

Commonwealth Disabled People's Forum

Disability Equality and Leadership Training

14th to 16th October 2025, Accra Beach Resort, Barbados

Coursebook



Contents

CDPF Training the Trainers and Young Disabled Leaders Development Programme 14th October to 16th October 2025	1
BRIEFING: THE PARADIGM SHIFT	5
Organising Disabled People/Persons with Disabilities in the Caribbean	7
Timeline of the Disabilities Movement in the English-Speaking Caribbean	10
Disability in the Caribbean:.....	10
Global Disability Equality and Rights Quiz	17
BRIEFING: THE LANGUAGE WE USE.....	18
ACTIVITY: BARRIERS TO INCLUSION FOR DISABLED PEOPLE IN LIFE	23
BRIEFING: FUNDAMENTAL THINKING FOR DEVELOPING Disability INCLUSIVE EDUCATION	25
Values on which the different approaches to Disabled Children's Education are based.	26
Wednesday IMPLEMENTING ARTICLE 27 EMPLOYMENT NOTES FOR EXECUTIVE.....	42
CAMPAIGN: YOUTH EMPLOYMENT ACTIVITY:	49
Briefing: Media and Stereotypes	58
Understanding Disability as a Human Rights Issue	60
CLIMATE POLICY OF CDPF	67
History of the UN Convention on the Rights of Persons with Disabilities.....	79
UNCRPD INFOGRAPHIC TEMPLATE (editable).....	84
Caribbean Regional Achievement of Disability Rights	85
Double Whammy: Sexism and Disablism.....	88

CDPF Training the Trainers and Young Disabled Leaders Development Programme 14th October to 16th October 2025

Trainers: Kerryann Ifill, Ganesh Singh, Rosemarie Ramitt, Erin Brown, Richard Rieser assisted by Katie Cohen.

Tuesday 14th October

9-11am: Introductions and Ground Rules

- a) Check all access needs are met.
- b) Quick Introductions Participants & Trainers - 1 minute each. Impairing Condition, Access, What you do, Which part of the Disability Movement (Pre-Prepare). What people are hoping to get from training. Ice breaker.

All together in main room: “PARADIGM SHIFT”: DISABILITY

- c) History of Disability Movement in Caribbean (GS/KI). Global: RR. “Paradigm Shift” and the Language we use.
- d) Films
- e) Discussion

10.50 f) Quiz 10 mins.

11.00-11.30 Break.

11.30-1.00 (four tables each with electronic scribe)

- i) Traditional ideas acting as barriers and dealing with discrimination. Language RR
- ii) Activity Barriers/Solutions RR

1.00-2.15 Lunch. Trainers sit with trainees

2.15-3.45 pm INCLUSIVE EDUCATION (Article 24) All together main room

a) Discussion Experience of their Education 15 min. What would like

- a) KI/GS present some new developments and examples Caribbean and beyond. RR follow up.
- b) Some filmed examples
- c) Whole group discussions

Activity 1 Difference between Exclusion, Segregation, Integration and Inclusion (UNCRPD General Comment No 4)

Activity 2 Designing essential elements of an Inclusive School

3.45 - 4.15 Break

4.15-4.45. Finish IE Activities

4.45 Prepare Role Play on Implementing UNCRPD

In 4 groups work on a Roles for Role Play/Freeze Frame

5.15-6.00 All together in Main room

Dinner from 7.00pm

Wednesday 15th October

9.00 am-10.45 EMPLOYMENT AND LIVELIHOOD am (Art 27 & 28 UNCRPD) All together in main room.

Main elements of Equal Employment system

9.00 Into to Disability/Employment RoR/GS

9.30 **Panel of Employers -Positive about employing disabled people**

Massey and Start plus. Describe their practice. Answer question

10.15 Discussion to identify key barriers in mixed groups. Post It notes technique. Thought storm, 15 minutes. Mixed Group for Barriers. Discuss solutions. RR

10.45-11.15 Break

11.15 -12.15 Types of Advocacy. Youth Led Campaign for Employment/Training Opportunity RoR/EB

Describe their practice. Answer question

12.15 -1.15 in Groups: Consolidate what learned working on key elements of building a campaign amongst disabled youth to gain employment. (Start with understanding Art. 27/ Vocational Training Art. 24) How to gain support from one of following a) Youth b) the Community c) Government?

Lunch Break 1.15 - 2.30 Lunch with panel members if possible.

Stereotypes, Media and Awareness Raising

2.30-4.00 All together: **Awareness Raising Article 8 - Presentation Media Stereotypes and Film stereotypes RR/Erin/GS relation to Media to lead**

Discussion Strategies to influence mainstream media and journalists /Analyse Pictures with Audio Description RR

4.00 - 4.30 Break

4.30-6pm Using the UNCRPD and SDGs to change and influence Government on Disability Rights and Equality KI/GS. Interactive

6-7pm Free time

7-8.15pm Dinner

(possible activity) 45 minutes Send round clips watch /listen and have a discussion

Thursday 16th October

8.45 Photo of course (KC/EB)

9.00-10.00 Political Process, Voting and Representation, KI to lead

Involvement in the Political Process presentation. Senator Boyce Barbados

10- 11.00 Influencing Government GS How to self organise and build a campaign.

11.00- 11.30 Break

Split into groups 11.30-1.15 RR/KI/GS/EB/KC

Design In groups of 2 key elements of an infographic on Article 4, 5, 9, 12, , 19, 23, 25 , 30 UNCRPD. Working in pairs. SEE UNCRPD Booklet for text.

I) I article each group. Identify key idea in each Article (1 per group) for an Infographic.

II) Identify key elements - to build an accessible campaign/ Involvement

III) iii) **sharing infographic/Campaign**

1.15 -2 15 Lunch

2.15 to 3.15 Climate Change, Emergencies SIDS Presentation/discussion.

3.15-4.15 Gender Equality within the movement Split into 2 groups by gender Female/ Male- discussion and generate ideas for what is needed to protect and support women to lead within the disability movement. 30 mins Report back together 30 mins

Which other identities do we need to be mindful of in our practice and what should be?
Intersectionality - given that Inclusion, Diversity and Equality are under attack how do we ensure our movement is open and Inclusive?

4.15-4.45 Break

4.45 Feedback Course

5 minutes organisers CDN Janeil Odle

Each participant **a) What they are taking away from Training?**

b) What going to do next to take forward Disability Rights?

c) Evaluation: 3 Post-It Each. Organisation, Learning, Building Readiness for Struggle
(Score 1 poor to 5 Excellent and comment.)

5.30 End Course

8.00 LAST EVENING MEAL and Social ALL TOGETHER invite representatives join us from Barbados Council of the Disabled

Certificate presentation and end photo with certificates

Most Travel on 17th October or move to join CDN Conference

BRIEFING: THE PARADIGM SHIFT

from Traditions/Charity/ Medical Model to a Social Model/Human Rights Approach to Disability

Impairment has existed as long as there have been human beings. How society responds varies but is usually negative. In much of India deeply held views from traditional culture act as a big barrier to disabled people's inclusion and must be challenged.

In some cultures, disability is often viewed as a punishment for past sins; and the pejorative view of disability is of a medical problem that needs to be "fixed" through treatment or remedies, which aligns with the medical model of disability.

These traditional beliefs are an embedded part of many cultures, and they are not easy to shift, but challenging discriminatory practices is easier on grounds of fairness, equality and human rights. So a discussion of the values people in the community adhere to may be a more fruitful starting point.

Educating people, involving local community leaders and families of disabled people, empowering disabled people locally in self-advocacy groups have all proved to be effective ways to challenge and change traditional thinking. If these approaches are firmly grounded in a social model human rights approach to disability they are much more effective. These sentiments are also backed by the Commonwealth Charter to which all Governments are signatories.¹

Disabled People as objects of charity, medical/deficit thinking

Charity Model The inhuman attitudes and treatment noted in above often brought out a charitable or protective response, which sometimes led to improvements in the material circumstances of disabled people. E.g. Missionary approaches. Motivated by religious thinking, the focus was on supporting basic human needs from a pitying point of view. Disabled people were often put into asylums to protect them from harm and abuse, only to be exposed to more abuse in such institutions. The Disabled Peoples' Movement has rejected the charity approach in favour of a human rights approach, as under the charity approach disabled people are turned into objects who only receive and do not participate in the processes that shape their lives. The charity model also views impairment as a personal tragedy that can be fixed or made better by the support and rehabilitation the charity provides.

Many organisations that started from charitable motives are now allies and supporters of disabled people's struggle for human rights. Many members of the International Disability and Development Consortium had their beginnings as Charities e.g. Leonard Cheshire International, Save the Children, War on Want, Light For the World, CBM, Handicap International, Sightsavers and many others. NGOs can promote negative ideas, images and stereotypes to raise support and funds rather than promoting disability equality. However,

¹ <https://thecommonwealth.org/about-us/charter>

in recent years, as a result of the shift in thinking coming from the UNCRPD, more NGOs are moving towards being allies, but they still wield too much power over our lives.

Charity does not really solve the problems of disabled people. Instead, it has entrenched negative attitudes and made the position of disabled people worse. Disabled people have not benefited from charity, because charity is not part of the socio-economic development process. It is often the sticking plaster on societies. Disabled people want to be treated as normal citizens with rights. They want to be treated equally and participate as equal citizens in their own communities. To achieve this, political and social action to change society is needed and Governments as State Parties must step up and take charge of implementing the UNCRPD. A popular slogan of DPOs is '**Rights Not Charity**'.

How to test if a Charity or Non-Governmental Organisation is a good Ally to Disabled People's Organisations

- a) Do they accept the leadership and thinking of Disabled People's Organisations (DPOs)?
- b) Do they do everything they can to empower and build the capacity of DPOs?
- c) Do they reject the charity and medical model in favour of social/human right model of disability?
- d) Do they put their organisational, financial and training resources at the disposal of disabled people and DPOs?
- f) If the charity provides welfare services and treatment, do they still empower disabled people they work with?
- e) Do they allow disabled people and their organisations to lead, '**Nothing About Us Without Us**' and not '**steal our clothes**'?

The Medical Model: As medical science developed it was applied to disabled people with a view to 'curing' us or making us 'normal'. Under medical model thinking disabled people were in the position they were in because of the impairment they had. If the impairment could be fixed, then the disadvantage would disappear. The trouble was, and often still is, that medical science did not know how to get rid of many types of impairments. However, medical knowledge has massively increased in the last 170 years.

Improvements in medical science, as long as they can be provided in a low-income environment, can reduce certain types of impairment through rehabilitation, or even eradicate them through better living conditions, nutrition, hygiene, reproductive health and vaccination. This is obviously a good thing and should be encouraged.

When we talk of **medical model** thinking, we are referring to the way in which disabled people are seen largely or exclusively through a medical lens. Their impairment is focused on, to the exclusion of their entitlement to live with the same rights as other members of society. The approach focused on the loss of normal function and led to us being viewed as negative or in deficit, needing to be made normal. The only trouble was that in the majority of cases this approach did not work. Even where it did work, the disabled person was seen

as a collection of symptoms to be treated or subjected to therapy, with their ordinary life put on hold. What disabled people 'could not do' led to there being categorised by type and degree of impairment and as a result labelled, separated and related to differently from non-disabled people. This attitude often reinforced, and was grafted on to, the persistent traditional views outlined above and so became a potent means of oppression.

The Paradigm Shift from the Medical to the Social Model of Disability

The identification, by disabled people, of **'medical model thinking'** as holding them back from winning their full rights, does not mean that disabled people do not welcome or need interventions from medically trained professionals. Of course they do.

A vital part of disabled people's lives and rights are access to medically-based interventions to keep them alive, minimise their impairments and provide the best support available. In much of the South, this knowledge and support is not readily available and is strongly linked to the wealth of the country.

With the development of **'social model thinking'** over the last 45 years, disabled people themselves began to challenge the consequences of **medical model thinking** on their lives.

The Union of Physically Impaired Against Segregation (UPIAS) 1975, who were the first to articulate that it was the barriers in society that denied our rights, was very clear that segregation must be opposed if disabled people were ever to be fully included in society. The focus has shifted from viewing the problem in the person and their permanent impairment to examining the barriers of attitude, organisation and environment that deny disabled people access to an ordinary life in the culture and society in which they live. This is what has now been identified as a key paradigm shift.

"It is of course a fact that we sometimes require skilled medical help to treat our physical impairments – operations, drugs and nursing care. We may also need therapists to help restore or maintain physical function, and to advise us on aids to independence and mobility. But the imposition of medical authority, and of a medical definition of our problems of living in society, have to be resisted strongly. First and foremost, we are people, not 'patients', 'cases', 'spastics', 'the deaf', 'the blind', 'wheelchairs' or 'the sick'. **Our Union rejects entirely any idea of medical or other experts having the right to tell us how we should live, or withholding information from us, or taking decisions behind our backs**".

UPIAS, 1975

Organising Disabled People/Persons with Disabilities in the Caribbean

The Development of the Organised Disabilities Movement in the English-Speaking Caribbean

The organised disabilities movement in the English-speaking Caribbean emerged during the latter half of the 20th century, shaped by broader struggles for independence, human rights, and social inclusion. While the histories vary across territories, the movement has followed a common trajectory: beginning with charitable approaches, moving through self-advocacy, and arriving at today's rights-based and regionalised structures.

Early Charitable and Welfare Approaches

In the immediate post-colonial period (1950s–1970s), most disability support in the Caribbean was rooted in charitable and medical models. Religious institutions, philanthropic groups, and social welfare departments provided services such as schools for the blind and deaf, sheltered workshops, and basic rehabilitation. These efforts were often segregated, focused on “care,” and offered limited opportunities for persons with disabilities to influence decision-making. For example, early schools for the blind in Jamaica, Trinidad, and Barbados provided literacy through Braille but rarely integrated students into mainstream education.

Rise of Self-Advocacy and National Organisations

By the late 1970s and 1980s, persons with disabilities themselves began to organise in response to exclusion from education, employment, and politics. Inspired by international developments such as the UN's 1981 International Year of Disabled Persons, national organisations emerged across the region.

- In Barbados, the Barbados Council for the Disabled (BCD) was founded in 1976 and became a key umbrella body representing diverse disability groups.
- Jamaica saw the growth of organisations such as the Combined Disabilities Association, advocating for accessibility and legal reforms.
- Trinidad and Tobago, Guyana, and the Eastern Caribbean islands also developed associations of and for persons with disabilities, often bringing together blind, deaf, and physically disabled communities under national umbrellas.

These groups shifted the discourse from charity to empowerment, pressing governments to adopt disability policies, improve accessibility, and recognise the rights of citizens with disabilities.

Regional Solidarity and International Engagement

The 1990s marked a period of regional collaboration. Leaders in the Caribbean disabilities movement recognised that small island states faced common barriers: under-resourced services, limited legislation, and social stigma. In response, regional platforms were created to amplify their voices.

- The Caribbean Council for the Blind (CCB) expanded its advocacy from blindness-specific services to wider disability rights.
- The Caribbean Disabled Peoples' International (Caribbean DPI) connected activists to global disability rights movements, including those in Latin America and North America.
- The Commonwealth Disabled People's Forum and later the World Blind Union's North America and Caribbean Region provided additional vehicles for influence.

This period also coincided with the spread of rights-based language influenced by the United Nations and the drafting of international frameworks like the Standard Rules on the Equalisation of Opportunities for Persons with Disabilities (1993).

From Advocacy to Policy and Law

The 2000s onward saw greater success in shaping public policy. National disability policies were drafted in countries such as Barbados, Jamaica, and St. Lucia. Accessibility legislation and anti-discrimination laws began to appear, albeit unevenly enforced. Regional organisations lobbied strongly for the ratification of the UN Convention on the Rights of Persons with Disabilities (CRPD, 2006), which many English-speaking Caribbean states have since signed and ratified.

During this stage, the movement also embraced broader development issues: inclusive education, disaster preparedness, climate change resilience, and economic empowerment. Partnerships with Rotary, the Caribbean Development Bank, and UN agencies enabled projects in skills training, accessibility audits, and inclusive elections.

Contemporary Challenges and Achievements

Today, the organised disabilities movement in the English-speaking Caribbean is a recognised civil society force. It has secured seats at policy-making tables, influenced constitutional reforms, and promoted inclusive practices in education, employment, and governance. However, challenges remain: limited funding, uneven implementation of laws, infrastructural inaccessibility, and lingering social stigma.

Despite these obstacles, the movement continues to grow in sophistication, linking grassroots organisations with regional and international advocacy. The English-speaking Caribbean now contributes to global disability rights discourse while striving to build more inclusive societies at home.

Timeline of the Disabilities Movement in the English-Speaking Caribbean

Decade	Key Developments
1950s–1970s	Charitable and medical models dominate; religious and welfare institutions provide segregated services.
1980s	Rise of self-advocacy; national disability organisations established (e.g., Barbados Council for the Disabled, Combined Disabilities Association in Jamaica).
1990s	Regional collaboration strengthens; Caribbean DPI, Caribbean Council for the Blind expand; international rights-based frameworks influence advocacy.
2000s	Policy gains; national disability policies, accessibility legislation, and ratification of UN CRPD.
2010s–Present	Greater inclusion in policy-making, regional advocacy, and global engagement; continuing challenges with resources and enforcement.

Watch UNESCO Film The Meaningful Inclusion of Persons with Disabilities in the Caribbean
<https://youtu.be/iO0kOE8GiGc> 3.12 time

Disability in the Caribbean:

What We Know and How to Promote Inclusion: Read Blog from <https://blogs.iadb.org/caribbean-dev-trends/en/disability-in-the-caribbean-what-we-know-and-how-to-promote-inclusion/>

Turning Over the Medical Model Organisationally: Rehabilitation International and Founding of DPI

The 1960s and 1970s saw the formation of wide range of organizations of disabled persons in Canada and across the world. The [Handicappförbundens centralkommitté](#) HCK in Sweden

took issue with the medical model of disability, whereby disabled people were unable to fully participate in society as a direct result of their inability to perform certain physical or mental tasks.

This new wave of organizations, however, was distinguished by an increasing move towards multi-disability representation and a profound shift in how disabled people defined themselves in relation to society. This redefinition of disabled identity was integral to the founding of Disabled Peoples' International.

In 1979, they united and formed the only national multi-disability organization in Canada, the [Coalition of Provincial Organizations of the Handicapped](#) (COPOH). A headquarters was established in Winnipeg, Manitoba.

[Rehabilitation International](#) (RI) is a worldwide organization founded in 1922 devoted to improving the quality of life of disabled people. With member organizations in more than 100 countries, it is comprised of service providers, government agencies, academics, researchers, and advocates both with and without disabilities.

Both the Canadian COPOH and the Swedish HCK were member organizations in 1980, when RI announced it would host its upcoming World Congress in Winnipeg. Many in the COPOH and HCK believed that RI was too tightly focused on a medical model of disability that defined disabled people as sick and needing treatment.

RI held its Delegate Assembly meeting on June 20-22, 1980, just prior to the start of the formal Congress. At the Assembly, Bengt Linqvist, a visually impaired member of the Swedish delegation, introduced an amendment calling for a change in the RI definition of "organizations of disabled people". The amendment stated that at least 50% of the delegates representing such organizations should be disabled people and called for the establishment of a committee to explore the implications of having all member organizations accept a 50% disabled (the language used at the time was "handicapped") governing policy.

The amendment on the Board was defeated sixty-one to thirty-seven. Lindqvist announced the results at a COPOH information-sharing meeting being held at the Congress. Henry Enns, a RI delegate from Canada and member of the COPOH, later said that the feelings of frustration and anger felt at the defeat of what many were calling the "equality amendment" sparked a bond of group solidarity among the 250 disabled people from 40 countries then in the room. The RI vote, he recalled "made it clear that there would be no changes made in the immediate future".

An Ad Hoc Planning Committee, with representatives from Canada, Costa Rica, India, Japan, Sweden and Zimbabwe, was elected to work out the form that this new organization would take. Henry Enns and Jim Derksen of Canada were both elected to this committee. Over two days of meetings, the committee drafted a proposal for a founding philosophy, structure, and leadership configuration. The COPOH organized another meeting of over 300 disabled delegates on June 26 where the planning committee presented their proposal. The new organization would be composed entirely of disabled people and be multi-impairment. The

proposal stated that the coalition would “be based on the philosophy of equal opportunity and full participation of handicapped people in all aspects of society as a matter of justice rather than charity”.

The proposal was unanimously accepted. The delegates then elected a formal Steering Committee for the WCPD with two representatives from seven regions of the world. Henry Enns was named Chairperson and Bengt Lindqvist of Sweden named Vice Chairperson. There was much to do. The Steering Committee met again in October 1980, in February 1981, and in August 1981. Throughout these meetings, they made a number of key decisions. They agreed to change the name of the organization to [Disabled Peoples' International](#) (DPI), prepared a Constitution based on that of the International Labour Organization, and decided to hold a World Congress of disabled people to truly inaugurate DPI on the world stage.

The first DPI World Congress would be held in conjunction with the [United Nations](#) in November 1981 in Singapore. DPI was founded as a social movement and represented the social model of disability and a rejection of the medical model of disability. This was an important philosophical principle, which had prompted the split with Rehabilitation International.

“In the world today, there are several international organizations which work in the field of disability”, Henry Enns explained. “Most of them specialize in one particular disability such as blindness, deafness, etc. and represent the interest of professionals and service providers. DPI is the only international cross-disability organization in which disabled people have a decisive control”. Jim Derksen, from the founding DPI planning committee, later contended that, “rehabilitation tries to change the disabled person to accommodate society. Our organizations accept that many disabilities are permanent and tries to change society so that it accommodates disabled people”.²

Following on from UPIAS in 1981, Disabled Peoples' International at its founding World Summit in Malaysia adopted the following statement:

“Impairment is the loss or limitation of physical, mental or sensory function on a long term or permanent basis.

Disability is the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers”. Disabled Peoples' International, 1981.

This proved incredibly liberating to many disabled people who had internalised society's negative attitudes and treatment of them, often leading to very low self-esteem and

² Human-dictated audio of this page. 0dec41d0c4f9f41dd4f7e4c4e19d193e <https://transnationalrepresentation.omeka.net/exhibits/show/transnational-representation--/dpi-origins>

isolation. If they were not responsible for the barriers, they could join together across different impairment groups and challenge the barriers and change society.

Here are 4 short films showing the impact of this change of thinking. A) Comic Relief: Break Down The Wall 1995 <http://worldofinclusion.com/res/altogether/atb9.flv> B) NDACA & UK: Disability History Month Social Model of Disability https://youtu.be/24KE_OCKMw C) Trainer and Consultant, Mik Scarlett: Social Model <https://youtu.be/XGXqXIsxiSA> D) Social Model, Scope <https://youtu.be/0e24rfTZ2CQ>

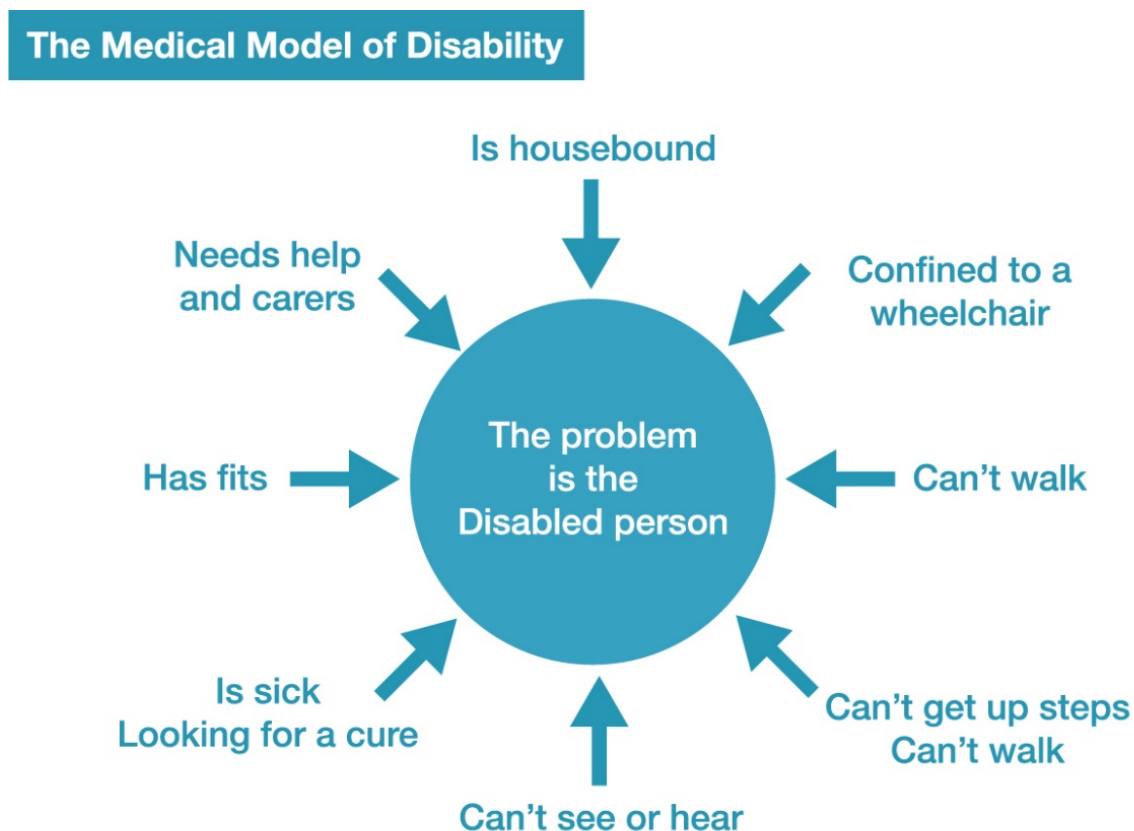
Illustration: In the Social Model It's the Barriers that Disable! (described underneath)



(In the Social Model it is the barriers that disable! Negative attitudes, Inaccessible Environments, Bullying, Use of resources, Poor Peer Support, Inflexible Curriculum, Lack of Communication, Lack of Role Models, Ignorance, Fear, Poor Teaching, Low Expectations.)

The emphasis changes to how to challenge and change the barriers that disable those with impairments. This perspective both empowers disabled people and provides the basis for a transformative paradigm shift in the way disability is viewed. In promoting a social model approach, the disability movement is not counterposing this to the need for access to health services, (UNCRPD, Article 25) habilitation and rehabilitation (Article 26). There should be no discrimination or prejudice in the provision of these services to disabled people.

Figure 3 (described underneath): The Medical Model of Disability



This is a diagram of the traditional Medical Model of Disability, which the Social Model was developed to challenge.

3

Figure 3 describes the Medical Model of Disability, with the central idea is that 'the problem is the Disabled person' and these factors referring to a person is pointing towards it: Is housebound, Confined to a wheelchair, Can't walk, Can't get up steps, Can't see or hear, Is sick/looking for a cure, Has fits, Needs help and carers. This is a diagram which the Social Model was developed to challenge.

³ Inclusion London Fact Sheet Social Model https://www.inclusionlondon.org.uk/wp-content/uploads/2015/05/FactSheets_TheSocialModel_Sept2015.doc
https://www.inclusionlondon.org.uk/wp-content/uploads/2015/05/FactSheets_TheSocialModel_Easy-Read.pdf

Figure 4 (described underneath): The Social Model of Disability

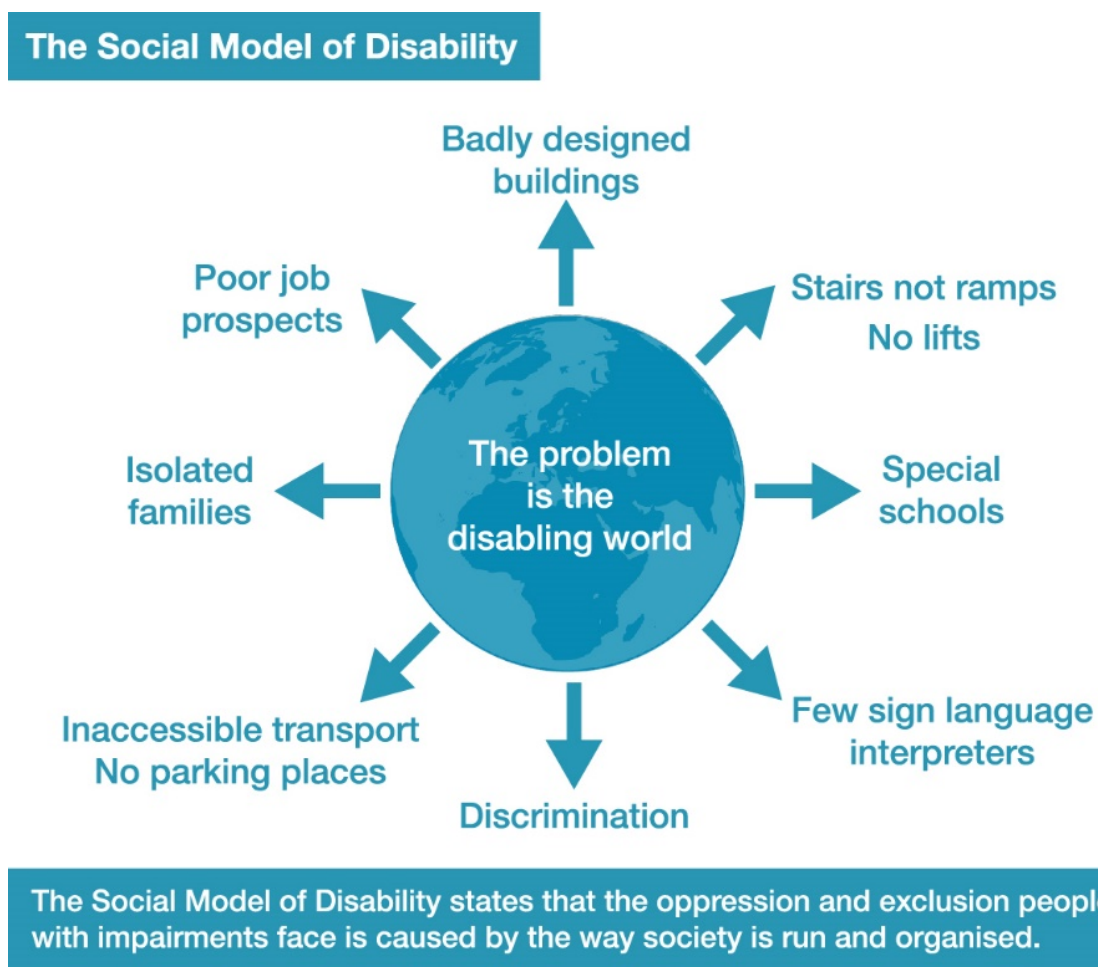


Figure 4 describes the Social Model of Disability, with the central idea that 'the problem is the disabling world' and these factors are pointing away from it: Badly designed buildings, Stairs not ramps/No lifts, Special schools, Few sign language interpreters, Discrimination, Inaccessible transport/No parking places, Isolated families, Poor job prospects.

The different approaches that flow from these two perspectives when they are applied to education. The medical model approach leaves schools and society unchanged and disabled people excluded or at a disadvantage. The social model approach allows administrators, teachers and parents to examine their thinking and practice so that they dismantle the barriers and become the allies of disabled students. In this way they can help students to maximise their social and academic achievements, and in the process society will change. The social model of disability focuses on the barriers and shows the disablement of the person with impairments, due to barriers of attitude, environment and organisation.

To find out much more about the Social Model in different accessible forms go to

<https://www.inclusionlondon.org.uk/about-us/disability-in-london/social-model/the-social-model-of-disability-and-the-cultural-model-of-deafness/>

Human Rights Model in General Comment No 8 on Employment

“7. The Committee has consistently expressed concern that the legislation and policies of States parties still reflect an ableist approach to disability, through charity and/or medical models, despite the incompatibility of those models with the Convention.⁶ Under those models, persons with disabilities are not acknowledged as subjects of rights and as rights holders, but are instead “reduced” to their impairments.⁷ Discriminatory or differential treatment and the exclusion of persons with disabilities are seen as the norm, legitimized by a medically-driven, incapacity approach to disability. Such ableist approaches preclude States parties from eliminating persistent barriers, particularly disability stereotypes and stigmas that prevent persons with disabilities from being able to work on an equal basis with others.

8. To realize the rights in the Convention, States parties need to apply the human rights model of disability. In its general comment No. 6 (2018) on equality and non-discrimination, the Committee sets out the human rights model of disability, under which it is recognized that disability is a social construct, that impairments are a valued aspect of human diversity and dignity and that impairments must not be taken as legitimate grounds for the denial or restriction of human rights. Disability is acknowledged as one of many multidimensional layers of identity, meaning that laws and policies must take the diversity of persons with disabilities into account. Human rights are recognized as being interdependent, interrelated and indivisible.”

IDENTIFY BARRIERS IN YOUR COUNTRY which lead to Disabled People being treated Unequally or Discriminated Against. Remember to think of the full range of disabled people/persons with disabilities.

	Environment	Attitudes	Organisation
Family life-getting married and having children			
Getting an education			
Getting a job			
Getting the information you need			
Making decisions for yourself			
Getting good health care			
Rehabilitation			
Leisure, culture & sport			
Travelling about			
Being involved in politics			
Being treated with respect			
Shopping and using services			

Global Disability Equality and Rights Quiz

- A. The World Bank say there are 16% of the world population who are disabled people.
- What is that in Millions? A) 800m B) 1700m or C) 1300 million
 - How many disabled people in Commonwealth A) 200m B) 430m C) 570 m

- B. When was the UN Decade of Disabled People ?
- i. a) 1971 to 1981 b) 1983 to 1993 c) 1990 to 1999.
 - ii What important non-binding measures were established soon after it?
- C. What year were negotiations started on the United Nations Convention on the Rights of Persons with Disabilities? 1999, 2001, 2003
- D. How many times did the Ad Hoc Committee Meet? 3, 6, 8, 10, 12?
- E. Which is the right definition of disability adopted by the Convention?
- i. Disability is defined as residing in the person with the disability.
 - ii. Is the interaction of persons with impairments with social and environmental barriers.
 - iii. Is a long-term condition and loss of function that is medically diagnosed.
- F. Which year was the International Day of Disabled People first held by the UN?
- 1981, 1990, 1993, 2001.
- G. Disabled People are at much greater risk of violence. Which of these statements is true?
- i. Children with disabilities are almost four times more likely to experience violence than non-disabled children.
 - ii. Adults with some form of disability are 1.5 times more likely to be a victim of violence than those without a disability.
 - iii. Adults with mental health conditions are at nearly four times the risk of experiencing violence.
 - iv. Disabled Women are 3x times more likely to experience gender-based violence than non-disabled women.
- H. Which 3 Countries or Federal states were the first to close all their special schools?
- Spain, New Brunswick, Denmark, British Columbia, Portugal, Italy, South Africa, Victoria.
- I. It was said the UNCRPD would introduce no new Human Rights? Is this true and if not, what are the new Rights?
- J. Name three pioneers now deceased who fought for Disabled People Rights? (Answers at p. 87)

BRIEFING: THE LANGUAGE WE USE.

The CDPF use Identity first rather than person first language.

Disabled people: Why we still choose to call ourselves 'disabled people': In the Commonwealth Disabled People's Forum (CDPF) we call ourselves '**disabled people**' because of the development of the '**social model of disability**'.

In the C19th and C20th, a disabled person's medical condition was thought to be the root cause of their exclusion from society, an approach now referred to as the '**medical or individual model**' of disability. We use the '**social model of disability**', where the barriers of environment, attitude and organisation are what disable people with impairments and lead to prejudice and discrimination.

So to call ourselves 'persons with disabilities' is to accept that we are objects and powerless. We also view ourselves as united by a common oppression so are proud to identify as '**disabled people**' rather than '**people with disabilities**'. **When we are talking about the UN Convention on the Rights of Persons with Disabilities** we will use '**people or persons with disabilities**'.

Language-Words can reflect as well as influence the way people think

Negative words and stereotypes are a barrier to understanding the reality of disability. In recent years disabled people have claimed individual and collective rights and sought to change their circumstances in part by changing the words used to describe them.

Not everyone will agree on every term but there is consensus on some general guidelines.

Language guidelines

1. The word 'disabled' is a description not a group of people. Use 'disabled people' not 'the disabled' as the collective term.
2. Avoid medical labels, which say little about people as individuals and tend to reinforce stereotypes of disabled people as 'patients' or unwell.
3. Don't refer solely to 'disabled people' in all government communications - many people who need disability benefits and services do not identify with this term. 'People with long term health conditions or impairments' is another common descriptor.
4. Avoid phrases like 'suffers from' which evoke discomfort or pity and suggest constant pain and a sense of hopelessness.
5. Wheelchair users may not view themselves as 'confined to' a wheelchair. Try thinking of it as a mobility aid instead.
6. Most disabled people are comfortable with the words used to describe daily living. People who use wheelchairs 'go for walks'. People with visual impairments may be very pleased - or not - 'to see you'. An impairment may just mean that some things are done in a different way.
7. Common phrases that may associate impairments with negative things should be avoided, for example 'deaf to our pleas' or 'blind drunk'.

8. Avoid passive, victim words. Use language that respects disabled people as active individuals with control over their own lives.

Words to avoid and use⁴

Avoid	Use
(the) handicapped, (the) disabled	disabled (people)
afflicted by, suffers from, victim of	has [name of condition or impairment]
confined to a wheelchair, wheelchair-bound	wheelchair user
mentally handicapped, mentally defective, retarded, subnormal	with a learning disability (singular) with learning disabilities (plural) or cognitive impairment
cripple, invalid	disabled person
Spastic	person with cerebral palsy
Autist	Neurodiverse, Autistic People, includes people with ASC, ADHD, Dyslexia, Dyspraxia
able-bodied	non-disabled
mental patient, insane, mad	person with a mental health condition, mental health system user or survivor
deaf and dumb; deaf mute	deaf, Deaf if a part of Linguistic minority using Sign Language, person with a hearing impairment, deafened or hard of hearing if some residual hearing enhanced by hearing aid.
the blind	people with visual impairments; blind people; blind and partially sighted people
An epileptic, diabetic, depressive, etc	person with epilepsy / diabetes / depression or someone who has epilepsy / diabetes / depression
dwarf; midget	someone with restricted growth or short stature
fits, spells, attacks	seizures

Some tips on language

⁴ Developed by Equality 2025 UK Government Advisory Committee of Disabled People. Taken down 2013 (Some additions CDPF)
<https://webarchive.nationalarchives.gov.uk/ukgwa/20130703133950/http://odi.dwp.gov.uk/inclusive-communications/representation/language.php>

- Use a normal tone of voice, do not patronise or talk down.
- Do not define a disabled person by their impairment. It causes offence to be given a medical label.
- Don't be too precious or too politically correct - being super-sensitive to the right and wrong language and depictions will stop you doing anything.
- Take care to ensure that language used does not reinforce a negative stereotype.
- Avoid labels that say nothing about the person and reinforce the impression that the disabled person is sick or dependent.
- Avoid references that dehumanise, use instead a 'person with...' Never say 'a victim of' or 'suffers from'. Avoid collective nouns, such as 'the disabled'. One exception is that many deaf people whose first language is British Sign Language (BSL) consider themselves part of 'the deaf community.' They may describe themselves as 'Deaf', with a capital D, to emphasise their deaf identity.
- It is acceptable to use everyday language, for example, 'see you later', or 'another pair of hands.'
- Never attempt to speak or finish a sentence for the person you are talking to.
- Address disabled people in the same way as you talk to everyone else.
- Communicate directly to a disabled person, even if accompanied by an interpreter or companion.
- Ensure the disabled person has a role equal to that of everyone else.

This theme is developed by our General Secretary Richard Rieser

DISABLED PEOPLE / PEOPLE WITH DISABILITIES: WHAT IS IN A NAME?

PAULA TESORIERO is the Chief Executive at WHAIKAHA - The New Zealand Ministry of Disabled People. Paula is a disabled parent of three children, a former Paralympian Gold Medallist and has held management posts in the private and public sector. Paula informed us at the recent United Nations COSP16 that the choice of the name '**MINISTRY OF DISABLED PEOPLE**' was not an accident, but a conscious decision based on a social model understanding of disability. This is a welcome and important decision.

We agree the use of the term '**DISABLED PEOPLE**' in the Commonwealth Disabled People's Forum (CDPF) and have twice voted to keep this in our name. '**PERSONS WITH DISABILITY**' is both inaccurate and a misnaming of a '**SOCIAL MODEL**' approach to our human rights as people with long term impairments.

Disabled People International 44 years after its founding conference in Malaysia in 1981. One of the key decisions of that founding conference was to distinguish between impairment and disability.

“IMPAIRMENT” - is the functional limit within the individual caused by physical, mental or sensory impairment.

“DISABILITY” - is the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers.

To be disabled you must have a long-term impairment, but having such an impairment you are disabled, not by the impairment, but by physical and social barriers that are socially and economically created. This means people with very different impairments can unite and provide solidarity for each other against the discrimination and oppression they experience, as cross impairment organisations. We call ourselves **DISABLED PEOPLE**.

If, on the other hand, you think people with disabilities are **‘PEOPLE FIRST’** putting the person first, this detracts from our solidarity in challenging the barriers. When people ask what your disability is they usually mean what is your impairment. What we want is for the world to view us as **DISABLED PEOPLE** with a wide variety of impairments, who are oppressed by attitudinal, environmental and organisational barriers that have to be addressed by Governments and Society.

By identifying as disabled people in cross-impairment organisations we learn how to meet each other’s needs and can provide solidarity and action to get those needs met. This makes us much stronger as a Movement. Calling ourselves **‘PEOPLE WITH DISABILITIES’** puts the locus back on the impairment restricting our opportunities. Just saying that, as persons with disabilities we have human rights, such as under the UNCRPD does not deal with the confusion.

If like CDPF and the Government of New Zealand, we call ourselves **‘DISABLED PEOPLE’**, it is clearer we face a common oppression **‘DISABILISM’**, which is handed out to the wide range of people with impairments, through the barriers we face that are socially created like stigma, negative attitudes and practices and gives Disabled People the solidarity and common cause to challenge these. This in no way detracts from our impairment specific needs, particular types of habilitation and rehabilitation, access needs, support and reasonable adjustments, which we still need to struggle to achieve.

There is a nod to this **‘SOCIAL MODEL’** thinking in the preamble and in Article 1 of UNCRPD, but the repeated use of **PERSONS WITH DISABILITIES** blurs the distinction between impairment and socially created disability.

*Recognizing that disability is an evolving concept and that **disability results** from the interaction between **persons with impairments** and **attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.** (UNCRPD Preamble [e])*

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. (UNCRPD Article 1)

Despite the clear juxtaposing of disability and impairment laid out in the UNCRPD, most people describe their **impairment as their disability**, rather than the barriers beyond them that lead to their lack of equality as **disabling**. People First language originated in the USA from a Parents' Movement that sought to see their disabled children as children first, not viewed primarily as the medicalisation of their children's impairment which separated them from other children. The problem of this approach was it ignores the social discrimination and weakens the recognition of being equal but different.

However, those who first came up with the '**SOCIAL MODEL**' approach in the 1970s, the Union of Physically Impaired Against Segregation (UPIAS) did not reject our medical needs being met. They instead stated our lives should not be viewed through this lens, but that we should focus on the barriers of discrimination, stigma and denial of opportunities as **DISABLED PEOPLE**. Since the beginning of humanity impairment has always been with us. What has changed is the need to recognise and unite around removing disabling barriers in our lives. Not having '**DISABLED PEOPLE**' as a unifying name leaves '**PEOPLE WITH DISABILITIES**' open to division and confusion. Calling ourselves **DISABLED PEOPLE** makes it clear we are part of a common struggle for our Human Rights.

RICHARD RIESER, CDPF - General Secretary & CEO - World of Inclusion Ltd, UK

UK Disability History Month <https://ukdhm.org/2016-broadsheet/> Disability and Language

ACTIVITY: BARRIERS TO INCLUSION FOR DISABLED PEOPLE IN LIFE

Trainees

What Barriers does society pose for people with impairments in the following areas: Form 4 groups. 2 impairment groups per group .

1. Are Blind or have a visual impairment?
2. Are Deaf or have a hearing impairment?
3. Have a mobility impairment and/or use a wheelchair?
4. Have a specific learning difficulty i.e., Dyslexia, Dyspraxia ?
5. Are Neurodiverse -i.e., Autistic or ADHD?
6. Mental Health Service Users i.e., anxiety, depression, eating disorders?
7. Have hidden impairments i.e., diabetes, epilepsy?

8. Have a cognitive or developmental impairment?

Consider the following areas. 1 barrier per Post It.

A. Physical Barriers/Access Issues

- in the built environment buildings, housing
- in communication
- in equipment/resources
- transport

B. Attitudinal Barriers

- Attitudes of officials e.g. Health and Social care professionals, Teachers, Employers
- Attitudes of non-disabled people
- Attitudes of support staff for disabled people
- Attitudes of Parents/family members

C. Organisational Barriers

- Arrangements for work, exams, interviews, bank finance
- Information
- Employment of disabled staff
- Access funding welfare and support funding
- Criminal Justice System
- Polices e.g. Safety, safeguarding

All barriers card placed on display boards in shape of a Wall. Read Out. Ask group what they notice? Now give 3 mixed barrier cards to each group. Ask to come up with solutions. Speech Bubble Post-It.

BRIEFING: FUNDAMENTAL THINKING FOR DEVELOPING Disability INCLUSIVE EDUCATION

<https://unesdoc.unesco.org/ark:/48223/pf0000375407>

Inclusion and education in the Caribbean: a fact-sheet based on findings from the 2020 Global Education Monitoring Report Latin America and the Caribbean - Inclusion and education: All means all UNESCO, 2021

Exclusion occurs when students are directly or indirectly prevented from or denied access to education in any form.

Segregation occurs when the education of disabled students is provided in separate environments designed or used to respond to a particular or various impairments, in isolation from non-disabled students.

Integration is a process of placing disabled persons in existing mainstream educational institutions, as long as the former can adjust to the standardized requirements of such institutions.

Inclusion involves a process of systemic reform embodying changes and modifications in content, teaching methods, approaches, structures and strategies in education to overcome barriers, with a vision serving to provide all students of the relevant age range with an equitable and participatory learning experience and environment that best corresponds to their requirements and preferences.

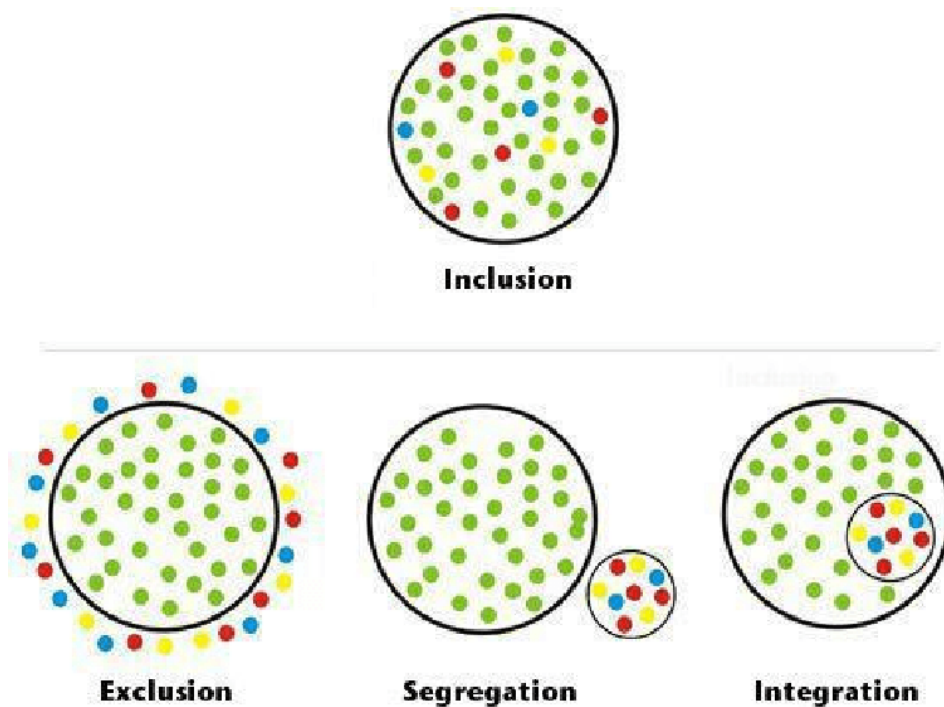
Placing disabled students within mainstream classes without accompanying structural does not constitute inclusion. Furthermore, **integration** does not automatically guarantee the transition from segregation to inclusion⁵.

Theoretically this is easy to say, but the main issue is implementation. The main problem is moving from existing systems that still largely excludes disabled children in low-income countries, or segregates or integrates them in middle and high income countries to inclusion.

Cost/underfunding of education, lack of training, inappropriate curricula and assessment, parental and staff attitudes, environmental barriers and social, political and attitudinal barriers are what need addressing from classroom to national policy.

⁵Para 11 General Comment No4, 2016 *ibid*

Values on which the different approaches to Disabled Children's Education are based.



[A diagram of different circles with coloured dots. At the top, Labelled Inclusion, a large circle with green dots (non-disabled children) and mixed in fewer red, yellow and blue dots representing disabled children with different impairments. Below left, labelled Exclusion, one large circle with only green dots. Outside the circle red, yellow and blue dots. Bottom Centre, labelled Segregation, a large circle with only green dots and a smaller separate circle with yellow, red and blue dots. Right bottom, labelled integration, a large circle with green dots. Inside a smaller circle with blue, red and yellow dots representing integration.]

Circumstances and Attitudes leading to :

Exclusion No Services only family, Despised, Ignored ,Cursed, Possessed by Devil, Witchcraft, Rely on family & Community, Witch doctor, No education, Folk- explanations, No Community Based Rehabilitation (C B R), Survival, Not wanted, Learn from life, Remain Excluded

Segregation Service to disabled people only, Categorising Disabled People, 'Special' / Different Treatment, Disability is a problem to be fixed (in a special place), Services available in segregated setting, Professionals/Experts, Special Therapies, Categorisation/ marginalisation, Competition for parts of the disabled person, stress on inputs, separate curriculum, Integration is not desirable for some.

Integrated Needs of disabled people, Changing Disabled People, Equal treatment, Disability is a problem to be fixed, Benefits to disabled person of being integrated, Professional / experts, Technique, Learning helplessness, Technical interventions, Stress on process, Curriculum delivery, Integration can be delivered.

Inclusion Rights of Disabled People, Changing schools /colleges / organisations, Equality – each receives support they need to thrive & achieve their potential, Everyone has gifts to bring, Benefits to everyone, including all, Political struggle- Allies & support, Assertiveness, transforming power of relationship, Stress on outcomes; ‘having a dream’, Curriculum content, Inclusion must be struggled for.

Barriers: The UN CRPD Committee identify barriers⁶ that impede access to inclusive education for disabled people attributing them to multiple factors:

- a) the failure to understand or implement the **human rights model of disability**, in which barriers within the community and society exclude, rather than personal impairments and functioning **a medical model approach**;
- b) persistent discrimination against disabled people, compounded by the isolation of those still living in long-term residential institutions, and low expectations about those in mainstream settings, allowing prejudices and fear to escalate and remain unchallenged;
- c) lack of knowledge about the nature and advantages of inclusive and quality education, diversity and its positive impact on the learning of all; lack of outreach to all parents, lack of appropriate responses to support requirements, leading to misplaced fears, and stereotypes that inclusion will cause a deterioration in the quality of education, or otherwise impact negatively on others;
- d) lack of disaggregated data and research, necessary for accountability and program development, impeding the development of effective policies and interventions to promote inclusive and quality education;
- e) lack of political will, technical knowledge, and capacity in implementing the right to inclusive education including insufficient education of all education staff;
- f) inappropriate and inadequate funding mechanisms to provide incentives and reasonable accommodations for the inclusion of disabled students, inter-ministerial coordination, support and sustainability;
- g) lack of legal remedies and mechanisms to claim redress for violations.

⁶ Para 4 General Comment No 4 2016 ibid

Exclusion	Segregated	Integrated	Included
No Services only family	Services to Disabled People only	Needs of Disabled People	Rights of Disabled People
Despised	Categorising Disabled People	Changing Disabled People	Changing schools / colleges / organisations
Ignored	'Special' / Different Treatment	Equal treatment	Equality - each receives support they need to thrive & achieve their potential
Cursed, Possessed by Devil, Witchcraft	Disability is a problem to be fixed (in a special place)	Disability is a problem to be fixed	Everyone has gifts to Bring
Rely on Family & Community	Services available in segregated setting	Benefits to disabled person of being integrated	Benefits to everyone, including all
Witch doctor	Professional / Experts	Professional / experts	Political struggle, Allies & support
Not wanted	'Special' Therapies	Technique	Power of ordinary experience
Folk-explanations	Categorisation & Marginalisation	Learning helplessness	Assertiveness
No C B R	Competition for parts of Disabled Person	Technical interventions	Transforming power of relationship
Survival	Stress on Inputs	Stress on process	Stress on outcomes; 'having a dream'
Learn from life	Separate Curriculum	Curriculum delivery	Curriculum content
Remain excluded	Integration / Inclusion "for some" is not desirable	Integration can be delivered	Inclusion must be struggled for
Folk-explanations	Categorisation & Marginalisation	Learning helplessness	Assertiveness

The main features of inclusive education

Inclusive education involves:

- commitment from leadership and everyone in an education setting to make inclusive education happen
- recognizing that everyone has the ability to learn
- adapting to meet the needs of each person to help them reach their full potential
- training and supporting teachers and staff so they have the right attitudes and skills
- welcoming all students equally – all students should feel valued, respected included and listened to
- building a safe, positive learning environment, with help from students to do this
- developing students' confidence to enable them to move on to further education, training or work
- developing partnerships with the wider community, including parents, teacher and student bodies and organizations of people with disabilities

- closely monitoring progress in inclusive education, with help from people with disabilities and parents and carers where relevant.

Accessibility All parts of the education system must be accessible to disabled people. This includes:

- buildings
- information and communication systems
- textbooks and learning materials
- teaching methods and assessments
- support services
- classrooms and toilets
- play and sports facilities
- school transport

States should make sure that all new education buildings are accessible and that there is a timeframe for making existing buildings accessible. States are also encouraged to use **Universal Design. This is where buildings and products are designed from the start to be accessible and used by people with a wide range of abilities.** Funding should also be available for learning materials in alternative formats and technology to help students learn and participate.

Meeting individual needs States should adopt the Universal Design for Learning (UDL) approach where possible. This is a set of principles that help teachers create a flexible learning environment⁷. The UDL approach recognizes that every student learns differently. This requires a flexible, creative approach to teaching and the curriculum. Teachers should be able to adapt their style to meet the diverse needs of every student. The focus is on enabling students to learn in different ways, while still achieving great outcomes. Following on from this, there should be a move away from standard assessments and tests, towards multiple ways to assess students' progress.

In addition, education settings have an immediate duty to provide **reasonable accommodations**. These are changes that should be made where possible to meet students' individual needs. For example, a student may need information in a certain format or language, such as sign language, special equipment or technology or extra support in the classroom. The needs of all disabled learners should be met in this way, at no extra cost to them or their families.

To help with this, students should have **personalized education plans** outlining their support needs. Discussions should also take place between the education provider, the

⁷<https://nadp-uk.org/wp-content/uploads/2017/11/UDLL-Best-Practice-Guidelines.pdf> Universal Design for Learning: Guidelines for Accessible Online Instruction <https://journals.sagepub.com/doi/full/10.1177/1045159517735530>
https://lincs.ed.gov/sites/default/files/2_TEAL_UDL.pdf

student and, where relevant, the parents, to agree on what is needed or possible. There may be cases when reasonable accommodations are not possible, for example due to lack of resources. However, States should be working towards an inclusive education system and should not use the excuse of high costs and lack of resources to avoid this.⁸

“Seven recommendations to create a universally designed assessment:
Choose an assessment method based on what skills and characteristics you want your graduates to have. The assessment method should be in line with the purpose of the exercise; be aware of any methodological access barriers
Vary assessment methods and provide alternative ways to demonstrate knowledge (written, digital, physical)
Give students the opportunity to choose how they will respond to a task
State the purpose and criteria for goal achievement
State what it takes to carry out the task methodically and show examples of how the task can be completed
Make the assessment an opportunity for learning
Ensure a close connection between students’ achievement, your chosen assessment method and the feedback you provide to the student”.

9

Education close to home It is not acceptable for children to have to travel far away from home to primary or secondary school. Their school should be within safe, physical distance of where they live.

Qualified staff Teachers at all levels of education should have the commitment, values and skills to teach in an inclusive way. Inclusive education should be fully integrated into teacher training and practice, and teachers should receive ongoing support and education. Recruiting disabled teachers is a good way to promote equal rights for disabled people and provide important role models. All teachers and school staff should receive regular training on implementing inclusive education. This should be twin track.¹⁰

i) General Inclusion Track The general inclusion track of teacher education involves developing teaching and learning strategies that support:

- Valuing difference and diversity;
- Differentiation of materials and methods;
- Collaborative learning where pupils and teachers work together;
- Peer support where pupils help each other academically and socially and challenge negative language and behaviour;

⁸ Committee on the Rights of Persons with Disabilities A guide to Article 24 The Right To Inclusive Education Easy Read Version https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD/C/GC/4%20Plain%20English%20version&Lang=en

⁹ Committee on the Rights of Persons with Disabilities A guide to Article 24 The Right To Inclusive Education Easy Read Version https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD/C/GC/4%20Plain%20English%20version&Lang=en

¹⁰ http://worldofinclusion.com/v3/wp-content/uploads/2014/01/UNICEF-Educating-Teachers-for-Children-with-Disabilities_Lo-res.pdf

- Flexible curricula as well as the provision of classroom and assessment materials;
- An anti-bias curriculum that challenges traditional gender, tribal, class and disability perspectives;
- Sufficient time for meaningful learning and rewarding of effort compared to Individuals previous achievements;
- The creation of a stimulating and interesting multi-sensory learning environment;
- A child centred approach with teacher reflection.

ii) Impairment Specific Track

The impairment specific track recognizes that the above approaches on their own will not work equally for all disabled children as they require reasonable accommodations and support arising from their impairments. These adjustments are specific to the types of impairment a child/young person has. Within this track, the teacher would learn to identify the loss of physical or mental function with a basic screening tool and have a working knowledge of the range of adjustments that can be implemented in the classroom. Below is a list, although not comprehensive, of the tools available for teachers to use with their disabled students:

- a) Visually Impaired or Blind - glasses, magnification glasses, Braille, tactile maps and diagrams, audio tapes/COs and text to talk, mobility training, large print documents and paperwork, audio description, modified orientation and creation of fixed points in class, creation of auditory environments, talking instruments, colour contrasts, and identification of hazards such as steps;
- b) Deaf and Hearing Impaired- Finger spelling and basic sign language, interpretation, Oral-lip reading, basic Hearing Aid maintenance, strong emphasis on visual environment, additional time and support with abstract concepts and maths;
- c) Deafblind - Some of the tools listed above in a) and b), Deafblind Language, provision of interpreters, creation of tactile environments;
- d) Physical Impairments -Adapting doorways and furniture, creation of an accessible infrastructure as well as accessible toilet and washing facilities, maintaining safe storage of equipment, provision of personal assistance, diet and medication resources, and rest time space;
- e) Specific learning difficulties- Creation of colour overlays and backgrounds, providing easy read texts, story tapes and text to talk, allowing the use of spell-checkers, concrete objects, and breaking activities down into small doable steps;
- e) Speech and communication difficulty/impairment - Facilitated Communication, Augmented Communication low and high tech, pointing, switching, talkers, information grids;
- f) General cognitive Impairment- Pictograms, small steps curriculum, easy read, scaffolding, Makaton, symbols, information grids, concrete objects, individual programme;
- g) Mental Health Impairment- Counselling and personal support, differentiated behaviour policy, empathy, quiet space, circle of friends;

i) Behaviour impairment- Circle of friends, structured environment and day, differentiated behaviour policy, chill out space and mentoring.

Providing teachers with access to these tools and giving them access to this knowledge and understanding has proven useful in creating new attitudes and values that can improve disability equality training and disabilities studies.

Caribbean Examples

<https://www.globalpartnership.org/blog/lived-experience-advocacy-addressing-barriers-education-students-disabilities> From lived experience to advocacy: Addressing barriers in education for students with disabilities. *A GPE youth leader gives insights from her experience of inclusive education in a Caribbean context and how to support students with disabilities in schools and create truly inclusive education worldwide.* May 13, 2025 by [Anjalie Sookra](#)

[https://education-profiles.org/latin-america-and-the-caribbean/jamaica/~inclusion-downloads/126749-come-get-these-students-an-exploration-of-teachers-and-administrators-experiences-in-an-inclusive-secondary-school-setting-in-urban-jamaica%20\(4\).pdf](https://education-profiles.org/latin-america-and-the-caribbean/jamaica/~inclusion-downloads/126749-come-get-these-students-an-exploration-of-teachers-and-administrators-experiences-in-an-inclusive-secondary-school-setting-in-urban-jamaica%20(4).pdf) Jamaica

https://www.researchgate.net/publication/248988469_Special_and_inclusive_education_in_the_Eastern_Caribbean_Policy_practice_and_provision St Lucia

Putting Inclusive Education into Practice

Since the [Salamanca Statement](#) (1994), for 30 years the world has been increasingly committed to a fully inclusive education system. Although we clearly understand how to achieve this, there remains considerable resistance. See Richard Rieser's [A Commonwealth Guide to Implementing Article 24](#) of UNCRPD, 2012. Given continuing confusion among states parties the [UNCRPD Committee produced General Comment No 4](#). World of Inclusion produced [Developing Inclusive Education and Disability Equality : A World of Inclusion Broadsheet for Global Summit July 2018](#).

[The Fiji Education Management Information System \(FEMIS\)](#) is online and contains individual student data entered at the school by teachers who are able to continuously update the information provided on the platform. Each child's record includes a large variety of data items, such as: student ID number, registered birth number, parent details, gender, ethnicity, date of birth, home situation (eg. household income, electricity, employment), school attendance, record of school fees, and financial assistance accessed, **health and disability**. A toolkit is provided containing documents aimed at facilitating the process for schools and teachers. These include: - **the Fiji Disability Services Information and Referral**

Directory which provide assistance to disabled children, the schools and their families. A sign language dictionary, a disability inclusive handbook for teachers and a DVD containing additional resources on inclusive education to give teachers a broader understanding and awareness on inclusive education and the range of impairments that children can have. The programme is being implemented by the Fiji Ministry for Education, Art and Heritage, in partnership with primary and secondary schools, the Ministry of Health and Medical Services. **A focus is set on the involvement of organizations working with disabled people, the students themselves, their parents in the data collection process and after in the response.** The System was funded by the Australian government through the Australian AID Access to Quality Education Programme (AQEP).

Sightsavers and the International Disability Alliance (IDA) lead FCDO's flagship Disability Inclusive Development – Inclusive Futures (DIDIF) programme, supporting FCDO's disability inclusion and rights strategy 2022 to 2030. The DIDIF programme's committed over £12m to fund nine inclusive education projects in **Bangladesh, Kenya, Nepal, Nigeria, and Tanzania**. By 2023, the programme supported nearly 1,700 disabled children to access education via its innovation phase. This project aimed to bring the innovations to scale but was severely disrupted by Covid 19. However, a number of innovative methods and practices were developed in involving Communities and DPOs.

In **Zambia** Sightsavers carried out the Zambian Inclusive Education Programme developing innovative practice for dealing with visually impaired children, influenced MOE and worked with DPO ZAFOD. <https://youtu.be/V0F2IRFSgWQ?t=4>

Parts of **Australia, Canada** such as New Brunswick and British Columbia are fully inclusive. **New Zealand and UK** are inclusive, but many special segregated schools still co-exist.

India <https://youtu.be/64vLIWCFC9I> Dr Sruti Mohapatara tells us how the largest country in the Commonwealth is the one of only a few developing countries to have national mandatory framework for inclusive education that has been increasingly expanded and tightened up in 2009, 2012, 2016 Acts and then the 2020 Education Policy. Barriers remain. Teacher and parental attitudes, physical and sanitation barriers, bullying and lack of appropriate curriculum, assessment and learning materials. These are being addressed but DPOs and NGOs are pushing the boundaries and showing what is possible. Swabhiman in Orisha in 2012 set up SUNCTION, a project that placed Inclusive Child Resource Centres in 8 schools with a facilitator, provided support and interesting things to do. Drop out stopped, disabled children, once their parents, teachers and principals had been trained, made progress at a higher than expected rate. The State Government observed this low cost measure and the benefits, in 2022 rolled it out to all 314 Blocks. The UNESCO Report into Inclusive Education in India demonstrates much still needs to be done. Not least the need to challenge home education and use of special schools.

Guyana Inclusive Education <https://youtu.be/2iFOAR-rMgg> Ganish Singh of Guyana Council of Orgs.PWD reports Guyana has a hybrid special and inclusive system. Recently all teacher training includes inclusive education. An Inclusive Education policy drawn up in 2010 is still to be enacted.

Sierra Leone [The National Policy on Radical Inclusion in Schools](#) is the first attempt by any Government in Sierra Leone to provide a roadmap for the day-to-day operations of schools and the Ministry of Basic and Senior Secondary Education, to ensure inclusion and positive experience for all students regardless of their status in society. **Radical Inclusion**, as defined by the Minister of Basic and Senior Secondary Education, David Sengeh, is “the intentional inclusion of persons directly or indirectly excluded (from education) due to actions or inactions by individuals, society or institutions. Sometimes silence and infrastructure added to other intentional actions exclude. Radical inclusion means that these silent exclusionary policies, moral stances, formally stated actions, institutional regulations, national laws and systemic frameworks should be removed intentionally and with urgency to achieve inclusion.” DPOs have been involved in implementing the policy. A [Baseline Report](#) found good socio-political acceptance of inclusive principles at the grassroots level, with strong political will to implement a strong policy at the top. Collaborative culture between government and development partners has strengthened the institutional environment and are a force for change. However, some system weaknesses, especially: a) unpredictable government funds; and b) limited capacity and resource at district-level, leave questions as to how the policy can be implemented to achieve national impact.

General Comment 4 clarifies that while inclusion is subject to progressive realisation, there are certain obligations that must be ***immediately realised***: providing access to common schools on the basis of equal opportunity, and reasonable accommodation of the common learning environment to suit the needs of children with disability. In the long-term, the state should strive to reduce dependence on special schools, and phase out segregated schooling, with particular emphasis on tackling institutionalisation where the child loses access to the community and family. Broadsheet <https://commonwealthdpf.org/inclusive-education/>

Exclusion, Segregation, Integration or Inclusion in Education:

Think about education in your country. Which of the four above applies to disabled children and in what rough proportions?

% Excluded	% Segregated	% Integrated	% Included
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Activity a) Are these young disabled people being excluded, segregated, integrated or included in education? **b)** Then say how could be fully included.

Read through as a group and decide for each example.

1. **Louisa** uses a wheelchair. She wants to attend her local school with friends from home. The school has no wheelchair access and so far she has not been able to get through the door. Is this exclusion, segregation, integration or inclusion?
2. **Kass**, in Grade 6, has a hearing impairment. The students in his class all sit in alphabetical order. This means he has to sit at the back and therefore struggles to

hear the teacher and keep up with the rest of the class. His teacher refuses to make an exception for him as she says she must treat all students equally. Is this exclusion, segregation, integration or inclusion?

3. **Blessed** is in Grade 11. She has a visual impairment. Blessed accesses lessons, with the help of a reader. This person has been with Blessed for a long time and understands her well. Unfortunately, her permanent reader has had to take extended leave and there is no-one available to read to her. Her teacher says that this is not really a problem as Blessed is bright and is very advanced compared to the rest of the class. Blessed is beginning to get bored and is talking of giving up her studies. Her parents complain and Blessed is sent to blind special school for the year leading to her final exams. She does not read Braille, does not know other students or teachers, but hopes with some support to pass her exams, but this seems unlikely. Is this exclusion, segregation, integration or inclusion?
4. **Anita** uses a communication board to talk. She has an assistant, Annie, who helps with this, but she would like to be left alone with her peers. The school won't allow her to be on her own and none of the other children understand her communication system. Is this exclusion, segregation, integration or inclusion?
5. **Solomon** has a learning difficulty. Solomon needs to have someone explain clearly what is going on in class. He has a classroom assistant assigned to him and she and his teacher work out together how he can be helped to access the learning that other children are being offered. The teacher takes care that the classroom assistant works with other children and they are encouraged and supported to work with Solomon. Is this exclusion, segregation, integration or inclusion?
6. **Carol** is hearing impaired. She goes to school with her friends and sisters. Her teacher does not acknowledge her hearing impairment and this is very hard for Carol as she cannot understand what is going on in class. Is this exclusion, segregation, integration or inclusion?
7. **Jamu** has epilepsy. He is just learning to monitor his impairment for himself. He needs to take his medicines every lunch time. His class teacher has a note on her register to make sure that he is reminded to do so. So far, there have been no problems with this arrangement. Is this exclusion, segregation, integration or inclusion?
8. The school has many hearing impaired pupils and the headteacher has decided to offer staff the chance to learn Sign Language as an extra-curricular activity. However, not all teachers are willing to take part. Is this exclusion, segregation, integration or inclusion?

9. The school is going on an overnight trip. **Virginia** uses a wheelchair and needs assistance. The teacher in charge of the trip forgot to check whether or not there is wheelchair access at the hostel and it is now too late to change the booking. She suggests that Virginia stays at school and misses the trip. Is this exclusion, segregation, integration or inclusion?
10. **Ravi** has neurodiversity/ADHD. He can only sit still in class for 10 to 20 minutes. Each session is forty-five minutes long and Ravi is almost always in trouble by the end of the session. This causes him to throw major tantrums which get him into even more trouble. His mother is frequently called into school to calm him down. Is this exclusion, segregation, integration or inclusion?
11. **Joan** uses a wheelchair in Grade 8. She is not able to get into the science lab to do her science practical as the lab is accessed by stairs, but she is fully included in all other subjects. Is this exclusion, segregation, integration or inclusion?
12. **Office** has got a visual impairment and some learning difficulty, his parents are ashamed of him. He helps with the family business of basket making and has never been to school. Is this exclusion, segregation, integration or inclusion?
13. **Mohu** is blind and his local teacher did not want him in school. When he was 8 he was sent away to a Blind Special school where he has learned Braille and is now making progress. When he comes home in the holidays none of the other children play with him as he has had to move to go to residential school. Is this exclusion, segregation, integration or inclusion?
14. **Seta** lives in a rural village has cerebral palsy and does not speak. He stays at home while his parents farm. When challenged his parents say he is too stupid to benefit from schooling. Is this exclusion, segregation, integration or inclusion?
15. **Jasmine** has autism and did not get to school until 4 years after her peers. She likes to work on her own and her teacher has given her a desk next to hers. She has caught up with her peers as she taught herself to read though did not speak. However, at break and lunch time the other girls bully her, call her names and do not play with her. The boys ignore her but are beginning to join in. Is this exclusion, segregation, integration or inclusion?
16. **Amos** was aged 12 doing well at school. During the holidays, before he attended secondary school both his parents were killed in a car accident. He then started living with his granny, but his teachers are worried as his attention to his work and

attendance is poor and is getting worse over the next 2 years. The Principal wants to give his school place to another student. Amos's class teacher visits his granny and they agree that **Amos** should see a doctor, who gives him some medication for depression. This allows Amos to improve his grades and attendance and stay at school. He also has a meeting with his class teacher every week to discuss how he is feeling. Is this exclusion, segregation, integration or inclusion?

Answers for a) and suggestions for b). These are not the only possible answers.

1. Louisa a) Exclusion b) The Parents association are told about what is happening to Louisa and decide to build a ramp and put hand rails in the toilet. The District Education officer provides the materials. The parents provide the labour.

2. Kass a) Poor integration. b) Make reasonable accommodation allow to sit at front, give extra time for activities, have a rota of study buddies share notes. Teacher learn difference equal treatment and equality.

3. Blessed a) Firstly inclusion, followed by integration and then segregation. b) Peer support on a rota to be readers. At Special school provide a reader and also teach Braille or access to a screen reader on a lap top.

4. Anita a) Integration b) Set up a circle of friends get the members to volunteer to learn Anita's communication system and include her in their games and social activities.

5. Solomon a) This is Inclusion b) Improve his Curriculum activities and assessment to suit his learning. Set up more peer support.

6. Carol a) Poor integration with elements of exclusion b) Work out best method for communication and get Carol using-e.g. Lip Reading, Finger Spelling, Sign Language, Assistive Device-speech to captions. Then train schools, teachers and peers to use it.

7. Jamu a) Inclusion b) Get back up system using principal or school secretary, training for all staff.

8. School with a number of Deaf children. a) Integration b) Require all staff to learn Sign Language and those working directly with Deaf Children to learn to a higher level. Hire a Deaf teacher, Deaf sign interpreters and proficient adult Sign users as instructors.

9. Virginia was integrated but excluded from trip activity. b) Always check access when planning a trip. Find a way for child to be involved if mistake been made.

10. Ravi a) Poor integration b) Plan Ravi only stays short time to get what the class is doing. A rota of children go to a quiet space and work 1:1 as a peer tutors. Return towards end of lesson to share what done. Support worker if affordable could do same.

11. Joan a) Integration. b) Move the lesson to accessible room, if fixed equipment in room needed use I-phone to film activity and send to Joan. In medium term, put in ramp or lift to lab. Longer term, redesign school to be barrier free.

12. Office a) Exclusion. B) Work with the family and nearest school to see the value of including him. Parents will need support to see education as a right. Teachers and school

need support about ways to communicate, adjust curriculum/assessment and include him socially.

13. Mohu a) Segregation b) overcome barriers of isolation set up a neighbourhood support group and buddies who will include in holiday activities.

14. Seta a) Exclusion b) Find a local school he can go to. Get him a wheelchair and support to find an effective means of communication. Local DPO could work with parents and school to include him.

15. Jasmine a) Exclusion now integrated. B) Whole class lesson on equality and fairness to challenge bullying. Ask for peer volunteers to be bully busters challenging peers and set up a Circle of Friends for Jasmine.

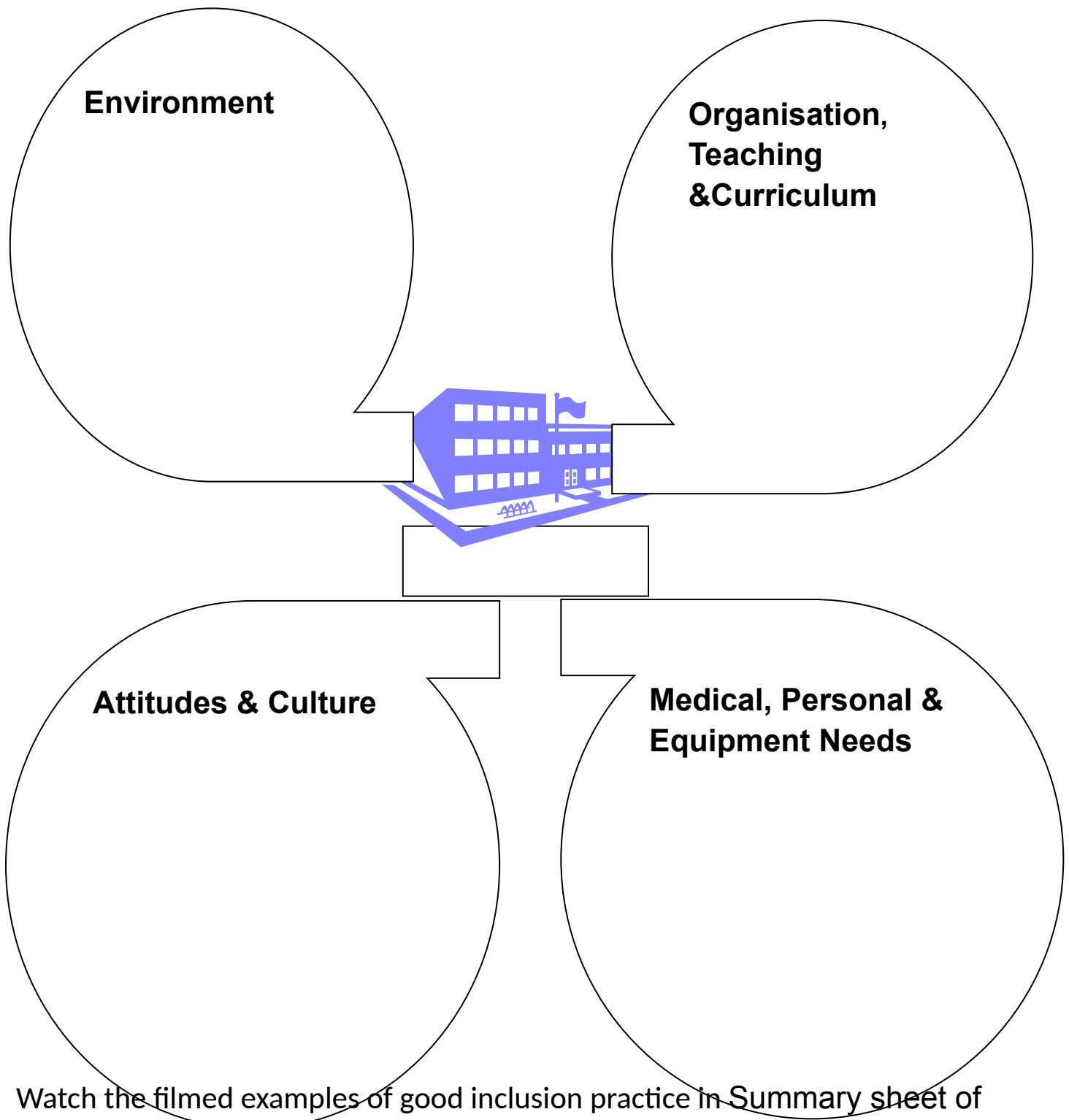
16. Amos a) Integration b) Get whole school policy and training on Mental Health awareness and inclusion. Set up circle of friends for peer support.

Film Clips Inclusive Education in Practice Africa

1. Northern Zambia Child to Child Mpika <https://youtu.be/NAEa-3SC0h4?t=50> 4.48
 2. Kenya Inclusive Education Oriang Leonard Cheshire
<https://youtu.be/dpOX5m1iUFE> 3.10
 3. Zanzibar Inclusion in Action <https://youtu.be/DPOyJCyfYNc?t=145> 7.02
 4. South Africa <https://youtu.be/8bXbn2KodvY?t=96> 6.20
 5. Cartoon Universal Design <https://youtu.be/xSnxi5Zitfs?t=35> 2.50 More clips <https://commonwealthdpf.org/training/disability-equality-capacity-building/module-9/>
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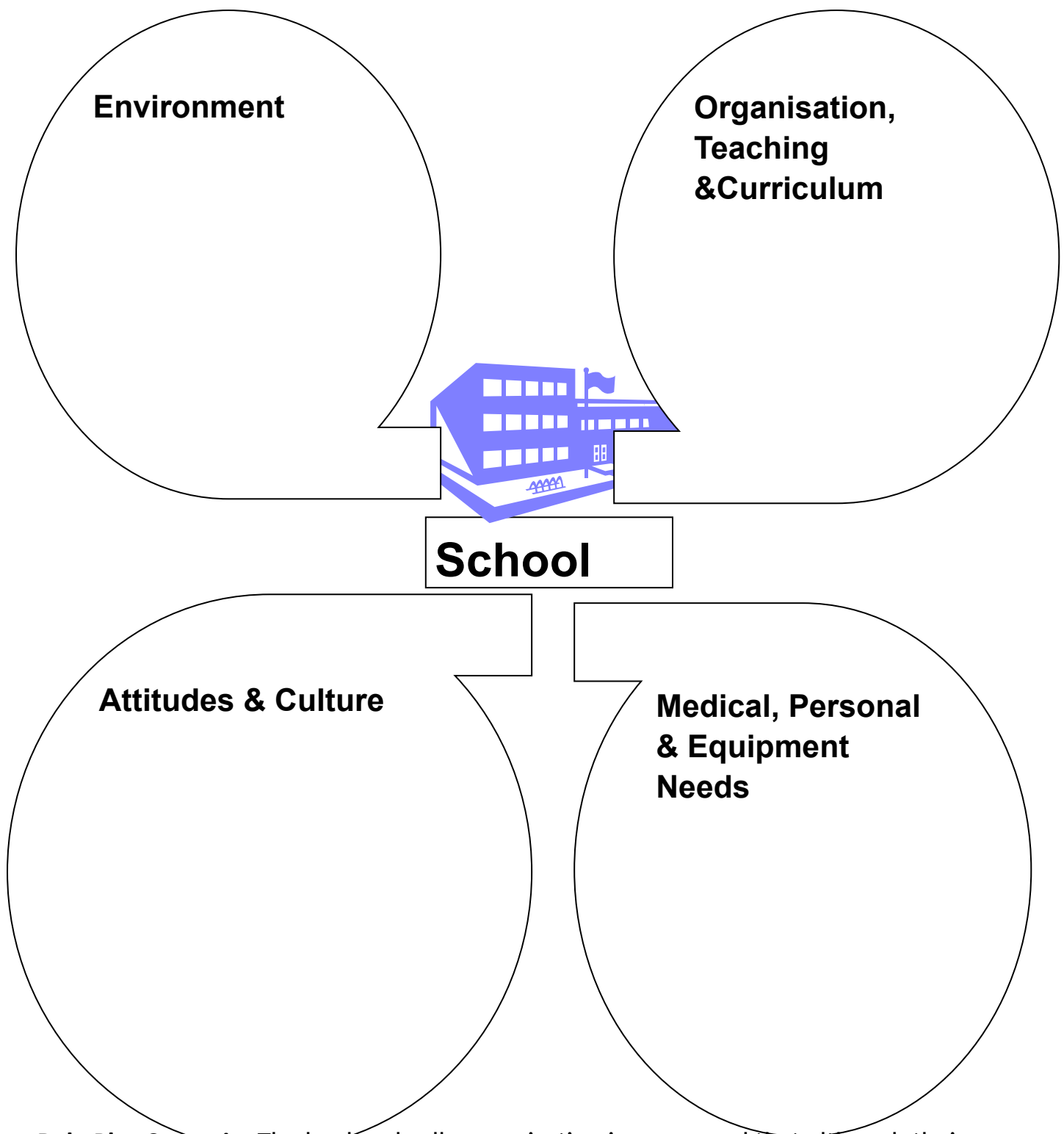
ACTIVITY: SUMMARY SHEET OF BARRIERS/ SOLUTIONS for Inclusion in Mainstream Schools Make a list of the barriers to the inclusion of disabled children in the schools in your country on the chart.

Barriers



Watch the filmed examples of good inclusion practice in Summary sheet of solutions for schools in your country.

2.Solutions



Role Play Scenario. The lead umbrella organisation is concerned that although their country, a small Island Commonwealth country has ratified the UNCRPD two years previously, they have not set up any mechanism to implement the Convention.

Your organisation has written to the Prime Minister's Office several times and has only now been granted a meeting with the Prime Minister and his advisors.

The National DPO has two major concerns

- i) That proper mechanisms are set up for implementation-a focal point, a lead Ministry and a working Group including the DPO to take forward urgently

implementation, starting with overseeing the drafting of a compliant Law and practices replacing the old law from 1990s which is not fit for purpose.

- ii) That the Government have not implemented any measures to meet their immediate obligations under Article 4 of the UNCRPD, (See Below) other than a statement of intent and a press release when ratifying.

There was a tropical storm 18 months ago that majorly disrupted the country following on COVID disruption. Things are getting back to normal, but you have heard nothing from the Government . The country has a population of 150,000 with around 10,000 identified disabled people of all ages who get a small pension . Families with disabled children have to manage or their children go to 2 residential homes dating back to the colonial era, run by a powerful charity with a Government subsidy. The financial position of the Government is debt laden, but they have some extremely wealthy residents as tax is very low. There are also substantial numbers living in poverty.

Objective : to achieve agreement as to the way forward to benefit the disabled members of their islands population within the country's resources.

Roles. The **Prime Minister** is well aware of his Government's shortcomings on this matter but will hide behind the COVID, Tropical Storm and worsening terms of trade for fear of this matter being exploited by the Opposition Party. The Prime Minister has a daughter who has a child with Downs Syndrome and takes a medical/charity view of disability, but does want to do the right thing and get the media focus.

PM Advisor 1 is from Ministry of Women, Children whose role is to keep control of the provision for disabled children which is separate from that provided by the Ministry of Education. They are fairly new in post and support the Women's Rights Movement , but see no place for disability here.

PM Advisor 2 is from the Finance Department and is concerned by the budget deficit and earlier loan repayments to the IMF, but is more supportive of moving forward on enacting Disability Rights, having studied at the London School of Economics. They see the possibility of getting a loan from the World Bank to implement the UNCRPD, but this would place difficulties on the economy.

The Chair person of the umbrella DPO UDC (United Disability Coalition) is also the chair of the country's Consultative Disability Council and has been pushed by younger members of the organisation to have this meeting. They are familiar with the UNCRPD , but to date have thought with all the country's difficulties this was not the right time to raise these arguments. Recognising their position as Chair of UDC and wanting to take credit, will want a paper agreement with no teeth.

The youth organisation representative has returned from doing a masters in disability studies in the USA and has been pushing UDC to have this meeting and get on with implementing a disability rights approach. Pushes for a more radical agreement.

The Treasurer of UDC is financially conservative, physically impaired. The spinal injury association has been established a long time and got a series of good support deals from the Government for their members. However, their partner is a feminist and encourages them to support a rights' based approach to disability. Pushes for agreement.

Both sides can ask for an adjournment to discuss among themselves. While they do this the other side freezes. The 6 persons will position themselves on two sides in front of the rest of the Executive and play out their roles around the Scenario.

Pause after five minutes. The facilitator RR will say freeze and the other Executive can make suggestions as to how the disability representatives and government representative could play their parts more effectively to achieve the **objective**.

The role players continue, if their team are not agreeing they can call a short adjournment to which the rest of Executive can interject arguments to use.

The Facilitator can also call for these to reach the objective of an agreement.

20 minutes of role play with additional time for freezes and adjournments.

Come out of role have Executive discussion. If time, role players can go back in role with different arguments.

Wednesday IMPLEMENTING ARTICLE 27 EMPLOYMENT NOTES FOR EXECUTIVE

1. International Labour Organisation pointers to good policy consideration to include disabled people in the workforce. Key figures

- Disabled People constitute approximately 16 % of the global population, equating to **530** million people of working age (Source: World Health Organization).
- Less than **20%** of disabled people are currently in work (Source: International Labour Organization).
- **20%** of poor disabled people are currently in work (Source: World Bank).
- **82%** of all disabled people live beneath the poverty line on less than a dollar a day (Source: World Bank).
- The exclusion of disabled people from the workplace deprives societies of an estimated **US\$1.37 to 1.94** trillion in global annual loss of GDP (Source: International Labour Organization).
- Between **0 – 0.5%** of clients of microfinance institutions are people with disabilities (Source: Good practices for the economic inclusion of disabled, HI).

2. Trade Unions

Trade unions are working all over the world on disability issues. Trade unions are taking a wide range of steps to achieve decent work for disabled people – both through targeted activities as well as inclusion in mainstream initiatives and policies. Beyond this, trade unions make their organizations more inclusive of disabled people and thereby contribute to their mission of achieving social justice.

Trade unions are acting on disability in developed, emerging and developing countries, including those in- or post-crisis. Even in countries where disability services are not developed, or where disabled people face severe social and economic exclusion, trade unions are able to make meaningful contributions. Each union takes a different path into work on disability. However, as trade unions engage disabled people in dialogue – as they do with other workers – their activities evolve to a deeper inclusion.

3. Employment in the Open Market, Not Quotas

Article 27 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) says that every person with a disability has the right to work in an “open, inclusive, and accessible” workplace.

To us, Inclusion International, inclusive employment means having a job you chose yourself in a place where:

- People with disabilities and people without disabilities work together and are treated as equals
- Everyone gets the support they need to do their job
- Everyone is valued and treated like they belong
- People with and without disabilities are paid fairly for their work and are paid equally to people without disabilities.

4. Productive employment and decent work is central to enabling persons with disabilities to participate fully and equally in society and to enjoy an adequate standard of living. It therefore features strongly in international commitments on disability rights and disability-inclusive development, including as a dedicated article and goal in the Convention on the Rights of Persons with Disabilities and the Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific respectively.

“Productive employment is defined as employment yielding sufficient returns to labour to permit the worker and her/his dependents a level of consumption above the poverty line. Decent work is defined as productive work for women and men in conditions of freedom, equity, security and human dignity, with the ILO Decent Work Agenda comprising four pillars, namely, employment creation and enterprise development; social protection; standards and rights at work; and governance and social dialogue.”

4. Based on data reported by Asia-Pacific governments, persons with disabilities are approximately two to six times less likely to be employed than persons without disabilities in the region. Women with disabilities are only half as likely as men with disabilities to find

a job, while persons with intellectual or psycho-social impairments are more likely to be disadvantaged in their search for work, as are those with severe or multiple impairments. Where employed, workers with disabilities are likely to be in jobs with poor prospects; in vulnerable jobs in the informal economy without social protection; in corporate social responsibility projects; or in self-employment. Up to three quarters of employed persons with disabilities work in the informal economy, with the share of informal workers ranging from 28 to 92 per cent across the developing countries of the region.

The unemployment, underemployment and exclusion of persons with disabilities from the labour market incur social and economic losses estimated at between 3 and 7 per cent of gross domestic product (2009 ILO). There are many gaps in data in this area.

Changes in work have seen a reduction in primary and secondary industry and a growth in services. Especially in the last 10 years, the technological revolution has meant many with mobility, sensory impairments and neurodiversity, if they have tertiary education and access to technology, can now get well paid jobs.

5. Recently the Gig Economy has meant disabled people, if they have access to accessible technologies and relevant assistive devices and lack of cues as to their impairment status, may alter discriminatory barriers. However, this work might not have employment benefits and protections comparable to those of workers in a traditional employment relationship, including social security coverage, entitlement to sickness and maternity pay or receipt of statutory minimum wages.

6. COVID Persons with disabilities have been more vulnerable in the pandemic due to existing disadvantaged circumstances - and the impact of COVID-19 on the employment situation of persons with disabilities, especially for those in vulnerable employment, is likely to be more severe, as evinced by findings from localized surveys and anecdotal evidence. In India, for example, workers with disabilities in 10 localities became unemployed overnight due to the closure of businesses and factories, operating mainly in the informal economy; a study carried out by the National Centre for Promotion of Employment of Disabled People found that 73 per cent of those surveyed had faced severe hardship - primarily financial crises and difficulties in accessing food and healthcare.

7. Paradigm Shift Prior to the 1980s, disability was traditionally regarded as a personal problem requiring medical and charitable action. Under this medical model of disability, persons with disabilities were typically viewed as incapable and unable to participate in society, including in the open labour market, due to their impairments. Since the 1980s, a social model of disability has emerged whereby barriers to the participation of persons with disabilities in society, including the labour market, have become perceived as stemming from inaccessible social and physical environments. More recently, a human rights model of disability has also arisen, which affirms that persons with disabilities are

holders of rights and entitled to human dignity, and that impairments are to be considered as aspects of human diversity. Such environments, in turn, have been a result of laws, policies, programmes and services that perpetuated the medical or social welfare approach; inaccessible built and communications environments; as well as public perceptions of disability and ensuing assumptions about persons with disabilities. Policies have consequently aimed at promoting inclusion in the mainstream of society, including employment in mainstream firms. These include developing community-based services that provide support to persons with disabilities; promoting accessibility of the built environment and of information and communications technology; and tackling negative attitudes and mistaken assumptions about persons with disabilities.

8. The Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific, and the Beijing Declaration and Action Plan to Accelerate the Implementation of the Incheon Strategy.

Goal 1 of the Incheon Strategy seeks to ‘reduce poverty and enhance work and employment prospects through the following targets:

- (1.A) Eliminate extreme poverty among persons with disabilities
- (1.B) increase work and employment for persons of working age with disabilities who can and want to work; and
- (1.C) increase the participation of persons with disabilities in vocational training and other employment-support programmes funded by governments.

9. Beijing Declaration and Action Plan, adopted in 2017, calls on Asia-Pacific governments to develop and implement enabling schemes to promote the employment of persons with disabilities and increase their opportunities with respect to livelihood, decent work and entrepreneurship, particularly by promoting the inclusion of persons with diverse disabilities and women with disabilities, keeping in mind the provision of reasonable accommodation, including by:

- Creating a one-stop system of employment services for persons with disabilities to avoid fragmentation;
- Providing financial or other incentives to employers to hire persons with disabilities and construct accessible facilities in the workplace;
- Promoting disability-inclusive business as a new business model, as distinct from the corporate social responsibility approach to disability, and incorporating disability perspectives into all stages of the business cycle;
- Promoting the establishment of business-to-business networks and improving coordination across the disability employment services system to increase job opportunities, vocational training and skills development for persons with disabilities;
- Promoting the provision of disability support services for employees such as job coaching, job matching, pre-employment counselling and the provision of

information in accessible formats, reasonable accommodation and assistive technologies to sustain the employment of persons with disabilities.

10. Sheltered Employment has been replaced by forms of supported employment:

Individual placements A job placement officer or job coach identifies a potentially suitable job and provides on-job training and/or other assistance to the individual in the workplace.

Enclave within a company A team of persons with disabilities works on specific tasks alongside a job coach or supervisor.

Mobile work crew Persons with disabilities perform tasks such as gardening or cleaning under contract from companies.

Small businesses Persons with disabilities, alongside persons without disabilities, offer manufacturing or sub-contracting services (e.g., word processing or desktop publishing) in an inclusive setting such as a business park or shopping mall.

11. The growing contribution of the private sector In recent decades, employers have increasingly come to recognize the benefits to their companies of employing persons with disabilities, including improved productivity, lower employee turnover, safer workplaces and enhanced reputations. In many countries of the Asia-Pacific region, employers have formed business and disability networks with a view to promoting the business case for employing persons with diverse disabilities and thereby effectively increasing their employment opportunities. These networks include Business and Disability Networks in Bangladesh, India, Indonesia and the Employers' Network on Disability in Sri Lanka.

12. Quota schemes Quota systems obliging companies to employ persons with disabilities as a specified percentage of their workforces are in place in 25 countries of Asia and the Pacific and being considered in one other country. Of these, only 10 schemes were in place prior to 2006; the majority of quota systems were introduced when countries in the region began applying the principles of non-discrimination and inclusion in employment policies following ratification of the CRPD. The size of quota obligation in the region varies from 1 per cent to 5 per cent, with most requiring either 3 or 5 per cent of jobs in the company's workforce to be filled by persons with disabilities. Most apply to both public and private employers, usually above a specified minimum size of the workforce. Where binding quotas are introduced as part of national legislation, there is sometimes a requirement for companies to pay a levy for each unfilled position. These payments usually contribute to a fund created to promote employment opportunities for persons with disabilities and administered by a relevant government ministry. In most countries there do not appear to be sanction for non-compliance i.e. India, Sri Lanka, Pakistan or Bangladesh.

13. [General Comment Article 27](#) Segregation

"Despite some progress, lack of access to the open labour market and segregation continue to be the greatest challenges for persons with disabilities. Discrimination, such as denial of reasonable accommodation, inaccessible workplaces and harassment, poses further obstacles to employment in an open labour market and work environment, leading to a

false choice of employment in a closed workplace on the basis of disability. The ILO Employment Policy Convention, 1964 (No. 122), refers to “full, productive and freely chosen employment”, linking States parties’ obligation to create the conditions for full employment with their obligation to ensure the absence of forced labour. [Para 13]

The Committee observes that segregated employment, such as sheltered workshops, includes a variety of practices and experiences, characterized by at least some of the following elements: (a) The persons with disabilities are segregated, away from open, inclusive and accessible employment; (b) The employment is organized around certain specific activities that persons with disabilities are deemed to be able to carry out; (c) emphasized; (d) (e) equal value; (f) The medical and rehabilitation approaches to disability are focused on and Transition to the open labour market is not effectively promoted; persons with disabilities are not remunerated for their work on an equal basis with others; (g) The persons with disabilities do not usually have regular employment contracts and are therefore not covered by social security schemes. [Para 14]

Segregated employment for persons with disabilities, such as sheltered workshops, is not to be considered as a measure of progressive realization of the right to work, which is evidenced only in employment that is freely chosen or accepted and performed in an open and inclusive labour market. Employment ventures that are managed and led by persons with disabilities, including those that are jointly owned and democratically controlled, may not be considered segregated employment if they provide just and favourable conditions of work on an equal basis with others”.....[Para 15].

“Non-discriminatory access to general technical and vocational guidance, training and placement services, both public and private, on an equal basis with others is required for the realization of the right of persons with disabilities to work and employment. The participation of persons with disabilities in mainstream services promotes the non-segregation of services and access by persons with disabilities to open employment and vocational training services. Such services may be appropriate for entry into work, during the course of employment or for transitions between roles. States parties should take measures to ensure the certification of capacities and attainments on an equal basis with others, the explicit inclusion of persons with disabilities in legislation dealing with vocational training, explicit references to persons with disabilities in general policies regulating vocational training, the accessibility of premises, information and materials .States parties should:

- (a) Facilitate the transition away from segregated work environments for persons with disabilities and support their engagement in the open labour market, and in the meantime ensure the immediate applicability of labour rights to segregated settings;
- (b) Promote the right to supported employment, including to work assistance, job coaching and vocational qualification programmes, protect the rights of workers with disabilities and ensure the right of workers to freely choose their employment;

(c) Ensure that persons with disabilities are paid no less than the minimum wage and do not lose the benefit of disability allowances when they start work”.[Para 35]

Core obligations para 63.

States parties have an immediate, minimum core obligation to ensure the satisfaction of, at the very least, minimum essential levels of the right of persons with disabilities to work and employment. In the context of article 27, this core obligation encompasses the obligation to ensure non-discrimination and equal protection of employment.. In its jurisprudence on article 5 of the Convention, the Committee has set out the immediate steps that States parties are required to take to achieve de facto equality and ensure non-discrimination on the grounds of disability in relation to the right to work and employment.

In particular, in order to ensure the provision of reasonable accommodation pursuant to articles 5 (3) and 27 (1) (i) and to achieve or accelerate de facto equality in work and employment pursuant to article 5 (4), States parties should:

- (a) Facilitate the transition away from segregated work environments for persons with disabilities and support their engagement in the open labour market, and in the meantime ensure the immediate applicability of labour rights to segregated settings;**
- (b) Promote the right to supported employment, including to work assistance, job coaching and vocational qualification programmes, protect the rights of workers with disabilities and ensure the right of workers to freely choose their employment;**
- (c) Ensure that persons with disabilities are paid no less than the minimum wage and do not lose the benefit of disability allowances when they start work;**
- d) Expressly recognize the denial of reasonable accommodation as discrimination and prohibit multiple and intersectional discrimination, and harassment;**
- (e) Ensure proper transition into and out of employment for persons with disabilities in a non-discriminatory manner, and equal and effective access to benefits and entitlements, such as retirement or unemployment benefits, which must not be infringed upon by exclusion from employment, thereby further exacerbating the situation of exclusion;**
- (f) Promote work in inclusive, accessible, safe and healthy working environments in the public and private sectors, including access to suitable bathroom facilities;**
- (g) Ensure that persons with disabilities enjoy equal opportunities for career advancement through regular assessment meetings with their managers and by defining the objectives to be achieved, as part of a comprehensive strategy;**
- (h) Ensure access to training, retraining and education, including vocational training and capacity-building for employees with disabilities, and provide training on the employment of persons with disabilities and reasonable accommodation for employers, representative organizations of employees and employers, unions and competent authorities;**
- (i) Work towards universally applicable occupational health and safety measures, including occupational safety and health regulations that are non-discriminatory and inclusive of persons with disabilities;**

(j) Recognize the right of persons with disabilities to have access to trade and labour unions” [Para 63].

CAMPAIGN: YOUTH EMPLOYMENT ACTIVITY:

In your group, identify main barriers to getting employment for disabled young people
Activity: Work out how you would build the Campaign to improve the situation and introduce the relevant part of the UN Convention on the Rights of Persons with Disabilities.

- a) Identify the Barriers**
- b) What do you want to change?**
- c) What will you do?**
- d) Who you will recruit to the campaign?**
- e) How will you research and publicise your campaign?**
- f) How will you know you have succeeded?**
- g) Which parts of UNCRPD would you use?**

Identify the barriers
What do you want to change?
What will you do?
Who will you recruit to your campaign?
How will you research and publicise your campaign?
How will you know if you have succeeded?
Which part of the UNCRPD will you use?

WHAT IS ADVOCACY?

Advocacy is organized action to create positive change. Change in the context of human rights advocacy may include enabling and empowering persons with disabilities to have a voice of their own, supporting disability law or policy change and persuading decision-makers to support the proposed law or policy, gaining, and exercising power to exert influence over a particular political action concerning persons with disabilities, or mobilizing citizen action in support of institutional change to advance disability rights. Advocacy usually involves many people and/or organizations working together toward a shared vision for change. Advocacy can be used for many purposes: for personal needs, for the needs of others with disabilities, or for the needs of the community of persons with disabilities as a whole. Advocacy can take place at many levels: locally, nationally, regionally, and internationally.

1. Local Advocacy This is where individuals and organizations come together to argue for change to take place at a national level for persons with disabilities. An example of this is the advocacy by members of the community of persons who are deaf in Jamaica to advocate for legislation to allow deaf persons to legally drive on the road in the island. This contributed to the amendment to the Road Traffic Act.

2. Regional Advocacy This is where individuals and organizations come together with a unified action for change on a regional level. An example of this is when the community of persons with disabilities and the Caribbean Community (CARICOM) came together and formulated a grouping to develop a regional template for advancing the disability agenda. The result of this was the drafting of the Declaration of Pétion Ville which is the regional roadmap for advancing the disability agenda in the Caribbean.

3. International Advocacy This is where individuals and organizations come together in a unified action to argue for change at an international level. An example of this is the advocacy for an international treaty to guide how persons with disabilities are treated across the world. This resulted in the formation of the Convention on the Rights of Persons with Disabilities in 2006. Some 181 countries have signed and ratified this global treaty, making it the largest treaty body in the United Nations.

4. Who Can be Involved in Advocacy Anyone can be involved in advocacy. However, to be effective, one must be able to articulate the issues in an efficacious manner. Individuals and organizations such as non-governmental organizations (NGOs) are generally at the forefront of advocating for change to take place for persons with disabilities.

5. Individual Advocacy Acting on disability rights requires self-advocates – persons with disabilities themselves – to design, implement, and evaluate advocacy efforts. Self-advocates who have lived experience of disability are best placed to ensure that the voice of persons with disabilities is heard through advocacy efforts. It is also the case, as in all human rights advocacy initiatives, that self-advocates must be prepared to work with other human rights and social justice allies in collaboration to ensure that human rights are respected and to effectively create social change.

6. Advocacy by Non-Governmental Organizations Most of the changes that have come about locally, nationally, regionally, and internationally; have come about due to the work of non-governmental organizations. NGOs are independent organizations that are outside of the governmental structure and have a mandate of their own. They generally form alliances among each other in order to bring about greater effectiveness in their lobbying efforts. Awareness alone does not create change. Organized action does and a commitment to undertaking advocacy is essential to taking action. It is important to start with small attainable steps. It is also important to effectively organize advocacy action. Defining advocacy goals, developing an advocacy strategy, making decisions about leadership and coordination, crafting communication and messaging, mobilizing, and undertaking advocacy activities, and measuring progress towards goals and objectives are all part of effective, organized advocacy.

Who is a Champion? In any advocacy effort, it is extremely important that there is the presence of a champion. A champion for disability inclusion is an individual who will consistently advocate for the establishment of programmes and policies that will lead to effective change in the lives of persons with disabilities. A champion must be knowledgeable of the issues being advocated for. He or she must be credible and articulate. An excellent champion will always be equipped with cutting edge information on the subject to which he or she is advocating. An excellent example of a champion is Ambassador Dr. Aubrey Webson of Antigua and Barbuda. Ambassador Webson has consistently championed the cause of persons with disabilities in the Caribbean and across the world. Now that he is an ambassador for Antigua and Barbuda at the United Nations, he continues to champion the cause of persons with disabilities in that multilateral institution.

8. How to Plan and Advocate for Disabled People Planning is an essential part of the advocacy process. There are many ways to think about advocacy planning. The following steps represent one approach:

A. Define the change you want to make

- What are the main issues or barriers to the human rights of disabled people in your community?
- If you could create change, which change would make most difference to persons with disabilities in your community?

- B. Articulate the Change you want to make.
 - Once you have a clear idea of the change you want to make develop the skills to communicate your vision articulately and convincingly.
- C. Prepare for Action and Gather Information
 - Assess your Strengths, Weaknesses, Opportunities and Threats. A SWOT analysis and collect relevant information for a good plan.
- D. Make and Action Plan
 - Have clear Objectives
 - Evaluate how effective at each stage
- E. Take Action
 - Set Times Scales
 - Decide and implement type of publicity you want to use
- F. Follow Up
 - Group meet regularly during the action and assess what has ben effective
 - Decide next objective and how to achieve it.

[The above Section draws on Floyd Morris's Training Manual for Meaningful Inclusion of Persons with Disabilities <https://unesdoc.unesco.org/ark:/48223/pf0000380382/PDF/380382eng.pdf.multi>]

HEALTH [Global Report on Health Equity for Persons with Disabilities. Dec22](#)

Presentation: Building a Campaign – The Key Ingredients of Change

‘Persons with disabilities have the same, and equal, right to the highest attainable standard of health as any human being. This right is inherent, universal, and inalienable, and is enshrined in international law through human rights treaties, and in domestic legal frameworks including national constitutions. While substantial progress has been made in many countries in recent years, the world is still far from realizing the right to the highest attainable standard of health for persons with disabilities who continue to experience a wide range of health inequities. During the past decade, the contributing factors to these inequities have persisted and compared with the general population, many persons with disabilities continue to die prematurely, have poorer health, and experience more limitations to their functioning. The COVID-19 pandemic highlighted the disadvantaged position of persons with disabilities within and beyond the health sector, and the need to act urgently.

The specific objectives of the report are to: a. bring health equity for persons with disabilities to the attention of decision-makers in the health sector; b. document evidence on health inequities, and country experiences of approaches to advance health equity, through the lens of disability; and c. make evidence-based recommendations that stimulate country-level action.

There are seven key reasons why health equity matters for persons with disabilities and should be a priority for the health sector.

1. Many of the differences in health outcomes between persons with and without disabilities cannot be explained by the underlying health condition or impairment. These differences are associated with unjust or unfair factors that are avoidable. They are referred to as health inequities and are the focus of this report.
2. Each country has an obligation, through the health sector in coordination with other sectors, to address existing health inequities, so that persons with disabilities can enjoy their inherent right to the highest attainable standard of health. This is an obligation under international human rights law and reflected in many domestic legal frameworks.
3. The number of persons with significant disabilities worldwide is approximately 1.3 billion and represents 16% of the world's population. These numbers reinforce the political importance and the scale of disability. Approximately 1.3 billion people or 16% of the population has significant disability.
4. Addressing health equity for persons with disabilities advances the achievement of global health priorities in three ways: first, because health equity is inherent to progressing universal health coverage (UHC); second, because improving the health and well-being of populations can be achieved more rapidly through cross-sectoral public health interventions that are inclusive and provided in an equitable manner; and third, because advancing health equity for persons with disabilities is a central component in all efforts to protect populations in health emergencies.
5. Addressing health inequities for persons with disabilities benefits everyone. Older persons, people with noncommunicable diseases, migrants and refugees, or other frequently unreached populations, can benefit from approaches that target the persistent barriers to disability inclusion in the health sector.
6. Advancing health equity contributes to persons with disabilities being more widely included and participating in society: good health and well-being are important for enabling every person to build a good and meaningful life.
7. The financial investment necessary for a disability-inclusive health sector, is an investment with dividends. For example, there could be nearly US\$ 9 return per US\$ 1 spent on implementing disability-inclusive cancer prevention and control, and a return of US\$ 10 per US\$ 1 spent on the prevention and care of noncommunicable diseases.

In addition, family planning and vaccination also remain highly cost-effective when provided in disability inclusive manner, despite the additional cost required to do so. These figures challenge the existing belief that investing in disability inclusion is costly and not feasible; furthermore, they provide a strong argument for advancing health equity for persons with disabilities.

Health inequities experienced by persons with disabilities, and their contributing factors. Persons with disabilities die earlier, have poorer health and functioning, and are more affected by health emergencies than persons without disabilities. These inequities are due to unfair conditions which affect persons with disabilities disproportionately; they can be grouped into four interrelated categories:

1. Structural factors: these relate to the very broad socioeconomic and political context, and the mechanisms that generate social stratification.
2. Social determinants of health: these are the conditions in which people are born, grow, live, work and age.
3. Risk factors: these are factors associated with noncommunicable diseases, including tobacco use, diet, alcohol consumption and amount of exercise, as well as environmental factors such as air pollution. The increased exposure to risk factors for persons with disabilities is due mainly to public health interventions that often are not inclusive.
4. Health system factors: these include barriers across the building blocks – in service delivery, the health and care workforce, health information systems, health systems, medical products and technologies, financing, and leadership.

Advancing Health Equity for PWD outlines how the health sector can address the health inequities experienced by persons with disabilities through government leadership, and by strengthening existing approaches and investments. The chapter lists 40 recommended actions, across 10 strategic entry points in the health sector, which governments can take depending on their resource level or context. The entry points are adapted from the primary health care approach, so that efforts relating to disability inclusion can become part of larger strategic and programmatic actions already being implemented or planned by governments.

The primary health care approach is for strengthening health systems; its scope extends beyond primary care. It is built on three pillars:

- integrated health services with an emphasis on primary care and essential public health functions;
- multisectoral policy and action; and
- empowering people and communities.

In principle, primary health care, as an approach to strengthening health systems, addresses the contributing factors to health inequities in the population. However, health equity for persons with disabilities will only be achieved if primary health care, when implemented, integrates targeted disability-inclusive actions within mainstream country approaches. The 40 targeted actions recommended (Figure 1) will also contribute to progressing global health priorities without leaving persons with disabilities behind.

Principles for Implementation

1. Include health equity for persons with disabilities at the centre of any health sector action This principle implies prioritizing in any health sector action, the populations most left behind, such as persons with disabilities. When planning health financing, for example, the rights and needs of the most disadvantaged groups of the population must be put first. Adopting a human rights-based approach to health is at the core of this principle, involves a change in the mindset of the health sector and the way it operates. The approach ensures that policies, programmes and their implementation are all guided by respect, protection and the fulfilment of human rights.

2. Ensure empowerment and meaningful participation of persons with disabilities and their representative organizations when implementing any health sector action. The principle of empowering and engaging persons with disabilities is rooted in the motto of the disability movement: “nothing about us without us”. This principle involves enabling persons with disabilities and their representative organizations to participate in strategic decision-making, including in the design, planning, development and delivery of health services and public health interventions, as well as in the planning and implementation of health emergency responses. Families and carers can be important allies and should be engaged meaningfully in enabling persons with disabilities to participate in all decisions concerning their lives.

3. Monitor and evaluate the extent to which health sector actions lead to health equity for persons with disabilities. Whatever action is taken to advance health equity for persons with disabilities, a well-planned monitoring and evaluation process is fundamental to track progress and adjust actions as the context evolves. This process involves collecting information on different actions through specified “indicators” that measure the extent of progress towards the achievement of objectives. Monitoring and evaluation also allow for the entire health system to learn which actions work and which do not, thereby informing ongoing improvement. To implement the recommended principles, strong commitment and targeted actions are required from a broad range of actors. While governments are the most significant, other stakeholders, such as health service providers, persons with disabilities and their representative organizations, the private sector, academia, United Nations agencies and development organizations, also play important roles.

Supported Decision Making General comment No. 1 (2014) Article 12: Equal recognition before the law United Nations

1. There is a general misunderstanding of the exact scope of the obligations of States parties under article 12 of the Convention. Indeed, there has been a general failure to understand that the human rights-based model of disability implies a shift from the substitute decision-making paradigm to one that is based on supported decision making. The aim of the present general comment is to explore the general obligations deriving from the various components of article 12. (Para 3 Gen Commentn1)

2. Interpretation of article 12 which is premised on the general principles of the Convention, as outlined in article 3, namely, respect for the inherent dignity, individual autonomy — including the freedom to make one’s own choices —, and independence of persons; non-discrimination; full and effective participation and inclusion in society; respect for difference and acceptance of persons with disabilities as part of human diversity and humanity; equality of opportunity; accessibility; equality between men and women; and respect for

the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.(Para 4)

3. States parties must holistically examine all areas of law to ensure that the right of persons with disabilities to legal capacity is not restricted on an unequal basis with others.

Historically, persons with disabilities have been denied their right to legal capacity in many areas in a discriminatory manner under substitute decision-making regimes such as guardianship, conservatorship and mental health laws that permit forced treatment. These practices must be abolished in order to ensure that full legal capacity is restored to persons with disabilities on an equal basis with others. (Para 7)

4. Article 12 of the Convention affirms that all persons with disabilities have full legal capacity. Legal capacity has been prejudicially denied to many groups throughout history, including women (particularly upon marriage) and ethnic minorities. However, persons with disabilities remain the group whose legal capacity is most commonly denied in legal systems worldwide. The right to equal recognition before the law implies that legal capacity is a universal attribute inherent in all persons by virtue of their humanity and must be upheld for persons with disabilities on an equal basis with others. Legal capacity is indispensable for the exercise of civil, political, economic, social and cultural rights. It acquires a special significance for persons with disabilities when they have to make fundamental decisions regarding their health, education and work. The denial of legal capacity to persons with disabilities has, in many cases, led to their being deprived of many fundamental rights, including the right to vote, the right to marry and found a family, reproductive rights, parental rights, the right to give consent for intimate relationships and medical treatment, and the right to liberty. (Para 8)

5.All persons with disabilities, including those with physical, mental, intellectual or sensory impairments, can be affected by denial of legal capacity and substitute decision making. However, persons with cognitive or psychosocial disabilities have been, and still are, disproportionately affected by substitute decision-making regimes and denial of legal capacity. The Committee reaffirms that a person's status as a person with a disability or the existence of an impairment (including a physical or sensory impairment) must never be CRPD/C/GC/13 grounds for denying legal capacity or any of the rights provided for in Article 12. All practices that in purpose or effect violate article 12 must be abolished in order to ensure that full legal capacity is restored to persons with disabilities on an equal basis with others. (Para 9)

6. "1. States Parties reaffirm that persons with disabilities have the right to recognition everywhere as persons before the law.

2. States Parties shall recognize that persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life.

3. States Parties shall take appropriate measures to provide access by persons with disabilities to the support they may require in exercising their legal capacity.

4. States Parties shall ensure that all measures that relate to the exercise of legal capacity provide for appropriate and effective safeguards to prevent abuse in accordance with international human rights law. Such safeguards shall ensure that measures relating to the exercise of legal capacity respect the rights, will and preferences of the person, are free of conflict of interest and undue influence, are proportional and tailored to the person's circumstances, apply for the shortest time possible and are subject to regular review by a competent, independent and impartial authority or judicial body. The safeguards shall be proportional to the degree to which such measures affect the person's rights and interests.

5. Subject to the provisions of this article, States Parties shall take all appropriate and effective measures to ensure the equal right of persons with disabilities to own or inherit property, to control their own financial affairs and to have equal access to bank loans, mortgages and other forms of financial credit, and shall ensure that persons with disabilities are not arbitrarily deprived of their property.” <https://social.desa.un.org/issues/disability/crpd/article-12-equal-recognition-before-the-law>

Example - A good supporter

- For example, imagine that you want to find a place to live, but don't know how to make decisions about what you can afford, or what kind of house would be a good place to live.
- You ask your sister for help.
- Your sister comes to your house and asks you questions about what kind of apartment you want.
- She listens to you about how much money you get each month and how much you spend on other things like food and clothes.
- She helps you figure out how much money you can afford to pay in rent each month. Then she helps you look at apartments.
- Maybe she helps you understand that an apartment with all of the things you want – for example, a big house close to the middle of town – would be too expensive for you to afford.
- She helps you figure out which of the things you want in an apartment are most important to you.
- You visit apartments with your sister.
- You then decide which apartment you want and sign a lease.
- At the end of this process you have received a lot of support, but you still made all your decisions yourself.

Autistic Self Advocacy Network The Right to Make Choices: International Laws and Decision-Making by People with Disabilities

<https://autisticadvocacy.org/wp-content/uploads/2016/02/Easy-Read-OSF-For-Families-v3.pdf>

What is supported Decision making A message from Disability Right Texas

<https://youtu.be/XlVeOlmwdzA> Maine https://youtu.be/-1D_3KthWRo

<https://youtu.be/al3aJfs6-X4> Australian Cartoon Supported Decision Making is a Human Right

Activities

- A. A woman of 23, **Sumita**, with Down's Syndrome is not allowed by her family run her own business, although she is very good at making and tailoring clothes. Instead, she works long hours and is deprived of most of her earnings. How would you as a local DPO/OPD support her to become more independent?
 - B. A man **Jaspal** of 40 years old lives in town and is neurodiverse and very able at computer programming and has made a lot of money, but his uncle has a Guardianship through the Courts. How you support Jaspal to replace the Guardianship agreement by supported decision making?
 - C. **Dura** is bi-polar and has spent long periods forcibly confined in a mental hospital. Recently, her medication has controlled her symptoms being less depressed/ manic. Her family prefer her to remain there as they feel she brings shame on them and will not agree to her release. What can be done to restore her rights
-

Briefing: Media and Stereotypes

Article 8 of UNCRPD requires Government and others to challenge negative ideas, attitudes and portrayals of disability .

The media can therefore be a vital instrument in raising awareness, countering stigma and misinformation. It is a channel that can change societal misconceptions and present disabled people as individuals, part of human diversity, thus contribute to an effective and successful inclusion of disabled people in all spheres of life. UNCRPD requires states to raise awareness and combat stereotypes related to disabled people, by encouraging all media to portray disabled people in a manner consistent with respect for human rights. UNCRPD works as a tool to enhance the work of the media in promoting the rights of disabled people, as well as promoting their access to education, employment, health and other areas of development on an equal basis with others.

Stereotypes

For thousands of years, in every culture and society, physical and mental differences have been ascribed special meaning. This was usually negative and often persists in social stigma, negative attitudes and stereotypes. Stereotypes are negative and untrue perceptions, generally associated with disabled people. These negative and untrue perceptions often precondition how people treat, associate and respond to us. Such deep-rooted beliefs, ignorance, fear, negative and untrue perceptions, influence the low expectations of disabled people and their families about their abilities, limiting their skills, independence and achievements.

Limitations imposed on disabled people are violations of their basic human rights. However, these rights are often violated due to lack of information. There are many cultural and literary manifestations of stereotypes which are being reinforced in myths, legend or

literature. Even modern films, comics and television programmes draw upon and reinforce these negative stereotypes. It is disheartening to think that these stereotypes, beliefs, mentality, attitudes and perception continue to be perpetuated, in spite of the fact that the UN Convention on the Rights of Persons with Disabilities (UNCRPD), has now been in effect for almost twelve years and over one hundred and eighty countries have ratified it thus far (191/194). The Convention's lack of implementation is a factor and urgent action is needed.

The Commonwealth Disabled Peoples' Forum (CDPF) is seeking to erase and eliminate such stereotypes and has come up with a Policy Paper which we hope the Heads of Government of the Commonwealth will become a partner, to bring about the desired change. To illustrate the gravity of the situation, we reference some of these dehumanizing terms and provide what the disability community wishes the preferred terminology and description to be.

Myth/ Fact

Myth: Disabled People are incapable and helpless, passive and dependent. **Fact:** Disabled People can and want to contribute actively and participate in their community and society. We are capable and independent individuals who can contribute towards changes in all spheres of life when barriers are modified and reasonable accommodations and supports are provided.

Myth: Disability is contagious. **Fact:** Disability/impairment cannot be transferred from one person to another but is a long-term loss of physical or mental function or impairment. Our disability is the attitudinal, environmental and organisational barriers we face. The barriers can be changed. Our impairments are much harder or impossible to change.

Myth: All Disabled People are sick people. **Fact:** Someone can acquire an impairment, as a result of a medical condition but not all disability is associated with illness. While some impairments are progressive in their impact on the person, for most it is just a loss of function that can be accommodated e.g. Braille, Sign Language, Universal Design, Easy Read or Pictograms.

Myth: Disabled People brought bad luck because we had been cursed or had had a spell placed upon us. **Fact:** Disability is not a result of someone's parents or themselves having done something wrong. It arises from a long-term loss of physical or mental function.

Myth: Disabled People can only succeed in the field of Music and Craft-Making. **Fact:** Disabled People can be successful in all fields of endeavour, with the right support and accommodations.

Myth: Disabled People cannot make or take decisions and that someone must always act on our behalf. **Fact:** Disabled People can be actively involved in decision-making processes, including those directly concerning us. We must have agency with the right assistance and communication systems.

Myth: Disabled People cannot be educated in the general education system and should only be educated in institutions built specifically for us. **Fact:** Disabled People should not be

segregated and should access an inclusive, quality primary, secondary and tertiary education on an equal basis with others.

Understanding Disability as a Human Rights Issue

The following terms capture the difference between considering disabled people as holders of rights rather than objects of charity:-

Charity approach	Human rights approach
Option	Obligation
External control	Autonomy
Disempowerment	Empowerment
Fixing weakness	Fixing the environment
Limiting activity	Facilitating activity
Belittling	Dignifying
Dependence	Independence
Discrimination	Equality
Institutionalization	Inclusion
Segregation	Integration/Inclusion

It is also about putting in place the policies, laws and programmes that remove barriers and guarantee the exercise of civil, cultural, economic, political and social rights by disabled people.

To achieve a genuine exercise of rights, the policies, laws and programmes that limit rights need to be replaced, such as immigration laws that prohibit entry to a country based on disability; laws that prohibit disabled people to marry; laws that allow the administration of medical treatment to disabled people without our free and informed consent; laws that allow detention on the basis of mental or intellectual disability; and policies that deny medical care to a person because he or she has a disability.

Moreover, programmes, awareness-raising and social support are necessary to change the way society operates and to dismantle the barriers that prevent disabled people from participating fully in society. Furthermore, disabled people need to be provided with the opportunities to participate fully in society and with the adequate means to claim our rights.

We strongly urge that all Commonwealth Countries, in collaboration with the CDPF and National DPOs, initiate a robust Communication Strategy to serve as a guide for any

media and public relations activities with special attention being paid to Article 8 of the UN CRPD.

Tips on Promoting the Positive Portrayal of Disabled People¹¹

It is very important that both journalists and communications professionals connect disability issues with human dignity and rights. Here are some tips for promoting the positive portrayal of disabled people:

- **Support the human rights-based approach.** As noted previously, there has been a dramatic shift toward a human rights approach to disabled people. This approach is linked to the social model in that it recognizes that a transformation within society is needed to ensure equality and justice for all. Human rights are the fundamental principles through which every individual can gain justice and equality. Ultimately, the human rights-based approach aims to empower disabled people and to ensure their active participation in social, economic, political and cultural life. Changes are needed in society to ensure this, starting by changing perceptions.
- **Focus on the person, not the impairment.** In describing a disabled person, focus on the individual and not on their particular functional or physical limitations. For example,
 1. say 'disabled people' instead of 'the disabled'; 'person of short stature' instead of 'dwarf'.
 2. Always strive to keep your portrayal positive and accurate: for example, disabled person, wheelchair user, deaf girl, blind person. (See also 'Terminology' for use of respectful language when referring to disabled people.)
- **Focus on what people can do, not what we can't do**
Avoid emotional words such as "unfortunate", "pitiful". Avoid sad music or melodramatic introductions when reporting on disability. Never refer to disabled individuals as 'the disabled'.
- **Show disabled people as active in society.** Portraying disabled people as active members of society and not as passive and dependent helps to break down barriers and opens up opportunities.
- **Allow disabled people to speak for ourselves.** Experience shows that when a disabled person speaks with confidence and authority about a particular situation, non-disabled audiences are more likely to believe that disabled people are knowledgeable (ILO and Rehabilitation International 1994).
- **Don't overemphasize disabled 'heroes'.** Even though the public may admire 'superheroes', portraying disabled people as superstars raises unrealistic expectations that all disabled people should achieve this level.

¹¹ Reporting on Disability Guidelines for the Media ILO Irish Aid 2015 https://www.ilo.org/skills/pubs/WCMS_127002/lang--en/index.htm

Terminology¹² Both words and images used to describe a person or situation can have a positive or negative effect. Avoid categorizing a person based on their impairment. Refer to the person as a disabled person. Only mention their impairment if specifically relevant.

What can Media do to change negative disabled people perspectives?

- Engage government and non-governmental organizations to educate the public on policy implementation that are inclusive of disabled people's rights.
- Engage disabled people's organizations on live programmes to raise awareness on disability rights issues.
- Topical issues, debates and live interviews in the media to include disabled people alongside non-disabled people. When voices of disabled people are heard, families and community members begin to see disability not as a disease but a condition that anybody can have.
- Mass media to air programmes that portray disabled people in a positive manner.
- Programmes on policy implementation on disabled people be aired to educate and raise awareness of our rights as disabled people.
- Publish articles on successful disabled people and the ventures that have propelled their success.
- Employ disabled people who are capable for airing shows on TV and radio so that they can motivate others.
- Media owners can take a major step by recruiting disabled people so that they can create their own images and tell their stories.
- Media can address issues of accessibility in information, housing and transport.
- Poverty, in relation to disabled people, should also be covered through the media.
- Discussions on mainstreaming disability issues into policies and programs, to include all the stakeholders.
- Health care and education with regards to disabled people should be discussed by all stakeholders.
- Discussions on cultural practices and stereotypes should be done openly by all stakeholders, paying particular attention to disabled women and children.

Social Media

Social media like Facebook, Instagram, Twitter, website, blog pages should be used to communicate and raise awareness on rights of disabled people. Government, non-governmental organizations, Disabled People's Organizations (DPOs) should engage these platforms to air concerns, get answers to our questions and advocate for our rights to be addressed.

The crucial role of disability representation in social media 26 October 2023

Holly Bennett dives deep into why genuine representation and inclusivity is so important in social media.

¹² UK Disability History Month 2016 Broadsheet <https://ukdhm.org/2016-broadsheet/>

“Introduction

In the digital age, social media platforms have become powerful tools for connecting people worldwide, fostering communities, and sharing diverse perspectives. However, amidst this, there exists a pressing need for inclusive content that represents the diversity of human experiences, including disabilities. In this blog post, I will explore the significance of disability representation in social media and why creating an inclusive digital space is essential for a truly diverse and inclusive society.

Removing stereotypes

One of the most compelling reasons for disability representation in social media is its ability to challenge stereotypes. People with disabilities are often underrepresented or misrepresented in mainstream media, leading to misconceptions and biases. By showcasing diverse abilities and experiences, social media can break these stereotypes, promoting a more accepting society. When individuals see and interact with content that includes disabled people, it promotes empathy and understanding.

Promoting inclusivity for all

Inclusivity goes beyond just representation; it involves creating an environment where everyone feels valued and heard. Social media, with its vast reach, can be a catalyst for inclusivity. When platforms embrace accessibility features such as alt text for images, subtitles for videos, and screen readers, they ensure that individuals with disabilities can engage fully. Inclusive content not only benefits those with disabilities but also enhances the overall user experience for everyone, encouraging a sense of belonging.

Empowering individuals and amplifying voices

Social media provides a unique opportunity for individuals with disabilities to share their stories, achievements, and challenges. By doing so, they become advocates for change, inspiring others and challenging societal norms. When these voices are amplified, they contribute to a more nuanced understanding of disability-related issues and foster a sense of pride within the community. Additionally, these narratives educate the broader public, promoting acceptance and eradicating stigmas.

Driving social change and policy reform

The collective power of social media can drive meaningful social change and influence policymakers. Through online campaigns, awareness initiatives, and grassroots movements, social media users can advocate for disability rights and challenge discriminatory policies. The more visible and unified these voices are, the stronger the pressure becomes for governments and institutions to implement inclusive policies and practices.

How do we put this into practice?

There are many strategies that we can put in place in our marketing to make sure we create a diverse and inclusive space on social media.

1. **Use Accessible Language:** Use clear and straightforward language in your posts. Avoid jargon and complex terms that might alienate some readers. Simplicity in language ensures that your message is understandable to a broader audience.
2. **Add Descriptive Text and Closed Captions:** When sharing images or videos, add descriptive text or closed captions (alt text) to provide context. This feature makes

content accessible to people with visual or hearing impairments who use screen readers, and is also useful for individuals with ADHD or who are neurodivergent. Alt text describes the content of the image, and closed captions allow people who are hard of hearing to understand the content of a video, allowing everyone to engage with your posts.

3. **Avoid Disablist Language and Imagery:** Be mindful of language and imagery that could be offensive or exclusionary to people with disabilities. Avoid phrases or words that reinforce stereotypes or stigmas related to disabilities.
4. **Use Inclusive Images:** When selecting images, opt for pictures that represent a diverse range of abilities. Inclusivity in visuals promotes a sense of belonging among all your followers.
5. **Promote Diverse Voices:** Share content from a variety of creators, including those with disabilities. Amplify their voices and experiences. Representation matters, and by sharing diverse perspectives, you contribute to a more inclusive online environment.
6. **Continuous Learning and Adaptation:** Stay informed about the evolving best practices for inclusivity. Social norms and language change, so it's essential to adapt and learn continually. Engage with the disability community to understand their needs better and apply this knowledge to your social media practices.

Conclusion

The power of social media to shape perceptions and influence attitudes is undeniable. Through this exploration of disability representation and inclusivity, it becomes evident that the journey toward a truly diverse and inclusive society begins with our online practices. By dismantling stereotypes and amplifying voices through social media, we can foster empathy, understanding, and acceptance. However, it's not enough to merely acknowledge the need for change; action is critical for transformation. The strategies shared outline a conscientious approach to making social media a welcoming space for everyone. Embracing accessible language, incorporating descriptive text and closed captions, avoiding disablist language and imagery, and promoting diverse voices are essential for a more inclusive digital world. In essence, the power to create a more inclusive social media environment lies in what we do. It's about practical actions — using clear language, embracing diverse voices, and staying informed. By actively incorporating these strategies into our online interactions, we can drive real change”.

<https://oddiyevents.com/what-we-think/f/the-crucial-role-of-disability-representation-in-social-media>

Effective Use of Media for Disability Advocacy Guyana Experiences

Over the past two decades the Guyana Disability Community has cultivated a strong and beneficial relationship with the media. This relationship was strategically developed to

amplify our advocacy efforts. Through this partnership the issues affecting persons with disabilities were highlighted, achievements of persons with disabilities have received recognition and the opinions of persons with disabilities are solicited on mainstream issues. Further, persons with disabilities are also involved in the media; producing and presenting various radio and television programmes on disability for a mainstream audience. Below are some effective strategies used by the Guyana Council of Organisations for Persons with Disabilities to effectively use the media to amplify disability related issues:

1. Create a mailing list of media contacts. This should include both traditional and non-traditional media practitioners. This mailing list can be used to send press releases, media invites, and other information for publication.
2. Create a list of the telephone contacts for media practitioners including their office and WhatsApp contacts. These contacts should be used to make direct contact inviting them to events, informing them of press and other releases sent and for other support. Additionally, create a WhatsApp broadcast list of the media contacts to send press releases, invitations and other releases.
3. Establish and build a relationship with the organization that represent persons working in media. In Guyana we have a relationship with the Guyana Press Association.
4. Produce short generic Public Service Announcements (PSAs) on the rights of persons with disabilities, the issues that affect their daily living and their achievements. This you can ask radio and television stations to broadcast at no cost. Many media houses are willing to support this cause.
5. Maintain an active social media presence for the organization. This can be done on maintaining a presence on Facebook, InstaGram, X, YouTube and TikTok. Upload content from members of the disabilities, including amateur videos, testimonials, shots from events, etc. Additionally, have scheduled post on Facebook and on other platforms. Appoint someone to manage the accounts and pages and have this individual dedicate some time to managing social media each day. This individual can follow other accounts, like posts, and engage with other content. This will ensure that the algorithm records the accounts as active. This will definitely increase traffic to the organisation's pages and accounts. If funds are available pay for sponsored post from time to time.
6. Create a calendar of significant days both in the international and local disability communities. For these significant days ensure that there is a press release, digital flyer or content published in observation of the day. This will ensure that the organization increases its visibility and and the public becomes more aware of the issue.

7. Solicit sponsors and produce a radio or television programme with a disability focus. This can be done weekly, daily or twice monthly. This will ensure that the issues affecting persons with disabilities are always in the public's domain

IMAGES OF DISABLED PEOPLE

List below examples of negative and positive images of disabled people in the following categories:

CATEGORY	DEFINITELY POSITIVE	NOT SURE	DEFINITELY NEGATIVE
1. Literature you read as a child			
2. Fiction you have read as an adult			
3. On the cinema screen			
4. On your TV screen/Internet			
5. In advertising			

CLIMATE POLICY OF CDPF

Rising Tides Rising Voices Film from DPOs in Pacific point of view <https://disabilityjusticeproject.org/film/rising-tides-raising-voices/>

Policy Addressing the Needs in Calamities, Risks, and Emergencies in Accordance with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) Article 11.

Executive Summary:

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) Article 11 recognizes the unique risks and rights of persons with disabilities in situations of calamities, risks, and emergencies. COP 28 should prioritize the inclusion of disabled people in climate change adaptation and disaster risk reduction efforts. The UN Office for Disaster Risk Reduction (UNDRR) urges us to break this cycle of disaster and inequality. High-risk countries often overlap with those grappling with widespread poverty, making it crucial to take action.

“The purpose of CDPF is to bring disabled people, regardless of type of impairment, gender, age, race, indigenous & geographical background, religion, political affiliation from all countries of the Commonwealth, together with a view to having one voice to advocate for promotion and equalization of opportunities for all disabled people¹³.

To engage and influence the structures and organs of the Commonwealth and especially the Commonwealth Heads of Government Meeting.”

Introduction:

Disabled people are disproportionately affected by climate change-induced disasters and emergencies. COP 28 must acknowledge and address this disparity by integrating the UNCRPD Article 11 into climate action policies.

Article 1 United Nations Declaration of Human Rights UDHR

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

Article 1 United Nations Convention on the Rights of Persons with Disabilities UNCRPD

The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

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.

I. Legal Framework and Obligations:

Ratification and Implementation: Encourage all countries to ratify and implement the UNCRPD and incorporate its principles into national laws and policies, particularly in the context of disaster risk reduction and emergency response.

¹³ **The language we use** Why we still choose to call ourselves disabled people. In the Commonwealth Disabled People's Forum we call ourselves '**disabled people**' or '**disabled women or girls**' because of the development of the '**social model of disability**'. In the C19th and C20th, a disabled person's medical condition was thought to be the root cause of their exclusion from society, an approach now referred to as the '**medical or individual model**' of disability. We also view ourselves as united by a common oppression so are proud to identify as disabled people rather than people with disabilities. Where we are quoting international treaties or laws we will use people with disabilities.

Access to Information and Communication: Ensure that disabled People have equal access to information, including early warnings and evacuation instructions, by providing accessible formats and technologies.

“Include in your country overview and which laws are relevant.”

II. Inclusive Disaster Preparedness and Response:

Accessible Infrastructure: Promote the development and maintenance of inclusive infrastructure that facilitates the safe evacuation, sheltering, and transportation of disabled people.

Training and Capacity Building: Invest in training and capacity-building programs for emergency responders, focusing on disability-inclusive disaster response and communication.

“How disabled people are catered for.”

III. Data Collection and Monitoring:

Provide statistics to the current situation including: population proportion, regions at risk and which calamities are prevalent.” **Accountability and Reporting:** Establish mechanisms for regular reporting on the inclusion of disabled people in disaster management and climate adaptation efforts, including climate-related funding allocation.

IV. Ensuring Accessibility and Non-Discrimination:

Universal Design: Promote universal design principles to ensure that all infrastructure, communication, and services are inherently accessible to disabled people.

Reasonable Accommodations: Encourage the provision of reasonable accommodations to enable disabled people to participate fully in disaster preparedness and response activities.

V. Participation and Consultation:

Inclusion in Decision-Making: Ensure that disabled people are actively involved in the development and implementation of climate adaptation and disaster risk reduction strategies at all levels.

VI. Financing and Resource Allocation:

Resource Allocation: Allocate dedicated funding for disability-inclusive disaster risk reduction and climate adaptation programs, prioritizing the needs of disabled people.

Partnerships: Foster collaboration between governments, civil society organizations, and disabled persons organizations to maximize resources and expertise in addressing the specific needs of disabled people.

Reparations: Polluter Pays. Ensure sufficient reparations from the developed countries are paid to the most at risk countries, especially small island nations and coastal countries.

Conclusion:

To achieve climate resilience and sustainable development, COP 28 must prioritize the integration of UNCRPD Article 11 principles into climate action policies. This will ensure that disabled people are not left behind in situations of calamities, risks, and emergencies, and that their rights, dignity, and safety are protected.

By adopting the recommendations outlined in this policy paper, COP 28 can play a pivotal role in advancing the global agenda for disability-inclusive disaster risk reduction and

climate adaptation, fostering a more equitable and resilient future for all. As stated through the Commonwealth Disabled People's Forum: "To engage and influence the structures and organs of the Commonwealth and especially the Commonwealth Heads of Government Meeting." Agreed Executive 18th October 2023

ACTIVITY & BRIEFING ARTICLE 29 PARTICIPATION IN POLITICAL AND PUBLIC LIFE

Activity Work in groups

- i) Three best arguments to convince young disabled people to vote.**
- ii) Three best actions to make sure local election officer make voting accessible.**
- iii) Three best arguments to members of Parliament to improve the operations of the voting system .**
- iv) Three good reasons why political parties should have disabled candidates.**

[Read Article 29 in UNCRPD Booklet and examples below before answer].

This article guarantees political rights to persons with disabilities. States Parties should report on:

- Legislation and measures to guarantee to persons with disabilities, in particular persons with mental or intellectual disability, political rights, including, if it is the case, existing limitations and actions taken to overcome them
- Measures taken to ensure the right to vote of all persons with disabilities, on their own or to be assisted by a person of their choice
- Measures taken to ensure the full accessibility of the voting procedures, facilities and materials
- Indicators measuring the full enjoyment of the right to participate in political and public life of persons with disabilities
- Support provided, if any, to persons with disabilities for the establishment and maintenance of organizations to represent their rights and interests at local, regional and national level.

Disabled people, including blind and partially sighted people face barriers to voting which include:

- their voting rights not being communicated in an accessible way
- not having the support they need when registering to vote or voting
- physical, psychological and information barriers when voting at a polling station
- the method of voting - making a cross in a specific location on a piece of paper - being a principally visual exercise.

In the **UK** Disabled voters are entitled to the following accommodations:

Assistance with Ballot Marking: Voters may ask for help from the Presiding Officer to mark their ballot. They may also bring someone to assist them, such as a family member over 18 or another registered voter.

Tactile Voting Devices: These are available to aid those with visual impairments or limited dexterity, allowing them to mark the ballot paper easily.

Large-Print Ballot Papers: Every polling station should display a large-print ballot paper for reference. Voters who require it can take this version into the booth, although it cannot be used for voting.

Assistance Outside the Polling Station: When a polling station is inaccessible, the Presiding Officer must bring the ballot paper to the voter outside.

A recent analysis of Disabled People using their rights under the Electoral Act in **Nigeria** 2019 General Election made the following points:

- The Electoral Act (as amended) provides opportunities for enhanced voting participation of disabled people during elections in Nigeria but majority of them are not aware of these provisions.
- The research found that the electoral officials did not follow all the provisions of the Electoral Act during the 2019 elections, and this affected the voting participation of many disabled people.
- Non-availability of braille ballot papers and sign language interpreter at the voting centres as well as restriction placed on mobility on the day of election restricted the participation of disabled people in the 2019 general elections in Nigeria.
- The study recommended an improvement in the implementation of the Electoral Act by the electoral officials to improve voting participation of disabled people in Nigeria.
- The study recommended that electoral reforms that include electronic voting system and transmission of results should be implemented and strengthened in subsequent elections in Nigeria.¹⁴

Implementing Disability Rights in Article 29 Elections in India

With a population of over 1.4 billion people and close to 970 million voters, India's general election is the world's biggest democratic exercise. The 6-week-long general election will start on April 19 and results will be announced on June 4. The voters, who comprise over 10% of the world's population, will elect 543 members for the lower house of Parliament for a five-year term. The polls will be held in seven phases and ballots cast at more than a million polling stations. Each phase will last a single day with several constituencies across multiple states voting that day. The **ELECTION COMMISSION OF INDIA** (ECI), an autonomous constitutional authority, will conduct the voting process. The ECI has a staff capacity including more than 300 full-time officials who work out of its New Delhi headquarters. They work in collaboration with the local administrations of each state, assigning electoral work to five million government officials. The competition between the

¹⁴ <https://www.tandfonline.com/doi/full/10.1080/09687599.2022.2090900>

parties is for 543 of the 545 seats in India's lower house of parliament, **LOK SABHA**. The remaining two seats are held for the Anglo-Indian community, which traces part of its ancestry to Europeans who intermarried with Indians in the colonial era. India's president nominates these members. India has a first-past-the-post multiparty electoral system in which the candidate who receives the most votes wins. To secure a majority, a party or coalition must breach the mark of 272 seats. While voters in the United States and elsewhere use paper ballots, India uses electronic voting machines.

The right to political participation, including of persons with disabilities, is firmly grounded in international law, enshrined in the UNCRPD, Constitution of India, Election Rules and Rights of Persons with Disabilities Act, 2016. Article 324 of the Constitution provides for the Election Commission, its powers and functions for maintenance of the Electoral Roll and conduct of elections in a free and fair manner. Article 325 provides that no person shall be ineligible for inclusion in the electoral roll on the grounds only of religion, race, caste, sex or anyone of these. Article 326 provides for the **UNIVERSAL ADULT SUFFRAGE** to be the basis of elections. The concerned provisions of the Constitution and the law that flows there from cast an obligation on the Election Commission of India (ECI) for conduct of free, fair and inclusive elections based on adult suffrage. In UNCRPD Article 21 highlights Freedom of expression and opinion, and access to information and Article 29 on Participation in political and public life. In RPwD Act 2016, Section 11 of Chapter II (Rights and Entitlements), states *"The Election Commission of India and the State Election Commissions shall ensure that all polling stations are accessible to persons with disabilities and all materials related to the electoral process are easily understandable by and accessible to them"*.

Disabled Right's Campaigners, including CDPF Vice President Sruti Mohapatra, CEO of Swabhiman in Orisha have made a big difference in making the electoral process more accessible and inclusive.

It's only in the 2000s, with the Supreme Court's orders in the Disabled Rights Group vs. Union of India case, that the ECI started making voting booths accessible. With **NATIONAL DISABILITY NETWORK** (NDN), and **NCPEDP NEW DELHI** (led by late Javed Abidi), **SWABHIMAN** (led by Dr. Sruti Mohapatra) has been advocating for voting and participation rights of disabled people in India and in Odisha too. In 2009 and 2014 we had limited success but 2018 Voters Day theme being declared as Accessible Elections by ECI, 2019 was a success for citizens with disabilities.

Initiatives by in Guyana by GCOPD in Recent Election

On September 1, 2025 the Guyana Council of Organisations for Persons with Disabilities (GCOPD) conducted an accessibility audit of polling stations during Guyana's General and Regional Elections (GRE). The objective of the audit was to assess the accessibility of the

polling stations and to observe the measures in place to facilitate voting by persons with disabilities. The audit was conducted in seven of Guyana's Administrative Regions. This audit was a component of a broader project on elections access and persons with disabilities funded by the Canadian Fund for Local Initiative (CFLI). The other components were sensitization of approximately five thousand (5000) Guyana Elections Commission (GECOM) elections day staff on disability sensitivity, a social media campaign to sensitise persons with disabilities on their electoral rights and on the voting process and the third component which was in-person training workshops with first time voters to sensitise them on the voting process and their electoral rights.

On September 1, 2025, the day of the GRE, the audit process was conducted by thirty eight (38) GECOM accredited local observers. Twenty (20) of the 38 observers were persons with disabilities. The observers worked in teams of two and were required to audit polling stations within a specific geographic area. Approximately four hundred and ninety (490) polling stations were visited and audited. The observers utilized an audit checklist that was developed by GCOPD for the process. Additionally, an exit survey was conducted with approximately one hundred and fifty (150) persons with disabilities to gather data on their experiences with the voting process. Some of these persons with disabilities were encountered on the day of the audit and others were contacted post elections via telephone.

The data from the audit is currently being analysed and a report with recommendations will be developed and published. However, preliminary data is showing that the majority of polling stations audited were not accessible, approximately eighty five percent (85%) of the polling stations. Additionally, the preliminary data is showing that there were limited measures in place to facilitate independent voting by persons with disabilities.

On the completion of the report and following publication, GCOPD will use the evidence from the audit to strongly advocate for the amendment to existing legislations to ensure the necessary measures are implemented to facilitate independent and barrier free voting for persons with disabilities in future elections.

BRIEFING LAW AND JUSTICE CDPF

Disabled people/persons with disabilities: law, justice and equity

Mission of the CDPF: 'To develop a unified voice for the implementation of Disability Rights and Equality for DPOs (Disabled People's Organisations) and disabled people (persons with disabilities) across the 56 countries of the Commonwealth'. **'Nothing Without Us'.**

Over 430 million disabled people live in the Commonwealth and 55 of 56 Commonwealth countries have ratified the UNCRPD, articles 12, 13, 16, 19 commit to access to justice for ALL as a key component of governance in societies that uphold the 'Rule of Law' in line with the Commonwealth Charter. Indirectly, all Articles require legislative change to domesticate the UNCRPD. At present only 25 Commonwealth countries have done this. Furthermore, the United Nations' Sustainable Development Goal (SDG) 16:3 argues for promoting the rule of law at the national and international levels and ensuring equal access to Justice for All. Access to justice is a fundamental right and a precondition to enjoyment of other rights. **The CDPF with our National DPOs using our experiences, wants to help and collaborate with Commonwealth States to bring about full implementation and compliance.**

Legal Capacity The UNCRPD Article 12 bringing legal capacity to all is perhaps most challenging. 'Among the many kinds of barriers to exerting control over their lives faced by persons with disabilities are formal rules about who is allowed to exercise "legal capacity." Legal capacity refers to a person's authority to enter into legal relationships with others or to take on binding legal obligations. A common example of exercising legal capacity is entering into a contract. Before someone may enter into a valid contract with someone else, most legal systems first require that they both be considered eligible to do so. Beyond entering into contracts, having legal capacity is often a threshold requirement for exercising many other fundamental rights, such as the right to vote. Legal capacity "enables persons to sculpt their own legal universe" by "open[ing] up zones of personal freedom" and "facilitat[ing] uncoerced interactions". (Gerald Quinn UN Rapporteur Disability). As a "shield," the right to exercise legal capacity allows persons with disabilities to fend off unwanted interference in their lives. As a "sword," this right also empowers persons with disabilities to impress their will and preferences upon the world. In other words, having legal capacity imbues real meaning into the notion of personhood'. (Mathew Smith Harvard Law School Project Disability).

Despite the commitments of UNCRPD, disabled people in the Commonwealth face major barriers accessing justice including:-

Lack of Accessibility: Many courtrooms, legal documents, and procedures are not designed to accommodate the diverse needs of disabled people, such as physical access, communication barriers, or sensory impairments.

Financial Barriers: Disabled people often face financial obstacles in accessing justice, including high legal fees, costs associated with obtaining necessary accommodations, and limited availability of legal aid services tailored to their needs as direct and indirect participants of the justice system.

Limited Legal Capacity: Legal systems may not recognize the full legal capacity of disabled people, leading to their exclusion from decision-making processes and undermining their ability to effectively participate in legal proceedings.

Attitudinal Barriers: Negative attitudes and stereotypes towards disabled people within legal systems can lead to discrimination, prejudice, and biased decision-making by legal professionals, further hindering access to justice.

Inaccessible Information and Communication: Legal information and communication channels are often inaccessible to disabled people, including complex legal language, lack of alternative formats, and inaccessible digital platforms, preventing meaningful engagement with the legal system.

Procedural Barriers: Procedural complexities and rigidities in legal processes may pose significant challenges for disabled people, including difficulties in navigating court procedures, obtaining accommodations, and accessing support services. Yet, disabled people are at higher risk of abuse, exploitation, and criminalization, requiring accessible justice mechanisms.

Reasonable Accommodations are required but the effectiveness of procedural accommodations, in practice remains limited due to;

- i. **Inconsistent Implementation:** Procedural accommodations may not be consistently implemented across different jurisdictions, courts, or legal proceedings, leading to uneven access to justice for disabled people.
- ii. **Lack of Awareness:** Legal professionals and court staff may lack awareness or understanding of the diverse needs of disabled people and the appropriate accommodations required, resulting in inadequate support and services.
- iii. **Resource Constraints:** Limited resources, including funding, infrastructure, and trained personnel, may hinder the provision of comprehensive procedural accommodations, further exacerbating barriers to access to justice.
- iv. **Tokenistic Approaches:** Procedural accommodations may sometimes be implemented in a wrong manner, without meaningful consultation with disabled people or consideration of their individual needs and preferences.

Case Study Articles 12 & 23 ‘The right to make consequential decisions about one’s sexual and reproductive health. The 2009 case *Suchita Srivastava v. Chandigarh Administration* involved an orphaned woman with intellectual disability who lived in a state-run institution in the city of Chandigarh, India, where she was raped. After institution staff learned she was pregnant, the city government appointed a medical board that included a gynaecologist, a radiologist, a paediatrician, and a psychiatrist to examine Ms. Srivastava. They determined that it was in her interest to terminate the pregnancy. The city government petitioned the High Court of Punjab and Haryana for permission to do so. The High Court constituted an expert body of medical experts and a judicial officer, who determined that Ms. Srivastava was “unable to appreciate and understand the consequences of her own future and that of the child she is bearing.” The expert body also found that Ms. Srivastava was “happy with the idea that she has a baby inside her and looks forward to seeing the same.” Even though the expert body opined that Ms. Srivastava should be permitted to bring her pregnancy to term, the High Court granted the city government permission to terminate against her wishes. However, on appeal, the Supreme Court of India overruled the High Court. Noting

India's obligations under the CRPD, and presaging more recent, sweeping vindications of disability rights, the Supreme Court reasoned that the High Court impermissibly used Ms. Srivastava's mental capacity as a basis for restricting her legal capacity and overriding her express wishes. Denying her the opportunity to decide for herself whether she wanted to have children would "amount to an arbitrary and unreasonable restriction on [her] reproductive rights." Asserting the "need to look beyond social prejudices" about the capabilities of women with disabilities, the Court flatly acknowledged that "even medical experts and judges are unconsciously susceptible to these prejudices." Thus, the Supreme Court ordered the city government not only to honour Ms. Srivastava's choice to bring her pregnancy to term, but also to provide her the support she required to handle the consequences of her choice, namely, to raise the child'. https://hpod.law.harvard.edu/pdf/Smith_Right_to_Legal_Capacity_WWDs_ARROW_2022.pdf

It is not hard to find examples of breaches of **UNCRPD Article 24** Education. Recently a secondary student in Uganda was denied her choice of subject because the room it was taught in was on 3rd floor and she was a wheelchair user.

Bangladesh's Rights and Protection of Persons with Disabilities Act, 2013 contains a right to legal recognition under the law that appears to correspond with CRPD Article 12. Dozens of other national laws authorise restrictions on persons with disabilities' right to legal capacity. Article 122 of Bangladesh's Constitution and the Electoral Rolls Act, 2009 formally bar persons with disabilities from voting if their legal capacity has been restricted by a court in breach of **UNCRPD Article 29** Participation in Political Life.

Suggested Practical Pathways to Justice for ALL

Empowering Legislation: Aligning national laws with the UNCRPD is crucial (Articles 12 & 13). Enact and enforce laws and policies that explicitly protect the rights of disabled people and ensure their equal access to justice, including provisions for reasonable accommodations and support services.

Use strategic litigation to influence inclusive systematic and disability rights' based approaches i.e. strengthening capacity of the rights-holders to be parties and to lead the process, preparing the lawyers to listen, dealing with court's prejudices and spending a lot of time in pre-trial meetings, in assessing the reasonable accommodation needs and requirements.

Tech-driven Collaboration: Bridge geographical and communication gaps with technology! Mobile apps can provide legal information and connect disabled people with support, while tele-legal services allow remote consultations. Strong collaboration between organizations such as Barefoot lawyers, Gender Justice Unit, Legal aid, and disabled people's organizations could offer targeted assistance and community engagement.

Data-driven Accountability: Use digital tools to collect data on disabled people's justice needs and experiences. Establish monitoring mechanisms to track progress and hold authorities accountable for upholding their UNCRPD obligations (Article 13). Promote lawyers to take more cases from disabled people on *pro bono* basis.

Reasonable Accommodations: Provide individualized support adaptations/ adjustments (e.g., interpreters, extended timelines) to meet specific needs in all justice processes. Use appropriate language, dignity and respect.

Capacity Building: Provide training and education programs for legal professionals, judges, and court staff on disability rights, accessibility standards, and effective communication strategies to enhance their awareness and competence in serving disabled people.

Accessible Infrastructure: Invest in the development of accessible court facilities (ramps, sign language interpreters, assistive services) technologies, and communication tools (use appropriate disability terminologies, respect, dignity) to accommodate diverse impairments and ensure that all aspects of the legal system are physically and technologically accessible. Make court rooms and regalia less demeaning.

Legal Aid and Support Services: Expand and improve access to legal aid services specifically tailored to the needs of disabled people, including free or subsidized legal assistance, legal clinics advocacy support, and disability-specific advice and information services.

Community Engagement: Foster meaningful engagement and consultation with disabled people and disability organizations in the design, implementation, and evaluation of legal reforms, policies, and programs affecting their rights and interests.

Monitoring and Accountability: Establish mechanisms for monitoring, reporting, and accountability to ensure compliance with disability rights obligations, including regular assessment of progress, addressing complaints of discrimination or barriers to access, and providing remedies for violations.

Conclusion- Building an Inclusive Future:

By actively pursuing these pathways, the Commonwealth can close the access to justice gap for disabled people. By leveraging technology, fostering collaboration, and ensuring legislative alignment, we can move towards a future where justice truly serves all, upholding the core principles of equality and participation enshrined in the UNCRPD.

Commonwealth Disability Inclusion Action Plan

THE CDPF is campaigning for Commonwealth Governments to support and agree the Disability Inclusion **Action Plan at CHOGM in June 2026.** <https://commonwealthdpf.org/disability-inclusion-action-plan/> . Our aim is to bring about a step change in the lives of disabled people across the Commonwealth, not least in Justice, Law and Equity.

Remember Member States shall take all appropriate legislative, administrative, budgetary and other measures in order to implement the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and promote equality for persons with disabilities.

Recognising that persons with disabilities are equal before the law and are entitled without any discrimination to the equal protection and equal benefit of the law is an essential part of this process.

CDPF General Secretary Richard Rieser, President Sarah Muthoni Kamau and Treasurer Scader Louis.

BRIEFING HUMAN RIGHTS, UNCRPD AND SDGS

What are Human Rights? Universal, interrelated, indivisible

Human rights are the basic rights and freedoms which belong to every person in the world, from birth until death. They can never be taken away, although they can sometimes be restricted – for example if a person breaks the law, or in the interests of national security. These basic rights are based on shared values like dignity, fairness, equality, respect and independence. These values are defined and protected by law and international treaties. The Universal Declaration of Human Rights, adopted by the UN General Assembly on 10 December 1948, was the result of the experience of the Second World War. With the end of that war, and the creation of the United Nations, the international community vowed never again to allow such atrocities to happen. World leaders decided to complement the UN Charter with a road map to guarantee the rights of every individual everywhere. The document they considered, later to become the Universal Declaration of Human Rights, was taken up at the first session of the General Assembly in 1946. The entire text of the UDHR was composed in less than two years. At a time when the world was divided into Eastern and Western blocks, finding a common ground on the essence of the document proved to be a colossal task. Adopted with *a unique atmosphere of genuine solidarity and brotherhood among men and women from all latitudes*.¹⁵ The newly formed United Nations would oversee and enforce the Convention.

Human Rights are:

- i. **Universal:** human rights apply to every person in the world, regardless of their race, colour, sex, ethnic or social origin, religion, language, nationality, age, sexual orientation, disability, or other status. They apply equally and without discrimination to each and every person. The only requirement for having human rights is to be human.
- ii. **Inherent:** human rights are a natural part of who you are. The text of Article 1 of the Universal Declaration of Human Rights (UDHR) begins "All human beings are born free and equal in dignity and rights."
- iii. **Inalienable:** human rights automatically belong to each human being. They do not need to be given to people by their government or any other authority, nor can they be taken away. Nobody can tell you that you do not have these rights. Even if your rights are violated or you are prevented from claiming your human rights, you are still entitled to these rights¹⁶.

The Universal Declaration of Human Rights (UDHR) This was adopted by the United Nations in 1948. Many other documents have since been developed to provide more specific details about human rights; however, they are all based on the fundamental human rights principles laid out in the UDHR. Below is the official abbreviated version of the UDHR,

¹⁵ <https://www.un.org/en/sections/universal-declaration/history-document/>

This section draws heavily on Human Rights Yes : Action and Advocacy on the Rights of Persons with Disabilities by Janet E. Lord, Katherine N. Guernsey, Joelle M. Balfe & Valerie L. Karr Nancy Flowers, Editor 2007 University of Minnesota Human Rights Resource Centre <http://www1.umn.edu/humanrts/edumat/hreduseries/TB6/html/Contents%20of%20%22Human%20Rights.%20YES!%22.html>

¹⁶ Full text available at <http://www1.umn.edu/humanrts/edumat/hreduseries/TB6/html/Annexes.html#declaration1>

which lists the key concept of each article in the Declaration. It is not a legally binding document, but a statement of intentions. ¹⁷[The Universal Declaration of Human Rights \(UDHR\)\(Official Abbreviated Version\)](#)

Governments are the primary actors responsible for ensuring people's human rights. Governments must ensure that political and legal systems are structured to uphold human rights through laws, policies, and programs, and that they operate effectively. In some cases, international conventions and treaties are the main source of a State's legal obligations with respect to human rights. However, in many countries, national constitutions, bills of rights, and legal frameworks have been developed or amended specifically to reflect universal human rights principles and standards in international law, providing a double layer of protection and reinforcement of these principles on the national level. Governments have a legal obligation to **respect, protect, and fulfil** human rights.

Individuals: Each person must know and understand their human rights in order to be able to claim them, defend them, and hold themselves, other people, their governments, and societies accountable for the actions that affect them.

Groups: Social and cultural behaviour has a profound effect on the ability of people to enjoy their human rights.

The Private Sector: Members of society interact with the private sector every day, especially in countries with free- market economies. Private sector actors include people and entities of every kind: employers, providers of goods and services, entertainers, and builders of houses, banks and even government buildings. Businesses, organizations, and other private sector players must make their own commitment to ensuring that their practices do not violate people's human rights but, in fact, support and promote them.

History of the UN Convention on the Rights of Persons with Disabilities

The Convention was adopted by the UN General Assembly on 13 December 2006 and became open for signature by UN member states on 30 March 2007. Social, economic and cultural rights covered by the Convention, are subject to the 'progressive realisation' clause (4.2), which states that a country will adopt these rights ... to the maximum of its available resources and where needed, within the framework of international co-operation, with a view to achieving progressively the full realisation of these rights.

However, states must plan and develop their capacity in line with the Convention from the moment of adoption. This means examining current legislation, practices and procedures, to ensure the continuing progress to develop development inclusion.

Adoption of the Convention

During the 1990s, disability was introduced and analysed as a human rights issue by the UN Committee on Economic, Social and Cultural Rights. The result was published in 1994, in the Committee's General Comment No. 5. The final breakthrough came when the UN

Commission on Human Rights, actively supported by the UN High Commissioner for Human Rights, Mary Robinson, identified and recognised disability as a human rights concern in a series of resolutions adopted in 1998, 2000 and 2002. As a logical consequence of this development, in 2001 the UN General Assembly accepted a proposal by the Government of Mexico for the elaboration of a UN Convention on the Rights of Persons with Disabilities. The adoption of the Convention followed a unique and rapid process through the meetings of an Ad Hoc committee charged with developing it. The committee held eight meetings over a five-year period. This was faster than any previous Convention.

'Nothing about us without us' became the watchword of the Convention--making process. This is the slogan of Disabled Peoples' International. Many disabled people were involved in the deliberations, both as delegates from their state governments and from disabled people's organisations (DPOs). They were involved in the making of the Convention in a number of ways:

- State delegations were encouraged to include disabled people in their national –delegations – this led to roughly one-quarter of state delegates being disabled people by the time of the last meeting of the Ad Hoc Committee
- DPOs and non-governmental organisations (NGOs) were able to register their delegates to the Ad Hoc Committee, and they could observe informal sessions and speak in formal sessions
- The UN made available 25 bursaries for disabled people from countries of the South to take part in the Convention-making process
- The 8 international disabled people's organisations which have permanent –consultative status and make up the International Disability Alliance (IDA) were expanded to form the International Disability Caucus (IDC). The IDC –comprises nearly 100 disability organisations and had a significant impact on the shape and wording of the Convention. The Chair, Don MacKay, took –comments from the IDC first, whenever the floor was opened to civil society organisations. The IDC's daily bulletins imparted disabled people's views and a substantial portion of the Convention reflected this thinking.

Between meetings of the Ad Hoc Committee many DPOs carried out consultations with disabled people in their countries to ensure that their views were incorporated into the Convention.

Overall, 116 countries sent delegations to the Ad Hoc Committee and more than 800 NGOs and DPOs were registered. All states parties have a duty under the Convention to continue involving disabled people and their representative organisations in how they will implement and monitor it (Articles 4.3 & 33). of the Caucus and now leads on representing more than 1.3 billion disabled people at the United Nations.

UNCRPD also requires states parties to establish a number of –standards to ensure the full and effective realisation by disabled people the rights. These standards should, inter alia, cover:

- The development of human personality and potential
- A sense of dignity and self-worth of the human being

- Respect for human rights, fundamental freedom and human diversity
- Full and effective participation in a free society
- The development by persons with disabilities of their talents and creativity
- The provision of peer support
- The provision of reasonable accommodation to meet an individual's requirements, i.e. the provision of individually tailored services, such as individualised educational plans, and the support necessary to facilitate inclusion.

The Convention is based on a number of fundamental principles which can be used for purposes of monitoring or accountability. These include:

- Respect for inherent dignity
- Individual autonomy, including the freedom to make one's own choices, and independence of persons
- Non-discrimination. This is a fundamental principle of all human rights treaties and the basis of the Convention on the Rights of Persons with Disabilities.
- Full and active participation and inclusion in society. The concepts of full and effective participation and of inclusion mean that society, both in its public and in its private dimensions, is organized so as to enable all people to take part fully.
- Respect for difference and acceptance of 'persons with disabilities' as part of human diversity and humanity. This involves accepting others in a context of mutual understanding.
- Equality of opportunity. This is closely linked with non-discrimination. It refers to a situation where society and the environment are made available to all, including 'persons with disabilities'
- Accessibility Making this (and equality) a reality means dismantling the barriers that hinder the effective enjoyment of human rights by 'persons with disabilities'
- Equality between men and women. This principle indicates that the same rights should be expressly recognized for men and women on an equal footing, and suitable measures should be taken to ensure that women have the opportunity to exercise their rights.
- Respect for the evolving capacities of children with disabilities and respect for the rights of children to preserve their identities. Respect for the evolving capacities of children is a principle set out in the Convention on the Rights of the Child.

Currently 191 countries have ratified the UNCRPD meaning they are now duty bound to change their laws and society to implement all the articles they have not reserved upon. In the Commonwealth 55 countries have ratified and only Tonga has not and they say this is an oversight and will soon be rectified.

Ratifying States accept a number of general obligations to:

- modify or repeal laws, customs or practices that discriminate directly or indirectly against people with disabilities
- include disability in all relevant policies (mainstreaming)
- refrain from any practice inconsistent with the CRPD
- consult with disabled people and their organisations in implementing the CRPD.

- Consistent with the social model of disability the Convention, as well as many existing examples of national legislation, also imposes obligations on both public and private authorities to make “reasonable accommodations” to all relevant aspects of the environment so as to enable people with disabilities to exercise their rights.
- Guidance documents have provided examples of accommodations that might be considered reasonable and unreasonable

Some short films that explain the UNCRPD

- a) What is UNCRPD Inclusion Europe 1 min.45 sec https://youtu.be/sZCa2_sMKW4
- b) UNCRPD - Know Your Rights Equality and Human Rights Commission Scotland <https://youtu.be/UYsplGqnRTU> 2.06
- c) UNCRPD People First New Zealand 2015 <https://youtu.be/xyOio3kG33E> 2.09
- d) European Disability Forum Active citizenship for persons with disabilities, UN CRPD, and DISCIT project (Multiple captions) https://youtu.be/sBoo5_os6yU 4.50 Good on Barriers
- e) Convention on the Rights of Persons with Disabilities - Human Rights Forum California <https://youtu.be/vBgCtpnQOvA> 10.20 Explains basic concepts well

Monitoring, Reporting and compliance, UNCRPD Committee

Article 33 foresees three implementation and monitoring bodies:

- **Focal points within government**
- **Coordination mechanism within government**
- **Independent mechanism based on Paris Principles**

State parties once they have ratified need to appoint, under Article 33, **a focal point** within government that sees to the legal and practical implementation of the Convention’s rights. The **coordination mechanism** should be included in all relevant policy-making decisions, be they legislative or national action plans. The flow of information has to include the coordination mechanism in conjunction with civil society representatives, particularly DPOs. Government appoint an **independent mechanism** which is a National Human Rights Institution (NHRI) as foreseen in the Paris Principles. Apart from the strong emphasis on independence, this mechanism also guarantees the rights of ‘persons with disabilities’ to be treated as mainstream human rights issues rather than as a specialized and potentially segregated theme.

The UNCRPD Committee consists of 18 people nominated by State parties and elected by all states who have ratified in two halves 2 years apart for a 4 year term. Candidates are to have an experience of disability. Unfortunately it does not mean they are disabled people, though most are.

State parties have to report regularly to the Committee and DPOs and NGOs can submit shadow reports as to how implementation is going. The naming and shaming is all the Committee can do if they find countries efforts inadequate.

The committee can call for evidence, hold General Days of discussion and produce General Comments on any Article of the UNCRPD. These are legal documents, but not all countries accept this. <https://www.ohchr.org/en/treaty-bodies/crpd/general-comments>

Although slow getting off the ground after 18 years the judgements of the Committee are taken very seriously by state parties. It has proved essential for DPOs to join Coalitions with other DPOs and NGOs to bring their criticisms of their Government to the Committee to frame their questions.

Synergy of Sustainable Development Goals and UNCRPD

"The Agenda 2030 has provided the platform through which the global disability movement could influence sustainable development. In ensuring that the pledge to "leave no one behind" would become more than rhetoric, we have made our presence felt at the High Level Political Forum over recent years. As, persons with disabilities, we remain committed to working with governments so that the Sustainable Development Goals are fully realised."

Colin Allen, Chair of the International Disability Alliance

What links disability, human rights, and the Sustainable Development Goals?

In 2006 the United Nations Convention on the Rights of Persons with Disabilities (CRPD) came into force. The CRPD is one of nine core international human rights treaties and it includes **33 core articles** covering all areas of life.

In December 2020, 182 out of 193 United Nations Member States or **over 80% of countries have ratified the CRPD**. Once a country ratifies this means that the country is legally bound to implement the core 33 articles and must report on their progress in writing to the United Nations on a periodic basis.

According to the 2011 *World Report on Disability* by the World Health Organisation/World Bank, there are an estimated **1 billion persons with disabilities worldwide**. The same report states that **1 in 5 of the world's poorest people have disabilities**. Disability is both a cause and consequence of poverty, yet international policymakers and stakeholders have not historically recognised or prioritised this issue within international development efforts. After three years of intense intergovernmental negotiations United Nations Member States adopted the 2030 Agenda for Sustainable Development in September 2015. The 2030 Agenda has **17 goals for sustainable development** and 169 targets. There are 11 explicit references to persons with disabilities in the 2030 Agenda, and disaggregation of data by disability is a core principle.

The 2030 Agenda and the Sustainable Development Goals (SDGs) will influence the direction of global and national policies relating to sustainable development for the next 15 years. If the 2030 Agenda is going to be successful, all of the UN Member States - **193 countries - must include 'persons with disabilities'** in their national plans for implementation and monitoring.

While the infographic aims at illustrating how the 17 goals of the SDGs and the 33 articles of the CRPD are linked to each other, it is important to stress that both the SDGs and the CRPD

must be implemented as a whole. This means that countries should not 'cherry pick' single goals or articles, as all of them form part of a complex and interconnected equation. The text of the 2030 Agenda and the Sustainable Development Goals (SDGs) can be interpreted through the lens of the UN Convention on the Rights of Persons with Disabilities (CRPD) in the following ways:

- All references to 'equal' must be underpinned by **CRPD article 5**, which promotes equality of opportunity and non-discrimination of persons with disabilities.
- References 'for all' include all persons with disabilities - people with different types of impairments and support requirements; women with disabilities (**CRPD article 6**) and children with disabilities (**CRPD article 7**).
- All references to 'access' or 'inclusion' can be fulfilled by **article 9 of the CRPD** on accessibility which requires governments to take action to ensure persons with disabilities the right to independent living and participate in all aspects of life.
- All references to 'those in vulnerable situations' include the right of protection and safety of persons with disabilities in situations of risk, natural disasters and humanitarian emergencies (**CRPD article 11**).
- All progress made by the SDGs must be monitored through disability disaggregated data (**CRPD article 31**).
- All References to 'development and/or least developed countries' relate to international cooperation and partnerships (**CRPD article 32**).

UNCRPD INFOGRAPHIC TEMPLATE (editable)

Name /Number of Article

AREA OF LIFE COVERED

Key Right to People with Disabilities contained in the Article

What happens without these Rights?

How can these Rights be made Real in your countries?

Caribbean Regional Achievement of Disability Rights

Regionally, the [CARICOM Charter of Civil Society](#) 1997 upholds the rights of persons with disabilities to non-discrimination, equal opportunity, and respect for their human dignity. This predated the UNCRPD by 9 years and demonstrates that the Caribbean Region has taken Disabled Peoples's Right Seriously for the last 30 years.

ARTICLE On SOCIETY XIV Rights of Disabled Persons 1. "Every disabled person has, in particular, the right (a) not to be discriminated against on the basis of his or her disability;

(b) to equal opportunities in all fields of endeavour and to be allowed to develop his or her full potential; (c) to respect for his or her human dignity so as to enjoy a life as normal and full as possible”.

WHAT IS THE DECLARATION OF PÉTION VILLE?

In 2004, ministers with responsibility for persons with disabilities across the Caribbean came together in Kingston, Jamaica, to deliberate on the situation of persons with disabilities in the Caribbean. Emanating from the consultation was the Kingston Accord. The Kingston Accord set out certain specific targets to be achieved for persons with disabilities in the region.

However, the Kingston Accord never achieved its desired objectives. Resultantly, in 2013, the Heads of Governments mandated that a special consultation be done of the situation of persons with disabilities in the Caribbean. A special meeting was thus held in Pétion Ville, Haiti, in December 2013, with technical experts, policy makers, advocates for persons with disabilities, persons with disabilities and members from the Caribbean Community (CARICOM). Emanating from this meeting was the Declaration of Pétion Ville, which is a road map to guide the situation of persons with disabilities in the Caribbean. A Special Ministerial Conference on the Establishment of Specific Legislation to Protect the Rights and Dignity of Persons with Disabilities was held in July 2021 as a part of advancing this regional agenda.

In what ways does the Declaration of Pétion Ville seek to improve the situation of persons with disabilities in the Caribbean?

The Declaration of Pétion Ville outlines a vivid framework for inclusion, participation, and non-discrimination of persons with disabilities in the Caribbean. The instrument recognizes that for persons with disabilities to be a part of the development agenda of the region, legislation, education, employment, public awareness, access to public facilities, access to public transportation, among other such factors, must play an indispensable role. The Declaration of Pétion Ville has included in the road map, the establishment of a special rapporteur on disability to advocate for the greater improvement of the quality of life of persons with disabilities in the region.

Since 2018, CARICOM has established the office of the Special Rapporteur on Disability. The Rapporteur has placed emphasis on issues of legislation, education, employment, and public awareness for persons with disabilities. Foundational to the work of the Rapporteur is the advocacy for special legislation to protect the rights and dignity of persons with disabilities in the region. Thus far, only six countries within the Caribbean, Jamaica, Bahamas, Antigua and Barbuda, Haiti, Cayman Islands and Guyana, have specific legislation

to protect the rights and dignity of persons with disabilities. It is the aim of the Special Ministerial Conference for all countries within the Caribbean to have specific legislation to protect the rights and dignity of persons with disabilities.

The Inter-American Development Bank [identifies three priorities for the Region](#)

Three approaches to foster more inclusive societies in the Caribbean

- 1. Enhancing the collection and use of accurate disability data.** A critical first step to implementing inclusive policies is to systematically collect comparable disability data across countries and over time, [adhering to international recommendations](#). Strengthening data dissemination is also essential to better inform public policy. In [Suriname](#), for example, a program to support the population census and national statistical system will update data on persons with disabilities and improve the accessibility of disability statistics post-census.
- 2. Expanding and enforcing regulatory frameworks.** Another approach is aligning national policy frameworks with the [Convention](#), supported by enforcement mechanisms. For instance, a policy-based program in [Barbados](#) supported the country's [first national policy](#) aimed at improving the lives of persons with disabilities. In [Suriname](#), where the national legal framework has [many gaps](#) in terms of alignment with the Convention, another IDB program supported the approval of the [Equal Employment Treatment Act](#), which prohibits discrimination and mandates the creation of complaint mechanisms.
- 3. Advancing inclusive and accessible programs and services across sectors.** Implementing policies that promote equal access and opportunities for persons with disabilities by addressing sector-specific barriers is also key. For example, a social protection program in [Guyana](#) has supported increasing access to the public assistance program for persons with disabilities. An education project in [Barbados](#) promotes inclusive education in mainstream schools. A grant in [The Bahamas](#) aims to facilitate the employment of persons with disabilities in the energy workforce. Projects to improve the [accessibility](#) of public services in [Jamaica](#) and [Trinidad and Tobago](#) seek to increase access to birth certificates for persons with disabilities and improve [digital accessibility](#) to government services, respectively.

The declaration of Pétion Ville outlines a vivid framework for inclusion, participation, and non-discrimination of persons with disabilities in the Caribbean. The instrument recognizes that for persons with disabilities to be a part of the development agenda of the region, legislation, education, employment, public awareness, access to public facilities, access to public transportation, among other such factors, must play an indispensable role.

Double Whammy: Sexism and Disablism

Women and girls with disabilities experience higher rates of gender-based violence, sexual abuse, neglect, maltreatment and exploitation than women and girls without disabilities. Women and girls with disabilities are three times more likely to experience gender-based violence compared to non-disabled women.

The integration of women with disabilities in the 2015 development framework and beyond must be reinforced. While all human rights and development norms and standards apply to women and girls with disabilities, they have not enjoyed the full rights on an equal basis with others.

For far too long, women and girls with disabilities have been invisible, both to the advocates of women's rights and of disability rights, and this has increased their vulnerability. Women and girls with disabilities (W&GWD) are likely to experience the "double discrimination," which includes the gender based violence, abuse and marginalization. As a result, women with disabilities often must confront additional disadvantages even in comparison to men with disabilities and the women without disabilities.

The outcome document of the High Level Meeting on Disability and Development must ensure that the gender equality is included as a key challenge. At the same time, gender equality should be an integral part of each of the other key challenges, including through the sex and age disaggregated data and statistics.

Statistics related to the intersectionality of gender and disability

- The 2011 World Report on Disability indicates that female disability prevalence rate is 19.2 per cent whereas it is 12 per cent for men.
- The global literacy rate is as low as three per cent for all adults with disabilities, and one per cent for women with disabilities.
- Although all persons with disabilities face barriers to employment, men with disabilities have been found to be almost twice as likely to be employed as women with disabilities.
- Women and girls with disabilities experience higher rates of gender-based violence, sexual abuse, neglect, maltreatment and exploitation than women and girls without disabilities. Women and girls with disabilities are three times more likely to experience gender-based violence compared to non-disabled women.

Yet, actions and initiatives to promote the rights of persons with disabilities and disability inclusive development, often do not give adequate attention to the gender gap in disability. Some examples of factors contributing to the existing gender gap in disability include:

- Invisibility of women and girls with disabilities in the work on women, disability rights and development.
- Double discrimination faced by women and girls with disabilities often compounded by other factors such as being minorities, indigenous people, refugees, persons living with HIV and AIDS and older people.
- Lack of empowerment and capacity development of women and girls with disabilities, including in leadership and their participation in the decision making in political, economic and social spheres.

Gender equality as a key challenge for disability inclusive development

It is vital that gender equality should be recognized as a discrete issue and the gender dimensions of the disability inclusive development should be addressed as well with the following reasons.

- As a result of aging and the longer life expectancy of women, the number of women with disabilities is likely to be higher in many populations than the number of men with disabilities. Many older women who are disabled may lack access to services/support. As life expectancy increases, this challenge will become more evident across more countries.
- Gender equality and empowerment of women can reduce the female disability prevalence rate because many women become disabled because of gender discriminatory practices, including early and child marriage, early pregnancy and female genital mutilation.
- Strategies solely focusing on the disability don't necessarily result in the enhanced gender equality among people with disabilities.
- Women and girls with disabilities are discriminated differently from men: ie: women are at higher risk of sexual violence, forced sterilization, forced abortion and exposure to HIV/AIDS, among others. Thus, targeted interventions will result in more effective and efficient advocacy, including implementation and monitoring of the Convention on the Rights of Persons with Disabilities. Evidence indicates that the greater gender equality in education and employment make a marked contribution to development and economic growth. This is why the MDGs and the QCPR has gender equality as a standalone goal. As stressed in the "Incheon strategy to "Make the Right Real" for Persons with Disabilities in Asia and the Pacific , promotion of gender equality and empowerment of women with disabilities is necessary for the achievement of the disability inclusive development.
- To advance the rights of women with disabilities in society and development, it is essential that their perspectives be included in all aspects of work for women's empowerment, and that all work on disability incorporate a gender perspective. Without

the meaningful participation of women with disabilities in the disability dialogue, the goal of “nothing about us without us” cannot be achieved.

The new key challenge promotes gender equality and the empowerment of women and girls as women’s human rights and must address the underlying structural causes of gender inequality. The Special Rapporteur on Violence against Women, its causes and consequences, Rashida Manjoo has proposed a “Gender mainstreaming, disability inclusive” approach in her report on violence against women with disabilities as encompassing rather than a disability-inclusive approach. Specific targets to promote the rights of women and girls with disabilities should focus on:

- Women with disabilities’ increased leadership, recognition and participation in decisions that affect their lives;
- Increased economic participation and empowerment by ensuring their access to decent work with equitable pay and good working conditions, as well as to land and other assets;
- Ending all forms of violence against women and girls with disabilities and ensuring their access to justice/survivor services
- Increased participation in peace, security and in disaster risk reduction and in humanitarian response.
- Ensuring women and girls with disabilities have the capacity to make choices, including about their sexual and reproductive health and rights
- Ensuring girls with disabilities have equal access to both primary and secondary education
- Challenging social norms that create discrimination and perpetuate prejudices against women and girls with disabilities

Recommended actions

In order to incorporate gender mainstreaming and targeted, women-specific policies and programs, as well as positive legislation in all aspects of disability inclusive development,

- Use CRPD, CEDAW and other relevant normative instruments to impact the rights of women with disabilities and achieve gender equality, including measures to end physical and sexual violence experienced by women with disabilities.
- Strengthen the collection, compilation and analysis of national disability data and statistics, disaggregated by sex and age, using existing guidelines on disability measurement.

- Increase the leadership and participation in decision-making of women and girls with disabilities, identifying key factors, strategies or approaches that can be shared in this regard.
 - Include the rights and empowerment of women and girls with disabilities, and their inclusion in development policies, programmes, monitoring and evaluation with gender based budgeting at all levels, including international cooperation.
 - Increase cooperation, partnerships, and synergies between UN entities, organizations of women and girls with disabilities, women's, development, and human rights organizations, among others to provide sustained and sustainable support for the empowerment of women with disabilities.
-

GLOBAL DISABILITY EQUALITY AND RIGHTS QUIZ-ANSWERS

A. The World Bank says there are 16% of the world population who are disabled people.

- What is that in Millions? C) 1,300million
- How many disabled people in Commonwealth B) 430m

B. When was the UN Decade of Disabled People?

- b) 1983 to 1993,
- What important non-binding measures were established soon after it?

The Standard Rules of Equalization of People with Disabilities 1993

- C. What year were negotiations started on the United Nations Convention on the Rights of Persons with Disabilities? 2001
- D. How many times did the Ad Hoc Committee Meet? 8
- E. Which is the right definition adopted by the Convention ?
ii Is the interaction of persons with impairments with social and environmental barriers.
- F. Which year was the International Day of Disabled People first held by the UN.
a) 1993
- G. Disabled People are at much greater risk of violence. Which of these statements is true? All of them
- i. Children with disabilities are almost four times more likely to experience violence than non-disabled children.
 - ii. Adults with some form of disability are 1.5 times more likely to be a victim of violence than those without a disability.
 - iii. Adults with mental health conditions are at nearly four times the risk of experiencing violence.
 - iv. Disabled Women are 3x times more likely to experience gender-based violence than non-disabled women.
- H. Which 3 Countries or Federal states were the first to close all their special schools ?
Italy 1, New Brunswick 2, British Columbia 3.
- I. It was said the UNCRPD would introduce no new Human Rights? No, it did. Is this True and if not what are the new Rights? Accessibility 9, Equality before law 12, Independent Living 19, Mobility 20, Education(as amended by Gen Comment No 4), Rehabilitation 26.
- J. Name three pioneers now deceased who fought for Disabled People Rights? George Daniel, Trinidad and Tobago Bengt Lindqvist, Sweden, Ron-Chandran-Dudley, Singapore, Judy Heumann, USA, Hale Zukas, USA, Joshua Malinga, Zimbabwe, Sir Robert Martin, NZ, Ben Purse UK , Ed Roberts, USA, Mike Oliver UK, Vic Finklestein SA, Frances Magin, Ireland , Steve Estey, Canada, Javid Abidi, India, Jim Derksen and Henry Enns, Canada and many more
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Evaluation of Three Day Development and Training

In the last session you will be given 5 different coloured and numbered Post-It Notes. You can use this space to prepare your comments.

a) What are you taking away from the training?

b) What are you going to do next to take forward Disability Rights?

c) Organisation of the Training.

Rate 1 poor to 5 Excellent give a score and a comment

d) Learning .

Rate 1 poor to 5 Excellent give a score and a comment

e) Building your readiness for the Struggle for Disability Rights and Inclusion .

Rate 1 poor to 5 Excellent give a score and a comment

f) Any other comments

