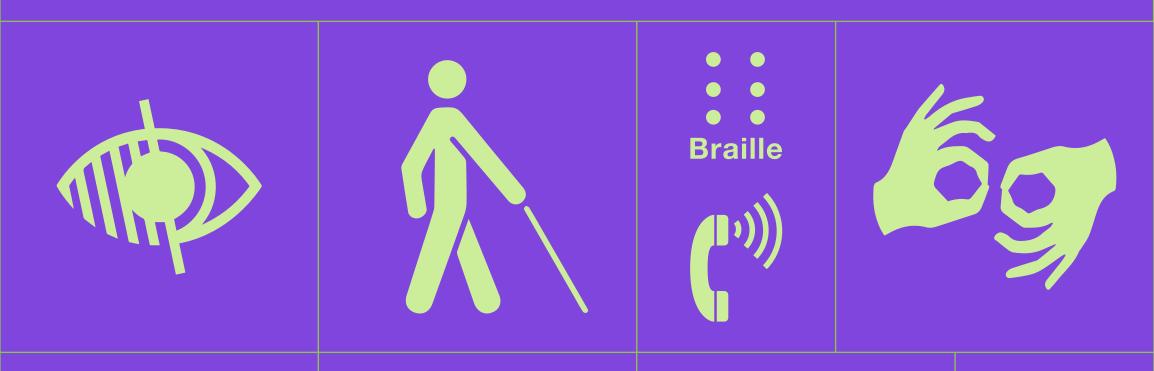


GLOSSARY OF KEY DISABILITY-INCLUSIVE TERMS









SUOMI

FINLAND





United Nations Development Programme in the Kyrgyz Republic.

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INTRODUCTION



Language Matters. People Matter.

The Disability Inclusion Glossary is a collaborative effort between civil society, state institutions, UN agencies, and UNDP to provide a comprehensive resource on disability-inclusive terminology that recognizes diversity and promotes a rights-based view of disability and people living with a disability.

The aim of the Glossary is to help us all foster a more inclusive society. Uninformed and incorrect language can be hurtful and fail to demonstrate respect for the individual. People living with a disability are worthy of respect and recognition for who they are and for the abilities they do have. They should be met with words that recognize the human dignity that we all inherently have as human beings.

The language used in everyday communication, in legislation, in official documents, in the media, and in literature will no doubt shape attitudes, either erecting new barriers or breaking down the old ones. Language can inspire change. By introducing disability-inclusive terminology, we can help to ensure that people with disabilities are perceived as valuable and equal members of society who can contribute to the further development of society on equal fitting with others.

The glossary aligns with Kyrgyzstan's commitment to the Convention on the Rights of Persons with Disabilities (CRPD). UNDP is committed to supporting key country institutions to implement the CRPD, removing barriers, and ensuring the active participation of persons with disabilities.

I invite you to integrate the disability-inclusive terms in this glossary into your communications policies and practices. Together, let us redefine the narrative around disability, champion inclusion, and work towards a more equitable and inclusive society. Together, we will foster a society that values the abilities of all.

Alexandra Solovieva Resident Representative, UNDP in the Kyrgyz Republic

INTRODUCTION



I, being a professional lawyer and a person with a disability, can confidentially say that language related to disability is especially important. Language has the function of influencing people; we not only provide information but also develop a particular attitude toward it.

Behind the words that we, people with disabilities, are called, different problems can hide low awareness of diversity and disability, inequality, or aggression. We were given the label "invalid" for an exceptionally lengthy period, which implies "defective, incorrect, or erroneous". We had to achieve the use of the term "persons with disabilities", because we are, first, people, full members of society and citizens of the state, and then we have a disability.

The gradual change of language through the introduction of terms that call for respect for the dignity and personality of a person is not just political correctness but a kind of struggle against discrimination based on disability.

We are pleased to bring to your attention a list of key disability-inclusive terms, using which we hope society will increase its awareness of disability and learn about the conditions that need to be created so that people with disabilities can participate in society in the same way as other members.

We understand that disability is a constantly evolving phenomenon, approaches to it are changing, and a change in attitude towards people with disabilities is also required. Also, language and legislation are not static; some words or normative legal acts become obsolete, and new ones appear. For us, the creation of such a glossary is not the result but the beginning of a conversation about disability. We invite you to an open dialogue to create a truly inclusive society under the law.

Tolkunbek Isakov Deputy Chairman of the Council for Persons with Disabilities under the Cabinet of Ministers of the Kyrgyz Republic, President of the Foundation "Providing Legal Assistance to Persons with Disabilities", Honored Lawyer of the Kyrgyz Republic, Excellence in Justice in the Kyrgyz Republic

FOREWORD

In 2019, Kyrgyzstan ratified the UN Convention on the Rights of Persons with Disabilities, which aims to promote, protect, and ensure the full and equal enjoyment by people with disabilities of all human rights and fundamental freedoms.

The text of the Convention uses the term "person with a disability". This term was based on the principle of people-first language recommended by the UN Committee on the Rights of Persons with Disabilities, denoting first a person and then the presence of a disability. This is a manifestation of a respectful attitude towards a person, emphasizing his or her importance and dignity, and promoting active participation in society.

After the ratification of the Convention in Kyrgyzstan, our society began to discuss the correctness of the terms defining disability. Several years ago, activists in the movement for the rights of people with disabilities sought to replace the term "invalid", meaning a defect or inferiority, with a new and slightly complicated term: "a person with limited possibilities of health"/"лицо с ограниченными возможностями здоровья". After some time, this term began to be considered incorrect because it created a stereotypical image of a sick person. Instead of it, it was recommended using the term "persons with special needs", which was later also recognized as not entirely correct since people with disabilities have the same needs as all members of society and only special conditions are needed to satisfy them. And the point is to create conditions in the environment for people with disabilities that satisfy their needs without separating or isolating them from the rest of society.

Society is reconsidering its attitude toward disability. As the perception of disability changes, language changes. Language has great power as it contributes to the destruction of stigma, negative prejudices, and stereotypes about disability in society. By using terms consistently, showing respect, and recognizing the dignity of persons with disabilities, each of us can be effective and contribute to the creation of an inclusive culture in our society.

Discussing the correctness of the use of one or another term in the field of disability, we concluded that a glossary is needed, which would provide a list of disability-inclusive terms, their definitions, and explain the essence of their use.

To create it, the UN Development Programme in the Kyrgyz Republic formed a working group, which included representatives of the Ministry of Labour, Social Welfare, and Migration, the Ministry of Education and Science, the Ministry of Health, the Council for Persons with Disabilities under the Government of the Kyrgyz Republic.

To comply with the principle of the UN Convention on the Rights of Persons with Disabilities, "Nothing for us without us!" terms and their definitions are included in the Glossary, taking into account the recommendations received in the course of extensive discussion with representatives of different groups: people with disabilities, international and national disability experts, academic and research communities, associations of parents of children with disabilities, and professionals providing services to people with disabilities.

The Glossary is addressed to a wide range of stakeholders:

professionals providing medical, social, legal, and pedagogical services to people with disabilities;

public organizations for people with disabilities and civil organizations protecting and promoting their rights;

parents of children with disabilities;

representatives of culture, sports, information, architecture, media, communications, and transport services;

representatives of the academic and research communities;

politicians and developers of legislation, programs, and projects.

The structure of the Glossary consists of terms, their definitions, visual references (explaining illustrations, photographs, and diagrams), and additional comments. The Glossary has been developed in Kyrgyz, Russian, and English. The electronic version of the Glossary, as well as the version in adapted and audio formats, are available on the UNDP official website.



APPENDIX







Important note



Hyperlink to another term

ACKNOWLEDGEMENTS

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LIST OF TERMS

A Accessibility Symbols Accessible Environment Accompanied Accommodation Adapted Text (Easy to Read) Adaptive (Adapted) Sport Alternative Communication Assistive Technologies Audio Description

Β	Braille
С	Community-Based Rehabilitation
D	Deaflympics Deinstitutionalization Differentiated Approach Disability Disability Etiquette Disability Models Disability Policy Disability Studies Disability Types Disability Types
Е	Early Identification and Early Intervention Equality and Justice
Н	Habilitation and Rehabilitation
I	Inclusion and Integration Inclusive Culture Independent Life
Μ	Multimodal Approach
Ν	Neurodiversity Nothing for Us Without Us!
0	Organizations of People with Disabilities
Ρ	Paralympic Games Participation Personal Assistant(s)
R	Reasonable Accommodations Respite Care

Rights-based Approach to Disability



Т

Service Animals Sign Language Special Olympics

Tokenism Transdisciplinary Approach

United Nations Convention on the Rights of Persons with Disabilities Universal Design

W White Cane World Health Organization (WHO) International Classification of Functioning, Disability, and Health

ACCESSIBILITY SYMBOLS

The International Organization for Standardization (ISO) created the accessibility symbols in 1968, and they are now universally recognized. They indicate accessible elements and spaces and are part of the ISO standard (ISO 7001 Graphic Symbols: Public Information Symbols).

Accessibility symbols are used in service provision, information materials, conferences, programs, brochures, building signs, floor plans, and maps. Their target audience is customers, staff, and a wide range of people in general. These are key symbols:



Access for people with visual impairments and low vision: this symbol is used to indicate access to buildings, rooms, and other public places.

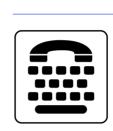


The physical accessibility symbol

is used to indicate access for people with reduced mobility, including wheelchair users. For example, this symbol indicates the accessibility of the entrance to a hotel, shop, or library.



Audio description: a service for people with visual impairments and low vision that makes visual information accessible to them.



A text phone or telecommunications device is used to communicate with people with hearing impairments.



Phone with volume control: this symbol indicates the location of phones that have amplified sound and/or volume control. It is used to communicate with people

with hearing impairments.



Use of sign language: the symbol indicates that interpretation is being used from and to sign language for a lecture, tour, movie, performance,

conference, or other program.



Information symbol: this symbol is used to indicate the location of an information or security office where there is more specific instruction or materials regarding

access to facilities and services.



Assistive listening systems transmit amplified sound through the hearing organs through assistive devices, headphones, or other devices, including infrared, loop, and FM systems.



Available font: a symbol that indicates that large text (18 points or more) is available; large print can be provided in addition to the original text.



Closed captioning: this symbol indicates that people can choose to display subtitles for TV programs, videos, and other content.



Open captions: this symbol indicates that the captions are being translated into other languages or are reproducing printed dialogue. Open captioning is preferred by many, including those who are Deaf or people with hearing impairments, as well as language learners or those who are contraindicated by noise.



Ramps: the symbol indicates that there is access for people using wheelchairs; there are elevators, lifts, or inclines.



Braille symbol: this symbol indicates that printed matter is available in Braille, including exhibition labeling, publications, and signage.

ACCESSIBLE ENVIRONMENT

Accessible environments are also called barrier-free, safe, or inclusive \Rightarrow (Universal Design).

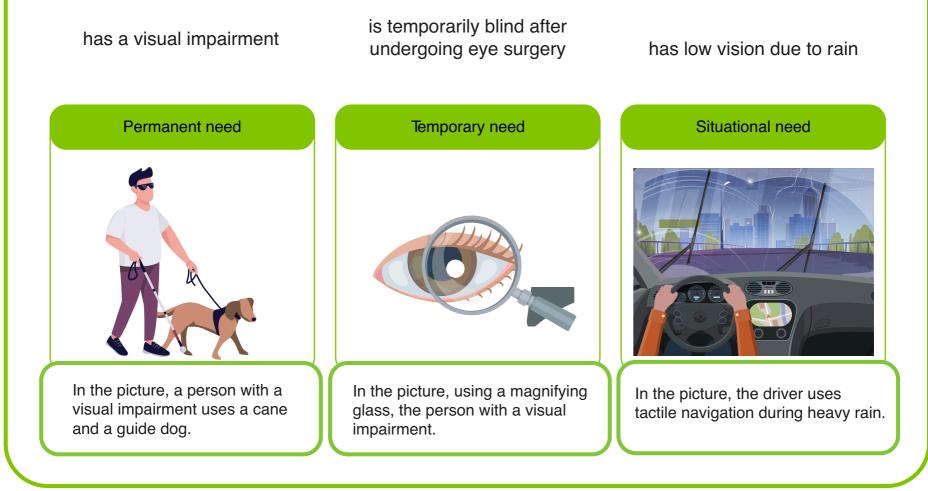
This is an environment where all groups of people are included in public life and have equal rights and opportunities. The physical environment, transportation, information and communications, and other facilities and services are accessible to all members of society, including persons with disabilities.

This is an environment in which comfortable and safe conditions are provided for the lives of most people, while they, in any life circumstances, can access the necessary resources without being subjected to physical or emotional threat.

In such an environment, the needs of each population group are considered, including those of people with physical, psychosocial, intellectual, and sensory disabilities. The key task is to make each person feel needed and understand that he or she is respected, his or her opinion is valuable, and he or she has the same access to opportunities and resources as all other people. The concept of "accessible environment" implies physical, informational, and environmental access to buildings and structures.

Accessible environments are necessary for all people to function effectively and safely at work, in education, and in everyday life. People twith disabilities should have the same physical and social access to the same places, jobs, goods, services, entertainment, and community participation as everyone else. In addition, due to circumstances, a person may find himself or herself in a difficult temporary or permanent situation where they need to access the surroundings.

Example in the picture: a person needs tactile navigation if he or she



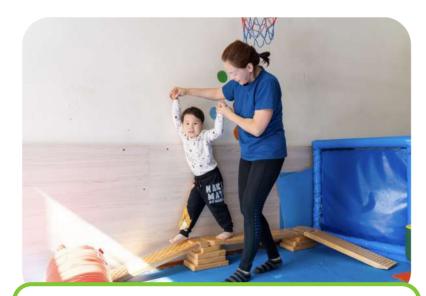
ACCOMPANIED ACCOMMODATION

This is a form of support for persons with disabilities to the extent and the way they need it. This can include self-care, household activities and education. The support is provided by professionals at home in the person's place of residence, while maintaining his or her integration into the life of the local community. This service is designed to help people with a wide range of needs to live independently in their own or rented home, small center, or community \Rightarrow (Independent Living).

The concept of accompanied living appeared in Europe and North America in the second half of the last century. Prior to this, people with disabilities were placed in residential institutions and kept there for the rest of their lives \Rightarrow (Deinstitutionalization). The first shared residence was established in Cardiff (UK) in 1974, where five adults with disabilities and three student volunteers from Cardiff University settled under the same roof. During the day, people with disabilities were in the Trelai adult learning center, and students attended lectures. After many years of living in residential institutions, people with disabilities were taught to live independently. If earlier they did not have the opportunity to cook for themselves, choose their own clothes, and make their own decisions about their lives, then after a short adaptation, the project participants admitted that they live a happy, fulfilling life as members of the community.

In the 1980s and 1990s, the experience of living together began to spread in many countries around the world. Such accommodations completely replaced boarding schools, receiving state support. There are diverse types of cohabitation, including assisted living homes, social villages, independent living centers, boarding houses, family care, personal assistant services, special homes for people with disabilities or the elderly.

The most important condition for cohabitation is respect for the rights of people with disabilities, in accordance with the UN Convention on the Rights of Persons with Disabilities \Rightarrow (UN Convention on the Rights of Persons with Disabilities).



In the photo, a tutor is teaching a child with ASD to control body coordination through a walking wooden platform.



In the photo, the tutor, sitting at a table with a child, introduces him to toys and animals, demonstrating each item.

ADAPTED TEXT (EASY TO READ)

It is a method of presenting written information in a more understandable format, adapted for people with reading difficulties. It is also called "simplified", "alternative", "readily accessible", "clear" and text with "plain words". When it is created, a read-only simplification (adaptation) and a simplification for reading and understanding (modification) are used.

European standards for making information easy to read and understand





Examples:

On the left is a version of the original text of the document

BOX 2. THREE MODELS OF DISABILITY

- The charity model of disability considers persons with disabilities as passive objects of kind (charitable) acts or welfare recipients only, rather than as empowered individuals with equal rights. Under this model, disability is an individual's problem and persons with disabilities are not considered capable of providing for themselves on account of their impairments; rather, they are considered as a burden on society, which bestows its benevolence on them. Persons with disabilities, under this perspective, are considered the objects of pity, dependent on the goodwill of others, and are thereby disempowered and not in control of their own lives, participating little or not at all in society. The effect of this model is that society's responses are limited to care and assistance, with individuals being reduced to recipients of charity and welfare only, instead of its guaranteeing them the enjoyment of their rights."
- The medical model of disability considers persons with disabilities as objects of treatment, as patients to be cured, and disability as a medical problem that needs to be solved or an illness that needs to be treated. Under this model, disability resides in the individual and doctors know best how to correct and manage any impairment, regardless of the consent, will and preferences of the individual. Persons with disabilities, under this model, are considered as deviating from the physical and mental norms and their behaviours and attitudes are pathologized. The effect of this model is that society's responses seek to normalize and diminish impairments as a means to enabling participation, instead of removing barriers."
- The social model frames disability as the consequence of the interaction of the individual with an environment that does not accommodate that individual's differences. This lack of accommodation impedes the individual's participation in society. Inequality is not due to the impairment, but to the inability of society to eliminate barriers challenging persons with disabilities. This model puts the person at the centre, not his/her impairment, recognizing the values and rights of persons with disabilities as part of society. This paradigm shifts disability as not a "mistake" of society but an element of its diversity. Disability is a social construct—the result of the interaction in society between personal factors and environmental factors. Disability is not an individual problem but the outcome of a wrong organization of society."

In the picture, disability models are charitable, medical, and social.

On the right is a version in an adapted format called Easy to Read

Ways of thinking about disability



People think about disability in different ways.

Charity



Charity is when you give people help or money when they are in need. Some people think that people with disabilities should be given charity instead of equal rights.

Medical

Some people think that people with disabilities have something wrong with them. They send people to hospitals to try to cure them.

Social



Other people think that the way we do things for people with disabilities is not right. Society needs to change so people with disabilities can join in like everyone else.

10

In the picture, there are three ways of understanding disability: charitable, medical, and social.

ADAPTIVE (ADAPTED) SPORT

This is the habilitation or rehabilitation of people with disabilities through physical exercise. The purpose of adaptive sports is to form the knowledge, skills, and abilities necessary for functioning, social integration, socialization in everyday life, or self-realization in one of the types of adaptive sports.

Adaptive sports are used to develop certain functions that allow people with disabilities to successfully carry out activities in everyday life. For example, through training, a person can strengthen the muscles of the body for the use of prostheses, increase endurance and arm strength to use a wheelchair, or adapt the capabilities of their body in any sport. Adaptive sports are offered to people with a variety of disabilities: physical, sensory, intellectual, psychosocial, or multiple \Rightarrow (Disability Types). To increase motivation and maximize self-realization in adaptive sports, group or mass competitions are held. Adaptive sports are a key component of the Paralympic Movement \Rightarrow (Paralympic Games, Deaflympics, and Special Olympics).





In the photo, adaptive sports coach Islam Turdiev (Kyrgyzstan) conducts a lesson on swimming with children and adults with various disabilities.



ALTERNATIVE COMMUNICATION

These are multi-channel methods of communication, with the help of which oral (verbal or sound) speech is supplemented (expanded) or replaced by people who have difficulty using it.

Multi-channel methods of communication are understood as the use of different sense organs—hearing, vision, and kinesthetic (tactile) perception \Rightarrow (Multimodal Approach, Differentiated Approach).

Alternative communication is also called complementary communication. In English, the abbreviation AAC is used, which stands for Augmentative and Alternative Communication. Augmentative communication means expanding or increasing communication.



Alternative communication is used in communication with people with intellectual disabilities (restriction of memory, attention, abstract thinking), psychosocial disabilities (emotional features, difficulties in contact; for example, autism spectrum disorder), physical disabilities (motor impairment or impaired functioning of any body functions—vision, hearing), features

of the development of the speech organs, or temporary speech limitations.

Alternative communications include:



System of gestures: symbolic social gestures, facial expressions, and movements; a group of gestures that are an imitation of simple objective actions; descriptive gestures.



Symbol system: graphic images, writing.



Communication system through tactile sensations: tapping, stroking, vibration, pressure, touch.

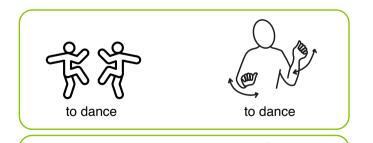


PECS Card Communication System: PECS (Picture Exchange Communication System) is an alternative and additional (augmentative) communication (AAC) system developed by Pyramid Educational Consultants, Inc., in which a person who has difficulties with oral speech uses a picture or card to express a request, comment on an event, answer a question, etc. The message is formulated using one or more cards, which are then transmitted to the interlocutor.

PECS Cards

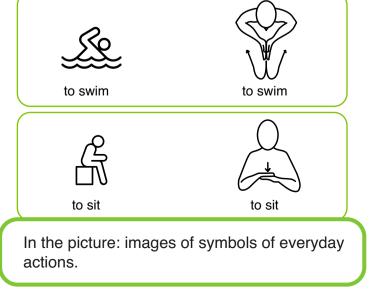
cookie ball

Makaton Symbol System





In the picture: images of objects and actions.



ASSISTIVE TECHNOLOGIES

These are technologies, devices, programs, or services designed, created, or adapted to assist a person in performing a specific task. People with disabilities use them to improve their functioning, lead an independent lifestyle, get education and employment, and participate in community life.

Assistive technologies include wheelchairs, walkers, kinesthetic canes, prostheses (such as artificial limbs), orthoses (such as an arm splint), aids for those with low vision (such as glasses or a white cane), and hearing impairments (such as hearing aid devices, cochlear implants), communication devices, pill organizers, guide dogs, communication cards, kinesthetic tracks, bathtubs with a door, adapted dishes, ambulift (a specialized lift designed to board people with disabilities in the aircraft cabin), screen readers, an exoskeleton (a special frame that helps a person get up, stand, and walk), and much more.

Providing assistive technology to people with disabilities includes assessing the needs of the individual, developing the technology, device, program, or service, providing user education, and adapting the environment at home and in the public environment.

The provision of assistive technology should be based on the following principles:

Accessibility: ensuring unhindered access to individual and collective assistive technologies	Comfort: convenience and ease of use in everyday life, education, labor, or other activities
Ergonomics: considering the anthropometric, psychophysical, and psychological properties of a person	Quality: compliance with contemporary requirements for technical and operational characteristics



It is not recommended to use the terms "kolyasochnik", "kohlearnik," or other definitions that represent a negative label. It is recommended to use "person first, then his or her disability" approach terms such as "person using a wheelchair"/ "wheelchair user" or "person using a hearing aid or cochlear implants".

AUDIO DESCRIPTION

Audio description, or tiflocommentary, is targeted information specially prepared for people with visual impairments to replace (or supplement) visual information that is inaccessible for their perception.

Audio description is a service aimed at ensuring the availability of information to people with visual impairments. It consists of a verbal explanation of visual information through its description.

Ø

In English-speaking countries, it is called audio description, which means "sound description". Audio description is sometimes referred to as "video description" or "descriptive narration". It is added to the audio track of a video (movie or PSA reel) and describes important visual content and information that is not conveyed by the main audio track.

Online resources use alternative text ("alt text") that tells people what is in the image, such as text or major salient details. Search engines index alt text information and take it into account when determining search engine rankings. Alternative text is available by using screen readers and other assistive devices.

This is a raised, dotted tactile font designed for writing and reading by people with visual impairments.

BRAILLE

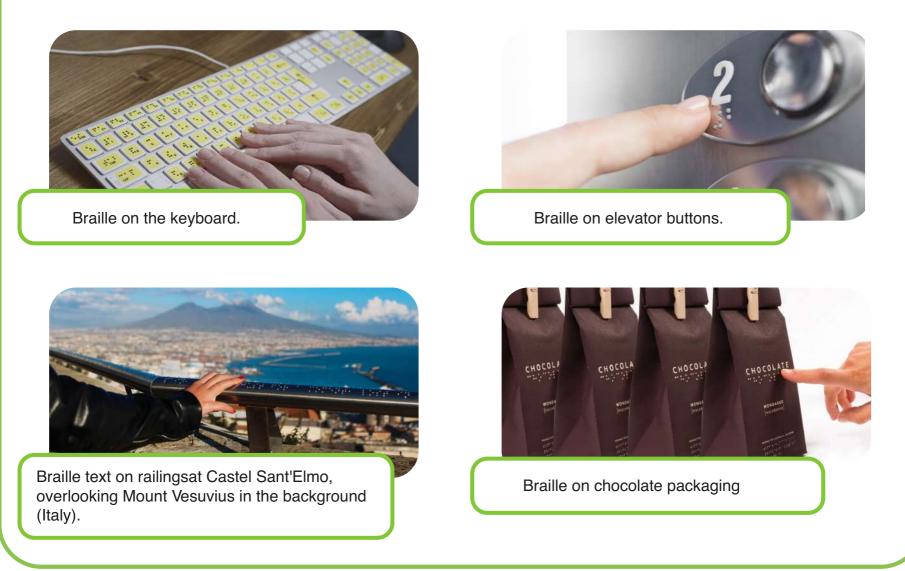
When reading, a person determines signs (letters, numbers) by convex dots, and when writing, he or she pierces the dots (this is done from right to left to then turn over and read what is already written from left to right).

A • 0	Б • •	B • •		Д • •	E • •	Ë • •	ж • •	•	И • •	Й
K • • •	Л • °	M • • • •	H • • • •	 0 0 0 0 		P • •	C • •	T • •	У • • • •	• •• •••
×	Ц • •	Y • • •		Щ • •	Ъ • •	Ы • •	Ь • •	Э • • • •	Ю • С • •	R • • • •

In the picture, Braille alphabet

Braille was created by Louis Braille in 1824 in France. It is adapted to different languages around the world. In Kyrgyzstan, the Russian font standard has been used for many years, but in 2023, Kyrgyzstan approved Braille standards in the Kyrgyz language.

Braille is used not only in printed and written materials but also in the surrounding space, for example, as an addition to tactile-visual plates or stickers, tactile-contrasting pictograms, relief-graphic diagrams, and plans.



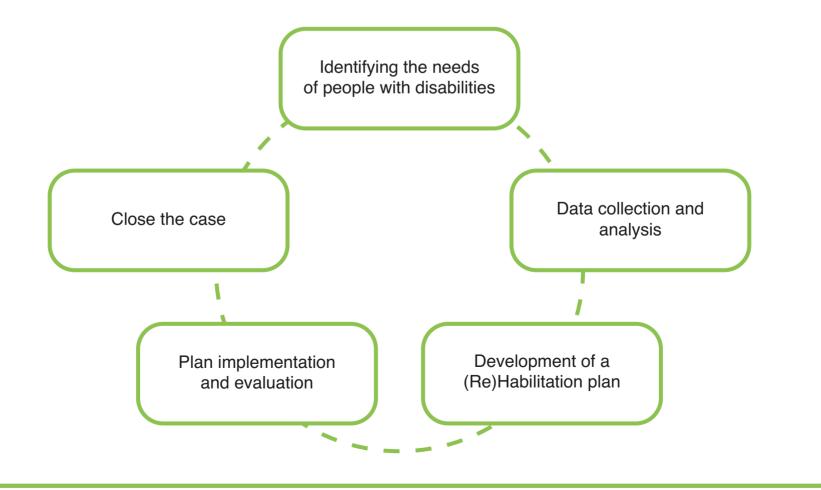
COMMUNITY-BASED REHABILITATION

It is a community development strategy aimed at improving the lives of people with disabilities. This includes health promotion, disability prevention, access to health care, assistive devices, and (re)habilitation.



As part of this approach, local coordinators (specially trained people) are appointed in the community who, in cooperation with health, social protection, and education specialists, identify people with disabilities, visit their homes, and create conditions for everyday (re)habilitation.





DEAFLYMPICS

It is an international multi-sport event organized by the International Committee of Sports for the Deaf (ICSD). They are held every four years. The first Deaflympics were held in 1924 in Paris (France).

They are also called Deaflympics, World Deaf Games, or Deaflympiad.



To participate in the Deaflympics, an athlete must have a hearing of at least 55 dB in the best ear. The use of hearing aids and cochlear implants during competition is not permitted. Audible signals are not used; visual signals are used instead.

The program of the Deaflympics includes several sports:



Summer sports:

Individual: badminton, athletics, bowling, golf, road cycling, freestyle wrestling, Greco-Roman wrestling, judo, karate, mountain biking, table tennis, swimming, orienteering, shooting, tennis, taekwondo.

Team: basketball, volleyball, beach volleyball, football, handball.



Winter sports:

Individual: skiing, cross-country skiing, snowboarding. **Team:** curling, ice hockey.

DEINSTITUTIONALIZATION

It is a process of eliminating residential institutions designed for people with disabilities through the development of a range of services in local communities.

In different countries, people with disabilities have been placed in institutions for many years. These institutions are places of long-term stay in which people with disabilities are isolated and do not have the opportunity to communicate with other members of the community. These institutions are characterized by a regulated culture. People with disabilities living there are served in groups; they prevent the manifestation of individuality, impose mass treatment, and emphasize the imbalance of status between staff and guests. Institutions limit the number of personal belongings and have fixed schedules for activities such as meals and walks, regardless of residents' preferences or needs. Residents have no privacy or personal space, must be with people they have not chosen and may not like, and may not have personal interests or relationships.

Deinstitutionalization is the gradual relocation of residents from residential institutions to ordinary housing at their place of residence. This is accompanied by the development of services that support the inclusion and participation of people with disabilities in the life of the community. It offers flexible and personal assistance, support, and coordination so that people can live the life they want.

Deinstitutionalization is based on the principle of independent living \Rightarrow (Independent Living), reflected in Article 19 of the UN Convention on the Rights of Persons with Disabilities. Independent living is an opportunity for persons with disabilities to choose where to live, how to live, and with whom to live. At the same time, residence assumes that both the social infrastructure and public services are organized in such a way that any person, regardless of disability, age, gender, or other characteristics, will be able to independently choose and live in their local community as an equal citizen participating in public life.

DIFFERENTIATED APPROACH

This is a purposeful creation of conditions to meet the needs of each person, taking into account individual characteristics, the leading type of perception and processing of information, the need for varying degrees of support, the speed of thought processes, the level of cognitive interest, and life experience. The use of a differentiated approach in service provision ensures the inclusion of people with various disabilities in society.



The term "differentiation" means to distinguish, highlight, or pay attention to the individual parts that make up a single whole. Differentiation does not mean separating but, on the contrary, considering the diverse needs of people with disabilities to interact with them.

The concept of a differentiated approach to collaborating with people with disabilities is based on research in the field of neurophysiology, which studies the principles of the human brain and nervous system. Researchers have found that to meet the needs of different people in the same group, it is necessary to consider that each person has his or her own unique brain mechanism \Rightarrow (Multimodal approach).

Neuroscientists have proven that the human brain consists of three different sections responsible for processing incoming information, storing, extracting, and using it in various activities. These three divisions are called primary neurophysiological networks. The mechanism of the brain's work depends on their interaction (see diagram).

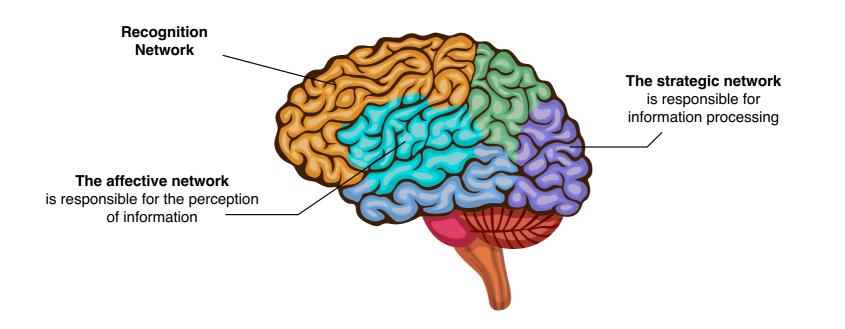


Diagram "Neurophysiological networks responsible for brain function"

The recognition network allows to collect facts and categorize what a person sees, hears, or feels. Therefore, it is especially important to consider how a person with a sensory disability perceives information.

The strategic network allows a person to process incoming information using existing knowledge and personal experience. Differences in the work of the strategic network are manifested in the abilities of people with different disabilities to perform tasks quickly or slowly, easily cope with a solution or problem, and, conversely, need maximum support from others or caregivers.

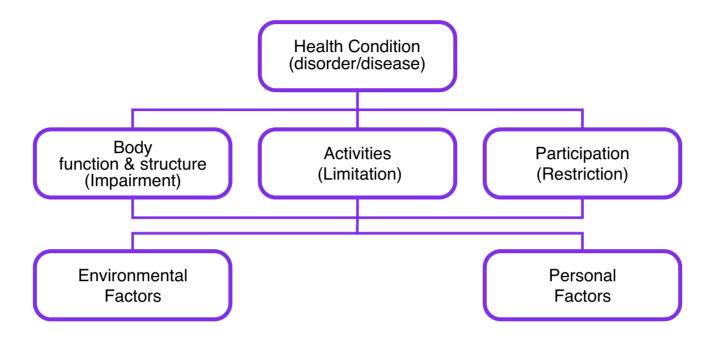
The affective network is responsible for evaluating the information entering the brain and assigning emotional meaning to it. Each person exhibits diverse types and intensities of emotions. The perception of information depends on this.

Some people with disabilities have their own characteristics, which affect the interaction of these three networks that make up the mechanisms of perception, processing and assimilation of information, and the formation of skills. In the process of interacting with them in one community or group, it is proposed to differentiate the content of the information provided, the communication process, and the environment. For example, a person with intellectual disabilities and difficulties in understanding the text should be offered an adapted version \Rightarrow (Adapted Text (Easy to Read)) and a person with visual impairments an audio text, while both people can work on the same material in one group.

DISABILITY

To understand what "disability" is, it is needed to refer to the International Classification of Functioning, Disabilities, and Health (ICF), developed by the World Health Organization (WHO) in 2001.

Diagram "International Classification of Functioning, Disabilities, and Health", WHO, 2001.



Changes in the state of health can affect the life of a person (body functions and structures). As a result, it may be difficult for a person to perform certain activities (activity), which affects his or her participation in daily life (participation). It all depends on what environment a person is in (environmental factors) and what individual characteristics they have, such as age, gender, social status, or life experience (personal factors).

Based on this concept, disability is a term that refers to the result of an interaction between a person (health, ability to function, activity, and participation) and contextual factors inherent when he or she is (environmental and personality factors).

The UN Convention on the Rights of Persons with Disabilities notes that disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.



Currently, according to the World Health Organization, the number of people with disabilities is 1.3 billion, or 16% of the world's population. There are diverse types of disabilities: psychosocial, physical, intellectual, sensory, and multiple \Rightarrow (Disability Types).

Disability can be congenital (occurring in the prenatal period or during childbirth) or acquired (occurring during life). In 90% of cases, disability does not appear outwardly; such disability is called invisible. Each person with a disability has a unique experience. People with the same disability may have different degrees of functioning.



It is recommended that the term "persons with disabilities" be used rather than "handicapped,", "invalids" or "persons with special needs". It is also not recommended to use the abbreviation "PWD", as this objectifies, dehumanizes, and depersonalizes this group of people.

DISABILITY ETIQUETTE

Recommended rules of behavior and communication in society in relation to people with disabilities and respectful ways for society to communicate with people with disabilities. Knowing and following these rules creates an inclusive culture that promotes the participation of people with disabilities in society.



Disability etiquette is based on the following principles:

Observance of the principle of equality and non-discrimination when dealing with people with disabilities: persons with disabilities have the right to the same respectful and courteous attitudes as any other person in society;

Disability Diversity. Every person with a disability has a unique experience. It is important to consider the diversity of needs among people with different disabilities;

Participation: A person can ask a person with disabilities for advice on how to communicate with him or her if there are communication difficulties.

Disability etiquette consists of three components:

Disability-Inclusive Terminology Support Provision



It is important to follow the principle of "the person first, and then his or her disability."

Disability is part of the self-identification of a person with a disability.

Examples: a person with Down syndrome, a child with ASD (autism spectrum disorder), a woman using a stroller.



Some people with disabilities need help, but when providing it, it is important to first ask the person's opinion.

A person can refuse the offered help, and this should not cause hostility. Person needs to listen to his or her opinion. Avoiding Stereotypes and Prejudices about Disabilities



It is important to avoid jumping to conclusions about people with disabilities that may offend or harm them unintentionally.

To do this, it is recommended to raise awareness of disability and show respect for people with disabilities.

DISABILITY MODELS

It is the perception of disability and its explanation that are reflected in society's attitude towards disability. Conventionally, four models are distinguished: traditional, medical, social, and cultural.

The **charitable** (also called traditional, moral, or religious) model explains disability in terms of religious attitudes. On the one hand, disability is a "punishment for sins", and on the other hand, it is a "gift sent down from above". This model considers disability as a tragedy or misfortune; therefore, others should show pity, sympathy, and regret for a person with a disability and provide charitable assistance. What contributes to the paternalistic (patronizing) attitude towards such a person and the exclusion of him or her from the life of society?

The **medical model** considers disability as a disease, defect, or limitation; a person with a disability is considered inferior and incapable of independent living. This model contributes to the isolation of this category of people and their placement in special institutions.

The **social model** considers disability as a barrier created by society and not as an individual characteristic of a person. An inappropriate environment, negative stereotypes about disability in society, and communication problems limit a person's ability to live an independent and fulfilling life. According to this model, disability does not arise from impairments in an individual but from artificial barriers placed in their lives by society or the environment.

The **cultural model** considers disability as a variety of different subcultures that are characterized by lifestyle characteristics (a community of people with hearing or visual impairments, Down syndrome, or autism spectrum disorder). However, people with the same disability may have quite different experiences, behaviors, ways of communicating. This model promotes the rejection of stereotypical approaches to disability and the acceptance of the value and importance of the life of every member of society, regardless of disability, ethnicity, gender, race, nationality, social status, religion, or life experience.

Numerous studies conducted in Kyrgyzstan indicate that charitable and medical disability models still prevail in society today. However, the disability movement actively promotes social and cultural models that are based on a rights-based approach ⇒ (Rights-Based Approach in Disability).

DISABILITY POLICY

This concept has three components. On the one hand, this is the state policy in relation to people with disabilities, including the distribution of resources, the formation of conditions (policy and regulatory framework), and the provision of services to people with disabilities. On the other hand, these are collective actions of the community of people with disabilities to protect their rights and promote their interests. Furthermore, it is the representation of disability in the normative area (legislation, official documents) and in the media (literature, cinema, television, and social networks).

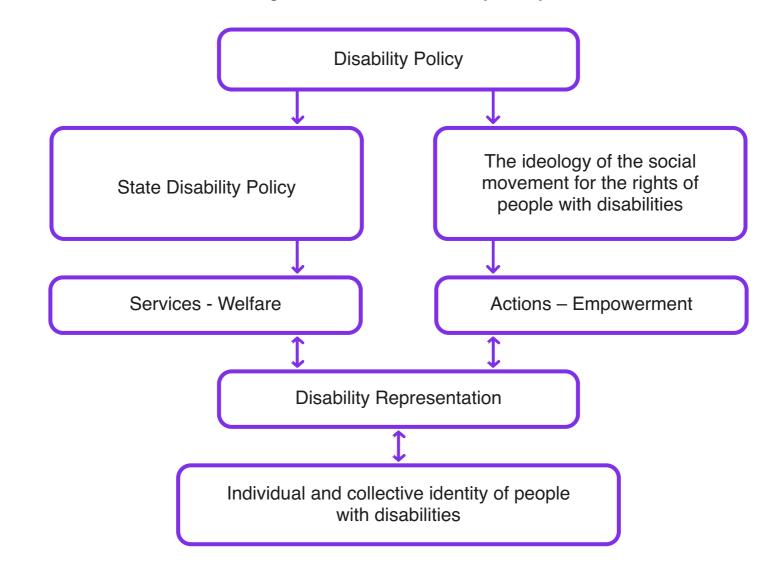


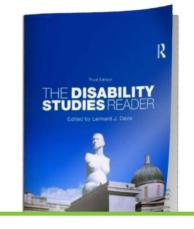
Diagram "Scheme of Disability Policy"

British researcher Robert F. Drake identifies several models of disability policy in terms of the attitude of the state towards disability. With a negative policy, the state actively denies the civil and human rights of people with disabilities. In the laissez-faire model, the state plays a minimal role in thte lives of persons with disabilities. The mosaic model is as follows: the state responds to disability, but in an unsystematic and superficial way, due to pressure and circumstances, not wanting to create and implement a coherent and well-planned strategy. Maximal policy refers to the strategic approach of the state, the purpose of which is to identify and respond to a range of problems leading to marginalization and discrimination of persons with disabilities.

DISABILITY STUDIES

It is an academic discipline that studies the meaning, nature, and consequences of disability. It includes works on the history of disability, theory, law, politics, ethics, and the arts through the lens of the life experiences of people with disabilities. Scientific research on disability contributes to increasing the access of people with disabilities to their rights and improving their quality of life.

Disability studies emerged in the 1980s, in the US, UK, and Canada. In 1986, the Chronic Disease, Disability, and Disability Section of the Social Science Association (USA) was renamed the Society of Disability Studies. The first disability studies programme in the United States began in 1994 at Syracuse University. In 1997, the first edition of the Disability Studies Reader (one of the first collections of scholarly articles related to disability studies) was published.



The picture shows the cover of Lennard Davis's book "Disability Studies Reader".

The Society for Disability Studies promotes research on disability as follows:

an interdisciplinary and multidisciplinary approach that considers disability at the intersection of the humanities, natural sciences, and social sciences;

a resource that allows activists, educators, artists, practitioners, and researchers to explore disability from a variety of disciplinary perspectives;

study of models and theories that explore the social, political, cultural, and economic factors that determine disability and help determine individual and collective responses to difference international perspectives, politics, literature, culture, and history to place modern ideas about disability in their widest context;

encouraging the participation of students and teachers with disabilities in research, as well as providing them with physical and intellectual access to scientific knowledges;

the opportunity to work to eliminate the stigmatization of disability in society;

study of national and international perspectives, politics, literature, culture, and history to place modern ideas about disability in their widest context;

DISABILITY TYPES

According to the ICF model \Rightarrow (WHO International Classification of Functioning, Disabilities, and Health), a disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions). There are many types of disabilities, among which the most common are sensory, physical, psychosocial, intellectual, and multiple disabilities.

A sensory disability is a disability of the senses. This type of disability includes visual, hearing, touch (skin sensitivity), vestibular apparatus, etc.

Psychosocial disability encompasses a range of conditions that affect how a person feels, thinks, behaves, and interacts with others. This type includes autism spectrum disorder, bipolar disorder, anxiety disorders, schizophrenia, anorexia nervosa, obsessive-compulsive disorder, and body dysmorphic disorder.

Multiple disabilities are a combination of two or more types of disabilities. For example, a person may have both a sensory and an intellectual disability. A physical disability is a temporary or permanent limitation of a person's physical abilities and/or mobility. These include spinal cord injury, Spina bifida (spina bifida), cerebral palsy, cystic fibrosis, epilepsy, multiple sclerosis, muscular dystrophy, Tourette's syndrome, and dwarfism (short stature).

Intellectual disability is expressed in difficulties in communication, learning, and information processing, which affect daily life, self-care. safety, communication, and socialization. This type of disability includes Down syndrome, fragile X syndrome (Fragile syndrome). Prader-Willi syndrome. fetal alcohol spectrum disorder, and others.



ndividuals with the same disabilities may have different degrees of functioning, behaviors, external characteristics of the disability, abilities, etc.

When specifying a person with a disability, the principle "person first, then his or her disability" is used. For example, "a child with Down syndrome", "a teenager with an autism spectrum disorder", "a man with cerebral palsy" or "a woman with multiple disabilities". It is not recommended to use the terms "blind", "autistic", "schizophrenic", "dwarf", "anorexic", "epilepsic", "paralytic", "suffering from a disability", "victim of a disability" or "mentally ill".

DISABILITY DISCRIMINATION

The United Nations Convention on the Rights of Persons with Disabilities defines disability discrimination as any distinction, exclusion, or restriction because 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. It includes all forms of discrimination, including denial of reasonable accommodation.

Discrimination based on disability is called ableism, disabilism, or handicapism.

Ableism is used to describe how society and individuals tend to favor people without disabilities.

Disabilitism is used to describe more direct, deliberate acts of discrimination or abuse against people with disabilities.

Handicapism are negative ideas and attitudes towards people with disabilities.

There are following types of discrimination based on disability: direct; indirect; discrimination arising from disability; systemic (structural) discrimination; intersectional discrimination; discrimination against underrepresented groups; denial of reasonable accommodation; harassment (human behavior that causes inconvenience or even harm to another person, bis or her privacy)

violating his or her privacy).

Direct discrimination: treating people with disabilities with less respect than other groups, degrading human dignity. Examples: people with psychosocial disabilities are not allowed to go to law enforcement without the presence of guardians or caregivers due to "limited capacity"; the company has a policy of not hiring a person with cerebral palsy, whether that person can perform the job.

Indirect discrimination is legislation, policy, or practice that has a negative impact on people with disabilities. Example: People with disabilities have the right to participate in political elections, but the polling station infrastructure is not adapted, which limits their ability to realize their right.

Discrimination arising from disability is discrimination against individuals based on their association with a disability. Example: The mother or father of a child with disabilities may be discriminated against by a potential employer because she or he needs a flexible schedule to care for her or his child, which makes him or her a less dependable worker.

Systemic (structural) discrimination: rules, norms, order, and models of attitude and behavior in institutions and society that are obstacles for some groups or individuals in achieving equal rights and opportunities. Example: due to stereotypes based on the intersection of gender and disability, women with disabilities may face barriers to reporting violence to law enforcement due to a lack of trust in them; widespread beliefs that people with psychosocial disabilities engage in witchcraft lead to isolation or harmful practices towards them by the community.

Intersectional discrimination: discrimination based on several characteristics, such as disability and gender, age, ethnicity, migration status, sexual orientation, etc. Intersectional discrimination refers to a situation where a person is discriminated against on two or more grounds, which leads to aggravated or aggravating discrimination. For example, persons with disabilities from an ethnic minority seeking employment may be discriminated against based on ethnicity as well as disability. Cross-discrimination refers to a situation where several features interact with each other at the same time in such a way that they are inseparable. The combination of these experiences creates a unique experience for the individual. For example, women with disabilities are disproportionately subjected to forced sterilization due to the unique combination of gender and disability discrimination. Neither women in general nor persons with disabilities in general are subjected to such discrimination.

Discrimination against underrepresented groups is horizontal discrimination between diverse groups of people with disabilities. Depending on the context, some groups are subject to certain types of discrimination and stigmatization, often based on assumptions made about them. Because of this, discrimination is perceived differently by diverse groups.

Reasonable accommodation denial is discrimination that occurs when necessary and appropriate modifications and adjustments (that do not create a disproportionate or undue burden) are denied. Example: A deaf-blind woman asks sign language interpreters to attend a public hearing in Parliament and is denied because "it's too expensive and there's no budget".

EARLY IDENTIFICATION AND EARLY INTERVENTION (EIEI)

This is the timely identification of delays or developmental disabilities in children from birth to 8 years of age and the provision of effective assistance to them and their parents, caregivers, and families to prevent serious developmental problems or disabilities.



In the first years of life, children develop most intensively, and each child is unique and has its own pace of development. However, some children need additional support or special services. EIEI helps not only to prevent the deterioration of the child's condition but also to develop the necessary life skills.

Scientific research proves that the care provided to a child and his or her family in the first years of life has a significant impact on his or her entire later life. Therefore, this age period is defined as the target for EIEI.

Timely assistance to a child at an early age improves the quality of life of the whole family, prepares him or her for further education and successful socialization in society, and increases the child's independence and autonomy.

EIEI focuses on the key areas of a child's development: physical, speech, socio-emotional, cognitive, and self-care skills development (see diagram). They are the most important for a person throughout life.

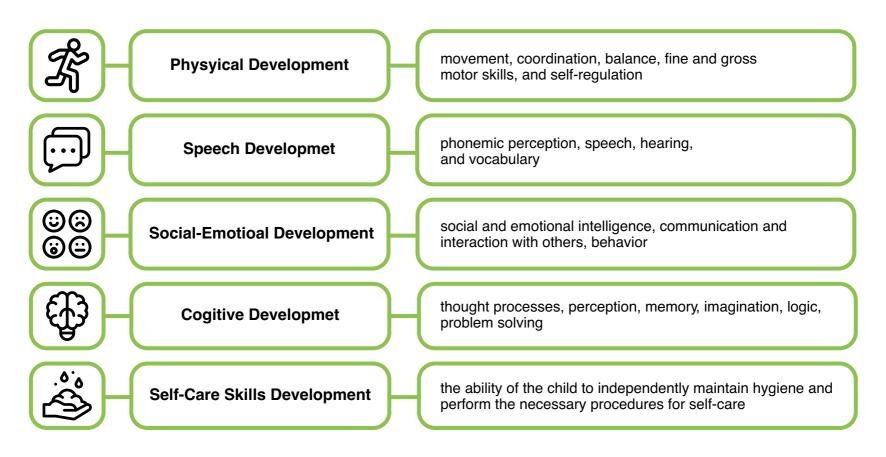
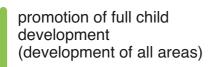


Diagram "Areas of child development at an early age"

EIEI kaa aanaan kaala amaa maddala thusa mada ahaa aan ka diatio middaad

EIEI has several goals, among which three main ones can be distinguished:



providing support to parents, caregivers, and families in the child's development prevention of risks and problems associated with the child's development in the future

To achieve these goals, the country should establish an early identification and intervention mechanism, which is a step-by-step implementation of steps or activities.

Diagram "Mechanism for Early Identification and Early Intervention (for Children)"



Screening, evaluation, and monitoring of a child's development



Diagnosis and identification of the risk of lagging or developmental features



Planning and coordination of intervention services (drawing up an individual plan for the provision of services to the child and family)



Provision of services or referral to other services (implementation of an individual plan for the provision of services to the child and family)



Assessment and transition

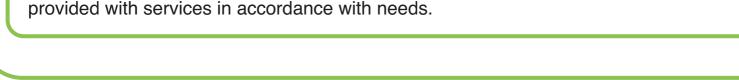
Screening allows us to quickly assess the formation of areas of a child's development and identify signs of lag or developmental features. Evaluation is an ongoing process that involves the observation of different professionals. Monitoring is conducted regularly, allowing you to get information about the child's development under natural conditions.

If a risk or signs of developmental delay are detected, a comprehensive and "in-depth" assessment of the child's needs is conducted, based on the results of which an individual intervention plan (or individual development plan) is developed, according to which appropriate services are provided to the child and family.

Since this is done by different organizations, their coordination, monitoring, and evaluation of the implementation of an individual intervention plan are necessary.

If one of the services cannot provide the necessary services, the child and his or her family are redirected to another organization; therefore, one of the most important conditions for EIEI is intersectional and interdisciplinary cooperation based on a transdisciplinary approach \Rightarrow (Transdisciplinary approach).

If, after the provision of the necessary set of services, the child no longer needs them, the EIEI program ends, and the child moves to an educational or other system where he or she will be



EQUALITY AND JUSTICE

Equality means that every person or group of people is given the same resources or opportunities. People with disabilities have the same rights as all other members of society.

Justice is the recognition that people may have different circumstances, so the distribution of public resources occurs in such a way as to ensure that all members of society can achieve an equal result.

Equality and Justice are fundamental principles of the UN Convention on the Rights of Persons with Disabilities \Rightarrow (UN Convention on the Rights of Persons with Disabilities).

All people, regardless of disability, gender, age, ethnicity, religion, language, or social status, should have equal access to public resources.

If a person needs individual support, then it is provided to him or her, which contributes to the creation of a truly inclusive society. This is social justice.

In order for all people to have access to resources, it is necessary to break down systemic barriers and create a universal design \Rightarrow (Universal Design) that provides access to public resources for all people, including those with disabilities.

HABILITATION AND REHABILITATION

Habilitation is a process aimed at helping people acquire new skills, abilities, or knowledge. For example, a child with cerebral palsy may need the help of a physical therapist to learn how to sit. Another child may need a speech therapist to learn how to pronounce the "R" sound. Since both skills are ones, children have yet to master, the learning process in these cases is called habilitation.

Rehabilitation is the process of restoring a person's skills, abilities, or knowledge that have been lost or impaired because of the acquisition of a disability or changes related to a person's health. For example, teaching a blind person to use a tactile cane or restoring the independence of a person using a prosthesis installed after a leg amputation.



The primary areas of rehabilitation are:

Social (re)habilitation is the development of a person's ability to live in a social environment, his or her integration into society, and the prevention of isolation. These are also changes in the social environment in which a person can satisfy his or her needs and realize his or her potential. Examples: developing a person's self-care skills (personal hygiene, daily household activities, safety).

Psychological (re)habilitation is the improvement and quality of life of people with disabilities through the restoration or development of social, emotional, and cognitive skills, independence, and communication. Examples: behavioral therapy, art therapy, book therapy, individual or group conversations.

Medical (re)habilitation is the restoration or compensation of impaired or lost functions of the body and the improvement of human health by overcoming the pain syndrome. Examples: physiotherapy, drug therapy, medical massage, spa treatment, prosthetics (restoration of function, such as a bionic arm prosthesis), and orthotics (activation of function, such as a back brace).

Professional (re)habilitation is the preparation (training) or return (retraining) of a person to perform professional duties or any work activity that corresponds to his or her capabilities and abilities. Examples: employment assistance and support during work; adaptation to the workplace; vocational guidance or retraining; job skills training (for example, computer literacy).

Physical (re)habilitation is the use of physical exercises and human resources to form or restore functions that contribute to life in various areas (self-service, education, work, sports, etc.). Examples: massage, physiotherapy, mechanotherapy, and occupational therapy.

Technical rehabilitation is the use of technology to meet the needs of people with disabilities, which allows for the removal of barriers and the creation of more opportunities for people with disabilities in the fields of education, employment, use of transport, sports and recreation, and self-service in everyday life. Examples: learning to use an exoskeleton or hearing aids; wearing orthopedic shoes; and wearing special clothing.

INCLUSION AND INTEGRATION

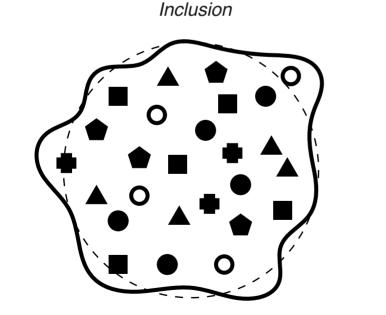
Inclusion is a process of social transformation aimed at ensuring that everyone is included in society, regardless of disability.

Integration is a process of adaptation for a person, during which he or she tries to adapt to the environment.

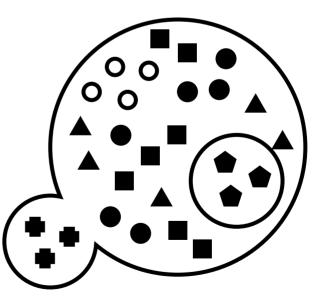
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The two concepts are different and are not interchangeable. Inclusion means that people with disabilities are equal members of society, and disability is considered a natural experience of people's lives and a norm, while people are not divided into groups according to their characteristics. Integration means that people with disabilities are included in society, but at

the same time they remain a separate part. The differences between inclusion and integration are illustrated in the figure.



Integration



Inclusion reflects the social model of disability, in which conditions must be created in the environment for the inclusion of people with disabilities in society. Whereas integration implies that people with disabilities must try to participate in society.

This concept includes several meanings, among which:



rules of conduct, social norms and values, communication, and human behavior in relation to people with disabilities;



a culture that recognizes the diversity of society and the uniqueness of each person;



organization of an accessible and safe environment or conditions under which the development of all members of society and the disclosure of their potential (for example, creative, educational, or professional) are stimulated;



a culture of interaction, cooperation, and mutual assistance where every person has equal rights and opportunities, regardless of disability, race, gender, ethnicity, age, language, social status, religion, life experience, etc.



Examples of an inclusive culture

Performance created by French choreographer Sadeck Waff at the Tokyo 2020 Paralympic Games Closing Ceremony, as the next games will be held in France. He invited 128 artists to perform the dance, including people with physical and sensory disabilities.



In the photo, a group of people is performing a dance using hands.

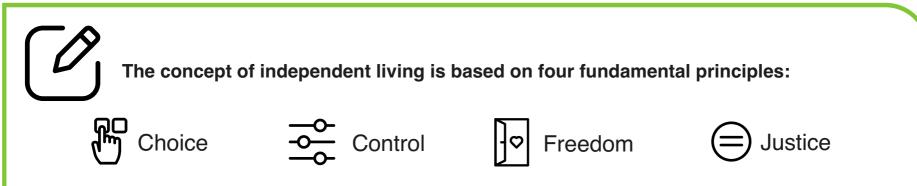


In the photo, two teenagers with disabilities—employees of inclusive cafe. (O) solomon_sandwiches

Employees of Solomon Sandwiches, the first inclusive cafe in Bishkek, which officially employs young women and men with intellectual, psychosocial, and physical disabilities. This cafe has an inclusive culture.

INDEPENDENT LIVING

It means that individuals with disabilities are provided with all necessary means to enable them to exercise choice and control over their lives and make all decisions concerning their lives. It is an opportunity to participate in the life of society, in social, political, and economic processes, to have access to residential and public buildings, transport, communication, social protection, employment, and education, to perform social roles, and to start a family. The concept of independent living implies the presence of social support that promotes equality and justice \Rightarrow (Equity and Justice), as well as overcoming existing barriers and social exclusion.



People with disabilities have the right to make choices about their lives and to set themselves the same goals as other members of society. The decision depends on desire and circumstances. But for people with disabilities, the same opportunities as other people to get support services must be provided. However, control of their lives remains with people with disabilities. Freedom allows people not to be dependent on the environment and other people, and social justice equalizes their chances of being involved in society.

One of the most important conditions for independent living is the creation of a universal environment ⇒ (Universal Design).

MULTIMODAL APPROACH

This is an approach in which information is provided in different modalities, i.e., ways of perception and processing of information. Perceptual modalities are auditory, visual, kinesthetic, and verbal. People with certain disabilities may have impairments in one or more ways of perceiving, for example, vision, hearing, or speech. In order for every person, regardless of disability or type of perception, to have access to the environment, it is important to provide information in different modalities, in the so-called multimodal format.



Information in various forms allows people with different disabilities to perceive it by using their leading channels (for example, hearing, vision, and tactile sensations).

The use of a multimodal approach makes information more accessible to people with different disabilities.

The multimodal approach is the basis of Universal Design \Rightarrow (Universal Design) and Accessibility \Rightarrow (Accessible Environment).

This approach should be actively introduced into the media so that more people with disabilities will be able to receive information through various communication channels. People with hearing impairments will have access to information in video format if it is supported by sign language. People with visual impairments will be able to read printed material in Braille or large print, as well as in electronic format. If it highlights hyperlinks in a certain color, then the text will become accessible to people with color blindness.

NEURODIVERSITY

Brain studies have shown that people perceive the world around them and interact with it differently; there is no single "correct" way of thinking, learning, and behaving because the brain is arranged differently, and this is reflected in communication, learning characteristics, attention, mood, and other mental functions. This is called neurodiversity or neurodivergence.

sociologist Australian Judy Singer coined the term to promote equality and inclusion in society for people with neurological differences. This has made it possible to counter the notion that some neurodevelopmental disorders are inherently pathological and to promote a social model of disability in which social barriers are a major factor in disability.



The picture shows human brain networks.

The term "neurodiversity" is actively used in the context of autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), speech developmental disorders, dyslexia, dyspraxia, dyscalculia, dysnomia, bipolarity, schizophrenia, Tourette's syndrome, and other disorders. According to the social model \Rightarrow (Disability Models), these disorders are not human flaws and do not require medical intervention in the form of correction. These people need support, services, communication, assistive technology, and environmental adaptations, including using the correct language for them.

The term neurodiversity expands the understanding and acceptance that people with disabilities are just like everyone else and therefore have the right to respect, expression, and independent living
→ (Independent Living). Their experience is part of human diversity.

"NOTHING ABOUT US WITHOUT US!"

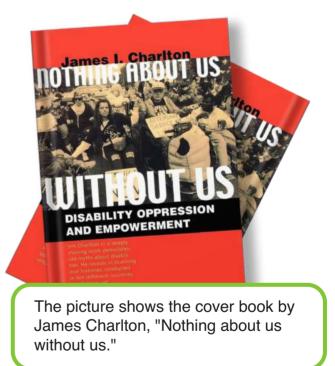
This is a basic principle of the UN Convention on the Rights of Persons with Disabilities, which means that decisions on all issues related to disability should be made only with the participation of people with disabilities, including children.

People with disabilities have the right to express their opinion on issues in their lives that should be considered, including so that they can participate to the maximum extent in the life of the whole society.



The slogan "Nothing for us without us!" has been used for hundreds of years in various cultures to convey the idea that no policy should be determined without the full and direct participation of the members of the group (or groups) affected by the policy. This applies to people isolated from political, social, and economic opportunities.

In the 1990s, writer and disability rights activist James Charlton applied the slogan to the disability rights movement by writing a book of the same name. He makes sure that people with disabilities know better what is needed for them. Therefore, they must contribute to the development of legislation, policies, and arrangements that best suit their needs. The motto has become used by a global movement promoting the full participation of people with disabilities in the social, political, cultural, and economic life of society. This contributes to the development of a truly inclusive society and the removal of barriers that hinder the realization of the rights of people with disabilities.





In the photo: walking march: people, wheelchair users, moving along the road in an organized manner.

In Kyrgyzstan, this motto became widely known because of the annual marches in Bishkek and then around Lake Issyk-Kul, which brought together people with disabilities from different countries. The marches were held under the motto "Nothing for us without us!" and were organized to support Kyrgyzstan's ratification of the UN Convention on the Rights of Persons with Disabilities. The initiator of these marches is the public association "Equality". Marching in Kyrgyzstan has become a tradition and is currently ongoing to eliminate negative stereotypes about disability in society.

ORGANIZATIONS OF PEOPLE WITH DISABILITIES

These are organizations where the majority (51%) are people with disabilities, functionally represented at all levels, from staff to management of the organization, as well as involved volunteers.



Disability organizations are advocacy organizations working at the regional, national and/or international levels to change policies and ensure equal rights and opportunities for people with disabilities.

General Comment No. 7 of the UN Convention on the Rights of Persons with Disabilities provides criteria for identifying such organizations:

These organizations are created primarily to promote and protect the rights of people with disabilities and their families;

Hiring of employees and representation of organizations is carried out by people with disabilities;

Organizations may be local, national, regional, or international in scope;

Organizations may represent people of one or more types of disabilities or be open to membership of all people with disabilities; Organizations represent the interests of diverse groups of people with disabilities (for example, different gender, sex, ethnicity, age, migrant or refugee status);

In most cases, these organizations are not associated with any political party and are independent from government authorities and any other on-governmental organizations;

Organizations can act as individual associations, coalitions, cross-sections, or umbrella associations of people with disabilities.

PARALYMPIC GAMES

This is an international sporting competition for people with disabilities that takes place in the same year as the Olympic Games and uses the same facilities.

During the Second World War, in 1944, by order of the British government, the English neurosurgeon Ludwig Guttman created a rehabilitation center for people with spinal cord lesions at the Stoke Mandeville Hospital in Aylesbury. These were military personnel who suffered during the hostilities. Ludwig Guttman used sports to help people return to a successful life through psycho-emotional recovery and strengthen their physical strength to drive a wheelchair. In 1948, the center hosted the first competition for wheelchair athletes, which was called the Stoke Mandeville Games. They were held simultaneously with the XIV Summer Olympic Games in London to give them the status of international "running in parallel" competitions. This is where the name of the Paralympic Games was later born.

The first Paralympic Games were held in 1960 in Rome, Italy. They were held six days after the closing ceremony of the XVII Olympic Games and brought together about four hundred athletes from twenty-three countries. Eight sports were presented, including athletics, wheelchair basketball, darts, wheelchair fencing, swimming, snooker, table tennis, and archery. The games currently include 22 summer and six winter sports. If at the beginning of the development of the Paralympic Games only people using wheelchairs participated, now there are athletes from ten categories of disabilities, including people with physical disabilities, visual impairments, and intellectual impairments.



In the photo, blind Brazilian athlete Terezinha Guilhermina and her assistant Guilherme Santana achieved an emotional victory at the 2012 Paralympic Games in London.

(O) terezinhaguilherminaoficial

The photo shows a storm of emotions for the blind athlete from Brazil, Teresinha Guillermina, and her assistant, Guilherme Santana, after their victory at the 2012 Paralympic Games in London. The assistant gives verbal cues and assists in navigation for an athlete with visual impairments during the marathon distance. Such assistance is regulated by the rules approved by the World Para Athletes.

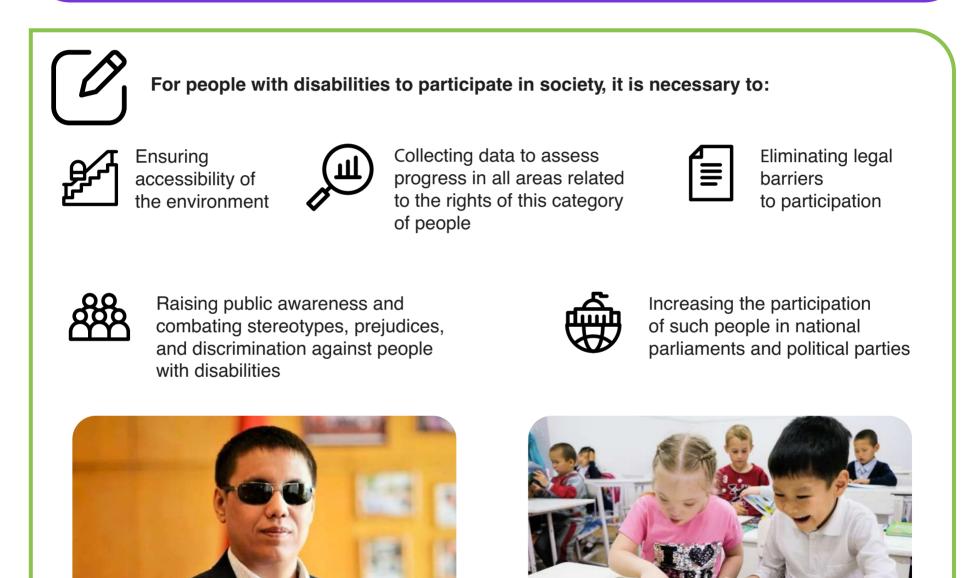
In 1984, the International Olympic Committee officially approved the name of these games, and in 1989, the International Paralympic Committee was created. The Paralympic Games are an international sporting event that promotes social inclusion, thereby promoting the rights of people with disabilities.

In 2004, the Paralympic Committee was created in the Kyrgyz Republic, and in 2014, the National Federation of Disability Sports. In 2016, the Jogorku Kenesh adopted the Law "On Paralympic Sports in the Kyrgyz Republic". According to this, the development of paralympic sports should be supported by the state and local governments. Thus, Article 14 of the law establishes a norm obliging the government to allocate at least 3% of funds from the national and local budgets to the development of paralympic sports. Currently, there are several sports federations in Paralympic and non-Olympic sports in Kyrgyzstan: table tennis, archery, alpine skiing, cycling, powerlifting, arm wrestling, wrestling, taekwondo, triathlon, judo, canoeing, tennis, and swimming.

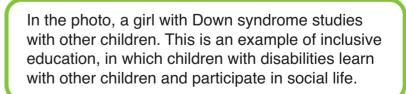
PARTICIPATION

This is the participation of people with disabilities in political and public life, in the life of local communities, and in the decision-making process, affecting not only the lives of people with disabilities but also the entire society.

The full and effective participation of such people in society is one of the fundamental principles of the UN Convention on the Rights of Persons with Disabilities \Rightarrow (UN Convention on the Rights of Persons with Disabilities).







The participation of people with disabilities in society is hampered by negative stereotypes, attitudes, and prejudices about disability, inaccessible environments, poverty, legal and administrative barriers, and segregation in education.

To ensure participation, the state must support organizations of people with disabilities or represent their interests \Rightarrow (Organizations of People with Disabilities).

PERSONAL ASSISTANT

This is a person who provides the support that a person with a disability needs to live their life as other members of society do. The support of a personal assistant is aimed at ensuring that a person has the same freedom of choice as other people in relation to housing, transport, education, and employment.



visiting medical workers;

The basic principle of the work of a personal assistant is that a person with a disability chooses and controls a personal assistant, determines the tasks for performing the functions of a personal assistant, and sets a schedule of work and activities.

In different countries, personal assistant services are organized as follows:

- in most countries, they are funded by the state and regulated by standards and rules;
- in some countries, agencies are used to collaborate with unemployed citizens;
- communities have a program for the inclusion of people with disabilities.

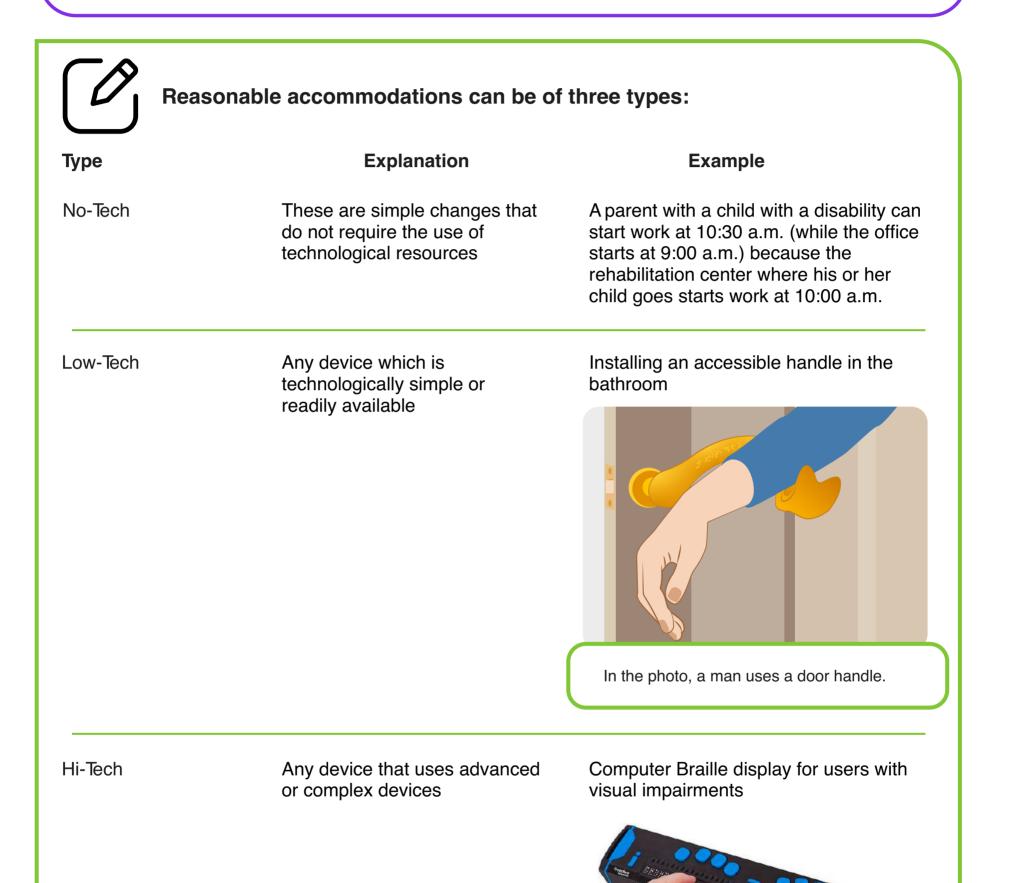


In the photo: a still from the movie "1+1", where the main character of the film, with the help of an assistant, moves in a wheelchair.

The film "1+1" was made about the service of a personal assistant in 2011: French directors Olivier Nakache and Eric Toledano told how the main character hires a personal assistant who changes his life.

REASONABLE ACCOMMODATIONS

The UN Convention on the Rights of Persons with Disabilities defines reasonable accommodations as necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment of exercise on an equal basis with others of all human rights and fundamental freedoms.





Reasonable accommodations promote equal access and the ability of people with disabilities to function and participate in society, therefore the concept of "reasonable accommodation" must be included in the legislation of states that have ratified the UN Convention on the Rights of People with Disabilities.

RESPITE CARE

Temporary care is provided by the state for children or adults with disabilities to provide short-term relief to parents or caregivers. It is organized only in the afternoon, for several days or weeks. Care can be provided at home, in a medical facility, or in a day center (not only for children but also for adults).



Respite care means one-time or regular care (which may be funded by health or social protection) and supervision for the purpose of:



releasing family members from constant caregiving responsibilities;



providing adequate care and supervision to ensure the person's safety in the absence of the family member;



helping family members so that a person with a disability can stay at home



meeting basic needs for self-care and other activities that would normally be performed by a family member.

Respite services can be provided in the local community by community organizations or by government service providers. Many countries use a voucher system for this. Vouchers are a means by which a family can directly select a provider through payment, coupon, or other means (through disability allowances). At the same time, providers of the "respite" service must have a license and appropriate qualifications and conditions for providing the service.

RIGHTS-BASED APPROACH IN DISABILITY

This is an approach based on the realization of the rights of people with disabilities on an equal basis with other members of society. It is based on the idea that disability should be respected and supported in all its forms, as it is a natural part of human diversity. Disability should not be a reason to restrict a person's rights to education, employment, voting in elections, participation in sports and cultural events, social protection, access to justice, health services, maintaining a bank account, purchasing housing, marriage, and other rights. This approach underpins the UN Convention on the Rights of Persons with Disabilities) and aims to eliminate discriminatory practices against people with disabilities.

The basic principles of a human rights-based approach are set out in the UN Convention on the Rights of Persons with Disabilities:

- respect for a person's inherent dignity, his or her personal autonomy, including freedom of choice, and independence;
- non-discrimination (equal treatment for everyone);
- full and effective involvement and inclusion in society;
- respect for the characteristics of disability and their acceptance as a component of human diversity and an integral part of humanity;
- equality of opportunity;
- accessibility (free access to vehicles, public places, and information and the impossibility of denying access based on disability);
- equality between men and women (children also have equal opportunities);
- respect for the developing abilities of children with disabilities and respect for their right to maintain their individuality.

The UN Convention on the Rights of Persons with Disabilities has an article dedicated to protecting the rights of women and girls with disabilities, as they are more likely to face barriers in all areas of life. These barriers create situations of multiple and intersecting forms of discrimination \Rightarrow (Disability Discrimination), particularly in education, economic opportunity, justice, and participation in political, social, and public life. Special attention is paid to children with disabilities who need protection of their rights, the provision of services, and the opportunity to express their opinions on issues affecting their lives.

A rights-based approach is promoted by a variety of organizations and communities, including organizations of people with disabilities, working at the regional, national, and/or international levels. Their goal is to change policies, ensure equal rights, and equal opportunities for people with disabilities ⇒ (Organizations of People with Disabilities).

SERVICE ANIMALS

An animal that is individually trained to help people with disabilities and accompany them in all places, including public ones. An assistive animal is classified as an aid and is called a guide \Rightarrow (Assistive Technologies).



Although diverse types of animals can be trained to perform a variety of tasks to assist people with disabilities, including cats, horses, monkeys and birds, dogs are by far the most common animal guides.

Assistance animals can have different functions: assistance, emotional support, and therapy.

Giving help. Specially trained animals help people with visual impairments navigate public places. They can be taught to open doors, recognize traffic lights, guide their owners safely along public streets, and navigate crowds. A guide dog can help people with hearing impairments by responding to doorbells, a ringing telephone, or others calling on the person; helps people with mobility difficulties maintain balance.

Emotional support. Animals also provide important companionship and emotional support to owners who might otherwise be isolated due to a disability. They create a close emotional connection with a person.

Therapy. Animals help people cope with anxiety or stress. There are now experienced training dogs to recognize and respond to the needs of people with autism spectrum disorder (ASD); Some people with ASD state that they are more comfortable interacting with animals than with human caregivers due to challenges with eye contact, touch, and communication. The animals can also notify the owner of an impending seizure, the need to take medication, and are trained to call emergency services in emergencies using a phone with specially designed large buttons. Service animals can also be trained to alert people to the presence of an allergen.

Apopular breed among guide dogs is the Labrador Retriever. This dog breed is friendly, easy to train, and not prone to aggression towards other animals. They have short hair, which makes them easier to groom.

SIGN LANGUAGE

This is an independent language, consisting of movements of the hands and fingers, mouth, lips, facial expressions, and changes in the position of the body. Sign language is used for communication between deaf people and people with hearing impairments. It has its own linguistics, syntax, morphology, and grammar.

Sign language uses a combination of several methods of communication:

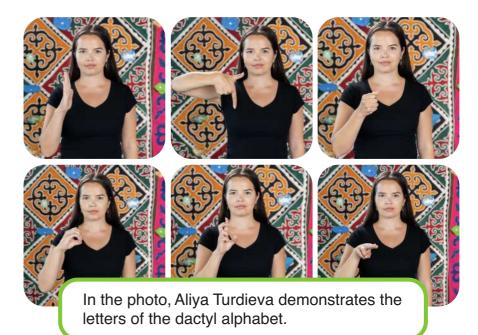
Sign language, in which certain gestures represent whole words. One gesture includes up to five elements: the shape of the hand, its location, the direction and nature of movement, and facial expressions.



In the photo, Aliya Turdieva demonstrates words in sign language.

Fingerprinting is the letter-by-letter transmission of words.

Fingerprinting is the reproduction of letters of the dactyl (finger) alphabet using the fingers. This method is used to convey names, place names, or clarify certain terms and gestures.



Non-manual components: movements of the lips and tongue; facial expressions of the mouth; head and body movements

Non-manual components include articulation, consisting of "mausing" (silently pronouncing words of a sounding language with the lips) and lip gestures (mouth gestures), reproduced independently of the sounding equivalent. Labial gestures include adverbials (peculiar analogues of adverbs in sign language that describe a sign of action), echo-phonological articulation (simple repetition with the lips of the same information that a hand gesture conveys), reproducing gestures (the mouth depicts some action—biting, screaming, chewing, etc.), and articulation in the context of general facial expressions (for example, a facial expression of disgust).

There are more than three hundred sign languages in the world, which, according to the International Federation of the Deaf, are used by about seventy million people. In some countries, sign language has the status of a state language and is included in the constitution, which guarantees the right of people using sign language to translation (from sign to audio language and vice versa).

The UN Convention on the Rights of Persons with Disabilities recognizes and encourages the use of sign languages.

The UN General Assembly proclaimed September 23 as International Day of Sign Languages to raise awareness of the importance of sign languages in the process of fully realizing the rights of the deaf and people with hearing impairments.

Kyrgyzstan uses sign language in Russian.

SPECIAL OLYMPICS

This is an international multi-sport event for people with intellectual disabilities, held every four years.

The founders of the Special Olympics are Eunice Kennedy Shriver and Sargent Shriver, who created the first sports camp for children and adults with disabilities. The Special Olympics were first held in Chicago, USA, in 1968, with about 1,000 people taking part. In December of the same year, the Special Olympics organization was created and received charitable status. Over the years, more than three million people from 180 countries have become participants in the Special Olympics movement.

All participants are divided into divisions depending on their athletic training. There are no winners or losers in the Special Olympics; awards are given for diligence and the will to win, not for records. First to third places receive medals, and fourth to eighth places are awarded ribbons. Also, at the Special Olympics, there are no team competitions between different countries. Games are held to socialize people with disabilities and interact with the outside world, improve self-esteem and confidence, expand the life experience of participants (acquiring skills and personal achievements), and improve functional capabilities.

The official sports of the Special Olympics are swimming, golf, athletics, handball, basketball, judo, badminton, artistic gymnastics, rhythmic gymnastics, bocce, powerlifting, bowling, roller skating, cycling, sailing, equestrianism, softball, football, table tennis, tennis, volleyball, alpine skiing, short track, cross-country skiing, snowboarding, figure skating, snowshoe racing, and floor hockey.

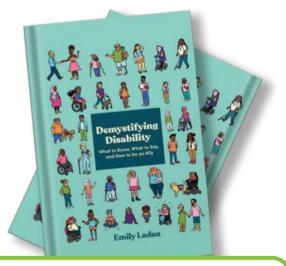
TOKENISM

Formal or symbolic inclusion of people with disabilities to create the appearance of their participation in decision-making or to convey the impression of inclusion and diversity.

A person with a disability may be invited to become a member of a working group to develop a draft law, government program, or official document. However, he or she is not given the authority to make suggestions or ideas. In this case, a person is used to appear "inclusive" or "democratic" in the eyes of the public by demonstrating his or her disability.

To avoid tokenism, it is important to adhere to the fundamental principle of the UN Convention on the Rights of People with Disabilities, "Nothing about us without us!", which is based on the fact that decisions on all issues related to disability should be made only with the participation of people with disabilities \Rightarrow ("Nothing About Us Without Us!", "Participation", and "Organizations of People with Disabilities")

World-renowned disability rights activist, writer, and speaker Emily Ladau's book, Demystifying Disability, argues that the portrayal of disability in children's literature often amounts to tokenism. Characters with disabilities are included in works as symbolic characters who are considered "other". At the same time, their depictions in works are most often stereotypical, even though their authors, when creating such heroes, may have the best intentions.



The picture shows the cover of Emily Ladau's book, "Demystifying Disability.

TRANSDISCIPLINARY APPROACH

It is a family-centered approach to serving people with disabilities and their families. In this approach, a transdisciplinary team of specialists works, and the person with a disability and his or her family are involved at all stages of the work: in assessing his or her capabilities, problems, strengths, and weaknesses; in planning, implementing, and evaluating the effectiveness of the assistance program. Members of this team communicate closely with each other and convey information to each other about the situation of the person with a disability, his or her development, needs, capabilities, and interests. One of the specialists on the transdisciplinary team is determined by the service coordinator, who coordinates assistance, organizes interaction between the family and other specialists, and accompanies the person with a disability and his family until the completion of the work or closure of the case.

People with disabilities may have diverse needs and receive services from agencies (health, education, social protection, rehabilitation services, etc.). Research shows that the most effective format is an integrated service delivery format that limits the number of specialists involved. Therefore, in modern practice, assistance is provided by groups of specialists included in teams according to different principles (see diagram). In a multidisciplinary approach, services are provided to a person and his or her family by different specialists at the same time, focusing on one of the tasks. The interdisciplinary team develops a plan of care together, but each specialist or service provides it separately. The transdisciplinary approach aims to maximize the coordination and comprehensiveness of services to meet all the needs of individuals and their families. Unlike other approaches, it reduces the fragmentation of services and reduces the likelihood of conflicting and confusing recommendations from specialists to a person with a disability and his or her close circle.

Diagram "Multidisciplinary, interdisciplinary and transdisciplinary approaches"

Multidisciplinary Interdisciplinary **Transdisciplinary** approach approach approach Services are planned jointly Services for a person with a The planning and provision but are provided separately disability and his or her of services are conducted family are provided in by each service jointly by all services parallel by different services Team Person with Person with disabilities Person with disabilities disabilities and his or and his or her family and his or her family her family

UN CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES

It is an international agreement between participating countries that undertakes to respect and promote the provisions of the treaty and recognizes the competence of the international treaty body (here: the UN Committee on the Rights of Persons with Disabilities) to consider the national situation.

The purpose of the Convention is to promote, protect, and ensure the full and equal enjoyment by all persons with disabilities of all human rights and fundamental freedoms and respect for their dignity. The Convention is based on the principles of a human rights approach \Rightarrow (Rights-Based Approach in Disability).

The Convention sets out the following rights:

- Article 5 Equality and non-discrimination
- Article 6 Women with disabilities
- Article 7 Children with disabilities
- Article 8 Awareness-raising
- Article 9 Accessibility
- Article 10 Right to life
- Article 11 Situations of risk and humanitarian emergencies
- Article 12 Equal recognition before the law
- Article 13 Access to justice
- Article 14 Liberty and security of person
- Article 15 Freedom of torture or cruel, inhuman, or degrading treatment or punishment
- Article 16 Freedom from exploitation, violence, and abuse
- Article 17 Protecting the integrity of the person
- Article 18 Liberty of movement and nationality
- Article 19 Living independently and being included in the community
- Article 20 Personal mobility
- Article 21 Freedom of expression and opinion, and access to information
- Article 22 Respect for privacy
- Article 23 Respect for home and the family
- Article 24 Education
- Article 25 Health
- Article 26 Habilitation and rehabilitation
- Article 27 Work and employment
- Article 28 Adequate standard of living and social protection
- Article 29 Participation in political and public life
- Article 30 Participation in cultural life, recreation, leisure, and sport
- Article 31 Statistics and data collection
- Article 32 International cooperation
- Article 33 National implementation and monitoring

Articles 33 to 50: Provisions on cooperation, monitoring and implementation of the Convention.

The Convention establishes an international authorized body, the UN Committee on the Rights of Persons with Disabilities, which is responsible for international monitoring of the provisions of the Convention. The Committee consists of independent experts and performs the following functions oversees the implementation of the Convention and considers periodic reports of state parties and interested parties on the implementation of the Convention. Currently, eighty-five states and the European Union have ratified the convention. On February 7, 2019, the Jogorku Kenesh of the Kyrgyz Republic adopted the law "On the Ratification of the UN Convention on the Rights of Persons with Disabilities, adopted by the United Nations General Assembly on December 13, 2006, and signed on September 21, 2011".

All States Parties are required to submit regular reports to the Committee on the implementation of relevant rights. States must submit a report within two years of ratifying the Convention and every four years thereafter, or whenever the committee so requests. It examines each report and presents its views and recommendations to the state party in the form of "concluding observations".

Monitoring the implementation of the Convention at the national level is carried out through three mechanisms:

one or more authorities are appointed in the government to oversee the implementation of the Convention; states establish a coordination mechanism to facilitate the implementation of the Convention in various sectors and at various levels;

States establish or designate a structure that includes one or more independent mechanisms to promote, protect, or monitor the implementation of the Convention.

The active involvement of organizations for people with disabilities in all stages of monitoring is mandatory.

In Kyrgyzstan, one of such bodies is the Council for Persons with Disabilities under the Government of the Kyrgyz Republic, created in 2020, which includes representatives of government bodies, public organizations of people with disabilities, and the civil sector. The Council is a permanent collegial advisory body on issues related to solving the problems of people with disabilities in the Kyrgyz Republic and developing effective state policy in the field of disability \Rightarrow (Disability Policy).

After ratification of the Convention, the Optional Protocol was adopted, which established a mechanism for considering individual complaints regarding the Convention submitted to the UN Committee on the Rights of Persons with Disabilities.

UNIVERSAL DESIGN

According to the UN Convention on the Rights of Persons with Disabilities, "Universal Design" means the design of products, environments, programs, and services to make them most suitable for use by all people, without the need for adaptation or special design.

This design is called universal because it is created for the widest possible range of people without requiring separate conditions for a specific group. Universal Design does not exclude assistive devices for specific groups of people with disabilities where they are needed.

Creating Universal Design includes a wide range of ideas and solutions aimed at making the buildings, facilities, technologies, facilities, and services that people need accessible.



There are seven principles that are recommended to be followed when creating Universal Design.

Principles of Universal Design

Principle

Explanation

Equitable Use

All people should be able to independently use the necessary facilities, technologies, tools, and services.

Example

A barrier-free entrance to the building with automatically sliding doors allows access for people with different needs.



In the photo: the doorway of the entrance to the Technopark public building (Bishkek).

Flexibility in use

Design must meet the needs of different people in such a way that they do not have to adapt to use the necessary facilities, technologies, and services.

A chair whose height can be adjusted will be comfortable for people of different heights.



In the photo, there is an office chair with the possibility of fixing different heights.

Simple and **Intuitive Use**

The design should be such that anyone can understand how to use a space or object, regardless of their experience, knowledge, culture, language level, or attention span.

Instructions in the form of pictograms (a diagrammatic picture of an object or action) are a way to provide important information in a visual format.



Perceptible Information

Information must be accessible to people with different sensory perceptions, and at the same time, it must be transmitted in diverse ways (auditory, visual, kinesthetic, tactile).

Subtitles (text accompaniment of videos) help the deaf and people with hearing impairments perceive video and film products.



In the picture: a still from the film Breakfast at Tiffany's (1961) with credits.

Tolerance for Error

It is important to recognize that human error may occur during use, so the design must be as safe as possible and include the consequences of accidental actions.

Tactile (kinesthetic) paths allow you to warn blind people and people with visual impairments about entering the roadway.



In the photo, there is a street kinesthetic track.

Low Physical Effort Anyone, regardless of physical ability, can use the necessary facilities, technologies, tools, and services.

Soap dispensers make handwashing easier.



In the photo, you can touch the soap dispenser by bringing your hands to it.

Appropriate Size and Space for **Approach and Use**

Facilities must have sufficient space to ensure that all people, including a person using a wheelchair, a child, or an elderly person, have access and can move around freely.

Objects, facilities, technologies, and services must be accessible to people, regardless of their size, height, or degree of mobility.

Wider doorways provide wheelchair users with access to the building.



In the photo, there is a widened doorway entrance to the Technopark coworking center (Bishkek).

A white cane is used as a mobility aid for blind and visually impaired people. It is white in color, so others can identify it.

The white cane was invented by Guilly d'Herbemont in 1931 in France to help guide World War I veterans with visual impairments.

There are several types of canes:

The long (support, standard, stationary, solid) cane is designed as a mobility tool used to detect objects in the user's path. The length of the cane depends on the height of the user, from the floor to his chest. At the end of a long cane, there is a tip, rounded or pointed. Its use requires training by a rehabilitation specialist.

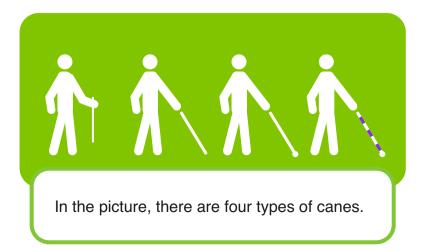
Symbolic (identification) cane: A shorter cane, not usually used for mobility. It is necessary to warn others that a person has a visual impairment. For example, a pedestrian using such a cane can warn drivers that they need to be careful on the road. Some people use a symbolic cane to check the edges of stairs, curbs, doors, and window frames.

The guide cane, usually sized from the floor to the waist and used for protection, provides the user with information about the environment one step ahead. This cane is used for scanning curbs and steps on uneven surfaces in unfamiliar places. To ensure proper use and safety, it is recommended that you receive training from a rehabilitation professional.

A support cane is designed to provide physical stability to the user, and the cane also serves as a means of identification. This cane has limited potential as a mobile device. This cane is used not only by people with visual impairments but also by those who need support for physical balance.

Children's cane: This option functions the same as the adult long cane but is designed for use by children and is therefore smaller and lighter.

Modern versions of the white cane may include a miniature ultrasonic sonar for "feeling" distant objects as well as a device for GPS navigation.

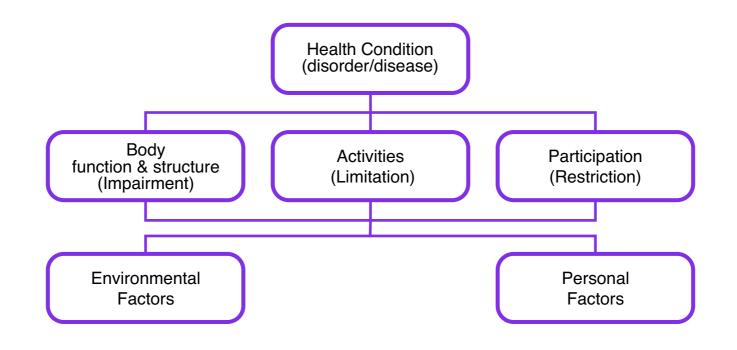


On the initiative of the International Federation of the Blind, October 15 was proclaimed International White Cane Day in 1970. The main purpose of this day is to raise public awareness about visual impairment.

WORLD HEALTH ORGANIZATION (WHO) INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY, AND HEALTH

This is the standard officially approved by all WHO member countries at the Fifty-fourth World Health Assembly on May 22, 2001. It proposes to reconsider the concepts of "health" and "disability" through the prism of a social model \Rightarrow (Disability Models), whereas previously disability was viewed as a biological dysfunction or disease. According to the ICF, disability is the result of complex interactions between the individual and contextual factors (environmental and personal factors) \Rightarrow (Disability).

Diagram "WHO International Classification of Functioning, Disability, and Health, 2001"



The ICF is one of three key components of the WHO "family" of international classifications (see diagram). The International Classification of Diseases focuses on diseases; the International Classification of Functioning, Disability, and Health identifies the effects of diseases and other factors in people's lives; and the International Classification of Health Services focuses on the delivery of health care services.

Diagram "WHO Family of International Classifications (WHO-FIC)"



The ICF consists of two parts. The first addresses issues of functioning and disability, and the second considers contextual factors. Each part consists of two components:

Functioning and limitations of life (component "Functions and structures of the body" and component "Activity and participation");

Context factors (environmental factors and personal factors).

The ICF is used in the fields of healthcare, rehabilitation, education, social protection, sports, and other areas, not only for people with disabilities but for all people with limited functioning.

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