front of his/her face, repeat sounds or actions to get attention.

Thinking of [Mario/Irina], what is the best place for him/her to live? At home or an institution?

Have the participants write down their choice on a piece of paper in front of them.

What about people whose opinion matters to you? What do they believe? [Repeat choices if necessary]

Have the participants write down their choice on a piece of paper in front of them.

Now show them the first 2x2 table. Go through the boxes one by one and ask participants to raise their hand if they fall in that box. For example, say "Raise your hand if you wrote institution-institution."

Say: Let us suppose that those whose opinions matter to you are responsible for making the decision on the best place for [Mario/Irina] to live. Do you think that they would keep [Mario/Irina] at home or place him/her in an institution?

Have participants record their answers on the paper in front of them.

Say: In your opinion, what do others believe you should do? (Repeat choices if necessary: Would others expect you to keep [Mario/Irina] at home or place him/her in an institution?

Have participants record their answers on the paper in front of them.

Show them the 2x2 table for behaviour. Go through the boxes one by one and ask participants to raise their hand if they fall in that box.

After all responses have been recorded, count the number of responses in each quadrant and write the total in each square. Beginning with the quadrant containing the most responses, use the probing questions below to discuss the table. Ask the probing questions to respondents in each quadrant.

- Can you tell me some reasons why most of you feel this way others' behaviours and their expectations of your behaviour?
- To what extent would your behaviour in this situation be driven by motivations to comply with what others expect of you?
- What are some of the rewards (good things, positive consequences) associated with [placing [Mario/Irina] in an institution or keeping [Mario/Irina] at home]?
- What are some of the punishments/sanctions (bad things, negative consequences) associated with [placing [Mario/Irina] in an institution or keeping [Mario/Irina] at home]?

INCLUSIVE EDUCATION FOR A CHILD 3-6 YEARS OLD WITH PHYSICAL DISABILITIES

- Purpose: To measure the extent to which discriminatory practices towards children with disabilities are governed by descriptive and/or injunctive social norms and what the outcome expectancies (sanctions and rewards) are.
- Materials: Flip chart paper one with the tables below drawn on them; blank paper for participants to record their answers.
- Suggested time: 40 minutes

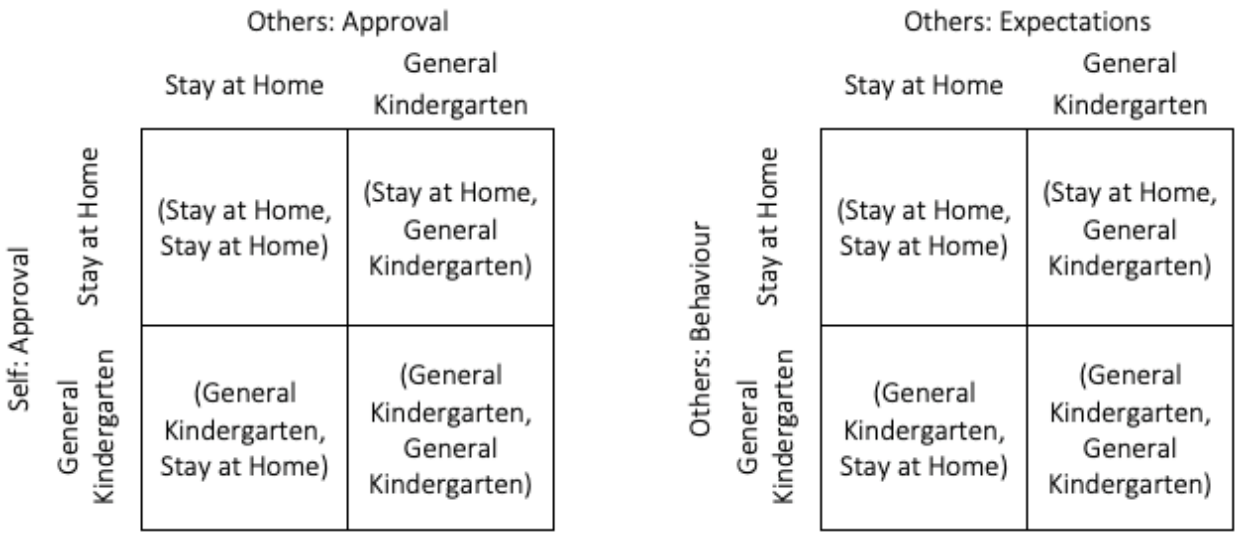


FIGURE 41: 2X2 TABLES FOR INCLUSIVE EDUCATION

Distribute blank paper to everyone in the group.

Say: For our next activity, I want to start by telling you about a child.

[Marko/Elena] is a 5 year old. He/she experiences involuntary muscle spasms down the left side of his/her body. He/she is able to move around unaided but his/her capacity to participate in a range of physical and fine motor activities (such as colouring or cutting with scissors) is limited. Although [Marko/Elena] has a great sense of humour and loves to learn, he/she requires considerable individual support and his/her speech is jerky and slurred.

Thinking of [Marko/Elena], what is the best place for preschool education for him/her? Stay at home and not attend preschool or in a general kindergarten with other children?

Have the participants write down their choice on a piece of paper in front of them.

What about people whose opinion matters to you? What do they believe? [Repeat choices if necessary]

Have the participants write down their choice on a piece of paper in front of them.

Now show them the first 2x2 table. Go through the boxes one by one and ask participants to raise their hand if they fall in that box. For example, say "Raise your hand if you wrote stay at home-stay at home."

Say: Let us suppose that those whose opinions matter to you are responsible for making the decision on the best place for [Marko/Elena] to attend kindergarten? Do you think they would keep [Marko/Elena] at home or enroll him/her in a general kindergarten with other children?

Have participants record their answers on the paper in front of them.

Say: In your opinion, what do you think those people believe you should do? (Repeat choices if necessary: would others expect you to keep [Marko/Elena] at home or enroll him/her in a general kindergarten with other children?)

Have participants record their answers on the paper in front of them.

Show them the 2x2 table for behaviour. Go through the boxes one by one and ask participants to raise their hand if they fall in that box.

After all responses have been recorded, count the number of responses in each quadrant and write the total in each square. Beginning with the quadrant containing the most responses, use the probing questions below to discuss the table. Ask the probing questions to respondents in each quadrant.

- Can you tell me some reasons why most of you feel this way others' behaviours and their expectations of your behaviour?
- To what extent would your behaviour in this situation be driven by motivations to comply with what others expect of you?
- What are some of the rewards (good things, positive consequences) associated with [keeping [Marko/Elena] at home or enrolling him/her in a general kindergarten with other children]?
- What are some of the punishments/sanctions (bad things, negative consequences) associated with [keeping [Marko/Elena] at home or enrolling him/her in a general kindergarten with other children]?

INCLUSIVE EDUCATION FOR A CHILD 3-6 YEARS OLD WITH INTELLECTUAL DISABILITIES

- Purpose: To measure the extent to which discriminatory practices towards children with disabilities are governed by descriptive and/or injunctive social norms and what the outcome expectancies (sanctions and rewards) are.
- Materials: Flip chart paper one with the tables below drawn on them; blank paper for participants to record their answers.
- Suggested time: 40 minutes

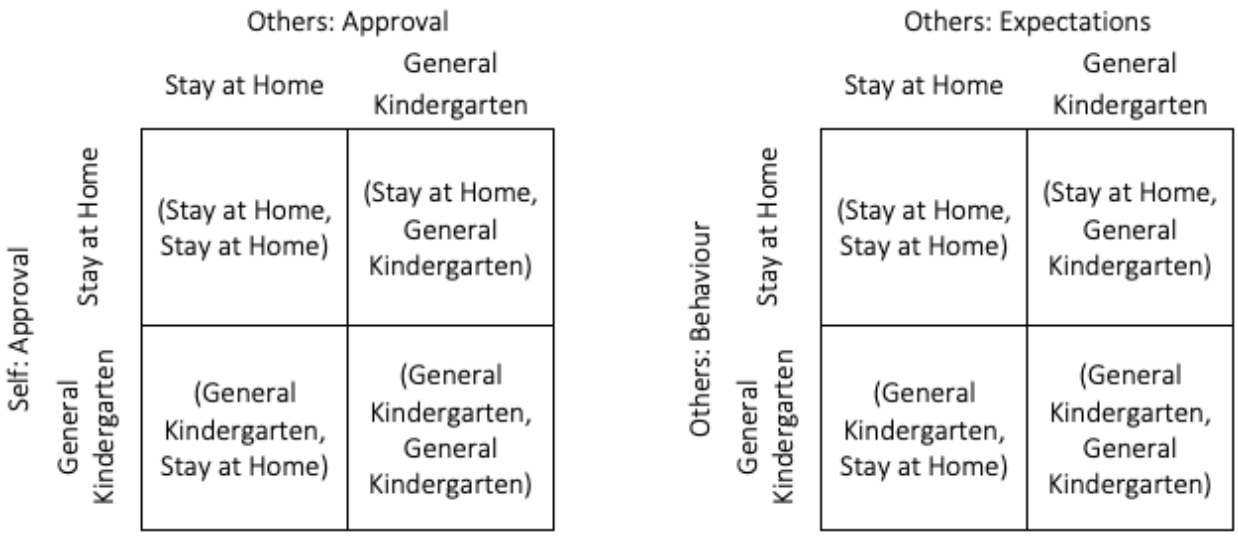


FIGURE 42: 2X2 TABLES FOR INCLUSIVE EDUCATION

Distribute blank paper to everyone in the group.

Say: For our next activity, I want to start by telling you about a child.

[Petar/Violeta] is a 5 year old. He/she has trouble communicating, does not seem to listen when spoken to, is easily distracted, is often on the go, fidgets with hands and feet, often interrupts and intrudes on others. [Petar/Violeta] has trouble doing things independently and are withdrawn for a few hours a day to work with specialists, to help him/her remember things. Although [Petar/Violeta] can run and play like other children, he/she sometimes forgets the rules of certain games.

Thinking of [Petar/Violeta], what is the best place for preschool education for him/her? Stay at home and not attend preschool or in a general kindergarten with other children?

Have the participants write down their choice on a piece of paper in front of them.

What about people whose opinion matters to you? What do they believe? [Repeat choices if necessary]

Have the participants write down their choice on a piece of paper in front of them.

Now show them the first 2x2 table. Go through the boxes one by one and ask participants to raise their hand if they fall in that box. For example, say "Raise your hand if you wrote stay at home-stay at home."

Say: Let us suppose that those whose opinions matter to you are responsible for making the decision on the best place for [Petar/Violeta] to attend kindergarten? Do you think they would keep [Petar/Violeta] at home or enroll him/her in a general kindergarten with other children?

Have participants record their answers on the paper in front of them.

Say: In your opinion, what do you think those people believe you should do? (Repeat choices if necessary: would others expect you to keep [Petar/Violeta] at home or enroll him/her in a general kindergarten with other children?)

Have participants record their answers on the paper in front of them.

Show them the 2x2 table for behaviour. Go through the boxes one by one and ask participants to raise their hand if they fall in that box.

After all responses have been recorded, count the number of responses in each quadrant and write the total in each square. Beginning with the quadrant containing the most responses, use the probing questions below to discuss the table. Ask the probing questions to respondents in each quadrant.

- Can you tell me some reasons why most of you feel this way others' behaviours and their expectations of your behaviour?
- To what extent would your behaviour in this situation be driven by motivations to comply with what others expect of you?
- What are some of the rewards (good things, positive consequences) associated with [keeping [Petar/Violeta] at home or enrolling him/her in a general kindergarten with other children]?
- What are some of the punishments/sanctions (bad things, negative consequences) associated with [keeping [Petar/Violeta] at home or enrolling him/her in a general kindergarten with other children]?

INCLUSIVE EDUCATION FOR A CHILD 6-11 YEARS OLD WITH PHYSICAL DISABILITIES

- Purpose: To measure the extent to which discriminatory practices towards children with disabilities are governed by descriptive and/or injunctive social norms and what the outcome expectancies (sanctions and rewards) are.
- Materials: Flip chart paper one with the tables below drawn on them; blank paper for participants to record their answers.
- Suggested time: 40 minutes

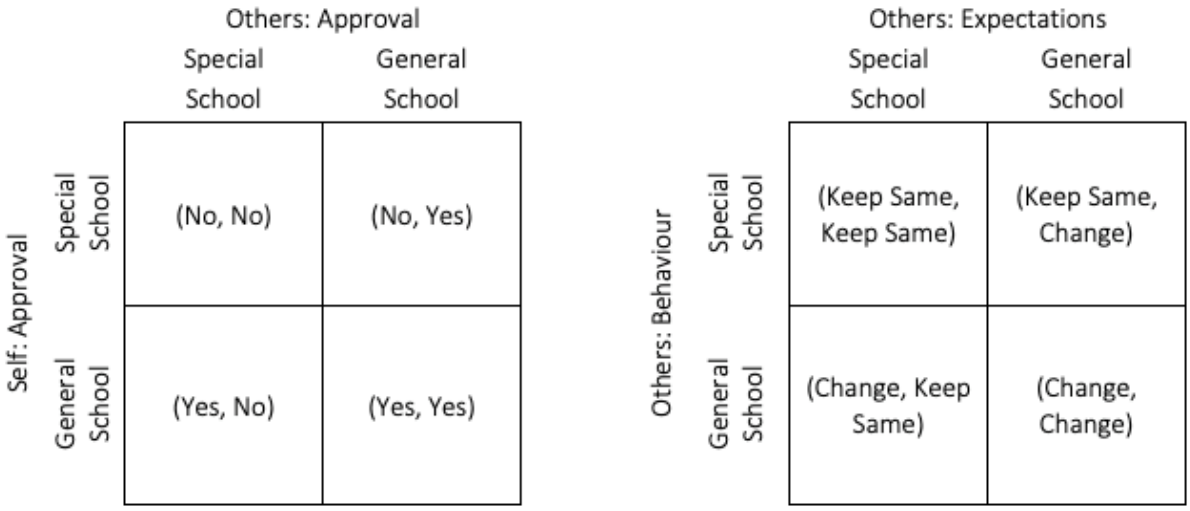


FIGURE 43: 2X2 TABLES FOR INCLUSIVE EDUCATION

Distribute blank paper to everyone in the group.

Say: For our next activity, I want to start by telling you about a child.

[Nikola/Marija] is an 9 year old. He/she experiences involuntary muscle spasms down the left side of his/her body. He/she is able to move around unaided but his/her capacity to participate in a range of physical and fine motor activities (such as writing or drawing) is limited. Although [Nikola/Marija] has a great sense of humour and loves to learn, he/she requires considerable individual support and his/her speech is jerky and slurred.

Thinking of [Nikola/Marija], what is the best school for him/her to attend? A special school for children with disabilities or a general school attending general classes with other children?

Have the participants write down their choice on a piece of paper in front of them.

What about people whose opinion matters to you? What do they believe? [Repeat choices if necessary]

Have the participants write down their choice on a piece of paper in front of them.

Now show them the first 2x2 table. Go through the boxes one by one and ask participants to raise their hand if they fall in that box. For example, say "Raise your hand if you wrote special school-special school."

Say: Let us suppose that those whose opinions matter to you are responsible for making the decision on the best school for [Nikola/Marija] to attend? Do you think they would send [Nikola/Marija] to a special school for children with disabilities or a general school where they attend general classes?

Have participants record their answers on the paper in front of them.

Say: In your opinion, what do you think those people believe you should do? (Repeat choices if necessary: would others expect you to send [Nikola/Marija] to a special school for children or a general school where they attend general classes?)

Have participants record their answers on the paper in front of them.

Show them the 2x2 table for behaviour. Go through the boxes one by one and ask participants to raise their hand if they fall in that box.

After all responses have been recorded, count the number of responses in each quadrant and write the total in each square. Beginning with the quadrant containing the most responses, use the probing questions below to discuss the table. Ask the probing questions to respondents in each quadrant.

- Can you tell me some reasons why most of you feel this way others' behaviours and their expectations of your behaviour?
- To what extent would your behaviour in this situation be driven by motivations to comply with what others expect of you?
- What are some of the rewards (good things, positive consequences) associated with sending [Nikola/Marija] to [a special school for children with disabilities/a general school attending general classes]?
- What are some of the punishments/sanctions (bad things, negative consequences) associated with sending [Nikola/Marija] to [a special school for children with disabilities/a general school attending general classes]?

INCLUSIVE EDUCATION FOR A CHILD 6-11 YEARS OLD WITH INTELLECTUAL DISABILITIES

- Purpose: To measure the extent to which discriminatory practices towards children with disabilities are governed by descriptive and/or injunctive social norms and what the outcome expectancies (sanctions and rewards) are.
- Materials: Flip chart paper one with the tables below drawn on them; blank paper for participants to record their answers.
- Suggested time: 40 minutes

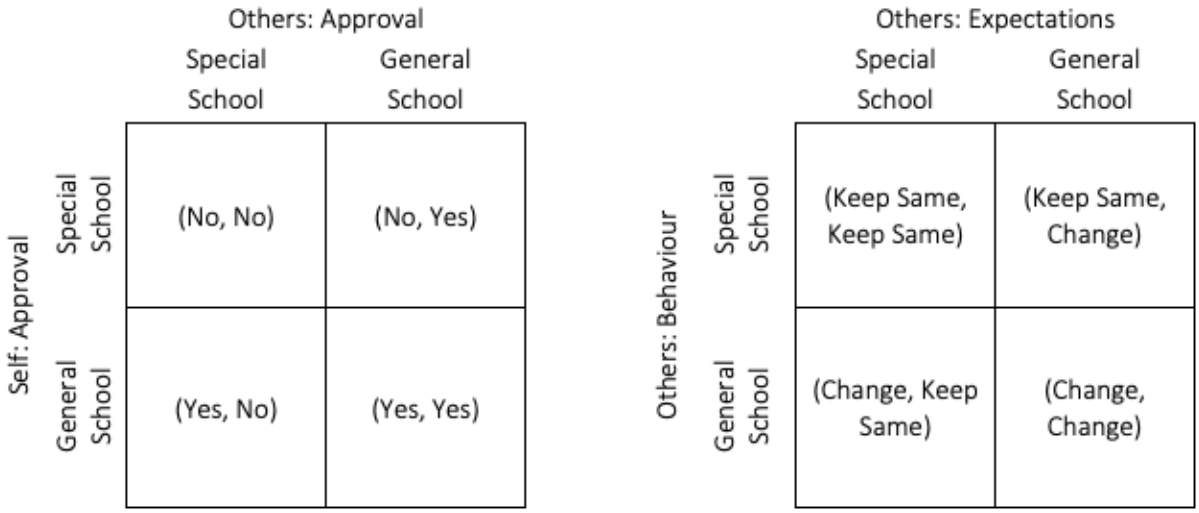


FIGURE 44: 2X2 TABLES FOR INCLUSIVE EDUCATION

Distribute blank paper to everyone in the group.

Say: For our next activity, I want to start by telling you about a child. [Igor/Katerina] is a 9 year old. [Igor/Katerina] finds it hard to focus on a task for too long, and lashes out violently when he/she becomes upset. He/she has a hard time regulating his/her emotions, connecting his/her actions with the consequences, and with expressing himself/herself to others. [Igor/Katerina] has trouble doing things independently and receives extra learning assistance outside the classroom, for part of the day to help him/her remember and recall things and with reading, writing and math. Although [Igor/Katerina] can run and play like other children, he/she sometimes forgets the rules of certain games.

Thinking of [Igor/Katerina], what is the best school for him/her to attend? A special school for children with disabilities or a general school attending general classes with other children?

Have the participants write down their choice on a piece of paper in front of them.

What about people whose opinion matters to you? What do they believe? [Repeat choices if necessary]

Have the participants write down their choice on a piece of paper in front of them.

Now show them the first 2x2 table. Go through the boxes one by one and ask participants to raise their hand if they fall in that box. For example, say "Raise your hand if you wrote special school-special school."

Say: Let us suppose that those whose opinions matter to you are responsible for making the decision on the best school for [Igor/Katerina] to attend? Do you think they would send [Igor/Katerina] to a special school for children with disabilities or a general school where they attend general classes?

Have participants record their answers on the paper in front of them.

Say: In your opinion, what do you think those people believe you should do? (Repeat choices if necessary: would others expect you to send [Igor/Katerina] to a special school for children or a general school where they attend general classes?)

Have participants record their answers on the paper in front of them.

Show them the 2x2 table for behaviour. Go through the boxes one by one and ask participants to raise their hand if they fall in that box.

After all responses have been recorded, count the number of responses in each quadrant and write the total in each square. Beginning with the quadrant containing the most responses, use the probing questions below to discuss the table. Ask the probing questions to respondents in each quadrant.

- Can you tell me some reasons why most of you feel this way others' behaviours and their expectations of your behaviour?
- To what extent would your behaviour in this situation be driven by motivations to comply with what others expect of you?
- What are some of the rewards (good things, positive consequences) associated with sending [Igor/Katerina] to [a special school for children with disabilities/a general school attending general classes]?
- What are some of the punishments/sanctions (bad things, negative consequences) associated with sending [Igor/Katerina] to [a special school for children with disabilities/a general school attending general classes]?

HUMAN RIGHTS FOR A CHILD 3-6 YEARS OLD WITH PHYSICAL DISABILITIES

- Purpose: To measure the extent to which discriminatory practices towards children with disabilities are governed by descriptive and/or injunctive social norms and what the outcome expectancies (sanctions and rewards) are.
- Materials: Flip chart paper one with the tables below drawn on them; blank paper for participants to record their answers.
- Suggested time: 40 minutes

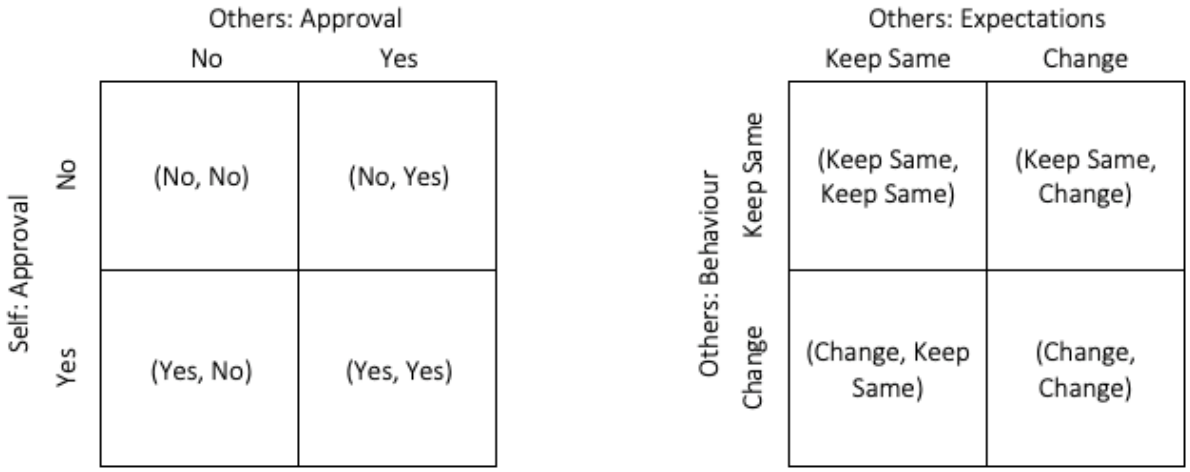


FIGURE 45: 2X2 TABLES FOR HUMAN RIGHTS

Distribute blank paper to everyone in the group.

Say: For our next activity, I want to start by telling you about a child.

[Goran/Suzana] is a 5-year old. He/she has difficulty hearing and stutters when he/she speaks. As a result, other children don't include him/her during play time. [Goran/Suzana] is frequently frustrated and irritated by tasks in the kindergarten groups due to his/her impairments. He/she would benefit from help from a specialist, but the kindergarten lacks the resources to provide one-on-one support.

Thinking of [Goran/Suzana], do you think he/she is being treated as equal to their peers? By this I mean recognised, enjoying, and exercising the same fundamental rights and freedoms as others, without distinction, exclusion, restriction on the basis of their disability? (Answer yes or no).

Have the participants write down their choice on a piece of paper in front of them.

What about people whose opinion matters to you? What do they believe? [Repeat if necessary: would others think [Goran/Suzana] is being treated as equal to their peers?]

Have the participants write down their choice on a piece of paper in front of them.

Now show them the first 2x2 table. Go through the boxes one by one and ask participants to raise their hand if they fall in that box. For example, say "Raise your hand if you wrote yes-yes."

Say: Let us suppose that those whose opinions matter to you are responsible for addressing the situation with [Goran/Suzana]? Do you think they would keep the situation the same or change it?

Have participants record their answers on the paper in front of them.

Say: In your opinion, what do you think those people believe you should do? (Repeat choices if necessary: would others expect you to keep the situation the same or change it?)

Have participants record their answers on the paper in front of them.

Show them the 2x2 table for behaviour. Go through the boxes one by one and ask participants to raise their hand if they fall in that box.

After all responses have been recorded, count the number of responses in each quadrant and write the total in each square. Beginning with the quadrant containing the most responses, use the probing questions below to discuss the table. Ask the probing questions to respondents in each quadrant.

- Can you tell me some reasons why most of you feel this way others' behaviours and their expectations of your behaviour?
- To what extent would your behaviour in this situation be driven by motivations to comply with what others expect of you?
- What are some of the rewards (good things, positive consequences) associated with [keeping the situation the same/changing the situation]?
- What are some of the punishments/sanctions (bad things, negative consequences) associated with [keeping the situation the same/changing the situation.]

HUMAN RIGHTS FOR A CHILD 3-6 YEARS OLD WITH INTELLECTUAL DISABILITIES

- Purpose: To measure the extent to which discriminatory practices towards children with disabilities are governed by descriptive and/or injunctive social norms and what the outcome expectancies (sanctions and rewards) are.
- Materials: Flip chart paper one with the tables below drawn on them; blank paper for participants to record their answers.
- Suggested time: 40 minutes

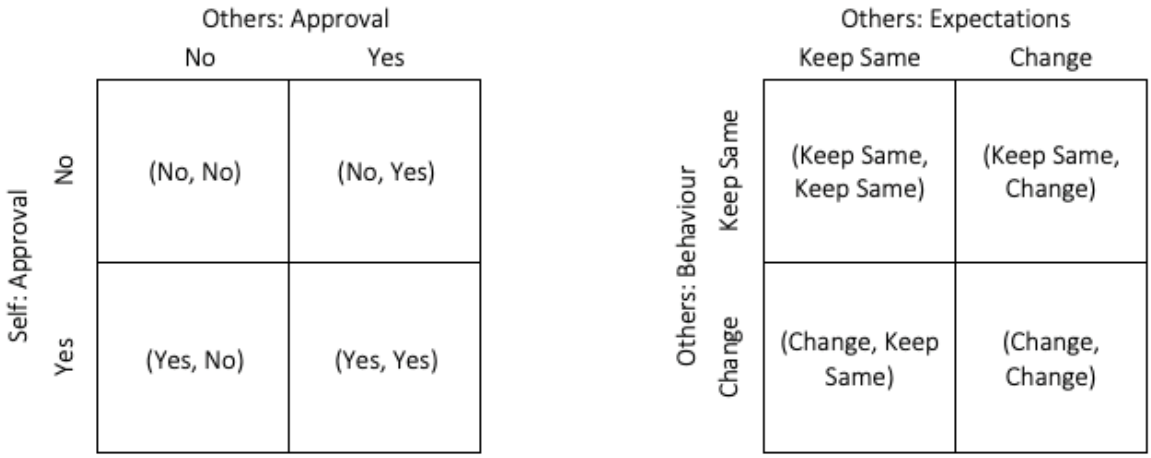


FIGURE 46: 2X2 TABLES FOR HUMAN RIGHTS

Distribute blank paper to everyone in the group.

Say: For our next activity, I want to start by telling you about a child.

[Aleksandar/Natasha] is a 5-year old. He/she has a very short attention span and has significant problems in retaining information. As such, his/her achievement across all curriculum areas is very low. [Aleksandar/Natasha] is also prone to impulsive behaviour, often interrupting and intruding on others, and is very socially immature. [Aleksandar/Natasha] has few friends and is overtly rejected by many of his/her peers in the kindergarten. His/her parents are overly protective which has resulted in her having limited social/recreational experiences.

Thinking of [Aleksandar/Natasha], do you think he/she is being treated as equal to their peers? By this I mean recognised, enjoying, and exercising the same fundamental rights and freedoms as others, without distinction, exclusion, restriction on the basis of their disability? (Answer yes or no).

Have the participants write down their choice on a piece of paper in front of them.

What about people whose opinion matters to you? What do they believe? [Repeat if necessary: would others think [Aleksandar/Natasha] is being treated as equal to their peers?]

Have the participants write down their choice on a piece of paper in front of them.

Now show them the first 2x2 table. Go through the boxes one by one and ask participants to raise their hand if they fall in that box. For example, say "Raise your hand if you wrote yes-yes."

Say: Let us suppose that those whose opinions matter to you are responsible for addressing the situation with [Aleksandar/Natasha]? Do you think they would keep the situation the same or change it?

Have participants record their answers on the paper in front of them.

Say: In your opinion, what do you think those people believe you should do? (Repeat choices if necessary: would others expect you to keep the situation the same or change it?)

Have participants record their answers on the paper in front of them. Show them the 2x2 table for behaviour. Go through the boxes one by one and ask participants to raise their hand if they fall in that box.

After all responses have been recorded, count the number of responses in each quadrant and write the total in each square. Beginning with the quadrant containing the most responses, use the probing questions below to discuss the table. Ask the probing questions to respondents in each quadrant.

- Can you tell me some reasons why most of you feel this way others' behaviours and their expectations of your behaviour?
- To what extent would your behaviour in this situation be driven by motivations to comply with what others expect of you?

- What are some of the rewards (good things, positive consequences) associated with [keeping the situation the same/changing the situation]?
- What are some of the punishments/sanctions (bad things, negative consequences) associated with [keeping the situation the same/changing the situation.]

HUMAN RIGHTS FOR A CHILD 6-11 YEARS OLD WITH PHYSICAL DISABILITIES

- Purpose: To measure the extent to which discriminatory practices towards children with disabilities are governed by descriptive and/or injunctive social norms and what the outcome expectancies (sanctions and rewards) are.
- Materials: Flip chart paper one with the tables below drawn on them; blank paper for participants to record their answers.
- Suggested time: 40 minutes

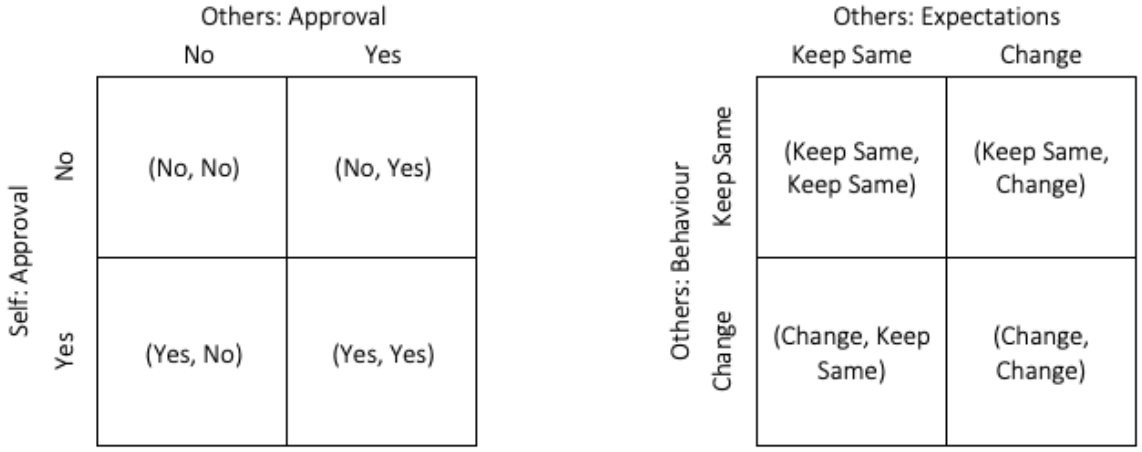


FIGURE 47: 2X2 TABLES FOR HUMAN RIGHTS

Distribute blank paper to everyone in the group.

Say: For our next activity, I want to start by telling you about a child.

[Stephan/Sofia] 9-year old. He/she has difficulty hearing and stutters when he/she speaks. He/she is frequently frustrated and irritated by tasks in the classroom and is socially immature. As a result, other children don't include him/her during recess. Additionally, [Stephan/Sofia] would benefit from additional classroom help, but the school lacks the resources to provide one-on-one support.

Thinking of [Stephan/Sofia], do you think he/she is being treated as equal to their peers? By this I mean recognised, enjoying, and exercising the same fundamental rights and freedoms as others, without distinction, exclusion, restriction on the basis of their disability? (Answer yes or no).

Have the participants write down their choice on a piece of paper in front of them.

What about people whose opinion matters to you? What do they believe? [Repeat if necessary: would others think [Stephan/Sofia] is being treated as equal to their peers?]

Have the participants write down their choice on a piece of paper in front of them.

Now show them the first 2x2 table. Go through the boxes one by one and ask participants to raise their hand if they fall in that box. For example, say "Raise your hand if you wrote yes-yes."

Say: Let us suppose that those whose opinions matter to you are responsible for addressing the situation with [Stephan/Sofia]? Do you think they would keep the situation the same or change it?

Have participants record their answers on the paper in front of them.

Say: In your opinion, what do you think those people believe you should do? (Repeat choices if necessary: would others expect you to keep the situation the same or change it?)

Have participants record their answers on the paper in front of them. Show them the 2x2 table for behaviour. Go through the boxes one by one and ask participants to raise their hand if they fall in that box.

After all responses have been recorded, count the number of responses in each quadrant and write the total in each square. Beginning with the quadrant containing the most responses, use the probing questions below to discuss the table. Ask the probing questions to respondents in each quadrant.

- Can you tell me some reasons why most of you feel this way others' behaviours and their expectations of your behaviour?
- To what extent would your behaviour in this situation be driven by motivations to comply with what others expect of you?
- What are some of the rewards (good things, positive consequences) associated with [keeping the situation the same/changing the situation]?
- What are some of the punishments/sanctions (bad things, negative consequences) associated with [keeping the situation the same/changing the situation.]

HUMAN RIGHTS FOR A CHILD 6-11 YEARS OLD WITH INTELLECTUAL DISABILITIES

- Purpose: To measure the extent to which discriminatory practices towards children with disabilities are governed by descriptive and/or injunctive social norms and what the outcome expectancies (sanctions and rewards) are.
- Materials: Flip chart paper one with the tables below drawn on them; blank paper for participants to record their answers.
- Suggested time: 40 minutes

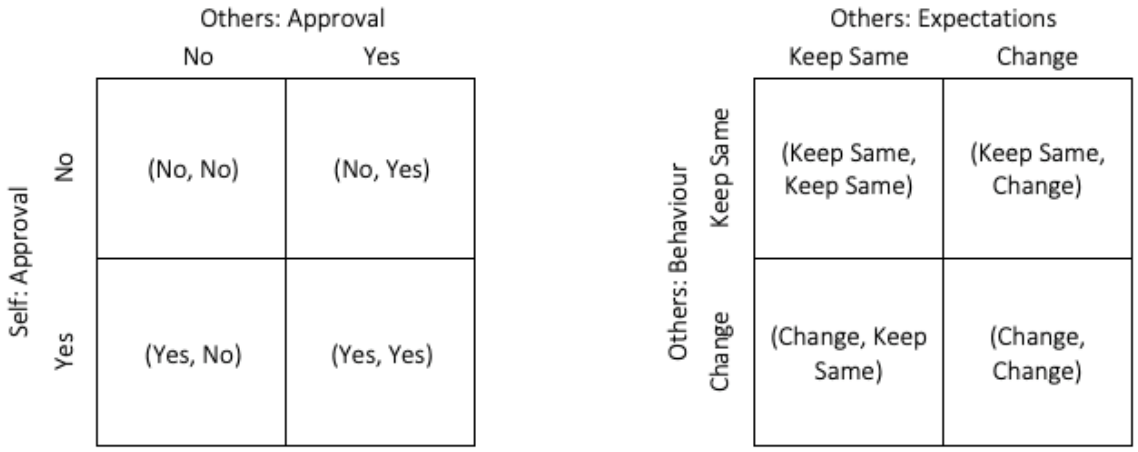


FIGURE 48: 2X2 TABLES FOR HUMAN RIGHTS

Distribute blank paper to everyone in the group.

Say: For our next activity, I want to start by telling you about a child.

[Dejan/Vesna] is a 9-year old. He/she has a very short attention span and has significant problems in retaining information. As such, his/her achievement across all curriculum areas is very low. [Dejan/Vesna] is also prone to impulsive behaviour, often interrupting and intruding on others, and is very socially immature. [Dejan/Vesna] has few friends and is overtly rejected by many of her classmates. His/her parents are overly protective which has resulted in her having limited social/recreational experiences.

Thinking of [Dejan/Vesna], do you think he/she is being treated as equal to their peers? By this I mean recognised, enjoying, and exercising the same fundamental rights and freedoms as others, without distinction, exclusion, restriction on the basis of their disability? (Answer yes or no).

Have the participants write down their choice on a piece of paper in front of them.

What about people whose opinion matters to you? What do they believe? [Repeat if necessary: would others think [Dejan/Vesna] is being treated as equal to their peers?]

Have the participants write down their choice on a piece of paper in front of them.

Now show them the first 2x2 table. Go through the boxes one by one and ask participants to raise their hand if they fall in that box. For example, say “Raise your hand if you wrote yes-yes.”

Say: Let us suppose that those whose opinions matter to you are responsible for addressing the situation with [Dejan/Vesna]? Do you think they would keep the situation the same or change it?

Have participants record their answers on the paper in front of them.

Say: In your opinion, what do you think those people believe you should do? (Repeat choices if necessary: would others expect you to keep the situation the same or change it?)

Have participants record their answers on the paper in front of them. Show them the 2x2 table for behaviour. Go through the boxes one by one and ask participants to raise their hand if they fall in that box.

After all responses have been recorded, count the number of responses in each quadrant and write the total in each square. Beginning with the quadrant containing the most responses, use the probing questions below to discuss the table. Ask the probing questions to respondents in each quadrant.

- Can you tell me some reasons why most of you feel this way others' behaviours and their expectations of your behaviour?
- To what extent would your behaviour in this situation be driven by motivations to comply with what others expect of you?
- What are some of the rewards (good things, positive consequences) associated with [keeping the situation the same/changing the situation]?
- What are some of the punishments/sanctions (bad things, negative consequences) associated with [keeping the situation the same/changing the situation.]

Measuring Discriminatory Attitudes and Social Norms towards Children with Disabilities

In-Depth Interview Guide for Children with Disabilities:

OVERVIEW

The overall purpose of this in-depth interview (IDI) is to validate data obtained in the structured interviews. The IDI should last between 30 to 60 minutes. The interview should be interactive, engaging, and empowering.

The specific objectives of the IDI are to:

- Identify perceptions about children with disabilities
- Discuss attitudes towards children with disabilities in comparison to their peers
- Examine social norms associated with discrimination against children with disabilities
- Determine what a society with equal opportunity for all people, without negative attitudes, social norms, and stigma (stereotypes, prejudice, discrimination) and social exclusion looks like and how society can be altered to achieve this vision

PARTICIPANT INFORMATION

Record the following information for the participant. [Adjust the table to reflect the key background characteristics we need to capture]

Name	Age	Ethnicity	Education	Town	Contact

INTRODUCTION

Say: Thank you for participating in this interview today! We are excited to learn what you think. We will go through a series of activities related to children with disabilities. Do you want to share any types of disabilities that you know?

ACTIVITY A: PILE SORTS

- Purpose: To identify attitudes towards and stereotypes about children with disabilities.

- Materials: A set of cards with descriptive words and four boxes labelled “children with disabilities,” “children without disabilities,” “both,” and “neither.”
- Suggested Time: 15 minutes

Say: We are now going to describe children. I will tell you a word and what the word means. Then I will ask you if you think that the word describes a child with a disability, a child without a disability, both, or neither [**for children with intellectual disabilities, used fixed comparison**]. I will put the cards in boxes as we go through them.

Let’s do an example: This card says “playful.” Playful means enjoys fun and games. Do I think the word ‘playful’ describes children with disabilities? YES, I think children with disabilities love to play, so the word playful describes them. Do I think the word ‘playful’ describes children without disabilities? YES, I think that children without disabilities like to play too. Since I think ‘playful’ applies to both children with and without disabilities, I am going to put it in the box labelled “both.”

Do you have any questions, or do you want me to repeat the instructions before we begin?

Take a card, read it aloud, and show it to the child. Read the word’s definition from the table below. Ask the child if they think the word describes children with disabilities. Then ask if they think the word describes children without disabilities. According to their answer, place the card in one of four labelled boxes: “children with disabilities” only, “children without disabilities” only, “both,” or “neither.” If the child wasn’t sure or didn’t know, you can put those in a pile off to the side.

Term	Definition
Alone	Apart from everyone else
Bad	Naughty; not good
Good	Behaving in the proper way; doing what is right
Happy	Being full of happiness
Hardworking (active)	Tending to participate in things
Lazy (passive)	Someone who does not participate in things
Sad	Being unhappy
Together	Being with other people

Go through the boxes and discuss the placement of the cards. Ask for reasons why a card is in the box it is.

ACTIVITY B: SOCIAL DISTANCE MAP

- Purpose: To measure the social distance and inclusiveness between children with disabilities and children without disabilities
- Materials: Large sheet of contact paper, laminated clip art, tape, and different coloured stickers.
- Suggested time: 25 minutes

Say: In this activity we are going to talk about where children play [insert location]. First, let's make a picture of [insert location] on this sheet of paper. Here I have several images of things you can find in [insert location]. Please take whichever ones you like and put them on the poster paper. When you are done, I will tape them down.

Give the child the laminated clip art images and allow them to organize them as they like (5 minutes or so). Once the images are placed on the paper, use a piece of tape to stick them to the paper so they do not move throughout the rest of the activity.

Say: Now I will ask you where children play in [insert location] you made. Please tell me, where do you play in [insert location]? Place this (yellow) sticker on that spot.

Where would another child with a (physical/intellectual) [for children with intellectual disabilities, used fixed comparison] disability play? place this (blue/green) sticker on that spot.

Where would a child without a disability play [for children with intellectual disabilities, used fixed comparison]? Place this (orange) sticker on that spot.

[If the child does not say they play in the same place then ask:] Why does [insert child] play there and [insert child] play there? [If it appears that they are all playing together but the child does not say it deliberately then ask:] Tell me, are all the children playing together in the playground? Why or why not?

ACTIVITY C: SAME AS OR DIFFERENT?

- Purpose: To elicit attitudes towards children with disabilities by having participants compare themselves to a child without disabilities
- Suggested time: 20 minutes

Say: In this activity, I will ask you to think about the characteristics of different children.

Say: In what ways are you similar to a child your same age [for children with intellectual disabilities, used fixed comparison] without a physical/intellectual disability?

Say: In what ways are you different from a child your same age [for children with intellectual disabilities, used fixed comparison] without a physical/intellectual disability?

Say: If you were to meet the child without disabilities that you have just described:

- Would you go up to him/her and say "hello"? What are the reasons for your answer?
- Would you let him/her play with you and your friends while at school? What are the reasons for your answer?
- Would you share your things with him/her in class, like your colored pencils? What are the reasons for your answer?

- Would you invite him/her to come to your house to play after school? What are the reasons for your answer?
- Would you share a secret with him/her? What are the reasons for your answer?

CLOSING

Finally, is there anything else that you want to tell me? Is there anything that we should have talked about but didn't talk about?

Thank you very much for your participation today.

Measuring Discriminatory Attitudes and Social Norms towards Children with Disabilities

In-Depth Interview Guide

Children without Disabilities

APPENDIX 8: IDI GUIDE FOR CHILDREN WITHOUT DISABILITIES

OVERVIEW

The overall purpose of this in-depth interview (IDI) is to validate data obtained in the structured interviews. The IDI should last between 30 to 60 minutes. The interview should be interactive, engaging, and empowering.

The specific objectives of the IDI are to:

- Identify perceptions about children with disabilities
- Discuss attitudes towards children with disabilities in comparison to their peers
- Examine social norms associated with discrimination against children with disabilities
- Determine what a society with equal opportunity for all people, without negative attitudes, social norms, and stigma (stereotypes, prejudice, discrimination) and social exclusion looks like and how society can be altered to achieve this vision

PARTICIPANT INFORMATION

Record the following information for the participant. [Adjust the table to reflect the key background characteristics we need to capture]

Name	Age	Ethnicity	Education	Town	Contact

INTRODUCTION

Say: Thank you for participating in this interview today! We are excited to learn what you think. We will go through a series of activities related to children with disabilities. Do you want to share any types of disabilities that you know?

ACTIVITY A: PILE SORTS

- Purpose: To identify attitudes towards and stereotypes about children with disabilities.
- Materials: A set of cards with descriptive words and four boxes labelled "children with disabilities," "children without disabilities," "both," and "neither."
- Suggested Time: 15 minutes

Say: We are now going to describe children. I will tell you a word and what the word means. Then I will ask you if you think that the word describes a child with a disability, a child without a disability, both, or neither. I will put the cards in boxes as we go through them.

Let's do an example: This card says "playful." Playful means enjoys fun and games. Do I think the word 'playful' describes children with disabilities? YES, I think children with disabilities love to play, so the word playful describes them. Do I think the word 'playful' describes children without disabilities? YES, I think that children without disabilities like to play too. Since I think 'playful' applies to both children with and without disabilities, I am going to put it in the box labelled "both."

Do you have any questions, or do you want me to repeat the instructions before we begin?

Take a card, read it aloud, and show it to the child. Read the word's definition from the table below. Ask the child if they think the word describes children with disabilities. Then ask if they think the word describes children without disabilities. According to their answer, place the card in one of four labelled boxes: "children with disabilities" only, "children without disabilities" only, "both," or "neither." If the child wasn't sure or didn't know, you can put those in a pile off to the side.

Term	Definition
Alone	Apart from everyone else
Bad	Naughty; not good
Good	Behaving in the proper way; doing what is right
Happy	Being full of happiness
Hardworking (active)	Tending to participate in things
Lazy (passive)	Someone who does not participate in things

Sad	Being unhappy
Together	Being with other people

Go through the boxes and discuss the placement of the cards. Ask for reasons why a card is in the box it is.

ACTIVITY B: SOCIAL DISTANCE MAP

- Purpose: To measure the social distance and inclusiveness between children with disabilities and children without disabilities
- Materials: Large sheet of contact paper, laminated clip art, tape, and different coloured stickers.
- Suggested time: 25 minutes

Say: In this activity we are going to talk about where children play [insert location]. First, let's make a picture of [insert location] on this sheet of paper. Here I have several images of things you can find in [insert location]. Please take whichever ones you like and put them on the poster paper. When you are done, I will tape them down.

Give the child the laminated clip art images and allow them to organize them as they like (5 minutes or so). Once the images are placed on the paper, use a piece of tape to stick them to the paper so they do not move throughout the rest of the activity.

Say: Now I will ask you where children play in [insert location] you made. Please tell me, where do you play in [insert location]? Place this (yellow) sticker on that spot.

Where would another child with a (physical/intellectual) disability play? place this (blue/green) sticker on that spot.

Where would a child without a disability play? Place this (orange) sticker on that spot.

[**If the child does not say they play in the same place then ask**:] Why does [insert child] play there and [insert child] play there? [**If it appears that they are all playing together but the child does not say it deliberately then ask**:] Tell me, are all the children playing together in the playground? Why or why not?

ACTIVITY C: SAME AS OR DIFFERENT?

- Purpose: To elicit attitudes towards children with disabilities by having participants compare themselves to a child without disabilities
- Suggested time: 20 minutes

Say: In this activity, I will ask you to think about the characteristics of different children.

Say: In what ways are you similar to a child your same age with a disability?

Say: In what ways are you different from a child your same age with a disability?

Say: If you were to meet the child with disabilities that you have just described:

- Would you go up to him/her and say "hello"? What are the reasons for your answer?
- Would you let him/her play with you and your friends while at school? What are the reasons for your answer?
- Would you share your things with him/her in class, like your colored pencils? What are the reasons for your answer?
- Would you invite him/her to come to your house to play after school? What are the reasons for your answer?
- Would you share a secret with him/her? What are the reasons for your answer?

CLOSING

Finally, is there anything else that you want to tell me? Is there anything that we should have talked about but didn't talk about?

Thank you very much for your participation today.

Measuring Discriminatory Attitudes and Social Norms towards Children with Disabilities

In-Depth Interview Guide

Professionals

APPENDIX 9: IDI GUIDE FOR PROFESSIONALS

OVERVIEW

The overall purpose of this in-depth interview (IDI) is to validate data obtained in the structured interviews. The IDI should last between 90 to 120 minutes.

The specific objectives of the IDI are to:

- Gain insight into interactions between [insert stakeholder] and children with disabilities.
- Explore [insert stakeholder]'s attitudes towards disability.
- Understand discrimination that children with disabilities face from the [insert stakeholder]'s professional perspective.

SECTION 1: BACKGROUND AND CONTACT WITH CHILDREN WITH DISABILITIES

1. First, can you tell me what your role is within the [insert professional] sector?
    a. Where do you perform this role?
    b. How long you have been working as a [insert profession]?
    c. How long have you been working in this specific institution?
    d. What are your key job responsibilities?
    e. You said you've been working as a [insert profession] for [insert length of time]. Approximately, how much of that time (in years) has been spent working directly or indirectly with children with disabilities and/or their families?
2. As part of your job how often do you interact with children with disabilities and/or their families?
    a. Please could you describe a typical interaction to me?
    b. What does a "typical child" with physical disabilities that you directly or indirectly interact with as a part of your job look like? [Age? Gender? Type of disability?]
    c. What does a "typical child" with intellectual disabilities that you directly or indirectly interact with as a part of your job look like? [Age? Gender? Type of disability?]

SECTION 2: ATTITUDES TOWARDS DISABILITY

3. How would you define a person with a disability to a lay person?
4. How is a child with physical disabilities similar to a child without disabilities?
5. In what ways is a child with physical disabilities treated differently from a child without disabilities?
    a. Probe: family level, community level, social level
6. How is a child with intellectual disabilities similar to a child without disabilities?
7. In what ways is a child with intellectual disabilities treated differently from a child without disabilities?
    a. Probe: family level, community level, social level

SECTION 3: CHALLENGES AND POSITIVE EXPERIENCES[3]

8. What kinds of challenges do children with disabilities face?
    a. Probe: [professional sector of respondent], family, community (neighbors, friends, peers), organizational (Schools), society in general, policies (national, regional, local)
9. What kinds of challenges do caregivers of a child with a disability face?

[3] Probe about experiences in general as well as those related to the CSO

a. Probe: [professional sector of respondent], family, community (neighbors, friends, peers), organizational (Schools), society in general, policies (national, regional, local)

10. What kinds of challenges have you faced as part of your work with children with disabilities?

    a. Probe: [professional sector of respondent], family, community (neighbors, friends, peers), organizational (Schools), society in general, policies (national, regional, local)

11. What kinds of positive experiences will a child with a disability have?

    a. Probe: [professional sector of respondent], family, community (neighbors, friends, peers), organizational (Schools), society in general, policies (national, regional, local)

12. What kinds of positive experiences will a caregiver of a child with a disability have?

    a. Probe: [professional sector of respondent], family, community (neighbors, friends, peers), organizational (Schools), society in general, policies (national, regional, local)

13. What kinds of what positive experiences have you faced as part of your work with children with disabilities?

    a. Probe: [professional sector of respondent], family, community (neighbors, friends, peers), organizational (Schools), society in general, policies (national, regional, local)

SECTION 4: SOCIAL NORMS

NOTE: Parts that change with the vignettes are highlighted.

For the next section, I want to start by telling you about a child.

[Filip/Ana] is a two-year-old, who cannot sit up, crawl, stand or walk independently and his/her arms and legs often make involuntary jerky movements. [Filip/Ana] needs to see a physical therapist regularly to help his/her with movement.

14. Thinking of [Filip/Ana], what is the best place for him/her to live? At home or an institution?
15. What about people whose opinion matters to you? What do they believe? [Repeat choices if necessary]
16. Now, let us suppose that those whose opinions matter to you are responsible for making the decision on the best place for [Filip/Ana] to live. Do you think that they would keep [Filip/Ana] at home or place him/her in an institution?
17. In your opinion, what do you think those people believe you should do? (Repeat choices if necessary: would others expect you to keep [Filip/Ana] at home or place him/her in an institution?)
18. Can you tell me some reasons why you feel this way others' behaviours and their expectations of your behaviour?

19. To what extent would your behaviour in this situation be driven by motivations to comply with what others expect of you?
20. What are some of the rewards (good things, positive consequences) associated with [placing [Filip/Ana] in an institution or keeping [Filip/Ana] at home]?
21. What are some of the punishments/sanctions (bad things, negative consequences) associated with [placing Filip/Ana in an institution or keeping [Filip/Ana] at home]?

SECTION 5: DISCRIMINATION

22. In what ways do you think the [insert – education, health care, social services, NGO, and government] system/sector and society as a whole discriminate against children with disabilities?
    a. What can you do in your role as [insert role] to address discrimination against children with disabilities?
    b. What can families of children with disabilities do to address discrimination against children with disabilities?
    c. What can organizations (schools, civil society, health, education, social service, media) do to address discrimination against children with disabilities?
    d. What can society as a whole do to address discrimination against children with disabilities?
23. In closing, please describe for me (in just a couple of words) what a society without discrimination toward children with disabilities looks like?

SECTION 6: CLOSING

Finally, is there anything else that you want to tell me? Is there anything that we should have talked about but didn't talk about?

Thank you very much for your participation today. I would like to remind you that our discussion will be kept confidential and that anything said in the interview will be reported anonymously.

Measuring Discriminatory Attitudes and Social Norms towards Children with Disabilities

In-Depth Interview Guide for Professionals

Vignette Options for Section 4 Social Norms

CHILD ABANDONMENT FOR A CHILD 0-3 YEARS OLD WITH PHYSICAL DISABILITIES

For the next section, I want to start by telling you about a child.

[Filip/Ana] is a two-year-old, who cannot sit up, crawl, stand or walk independently and his/her arms and legs often make involuntary jerky movements. [Filip/Ana] needs to see a physical therapist regularly to help his/her with movement.

1. Thinking of [Filip/Ana], what is the best place for him/her to live? At home or an institution?
2. What about people whose opinion matters to you? What do they believe? [Repeat choices if necessary]
3. Now, let us suppose that those whose opinions matter to you are responsible for making the decision on the best place for [Filip/Ana] to live. Do you think that they would keep [Filip/Ana] at home or place him/her in an institution?
4. In your opinion, what do you think those people believe you should do? (Repeat choices if necessary: would others expect you to keep [Filip/Ana] at home or place him/her in an institution?)
5. Can you tell me some reasons why you feel this way others' behaviours and their expectations of your behaviour?
6. To what extent would your behaviour in this situation be driven by motivations to comply with what others expect of you?
7. What are some of the rewards (good things, positive consequences) associated with [placing [Filip/Ana] in an institution or keeping [Filip/Ana] at home]?
8. What are some of the punishments/sanctions (bad things, negative consequences) associated with [placing [Filip/Ana] in an institution or keeping [Filip/Ana] at home]?

CHILD ABANDONMENT FOR A CHILD 0-3 YEARS OLD WITH INTELLECTUAL DISABILITIES

For the next section, I want to start by telling you about a child.

[Mario/Irina] is a two-year-old who cannot roll over or sit without assistance. He/she has difficulty using his/her hands and does not point to objects or use gestures such as such as waving or shaking head. [Mario/Irina] does not make eye-contact, follow objects if you wave it in front of his/her face, repeat sounds or actions to get attention.

1. Thinking of [Mario/Irina], what is the best place for him/her to live? At home or an institution?
2. What about people whose opinion matters to you? What do they believe? [Repeat choices if necessary].
3. Now, let us suppose that those whose opinions matter to you are responsible for making the decision on the best place for [Mario/Irina] to live. Do you think that they would keep [Mario/Irina] at home or place him/her in an institution?
4. In your opinion, what do others believe you should do? (Repeat choices if necessary: Would others expect you to keep [Mario/Irina] at home or place him/her in an institution?
5. Can you tell me some reasons why you feel this way others' behaviours and their expectations of your behaviour?
6. To what extent would your behaviour in this situation be driven by motivations to comply with what others expect of you?
7. What are some of the rewards (good things, positive consequences) associated with [placing [Mario/Irina] in an institution or keeping [Mario/Irina] at home]?
8. What are some of the punishments/sanctions (bad things, negative consequences) associated with [placing [Mario/Irina] in an institution or keeping [Mario/Irina] at home]?

INCLUSIVE EDUCATION FOR A CHILD 3-6 YEARS OLD WITH PHYSICAL DISABILITIES

For the next section, I want to start by telling you about a child.

[Marko/Elena] is a 5 year old. He/she experiences involuntary muscle spasms down the left side of his/her body. He/she is able to move around unaided but his/her capacity to participate in a range of physical and fine motor activities (such as colouring or cutting with scissors) is limited. Although [Marko/Elena] has a great sense of humour and loves to learn, he/she requires considerable individual support and his/her speech is jerky and slurred.

1. Thinking of [Marko/Elena], what is the best place for preschool education for him/her? Stay at home and not attend preschool or in a general kindergarten with other children?
2. What about people whose opinion matters to you? What do they believe? [Repeat choices if necessary]
3. Now, let us suppose that those whose opinions matter to you are responsible for making the decision on the best place for [Marko/Elena] to attend kindergarten? Do you think they would keep [Marko/Elena] at home or enroll him/her in a general kindergarten with other children?
4. In your opinion, what do you think those people believe you should do? (Repeat choices if necessary: would others expect you to keep [Marko/Elena] at home or enroll him/her in a general kindergarten with other children?)
5. Can you tell me some reasons why you feel this way others' behaviours and their expectations of your behaviour?

6. To what extent would your behaviour in this situation be driven by motivations to comply with what others expect of you?
7. What are some of the rewards (good things, positive consequences) associated with [keeping [Marko/Elena] at home or enrolling him/her in a general kindergarten with other children]?
8. What are some of the punishments/sanctions (bad things, negative consequences) associated with [keeping [Marko/Elena] at home or enrolling him/her in a general kindergarten with other children]?

INCLUSIVE EDUCATION FOR A CHILD 3-6 YEARS OLD WITH INTELLECTUAL DISABILITIES

For the next section, I want to start by telling you about a child.

[Petar/Violeta] is a 5 year old. He/she has trouble communicating, does not seem to listen when spoken to, is easily distracted, is often on the go, fidgets with hands and feet, often interrupts and intrudes on others. [Petar/Violeta] has trouble doing things independently and are withdrawn for a few hours a day to work with specialists, to help him/her remember things. Although [Petar/Violeta] can run and play like other children, he/she sometimes forgets the rules of certain games.

1. Thinking of [Petar/Violeta], what is the best place for preschool education for him/her? Stay at home and not attend preschool or in a general kindergarten with other children?
2. What about people whose opinion matters to you? What do they believe? [Repeat choices if necessary].
3. Now, let us suppose that those whose opinions matter to you are responsible for making the decision on the best place for [Petar/Violeta] to attend kindergarten? Do you think they would keep [Petar/Violeta] at home or enroll him/her in a general kindergarten with other children?
4. In your opinion, what do you think those people believe you should do? (Repeat choices if necessary: would others expect you to keep [Petar/Violeta] at home or enroll him/her in a general kindergarten with other children?)
5. Can you tell me some reasons why you feel this way others' behaviours and their expectations of your behaviour?
6. To what extent would your behaviour in this situation be driven by motivations to comply with what others expect of you?
7. What are some of the rewards (good things, positive consequences) associated with [keeping [Petar/Violeta] at home or enrolling him/her in a general kindergarten with other children]?
8. What are some of the punishments/sanctions (bad things, negative consequences) associated with [keeping [Petar/Violeta] at home or enrolling him/her in a general kindergarten with other children]?

INCLUSIVE EDUCATION FOR A CHILD 6-11 YEARS OLD WITH PHYSICAL DISABILITIES

For the next section, I want to start by telling you about a child.

[Nikola/Marija] is an 9 year old. He/she experiences involuntary muscle spasms down the left side of his/her body. He/she is able to move around unaided but his/her capacity to participate in a range of physical and fine motor activities (such as writing or drawing) is limited. Although [Nikola/Marija] has a great sense of humour and loves to learn, he/she requires considerable individual support and his/her speech is jerky and slurred.

1. Thinking of [Nikola/Marija], what is the best school for him/her to attend? A special school for children with disabilities or a general school attending general classes with other children?
2. What about people whose opinion matters to you? What do they believe? [Repeat choices if necessary]
3. Now, let us suppose that those whose opinions matter to you are responsible for making the decision on the best school for [Nikola/Marija] to attend? Do you think they would send [Nikola/Marija] to a special school for children with disabilities or a general school where they attend general classes?
4. In your opinion, what do you think those people believe you should do? (Repeat choices if necessary: would others expect you to send [Nikola/Marija] to a special school for children or a general school where they attend general classes?)
5. Can you tell me some reasons why you feel this way others' behaviours and their expectations of your behaviour?
6. To what extent would your behaviour in this situation be driven by motivations to comply with what others expect of you?
7. What are some of the rewards (good things, positive consequences) associated with sending [Nikola/Marija] to [a special school for children with disabilities/a general school attending general classes]?
8. What are some of the punishments/sanctions (bad things, negative consequences) associated with sending [Nikola/Marija] to [a special school for children with disabilities/a general school attending general classes]?

INCLUSIVE EDUCATION FOR A CHILD 6-11 YEARS OLD WITH INTELLECTUAL DISABILITIES

For the next section, I want to start by telling you about a child.

[Igor/Katerina] is an 9 year old. [Igor/Katerina] finds it hard to focus on a task for too long, and lashes out violently when he/she becomes upset. He/she has a hard time regulating his/her emotions, connecting his/her actions with the consequences, and with expressing himself/herself to others. [Igor/Katerina] has trouble doing things independently and receives extra learning assistance outside the classroom, for part of the day to help him/her remember and recall things and with reading, writing and math. Although [Igor/Katerina] can run and play like other children, he/she sometimes forgets the rules of certain games.

1. Thinking of [Igor/Katerina], what is the best school for him/her to attend? A special school for children with disabilities or a general school attending general classes with other children?
2. What about people whose opinion matters to you? What do they believe? [Repeat choices if necessary]
3. Now, let us suppose that those whose opinions matter to you are responsible for making the decision on the best school for [Igor/Katerina] to attend? Do you think they would send [Igor/Katerina] to a special school for children with disabilities or a general school where they attend general classes?
4. In your opinion, what do you think those people believe you should do? (Repeat choices if necessary: would others expect you to send [Igor/Katerina] to a special school for children or a general school where they attend general classes?)
5. Can you tell me some reasons why you feel this way others' behaviours and their expectations of your behaviour?
6. To what extent would your behaviour in this situation be driven by motivations to comply with what others expect of you?
7. What are some of the rewards (good things, positive consequences) associated with sending [Igor/Katerina] to [a special school for children with disabilities/a general school attending general classes]?
8. What are some of the punishments/sanctions (bad things, negative consequences) associated with sending [Igor/Katerina] to [a special school for children with disabilities/a general school attending general classes]?

HUMAN RIGHTS FOR A CHILD 3-6 YEARS OLD WITH PHYSICAL DISABILITIES

For the next section, I want to start by telling you about a child.

[Goran/Suzana] is a 5-year old. He/she has difficulty hearing and stutters when he/she speaks. As a result, other children don't include him/her during play time. [Goran/Suzana] is frequently frustrated and irritated by tasks in the kindergarten groups due to his/her impairments. He/she would benefit from help from a specialist, but the kindergarten lacks the resources to provide one-on-one support.

1. Thinking of [Goran/Suzana], do you think he/she is being treated as equal to their peers? By this I mean recognised, enjoying, and exercising the same fundamental rights and freedoms as others, without distinction, exclusion, restriction on the basis of their disability? (Answer yes or no).
2. What about people whose opinion matters to you? What do they believe? [Repeat if necessary: would others think [Goran/Suzana] is being treated as equal to their peers?]
3. Now, let us suppose that those whose opinions matter to you are responsible for addressing the situation with [Goran/Suzana]? Do you think they would keep the situation the same or change it?

4. In your opinion, what do you think those people believe you should do? (Repeat choices if necessary: would others expect you to keep the situation the same or change it?)
5. Can you tell me some reasons why you feel this way others' behaviours and their expectations of your behaviour?
6. To what extent would your behaviour in this situation be driven by motivations to comply with what others expect of you?
7. What are some of the rewards (good things, positive consequences) associated with [keeping the situation the same/changing the situation]?
8. What are some of the punishments/sanctions (bad things, negative consequences) associated with [keeping the situation the same/changing the situation.]

HUMAN RIGHTS FOR A CHILD 3-6 YEARS OLD WITH INTELLECTUAL DISABILITIES

For the next section, I want to start by telling you about a child.

[Aleksandar/Natasha] is a 5-year old. He/she has a very short attention span and has significant problems in retaining information. As such, his/her achievement across all curriculum areas is very low. [Aleksandar/Natasha] is also prone to impulsive behaviour, often interrupting and intruding on others, and is very socially immature. [Aleksandar/Natasha] has few friends and is overtly rejected by many of his/her peers in the kindergarten. His/her parents are overly protective which has resulted in her having limited social/recreational experiences.

1. Thinking of [Aleksandar/Natasha], do you think he/she is being treated as equal to their peers? By this I mean recognised, enjoying, and exercising the same fundamental rights and freedoms as others, without distinction, exclusion, restriction on the basis of their disability? (Answer yes or no).
2. What about people whose opinion matters to you? What do they believe? [Repeat if necessary: would others think [Aleksandar/Natasha] is being treated as equal to their peers?]
3. Now, let us suppose that those whose opinions matter to you are responsible for addressing the situation with [Aleksandar/Natasha]? Do you think they would keep the situation the same or change it?
4. In your opinion, what do you think those people believe you should do? (Repeat choices if necessary: would others expect you to keep the situation the same or change it?)
5. Can you tell me some reasons why you feel this way others' behaviours and their expectations of your behaviour?
6. To what extent would your behaviour in this situation be driven by motivations to comply with what others expect of you?
7. What are some of the rewards (good things, positive consequences) associated with [keeping the situation the same/changing the situation]?

8. What are some of the punishments/sanctions (bad things, negative consequences) associated with [keeping the situation the same/changing the situation.]

HUMAN RIGHTS FOR A CHILD 6-11 YEARS OLD WITH PHYSICAL DISABILITIES

For the next section, I want to start by telling you about a child.

[Stephan/Sofia] is a 9-year old. He/she has difficulty hearing and stutters when he/she speaks. He/she is frequently frustrated and irritated by tasks in the classroom and is socially immature. As a result, other children don't include him/her during recess. Additionally, [Stephan/Sofia] would benefit from additional classroom help, but the school lacks the resources to provide one-on-one support.

1. Thinking of [Stephan/Sofia], do you think he/she is being treated as equal to their peers? By this I mean recognised, enjoying, and exercising the same fundamental rights and freedoms as others, without distinction, exclusion, restriction on the basis of their disability? (Answer yes or no).
2. What about people whose opinion matters to you? What do they believe? [Repeat if necessary: would others think [Stephan/Sofia] is being treated as equal to their peers?]
3. Now, let us suppose that those whose opinions matter to you are responsible for addressing the situation with [Stephan/Sofia]? Do you think they would keep the situation the same or change it?
4. In your opinion, what do you think those people believe you should do? (Repeat choices if necessary: would others expect you to keep the situation the same or change it?)
5. Can you tell me some reasons why you feel this way others' behaviours and their expectations of your behaviour?
6. To what extent would your behaviour in this situation be driven by motivations to comply with what others expect of you?
7. What are some of the rewards (good things, positive consequences) associated with [keeping the situation the same/changing the situation]?
8. What are some of the punishments/sanctions (bad things, negative consequences) associated with [keeping the situation the same/changing the situation.]

HUMAN RIGHTS FOR A CHILD 6-11 YEARS OLD WITH INTELLECTUAL DISABILITIES

For the next section, I want to start by telling you about a child.

[Dejan/Vesna] is a 9-year old. He/she has a very short attention span and has significant problems in retaining information. As such, his/her achievement across all curriculum areas is very low. [Dejan/Vesna] is also prone to impulsive behaviour, often interrupting and intruding on others, and is very socially immature. [Dejan/Vesna] has few friends and is overtly rejected by many of her classmates. His/her parents are overly protective which has resulted in her having limited social/recreational experiences.

1. Thinking of [Dejan/Vesna], do you think he/she is being treated as equal to their peers? By this I mean recognised, enjoying, and exercising the same fundamental rights and freedoms as others, without distinction, exclusion, restriction on the basis of their disability? (Answer yes or no).
2. What about people whose opinion matters to you? What do they believe? [Repeat if necessary: would others think [Dejan/Vesna] is being treated as equal to their peers?]
3. Now, let us suppose that those whose opinions matter to you are responsible for addressing the situation with [Dejan/Vesna]? Do you think they would keep the situation the same or change it?
4. In your opinion, what do you think those people believe you should do? (Repeat choices if necessary: would others expect you to keep the situation the same or change it?)
5. Can you tell me some reasons why you feel this way others' behaviours and their expectations of your behaviour?
6. To what extent would your behaviour in this situation be driven by motivations to comply with what others expect of you?
7. What are some of the rewards (good things, positive consequences) associated with [keeping the situation the same/changing the situation]?
8. What are some of the punishments/sanctions (bad things, negative consequences) associated with [keeping the situation the same/changing the situation.]

APPENDIX 11: TRANSLATION GLOSSARY

Glossary of Terms	
Term	Definition
Acceptance	Showing approval or favour towards something or someone; allowing someone into a group or space
Affective attitudes	People's feelings and emotional reactions to others
Alone	Apart from everyone else
Assistive technology	"Any item, piece of equipment, software program, or product system that is used to increase, maintain, or improve the functional capabilities of persons with disabilities" (Assistive Technology, 2018)
Attitudes	"An idea charged with emotions which predisposes a class of actions to a particular class of social situations" (Triandis, 1971, p.2)
Bad	Naughty; not good
Barriers	Something that prevents or blocks movement from one place to another (can be environmental or social)
Behavioural attitudes	People's intended behaviour towards others
Brave (powerful)	Having courage
Caregiver	The primary caretaker of the child. May be the child's parents, other family members, adoptive parents, foster family, etc.
Cheerful	Being full of happiness
Confident	Believing in oneself
Contact	Being in communication with, or otherwise engaging with, someone
Cognitive attitudes	People's beliefs and knowledge about others
Defective	Having a flaw; having a problem or fault
Dependent on others (helpless)	Relying on help from others for many things
Descriptive Norms	Beliefs about what others do
Discrimination	Discrimination on the basis of Disability: "any distinction, exclusion, restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil, or any other field" (CRPD, Article 2, 2006). Discrimination in general: Unfair treatment based on personal characteristics or group membership (Williams, Yu, Jackson, & Anderson, 1997). Discrimination on oneself: Self-imposed isolation (Corrigan and Rao 2012).
Diversity	Having many types of people (race, ethnicity, gender, religion, ability level, socio-economic status, etc.) represented or present in a given space
Equity	Fairness and justice in the way someone is treated; equal treatment and opportunity for all people
Exclusion	"Exclusion consists of dynamic, multi-dimensional processes driven by unequal power relationships interacting across four main dimensions - economic,

	political, social and cultural - and at different levels including individual, household, group, community, country and global levels" (WHO, 2019).
Fearful (afraid)	Feeling scared
General school/classroom	Schools serving the general population; i.e. not a special school or school catering to certain groups like children with disabilities
Good	Behaving in the proper way; doing what is right
Happy	Being full of happiness/cheerfulness
Hardworking (active)	Tending to participate in things
Human rights	Basic rights to which all humans are entitled
Inclusive education	Inclusive education is an education system that includes all students, and welcomes and supports them to learn, whoever they are and whatever their abilities or requirements. This means making sure that teaching and the curriculum, school buildings, classrooms, play areas, transport and toilets are appropriate for all children at all levels. Inclusive education means all children learn together in the same schools (UNICEF, 2017)
Inclusive park	Parks with equipment and resources facilitating access and participation for children with disabilities
Independent (strong)	Able to do many things without help from others
Individualized academic program	Academic plans/curriculums developed for each child individually, usually by a teacher or a team of special educators, where goals are set based on the needs and skills of the individual child
Inferior	Of little or less importance or value in comparison to something or someone else
Injunctive Norms	Beliefs about what others approve of or think people should do (Mackie, Moneti, Shakya, &Denny, 2015)
Insecure	Not sure of oneself, feel doubt about oneself
Isolation	The state of being separate/away from others
Institutionalization	To put someone in an institution (an 'alternative care facility' or place where people with disabilities are sent to live long-term away from the primary caregivers) (UNICEF, 1999)
Lazy (passive)	Someone who does not participate in things
Monopolize	To take over control of something completely
Negative (pessimistic)	Thinking sad, bad thoughts about things or the future
Others whose opinions matter to you	The reference group; people whose opinions and behaviours one considers when making decisions
Outcome Expectancies	Rewards: Beliefs about the perceived benefits or rewards to oneself or others as a result of complying with norms (Mackie, Moneti, Shakya, &Denny, 2015) Social Sanctions: Beliefs about the perceived sanctions or punishments from performing or not performing a behaviour (Mackie, Moneti, Shakya, &Denny, 2015)
Patronizing	Exhibiting a condescending (belief of superiority) tone, attitude, or other expression towards others
Positive (optimistic)	Thinking happy, hopeful thoughts about things or the future

Prejudice	By others: A negative emotional response towards a stereotyped group or an individual who is part of that group (Allport, 1954; Eagly & Chaiken, 1993). Towards oneself: Negative emotional reactions based on internalization of negative stereotypes, Low self-esteem and poor self-efficacy are primary examples of these negative emotional reactions (Corringan & Rao, 2012).
Public stigma	Stereotypes, prejudice, and discrimination endorsed by the general population (Pescosolido & Martin, 2015, p. 92)
Rejection	To refuse to accept someone (or something)
Sad	Being unhappy
Self-esteem	One's overall sense of worth; beliefs of appreciation and favour towards oneself
Self-reliant	Confidence in own abilities, and actual ability, to do things for oneself without having to rely (need/depend) on others
Self-stigma	Internalized acceptance of stereotypes and prejudice (Pescosolido & Martin, 2015)
Social	Someone who enjoys interreacting with other people
Social Distance	The degree of willingness to engage in social interactions and relationships with a specific population (Wahl, 2012)
Social Exclusion	The denial of resources, rights, goods, and services and the inability to participate fully in basic economic, social, political and cultural activities of society thus leading to marginalization (Levitas et al., 2007)
Social Norm	The unwritten rules that guide behaviour (Mackie, Moneti, Shakya, &Denny, 2015)
Social services	A program supported by a government or private organization that helps a specific group of people (such as people with disabilities), usually financially or with child care or other such services
Special school/classroom	A school (or class) just for children with disabilities where students from general school are not integrated
Stereotypes	"Collectively held beliefs about the members of social groups" (Pescosolido & Martin, 2015, p. 92)
Stick up for (someone)	To defend or protect someone from a threat
Stigma	A deeply discrediting attribute; "mark of shame"; "mark of oppression"; devalued social identity (Pescosolido & Martin, 2015, p. 92)
Suffer	Be afflicted with [B2.]; to experience pain or other negative emotions [B2.8]
Survive	To remain alive, to continue to live
Together	Being with other people
Unpredictable	Not behaving in a way that is expected
Withdrawn	Closed, does not want to talk to or interact with other people

APPENDIX 12: PRETESTING RECOMMENDATIONS

Quantitative Tool	
Section	
A) Background Variables	
	• Use the pretest as an opportunity to establish appropriate response categories, especially when adding supplemental questions not included in the original tool. • Pretest the interview method of turning the CAPI screen to the respondent to select their income bracket.
B) Defining Disabilities	
B1: Participant self-definition of disabilities	• After translation, make sure the words "disability" and "impairment" are different (if possible). In some languages these words may be the same. It would be strange to ask respondents if they though a child with an intellectual disability was a child with a disability. • If using explanations of the different impairments (and allowing for spontaneous and prompted responses) thoroughly pretest the explanations. • Pretest the questions thoroughly with children with intellectual disabilities to find phrasing that they can understand.
B2: Participant understanding of the CRPD Definition of disability	• If, for some reason, you choose to ask questions B2.13 to B2.21 to children, it is important to extensively pretest them, as the pilot test was not conducted this way.
B3: Attributes of an average child without disability B4: Attributes of an average child with disabilities	• Pay special attention to respondent reactions to lazy(passive) and hardworking (active)
C) Contact with Children with Disabilities	
C1: Amount of Contact with Children with Disabilities	• Capture any additional common response categories to C1.3 that you may want to pre-code.
C2: Description of Contact with Children with Disabilities	• Use the pretest to identify any questions that make your respondents uncomfortable. While it is not recommended to remove these from the questionnaire, mark these as a special focus for training with data collectors.
D) Attitudes	
D1: Attitudes towards children with disabilities	• Use the pretest to identify any questions that make your respondents uncomfortable. While it is not recommended to remove these from the questionnaire, mark these as a special focus for training with data collectors.

D2: Attitudes towards families with children with disabilities	• Use the pretest to identify any questions that make your respondents uncomfortable. While it is not recommended to remove these from the questionnaire, mark these as a special focus for training with data collectors.
D3: Attitudes towards Children with Disabilities and Inclusive Education	• Use the pretest to identify any questions that make your respondents uncomfortable. While it is not recommended to remove these from the questionnaire, mark these as a special focus for training with data collectors.
D4: Attitudes of professional groups towards inclusive education	• Use the pretest to identify any questions that make your respondents uncomfortable. While it is not recommended to remove these from the questionnaire, mark these as a special focus for training with data collectors.
E) Social Norms	

E1-E2: Social Norms around Child Abandonment	• Caregivers of children with disabilities will not just be asked about their child (no vignette will be used), test ways to ask about institutionalisation as it relates to their own child.
	• For asking about the percent of children with disabilities living at home, test two possible response options:
	  ○ How many children out of 10
	  ○ None, less than half, roughly half, more than half, all

E3-E6: Social Norms around Inclusive Education	• Caregivers of children with disabilities will not just be asked about their child, test ways to ask about their child attending general or special school
	• For asking about the percent of children with disabilities in general schools, test two possible response options:
	  ○ How many children out of 10
	  ○ None, less than half, roughly half, more than half, all

E7-E10: Social Norms around Human Rights	• Vignette/topic will need to be changed; adapt to local reality with varying degrees of severity to verify:
	  ○ It is not so subtle that the human rights violation is unrecognizable
	  ○ It does not cause undue discomfort
	• Caregivers of children with disabilities will not just be asked about their child, test ways to ask about human rights as it relates to their own child
	• For asking about the percent of children are treated equal to children without disabilities, test two possible response options:
	  ○ How many children out of 10
	  ○ None, less than half, roughly half, more than half, all

F) Stigma	
F1: Stigma Faced by Children with Disabilities and their Caregivers	• New scale: always, often, sometimes, rarely, never

F2: Social Stigma towards families of children with Disabilities	• Omit if not specific to program needs
F3: Self-stigma of Caregivers of Children with Disabilities	• Omit if not specific to program needs
F4: Personal Opinion of Stigma Toward Children with Disabilities	• All questions framed as "compared to other children" • Asking the questions about specific types of disabilities as opposed to disabilities in general
F5: Opinion of Public Stigma Toward Children with Disabilities	• All questions framed as "compared to other children" • Asking the questions about specific types of disabilities as opposed to disabilities in general
F6: Self-Stigma among Children with Disabilities	• Asking the questions about specific types of disabilities as opposed to disabilities in general
G) Social Distance	
G1-G2: Social Distance from Child age 6-11	• Test with physical and intellectual disabilities separately

Qualitative Tools	
Activity	**Recommendations**
Free Listing	• The question "What words come to mind when you hear the phrase 'children with intellectual/physical disabilities?' Probe: what are your reactions? What do you feel?" • The categorization of words as positive and negative

2x2 Tables	• The brief social network mapping activity to help participants visualize the reference group and frame their point of view
	• Vignettes eliminated for caregivers of children with disabilities; need to pretest questions within the same domains **but ask** about their child directly
	• Human rights vignette/topic will need to be changed; adapt to local reality with varying degrees of severity to verify:
	  ○ It is not so subtle that the human rights violation is unrecognizable
	  ○ It does not cause undue discomfort

Pile Sorts (adults)	• The terms 'scary', 'friendly', 'unhealthy', 'healthy', 'intelligent', and 'unintelligent' are available as supplemental questions if relevant to local needs • Words can also be added as needed, but will need to be tested ○ If words are added (or removed), they must be added to (or removed from) the structured interview tool for continuity and

	comparability
Empathy Mapping	• 'Current' empathy map • The question, "what can you do to affect change" • Using the social network map made in the 2x2 table activity to help respondents answer, "who is responsible for affecting change" and pretesting probes by social ecological level

Pile Sorts (children)	• New words:
	  ○ Good
	  ○ Bad
	  ○ Happy
	  ○ Alone
	  ○ Together
	• Images corresponding to terms for use with children with intellectual disabilities
	• Test with older children, if applicable

Social Distance Mapping	• Chose a location where participants can reflect on reality, not aspiration. Some examples are:
	  ○ Schools
	  ○ Places of worship
	  ○ Bazars or other gathering spaces
	  ○ Inclusive parks
	• Test with older children, if applicable

Same or Different	• The question "would you play with the child at recess" needs to be pretested, it may not be appropriate in all contexts (such as if there are not inclusive schools or no recess period) ○ It may be important to design a question that still gets at if they would play with the child but using a setting appropriate for the local realities • Fixed point of comparison for children with intellectual disabilities, such as friends, classmates, or siblings without disabilities • Test with older children, if applicable
In-depth interviews with professionals	• None

APPENDIX 13: RESEARCH PROTOCOL FOR ETHICAL REVIEW

The following checklist outlines and describes the various components that should be included in a protocol submitted for ethical review.

IRB Protocol Component	Description of Component
Protocol Title	Title of the research project/study
IRB Review History	Details on previous ethical clearance and approvals for research linked to this project/study
Objectives	Description of the purpose of this research including the specific research aims and objectives
Background	Rationale for the research being proposed
Inclusion and Exclusion Criteria	Description of the criteria used to select participants
Interaction with vulnerable groups	Identification of any vulnerable groups that may be involved in the research (e.g. adults unable to consent, individuals who are not yet adults such as infants, children, and teenagers, pregnant women, prisoners)
Study Timeline	Present a tentative but detailed timeline for the research activities
Study Endpoints	List the study endpoint (i.e. when the study will be over)
Procedures or Methods Involved	Describe the proposed study design, sampling frame that will be used and the anticipated sample size. If various arms or methods of data collection are being proposed provide information on the sampling for each one. Discuss field training, field procedures, and consent procedures. Provide attachments of the tools
Data Banking	If data will be banked for future use, describe where the data will be stored, how long it will be stored, how the data will be accessed, and who will have access to the data. Describe the procedures to release data: the process for requesting a release, approvals required for release, and who can obtain the data
Data Management	Describe the data analysis plan, including any statistical procedures. Describe the steps that will be taken to secure the data (e.g., training, authorization of access, password protection of files, encryption, and physical controls, certificates of confidentiality, and separation of identifiers and data) during storage, use, and transmission Describe any procedures that will be used for quality control of collected data.
Provisions to Monitor the data to Ensure the Safety of Subjects	If research involves more than minimal risk, then describe what will be done to monitor the data and keep subjects safe.
Withdrawal of Subjects	Describe procedures that will be followed when subjects withdraw from the research, including partial withdrawal from procedures with continued data collection. Describe what will be done if a participant needs to be withdrawn without their consent
Risks to Subjects	What are the risks, discomforts, hazards, or inconveniences to the subjects

	related to the subjects' participation in the research and what will be done to mitigate these risks? Consider physical, psychological, social, legal, and economic risks.
Potential Benefits to Subjects	What are the potential benefits the individual may gain from participating in research? Indicate if there is no direct benefit.
Vulnerable Populations	If the research involves individuals who are vulnerable to coercion or undue influence, describe additional safeguards included to protect their rights and welfare.
Multi-site Research	If this is a multi-site study where each sub-site has its own PI and IRB approval on behalf of this protocol, describe the processes to ensure communication among sites
Community-based participatory Research	Describe involvement of the community in the design and conduct of the research.
Sharing of Results with Subjects	Describe whether will be shared with participants or others and if so, describe how it will be shared.
Setting	Describe the sites or locations where the research team will conduct the research, identify and recruit potential subjects. Describe the involvement of any community advisory board if applicable.
Resources Available	Describe the resources available to conduct the research including for example time, recruitment, staff qualifications, size of team etc.
Recruitment Methods	Provide information on the recruitment strategy to be used, including sources of participants, methods to identify potential participants, materials to be used (e.g. recruitment flyers), amount and timing of payment if applicable.
Number of Subjects	Indicate the total number of subjects to be accrued locally.
Confidentiality	Discuss measures that will be used to ensure confidentiality
Provisions to Protect the Privacy Interests of Subjects	Describe the steps that will be taken to protect participants privacy interests and what steps will be taken to make the subjects feel at ease with the research situation in terms of the questions being asked and the procedures being performed.
Compensation for Research-Related Injury	If the research involves more than Minimal Risk to subjects, describe the available compensation in the event of research related injury.
Economic Burden to Subjects	Describe any costs that subjects may be responsible for because of participation in the research
Consent Procedures	Describe the consent and assent procedures including where this will occur, if there is a waiting period before informing and obtaining consent, procedures to ensure ongoing consent, whether consent will be written or

	oral, if copies of consent and assent forms will be available in local languages if applicable. Discuss what will be done to obtain consent/assent of vulnerable groups.
Process to Document Consent in Writing	Describe if written or oral consent will be obtained.

APPENDIX 14: INFORMED CONSENT AND ASSENT

Informed consent is defined as consent given by a competent individual, meaning an individual (18 years and older)[4] has been given all the necessary information and has understood that information to make an informed decision about whether or not s/he wants to be involved in the research. Further, the individual has decided without having been subjected to coercion, undue influence or inducement, or intimidation. If research involves a vulnerable group such as children with disabilities, it is all the more important to consider the extent to which consent or assent is possible to obtain (Lewis & Porter, 2004).

Informed consent is not a one-off event, but rather a communication process between the researcher and the participant starting prior to the research study's initiation and continuing throughout the duration of the study (FHI 360, 2009). While consent is provided before the study begins it is important to check-in with the participant throughout the study. This can be done by asking her if s/he wants to continue and by taking note of the participant's body language during the study.

When developing informed consent materials, knowing your audience is critical. Determine the language preferences of potential participants and make sure to translate consent forms and any supporting documentation (e.g., waivers or index cards with contact information) into local languages. To ensure quality and accuracy, be sure to have these documents back-translated too. Consider literacy levels of the individuals that will be recruited to determine whether written or verbal informed consent is most appropriate. Consider, too, the reading level of the informed consent documents and scripts. Make sure language is as clear and simple as possible. Whenever possible use visuals to enhance comprehension and make use of comprehension assessment techniques such as the teach-back approach. Also, take some time to think about who should administer informed consent and whether there are any power dynamics or cultural dimensions to consider.

[4] For research involving children (individuals below the age of 18), informed consent is obtained from a parent or legal guardian and informed assent is obtained from the child. More information is provided in the section dedicated to research involving children.

APPENDIX 15: OUTLINE OF A CONSENT FORM FOR ADULT PARTICIPATION

Consent to take Part in Research[5]

1. Title of research study: *[insert title of research study here with protocol number, if applicable]*

2. Researcher: *[insert name of Principal Investigator]*

3. Concise Summary of Key Information: [This is a summary of the research. The *Regulations governing research with human subjects* indicate that the prospective subject or legally authorized representative must be provided with information that a reasonable person would need to have in order to make an informed decision about whether to participate, and an opportunity to discuss that information. In general, our expectation is that this initial presentation of the key pieces of information will be no longer than 1- 2 pages.]

- Why is research performed?
- The consent is being sought for research and that the participation is voluntary?
- What will happen to me during the study?
- How long will I participate?
- Will I benefit from the study?
- Will participating expose me to risk?
- Do I have other options besides taking part in this study
- Will it cost anything to participate?
- Will I be paid to participate?

4. Why you are being invited to take part in a research study

We invite you to take part in a research study because _____. *[Fill in the circumstance or condition that makes subjects them eligible for the research.]*

5. What you should know about a research study

- Someone will explain this research study to you.
- Whether or not you take part is up to you.
- You can choose not to take part.
- You can agree to take part now and change your mind later.
- If you decide to not be a part of this research no one will hold it against you.
- Feel free to ask all the questions you want before you decide.

[5] This is taken from the Drexel University Office of Research HRP-502 Form https://drexel.edu/research/compliance/human-research-protection/institutional-review-board/docs-forms/

6. Who can you talk to about this research study?

If you have questions, concerns, or complaints, or think the research has hurt you, talk to the research team at *[Insert contact information for the research team, (PI alone or PI and lead Sub-I)]*

This research has been reviewed and approved by an Institutional Review Board (IRB). An IRB reviews research projects so that steps are taken to protect the rights and welfare of human subjects taking part in the research. You may talk to them at [Phone number] or [Email] for any of the following:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research subject.
- You want to get information or provide input about this research.

7. Why is this research being done?

[Tell the subject the purpose of the research. Explain the background of the research question or problem to be evaluated.]

8. How long will the research last?

We expect that you will be in this research study for _____ *[Ex: hours/days/months/weeks/years, until a certain event]*.

9. How many people will be studied?

We expect about _____ people here will be in this research study out of _____ people in the entire study.

10. What happens if I say yes, I want to be in this research?

[Tell the subject what to expect using lay language and simple terms. Whenever appropriate include the following items:]

A time-line description of the procedures, observations, or evaluations that will be performed. If practical, prepare a time-line chart or schematic to accompany descriptions of procedures and tests for research that require more than 1 or 2 steps/visits

The length and duration of visits and procedures

With whom will the subject interact

Where the research, evaluation, or observation will be done

When the research, evaluation, or observation will be done

Describe use of surveys, focus groups, field notes, and artifact collection

List experimental procedures and therapies and identify them as such

How often procedures, interventions, interactions, or evaluations will be performed

What is being performed as part of the research study

What is being performed as part of usual therapy or evaluation

When applicable indicate that the subject will be contacted for future research

[Include this next section for a research study that will involve random assignment to intervention/evaluation groups. Otherwise delete the sections that do not apply.]

The treatment/intervention/evaluation (choose one) you get will be chosen by chance, like flipping a coin. Neither you nor the investigator will choose what intervention/evaluation (choose one) you get.

You will have an _____ *[equal/one in three/etc.]* chance of being given each treatment/intervention/evaluation (choose one).

[For double-blinded research add]

Neither you nor the investigator will know which intervention/evaluation (choose one) you are getting.

[For single blinded research add]

You will not be told which intervention/evaluation (choose one) you are getting, however the investigator will know.

11. What are my responsibilities if I take part in this research?

If you take part in this research, it is very important that you: *[Describe any responsibilities of the subject.]*

Follow the investigator's or researcher's instructions.

Tell the investigator or researcher right away if you have a complication or injury.

[Add additional responsibilities as applicable.]

12. What happens if I do not want to be in this research?

You may decide not to take part in the research and it will not be held against you.

[Include if there are no alternatives other than not participating in the research.]

[Include this next section if options are available for subjects who do not wish to take part in the research. Otherwise delete].

Instead of being in this research study, your choices may include: *[For student subject pools describe alternatives for course credit or extra credit. For research studies involving a treatment or therapy describe the options that you would normally offer a patient or client. If applicable, include supportive care or therapy as an option.]*

The important risks and possible benefits of these alternatives are listed below: *[Describe the important risks and potential benefits of the alternative procedures and courses of treatment or therapy.]*

13. What happens if I say yes, but I change my mind later?

If you agree to take part in the research now, you can stop at any time it will not be held against you.

[Include the statement above if there are no adverse consequences to withdrawing from the research. Otherwise delete and use one of the statements in this section below.]

If you decide to leave the research, *[Describe the adverse consequences.]* If you decide to leave the research, contact the researcher so that the researcher can *[Describe the procedures for orderly termination by the subject, if any.]*

[Include for a research study involving a treatment or therapy Otherwise delete.]

If you stop being in the research, already collected data may not be removed from the study database. You will be asked whether the researcher can collect data from your routine treatment or therapy. [Note: The consent document cannot give the subject the option of having data removed.] If you agree, this data will be handled the same as research data. [Note: If a subject withdraws from the interventional portion of a study and does not consent to continued follow-up of associated treatment or therapy outcome information, the researcher must not access for purposes related to the study the subject's treatment record or other confidential records requiring the subject's consent. However, a researcher may review study data related to the subject collected prior to the subject's withdrawal from the study, and may consult public records, such as those establishing survival status.]

14. Is there any way being in this study could be bad for me?

[The risks of procedures may be presented in a table form.]

[Describe any potential risks, as appropriate. When known, describe the probability and magnitude of the risk. Examples of common risks include:]

[Physical risks such as pain or other discomforts

Psychological/emotional risks

Privacy risks

Legal risks

Social risks

Economic risks]

[Include for a treatment or therapy study. Otherwise delete.]

You and your insurance company will be charged for the treatment or therapy services that you would ordinarily be responsible to pay. In some cases, insurance will not pay for services ordinarily covered

because these services were performed in a research study. You should check with your insurance to see what services will be covered by your insurance and what you will be responsible to pay.

15. Do I have to pay for anything while I am on this study?

[Explain who will bear the responsibility for cost. If there is no cost, use the following sentence:]

There is no cost to you for participating in this study.

16. Will being in this study help me in any way?

[Include the section below if there are benefits to participation. Otherwise delete.]

We cannot promise any benefits to you or others from your taking part in this research. However, possible benefits include _____. *[Then describe the potential benefits of participation. First describe any direct benefits to the subject, then any benefits to others. If benefits from participation may not continue after the research has ended, describe them here. Monetary reimbursement for participation is not a benefit.]*

[Include this section for a study with no benefits to participation. Otherwise delete.]

There are no benefits to you from your taking part in this research. We cannot promise any benefits to others from your taking part in this research.

[Include for research involving prisoners, otherwise delete.]

Taking part in this research study will not improve your housing or correctional program assignments. Your taking part in this research study will not improve your chance of parole or release.

17. What happens to the information we collect?

Efforts will be made to limit access to your personal information including research study records, treatment or therapy records to people who have a need to review this information. We cannot promise complete secrecy. Organizations that may inspect and copy your information include the IRB and other representatives of this organization. *[Add to this list other organizations that may have access to the subject's records such as the Department of Health and Human Services when the research is conducted or funded by DHHS, the sponsor, contract research organization, sponsor's agent and other collaborating institutions.]*

[Describe any limitations on confidentiality based on possible legal issues. For example, if the research team is likely to uncover abuse, neglect, or reportable diseases, explain that this information may be disclosed to appropriate authorities.]

[If data will be retained after the study for future research, explain where the data will be stored, who will have access to the data, and how long the data will be retained.]

[Include for all research studies.]

We may publish the results of this research. However, we will keep your name and other identifying information confidential.

[Include for research involving prisoners. Otherwise delete.]

If you are a prisoner, your research records may also be given to officials and agencies within the criminal justice system when necessary and permitted by law.

18. Can I be removed from the research without my OK?

[Delete this section if not applicable.]

[Include the section below for research where this is a possibility. Otherwise delete.]

The person in charge of the research study or the sponsor can remove you from the research study without your approval. Possible reasons for removal include *[describe reasons why the subject may be withdrawn, if appropriate.]*

[Include the section below for research where this is a possibility. Otherwise delete.]

We will tell you about any new information that may affect your welfare or choice to stay in the research.

19. What else do I need to know?

[Include for funded research. Otherwise delete.]

The sponsor/funder *[Insert name of sponsor/funder]* is paying [research agency] to conduct the study.

[Include for all research involving more than minimal risk. Otherwise delete.]

If you become ill during this study, please contact Dr. [name] at telephone no. (XXX) XXX-XXXX. If you require immediate medical attention, you should go to the nearest emergency room or call 9-1-1. It is important that you inform all emergency medical staff that you are participating in this study.

[Use this language for internal/government funded research involving more than minimal risk. Otherwise delete.]

If a "research related injury" results from your participation in this research study, medical treatment will be provided. The costs for all your medical treatment will be billed to you and/or your insurance. A "research related-injury" means injury caused by the product or procedures required by the research which you would not have experienced if you had not participated in the research.

OR

[Use this language for industry sponsored research involving more than minimal risk. Otherwise delete.] If a "research related- injury" results from your participation in this research study, medical treatment will be provided at no cost to you and paid by the sponsor of the study. A "research related-injury" means injury caused by the product or procedures required by the research which you would not have experienced if you had not participated in the research study. You, or your medical insurance, will be responsible for other medical expenses resulting from your medical condition.

Include the following two statements.

It is important for you to follow your physician's instructions including notifying your study physician as soon as you are able of any complication or injuries that you experienced.

You will not be paid for any other injury- or illness-related costs, such as lost wages. You are not waiving any legal rights by participating in this research study.

[Include if subjects will be paid. Otherwise delete.]

If you agree to take part in this research study, we will pay you _____ *[indicate amount]* for your time and effort. *[Indicate if the amount is pro-rated for research visit completion.]*

[When applicable indicate when and how the subject will be informed of the results of the research.]

[There are three signature pages attached to this template consent. Use the signature page or pages appropriate for your study. The IRB recommends that you make separate consent documents for each signature page to be used.]

[Omit the signature page if there is no written documentation of consent.]

For interviewer use only:

☐ Consent Not Given: STOP. THANK THE PARTICIPANT FOR THEIR TIME.

☐ Consent Given: THANK THE RESPONDENT. HAND THEM A POSTCARD WITH LOCAL AND DREXEL UNIVERSITY CONTACT INFORMATION. PROCEED.

Optional signature of subject	Date
Printed name of subject	
Optional signature of person obtaining consent	Date
Printed name of person obtaining consent	

APPENDIX 16: OUTLINE OF AN ASSENT FORM FOR CHILD PARTICIPATION

Assent to take Part in Research[6]

Note: Child's assent is generally used for ages seven (7) and above depending upon the level of comprehension of the child. This should all be on one page and should be read to child/minor, if necessary.

[RESEARCH ENTITY NAME]

ASSENT FORM FOR CHILDREN/MINORS IN A RESEACH STUDY

You are being asked to participate in a research study. [Describe the study as if you were telling a story.]

[Explain who will know about the child's participation in the study. If information will be released to a third party, i.e., therapist or family physician this must be disclosed. If there is a possibility of uncovering a reportable event, this must also be disclosed. Sample language = "If we find out someone has hurt you, we must report this to a responsible adult, but not to the person who hurt you."]

Child's Assent: I have been told about the study and know why it is being done and what to do. I also know that I do not have to do it if I do not want to. If I have questions, I can ask ----------. I can stop at any time.

My parents/guardians know that I am being asked to be in this study.

_____ _____

Child's Signature Date

List of Individuals Authorized to Obtain Assent

Name	Title	Day Phone #	24 Hr. Phone #

[6] This is taken from the Drexel University Office of Research https://drexel.edu/research/compliance/human-research-protection/institutional-review-board/docs-forms/

APPENDIX 17: SAMPLE AGENDA FOR DATA COLLECTOR TRAINING

Date & Time	Agenda	Responsibility
Day 1		
10:00 – 11:30	Focus Group Discussion review	
11:30-13:00	In Depth Interview review	
Lunch: 13:00-14:00		
14:00-17:00	Structured Interview review	
	Supervisor discussion Quality control mechanisms, forming of teams for monitoring visits	
Day 2		
10.00-10.30	Welcome and Introductions	
10.30 – 13.00 am	A brief overview of Study Objectives and Design	
	Sampling Methodology - respondent categories and nature of tool to be administered	
	Q&A	
Lunch: 13:00-14:00		
14:00-17:00	Ethics and IRB Module	
	Manner of approaching households for interaction, seeking their consent, apart from general etiquettes of interviewing	
Day 3		
9:30 – 10:00 am	**Core Structured Questionnaire**	
	Filter questions (to establish eligibility and identify respondents)	
	Section on Background and Socio-Economic Demographic Profile	
	Q&A	
10:00 – 11:30	**Section B: Defining Disabilities**	
	Participant Self definition	
	Participant Understanding of CRPD Definition of Disability	
	Q&A; Mock Interviews	

Date & Time	Agenda	Responsibility
11:30-11:45 Break		
11:45-13:00	**Section B: Defining Disabilities**	
	Attributes of an average child (semantic differential)	
	Section C: Contact with Children	
	Amount of contact	
	Description of contact	
	Q&A	
Lunch: 13:00 – 14:00		
14:00 – 15:30 pm	**Section D: Attitudes**	
	Attitudes toward children with disabilities	
	Attitudes toward families with children with disabilities	
Break: 15:30-15:45		
15:45 – 17:00	**Section D: Attitudes (cont.)**	
	Attitudes toward Children with Disabilities and Inclusive Education	
	Teachers' attitudes towards Inclusive Education	
	Q&A	
Day 4		
09:30 – 11:30	**Section E: Social Norms**	
	Brief introduction of vignettes	
	Social Norms around Child Abandonment	
	Social Norms around Inclusive Education	
Break: 11:30-11:45		
11:45-13:00	Section E: Social Norms	
	Social Norms around Human Rights	
	Q&A and mock interviews	
Lunch: 13:00 – 14:00		

Date & Time	Agenda	Responsibility
14:00 – 17:00	**Section F: Stigma**	
	Stigma toward Children with Disabilities	
	Social Stigma toward Children with Disabilities	
	Self-Stigma of Caregivers of Children with Disabilities	
	Personal Opinion of Stigma toward Children with Disabilities	
	Opinion of Public Stigma toward Children with Disabilities	
	Self-Stigma toward Children with Disabilities	
Day 5		
09:30-10:30	Section G: Social Distance	
10:30 – 11:30 Recap of entire questionnaire		
Break: 11:30-11:45		
11:45-13:00	Conduct participatory mock interviews	
Lunch: 13:00-14:00		
14:00–17:00	**CAPI practice for data collectors**	
	Conduct participatory mock interviews (continued)	
	Debrief	
Day 6		
09:00 – 17:00	**Field Work**	
	Focus groups, in-depth interviews	
Day 7		
10:00 – 14:00	Debriefing session	

Section	
A) Background Variables	
	• Training should focus on making the respondents to feel comfortable to give truthful responses, such as the technique of turning the CAPI device to the respondent to select the answer for the income bracket. • This section can also be used to develop a rapport between data collector and respondent, as the more "sensitive" information is not yet being discussed.
B) Defining Disabilities	
B1: Participant self-definition of disabilities	• The lower than anticipated identification of disabilities by professionals could be due to their understanding of the difference between disability, impairment, and functionality. Therefore, it is recommended to train data collectors to explain the desired intent of this section. • Train data collectors to use standard definitions/explanations of the questions for when a respondent says they don't know about that type of impairment (e.g. autism). Make sure data collectors understand the difference in coding spontaneous and prompted responses.
B2: Participant understanding of the CRPD Definition of disability	• Some of these questions may cause discomfort for respondents. Data collector training is critical to encouraging respondents to provide an answer.
B3: Attributes of an average child without disability B4: Attributes of an average child with disabilities	• Data collectors need to focus on how to explain the scale to respondents. The scale should be printed out to help them visualize.
C) Contact with Children with Disabilities	
C1: Amount of Contact with Children with Disabilities	• C1.3 is a multiple response questions, i.e. they may have contact with more than one child with a disability. Make sure CAPI is programmed to allow for multiple responses and to request an answer for C1.4 for each response in C1.3. Make sure data collectors understand this progression.
C2: Description of Contact with Children with Disabilities	• Coach data collectors on dealing with discomfort, specifically around negative reactions to contact with children with disabilities. Use information from the pretest on which questions are likely to cause discomfort.
D) Attitudes	
D1: Attitudes towards	• For D1.1 to D1.18: Make sure data collectors understand the

children with disabilities	intention of the questions with the various stakeholders. For Children without disabilities we want their opinions. For caregivers of children without disabilities and children with disabilities, we want to know how they feel about their children doing/feeling certain things. • For D1.19 to D1. 29: We want respondents to answer these in relation to a child without a disability.
D2: Attitudes towards families with children with disabilities	• Coach data collectors on dealing with discomfort, specifically around negatively worded attitudes. Use information from the pretest on which questions are likely to cause discomfort.
D3: Attitudes towards Children with Disabilities and Inclusive Education	• Coach data collectors on dealing with discomfort, specifically around negatively worded attitudes. Use information from the pretest on which questions are likely to cause discomfort.
D4: Attitudes of professional groups towards inclusive education	• Train the data collectors to understand the word "willing." It's not about what they can do given the circumstance, but what they would do if they were able.
E) Social Norms	
E1-E2: Social Norms around Child Abandonment	• Train data collectors to read the vignettes slowly, remind respondents of key details (age, disability type) while asking questions, and to give respondents a copy of the vignette to refer to. • Train data collectors to probe further if respondents give "I do not know responses" and/or want to relegate decision making to others • Train data collectors how to define the reference group or "others whose opinions you care about" in different ways so respondents understand
E3-E6: Social Norms around Inclusive Education	
E7-E10: Social Norms around Human Rights	
F) Stigma	
F1: Stigma Faced by Children with Disabilities and their Caregivers	• Sensitivity training
F2: Social Stigma towards families of children with Disabilities	• Sensitivity training
F3: Self-stigma of Caregivers of Children with Disabilities	• Sensitivity training • Additional training on why the questions are being asked and how to specifically ask and code these questions
F4: Personal Opinion of Stigma Toward Children with Disabilities	• Sensitivity training
F5: Opinion of Public Stigma Toward	• Sensitivity training

Children with Disabilities	
F6: Self-Stigma among Children with Disabilities	• Sensitivity training
G) Social Distance	
G1-G2: Social Distance from Child age 6-11	• Train data collectors to read the vignettes slowly, remind respondents of key details (age, disability type) while asking questions, and to give respondents a copy of the vignette to refer to.

Qualitative Tools	
Activity	**Recommendations**
Free Listing	• This activity is really aiming to understand what participants feel when they think of a child with disabilities, not what children with disabilities feel or types of disabilities. Train facilitators to probe when participants are not giving answers that truly answer the question at hand.
2x2 Tables	• Explain the reference group (people whose opinions matter) to participants using the social network map • Facilitators should encourage participants to choose the quadrant that best aligns with their attitudes and beliefs • For social sanctions, probe if respondents are only giving sanctions that refer to the child directly, not society
Pile Sorts (adults)	• While it is important to capture first impressions, it is also critical to document when people change their minds. Record disagreement and 'changes of course', as well as the context that brought it about, clearly on transcripts
Empathy Mapping	• How to encourage participants to reflect on the current situation and how it should be changed to achieve a society-free of discrimination. Participants tended to say "it's impossible" so facilitators need to be trained not to stop there and acknowledge that while this is true (as seen in the 'current' map) they should envision what, hypothetically, society would look like if it was free of discrimination
Pile Sorts (children)	• Fixed point of comparison for children with intellectual disabilities, such as friends, classmates, or siblings without disabilities • Using the images in tandem with terms for children with intellectual disabilities
Social Distance Mapping	• Fixed point of comparison for children with intellectual disabilities, such as friends, classmates, or siblings without disabilities
Same or Different	• Fixed point of comparison for children with intellectual disabilities, such as friends, classmates, or siblings without disabilities
In-depth interviews with professionals	• None

Measuring Discriminatory Attitudes and Social Norms towards Children with Disabilities

Caregiver Focus Group Discussion

Data Entry Guide

INTRODUCTION

This document provides step by step instructions to enter the qualitative data from the focus group discussions (FGDs) held with caregivers of children with and without disabilities. The data has been extracted from transcripts and will now be entered into Excel templates.

PARTICIPANT DEMOGRAPHICS

Start with: FGD transcripts

What you're looking for: You're looking for the demographics of each individual participant in the FGDs. Note, this should not include identifying information like names or phone numbers.

How to enter the data:

1. Open the Excel file "FGD Participant Demographics Template."
2. Fill in the serial number consecutively for each participant in Column A, "S. No." as you enter the data, i.e. 1, 2, 3, etc.
3. Enter the unique code that was assigned to the FGD into Column B. This will be the same for all the participants in a single FGD.
4. Enter the total number of participants in that FGD in Column C, "No. of Participants." This will be the same for all the participants in a single FGD.
5. Enter the stakeholder type in Column D, "Stakeholder Type," using the codes:
   1 = Caregivers of children with physical disabilities
   2 = Caregivers of children with intellectual disabilities
   3 = Caregivers of children without disabilities
   This will be the same for all the participants in a single FGD.
6. Enter the impairment type on which the questions were based in Column E, "Impairment Type," using the codes:
   1 = physical disabilities
   2 = intellectual disabilities
   This will be the same for all the participants in a single FGD.
7. Enter the participant's age in years in Column G.
8. Enter the participant's gender in Column H, using the codes:
   1 = Male

2 = Female.

9. Enter the participant's ethnicity in Column I, using the codes from your structured interview. For example, in North Macedonia the codes were:

   1 = Macedonian
   2 = Albanian
   3 = Roma
   4 = Serbian
   5 = Bosniak
   777 = other.

10. Enter the participant's level of education in Column J, using the codes from your structured interview. For example, in North Macedonia the codes were:

    1 = Elementary/Primary School
    2 = High/Secondary School
    3 = University
    4 = Masters
    5 = Doctorate
    777 = Other

11. Enter the participant's employment status in Column K, using the codes from your structured interview. For example, in North Macedonia the codes were:

    1 = Employed
    2 = Unemployed
    3 = Housewife
    777= other

12. Enter the participant's town of residence in Column L, using the codes from your structured interview. For example, in North Macedonia the codes were:

    1 = Skopje
    777 = Other

13. Save the file as "FGD Participant Demographics Data MM.DD.YY"

ACTIVITY A: FREE LISTING

Start with: FGD Transcripts; Free Listing diagram pictures; Free Listing Data Entry Template

What you're looking for: The transcript will contain responses to the question "what words would you choose to describe a child with physical/intellectual disabilities?" Participants were also asked to categorize those words as one of three statements (See Figure 1) and explain why they categorized it as

1. Children with disabilities are persons with an illness and need to be treated by doctors.
2. Children with disabilities need the help of others to survive.
3. Children with disabilities have the same rights as all other children, so communities need to change the environment to support them to participate fully.

FIGURE 49 MODELS OF DISABILITY

such. Lastly, participants were asked to categorize the words as either positive or negative. So, you will be looking for 1) the words; 2) the disability model category and the reasons; 3) the positive/negative connotation and the reasons.

How to enter the data:

1. Open the Excel file called "FGD Free Listing Data Entry Template."
2. From the demographic information of the transcript, fill in columns A through E. Note, each FGD will be on a separate row.
    a. Fill in the serial number in Column A, "S. No." consecutively as you enter the data, i.e. 1, 2, 3, etc.
    b. Enter the unique code that was assigned to the FGD into Column B, "FGD Unique Code."
    c. Enter the total number of participants in Column C, "No. of Participants."
    d. Enter the stakeholder type in Column D, "Stakeholder Type," using the codes:
        1 = Caregivers of children with physical disabilities
        2 = Caregivers of children with intellectual disabilities
        3 = Caregivers of children without disabilities
    e. Enter the impairment type that the questions were based on in Column E, "Impairment Type," using the codes:
        1 = physical disabilities
        2 = intellectual disabilities
3. Read through the transcript until you reach the first word/phrase given in response to the prompt. Replace the term "Word" in the HEADER (Row 1) of Column F with this word from the transcript. For example if a participant said "strong," then the column header would be changed to Strong_1 Then enter the number 1 in Column F in the row corresponding to the FGD.
4. Now look for the categorization of the word (by reading the transcript or looking at the diagram and finding the colour in which the word was underlined). Note a word may be categorized as more than one statement.
    a. If the word was categorized as the first statement, place a 1 under Column G (W_1_1S) in the row corresponding to the FGD.
    b. If the word was categorized as the second statement, place a 1 under Column H (W_1_2S) in the row corresponding to the FGD.
    c. If the word was categorized as the third statement, place a 1 under Column I (W_1_3S) in the row corresponding to the FGD.
5. Record a succinct statement that summarizes the reason given for this placement in Column J (Reasons_W_1_S_1). If more than one reason was given, add additional columns with the naming convention "Reasons_W_1_S_#" where # is the reason number.
6. If the word was categorized as positive, place a 1 under Column K (W_1_P) in the row corresponding to the FGD. If it was categorized as negative, place a 0 in this column instead.

7. Record a succinct statement that summarizes the reason given for this placement in Column M (Reasons_W_1_PN_1). If more than one reason was given, add additional columns with the naming convention "Reasons_W_1_PN_#" where # is the reason number.
8. Repeat Steps 3-7 with the next word, "Word_2" and again with the next word "Word_3." Continue to add more columns as necessary to accommodate additional words. As you add columns for additional words, be sure to add columns corresponding to the categorization of the word by disability model (including reasons) and as positive or negative (including reasons).
9. To enter the data from each subsequent FGD, follow Steps 1-8 with one variation: words will not be entered in the same order. For words that are already listed in the column header, enter the number 1 in the corresponding column for each FGD and follow Steps 4-8. If the word is not already listed, follow the process of adding columns from Step 8.
10. Save the file as "FGD Free Listing Data MM.DD.YY"

ACTIVITY B: 2X2 TABLES FOR SOCIAL NORMS

Start with: FGD Transcripts; Two 2x2 Table pictures for each FGD; FGD 2x2 Data Entry Template.

What you're looking for: Each FGD was read a (different, but in similar format) vignette, then asked questions related to that vignette. Participants were asked if they approved of an action/behaviour and whether or not they think others whose opinions matter to them approve of that action/behaviour. Moderators captured these responses by placing them into one of four quadrants in the 2x2 approval table. Participants were then asked what they think others whose opinions matter to them would do in that scenario, and what those people would expect them to do. These responses were recorded in the 2x2 behavioural expectations table. The moderator then probed for reasons why participants responded as they did, using four questions. So, you'll be looking for 1) the number of participants who fall in each quadrant on the "approval" table; 2) the number of participants who fall in each quadrant on the "behaviour expectations" table; and 3) reasons, rewards, and sanctions that correspond to their responses.

How to enter the data:

1. Open the Excel file called "FGD 2x2 Data Entry Template"
2. From the demographic information of the transcript, fill in columns A through F for the first FGD. Note, each FGD will be on a separate row.
    a. Fill in the serial number in Column A, "S. No." consecutively as you enter the data, i.e. 1, 2, 3, etc.
    b. Enter the unique code that was assigned to the FGD into Column B, "FGD Unique Code."
    c. Enter the total number of participants in Column C "No. of Participants."
    d. Enter the stakeholder type in Column D, "Stakeholder Type," using the codes:
        1 = Caregivers of children with physical disabilities
        2 = Caregivers of children with intellectual disabilities

3 = Caregivers of children without disabilities

e. Enter the impairment type on which the questions were based in Column E, "Impairment Type," using the codes:
   1 = physical disabilities
   2 = intellectual disabilities
f. Enter the vignette number used with caregivers of peers (there will be no vignette number for caregivers of a child with a disability) in Column F, "Vignette and Disability."
   1 = Abandonment, 0-3, Physical
   2 = Abandonment, 0-3, Intellectual
   3 = Inclusive Education, 3-6, Physical
   4 = Inclusive Education, 3-6, Intellectual
   5 = Inclusive Education, 6-11, Physical
   6 = Inclusive Education, 6-11, Intellectual
   7 = Human Rights, 3-6, Physical
   8 = Human Rights, 3-6, Intellectual
   9 = Human Rights, 6-11, Physical
   10 = Human Rights, 6-11, Intellectual

3. Using the transcript, identify the first person on the family level of the social ecological model whose opinion matters to participants. Replace the "1" in Column H header, "Family_1," with the family member (i.e. Father, Mother, Aunt, Uncle, or other such general terms). Then enter a 1 under that column in the row corresponding to the FGD. For example, if the first family member mentioned was Father, the Column heading would be changed to "Family_Father
   a. If participants listed more than one family member whose opinions matter to them, add additional columns using the naming convention "Family_[term]" where [term] is the type of family member. Then enter a 1 under that column in the row corresponding to the FGD.
4. Repeat Step 3 for the community members, column "Community_1," and members of society, column "Society_1," whose opinions participants said are important to them.
5. Using the transcript and the picture of the 2x2 approval table for the first FGD, enter the number of responses in Quadrant 1 (top left; see Figure 2) in the column titled "A1." Repeat for Quadrant 2 (top right) column "A2," Quadrant 3 (bottom left) column "A3," and Quadrant 4 (bottom right) column "A4."
6. Using the transcript and the picture of the 2x2 behaviour expectation table, enter the number of responses in Quadrant 1 (top left; see Figure 3) in the column titled "B1." Repeat for Quadrant 2 (top right) column "B2," Quadrant 3 (bottom left) column "B3," and Quadrant 4 (bottom right) column "B4."
7. From the transcript, record the first reason given for why the participants answered as such in the column titled "Reason 1." Put each reason in its own column, adding additional columns as

necessary. The reasons can be free-text but try to keep them succinct. Where possible, use a single word or phrase.

   a. To add another reason column, follow the naming convention "Reason #" where # is the reason number (use consecutive numbering).
   b. If possible, and depending on how the data was entered, put an identifier pertaining to which quadrant the reason(s) is related to. For example, add Q1 in parentheses for reasons for Quadrant 1. Alternatively, put the topic in parentheses (i.e. institutionalisation OR general school) to denote which the reason is in reference to.

8. Use the transcript to approximate the extent to which the participants' behaviour in this situation would be driven by motivations to comply with what others expect of them by entering a code in the column titled "To what extent" using the codes:

   1 = Not at all
   2 = A small extent
   3 = A moderate extent
   4 = A great extent
   5 = Completely

9. Record any explanation for the extent (Step 6) in the column "Explanation of Extent 1." Put each explanation in its own column, adding additional columns as necessary. The explanations can be free-text but keep them succinct. Where possible, use a single word or phrase.
   a. To add another reason for the extent to which their decision would be made on the opinions of others, use the naming convention "Explanation of Extent #" where # is the explanation number (use consecutive numbering).
10. From the transcript, record the first reward/benefit/positive consequence for acting a certain way in the column titled "Reward 1." Put each reward/benefit in its own column, adding additional columns as necessary. The rewards/benefits/positive consequences can be free-text but try to keep them succinct. Where possible, use a single word or phrase.
   a. To add another reward column, use the naming convention "Reward #" where # is the reward number (use consecutive numbering).
   b. If possible, and depending on how the data was entered, put an identifier pertaining to which quadrant the rearward(s) is related to. For example, add B1 in parentheses for rewards for Quadrant 1 of the behavioural expectations table. Alternatively, put the topic in parentheses (i.e. institutionalisation OR general school) to denote which quadrant the reward is in reference to.
11. From the transcript, record the first sanction/punishment/negative consequence for acting a certain way in the column titled "Sanction 1." Put each sanction in its own column, adding additional columns as necessary. The sanctions/punishments/negative consequences can be free-text but try to keep them succinct. Where possible, use a single word or phrase.

a. To add another sanction column, use the naming convention "Sanction #" where # is the sanction number.
b. If possible, and depending on how the data was entered, put an identifier pertaining to which quadrant the sanction(s) is related to. For example, add A1 in parentheses for sanctions for Quadrant 1 of approval table. Alternatively, put the topic in parentheses (i.e. institutionalisation OR general school) to denote which quadrant the sanction is in reference to.

12. Repeat Steps 1-11 for each subsequent FGD, with each FGD on its own row.
13. Save the file as "FGD 2x2 Data MM.DD.YY"

ACTIVITY C: PILE SORTS

Start with: FGD Transcripts; FGD Pile Sorts Data Entry Template

What you're looking for: Participants were asked to sort cards with adjectives on them into one of four boxes: "children with disabilities," "children without disabilities," "both," and "neither." The transcript will contain a list of the words in each box along with reasons why the participants placed it in that box (and any disagreement with the placement). So, you're looking for 1) which box each word was placed in and 2) the reason why.

How to enter the data:

1. Open the Excel file called "FGD Pile Sorts Data Entry Template."
2. From the demographic information of the transcript, fill in columns A through E. Note, each FGD will be on a separate row.
    a. Fill in the serial number in Column A "S. No." consecutively as you enter the data, i.e. 1, 2, 3, etc.
    b. Enter the unique code that was assigned to the FGD into Column B, "FGD Unique Code."
    c. Enter the total number of participants in Column C, "No. of Participants."
    d. Enter the stakeholder type in Column D, "Stakeholder Type," using the codes:
        1 = Caregivers of children with physical disabilities
        2 = Caregivers of children with intellectual disabilities
        3 = Caregivers of children without disabilities
    e. Enter the impairment type on which the questions were based in Column E, "Impairment Type," using the codes:
        1 = physical disabilities
        2 = intellectual disabilities
3. In the transcript, the facilitator read out the words one at a time (see Table 1). Each word is listed as a column header (in alphabetical order) on the template.

Social	Withdrawn

Hardworking (active)	Lazy (passive)
Cheerful	Sad
Independent (Strong)	Dependent (helpless)
Positive (optimistic)	Fearful (afraid)
Brave (powerful)	Negative (pessimistic)
Confident	Insecure

4. Enter the number "1" in the row corresponding the FGD under Column F "D_Social" if the participant decided that the word "social" applies only to children with disabilities.
5. Enter the number "1" in the row corresponding the FGD under Column G "P_Social" if the participant decided that the word "social" applies only to children without disabilities.
6. Enter the number "1" in the row corresponding to the FGD under Column H "B_Social" if the participant decided that the word "social" applies to both children with and without disabilities.
7. Enter the number "1" in the row corresponding to the FGD under Column I "N_Social" if the participant decided that the word "social" does not apply to either children with or without disabilities.
8. Record the reason that the participant thinks the word "social" fits into that category in the column titled "Reason_1_Social" (Column J). If there was more than one reason given, add additional reason columns as necessary following the naming convention "Reason_#_[word]" where [word] is the term that was categorized and # is the reason number (using consecutive numbering).
9. If the moderator reported disagreement with an estimated proportion, record that number in "Disagreement Proportion_Social"
10. Repeat steps 3-8 for each of the words, noting that the column names will follow the same convention but with each term replacing the word "social" (except for hardworking which is named HW) as described in the steps above.
11. Save the file as "FGD Pile Sorts Data MM.DD.YY"

ACTIVITY D: EMPATHY MAPPING

Start with: FGD Transcripts; Empathy Map pictures for each FGD; FGD Empathy Mapping Data Entry Template.

What you're looking for: This activity asks participants to think about society today versus a society free from discrimination. Participants are asked to describe what they say and do, understand and feel, hear, and see in both societies. So, you'll be looking for 1) short words and phrases describing the society and 2) the categorization of that word or phrase.

How to enter the data:

1. Open the Excel file called "FGD Empathy Mapping Data Entry Template."

2. From the demographic information of the transcript, fill in columns A through E. Note, each FGD will be on a separate row.
    a. Fill in the serial number in Column A "S. No." consecutively as you enter the data, i.e. 1, 2, 3, etc.
    b. Enter the unique code that was assigned to the FGD into Column B, "FGD Unique Code."
    c. Enter the total number of participants in Column C, "No. of participants."
    d. Enter the stakeholder type in Column D, "Stakeholder Type," using the codes:
        1 = Caregivers of children with physical disabilities
        2 = Caregivers of children with intellectual disabilities
        3 = Caregivers of children without disabilities
    e. Enter the impairment type on which the questions were based in Column E, "Impairment Type," using the codes:
        1 = physical disabilities
        2 = intellectual disabilities
3. In the transcript, find the first idea that the participants had for things they see in the current society. Replace the "1" in the HEADER of Column F, "Current_see_1," with the idea (using a succinct word or phrase). For example, if they see "people being friendly to everyone," then you would change the header to "Current_see_friendly." Then enter the number 1 in Column F in the row corresponding to the FGD.
    a. Add additional columns as needed for all of the unique ideas that participants had for things that they see in the current society using the naming convention "Current_see_[term/phrase]," replacing 'term/phrase' with a succinct statement for each thing they see.
4. Repeat the same process in Step 3 for what they hear ("Current_hear_1"), say or do ("Current_say/do_1"), and understand and feel ("Current_understand/feel_1").
5. In the transcript, find the first idea that the participants had for things they see in the society free of discrimination. Replace the "1" in the HEADER of the column titled "Future_see_1" with the idea (using a succinct word or phrase). Then place a 1 in that column in the row corresponding to the FGD.
    a. Add additional columns as needed for all of the unique ideas that participants had for things that they see in the society free of discrimination using the naming convention "Future_see_[term/phrase]," replacing 'term/phrase' with a succinct statement for each thing they see.
6. Repeat the same process in step 5 for what they hear ("Future_hear_1"), say or do ("Future _say/do_1"), and understand and feel (Future_understand/feel_1).
7. Find in the transcript the explanation participants gave for why they placed the term under "see." Replace the "1" in the column with the HEADER "Explanation_see_1" with the term/phrase that the explanation corresponds to. Note that not all the terms or phrases may be explained.

    a. Add additional columns as needed for explanations corresponding to the same term/phrase using the naming convention 'Explanation_see_[term/phrase]_#' replacing '[term/phrase]' with the succinct statement the explanation corresponds to and # is the explanation number (use consecutive numbering).
8. Add additional explanations for things that they see for other terms by adding column using the naming convention in step 7.
9. Repeat the process in steps 7 and 8 for the explanations corresponding to things they hear ("Explanation_hear_1"), say/do ("Explanation_say/do_1"), and understand/feel ("Explanation_understand/feel_1")
10. Find in the transcript the things that participants said they can do to achieve the change that the terms/phrases represent. Use a succinct phrase to summarize what the participants said they need to do to achieve change for each respective empathy map quadrant ("Achieve_see_1," "Achieve_hear_1," "Achieve_see/do_1," and "Achieve_ understand/feel_1").
    a. Note that these changes may be generalized, meaning they are overall changes, not for each quadrant of the empathy map. In this case, use the naming convention "Achieve_change."
11. Find in the transcript where respondents said who has the responsibility to make change. Replace the "1" in the column HEADER "Responsibility_1" with the name of this person or organization.
    a. Add additional columns for multiple responses to who is responsible using the naming convention "Responsibility_[person or organization]," replacing '[person or organization]' with the name of the person or organization.
12. Find in the transcript where the participants stated what they can personally do to affect change. Create a succinct term that summarizes each unique idea and replace the "1" in the HEADER "You_1" with that term.
    a. Add additional columns for multiple responses using the naming convention "You_[term/phrase]," replacing '[term/phrase]' with the succinct statement that summarizes each unique idea.
13. To enter the data from each subsequent FGD follow steps 1-12 with one variation: you will not necessarily enter the words in the same order. If the idea is already listed as a column header, enter the number 1 in that column in the row for the corresponding FGD. If the idea was not previously listed, create a new column following the naming conventions outlined above.
    a. Note that ideas may be repeated in different quadrants of the empathy map. That is fine, just be sure to place ideas under the correct quadrant by checking the second word in each of the column headers (i.e. see, hear, say/do, and understand/feel.
14. Save the file as "FGD Empathy Mapping Data MM.DD.YY"

Measuring Discriminatory Attitudes and Social Norms towards Children with Disabilities

Children With and Without Disabilities

In-depth Interview Data Entry Guide

INTRODUCTION

This document provides step by step instructions to enter the qualitative data from the in-depth interviews held with children with and without disabilities. The data has been extracted from transcripts and will now be entered into Excel templates.

ACTIVITY A: PILE SORTS

Start with: IDI Transcripts; IDI Pile Sorts Data Entry Template

What you're looking for: Participants sorted cards with adjectives on them into one of four boxes: "children with disabilities," "children without disabilities," "both," and "neither." The transcript will contain a list of the words in each box along with reasons why the participants placed it in that box. So, you're looking for 1) which box each word was placed in and 2) the reason why.

How to enter the data:

1. Open the Excel file called "IDI Pile Sorts Data Entry Template."
2. From the demographic information of the transcript, fill in columns A through G. Note, each IDI will be on a separate row.
    a. Fill in the serial number in Column A, "S. No." consecutively as you enter the data, i.e. 1, 2, 3, etc.
    b. Enter the unique code that was assigned to the IDI into Column B, "IDI Unique Code."
    c. Enter the stakeholder type in Column C, "Stakeholder Type," using the codes:
        1 = Children with physical disabilities
        2 = Children with intellectual disabilities
        3 = Children without disabilities
    d. Enter the participant's age in years in Column D.
    e. Enter the participant's gender in Column E, using the codes:
        1 = Male
        2 = Female.
    f. Enter the participant's level of education in Column F, using the codes:
        1 = _____ [Fill in to match the codes used in the structured interview]
    g. Enter the participant's town of residence in Column G, using the codes:
        1 = _____ [Fill in to match the codes used in the structured interview]

3. In the transcript, the facilitator read out the words one at a time:

Good	Bad
Happy	Sad
Alone	Together
Hardworking (active)	Lazy (passive)

Enter the number "1" in the row corresponding to the IDI under column H "D_Good" if the child said that the word "good" applies only to children with disabilities.

4. Enter the number "1" in the row corresponding to the IDI under column I "P_Good" if the child said that the word "good" applies only to children without disabilities.
5. Enter the number "1" in the row corresponding to the IDI under column J "B_Good" if the child said that the word "good" applies to both children with and without disabilities.
6. Enter the number "1" in the row corresponding to the IDI under column K "N_Good" if the child said that the word "good" does not apply to either children with or without disabilities.
7. Place a "1" in the column titled "Did not understand" in the row corresponding to the IDI if the child did not understand the word.
8. Place a "1" in the column titled "Doesn't know" in the row corresponding to the IDI if the child did not know where to categorize it despite help from the moderator(s).
9. Record the reason that the participant thinks the word "good" fits into that category in the column titled "Reason_1_Good". If there was more than one reason given, add additional reason columns as necessary following the naming convention "Reason_#_[word]" where '[word]' is the term that was categorized and # is the reason number (using consecutive numbering).
10. Repeat Steps 3-9 for each of the words in Figure X, noting that the column names will follow the same convention but with each term replacing the word "good" (except for hardworking which is named HW) as described in the steps above.
11. Save the file as "IDI Pile Sorts Data MM.DD.YY"

ACTIVITY B: SOCIAL DISTANCE MAPS

Start with: IDI Transcripts; Pictures of Social Distance Maps, IDI Social Distance Mapping Data Entry Template

What you're looking for: Participants placed sorted cards with adjectives on them into one of four boxes: "children with disabilities," "children without disabilities," "both," and "neither." The transcript will contain a list of the words in each box along with reasons why the participants placed it in that box. So, you're looking for 1) which box each word was placed in and 2) the reason why.

How to enter the data:

1. Open the Excel file called "IDI Social Distance Mapping Data Entry Template."

2. From the demographic information of the transcript, fill in columns A through G. Note, each IDI will be on a separate row.
    a. Fill in the serial number in Column A, "S. No." consecutively as you enter the data, i.e. 1, 2, 3, etc.
    b. Enter the unique code that was assigned to the IDI into Column B, "IDI Unique Code."
    c. Enter the stakeholder type in Column C, "Stakeholder Type," using the codes:
        1 = Children with physical disabilities
        2 = Children with intellectual disabilities
        3 = Children without disabilities
    d. Enter the participant's age in years in Column D
    e. Enter the participant's gender in Column E, using the codes:
        1 = Male
        2 = Female
    f. Enter the participant's level of education in Column F, using the codes:
        1 = _____ [Fill in to match the codes used in the structured Interview]
    g. Enter the participant's town of residence in Column G, using the codes:
        1 = _____ [Fill in to match the codes used in the structured interview]
3. Using the transcript and the picture of the social distance map, enter the number "1" in the column(s) representing the playground equipment that the child stated they themselves actually play on (columns H-O). Make sure you are entering the "1" in the respective column in the row corresponding to the IDI.
    a. These columns have the following naming convention: S_[name of equipment]
4. Repeat Step 3 for where the participant said the other types of children play, corresponding to the following colour stickers:
    a. Child with a physical disability = blue
        i. These columns (P-W) have the following naming convention PD_[name of equipment]
    b. Child with an intellectual disability = green
        i. These columns (X-AE) have the following naming convention ID_[name of equipment]
    c. Child without a disability = orange
        i. These columns (AF-AM) have the following naming convention Peers_[name of equipment]
5. Repeat Step 3 for where the participants said all stakeholder groups play together.
    a. These columns (AN-AU) have the following naming convention T_[name of equipment]
6. Repeat Step 3 for where the participants are not playing together.
    a. These columns (AV-BC) have the following naming convention N_[name of equipment]

7. In the column "Reason 1," record the participant's reason for why children are not playing together. If there are more than one reason, add additional columns, using the naming convention "Reason #."
8. Save the file as "IDI Social Distance Mapping Data MM.DD.YY"

ACTIVITY C: SAME OR DIFFERENT?

Start with: IDI Transcripts; Same or Different Data Entry Template

What you're looking for: Participants were asked how they are the same as and different from a child with/without disabilities (depending on which they themselves are). Then they were asked a series of questions about interactions that they would or wouldn't have with a child with/without disabilities and why. So, you'll be looking for 1) the ways in which they are similar, 2) the ways in which they are different, 3) yes or no answers to interaction questions, and 4) reasons for whether they would or would not interact.

How to enter the data:

1. Open the Excel file called "IDI Same or Different Data Entry Template."
2. From the demographic information of the transcript, fill in columns A through G. Note, each IDI will be on a separate row.
    a. Fill in the serial number in Column A, "S. No." consecutively as you enter the data, i.e. 1, 2, 3, etc.
    b. Enter the unique code that was assigned to the IDI into Column B.
    c. Enter the stakeholder type in Column C, "Stakeholder Type," using the codes:
        1 = Children with physical disabilities
        2 = Children with intellectual disabilities
        3 = Children without disabilities
    d. Enter the participant's age in years in Column D.
    e. Enter the participant's gender in Column E, using the codes:
        1 = Male
        2 = Female
    f. Enter the participant's level of education in Column F, using the codes:
        1 = _____ [Fill in to match the codes used in the structured interview]
    g. Enter the participant's town of residence in Column G, using the codes:
        1 = _____ [Fill in to match the codes used in the structured interview]

For a transcript from an IDI with a child without a disability:

1. For a transcript of a child without a disability: find the first way in which the participant considers him/herself similar to a child with disabilities. Replace "Word 1" in the HEADER of Column H

titled, “S_D_Word 1,” with this word or phrase. Then place a 1 in Column H in the row corresponding to the IDI.

2. Repeat Step 3 for the other ways in which they are similar, adding additional columns if necessary, using the naming convention: “S_D_Word #” where # is the word number (use consecutive numbering).
3. Find the first way in which the participant considers him/herself different than a child with disabilities. Replace “Word 1” in the HEADER of the column titled “D_D_Word 1,” with this word or phrase. Then place a 1 in the column in the row corresponding to the IDI.
4. Repeat Step 5 for the other ways in which they are different, adding additional columns if necessary, using the naming convention: “D_D_Word #” where # is the word number (use consecutive numbering).

For a transcript from an IDI with a child with a disability:

1. Find the first way in which the participant considers him/herself similar to a child without disabilities. Replace “Word 1” in the HEADER of the column titled “S_Peers_Word 1,” with this word or phrase. Then place a 1 in the column in the row corresponding to the IDI.
2. Repeat Step 3 for the other ways in which they are similar, adding additional columns if necessary, using the naming convention: “S_Peers_Word #” where # is the word number (use consecutive numbering).
3. Find the first way in which the participant considers him/herself different from a child without disabilities. Replace “Word 1” in the HEADER of the column titled “D_Peers_Word 1,” with this word or phrase. Then place a 1 in the column in the row corresponding to the IDI.
4. Repeat Step 5 for the other ways in which they are different, adding additional columns if necessary, using the naming convention: “D_Peers_Word #” where # is the word number (use consecutive numbering).

For All Transcripts:

1. In the column “Say Hello,” record the participant’s response to the question, “Would you go up to him/her and say “Hello”?” using the codes
    i. 0 = No
    ii. 1 = Yes
2. In the column “Say Hello R1,” record the reason why the child would or would not say hello. The reasons can be free-text, but try to keep them succinct. Where possible, use a single word or phrase. If there was more than one reason given, add additional reason columns as necessary following the naming convention “[interaction] R#” where [interaction] is the action that was asked about and # is the reason number (using consecutive numbering).

3. Repeat Steps 7 and 8 for each of the remaining interaction questions: play with you and your friends at recess (“Play R1”), share your things (“Share R1”), invite to your house (“Invite R1”), share a secret (“Secret R1”).
4. To enter the data from each subsequent IDI, follow steps 1-9 with one variation: similarities and differences will not be entered in the same order. For words/phrases that are already listed in the column header, place a 1 in the corresponding column for each IDI. If the word is not already listed, follow the process of adding columns as outlined above.
5. Save the file as “IDI Same or Different Data MM.DD.YY”

APPENDIX 21: QUALITATIVE FGD DATA ANALYSIS GUIDE

INTRODUCTION

This document provides step by step instructions to analyze the qualitative data from the focus group discussions (FGDs) held with caregivers of children with and without disabilities. The data will be analyzed on Excel sheets containing coded data from transcripts.

FREE LISTING

Start with: Free Listing data entry form (completed) and this guide

What you're looking for: The most common words that participants listed overall, how words were categorized into the three models of disability and reasons why, and how words were categorized as positive and negative and reasons why.

How to analyse the data:

1. From all words (term/phrase_#) determine the most common overall and report them. To do this, calculate the frequency each word was used by adding the 1's down the respective column.
    a. Further disaggregate data by the following stakeholder types:
        i. Caregivers of peers
        ii. Caregivers of children with disabilities (can be further disaggregated by disability type)
2. Calculate the frequencies each term/phrase was categorized as the first statement ([term/phrase]_#_1S) by adding all the 1s down the respective columns. Report the most frequent overall and by the following stakeholder types:
    a. Caregivers of peers
    b. Caregivers of children with disabilities (can be further disaggregated by disability type)
3. Repeat Step 2 for the second category ([term/phrase]_#_2S) and third category ([term/phrase]_#_3S).
4. Report the most common reasons respondents reported for why they placed that term in the category. Depending on how the session was run, reasons may or may not be organized by

category. If they were, report results by category. Either way, report the most frequent overall and by the following stakeholder types:

   a. Caregivers of peers
   b. Caregivers of children with disabilities (can be further disaggregated by disability type)

5. Calculate the frequencies each term/phrase was categorized as positive ([term/phrase]_#_P) by adding all the 1s down the respective columns. Report the most frequent overall and by the following stakeholder types:
   a. Caregivers of peers
   b. Caregivers of children with disabilities (can be further disaggregated by disability type)
6. Calculate the frequencies each term/phrase was categorized as negative ([term/phrase]_#_N) by adding all the 1s down the respective columns. Report the most frequent overall and by the following stakeholder types:
   a. Caregivers of peers
   b. Caregivers of children with disabilities (can be further disaggregated by disability type)
7. Report the most common reasons respondents reported for why the term was categorized as positive or negative. Depending on how the session was run, reasons may or may not be organized by connotation. If they were, report results by the positive or negative connotation. Either way, report the most frequent overall and by the following stakeholder types:
   a. Caregivers of peers
   b. Caregivers of children with disabilities (can be further disaggregated by disability type)

SOCIAL NORMS: 2X2 TABLES

Start with: FGD 2x2 data entry form (completed) and this guide

What you're looking for: The quadrants that participants fell into for the 2x2 activity for the three domains (abandonment, human rights, and inclusive education), as well as the associated reasons, rewards, and sanctions.

How to analyse the data:

1. Calculate and report the total number of respondents that fell into each quadrant of the approval and behaviour/expectation tables for abandonment.
   a. Calculate and report the number of parents with children without disabilities that fell into each quadrant.
   b. Calculate and report the number of parents with Children with disabilities that fell into each quadrant (can be further disaggregated by disability type).
2. Calculate and report the total number of respondents that fell into each quadrant of the approval and behaviour/expectation tables for inclusive education.

    a. Calculate and report the number of parents with children without disabilities that fell into each quadrant.
    b. Calculate and report the number of parents with Children with disabilities that fell into each quadrant (can be further disaggregated by disability type).
3. Calculate and report the total number of respondents that fell into each quadrant of the approval and behaviour/expectation tables for human rights.
    a. Calculate and report the number of parents with children without disabilities that fell into each quadrant.
    b. Calculate and report the number of parents with Children with disabilities that fell into each quadrant (can be further disaggregated by disability type).
4. Report the most common reasons respondents reported in each of the three domains.
5. Calculate and report the frequency that respondents fell into each of the five categories (1 = Not at all 2 = A small extent 3 = A moderate extent 4 = A great extent 5 = Completely) for whether their response would be influenced by others for each of the three domains.
6. Report the most common reasons respondents reported for why their response would or would not be influenced by others in each of the three domains.
7. Report the most common rewards respondents reported in each of the three domains.
8. Report the most common sanctions respondents reported in each of the three domains.

PILE SORTS

Start with: FGD Transcripts; Pile Sorts Data Entry Template

What you're looking for: Participants sorted cards with adjectives on them into one of four boxes: "children with disabilities," "children without disabilities," "both," and "neither." The transcript will contain a list of the words in each box along with reasons why the participants placed it in that box. So, you're looking for 1) which box each word was placed in and 2) the reason why.

How to analyse the data:

1. Determine the frequency that each word was placed into the four categories by adding the 1's from down column.
    a. By stakeholder group, determine the frequencies for where each word was categorized.
2. Report the words that were placed in each category the most by the following stakeholder groups for IDIs:
    a. All children combined
    b. Peers
    c. Children with physical disabilities
    d. Children with intellectual disabilities

    And the following stakeholder groups for FGDs:

e. All caregivers combined
f. Caregivers of children with disabilities (may be further broken down by disability type)
g. Caregivers of children without disabilities

3. If reasons are provided, determine and report the most common.
4. Determine to frequency with which participants "did not understand" and "doesn't know". Report these words in findings.

EMPATHY MAPPING

Start with: FGD Empathy Mapping data entry form (completed) and this guide

What you're looking for: To elicit what an inclusive society, i.e. a world where all children, including children with disabilities, were treated equally and had equal opportunity, would look like and what actions an individual can take to make this possible.

How to analyse the data:

1. Determine the frequency that each term/phrase was listed in each quadrant by adding the 1's in each respective quadrant for the 'current' empathy map.
    a. Report the most common ideas from each quadrant by the following stakeholder types:
        i. Caregivers of peers
        ii. Caregivers of children with disabilities (can be further disaggregated by disability type)
        iii. All
2. Determine the frequency that each term/phrase was listed in each quadrant by adding the 1's in each respective quadrant for the 'equal' empathy map.
    a. Report the most common ideas from each quadrant by the following stakeholder types:
        i. Caregivers of peers
        ii. Caregivers of children with disabilities (can be further disaggregated by disability type)
        iii. All
3. Determine and report the most common explanations for why participants chose that item in the 'equal' map by quadrant (or overall depending on how participants approached this question).
4. Determine and report the most common things that participants identified as ways they can help affect change by quadrant (or overall depending on how participants approached this question).
5. Calculate the most frequent person or organization identified who has responsibility to affect change and report the most common. Link them to what specific changes these people or organizations are responsible for in the report.

6. Determine and report the most common ways participants themselves said that they can affect change. Link them to what the specific changes are that these things would affect in the results.

APPENDIX 22: QUALITATIVE IDI AND FGD DATA ANALYSIS GUIDE

INTRODUCTION

This document provides step by step instructions to analyse the qualitative data from the focus group discussions with caregivers and the in-depth interviews with children. The data has been extracted from transcripts (translated into English from the original [insert local language]) and entered into Excel spreadsheet templates. Sections are organized by alphabetically by activity name.

EMPATHY MAPPING

Start with: FGD Empathy Mapping Data Entry Template (completed) and this guide

What you're looking for: To elicit what an inclusive society, i.e. a world where all children, including children with disabilities, are treated equally and have equal opportunity, would look like compared to the current society, what changes would need to happen to achieve the ideal society, who is responsible for making these changes, and what actions an individual can take to make this possible.

How to analyse the data:

1. Determine the frequency that each term/phrase was identified in each quadrant of the "current" empathy map by adding the 1's in each respective column.
    a. Report the most common ideas from each quadrant by the following stakeholder types:
        i. Caregivers of peers
        ii. Caregivers of children with disabilities (can be further disaggregated by disability type)
        iii. All
2. Determine the frequency that each term/phrase was identified in each quadrant of the "future" empathy map by adding the 1's in each respective column.
    a. Report the most common ideas from each quadrant by the following stakeholder types:
        i. Caregivers of peers
        ii. Caregivers of children with disabilities (can be further disaggregated by disability type)
        iii. All

3. Determine and report the most common explanations for why participants chose that item by quadrant (or overall depending on how participants approached this question).
4. Determine and report the most common things that participants identified as ways they can help affect change by quadrant (or overall depending on how participants approached this question).
5. Calculate the most frequent person or organization identified who has responsibility to affect change and report the most common. Link them to what specific changes these people or organizations are responsible for in the results.
6. Determine and report the most common ways participants themselves said that they can affect change. Link them to what the specific changes are that these things would affect in the results.

FREE LISTING

Start with: FGD Free Listing Data Entry Template (completed) and this guide

What you're looking for: The most common words that participants listed overall, how words were categorized into the three models of disability and reasons why, and how words were categorized as positive and negative and reasons why.

How to analyse the data:

1. Determine the frequency with which each word was identified. To do this, add the 1's down the respective column pertaining to each word. Report the most common.
    a. Further disaggregate data by the following stakeholder types:
        i. Caregivers of peers
        ii. Caregivers of children with disabilities (can be further disaggregated by disability type)
2. For each word, determine the frequency that the word was categorized as the first statement by adding all the 1s down the respective columns. Report the words that were most frequently categorized into statement 1 overall and by the following stakeholder types:
    a. Caregivers of peers
    b. Caregivers of children with disabilities (can be further disaggregated by disability type)
3. Repeat Step 2 for the second category and third category.
4. Report the most common reasons respondents reported for why they placed that term in the category. Depending on how the session was run, reasons may or may not be organized by category. If they were, report results by category. Either way, report the most frequent reasons overall and by the following stakeholder types:
    a. Caregivers of peers
    b. Caregivers of children with disabilities (can be further disaggregated by disability type)

5. Calculate the frequencies of each word was categorized as positive by adding all the 1s down the respective columns. Report the words that were overall most frequently categorized as positive or negative and by the following stakeholder types:
    a. Caregivers of peers
    b. Caregivers of children with disabilities (can be further disaggregated by disability type)
6. Report the most common reasons respondents reported for why the term was categorized as positive or negative. Depending on how the session was run, reasons may or may not be organized by connotation. If they were, report results by the positive or negative connotation. Either way, report the most frequent overall and by the following stakeholder types:
    a. Caregivers of peers

Caregivers of children with disabilities (can be further disaggregated by disability type)

PILE SORTS

Start with: IDI/FGD Transcripts; Pile Sorts Data Entry Template (completed)

What you're looking for: Participants sorted cards with adjectives on them into one of four boxes: "children with disabilities," "children without disabilities," "both," and "neither." The transcript will contain a list of the words in each box along with reasons why the participants placed it in that box. So, you're looking for 1) which box each word was placed in and 2) the reason why.

How to analyse the data:

1. Determine the frequency that each word was placed into the four categories by adding the 1's down each respective column.
    a. Disaggregate by stakeholder group
2. Report the words that were placed in each category the most by the following stakeholder groups for IDIs:
    a. All children combined
    b. Peers
    c. Children with physical disabilities
    d. Children with intellectual disabilities

    And the following stakeholder groups for FGDs:
    e. All caregivers combined
    f. Caregivers of children with disabilities (may be further broken down by disability type)
    g. Caregivers of children without disabilities
3. If reasons are provided, determine and report the most common.
4. For IDIs only: determine and report the frequency with which participants "did not understand" and "doesn't know." Report these words in findings.

SAME OR DIFFERENT?

Start with: IDI Transcripts; IDI Same or Different Data Entry Template

What you're looking for: Participants were asked how they are the same as, and different from, a child with/without disabilities (depending on which they themselves are). Then they were asked a series of questions about interactions that they would or wouldn't have with a child with/without disabilities and why. So, you'll be looking for 1) the ways in which they are similar, 2) the ways in which they are different, 3) yes or no answers to interaction questions, and 4) reasons for whether they would or would not interact.

How to analyse the data:

1. Calculate the frequency that the (children without disabilities) said each word for how they are similar to a child with disabilities by adding the 1's down each column under the respective term.
    a. Determine and report the most common.
2. Calculate the frequency that the children with disabilities said each word for how they are similar to peers by adding the 1's down each column under the respective term.
    a. Determine and report the most common.
3. Calculate the frequency that the (children without disabilities) said each word for how they are different than a child with disabilities by adding the 1's down each column under the respective term.
    a. Determine and report the most common.
4. Calculate the frequency that the children with disabilities said they are different than peers by adding the 1's down each column under the respective term.
    a. Determine and report the most common.
5. Calculate the frequency that participants said they would "say hello", "play with", "share with", "invite over", and "tell a secret" to the child with/without a disability by adding the 1's down each column under the interaction type.
    a. Disaggregate responses by stakeholder type, by calculating the frequencies peers said they would do these things and children with disabilities said they would do these things.
        i. Determine the most common interaction type the peers and children with disabilities said they would do.
6. If reasons are provided, determine and report the most common by stakeholder type.

SOCIAL DISTANCE MAPPING

Start with: IDI Transcripts; Pictures of Social Distance Maps, Social Distance Mapping Data Entry Template (completed)

What you're looking for: Participants placed different coloured stickers on playground structures to represent where they would play, where "children with physical disabilities" would play, where "children with intellectual disabilities" would play, where "peers" would play, and where they would all play together. Participants provided reasons as to why they chose those playground structures and/or play together or not. So, what you're looking for is which playground structures "children with disabilities" and "peers" placed themselves and other children in, what level of social distance exists between groups, and why.

How to analyse the data:

1. Determine the frequency that each type of playground equipment was mentioned when the child was asked where they themselves play by adding the 1's down each column (H-O).
    a. Determine the most common type(s) of playground equipment that the children said they themselves play on by the following stakeholder groups:
        i. All children combined
        ii. Peers
        iii. Children with physical disabilities
        iv. Children with intellectual disabilities
2. Repeat Step 1 for all questions (where children with physical disabilities play [columns P-W], where children with intellectual disabilities play [columns X-AE], where peers play [columns AF-AM], where all children play together [AN-AU], and where participants do not play together [AV-BC]).
3. If reasons are provided, determine and report the most common.
    a. If possible, disaggregate by the following stakeholder types:
        i. All children combined
        ii. Peers
        iii. Children with physical disabilities
4. Children with intellectual disabilities

2X2 TABLES FOR SOCIAL NORMS

Start with: FGD 2x2 Data Entry Template (completed) and this guide

What you're looking for: The quadrants that participants fell into for the 2x2 activity for the three domains (abandonment, human rights, and inclusive education), the degree to which their attitudes and behaviours are influenced by others, and the reasons, rewards, and sanctions associated with different behaviours. Participants started this activity by listing people whose opinions are important to them, so you will also be defining their reference group by reporting who these people/groups are.

How to analyse the data:

1. Calculate and report the most common reference group members at each level of the social ecological model by adding the 1's down each social network map column.
    a. Report the most common overall and on the family level "Family_#," community level "Community_#," and society level "Society_#."
2. Calculate and report the total number of respondents that fell into each quadrant of the approval (Columns "A1"- "A4") and behaviour/expectation (Columns "B1"-"B4") tables for abandonment vignettes by adding the 1's in each respective column only from the rows with a 1 or 2 in Column G "Vignette."
    a. Calculate the proportion of respondents that fell into each quadrant for the approval and behaviour/expectation tables by dividing the numbers from Step 2 out of the total number of respondents for the abandonment vignettes.
3. Calculate and report the total number of respondents that fell into each quadrant of the approval (Columns "A1"- "A4") and behaviour/expectation (Columns "B1"- "B4") tables for inclusive education vignettes by adding the 1's in each respective column only from the rows with a 3, 4, 5, or 6 in Column G "Vignette."
    a. Calculate the proportion of respondents that fell into each quadrant for the approval and behaviour/expectation tables by dividing the numbers from Step 3 out of the total number of respondents for the inclusive education vignettes.
4. Calculate and report the total number of respondents that fell into each approval (Columns "A1"- "A4") and behaviour/expectation (Columns "B1"- "B4") tables for human rights vignettes by adding the 1's in each respective column only from the rows with a 7, 8, 9, or 10 in Column G "Vignette."
    a. Calculate the proportion of respondents that fell into each quadrant for the approval and behaviour/expectation tables by dividing the numbers from Step 4 out of the total number of respondents for the human rights vignettes.
5. Report the most common reasons respondents reported in each of the three domains.
6. Calculate and report the frequency that respondents fell into each of the five categories (1 = Not at all 2 = A small extent 3 = A moderate extent 4 = A great extent 5 = Completely) for whether their response would be influenced by others for each of the three domains.
7. Report the most common reasons respondents reported for why their response would or would not be influenced by others in each of the three domains.
8. Report the most common rewards respondents reported in each of the three domains.
9. Report the most common sanctions respondents reported in each of the three domains.

Notes and additional analysis:

- Data can be further disaggregated by stakeholder type (caregivers of peers versus caregivers of children with physical disabilities versus caregivers of children with intellectual disabilities) and by vignette (age of children, disability type).
- The positive-progressive behaviours for these topics are: having the child attend kindergarten (versus staying home), having the child in general school (versus special school), having the child

live at home (versus an institution), and that human rights are not supported and wanting to change the situation (versus thinking human rights are supported and not wanting to change the situation). Social norms can be analysed holistically by determining the proportion of individuals that fell into the positive-progressive quadrants for 1) approval and 2) behaviour and expectation across all three domains.

- Compare this data with the findings from the quantitative social norms data.

APPENDIX 23: CHECKLIST FOR STRONG RESEARCH REPORTS

The items below are based on UNICEF's Research/Study Report Quality Review Checklist and can be used to write successful and comprehensive inception reports as well as reports on completed research/studies.

Report Component	Description
Summary of research findings	Clean, concise, and well-organized summary of the research findings
Background & Rationale	Literature review summarising extant theory, practice and robustness of existing research. Explanation of why the research was carried out, the context in which it was undertaken, what it contributes to existing knowledge, what potential impacts it will have, how it advances work in this field of inquiry, information on ongoing or similar research, the added value of this particular research/study, and who will utilize these findings. Description of research aims and objectives, hypotheses and related research questions, conceptual frameworks and theories of change.
Research Methodology	Information and justifications covering research approach and methodology including research design, sampling strategy (sampling frame and units of measurement, calculations, sample size, populations, and discussion around representativeness of sample), definition of key variables and concepts, inclusion and exclusion criteria for respondents, participant recruitment strategy and length of involvement, data source or data collection methods, data analysis methods and ability to disaggregate data to show differences between group where applicable, discussion of strengths and weakness of research/study and other relevant methodological issues. For quantitative research, explanation of statistical models and power calculations with justification of sample size For qualitative research, explain data analysis approach and linkages to theoretical framework Inclusion of study/research timeline (e.g., Gantt chart)
Ethics	Discussion of issues related to research ethics, human rights, gender and privacy, how study applied the "do no harm" principle, how risks were mitigated through mechanisms put in place and inputs from various stakeholders, how data collection processes considered cultural, ethnic, and legal concerns. Information on how ethical approval was obtained (e.g. through IRB), use of consent/assent forms, and provision of information for respondents to contact the

	research team for follow-up
Evidence, Analysis, & Findings	Information is presented, analysed and interpreted in a systematic and logical manner with clear linkages back to the research questions, hypotheses, frameworks and theory of change. Data is disaggregated where appropriate to indicate impact or effects across groups. Transparency with sources and quality of data, data is sufficiently triangulated, clear connection are made between the evidence, findings, and recommendations/conclusions Findings consider context, provide insights into cross-cutting issues, consider issues of attribution and contribution, and are tailored for useful for a wide range of end users. Unintended and unexpected findings are identified. Recommendations are concrete and sufficiently detailed to be operationally applicable. Lessons contribute to general knowledge and are useful, valid, and reflect interests of different stakeholders.
Structure & Clarity	Logical structure, succinct Accessible and digest content and format for the intended audience (e.g., free of jargon, plain English, logical use of chapters, appropriate use of tables, graphics diagrams and other visuals, balanced across chapters, reasonable length). Explanation of review process if applicable Who carried out research is clearly denoted with appropriate acknowledgement of partners and advisory boards Mention of any conflicts of interest Annexes increase usefulness of report and contain original ToR, protocol/inception report, research framework (with research questions), and bibliography

APPENDIX 24: DISSEMINATION PLAN TEMPLATE

Dissemination plans can be organized in many different ways. This is one example of what it could contain.

Dissemination Medium	Specific Product	Audience	Release Date	Person(s) Responsible	Status	Follow-up Activities	Notes
Paper							
Face-to-face							
Online							