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# **UNPRPD Guidance For Conducting a Situational Country Analysis of the Rights of Persons With Disabilities in Humanitarian Contexts**

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# 1. Introduction

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The UN Partnership on the Rights of Persons with Disabilities (UNPRPD Fund) is a unique funding mechanism that brings together UN entities, governments, humanitarian actors, organizations of persons with disabilities (OPDs) and broader civil society to support the implementation of the Convention on the Rights of Persons with Disabilities (CRPD), disability inclusive Sustainable Development Goals (SDGs) and inclusive humanitarian action. UNPRPD provides resources to participating UN organisations (PUNOs) to jointly implement programmes working in partnership with OPDs, governments and broader civil society. UNPRPD works through three strategic approaches: catalytic programme funding, knowledge management and context relevant capacity building to support inclusive systems and policies.

The UNPRPD recognises a rights-based approach to disability, which is grounded in the CRPD and its associated guidance. This means that sustainable change will require empowerment and meaningful participation of persons with disabilities and their representative organisations (rights holders) and acceptance and capacity of duty bearers to fulfil their obligations and to be accountable.

A critical element of UNPRPD's funding is to support inclusion of persons with disabilities as a key priority in development and humanitarian contexts and in disaster risk reduction planning, climate adaptation planning and emergency recovery processes.

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## 2. Why a country analysis?

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Many countries struggle to transform the commitments CRPD into concrete policies, systems, and services in their development agenda. In humanitarian contexts the challenges are even bigger. Persons with disabilities around the world are disproportionately impacted by humanitarian crises, climate change, natural disasters, and conflict situations. They continue to face high levels of discrimination when trying to access information, food, shelter, evacuation systems, basic services etc.. Also, the crisis itself increases the number of persons with disabilities (due to injuries and psychological stress), who will need support and empowerment. At the same time, the crisis puts a stress on human and financial resources of governments, which reduces the ability to fulfil their CRPD obligations.

Article 11<sup>1</sup> of the CRPD and the General Comment of the Committee outlines the obligation of governments and the international community to take all necessary measures to ensure the protection and safety of persons with disabilities in

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<sup>1</sup> [Article 11 | Source \(asksource.info\)](#)

situations of risk, including: armed conflict; humanitarian emergencies; and, natural disaster. It is urgent that governments and humanitarian actors deliver on these commitments. Persons with disabilities must be deliberately and explicitly included in humanitarian and recovery systems, plans, programmes, and services. These interventions must be CRPD compliant. The UN, its bilateral and humanitarian partners can play a decisive role if basing their interventions on a rights-based analysis of the systemic gaps and opportunities. Countries that are recovering after a crisis, must use the opportunity to build back better and in compliance with CRPD. To provide the right kind of support it is important to understand:

- Who are the key stakeholders and what are their roles, mandates/power, capacities and level of interest in disability inclusion?
- What was the national development context for persons with disabilities before the crisis (laws, plans, policies, systems and practices – including emergency plans, disaster risk reduction plans, climate adaptation plans)? To what extent were persons with disabilities able to influence these plans and policies? Could the gaps in laws, policies and systems that existed pre-crisis be used to inform actions in the response and recovery phase? Could pre-existing good practices be further developed and built on in the response and recovery phase?
- What is the reality facing persons with disabilities on the ground during the crisis (both those who had a disability before the crisis and those who acquired a disability due to the crisis)? How are they disproportionately affected? To what extent are they included in response plans, programmes and actual services? To what extent have OPDs been able to influence these plans and programmes? What are the most urgent systemic gaps?
- To what extent are persons with disabilities included in recovery plans and actions? To what extent are persons with disabilities able to influence these? To what extent are they CRPD compliant? E.g. inaccessible and segregated systems (such as institutions) should not be built back.

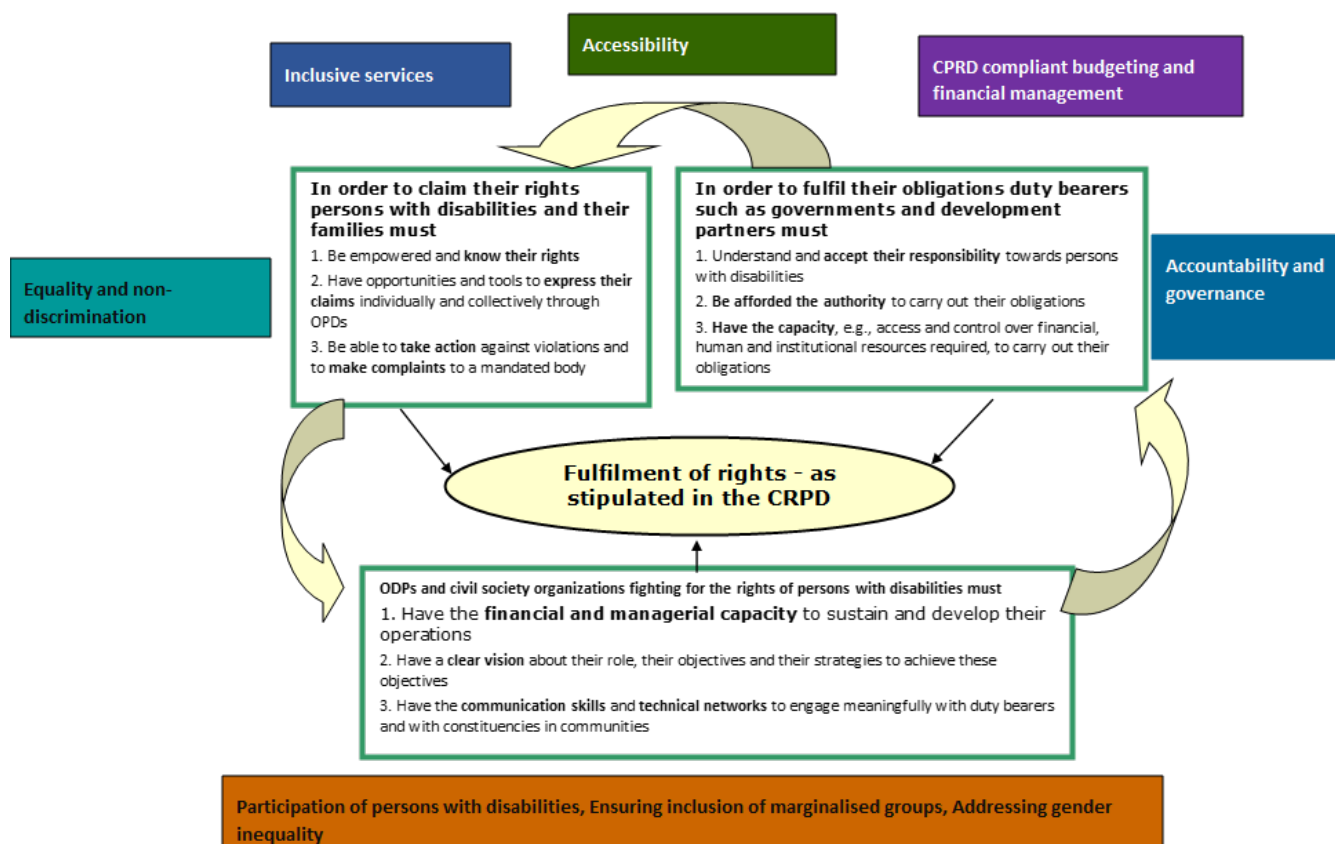
The analysis should be organised around the essential pre-conditions for disability inclusion<sup>2</sup>. It should build on a human rights-based understanding of change processes, where empowerment and collective action of rights holders (persons with disabilities and their families) is a key pre-condition along with sufficient capacity and authority (human, systemic and financial) of duty bearers to fulfil their obligations as outlined in national legislation and international conventions. In countries where duty bearers are not capable to fulfil their role due to unrest, the international community should up-hold these principles in their support.

While the preconditions were originally designed for a development context, they have been adapted to fit also a humanitarian context, as shown in the analytical framework.

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<sup>2</sup> See PRPD note: [The preconditions necessary to ensure disability inclusion across policies, services and other interventions.](#)

**Figure 1 (below): Rights Based Theory of Change and the PRPD Preconditions to ensure disability inclusion.**



Findings from the situational analysis will be used to identify key priorities where PRPD program funding can provide the biggest impact in accelerating CRPD implementation and enhance disability inclusion in broader emergency response, disaster risk reduction planning and recovery processes.

The analysis primarily is designed to:

- 1) Inform the design of future PRPD programme applications and other government and donor funded programmes.
- 2) Serve as a base line for these programmes.
- 3) Inform UN country teams of gaps in terms of disability inclusion in on-going national development, humanitarian, climate change and disaster recovery processes and programs and recommend further, in depth analysis where needed.
- 4) Build a base of mutual understanding and working relationships between UN entities, government, OPDs and other civil society organisations, as well as the private sector and academia, as a basis for future co-design of joint programs
- 5) Strengthen the capacity of above stakeholders to include and address the rights of persons with disabilities as outlined in the CRPD more effectively.

- 6) Serve as an advocacy tool for ODPs and other civil society partners, national and international.

Other uses of the analysis conducted include:

- To provide information useful for policy planning and implementation, including sectoral policies, poverty reduction policies and SDG national plans, disaster risk reduction plans, climate change plans among others.
- To provide a disability rights perspective to recovery planning and funding in countries affected by war and natural disasters.
- To compile country focused disability related analysis in one place (UNPRPD website).
- To contribute to regional and global analyses as relevant.

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## 3. Analysis process

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The Situational Analysis process needs to be sensitive to protection from harm due to the emergency situation, meaning choosing secure locations and where physical meetings could be risky then adapting to virtual modes needs to be considered. The process also needs to be sensitive to gender issues and to marginalised groups, meaning that the timing and format for meetings should ensure meaningful participation of all. The Situational Analysis should progress according to the following major steps:

1. Consult internally to determine coordination, roles and responsibilities for the process within the UNCT and partners (government, humanitarian actors and ODPs). Appoint a focal point person responsible for monitoring and coordinating the process.
2. Continue or initiate the engagement and collaboration with ODPs and government stakeholders to ensure their participation in the planning and implementation of the situational analysis.
3. Assign staff or contract external consultants to do the analysis. Depending on staffing and resources, the situational analysis can be done in several ways. Whichever way best suits the UNCT, what is critical is that the analysis is done with the guidance and inputs of ODPs and that ODPs review the analysis to validate the findings and priorities. Different ways to organise the Situation Analysis could be:
  - a. Dedicating a lead staff member from UNCT to take responsibility for the analysis in cooperation with the relevant organisations of persons with disabilities, government and other key stakeholders.

- b. Funding and supporting organisations of persons with disabilities to take responsibility for the analysis in cooperation with relevant UN agencies and other key stakeholders.
  - c. Hiring external consultant(s) to coordinate and conduct the analysis in collaboration with UNCT, OPDs government and other key stakeholders.
4. Consultant/s, government, humanitarian actors, OPDs and UNCT jointly refine and finalise a plan for the situation analysis process and submit it to the UNPRPD Technical Secretariat (TS). The plan should draw from this guidance but should be adapted to local context and priorities. It should outline how the data collection and analysis will be carried out, including the suggested methods and tools to solicit the views of marginalised disability groups.
  5. Conduct country situational analysis according to plan, with continual UNCT, government, OPDs and other key stakeholders' participation. The focal point needs to ensure that the staff engaged and/or consultants hired deliver according to the ToR and that the report is quality checked before being submitted.
  6. When the analysis is finalised, consultations should be held with all concerned stakeholders to discuss the analysis and validate findings and the key recommendations. This could be done at a multi-stakeholder workshop or in separate consultations with various stakeholders to ensure their meaningful participation.

Overall, based on the situational analysis findings and analyses, stakeholders should agree on

- the main challenges for advancing inclusion of persons with disabilities in humanitarian/emergency management programs, climate change plans, disaster risk reduction plans and in recovery plans and budgets supported by various international agencies.
  - the most important opportunities for influencing and leveraging on-going or emerging processes.
  - the most strategic and urgent key recommendations. These should be formulated in a way that they are concrete (results can be measured) and actionable by the UN (how the UN could engage to support the desired change)
7. Finalise the situation analysis report according to the outline in chapter 5.
  8. Agree with concerned stakeholders (UN, partners, government, ODPs) on joint program priorities for the UNPRPD proposal. This could be done in the validation workshop or later. For each priority, the expected results/changes in systems, policies or practice should be defined along with the capacity that needs to be development of various stakeholders. The expected results/changes should be achievable in the two-year cycle of the programme and be possible to measure. Please refer to the programme proposal template.
  9. Proceed to joint program design. Please refer to separate UNPRPD guidelines for the proposal.

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## 4. Engagement with OPDs during the Situational Analysis process

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Persons with disabilities and their representative organisations, organisations of persons with disabilities (OPDs) are pivotal to gaining a nuanced understanding of the barriers and discrimination persons with disabilities face as well as strategies for inclusion in times of crisis, conflict or other humanitarian disasters. UNPRPD Fund programs, even in times of conflict and humanitarian crisis, should complement, amplify and support the work of OPDs. Working with OPDs to carry out a collaborative analysis allows the UN to develop a deeper understanding of disability inclusion in emergency response and recovery programs<sup>3</sup>. Making an analysis with the diversity of the disability movement also provides UN and other relevant humanitarian stakeholders to better understand the full spectrum of accessibility and support needs and strategies to reduce barriers in programs, policies and services. Participation of OPDs is not only good practice, but also a fundamental human right.<sup>4</sup> As stated in the Convention on the Rights of Persons with Disabilities (CRPD) in Article 4 (3) General Obligations, governments should closely consult with persons with disabilities, including children with disabilities, through their representative organizations on the implementation of legislation and policies and other decision-making processes relevant to their lives.<sup>5</sup> The importance of participation is reiterated in the UN Disability Inclusion Strategy (UNDIS), Persons with disabilities have first-hand experience of the challenges they face and know better what can be done to enhance their rights and wellbeing.

It is also important to develop partnerships with OPDs representing the diversity of the disability movement from the beginning to have a stronger understanding of the rights of all persons with disabilities within humanitarian action so that no one is left behind. This is important for informing the focus and design of UNPRPD programs, which are built on partnership with persons with disabilities and their representative organisations.

What this means for the process:

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<sup>3</sup> Collaboration and co-production with persons with disabilities in the analysis of data and development of recommendations is also a key tenet in the University of Birmingham's *Draft Analytical Framework: Kubenz, V. and Kiwan D. (2021). UNPRPD Analytical Framework for a disability-inclusive recovery from COVID-19 - a guide to carrying out a situational analysis*. University of Birmingham.

<sup>4</sup> The right to equal participation in public affairs, to government formulation of public policy and implementation, to participate in non-governmental associations and associations concerned with public life are reaffirmed by numerous human rights treaties including the International Covenant on Civil and Political Rights, the Convention on the Elimination of Discrimination against Women, the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities.

<sup>5</sup> Convention on the Rights of Persons with Disabilities Article 4: General Principles, full text of the convention available at: [Article 3 – General principles | United Nations Enable](#)



- OPDs are core partners in the process – as rights-holders they have a clearly defined role in the situational analysis to support the collection of information, analysing gaps and opportunities and defining and validating the priorities. Their involvement should extend beyond being consulted so that they are included in the process and provided the information, access and accommodations to effectively engage and influence the process.
- Communication with OPDs should start as early as possible. Communication should be clear and provide an overview of the process, the roles and the objectives. OPDs should have decision-making roles in how the situational analysis will proceed, and their role in this.
- Information, communication, meetings and processes should be accessible to all, and reasonable accommodation provided where required. This will require specific budget allocations.
- Clear expectations for OPD engagement should be set with all analysis partners, including consultant teams. OPD engagement, accessibility and provision of reasonable accommodation should be requirements within consultant/project partner contracts.
- OPDs should be recognised for their expertise, networks and the important role they play in the analysis and should be resourced to participate in the process.

For more detail on effective engagement with OPDs, minimum requirements for engagement, potential roles to explore with OPDs and tips for engagement throughout the country analysis process, see UNPRPD Fund’s guidance on meaningful participation of OPDs.

It is important to understand what an OPD is. An OPD is an organisation that is governed, led, and directed by persons with disabilities. In the case of persons with intellectual disabilities, it shall be composed and governed by persons with intellectual disability and family members.<sup>6</sup> OPDs are led by persons with disabilities and clear majority of their membership should be recruited among persons with disabilities themselves.”<sup>7</sup> Parent’s Associations are often organized by family members of persons with intellectual disabilities that act as spokespersons and supporters. Groups led solely by persons with intellectual disabilities are most commonly called self-advocacy groups. Self-advocacy groups can be part of a of a Parent Association or a separate organisation.

OPDs can vary in size and structure. Some may represent the perspectives of a diversity of disability groups (cross-disability) while others may be organized by disability type (e.g., an association of persons with physical disabilities or an association of Deaf persons). They may operate at a regional, national or local level.

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<sup>6</sup> [Become part of IDA | International Disability Alliance](#)

<sup>7</sup> Report of the Special Rapporteur on the rights of persons with disabilities. United Nations Human Rights Council, A/HRC/31/62, Para 16-17; see also General Comment No.7 (2018), para 11.

OPDs raise awareness, advocate for disability rights, support their constituencies, act as a watchdog on the rights of persons with disabilities. In some cases, they may deliver services or support service delivery and technical guidance to others. They may also have databases of their members providing a source of information on persons with disabilities.

There are groups of persons with disabilities that are commonly underrepresented by the disability movement and should be engaged within UNPRPD programmes. These generally include: persons with intellectual disabilities, persons with psychosocial disabilities, Deafblind persons, persons with albinism, little people, persons with multiple disabilities. It is also important to include and get the perspectives of persons with disabilities that are marginalized on the basis of their disability and other factors such as age, caste, sex, gender identity, ethnic minority status, indigenous origin, sexual orientation etc.

Marginalized and underrepresented groups of persons with disabilities may not be part of a formal OPDs. For example, youth with disabilities, indigenous peoples with disabilities or persons with disabilities of diverse SOGIESC (sexual orientation gender identity and expression and sex characteristics) may not have formal representation as an OPD. There are other ways to engage with marginalized and underrepresented groups that are not part of an OPD. For example, individuals can be invited to meetings or to be part of focus groups. Please also note that persons with intellectual disabilities and persons with psychosocial disabilities are two different categories that should not be confused.

Organizations led by women with disabilities are also critical partners in UNPRPD programmes. Partnering with women led-OPDs will help ensuring the perspectives of women and girls with disabilities are effectively addressed within humanitarian action, conflict and climate crisis and response efforts. While there are more and more women led OPDs, this is not the case in all contexts. Consider a gender equality approach when identifying and consulting with OPDs to ensure the perspectives and priorities of women and girls with disabilities are also considered.

Civil society organisations (CSOs) providing services or support to persons with disabilities or advocating for their rights that are not led by persons with disabilities or have a membership consisting of persons with disabilities are not OPDs. CSOs may play an important role and should be mapped and included along with other stakeholders, but their role should not be confused with that of OPDs.

For more information on how OPDs are structured and how to identify them, please refer to UNPRPD's guidance note on effective participation of OPDs.

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## 5. Scope and limitations

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This analysis is designed to provide enough information to get a sense of priorities, issues and which areas require further analysis, investment and effort.

It is expected that information and data available at the country level will be incomplete or insufficient to answer the full range of analytical questions and topics covered in this framework. Gaps in information are themselves a useful finding to help inform programming decisions or recommendations for future analyses.

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## 6. Methods of data collection

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The final methods and approaches to data collection would be decided at the country level as part of the country analysis planning and according to the local context. Here are some suggestions of approaches and methods that can be used:

**Desk review/literature review** – including formal and non-formal data and sources of information. Data and information collected during the UN Common Country Analysis as well as UN publications (e.g. UNSCDF, Voluntary National Reviews, Country Common Analysis, Annual Progress Reports, Special Rapporteur) could be good sources. Furthermore, [CRPD state reports](#) and [SDG reporting](#) by countries and non-governmental actors, and CRPD committee concluding observations should be considered. National plans such as SDGs and national development plans, Climate adaptation plans, DDR and Emergency plans, as well as recovery plans are also important sources. To what extent are these plans disability sensitive?

Identify OPDs, CSOs, academics, development partners and international organisations that work on human rights and/or humanitarian action or monitoring. Contact them for any written information (e.g. studies and evaluations). Also, look for statistics published by authorities and organisations (i.g. censuses, surveys). Study methods carefully to judge reliability of data. Internet searches and non-formal data should also be considered, with clear reference to sources.

**Focus group discussions, including with:** organisations of persons with disabilities representing age and gender and diverse groups of persons with disabilities (or self-help groups or individuals if formal groups are not representing all diverse groups), government stakeholders at central and local levels, public service providers, other relevant civil society and NGOs, UN agencies and other relevant donors or development banks in the country, as well as academia and research centres. 8 individuals is a maximum in a focus group. Meetings with larger groups need to be organised with smaller group discussions and group facilitation.

It is important to consider the different power dynamics between OPDs when planning focus group discussions. For example, national membership based OPDs or national umbrella structures such as national federations of persons with disabilities may have more recognition, funding and social capital than a small organization representing marginalized persons with disabilities. In many contexts, gender plays a large role in power and leadership within the disability movement as well. In many contexts, the disability movement is male led with limited leadership of women with disabilities. Therefore, when holding focus group discussions, it is important to keep these power dynamics in mind and create a safe space for participants to share their perspectives. Ensure to plan the meeting carefully to ensure it is fully accessible. Ask participants about their various access needs such as Sign Language interpretation, large print or Braille text, easy-to-understand language, support during the meeting or other reasonable accommodations before the meeting.

**Key informant interviews** (with above stakeholders as relevant). Deeper interviews with key stakeholders in government, OPDs and international agencies.

**Short e-mail questionnaires** or web-surveys could be considered to solicit views of a larger group of respondents to triangulate the findings from interviews or as a response to the emergency restrictions that may limit the opportunities to hold meetings.

During emergency restrictions usual participatory methods might need to be performed online or over the phone; ensuring accessibility for participation should be considered.

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# 7. The analysis framework

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The following is an overview of the components of the analysis. The analysis should focus primarily on the preconditions for disability inclusion and cross cutting issues in humanitarian and development contexts – as these are of most relevance to PRPD as a multi-stakeholder partnership.

**Figure 2: Preconditions for inclusion**



**Figure 3: Cross cutting issues**



In Table 1 below each of the above components have been elaborated to provide explanations and guiding questions:

**Table 1: Structure of the analysis framework**

<b>Area of inquiry/precondition</b>	<b>Key focus of analysis</b>
<p><b>Stakeholder and coordination analysis – with focus on capacity of rights holders, duty bearers and humanitarian agencies</b></p>	<p>Which are the pre-crisis coordination mechanisms for the broader development agenda, for DRR/climate adaptation and for disability issues? What is still functioning? What are the key systemic and capacity gaps? Which are the coordination mechanisms for humanitarian response? For recovery planning? What are the roles and mandates of the various mechanisms and how disability inclusive are they? Key gaps/areas of improvement.</p> <p>Efforts taken and gaps observed in capacity and effectiveness of coordination mechanisms, government, UN, and humanitarian agencies in terms of engagement of OPDs in ongoing DDR and emergency response, recovery planning, and SDG processes.</p> <p>Effectiveness of OPD engagement and involvement with different stakeholders and gaps observed in OPDs capacity in terms of cooperation/networking, coverage/legitimacy, representativity of underrepresented groups, management/accountability, agency/advocacy/communication. Key areas of improvement.</p>
<p><b>Equality and non-discrimination</b></p>	<p>Situation before crisis: Existence of disability and non-discrimination legislation and degree of harmonization with CRPD in existing laws, systems and policies, including DRR and emergency plans. Efforts taken to ensure implementation of the CRPD and national disability legislation in practice. Key obstacles observed.</p> <p>Situation during and after crisis: Level of consideration of CRPD provision in national and international emergency responses and in human rights/ humanitarian law monitoring processes. Level of consideration and participation of persons with disabilities in humanitarian/emergency coordination structures/programming and in recovery planning and action. Identification of gaps in these processes.</p> <p>Efforts taken to identify an include marginalised groups within the disability community (women, ethnic groups, certain disabilities). What groups are still excluded or left behind?</p>
<p><b>Accessibility</b></p>	<p><u>Situation before crisis</u>: Existence of accessibility legislative framework, standards, regulations and enforcement mechanisms. Progress in implementation and compliance,</p>

Area of inquiry/precondition	Key focus of analysis
	<p>especially within government, UN agencies and key partners. Key challenges.</p> <p><u>Situation during and after crisis:</u> Are emergency and recovery plans and budgets making explicit provisions to build back better, making infrastructure, buildings, information and services accessible? Key areas of improvement.</p>
<p><b>Inclusive service delivery</b></p>	<p><u>Situation before crisis:</u> Existence of an accessible and CRPD compliant assessment and disability determination system that is available to all, regardless of the type and causes of the disability? Existence of community-based disability support services and a legal framework for deinstitutionalisation and access to justice for all (including supported decision making). Existence of disability inclusive mainstream services. Key areas of improvement.</p> <p><u>Situation during and after crisis:</u> How has the crisis affected persons with disabilities compared to persons without disabilities e.g. Poverty, Social protection, Employment, Health, Education, Violence and abuse? Have emergency response programmes systems in place to identify persons with disabilities, assess their needs and deliver adequate support services? Are recovery plans and budgets making explicit provisions to build back better, making service systems community based and inclusive when restoring? Is the system adapted to address the needs and rights of both existing persons with disabilities and those who acquire disability because of the crisis? Is the disability movement ready to engage with the new members with physical and psychosocial disabilities due to the crisis? Is there a mechanism to detect and reject plans and funding for rebuilding of institutions and other non-CRPD compliant systems?</p>
<p><b>CRPD-compliant budgeting and financial management</b></p>	<p><u>Situation before crisis:</u> To what extent are there explicit budgetary contributions (i.e. at national level and district levels, in programmes supported by UN and other big donors) to furthering the rights of persons with disabilities - both disability specific budget allocations and budget allocations within mainstream budgets?</p> <p><u>Situation during and after crisis:</u> To what extent do emergency response and recovery budgets have explicit budgetary contributions both disability specific budget allocations and budget allocations within mainstream budgets? Existence of explicit disability related objectives, indicators and monitoring data in development,</p>

<b>Area of inquiry/precondition</b>	<b>Key focus of analysis</b>
	humanitarian, recovery and climate adaptation programs funded by the UN.
<b>Accountability and governance</b>	<p>Situation before the crisis: Existence of independent human rights monitoring system and the extent it has mandate and capacity to monitor the rights of persons with disabilities. Existence of disability data within standard data collection processes of surveys, census, administrative data, UN SDG data bases etc. (collection, use and availability of data). Participation of persons with disabilities and their representative organisations in monitoring and accountability measures.</p> <p>Situation during and after crisis: Existence of independent human rights/humanitarian law monitoring system (international and national) and the extent it has mandate and capacity to monitor the rights of persons with disabilities in the emergency response and the recovery planning. Identification of gaps.</p>
<b>Cross-cutting issues</b>	<p>Situation before, during and after the crisis:</p> <p>Level of participation of OPDs in important processes, including SDG processes, CRPD monitoring, DDR and emergency planning and management, recovery planning. Obstacles to meaningful participation.</p> <p>Level of inclusion of marginalised disability groups in dialogue and programmes, especially persons with intellectual and psychosocial disabilities.</p> <p>Level of gender equality in voice, influence and inclusion in planning and implementation of interventions.</p>
<b>Thematic issues</b>	<p>Situation before, during and after the crisis:</p> <p>Level of disability inclusion in national and international humanitarian, DDR, climate adaptation and recovery planning processes and programmes. Opportunities to influence these processes and programmes.</p>



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## 8. Content and format of report

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The analysis should pay particular attention to the **preconditions for inclusion and cross cutting issues** – as outlined in PRPD strategic framework (chapter 6 above). It should be around 40-45 pages maximum, excluding annexes. It should follow the structure outlined below:

### Acronyms and Abbreviations

### Executive Summary (3 pages max)

Summarize key findings across the preconditions, conclusions, and key recommendations

### Background

Purpose of analysis

Introduction to disability in country x. Provide a brief overview of the historic milestones and key statistical information on persons with disabilities pre-crisis, the main issues that occurred as a consequence of the crisis and the key steps taken so far in recovery plans and actions to protect and advance the rights of persons with disabilities.

### Approach

Guiding principles

Methodology used

Scope and limitations

### Findings (summarise key findings at the end of each section)

#### **Section 1 – Stakeholder and coordination analysis**

A stakeholder analysis is an important foundation for the country analysis. Understanding the roles taken by the various stakeholders and the coordination mechanisms in place is essential to identifying processes and possible capacity gaps, where further investment is required as well as identifying with whom PRPD programs should be working and on which issues.

#### **Outline of Key Stakeholders**

- Briefly describe the key stakeholders and their respective roles and functioning in:
  - Government
  - Disability movement (OPDs)
  - CSOs that are providing services and support in the disability field
  - International agencies (donor governments, UN agencies, World Bank, International CSOs etc)
  - Other relevant stakeholders

### **Key Stakeholder Coordination mechanisms:**

- Describe the most important multistakeholder/government/UN/civil society coordination mechanisms, including existing structures (e.g. SDG platform, disability council etc.) as well as newly established mechanisms following the crisis. Analyse their functioning, mandate and capacity, especially in terms of disability inclusion.

### **Stakeholder Capacity Gaps:**

- Identify possible capacity or systemic gaps of key duty bearers (including the international community), coordination mechanisms and OPDs.

## **Section 2 – Equality and non-discrimination**

An enabling legal and policy environment is critical to protecting, promoting and fulfilling the rights of persons with disabilities and implementing the CRPD. While legal commitments are the basis, such commitments become empty promises, if not accompanied by budgets and explicit implementation measures – as well as empowerment of persons with disabilities to know these rights and have a possibility to complain. In humanitarian contexts, the international community and humanitarian agencies play an important role in supporting duty bearers that are overwhelmed by the crisis.

Describe briefly the situation before the crisis. What was the legislative and policy framework like? The level of enforcement? The discrimination? Then describe the new challenges that have occurred during the crisis and in the recovery planning.

## **Section 3 – Accessibility**

Accessibility is a critical pre-condition for persons with disabilities to live independently and participate fully and equally in society. Accessibility underpins a vast range of other rights, and thus is cross-referenced throughout the convention as well as being a foundational principle of the CRPD.

Describe briefly policy and practice in terms of universal design and accessibility before the crisis. Then describe how accessibility is considered in emergency response and in DRR and recovery plans, especially in terms of:

- Infrastructure, information and services in refugee camps and in evacuation systems,
- Reconstruction plans for buildings, transport systems, public spaces (including official buildings and UN offices) and public services. Is there an explicit focus and budget on building back better, i.e. more accessible, inclusive and community based services and infrastructure.
- Access to information in messaging around risks and restrictions, how to get support, evacuation plans etc. (easy-to read, sign language interpretation, braille etc),

#### **Section 4 – Inclusive services**

Disability assessment and determination are critical processes to analyse, as they are used to identify and determine eligibility and referral to disability-related social protection, health and rehabilitation services, education and employment services and assistive devices and technology. In many countries there are different processes to determine eligibility for different types of support services.

Describe briefly how the **assessment system(s)** worked before the crisis and what kind of referral and support systems were in place, including key gaps. Then describe how it works in the emergency response context. How are “old” and “new” persons with disabilities identified? Can they be located and supported in case of evacuation? How is the referral system working? Is there a system to identify and support persons who become disabled due to the emergency? How can OPDs be engaged in this?

Describe briefly the legal provisions and **special support services** available before the crisis. Were there differences in quality of support services depending on type of disability, cause of disability, gender, ethnicity, urban/rural etc. What was the situation in terms of community-based support and deinstitutionalisation efforts? Then describe how the crisis has affected the special support services and how recovery plans intend to rebuild and develop these services. In particular, how are recovery plans addressing the issue of deinstitutionalisation, legal capacity and supported decision making?

Describe briefly the legal provisions and practices in terms of **mainstreaming of disability in regular services** (e.g. social services, health, education, justice, employment) before the crisis. Then assess the accessibility and inclusiveness of mainstream services for various disability groups (type of disability, cause of disability, gender, ethnicity etc), in the emergency response and recovery programmes and identify the most urgent gaps.

#### **Section 5 – Disability inclusive budgeting**

Analysing the extent to which a country’s domestic and international resources foster inclusion of persons with disabilities is critical to understand the level of prioritisation of the issue and the untapped resources that can be mobilised and to support adequate policy and budget planning. Combined with in-depth national statistical data analysis, it gives clear indication of the gaps between resources invested and the scale of the barriers and issues faced by persons with disabilities.

Describe briefly how national, district and UN/donor budgets fared in terms of disability inclusion before the crisis. Then map how ongoing emergency response and recovery programmes funded by the UN and other international donors fare in terms of disability inclusion (existence of explicit goals, indicators, measures, explicit budget lines and monitoring data).

## **Section 6 – Governance and accountability**

Adequate **monitoring and accountability mechanisms** are required to ensure continued attention to and progress in translating commitments into policy and practice. Accountability and complaints mechanisms also provide policymakers with valuable information to help assess public and UN policies and to identify gaps and areas requiring redress. Thus, it is important to assess what mechanisms are in place, how they are being used and what information they are providing. Critical to monitoring and accountability is the participation of persons with disabilities, through their representative organisations.

Describe briefly how the national monitoring mechanism worked before the crisis. Then assess the functioning of national and international monitoring mechanisms, systems and tools during and after the crisis. Do they monitor the situation of persons with disabilities explicitly? What is the level of participation of OPDs in these monitoring mechanisms and systems?

**Quantitative and qualitative data** is essential for understanding the situation of persons with disabilities, the inequalities they experience and the barriers they face in participating on an equal basis. Data is also essential for reporting on progress and ensuring persons with disabilities are factored into budgetary, policy and programming decisions so that barriers and inequalities are addressed. Historically, disability data has been inadequate or missing, with little data collected, and data that is collected has been gathered using insufficient and widely varying collection methods and definitions of disability. Thus, much of the data that exists is not directly comparable with data collected previously or from other countries.

Describe briefly how the disability data collection worked before the crisis in the country. Then assess how it was used during the crisis to identify the needs of persons with disabilities and to design support systems. Finally, assess the disability data collection systems used by national and international monitoring mechanisms during and after the crisis. How was data used to support, mitigate and build back better?

### **Cross-cutting issues**

**Section 1 – Participation:** Meaningful participation of OPDs will ensure ownership, relevance, effectiveness and sustainability of interventions. Participation is an essential part of all programmes that claim to be disability inclusive. The Situational Analysis should describe OPD participation under all chapters, but a summary of findings should be done in this section.

- Assess the level of participation of OPDs in the most important development and DDR/humanitarian/recovery planning processes and programmes. Identify and analyse the key obstacles to participation of persons with disabilities and OPDs in these processes and fora.

**Section 2 – Inclusion of marginalised groups:** It has been generally observed that some groups of persons with disabilities are more marginalised than others and

find it extra hard to organise and be heard. These groups could be e.g. ethnic minorities, migrants/refugees, LGBTI persons and persons with certain types of disabilities (e.g., intellectual, psychosocial and deaf/blindness). The Situational Analysis should identify these disparities under all chapters, but a summary of findings should be done in this section.

- Describe and analyse the inequalities related to type and cause of disability in terms of voice, influence and inclusion in processes related to national planning, emergency response and recovery interventions. Identify key systemic obstacles to equality.

**Section 3 – Gender equality:** Women are often marginalised in all areas of society, are more often excluded from accessing services and more often subjected to violence and sexual abuse. The Situational Analysis should identify these disparities under all chapters, but a summary of findings should be done in this chapter. Please refer to our Guidance Note on an inclusive gender transformative approach: [Inclusive Gender Transformative Approach UNPRPD Jan 2023 final.pdf](#)

- Describe and analyse the inequalities related to gender/gender identity/sexual orientation of persons with disabilities in terms of voice, influence and inclusion before, during and after the crisis. Identify key systemic obstacles to equality.

## **Disability Inclusion in Broader Development and Humanitarian Contexts**

### **Section 1 – Disability mainstreaming in National Development Plans:**

Provide a brief overview of if/how national assessments, plans, budgets, programs, and monitoring mechanisms that are supported under SDG processes are designed to advance disability inclusion. This includes a review of the UN Common Country Analysis (CCA) and UNDCFS.

**Section 2 – Disability mainstreaming in Disaster risk reduction plans, emergency response and recovery planning:** Provide an overview/summary of if/how present DRR systems, emergency response systems and recovery plans are designed to advance disability inclusion. Describe how these processes steered and how coordination between stakeholders is organised. What are the main challenges in the systems and structures that hinders disability inclusion? Describe the extent to which OPDs are involved in these processes. Identify possible entry points where issues of disability inclusion could be raised. Is it possible to use the attention on people injured due to the crisis to advance the broader disability agenda?

**Section 3 – Disability mainstreaming in Climate adaptation:** Describe the impacts of climate change on persons with disabilities and the extent to which climate adaptation analyses, plans and programmes are disability inclusive. Describe the extent to which OPDs are involved in these processes.

## **Analysis of key gaps and opportunities**

This chapter will serve to inform the key recommendations section.

- Describe the overall key challenges in systems, structures, practices, and capacities and discuss the underlying causes of these challenges. Focus on the most urgent challenges and most urgent gaps.
- Identify opportunities to enhance disability inclusion in development and humanitarian/emergency/recovery/climate change plans and processes. Identify on-going initiatives that can be leveraged.
- Provide an overall analysis of cross-cutting approaches and assess the extent to which these approaches are considered in the development of inclusive systems, structures, and policies: Participation, Gender, Inequalities

### **Recommendations for UNCT action**

Summarise the key recommendations responding to the gaps and challenges mentioned in the previous chapter. The recommendations should be formulated as realistic and achievable changes in systems, structures, policies, practices along with the capacities and tools that need to be developed to achieve these changes.

Suggest which issues need further research to enhance the knowledge base.

The Situational Analysis country reports, once finalized and edited, will be made available for use by others and posted on a PRPD website. Please note we expect the report in English.

### **Preparing for proposal writing (in a separate template from the Situational Analysis)**

Based on the recommendations, specify what are the most catalytic issues that PRPD programming could add value to within the time and budget of the present UNPRPD call? This will serve as a basis for the proposal to UNPRPD. There is a separate template for this. The selected recommendations should be possible to implement within the time frame and budget of the UNPRPD call for proposals. Select 3-4 recommendations related to the gaps identified in the preconditions (chapter 4) – 85-90% of the budget. Select one recommendation related to the gaps in disability inclusion in national processes (chapter 6) – 10-15% of the budget. Complete the priorities table attached and as described in the guiding power point presentation and submit it together with the Situational Analysis to the Technical Secretariat.

# **Glossary** of Sensitive Language for Internal and External Communications



The aim of this glossary is to help staff of the European Parliament communicate correctly in the areas of disability, LGBTI+ issues and matters pertaining to race, ethnicity and religion. As a rule of thumb, we advise all staff to ask individual members of diversity groups how they would like to be addressed. However, when it is not possible to do so, we kindly ask you to consult the following glossary of sensitive language, which the Equality, Inclusion and Diversity Unit of DG PERS, in close collaboration with DG TRAD, has carefully compiled.

Please note that within the full glossary there are three individual glossaries:

- | 1. Glossary of disability terminology**
- | 2. Glossary of LGBTI+ terminology**
- | 3. Glossary of terminology pertaining to race, ethnicity and religion**

Given the sensitive nature of these topics, all language versions of this glossary vary in content to accommodate the specificities and nuances of each language.



# Glossary of disability terminology

1

## Remarks from the European Disability Forum:

- In general, the language of the UN Convention on the Rights of Persons with Disabilities should be employed. Part of the disability movement prefer 'people first' structures, such as 'people who are deaf'; others prefer 'identity-first terminology', such as 'the deaf'.
- The UN Convention on the Rights of Persons with Disabilities (UN CRPD), ratified by the EU and all Member States, entails a shift away from charity/medical perspectives towards a human rights perspective. Its definition of persons with disabilities is: 'Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.'
- There is a distinction between disability, which refers to the interaction between someone's impairment and his/her/their environment (human rights-based approach), and the impairment itself (medical approach).
- 'Disability' used in its singular form refers to the concept of disability. Otherwise, it should be used in the plural form: 'persons with disabilities', 'persons with physical disabilities', etc. If you use the singular form, you are referring only to the impairment of the person, and thus not complying with the human rights approach to disability.
- It is important that in all terminology used it is never implied that persons with disabilities are of less value than others. This said, the European Disability Forum uses the terminology of the UN Convention on the Rights of Persons with Disabilities.

## Preferred

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Deaf persons/persons who are deaf/hard of hearing/deafblind persons

Persons living with mental ill-health  
Persons with psychosocial disabilities  
Users and survivors of psychiatry

Persons with physical disabilities

Persons who are blind or partially sighted/visually impaired persons<sup>1</sup>

Persons in or who use a wheelchair/wheelchair users

Persons living with a specific condition

Person with a brain injury

Persons with a mobility impairment/persons who use crutches/a cane/a mobility scooter/a walking frame, etc.

Persons with a speech impairment

Persons with achondroplasia

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## To avoid

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Deaf-and-dumb  
Deaf-mute

Mentally ill  
Hypersensitive  
Insane  
Crazy  
Psycho  
Emotionally disturbed

Handicapped  
Wheelchair-bound  
Confined to a wheelchair

Stricken with ...  
Suffers from ...  
Victim of ...

Brain-damaged

Cripple/crippled

Dwarf  
Midget

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<sup>1</sup> Alternatively, the European Blind Union recommends using either 'blind and partially sighted persons' (or one or the other if you want to be more specific) or 'visually impaired persons' (catch-all). The first term is preferable to make it clear that policies are also to the benefit of partially sighted persons, due to many people not understanding the nuance (for many people, a blind person sees 0 % while in reality there are various degrees of vision) – source: European Blind Union

## Preferred

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Persons with autism/autistic people

Persons with diabetes

Persons with disabilities from birth

Persons with disabilities/disabled persons  
(some prefer the former, others the latter)

Persons with intellectual disabilities/persons  
with learning disabilities (for the latter in  
a UK context)

Persons without disabilities

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## To avoid

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Savant  
Rain man  
Genius - be especially careful not to use the  
common stereotype of autistic people being  
super-smart, obsessively focused and socially  
inept.

Diabetics

Birth defects  
Deformity

Handicapped people  
Differently abled  
Handicap  
Handicapable  
Special needs  
(These terms, while used in certain contexts can  
also be offensive for some.)

The following terms are confusing/incorrect:  
mentally disabled, mental disabilities, delayed.  
Offensive: retarded

Normal  
Able-bodied  
Healthy

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## To consider:

- Avoid metaphors with disability, especially those that underestimate the impact of disabilities (e.g. 'I clean my desk because of my OCD, I am so ADHD today', etc).
- Take care to use human rights language based on the UN Convention on the Rights of Persons with Disabilities. Do not use language such as 'special', 'courageous', 'heroic', 'inspiring' or 'brave'. Persons with disabilities, like all people, just want to live their life. Calling them 'brave' or 'inspiring' is patronising and is a way for society to hide a general lack of inclusion and accessible mainstream services.
- Likewise, persons with disabilities are not objects of pity; 'poor person, they have a disability' is not a correct sentiment. The focus should be on the obstacles that society creates.
- Do not refer to people with disabilities as objects of pity, help, special measures, etc. Instead, use pictures of people with disabilities/real persons to illustrate 'normal' situations (e.g. 'We want to communicate something about work, let's use a picture of someone with a disability [even if it's not disability-related]').
- The terms institutionalisation/deinstitutionalisation concern the segregation of persons with disabilities in residential institutions/settings (mental hospitals, 'homes for the disabled', etc.), where they lose independence and the possibility to participate in the community. However, in some countries (like France) deinstitutionalisation may be perceived as a dismantling of official institutions.

## Sources

[UN Convention on the Rights of Persons with Disabilities](#)

Consultation with European Disability Forum (not official position)

# Glossary of LGBTI+ terminology

2

Preferred	Meaning/comments	To avoid
Agender Genderless Gender-free Non-gendered Ungendered	Terms describing someone who identifies as having no gender or being without a gender identity (not to be used by non-LGBTI+ people).	
Asexual	A person who does not feel sexual attraction towards others.	
Assigned sex	The sex assigned to a person at birth, with the main criterion being the baby's genitalia.	Biological sex
Homophobia Biphobia Transphobia Interphobia	Fear, hatred, discomfort or mistrust towards people who are perceived as homosexual, bisexual, transgender or intersex.	
Bisexual Pansexual	A person potentially attracted to more than one or all genders.	
Cisgender/Cis Cis man Cis woman	A term denoting a person whose gender identity aligns with the gender assigned at birth.	
Civil union/registered partnership	Terms denoting that the relationship of a couple is legally recognised - not always with the same rights and/or benefits that exist for marriage.	
Deadname	The name that a transgender person was given at birth and no longer uses upon transitioning.	
Deadnaming	Deadnaming is using that name. Important: when talking to a trans person, always use their chosen name rather than the name that was given to them at birth.	

<b>Preferred</b>	<b>Meaning/comments</b>	<b>To avoid</b>
Different-sex relationship	A relationship between people of two different sexes.	Opposite-sex relationship
Fair/equal treatment Treating people fairly and equally		LGBTI+ rights Gay rights Trans rights
Gay	A man who is sexually and/or emotionally attracted to men.	It is not advisable to use 'gay' as a blanket term also covering lesbians.
Gender confirmation treatment/ gender-affirming treatment Gender affirmation surgery	This refers to various medical interventions that may be part of someone's transition. Medical term for what trans people often call gender confirmation surgery: surgery to bring the primary and secondary sex characteristics of a trans person's body into alignment with his or her internal self-perception.	Pre-operative Post-operative Sex reassignment surgery Sex-change 'The surgery'
Gender expression	This refers to people's manifestation of their gender identity. Typically, people seek to make their gender expression or presentation match their gender identity/ identities, irrespective of the sex they were assigned at birth.	Not to be confused with: sexual orientation, sex or gender identity.
Gender identity	This refers to each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex they were assigned at birth.	Not to be confused with: sexual orientation or sex.



Preferred	Meaning/comments	To avoid
Gender-nonconforming	A term for individuals whose gender identity does not fit into the societal expectations related to their assigned sex at birth.	
Non-binary gender	Any gender that falls outside of the binary system of man/woman.	
Gender-fluid	Denoting or relating to a person who does not identify themselves as having a fixed gender.	
Gender transition/transition	<p>The process a person goes through in order to live in the gender with which they identify, which is different from their assigned sex at birth. This transition can be divided into three main pillars:</p> <ul style="list-style-type: none"> <li>• Social transition: when the trans person decides to come out as trans;</li> <li>• Medical transition: if the trans person decides to undergo medical treatment;</li> <li>• Legal transition: when the trans person brings their legal documents into line with their chosen gender identity and/or gender expression.</li> </ul>	<p>Sex change Gender change Sex reassignment surgery</p>
Given name	The name that was given to a person at birth.	Real name
Heteronormativity	This refers to cultural and social attitudes whereby men and women are led to believe that heterosexuality is the only conceivable sexuality; it implies that heterosexuality is the only way of being 'normal'.	

Preferred	Meaning/comments	To avoid
Intersex	Individuals born with any of several variations in sex characteristics including chromosomes, gonads, sex hormones or genitals that do not fit the typical definitions for male or female bodies.	Hermaphrodite
Joint adoption	When a couple is allowed to apply for the adoption of a child.	
Lesbian	A woman who is sexually and/or emotionally attracted to women.	
Lesbian Gay Bisexual	Use person-centred language, such as 'lesbian', 'gay' or 'bisexual' people rather than 'lesbians', 'gays' or 'bisexuals'. Opponents of LGBTI+ equality often use words like 'homosexual' to stigmatise gay people by reducing their lives to purely sexual terms.	Lesbians Gays Bisexuals Homosexuals
LGBTI	Acronym for Lesbian/Gay/Bisexual/Transgender/Intersex.	
LGBTI+	When the '+' is added, other realities/identities are included such as (but not limited to) asexual, pansexual, gender-nonconforming, etc.	
Marriage equality	Where national marriage legislation also includes same-sex couples – e.g. gender-neutral reference to spouses.	Gay marriage
Opponents	Those who oppose protecting LGBTI+ people from discrimination.	Anti-gay groups
Other gender/sex		Opposite sex
Parents/caregivers	It is important to recognise diverse family formation.	Mother/father

Preferred	Meaning/comments	To avoid
Queer	Although historically used as a negative term, 'queer' is now more commonly used by the 'Rainbow Community' as an inclusive term to refer to lesbian, gay, bisexual, pansexual and transgender people.	
Same-sex relationships/ couples	These terms cover relationships or couples consisting of two people of the same sex.	Homosexual couples
Second parent adoption	When a person is allowed to adopt their partner's biological child/children.	
Sex characteristics	Genitals, chromosomes, hormones, body hair and other human body characteristics which all people have.	Not to be confused with: sex/gender.
Sexual orientation	How one finds oneself feeling drawn (or not drawn) to another person in a sexual and/or romantic way.	Sexual preference Lifestyle choice Same-sex attraction Sexual identity Gay/lesbian/bisexual lifestyle
Social name/chosen name	The name a trans person prefers to use instead of their given name.	
SOGIESC	Sexual orientation, gender identity, expression and sex characteristics.	
Successive adoption	When a person is allowed to adopt their partner's adopted child.	

Preferred	Meaning/comments	To avoid
Surrogacy <sup>2</sup>	An arrangement in which a woman carries and delivers a child for a third person or third-party couple.	
Third gender/sex	Used in relation to a gender identity that describes someone who considers themselves, or is considered, neither male nor female by societal definition; in other contexts, used to describe individuals whose gender identity does not match the sex they were assigned at birth.	
Trans/Transgender	An overarching term for individuals whose gender identity or expression differs from societal expectations of the sex they were assigned at birth.	Transgendered A transgender 'Transgenders' Transvestite Sheboy Ladyboy Drag queen
A trans/transgender person	'Trans' is shorthand for 'transgender' and is used as an umbrella term to include transgender/transsexual people.	
A trans/transgender man	The term for a transgender individual who identifies as a man (or whose gender identity is that of a man) and was assigned female at birth.	
A trans/transgender woman	The term for a transgender individual who identifies as a woman (or whose gender identity is that of a woman) and was assigned male at birth.	

<sup>2</sup> Surrogacy is outlawed in several EU Member States. In some others, surrogacy arrangements are void and unenforceable.

## Sources

[An Ally's Guide to Terminology, Talking About LGBT People and Equality](#)  
[United Nations High Commissioner for Refugees, Terminology Guidance](#)  
[Council of Europe: Gender Equality Glossary](#)  
[IGLA-Europe Glossary](#)  
['The genderbread person' \(website\)](#)

# Glossary of terminology pertaining to race, ethnicity and religion

# 3

Terminology denoting race is contextual, and born from social processes of racialisation, therefore subject to difference in opinion. However, these are some guidelines:

### Preferred

### To avoid

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#### Anti-gypsyism

(Anti-gypsyism is a specific form of racism towards Roma, Sinti, Travellers and others who are stigmatised as 'gypsies' in the public imagination.)

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#### Asian people

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Orientalists

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#### Asylum seeker/refugee/migrant

(depending on the specific legal status).

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Immigrant

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#### Bi-racial

#### Multiracial

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Half-caste

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#### Black European/people of African descent/ Black people

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Negroes

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#### French of Algerian descent/French Algerian

#### British Indian

(for people with more than one set of roots).

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#### People of colour

#### Racial/ethnic/religious minorities

#### People with a migrant background

(commonly used in German and Swedish contexts; not generally applicable).

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Coloured  
Non-white

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#### Members of minority groups

('Minorities' is not a contested term.)

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#### Roma/Sinti/Travellers

#### Roma community

#### Sinti community

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Itinerant

Tinker

Gypso

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#### Romani people

#### Traveller community

#### Travellers

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Gypsies (not acceptable when used by people outside of the gypsy community).

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## Preferred

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Undocumented/irregular migrant

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White people

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## To avoid

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Illegal migrant

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Caucasians

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### Comments regarding race, ethnicity and religion:

- Call people by the term that they prefer. If in doubt, just ask them.
- Avoid identifying people by race or ethnic group unless it is relevant.
- Refer to specific minority groups when possible (e.g. Roma).
- Use the names of countries or regions when referring to nationalities, i.e. Nigerian or North African. Do not overgeneralise by referring to 'Africans' or 'Arabs'.
- It is acceptable to say Jewish, Muslim, Catholic, Protestant, etc. Sometimes people can be offended when religious terms are used to describe people's personalities, such as: 'He is such a Jew'.

### Sources

[Language and the British Sociological Association: Ethnicity and Race](#)

[Citizens Advice, United Kingdom](#)

[Council of Europe](#)

[Consultation with the European Network against Racism](#)



