



**UNPRPD** FUND

Partnership on the Rights of Persons with Disabilities

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# **UNPRPD Guidance for Conducting a Situational Country Analysis of the Rights of Persons with Disabilities in the Pacific Islands Region**

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**Revised in October 2023**

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# 1. Introduction

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The UN Partnership on the Rights of Persons with Disabilities (PRPD) is dedicated to the implementation of the CRPD using a multi-stakeholder approach. UNPRPD brings together different UN entities, governments, international and national actors (such as bilateral donors, international and national civil society organizations) and organisations representing persons with disabilities to carry out joint programming and build partnerships. It uses three strategic approaches: catalytic program funding; knowledge management and learning; and context relevant capacity building to support inclusive systems and policies.

The PRPD recognises a rights-based approach to disability, as detailed in the Convention on the Rights of Persons with Disabilities (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) as well as the commitment and capacity of duty bearers to fulfil their obligations and to be accountable.

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## 2. Why a country analysis?

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Many countries still struggle to transform the CRPD into concrete policies, systems, programs and services that uphold the rights of persons with disabilities and result in real changes in their lives. It is urgent that governments and their implementation partners deliver on their CRPD obligations and SDG commitments through CRPD-compliant policy and systems changes.

To support countries in the best possible way, it is necessary to understand the unique challenges and opportunities in each country. What are the main bottlenecks in policies, systems, structures and practices hindering CRPD implementation? Are there opportunities to influence ongoing national processes or programmes? What are the most catalytic and urgent reform measures? The situational analysis is also critical for understanding who the key stakeholders are and what capacities they may need to improve. This analysis is essential for understanding how to design programme interventions that will support catalytic changes needed to implement the CRPD in practice in collaboration with the relevant stakeholders.

This document provides a framework and guidance to undertake such country level analysis.

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## 3. The analytical framework for the UNPRPD situational analysis

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UNPRPD developed an analytical framework for carrying out a situational analysis that is built on a human rights-based understanding of change processes, where empowerment and collective action of rights holders (persons with disabilities and their families) are key pre-conditions 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 addition, the UNPRPD situational analysis framework addresses five cross-sectoral preconditions and three cross-cutting issues that are needed to ensure disability inclusion and the fulfilment of the rights of all persons with disabilities. These preconditions and cross-cutting issues are indispensable in addressing the full inclusion of persons with disabilities and should be considered in public policy making and programming across all sectors (see figure 1 – on the UNPRPD Rights Based Theory of Change). Reforms to improve social inclusion and access to services for persons with disabilities often fall short because they do not address all of the essential building blocks or preconditions necessary to ensure full inclusion and address the various barriers to participation. Therefore, the situational analysis addresses each of the five preconditions to assess progress, challenges and bottlenecks in putting them in place. They include:

1. Equality and non-discrimination
2. Service delivery
3. Accessibility
4. CRPD compliant budgeting and financial management
5. Accountability and governance

To ensure a rights-based approach (see figure 4) the following three cross cutting issues also need to be carefully examined:

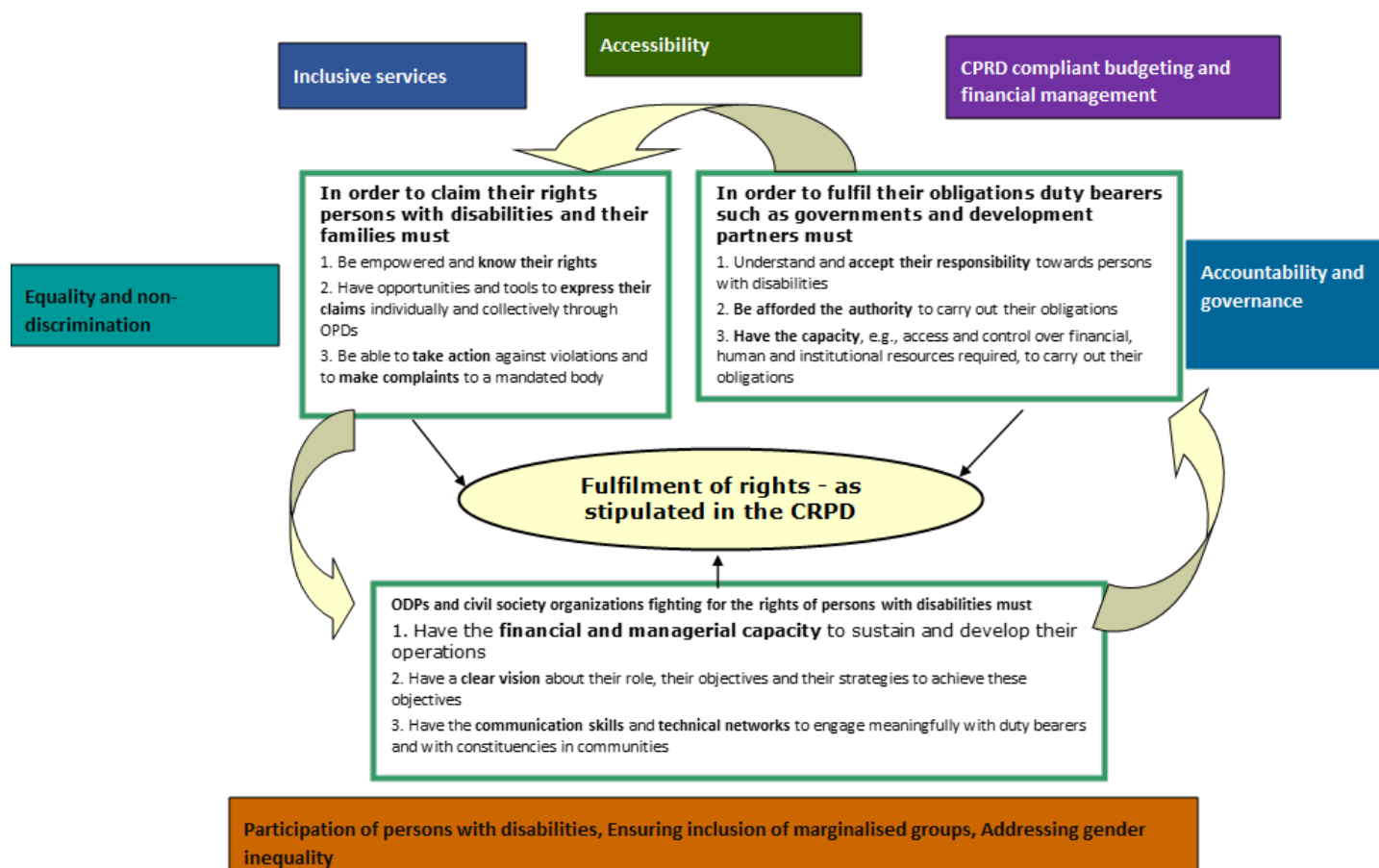
- If and how meaningful participation of persons with disabilities and their representative organisations is in place in policy making and monitoring spaces – and obstacles to such participation,
- If and how marginalised groups of persons with disabilities are included – and obstacles to such inclusion.
- If and how gender inequalities are considered and included in analyses, plans, actions and monitoring – and obstacles to such inclusion.

The Situational analysis is designed to:

- Describe the situation in the country in terms of disability inclusion, using the UNPRPD theory of change as an analytical tool.
- Identify the key systemic obstacles/gaps to CRPD implementation and inclusive SDG processes as well as opportunities that could be leveraged.

- Develop concrete, actionable recommendations to the UN and its development partners on what they could do to support catalytic changes in systems, structures, policies and capacities.
- Provide a framework for engaging with organisations of persons with disabilities (OPDs) and other civil society partners to define priorities and identify potential partnerships for the UNPRPD programme.
- Serve as an advocacy tool for ODPs and other civil society partners, national and international stakeholders.
- Provide useful baseline information for policy planning and implementation, including sectoral policies, poverty reduction policies and SDG national plans, among others.

**Figure 1: Rights Based Theory of Change and the PRPD Preconditions to ensure disability inclusion<sup>1</sup>.**



<sup>1</sup> See PRPD note: [The preconditions necessary to ensure disability inclusion across policies, services and other interventions.](#)

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## 3. Analysis process

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The situational analysis process is expected to take 6-8 months after a consultant or team has been contracted and 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, PIFS, CROP agencies (Council of Regional Organisation in the Pacific (intergovernmental organisation)<sup>2</sup>. and organisations of persons with disabilities). Appoint a focal point person responsible for monitoring and coordinating the process.
2. Continue the engagement and collaboration with the regional OPD and national level OPDs and government which was already started in the Expression of Interest (EoI) process and during the Induction Training. **OPDs should have clearly defined role in the situational analysis process. They play a vital role in the planning, validation of information and the defining of priorities.** They can also be hired to do part of the data collection. Discuss and determine appropriate roles and responsibilities for the pre-programming to ensure joint planning.
3. Assign staff and/or contract external consultants to do the analysis. Preferably the lead consultants should attend the Induction Training. Depending on staffing and resources the analysis can be conducted in the following ways:
  - a. Dedicating a lead staff member from UNCT to take responsibility for the analysis in cooperation with the relevant OPDs, governments and other key stakeholders.
  - b. Funding and supporting OPDs 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, OPDs and UNCT jointly refine and finalise a plan for the situation analysis process and submit it to the UNPRPD TS for information. The plan should draw from this guidance but should be adapted to country level 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 and experiences of diverse disability groups including groups that are often underrepresented in the disability movement such as persons

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<sup>2</sup> [Council of Regional Organisations of the Pacific – Pacific Islands Forum \(forumsec.org\)](http://forumsec.org)

with intellectual disabilities, persons with psychosocial disabilities, Deafblind persons, little people etc. In addition, it is important to consider the views of persons with disabilities that are marginalized on the basis of their disability and other factors such as sex, age, gender identity or gender expression, indigenous origin, ethnic minority status, sexual orientation, religious minority status etc.

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 agree on priorities. This could be done at a multi-stakeholder workshop or in separate consultations with various stakeholders to ensure their meaningful participation (Chapter 4 outlines why and how to engage with OPDs to make their participation meaningful).
7. Finalise the situation analysis report according to the outline in chapter 5 and submit to the UNPRPD TS for comments and approval.

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## 4. Engagement with OPDs during the process

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Persons with disabilities and their representative organisations (OPDs) are pivotal to gaining a nuanced understanding of the rights of persons with disabilities. They are uniquely qualified to share knowledge on how best to include, reach, and respond to the requirements of persons with disabilities because of their own lived experience. UNPRPD programs should complement, amplify and support the work of OPDs. Collaborative analysis between OPDs and UNCTs allows the UN to develop an understanding of the local disability context, develop and/or strengthen working relationships, and understand the operational realities, strategies and priorities of persons with disabilities<sup>3</sup>. This is important for informing the focus and design of UNCT programmes, which are built on partnership with persons with disabilities and their representative organisations<sup>4</sup>.

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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> For more information on OPD participation, refer to: Participation of Persons with Disabilities in UNPRPD Fund Programmes: Guidance on Meaningful and Effective Participation of Persons with Disabilities through their Representative Organizations.

## **The critical roles OPDs play in the situational analysis process**

OPDs should play a **co-creation/ co-facilitation role in the logistics, planning, and implementation of all sections of the Situational Analysis**, including assisting in designing the process, planning the meetings/ workshops, monitoring accessibility during the process, and co-facilitating the discussions. Importantly, diverse OPDs must be actively engaged in providing information and evidence of the situation in the country and the selection of priorities of persons with disabilities in the country, based on UNPRPD's template.

Following data collection, OPDs must be involved in **commenting on the draft Situational Analysis before it is finalized** and actively participating in the **validation process** on the content, particularly the recommendations. OPDs should be **informed on the final version** submitted to UNPRPD. It is therefore critical that the consultant(s) facilitating the process are experienced in working with OPDs, ensuring their voices are heard, and facilitating co-creation processes with OPDs. UNCTs should also ensure that the process, including all meetings, workshops, and virtual communication, is accessible to persons with disabilities to enable their participation.

Even if the capacities of OPDs to carry out or participate in the situational analysis varies, there are different modalities UNCTs can employ for gathering their inputs. Firstly, sufficient time must be given to explain the purpose and the issues at hand, to ensure that there is common understanding and that expectations are managed. Secondly, the format of the interactions with OPDs must be welcoming and adapted so that participants feel safe.

What this means for the process:

- **OPDs are given clear roles in the situational analysis process:** OPDs are core partners to the process – as rights-holders they are working on analysing and progressing the rights of persons with disabilities well beyond the PRPD analyses and programs. OPDs are to be consulted and meaningfully engaged in all the process of the situational analysis. A representative of all the OPDs present in country should be involved. Their involvement should extend far beyond being consulted.
- **Communication with OPDs about the country analysis should start as early as possible.** There should be clear communication about the roles of OPDs in the country analysis process and OPDs should be involved in designing the analysis process.,
- **Information, communication, meetings and processes should be accessible to all, and reasonable accommodations provided** where required. This means, for example, ensuring Sign Language interpretation, easy to read materials, information and communication in accessible formats for screen readers, ample time to prepare and understand the issues before being expected to contribute etc. This will require specific budget allocations.
- **It is important that the diversity of the disability movement is consulted** during the situational analysis process to consider different barriers to inclusion and advocacy priorities. It is important that UNCTs and consultants leading the process identify and outreach to organizations of underrepresented groups of persons with disabilities such as persons with



intellectual disabilities, Deafblind persons, persons with psychosocial disabilities, organizations led by women with disabilities, youth with disabilities etc. It is also critical to reach out to other marginalized persons with disabilities marginalized on the basis of their disability and other factors such as age, race, ethnic minority status, sexual orientation or gender identity and expression, religious minority status, indigenous origin etc. In many cases marginalized groups may not be formally organized by a representative organization. They may be part of more informal groups. This will require intentional planning to identify and outreach to underrepresented and marginalized groups of persons with disabilities that may not be represented by the national disability movement.

- **Clear expectations for OPD engagement should be set and communicated at the onset** with all analysis partners, including consultant teams. OPD engagement, accessibility planning and provision of reasonable accommodations should be requirements within consultant/project partner contracts and budgets.
- It is important to consider the **time and resources needed to ensure inclusion** of OPDs in the process through fully accessible mechanisms and communication. It is also important to consider what expertise will be needed to understand and carry out accessibility planning and provision of reasonable accommodations. This includes a safe, inclusive, accessible and welcoming environment, where sufficient time is given to explain the purpose and the issues to be discussed. It also includes adapting the format of data collection to various accessibility and capacity needs. For example, focus groups discussions on the challenges young women and girls with disabilities experience in accessing education can be an accessible way to gather qualitative information on the barriers to accessing formal education. Similarly, interviewing persons with disabilities to get their ideas on how to ensure health services better meet their needs can be another way to gather information on possible policy solutions for inclusive healthcare reforms. Yet other respondents may prefer to answer by using symbols (happy/sad faces or pictograms) or answering a questionnaire.
- **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.

### **What is an OPD?**

OPDs are non-governmental, representative organizations or groups of persons with disabilities, organized, led and governed by persons with disabilities<sup>5</sup>. Parents, family members and relatives can also form OPDs representing persons with

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<sup>5</sup> CRPD/C/GC/7, para. 11, page 4

intellectual disabilities, children with disabilities and older persons with disabilities with dementia, when these groups want to be supported by these groups<sup>6</sup>.

OPDs may be cross-disability meaning they represent different disability groups (e.g., persons with physical disabilities, persons with psychosocial disabilities, Deaf persons etc.) or they may represent one distinct constituency (e.g., deafblind persons or women with disabilities). OPDs, like the disability community, are diverse. They can be organized as formal membership-based structures, peer-support groups, collectives, self-advocacy groups or more loose and less formal groups.

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. These groups have been marginalized within civil society, but more and more self-advocates are organizing themselves and becoming politically active on rights and inclusion issues<sup>7</sup>. Smaller and less formal OPDs may not have legal status or national accreditation in a given country. These conditions should not preclude PUNOs from engaging and consulting with these organizations.

Please note that civil society organisations (CSOs) providing services, mainstream or specific services to persons with disabilities, and/or support to persons with disabilities or advocating for their rights are **NOT** considered to be OPDs. CSOs and service providers 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 as representatives of persons with disabilities.

### **Commonly misused terminology**

Many stakeholders group persons with psychosocial disabilities together with persons with intellectual disabilities as one group. These are two distinct groups of people. Of course, people can have multiple disabilities such as an intellectual disability and a psychosocial disability (e.g., Down Syndrome and depression). The term "mental disability" is commonly used, and this is not accurate terminology<sup>8</sup>.

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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. This information should inform future analysis and programming.

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<sup>6</sup> UN Disability Inclusion Strategy Guidelines for Consulting with Persons with Disabilities, page 8, available at: [un\\_disability-inclusive\\_consultation\\_guidelines.pdf](#)

<sup>7</sup> Inclusion International and Down Syndrome International are two global organizations that have self-advocacy led members in various countries around the world. They have resources and tools to support organizations in outreaching to and effectively engaging with organizations led by persons with intellectual disabilities.

<sup>8</sup> A Glossary is attached.

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.

Time and budget constraints should not be used as an excuse for not including persons with disabilities and making efforts to reach marginalised groups.

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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. UNCTs should use connections and networks to access formal data sets and where feasible/relevant analyse data from these. Data and information collected during the UN Common Country Analysis or other sectoral plans can be good resources. [CRPD state reports](#) and [SDG reporting](#) by countries and non-governmental actors, and CRPD committee concluding observations should be considered, noting age of reporting and using other methods to follow up on issues, consider progress etc. Other country reports for CEDAW, Child Rights Convention, etc. could also provide useful information. Internet searches and non-formal data should also be considered, with clear reference to sources. This should include program evidence and analysis, grey literature, and studies.

**Focus group discussions, including with:** organisations of persons with disabilities representing the diversity of the disability movement (this can include both formal organizations as well as informal groups such as: self-help groups, collectives or individuals representing constituencies not included in the national disability movement structures), 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 are a maximum in a focus group. Meetings with larger groups need to be organised with smaller group discussions and group facilitation.

**Key informant interviews** (with above stakeholders as relevant).

**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.

The UNPRPD Secretariat has prepared a set of resources on the preconditions and crosscutting issues. They can be found on UNPRPD's website as follows:

UNPRPD preconditions to disability inclusion: [UNPRPD Preconditions to disability inclusion 1.pdf](#)

UNPRPD’s cross-cutting approaches: [Annex 3 UNPRPD 4th Funding Call Cross Cutting Approaches](#)

## 7. The analytical framework

The Situational Analysis should use the UNPRPD Theory of Change as an analytical framework. According to this Theory of Change, the following components are essential to achieve disability inclusion:

**Figure 2: UNPRPD Theory of Change**

<p>The essential preconditions<sup>9</sup> in policies, systems and structures and the cross-cutting considerations for disability inclusion are in place.</p> <p>(Outcome 2 in the results framework)</p>	<p>National SDG processes, development plans, humanitarian and climate change plans are disability inclusive as well as treaty reporting. (e.g. explicit targets, indicators and budgets for inclusion)</p> <p>(Outcome 3 in the results framework)</p>
<p>The key stakeholders have the will, capacity and tools to ensure that the above components are implemented.</p> <p>(Outcome 1 in the results framework)</p>	

### **The Situational Analysis will answer the following questions:**

**Who are the main stakeholders?** Describing the existing government set up (duty bearers), the national and regional OPD’s (rights holders) and other regional and international stakeholders (such PIFS and CROP agencies) as well as coordination mechanisms that influence the sector. Identifying key gaps in mandates, functioning and capacities of stakeholders.

**How does the country fare in terms of fulfilling the preconditions to inclusion?** Describing progress and identifying key gaps in systems, structures, policies and capacities hindering CRPD implementation, using the five preconditions (UNPRPD theory of change) as analytical tool.

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<sup>9</sup> See PRPD note: [The preconditions necessary to ensure disability inclusion across policies, services and other interventions.](#)

**Figure 3: Preconditions for inclusion**



**How does the country fare in terms of essential elements of a rights-based approach (cross-cutting issues)?** To what extent is there meaningful participation of persons with disabilities and their representative organisations, gender equality and inclusion of the most marginalized groups of persons with disabilities.

**Figure 4: Cross cutting issues**



**How does the country fare in terms of mainstreaming disability in national development plans and frameworks, humanitarian plans, climate change adaptation plans?** Mainstreaming would entail e.g., disaggregated targets, indicators and reporting as well as explicit budgets for disability inclusion. Describe progress and identify key areas of improvement.

**What are the overarching, most pertinent, challenges and underlying causes of the gaps observed across all areas analysed? What opportunities could be used to leverage interventions?** What are some of the common underlying obstacles in policies, systems, structures and capacities across all sectors and processes that hinder inclusion of persons with disabilities? What would be most catalytic to address in the nearest future and what opportunities could be used to leverage interventions?

**Based on the overall analysis, which are the key recommendations to the UN and its development partners:** What needs to change and how could the UN country team and other development partners engage concretely to support and speed up these change processes? The recommendations should not be a wish list of everything that needs to be done. The recommendations should focus on the most important, catalytic changes needed in policies, systems, structures and capacities and clearly indicate how the UN and development can support concrete steps towards achieving these reforms. (See examples of such recommendations on pages 25-26.

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## 8. Content and format of report

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The situational analysis report should be around **40-45 pages maximum**, excluding annexes. It should follow the structure outlined below:

### Acronyms and Abbreviations

### Executive Summary (3-4 pages max)

Summarize key findings across the preconditions, the cross-cutting issues and the mainstreaming, conclusions, and key recommendations.

**What is critical for the executive summary:** To have an overview of the main gaps in policies, systems, structures and capacities in the country by essential precondition, a summary on if/how OPDs are participating in policy change, the situation in terms of gender equality and a high-level overview of the which groups of persons with disabilities are less represented in civil society and more marginalized. The executive summary should also provide an overview of the level of disability mainstreaming in development, humanitarian action and climate action. Finally, it should provide the main priorities, based on an overall analysis across all preconditions, considering opportunities that can be leveraged and a set of key recommendations to the UN country team (UNCT).

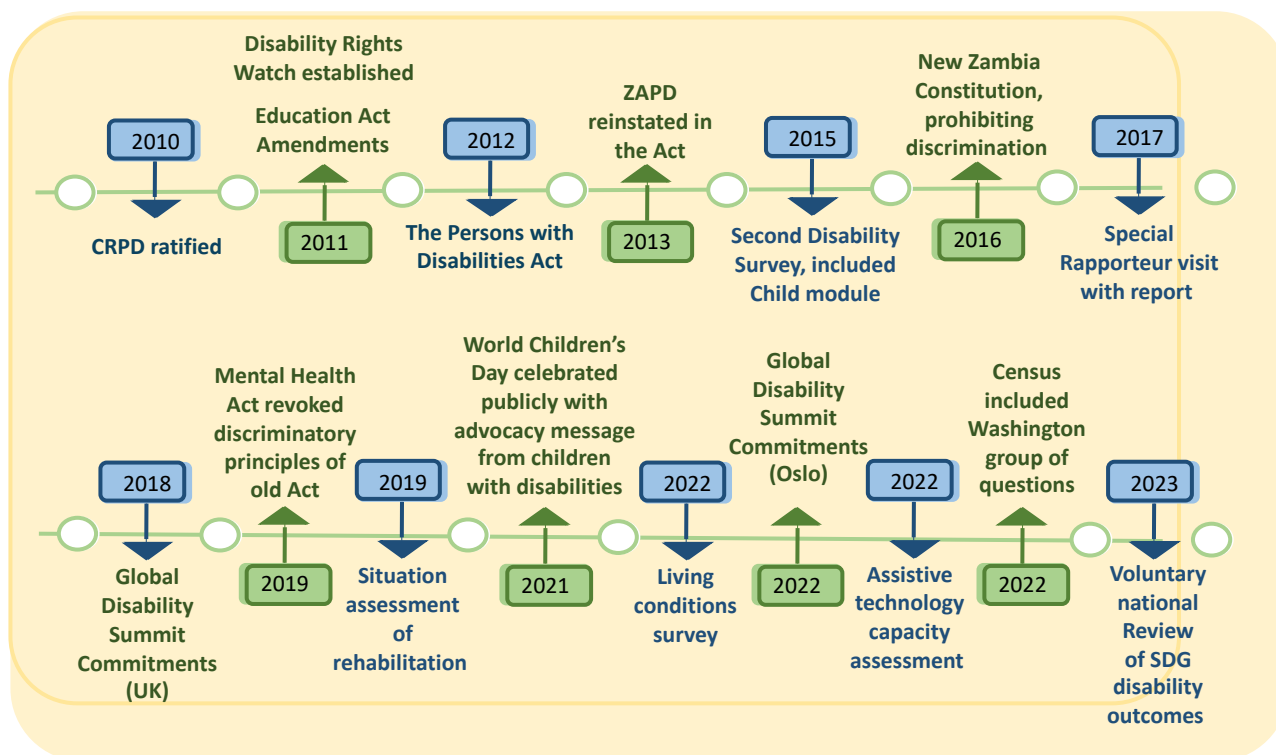
### Chapter 1: Background

- Purpose of situational analysis
- Introduction to disability in country x. Provide a brief overview of the historic milestones and key statistical information on persons with disabilities in the country.

**What is critical for the background:** To have a brief picture of disability rights in the country and the evolution towards CRPD implementation with country specific milestones related to CRPD implementation (for example, to know when the CRPD was ratified, what laws and policies were adopted or amended to support CRPD

implementation, commitments made and to have available data on the number of persons with disabilities etc.). Below, we provide an example of a historical timeline on disability laws and policies prepared as part of the situational analysis in Zambia.

**Figure 5: Historical timeline on disability rights laws and policies in Zambia**



## Chapter 2: Approach

- Guiding principles
- Methodology used. Explain specifically how persons with disabilities and their representative organisations were participating in the data collection, as respondents or in validation of findings and recommendations.
- Scope and limitations

**What is essential for the approach:** To outline how the situational analysis was carried out and which stakeholders were involved. This section should also describe the methods used to gather information and data (e.g., desk review, interviews, focus groups etc.), who was involved in making the analysis and how persons with disabilities and their representative organizations were engaged in the process. It should say specifically how the priorities and recommendations were determined and who was involved from UN teams and civil society.

## Chapter 3: Stakeholder and coordination analysis

The purpose of this chapter is to describe the roles, mandates and functioning of the existing government set up (duty bearers), the OPD's (rights holders) and other national and international stakeholders as well as coordination mechanisms that

influence the sector. Identifying key gaps in mandates, functioning and capacities of these stakeholders. Capacity analyses could look at issues such as formal mandates, leadership and management, ability to be proactive and keep updated, ability to cooperate and make alliances, having financial and human resources to match the mandate, ability to communicate/advocate,

### **Key stakeholders such as:**

- **Government nationally and locally, focal points in line ministries and in local government.** Describe the role and functioning of each of these mechanisms and assess the strengths and weaknesses of the system. Describe if/how they engage with OPDs in planning, implementation and monitoring. Assess to what extent disability is treated as a human rights issue (as opposed to a medical issue).
- **Disability movement (OPDs).** Provide a mapping of the OPDs and an overall assessment of their capacities and weaknesses. How representative is the disability movement of women and marginalized and underrepresented groups? Do they coordinate for joint action or is there fragmentation? Do they have capacity to participate in policy dialogue? What about leadership and management, ability to be proactive and keep updated, ability to cooperate and make alliances, ability to communicate/advocate as a movement, ability to attract resources?
- **CSOs that are providing services** and support in the disability field. Describe the most important contributors in the disability field and what they are doing. Assess to what extent they work in equal partnership with OPDs.
- **International cooperation (donors, UN agencies).** Describe the most important contributors in the disability field and what they are doing. Assess to what extent OPDs are engaged meaningfully in these programmes and processes.
- Other relevant stakeholders (i.e., academia, etc.). Describe the most important contributors in the disability field and what they are doing. Assess to what extent they engage OPDs as in their work (not only as objects of research).

**Coordination mechanisms such as:** Disability Councils or Agencies, multistakeholder mechanisms (e.g., national SDG coordination bodies etc.), national human rights monitoring bodies or platforms, national OPD structure (e.g., national umbrella bodies etc). Describe the role and functioning of these mechanisms, especially analyse to what extent OPDs are represented and can meaningfully participate and influence.

**Summary of key findings:** Summarise the key strengths and weaknesses of the key stakeholders and coordination mechanisms in terms of mandates, functioning and capacities.

**What is essential for the stakeholder and coordination analysis:** To understand the main coordination bodies and mechanisms that exist to implement the CRPD as well as the strengths and weaknesses of these mechanisms. To have a mapping of the disability movement to better understand how it is organized,



which groups are represented and assess the capacities of the diverse OPDs to engage. This will be essential for developing partnerships with OPDs and for planning capacity building within the UNPRPD programme as well as joint implementation initiatives.

## **Chapter 4: Fulfilment of Preconditions**

**How does the country fare in terms of fulfilling the preconditions to inclusion?** Describing progress and identifying key gaps in systems, structures, policies and capacities hindering CRPD implementation, using the five preconditions (from the UNPRPD theory of change) as analytical tool.

### **Section 1 - Equality and non-discrimination**

**Legislative & Policy Context:** Describe the legislative and policy context regarding the rights of persons with different disabilities. This includes an overview of disability specific legislation and general non-discrimination provisions as well as legislation that affect the rights of persons with disabilities in a substantial manner such as legal capacity and access to justice. Identify possible gaps in these compared to CRPD provisions and identify the reasons for lack of (or slow) practical implementation of the legal provisions by the responsible stakeholders. Also indicate if there are still sector specific laws (education, employment, health, social welfare etc) that are still to be reformed in line with the CRPD. These sector specific laws will be described more in detail under the chapter on inclusive services.

**Barriers to Equity:** Describe how discrimination affects persons with different disabilities using national level data or data available from relevant stakeholders. Identify main reasons for the continued discrimination observed in society. Please observe the distinction between persons with intellectual/developmental disabilities and psychosocial/mental health disabilities in your analysis. Do not use the term "mental disability".

**Summary of key findings:** Summarise the key gaps identified in terms of legal and policy frameworks and anti-discrimination efforts.

### **Section 2 - Accessibility**

Describe legal frameworks, policy and practice in terms of universal design and accessibility to:

- Information and communication including telecommunications such as websites and media (Easy-to-Read, sign language interpretation, easy-to-understand<sup>10</sup>, large print text, braille etc),
- transport, and
- public spaces (including official buildings and UN offices)
- key public services. (such as education, health and social services)

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<sup>10</sup> See Inclusion International and Down Syndrome International's guidelines: Listen Include Respect: [Home | Listen Include Respect](#)

**Summary of key findings:** Summarise the key gaps and barriers to accessibility.

### **Section 3 – Inclusive services**

**Disability Referral & Assessment Systems:** Describe the functioning of the disability assessment and determination system(s) and identify its strengths and weaknesses.

**Disability Support Services (targeted efforts):** Describe legal provisions and specific support services available.<sup>11</sup> Assess the accessibility, affordability, and quality of support services for various disability groups, including community-based support and deinstitutionalisation efforts and identify the most urgent gaps.

**Mainstream Services (inclusive efforts):** Describe the legal provisions and current practices. Assess the accessibility and inclusiveness of mainstream services such as education, health, social services, livelihood, and employment and identify the most urgent gaps.

**Summary of key findings:** Summarise the key gaps identified in terms of assessment and services.

### **Section 4 – Disability inclusive budgeting**

**Financial Planning & Monitoring:** Assess the share of national ministerial/sectorial budgets, local government budgets and international cooperation budgets that are explicitly set aside to further the rights of persons with disabilities - both disability specific budget allocations and budget allocations within mainstream budgets. For development partners, the OECD/DAC disability marker can be helpful. Are disability laws and policy reforms properly budgeted for?

**Summary of key findings:** Summarise the key gaps identified in terms of budget allocations and disability budget tracking tools.

### **Section 5 - Governance and accountability**

**National Accountability Mechanisms:** Assess the availability and functioning of national monitoring mechanisms, systems and tools. Existence of independent human rights monitoring institutions (that actively includes disability). Identify possible gaps and obstacles. Comment on the level of participation of OPDs in these mechanisms and systems.

Assess CRPD reporting, oversight mechanism, quality of report and process, frequency, follow up of implementation of recommendations. Level of engagement on disability in these mechanisms.

**Inclusive Evidence & Data Gathering Systems:** Assess existence and quality of statistics and disaggregated disability monitoring data within standard data

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<sup>11</sup> Support services are designed to support persons with disabilities to participate in society, such as personal assistance services, rehabilitation/habilitation services, Sign Language interpreters, supported decision making, technical aids etc. They are different from mainstream services such as health services that should be accessible and usable by all including persons with disabilities.

collection processes of surveys, census, administrative data, UN SDG data bases etc. (collection, use and availability of data). Identify possible gaps and obstacles.

**Summary of key findings:** Summarise the key gaps identified in terms of governance and accountability mechanisms.

**What is essential for chapter 4:** This section of the situational analysis provides a vital mapping of what exists in terms of policies, programmes and services for each pre-condition and what the gaps are. This is essential for understanding what is in place to enable disability inclusive reforms that have potential for systems change. This section is also important for identify the critical bottlenecks that need to be addressed for effective disability inclusive reforms that address barriers to participation and promote full inclusion in public policy, programming and services. This overview will contribute to informing UNCT priorities around the kinds of policies, programmes and services that need to be targeted and how interventions should be designed.

## Chapter 5: Cross cutting issues

### **How does the country fare in terms of essential elements of a rights-based approach (cross-cutting issues)?**

This section analyses the extent to which persons with disabilities, through their representative organizations are engaged meaningfully as partners with decision-making roles; how gender equality of women and girls with disabilities is being advanced and the leadership of women with disabilities is supported; and the level of inclusion of underrepresented and marginalized groups of persons with disabilities.

**Section 1- Participation:** Assess the level of meaningful participation of OPDs in legal and policy reforms, development of humanitarian/DRR and SDG planning processes. Are OPDs key partners in these processes? Do they have decision-making roles? Are they recognized as experts to advise on these development and reform processes? 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:** Describe and analyse how representative the disability movement is of more marginalized groups such as persons with intellectual disabilities, persons with psychosocial disabilities, persons with albinism, little people, Deafblind persons, persons with disabilities marginalized on the basis of their disability and other identities (e.g. ethnic minority status, indigenous status, migration status, age, sexual orientation, HIV positive status etc.). Do underrepresented groups have a voice in decision-making on national policy and legal reforms? Are they well represented in civil society? Do they influence national development processes to implement the SDGs? Are they influencing humanitarian processes or climate change reforms?

**Section 3 – Gender equality:** How well are women with disabilities represented in the disability movement? How well are persons with disabilities of diverse sexual orientation, gender identity or expression and sex characteristics (SOGIESC) represented (in many contexts the term LGBTQ+ is

used to describe sexual and gender diversity)? What kind of voice and influence do women and SOGIESC persons with disabilities have in legal and policy reform processes? How well are their priorities included by government? What kind of voice to these constituencies have in development and humanitarian processes including climate change and SDGs?

**What is essential for chapter 5:** The analysis in chapter five is important for understanding how well systems, structures and policies are advancing the full participation of persons with disabilities; how well they address the equality of women and girls and SOGIESC persons with disabilities to advance gender equality for all. It is also critical for understanding how well the priorities and needs of underrepresented and marginalized groups of persons with disabilities are considered in the development of inclusive systems, structures and policies. It is also important for understanding How inclusive governments and development actors are of their voices and perspectives of persons with disabilities and their representative organizations. Finally, this chapter provides UNCTs essential information about the disability movement dynamics in the country and an overview of OPDs for forming partnerships and developing meaningful engagement in the UNCT programmes.

## **Chapter 6: Disability Inclusion in Broader Development, Humanitarian & Emergency Contexts**

**How does the country fare in terms of mainstreaming disability in national development plans and frameworks, humanitarian plans, climate change plans?** Describe progress and identify key areas of improvement.

**Section 1 - National Development Plans:** Provide a brief overview of how national development assessments, plans, budgets, programs, and monitoring mechanisms that are supported under SDG processes are designed to advance disability inclusion. To what extent have the national development plan, the UN CCA and the UN cooperation framework included disability (disability disaggregated targets, indicators and budgets)? Describe the extent to which OPDs are involved in these processes.

**Section 2 - Disaster risk reduction & humanitarian action:** Describe the extent to which the disaster preparedness and emergency response frameworks and coordination mechanisms are disability inclusive. Are there disaggregated analyses, targets, indicators budgets? Describe the extent to which OPDs are involved in these processes.

**Section 3 -Climate change** Describe the extent to which climate change frameworks and coordination mechanisms are disability inclusive. Are there disaggregated analyses, targets, indicators budgets? Describe the extent to which OPDs are involved in these processes.

**Section 4 - COVID-19:** Describe the extent to which the response to COVID-19 is disability inclusive. Describe the extent to which OPDs are involved in COVID-19 recovery.

**What is essential for Chapter 6:** This section of the report should provide an overview of disability inclusion within broader development, humanitarian and climate action frameworks and coordination mechanisms to better understand where more work is needed to ensure the rights of persons with disabilities are included. It should also provide an overview of the extent to which OPDs are engaged in these processes. This overview will help to provide the basis for recommendations on how the UNCTs can address disability inclusion and OPD engagement in national development processes and frameworks; on-going humanitarian action and disaster-risk reduction frameworks as well as on-going climate action frameworks and coordination mechanisms.

## **Chapter 7: Overall Analysis of key gaps and opportunities**

This chapter will serve to inform the key recommendations. **What is the overarching, most pertinent, challenges and underlying causes of the gaps observed across all areas analysed? What opportunities could be used to leverage interventions?** What are some of the common underlying obstacles in policies, systems, structures and capacities across all sectors and processes that hinder inclusion of persons with disabilities? What would be most catalytic to address in the nearest future and what opportunities could be used to leverage interventions?

- 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 in preconditions and cross cutting issues.
- Identify opportunities to enhance disability inclusion in ongoing government and UN development and humanitarian/emergency plans and processes.
- Identify opportunities to engage diverse stakeholders in the process including organisations of persons with disabilities and what capacity building is needed for OPDs to effectively engage.

**What is essential for chapter 7:** Thinking about the essential pre-conditions, what are the major challenges or bottlenecks to achieving the pre-conditions? From these major challenges, which ones are most essential to address in the immediate future? Which challenges are most feasible to tackle according to the areas of expertise of the UNCT? Where is there greater political will or donor interest to invest in addressing these bottlenecks? What ongoing reforms provide an opportunity to address these bottlenecks? Which challenges are civil society and namely OPDs prioritizing? Answering these questions in this chapter should help to narrow the focus of which bottlenecks or challenges can be addressed as a priority. You do not need to identify priorities under all preconditions, as some may be less urgent than others. Also, some systemic reforms may affect several preconditions.

## **Chapter 8: Key recommendations for UNCT action**

**Based on the overall analysis, which are the key recommendations to the UN and its development partners:** This section should be developed in consultation with national OPDs so that they play an active role in defining the

priorities for the situational analysis. This is important for informing the priority areas that will be addressed through the UNPRPD programme.

Key questions to consider for developing the recommendations: What needs to change and how could the UN country team, other development partners and civil society engage concretely to support and speed up these change processes? How can they engage the key government actors in these changes?

Summarise the key recommendations responding to the gaps and challenges identified in chapter 7. The recommendations should be actionable for the UN and other development partners. They should describe WHAT needs to change and HOW the UN country team and its development partners could support the change processes needed to achieve these changes. Mention specifically WHAT processes and WHICH departments, mechanisms or partners that should be approached or supported. Please also indicate which precondition that is targeted and what cross cutting issues are considered. See examples below.

The sectoral budgets (health, education, social welfare) and the district development budgets need to have explicit budget lines for disability inclusion that matches the commitments made in national laws and policies (*precondition CRPD compliant budgeting*).

To support this reform process, the UN country team/development partners could/should support a) the Ministry of Finance to introduce a marker/tracker in the budget system that makes it possible to track funding to disability, b) the National Disability Council, with support of the University Y, to budget the existing disability laws and policies taking particular note of budgets for SRHR and GBV (addressing the gender equality issue) and c) the OPDs to monitor the realisation of the budget reform (addressing the issue of participation).

*Example 1 of recommendation that is actionable.*

As described in the examples, the key recommendations should outline who needs to engage (different types of stakeholders including UNCTs, government and civil society), what capacities they need to develop in order to implement the reform and engage meaningfully in the process. This is especially important for developing partnerships with civil society and most especially, OPDs.

The adopted Inclusive Education policy needs to be realistically planned for and rolled out (*precondition Inclusive Services*) including appropriate budget allocations (*precondition CRPD compliant budgeting*).

To support this reform process, the UN country team/development partners could/should support the Ministry of Education to a) develop a detailed implementation plan with annual targets, indicators and budgets attached to it b) develop training modules for pre-service and in-service teacher training on inclusive education curriculum c) develop capacity of existing 73 educational assessment centres to turn them into resource centres for schools d) evaluate the inclusive education pilot programmes in districts xyz to establish a model that could be brought to scale e) commission a study on how to develop contextually relevant models of education for children with deaf/blindness and autism (*addressing issue of marginalised groups*) f) design anti-bullying programmes in schools to prevent gender-based violence and abuse against girls and young women with disabilities in schools (addressing gender equality). The UN country team/development partners should ensure that OPDs are supported to engage meaningfully with the planning and monitoring mechanisms of the reform (*addressing the issue of participation*).

The Human Right Commission needs to better fulfil its role as an independent monitoring mechanism in line with article 33 of the CRPD (*precondition governance and accountability*).

To support this reform process, the UN country team/development partners could/should support a) the Human Rights Commission to develop its organisational structure, guidelines and working methods in disability and b) the OPDs to engage meaningfully with the monitoring mechanism (*addressing all three crosscutting issues*).

*Example 3 of recommendation that is actionable.*

Finally, it is important to make recommendations that are realistic, actionable and achievable by the UNCT or other development partners that will be supporting the implementation of these recommendations.

**What is essential for chapter 8:** This section builds on the overall analysis of key gaps and opportunities to formulate actionable recommendations to achieve the pre-conditions in the country through multi-stakeholder engagement. It should outline who the key actors are that need to be engaged to achieve the recommendations and what capacities or tools are needed for them to engage. The recommendations should also outline how cross-cutting issues will be addressed across the proposed areas of action. Next steps

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

# **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

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

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Persons with physical disabilities

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

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Persons in or who use a wheelchair/wheelchair users

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Persons living with a specific condition

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Person with a brain injury

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

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Persons with a speech impairment

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---

Persons with achondroplasia

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## To avoid

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Deaf-and-dumb  
Deaf-mute

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Mentally ill  
Hypersensitive  
Insane  
Crazy  
Psycho  
Emotionally disturbed

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Handicapped  
Wheelchair-bound  
Confined to a wheelchair

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---

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

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---

Brain-damaged

---

---

Cripple/crippled

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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

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Persons with diabetes

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Persons with disabilities from birth

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

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

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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.

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Diabetics

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Birth defects  
Deformity

---

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

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

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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'.	

<b>Preferred</b>	<b>Meaning/comments</b>	<b>To avoid</b>
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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Oriental

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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](#)

