**Developing the Capacity of Disabled People’s Organisations in South Pacific Commonwealth Island Countries with regard to the United Nations Convention on the Rights of Persons with Disabilities: Training Pack**

**Produced by Richard Rieser, World of Inclusion for the Commonwealth Foundation on behalf of the United Kingdom Disabled Peoples’ Council (UKDPC)**

**January 2011**

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# Pacific Disability Forum

**A1. Partner Organisations in this Capacity Building Project**

**A11. The Commonwealth Foundation is an intergovernmental organisation set up almost fifty years ago to make civil society stronger. We work on behalf of the people of the Commonwealth of Nations, a voluntary association today spanning 54 countries, six continents and almost a third of the world’s population.** We exist to empower charities, non-governmental organisations, professional associations, trade unions, faith groups and cultural practitioners; the lifeblood of any healthy society. We equip these groups with the tools required to contribute to national and international goals of democracy, good governance, sustainable development and cultural diversity. We are pleased to fund this project to develop the capacity of Disabled Peoples’ Organisations (DPOs) in the Commonwealth Island countries of the South Pacific on the implementation of the United Nations Convention on the Rights of People with Disabilities.

The Commonwealth Foundation (The Foundation),Marlborough House, Pall Mall, London, SW1Y 5HY Web address <http://www.commonwealthfoundation.com>

**A12. United Kingdom Disabled People’s Council, International Committee:** The UKDPC International Committee (IC) was set up in the mid 1980s. It was one of the first committees of our organisation and has worked continually since then to promote our aims across the world.The IC provides a focal point for all of our international work. We continue to be an integral part of the worldwide disabled people’s movement. The work of the Committee currently focuses on human rights, bioethics and development and independent living.UKDPC is a member of Disabled Peoples' International (DPI). DPI is a global network of national organizations or assemblies of disabled people, established to promote human rights of disabled people through full participation, equalization of opportunity and development. The IC of UKDPC provides the working link with DPI. The IC cooperates with DPOs in the South to increase the voice of disabled people in development cooperation, as well as furthering international work among UK DPOs. Together with colleagues throughout the world the IC has lobbied for and now promotes the UN Convention on the Rights of Persons with Disabilities (UNCRPD). Members of the IC are also actively engaged with DPI Europe, a regional grouping of DPI. UKDPC 107-109

The Grove, Stratford, London E15 1HP Web address http://www.ukdpc.net

**A13**. **World of Inclusion:** Richard Rieser of World of Inclusion has been asked by UKDPC to lead on the implementation and delivery of this project. World of Inclusion is an international training and consultancy organisation that develops disability equality and inclusive education. Richard Rieser its founder and leader, was involved in negotiating the UNCRPD and has led training on disability rights and inclusion internationally. These include Southern Africa, Canada, USA, India, Uganda, Ethiopia, Senegal, Saudi Arabia, UAE, Argentina, Russia, Ukraine, Spain, France, Germany and across the UK. World of Inclusion also make films of good practice and Richard has written a number of influential books.

Unit 4x Leroy House, 436 Essex Road, London N1 3QP Web address [www.worldofinclusion.com](http://www.worldofinclusion.com)

**A14.** **Pacific Disability Forum****:** The PDF was established in 2002 and became officially inaugurated in 2004. It works towards creating an inclusive, barrier-free, socially just, and gender equitable societies, that recognise the human rights, citizenship, contribution and potential of people with disabilities in Pacific Countries and territories. The PDF promotes and facilitates Pacific regional cooperation on disability-related concerns for the benefit of people with disabilities.

The Pacific Disability Forum believes:

* In an inclusive barrier-free, rights based, socially just and gender equitable society for all.
* In a society in which all people, particularly people with disabilities, live free from poverty.
* In societies committed to upholding the human rights of people with disabilities and responsive to their needs.
* That persons with disabilities are the most qualified and best equipped to support, inform and advocate for themselves and other people with disabilities.
* That the adoption and implementation by countries in the Pacific of the [United Nations Convention on the Rights of Persons with Disabilities](http://www.un.org/disabilities/) will be a significant benefit for people with disability.
* That all United Nations Conventions be recognized, ratified and implemented, and that the needs and rights of women with disability and gender issues must be prioritized.

Mission: To implement the above Vision, the Forum is commissioned with the following:

* To promote the rights and dignity of all people with disability in the Pacific.
* To encourage the development and implementation of National disability strategic plans.
* To be involved and assist in the coordination of National Policies.
* To lift the profile of disability in the Region.
* To promote the sharing of resources among Pacific Disability, organizations and encourage a shift from over-reliance on others towards self help and community based approaches and income generation projects.
* To promote the attainment of the Millennium Development Goals.
* To develop a strategic alliance with regional and international organizations.**Membership of the Pacific Disability Forum**: PDF have member organisations affiliated to them throughout the region:

*Member Organisations and (number of affiliates):*

Australia (10), Cook Islands (2,) Federated State of Micronesia (1), Fiji (7), Te Toa Matoa, Nauru Disabled People's Association, Niue (1), **New Caledonia (1), New Zealand (4),** PNG National Assembly for People with Disabilities-National Disability Resource and Advocacy Centre (PNG), Nuanua O Le Alofa( **),** [Naunau O' E' Alamaite, Tonga Association.](http://www.natatonga.ning.com/) Tonga Red Cross,**)** Fusi Alofa Association Tuvalu, Tuvala Red Cross,[Disability Promotions and Advocacy Association.](http://www.dpaav.org/)*The following member organisations of PDF are the target countries:*

**Kiribati** (1) **Nauru** (1) **Papua New Guinea (2) Samoa (1) Solomon Islands-** People with Disabilities Solomon Islands. **Tonga (2 Vanuatu (1) Tuvalu (2)**

Pacific Disability Forum 24,Des Voeux Road GPO Box 18458, Suva, Fiji Islands **Tel:** +679 331 2008, +679 330 7530 **Fax**: +679 331 0469 Web address <http://www.pacificdisability.org>

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**A3. Programm:South Pacific Island Countries of the Commonwealth Disabled Peoples’ Organisations Capacity Building Training on the United Nations Convention on the Rights of People with Disabilities.**

**24th January to 29th January 2011**  Grandville Motel, Port Moresby, Papua New Guinea Led by **Richard Rieser, Lucy Mason** supported by Moëva Rinaldo all of World of Inclusion and **Angline Chand** The Pacific Disability Forum Arranged by United Kingdom Disabled Peoples’ Council, Funded by Commonwealth Foundation

**Monday 24th January**

1. 9.30-11:00 Aims and Ground Rules Presentation (A4 & A5)

2. Introductions- Who are you? Your Role? Where you are from? Give one barrier that has affected your life. Give one solution that has enabled your life as a person with disabilities. What would you most like to learn by Saturday? Activity

 Break 11.00-11.30

3. What are the traditional ideas and views of people with disabilities in your culture and country? Activity (A6)

4. Who are disabled people? Activity-who is in the basket? (Art 1)(A7)

1:00- 2:00 - Lunch

5. What are the barriers to disabled people’s equal treatment in South Pacific countries? Think of attitudes, environment and organisational barriers. Work country groups. Activity (A8)

6. Examine the list of rights contained in UNCRPD and identify which ones will address the barriers identified-Activity (A9 & A10 and Full and Easy Read Version)

Break

[7a. Young people form a separate group to identify key barriers for young people with disabilities.]

7. Examine a traditional view and a barrier identified and examine for each one Article of the UNCRPD that challenges it. How will this be a solution in your country? Use Easy Read version. Activity (A11)

8. Report back. Over night preparation read the UNCRPD

**Tuesday 25th January 9.00am**

1. Warm Up activity- The language we use? (B1)

2. What are human rights?-Universal, inherent and inalienable. Presentation (B2)

3. Activity on interrelated rights use Universal Declaration of Human Rights- International Bill of Rights & Human Rights Framework. (B3)

4. Which Human Rights instruments have your Governments Adopted? [Check lists and collate].

11:00 – 11:30 Break – 30 minutes

5. Scenarios of Human Rights abuses. Who is responsible for Human Rights? Respect, Protect and Fulfil.(B5)

6. UNCRPD- What is important about the process of making the CRPD. Presentation (B6)

7. Tree of Rights Activity (B7)

7a Young people’s group work on ‘What is most important for young people in Tree of Life’

1:30 -2:30 Lunch

8. A short history of western attitudes to disability –presentation followed by discussion on local views (B8)

9. The models of disability-traditional, medical/charity, social- presentation and activity statements sorted.(B9 & 10)

10. Definitions of Disability –which should be used? Presentation and activity sorting definitions on cards.(Article 2) (B11)

11. Implications for census and monitoring. (Article 31)

4:00-4:30 Break (30 minutes)

12. Stereotypes and attitudes & their impact in the media (Art. 8)(B12)

Over night preparation-Write a poem or draw a picture showing the transformation of the paradigm shift-problem in person to problem in society.

**Wednesday 26th January 9.00**

1. The Human Rights Approach to Disability? Share poems&pictures.(C1)

2.Principle of UNCRPD and Equality and Non Discrimination presentation(Art. 2, 3,,5) (C2)

3. Accessibility presentation and activity ( Article 9) (C4 & C5))

11:00-11:30 Break (30 minutes)

4.Right to Participation in Political and Public Life ( Articles 29,) (C6)

5.Freedom of Expression and Opinion (Article 21).(C7)

6. Right to Life and Protection in Situations of Risk (Art.10,11). (C8,C9)

1:30- 2:30 Lunch

**In parallel groups working on:-**

7. W. Freedom from Torture & other forms of abuse (Art.15,16). (C9 W)

 X. Privacy, Nationality, Integrity Home & Family (Art.17,18,22, 23)(C9 X)

Y . Health, Habilitation, Rehabilitation &Personal Mobility (Art. 20,25,26) (C9Y)

Z. The Right to Work & adequate standard of living (Articles 27,28) (C9 Z)

 Break 4:00- 4:30

8. Report Back-Drawing out main points presentation

Preparation a five minute presentation to local media about the importance of one of the above these rights being guaranteed to PWD in your country. You will present to your group in the morning.

**Thursday 27th January 9.00**

1. Presentations

2. Living Independently and with Dignity in the community (Art. 12,19,28) (D1,D2,D3,D4)

Break 11.00-11.30

3. The Right to Education (Article 24) ( D 5, D6, D7, D8 D9, D10)

 Lunch 1.30-2.30

More on Education

4.Children’s Rights ( Article 8) (D11 & D12) -Lucy Mason Oppression young people with Disabilities face.

 Break 4:00-4:30

5. Women’s Rights (Article 7) (D13 & D14)

6. What is life like for people with disabilities in your country.

Overnight. In groups of two people produce a story board of 8 scenes for a public service broadcast advocating rights of women or children with disabilities to a general audience..

**Friday 28th January 9.00**

1.Getting governments to sign and ratify. Forum Theatre /Role play (Article 33) (E1,E2,E3)

 Break 11;00 -11:30

[3a. Young DP will work on mobilising and building disabled youth presence in their countries through to 3.45]

3. Monitoring & Implementation -Examine The Pacific Regional Strategy On Disability (E4,E5)

1:30-2:30 Lunch

5. Role of the State and Shadow Reporting (Art. 4, 34,35,36) ( E6.2,E6.3)

6.Implementation, the Role of DPOs and Shadowing Reporting (Art.32,37) (E6.4)

Break 4.00-4.30

7. Feedback young people’s group

8.In country groups prepare an action plan for your country. (E7 & E8)

Social event for all in the evening.

**Saturday 29th January 9.00**

1. 9.00 Work on Country Action Plans

10.00-Presentations-10-15 minutes and discussion all morning

11:00-11:30 Break

2. Evaluation of country presentations and what makes some more effective?

3. What makes an effective DPO?

1:00-2:00 Lunch

3. Building a strong Disabled People’s Movement /Learning the lessons from around the world on the Convention Implementation Process.

4. What has to be done? Taking stock

3:15-3:30 Break

 Closing session/.Evaluation 5. 3.30-4.30

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Dates and Time | **Monday 24th Jan** | **Tuesday 25th Jan** | **Wednesday 26th Jan** | **Thursday 27 Jan** | **Friday 28th Jan** | **Saturday 29th Jan** |
| Morning Session 1 | * Welcome
* Group Introduction
* What do you expect?
* **Activity**: Traditional ideas of Disability
 | * **Activity**: The language we use
* What are Human Rights
* **Activity**: Interrelated Rights
* Country ratifications
 | * Human Right Approach to Disability
* Principles of UNCRPD: Article 2,3,5
* **Activity**: Article 9 Accessibility
 | * Presentations
* Article 12, 19,28
 | * Activity: Getting governments to sign and ratify

Article 33 Role Play | * Prepare Action Plan
* Presentations
 |
| Break  |  |  |  |  |  |  |
| Morning Session 2 | * **Activity**: Who are Disabled People
* **Activity**: The Barriers in your country
* **Activity**: Which Right in UNCRPD as solution
 | * Who is responsible for Human Rights
* The history of the making of UNCRPD
* **Activity**: Tree of Rights
 | * Article 29
* Article 21
* Article 10, 11
 | * Education

Article 24 | * YP How to mobilise young people
* Monitoring & Implementation
* Article 4,34,35,36
 | * Evaluation of country presentation
* What makes an effective DPO
 |
| Lunch 1:30 | Lunch | Lunch | Lunch | Lunch | Lunch | Lunch |
| Afternoon Session 1 | * (YP to identify barriers for children)
* Examine the Traditional view/barriers/and UNCRPD
 | * History of western attitudes to disability
* Models of disability
* **Activity**: Definitions of Disability
 | * Activity working around articles: 15,16
* Article17,18,22,23
* Article 20,25,26
* Article 27,28
 | * Education
* Article 8-childrens’rights
 | * Building DPO allies
* Role of state and shadow reporting
* Article 32,37
* YP develop action plan
 | * Building a strong disabled peoples movement
* What has to be done
 |
| Break |  |  |  |  |  |  |
| Afternoon Session 2 | * Report back to group
 | * Implications for census and monitoring
* Stereotypes and attitudes and media
 | Report Back | * Article 7 Women
* Country profile- Life for PWD
 | * Country group develop action plan
 | * Closing session
* Evaluation
 |

**A4. Aims of the training**

**1. To understand disability as a social oppression, rather than an individual medical or charity issue.** This is the paradigm shift from an individual medical or charity perspective to a social and human rights perspective. The focus shifts from viewing the problems and discrimination people with disabilities face as a direct result of their impairment and/or loss of physical, sensory or mental function. The new focus is that the disadvantage and discrimination disabled people face, arise from the barriers in the culture, attitude, organisation and environment. These are now addressed within a human rights framework.

**2. To understand the Human Rights approach and how this applies to disabled people through UNCRPD.** The Community of the world’s states have agreed with the founding of the United Nations to govern and run their societies on the basis of inalienable human rights. Starting with the adoption of the United Nations Declaration of Human Rights which has led to 9 legally enforceable international treaties and the latest of these-The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) “purpose 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.” (Article 1)

**3. To be able to apply the UNCRPD to the full range of situations people with disabilities experience in life.** The principles of the UNCRPD apply to all aspects of life. We will examine the contexts of different aspects of life in the South Pacific and reach a collective understanding of what the implementation of the various article of the UNCRPD mean for governments, civil society and people with disabilities and their representative organisations-Disabled People’s Organisations-(DPOs).

**4. To develop the empowerment and skills of leaders of DPOs.** In the long struggle for Human Rights people with disabilities and their DPOs have had to have the political understanding, confidence, skill and the organisational ability to change the way society and governments view them. We will examine throughout the course how these attributes can be developed and utilised in the ongoing struggle for the rights of people with disabilities.

**5. To develop the empowerment and skills young disabled people.** It is vital that young people with disabilities appreciate the struggles that have led to the gains we have made and how they can become part of the leadership of the Disabled People’s Movement to ensure the continuation of our struggle for human rights. We will work on the development of the skills and knowledge they need to fulfil this role.

**6. Develop and understand the skills to influence the public, media and government of the need to ratify and implement UNCRPD.** The process of getting state parties to fully adopt, ratify, implement and monitor the UNCRPD is crucial to bring about the change which is promised in the UNCRPD. Understanding the need for, and how to, influence social and political change in concrete measures and changes in practice and attitude is crucial.

**7. To understand the importance of an independent disabled people’s movement and the role it plays in monitoring and implementation of the Convention.** The ‘motto’ while we made the UNCRPD was ‘Nothing About Us Without Us’( borrowed from Disabled Peoples’ International) This Fully appreciates the need for our own organisation and deliberations to effectively be independent, informed and critical, where necessary of Governments and Non disabled led civil organisations in implementing the UNCRPD.

**A5. Ground Rules for Training**

* 1. **Keep to time/timetable**
	2. **If you do not understand something ask**
	3. **Respect each others access needs**
	4. **Support each other**
	5. **Only one person speaks at once in group sessions**
	6. **Allow others who have not participated in the session to do so**
	7. **Keep personal information confidential**
	8. **Undertake assignments given**
	9. **Challenge the content of what people say, not the person**
	10. **Any others that you wish to add**

**A6 Traditional Ideas about People With Disabilities**

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 stigma, negative attitudes and stereotypes today. People were thought to be disabled because they or their parents had done something wrong and all-powerful gods, deities or fate had made them disabled (karma or sin). Disabled people were often subjected to inhuman treatment. Being seen as bringing shame on their families, they were locked away.

Euthanasia was widely practised on babies born with significant impairments. Such children were often abandoned and had to rely on begging to survive.[[1]](#footnote-1)

It was believed that disabled people brought bad luck because they had been cursed or had had a spell placed upon them by witchcraft. They were often viewed as not fully human or possessed by evil spirits. This made it easy to make fun of or ridicule them. They became the butt of jokes and symbols for all the ills of the world. Clowns, court jesters and ‘freak shows’ are illustrations of this.

There are many cultural and literary manifestations of this thinking which are still being reinforced in myths, legend or literature. Even modern films, comics and television programmes draw upon and reinforce these negative stereotypes. Stereotypes are bundles of negative and untrue perceptions which often precondition how people treat and respond to disabled people.[[2]](#footnote-2)

The elements of traditional model thinking in Southern Africa[[3]](#footnote-3) listed in below are identified by 32 participants in a recent workshop attended by

disabled people, parents of disabled children and government officials. They demonstrate clearly the power of the traditional model of disability in Africa as a barrier to inclusion.

**Commonly held views about disabled people in Southern Africa:**

Demon possessed Tools to scare children

Bewitched/a curse Tools for begging

A moron/idiot/stupid Expressing bad feelings

Non-achievers Sign of misfortune

Disability is contagious Rude people

Less of a human being Short tempered people

Disability is a result of incest Invalid Sick people Mad people

Government has other priorities than You have a child with a spending/wasting money on disability disability as a punishment

Useless to society They are not worth it

Naughty They are a problem

Disgusting to family members They are a burden

Shameful They are argumentative

Punishment from God for evil deeds They cannot think on their own

Albinos do not die, but they disappear They are unproductive

Mother blamed for having a disabled child While pregnant the mother

– has been unfaithful to husband laughed at a traditional dancer

People with disabilities are God’s people They remain children – they – known as beggars are not expected to behave like They believe that they are AIDS carriers adults

They cannot be educated They cannot have children

An object of pity

Asexual – have no sexual feeling They will have disabled children

Mothers are always blamed for bearing They do not have sex – HIV disabled children and therefore abandoned carriers believe that having sex with a disabled person will cure them of the virus[[4]](#footnote-4)

**Traditional Ideas about people with disabilities and disability in South Pacific Island Countries**

**A7. Who Are People with Disabilities?**

**Those making the UNCRPD could not agree on a definitive definition of people with disabilities so they mentioned it in two places in the Convention. These are not exhaustive but as Article 1 states, the idea was to extend the rights contained in the Convention to all persons with disabilities.**

**Article 1:**

“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.”

**UNCRPD Preamble: *(paragraph e)***

“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 Article 1 Purpose: [[5]](#footnote-5)**

“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.”

**Which of the following would you think is a person with disabilities?**

|  |  |  |
| --- | --- | --- |
| 1**.**A person with cerebral palsy | 2. A Deaf person | 3.Someone who uses a hearing aid |
| 4 A person with influenza | 5. A person who has had polio | 6. Someone with HIV |
| 7.Someone with chicken pox | 8. Someone with a heart condition | 9. Someone who needs glasses to read |
| 10.Someone who has Down’s Syndrome | 11.An amputee | 12.Someone with cancer |
| 13. Someone who is Dyslexic | 14. Someone with Asthma | 15.Someone who is Bi-polar Manic Depression |
| 16. Someone with Type II Diabetes | 17. Someone with a bad cold | 18.Someone with measles |
| 19. Someone with Malaria | 20. Someone with Depression  | 21.A spinally injured person |
| 22. A blind person | 23. A visually impaired person | 24. Someone who stutters |
| 25. Someone with a fractured bone | 26.Someone with toothache | 27.Someone with kidney failure |
| 28. Someone with TB[[6]](#footnote-6) | 29. Someone with Leprosy | 30. A wheelchair user |
| 31. Someone with Learning Difficulty | 32. Someone with Typhoid. | 33. Someone with Cystic Fibrosis |

**A8. Identify Barriers In Your Country Which Lead to People With Disabilities Being Treated Unequally or Discriminated Against. Remember to think of the full range of 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 decision for yourself** |  |  |  |
| **Getting good health care**  |  |  |  |
| **Rehabilitation** |  |  |  |
| **Leisure, culture & sport** |  |  |  |
| **Travelling about**  |  |  |  |
| **Being involved in politics** |  |  |  |
| **Being treated with respect**  |  |  |  |
| **Shopping and** **using services** |  |  |  |
| **Human Rights** |  |  |  |
|  |  |  |  |

 **A 8.a Brainstorm Activity: Barriers**

This Activity aims to identity the main barriers that young people are faced with. When doing this activity, it is important to think about the kinds of barriers that may exist for your disabled peers. Take into consideration the physical,, intellectual and sensory impairments

**Identifying the Key Barriers for Young People with Disabilities**

**Education:**

**Transport:**

**Independent Living:**

**Employment:**

**Health:**

**Politics:**

**Sexual Health:**

**Socialising:**

**Legal Representation:**

**A9. List of Articles of th****e UNCRPD**

[Preamble](http://www.un.org/disabilities/default.asp?id=260)
[Article 1 - Purpose](http://www.un.org/disabilities/default.asp?id=261)
[Article 2 - Definitions](http://www.un.org/disabilities/default.asp?id=262)
[Article 3 - General principles](http://www.un.org/disabilities/default.asp?id=263)
[Article 4 - General obligations](http://www.un.org/disabilities/default.asp?id=264)
[Article 5 - Equality and non-discrimination](http://www.un.org/disabilities/default.asp?id=265)
[Article 6 - Women with disabilities](http://www.un.org/disabilities/default.asp?id=266)
[Article 7 - Children with disabilities](http://www.un.org/disabilities/default.asp?id=267)
[Article 8 - Awareness-raising](http://www.un.org/disabilities/default.asp?id=268)
[Article 9 - Accessibility](http://www.un.org/disabilities/default.asp?id=269)
[Article 10 - Right to life](http://www.un.org/disabilities/default.asp?id=270)
[Article 11 - Situations of risk and humanitarian emergencies](http://www.un.org/disabilities/default.asp?id=271)
[Article 12 - Equal recognition before the law](http://www.un.org/disabilities/default.asp?id=272)
[Article 13 - Access to justice](http://www.un.org/disabilities/default.asp?id=273)
[Article 14 - Liberty and security of person](http://www.un.org/disabilities/default.asp?id=274)
[Article 15 - Freedom of torture or cruel, inhuman or degrading treatment or punishment](http://www.un.org/disabilities/default.asp?id=275)
[Article 16 - Freedom from exploitation, violence and abuse](http://www.un.org/disabilities/default.asp?id=276)
[Article 17 - Protecting the integrity of the person](http://www.un.org/disabilities/default.asp?id=277)
[Article 18 - Liberty of movement and nationality](http://www.un.org/disabilities/default.asp?id=278)
[Article 19 - Living independently and being included in the community](http://www.un.org/disabilities/default.asp?id=279)
[Article 20 - Personal mobility](http://www.un.org/disabilities/default.asp?id=280)
[Article 21 - Freedom of expression and opinion, and access to information](http://www.un.org/disabilities/default.asp?id=281)
[Article 22 - Respect for privacy](http://www.un.org/disabilities/default.asp?id=282)
[Article 23 - Respect for home and the family](http://www.un.org/disabilities/default.asp?id=283)
[Article 24 - Education](http://www.un.org/disabilities/default.asp?id=284)
[Article 25 - Health](http://www.un.org/disabilities/default.asp?id=285)
[Article 26 - Habilitation and rehabilitation](http://www.un.org/disabilities/default.asp?id=286)
[Article 27 - Work and employment](http://www.un.org/disabilities/default.asp?id=287)
[Article 28 - Adequate standard of living and social protection](http://www.un.org/disabilities/default.asp?id=288)
[Article 29 - Participation in political and public life](http://www.un.org/disabilities/default.asp?id=289)
[Article 30 - Participation in cultural life, recreation, leisure and sport](http://www.un.org/disabilities/default.asp?id=290)
[Article 31 - Statistics and data collection](http://www.un.org/disabilities/default.asp?id=291)
[Article 32 - International cooperation](http://www.un.org/disabilities/default.asp?id=292)
[Article 33 - National implementation and monitoring](http://www.un.org/disabilities/default.asp?id=293)
[Article 34 - Committee on the Rights of Persons with Disabilities](http://www.un.org/disabilities/default.asp?id=294)
[Article 35 - Reports by States Parties](http://www.un.org/disabilities/default.asp?id=295)
[Article 36 - Consideration of reports](http://www.un.org/disabilities/default.asp?id=296)
[Article 37 - Cooperation between States Parties and the Committee](http://www.un.org/disabilities/default.asp?id=297)
[Article 38 - Relationship of the Committee with other bodies](http://www.un.org/disabilities/default.asp?id=298)
[Article 39 - Report of the Committee](http://www.un.org/disabilities/default.asp?id=299)
[Article 40 - Conference of States Parties](http://www.un.org/disabilities/default.asp?id=300)
[Article 41 - Depositary](http://www.un.org/disabilities/default.asp?id=301)
[Article 42 - Signature](http://www.un.org/disabilities/default.asp?id=302)
[Article 43 - Consent to be bound](http://www.un.org/disabilities/default.asp?id=303)
[Article 44 - Regional integration organizations](http://www.un.org/disabilities/default.asp?id=304)
[Article 45 - Entry into force](http://www.un.org/disabilities/default.asp?id=305)
[Article 46 - Reservations](http://www.un.org/disabilities/default.asp?id=306)
[Article 47 - Amendments](http://www.un.org/disabilities/default.asp?id=307)
[Article 48 - Denunciation](http://www.un.org/disabilities/default.asp?id=308)
[Article 49 - Accessible format](http://www.un.org/disabilities/default.asp?id=309)
[Article 50 - Authentic texts](http://www.un.org/disabilities/default.asp?id=310)

**A10.a Convention on the Rights of Persons with Disabilities AT-A-GLANCE[[7]](#footnote-7)** *Preamble explains why the Convention is needed and lists other relevant human rights instruments and normative documents1 that form the basis for this Convention.*

***Article 1 Purpose*** *- The Convention seeks to achieve a specific objective: the promotion, protection and full and equal enjoyment of all human rights by persons with disabilities and respect for their inherent dignity.*

***Article 2 Definitions*** *- Important terms of art used in this Convention include: communication; language; discrimination on the basis of disability; reasonable accommodation; universal design.*

***Article 3 General principles*** *- The fundamental concepts of respect for inherent dignity and autonomy of persons with disabilities, non-discrimination, participation, inclusion, equality, and accessibility guide interpretation of the Convention’s obligations.*

***Article 4 General obligations*** *- States Parties must, inter alia, review and revise legislation,promote universally designed goods, services, and facilities, and develop policies and programmes to implement the Convention and consult with persons with disabilities in doing so.*

***Article 5 Equality and non-discrimination*** *- States Parties must prohibit all discrimination on the basis of disability. Persons with disabilities are entitled to equal protection and equal benefit of the law, which requires States Parties to take appropriate measures to ensure reasonable accommodation is provided. These measures are not considered discrimination.*

***Article 6 Women with disabilities*** *- Women and girls with disabilities are subject to multiple forms of discrimination. States Parties must take all appropriate measures to ensure the development, advancement and empowerment of women and their full enjoyment of all human rights and fundamental freedoms.*

***Article 7 Children with disabilities -*** *States Parties are required to act in accordance with the principle of the best interests of the child, and to ensure the rights of children with disabilities on an equal basis, and the right of the child to express his/her views freely on all matters affecting them.*

***Article 8 Awareness-raising -*** *States Parties must increase awareness about the rights of persons with disabilities, utilizing appropriate channels of communication, such as media, education systems, public awareness campaigns and awareness-training programs.*

***Article 9 Accessibility*** *- States Parties must ensure that communications and information services, transportation systems, buildings and other structures are designed and constructed so that they can be used, entered or reached by persons with disabilities.*

***Article 10 Right to enjoyment of life*** *- States Parties must take all necessary measures to ensure that persons with disabilities have the same right as others to the effective enjoyment of life.*

***Article 11 Situations of risk*** *- States Parties must comply with other applicable international legal obligations, such as international humanitarian law regulating the protection of civilians during conflict. In armed conflict or natural disasters States Parties are required to take all appropriate additional measures to secure the safety of persons with disabilities.*

***Article 12 Equal recognition before the law*** *- Persons with disabilities have the same standing as others to exercise their legal capacity, e.g., to make decisions, to inherit property or have access to financial credit. At times, the State has obligations to provide support to assist persons with disabilities in making decisions and exercising legal capacity.*

***Article 13 Access to justice*** *- States Parties must make appropriate accommodations to ensure that persons with disabilities have the same opportunity as others to participate in all legal proceedings. States Parties must promote training for those working in the administration of justice, such as police and prison staff.*

***Article 14 Liberty and security of person*** *- Persons with disabilities enjoy the same level of protection against threats to human rights, such as arbitrary detention, physical harm, and food deprivation. Any deprivation of liberty must be in conformity with the law and the existence of a disability shall in no case justify a deprivation of liberty. Persons with disabilities must be treated in accordance with this Convention, including provision of reasonable accommodation.*

***Article 15 Freedom from torture or cruel, inhuman or degrading treatment or punishment*** *– States Parties must prevent persons with disabilities from being subjected to torture or cruel, inhuman or degrading treatment or punishment. The Convention prohibits all involuntary medical or scientific experimentation.*

***Article 16 Freedom from exploitation, violence and abuse*** *- States Parties must protect persons with disabilities from economic, physical and mental mistreatment. If mistreatment occurs, States Parties must take all measures to ensure recovery, and ensure the investigation and, where appropriate, prosecution of mistreatment.*

***Article 17 Protecting the integrity of the person -*** *States Parties must protect the mental and physical integrity of the individual.*

***Article 18 Liberty of movement and nationality*** *- Persons with disabilities have the same freedom as others to obtain citizenship, cross borders, and change nationality. Children with disabilities must be registered at birth and have the same rights to a name, nationality and, as far as possible, to be cared for by their parents.*

***Article 19 Living independently and being included in the******community*** *- States Parties must ensure that persons with disabilities can live in society autonomously and are included in the community with equal access to community services and facilities.*

***Article 20 Personal mobility****- States Parties must take effective measures to ensure personal mobility with the greatest possible independence for persons with disabilities, and to facilitate access to assistive devices, technologies, mobility aids, forms of live assistance and training in mobility skills, and making these available at affordable cost.*

***Article 21 Freedom of expression and opinion, and access to******information*** *- States Parties must guarantee that persons with disabilities enjoy the ability to share thoughts, beliefs, and feelings through all forms of communication. This obligation also extends to providing information in accessible media and formats.*

***Article 22 Respect for privacy*** *- Persons with disabilities have the right to conduct their lives in private and their privacy must be honoured and protected.*

***Article 23 Respect for the home and the family*** *- Persons with disabilities have the right to choose where, how, and with whom they live, and the number and spacing of their children.*

***Article 24 Education*** *- State Parties are required to ensure persons with disabilities have equal access to an inclusive education and life-long learning process, including access to primary, secondary, tertiary and vocational institutions. This includes facilitating access to alternate modes of communication, providing reasonable accommodation, and training professionals in the education of persons with disabilities.*

***Article 25 Health*** *- Persons with disabilities have the right to equal access to the same standard of health care and health care services as others, and States Parties must take all appropriate measures to ensure that persons with disabilities have access to health services that are gender-sensitive, including health -related rehabilitation. Health care must be provided on the basis of free and informed consent.*

***Article 26 Habilitation and******rehabilitation*** *- States Parties must ensure that persons with disabilities are included and are able to participate in all aspects of life: physical, mental, social and vocational.*

***Article 27 Work and employment*** *- States Parties must promote the realization of the right to work and take appropriate steps, including, inter alia, to promote employment in the private sector and to ensure that reasonable accommodation is provided in the workplace. States Parties are called upon to employ persons with disabilities in the public sector.*

***Article 28 Adequate standard of living and social protection*** *- States Parties must ensure that persons with disabilities and their families have access to food, shelter, clothing and drinking water; that persons with disabilities have equal access to government social safety nets, e.g., public housing, retirement benefits, social protection and poverty reduction programmes; and that persons with disabilities and their families living in poverty have access to assistance from the State with disability related expenses.*

***Article 29 Participation in political and public life*** *- States Parties must take all feasible steps to facilitate and encourage participation of persons with disabilities in government and other civic activities, such as the right to vote, stand for election or participate in political organisations.*

***Article 30 Participation in cultural life, recreation, leisure and sport*** *- Persons with disabilities have the right to equal access to play, relaxation, amusement and physical past-times. States Parties must take all feasible steps to ensure the availability of cultural activities such as film, theatre, museums, and monuments in accessible formats (e.g. sign-language, Braille, closed captioning). States Parties must also take all feasible steps to ensure that cultural activities are held in places accessible to persons with disabilities.*

***Article 31 Statistics and data collection -*** *States Parties must gather disability-related data to assist in the implementation of the Convention. Any information gathering must comply with ethical principles of privacy and human rights norms.*

***Article 32 International cooperation*** *- Bilateral and multilateral partnerships are essential to the successful implementation of the Convention, including capacity building, research and access to*

*scientific and technical knowledge, and technical and economic assistance.*

***Article 33 National implementation and monitoring*** *- To promote and monitor the Convention States Parties are required to: (1) designate one or more disability focal points within the government to facilitate implementation of the Convention; (2) establish a coordinating mechanism to facilitate action in different sectors and at different levels of government; and (3) designate or establish an independent monitoring mechanism such as a human rights commission or ombudsman. Civil society, particularly persons with disabilities, must be included in the monitoring process.*

***Article 34 Committee on the Rights of Persons with Disabilities*** *- A 18 member Committee of independent experts monitors implementation. States Parties elect members of the Committee, striving for equitable representation of geographic regions and legal systems, participation by experts with disabilities, and balanced gender representation.*

***Article 35 Reports by States Parties -*** *States Parties must provide periodic reports to the Committee on their progress towards meeting their Convention obligations. The first report is due within two years after a State becomes Party to the Convention, and further progress reports must be submitted at least every four years.*

***Article 36 Consideration of reports*** *- The Committee reviews each report and provides feedback to the State Party. Reports and Committee suggestions must be made widely available to the public. If a report is overdue, the Committee can provide recommendations based on other reliable information.*

***Article 37 Cooperation between States Parties and the Committee*** *- The Committee will assist States Parties in looking for ways to enhance national implementation, including through international cooperation.*

***Article 38 Relationship of the Committee with other bodies -*** *The Committee can invite specialized agencies and other United Nations organs to be represented or submit reports on implementation of provisions that fall within the scope of their respective mandates. The Committee can also invite specialized agencies and civil society organizations to provide expert advice on implementation of the Convention.*

***Article 39 Report of the Committee -*** *The Committee provides information on its work to the General Assembly and the Economic and Social Council of the United Nations every two years. Article 40 Conference of States Parties - States Parties to the Convention meet regularly, at least every two years. The first Conference will take place six months after the Convention enters into force.*

***Article 41 Depositary*** *- Ratifications are deposited with the Secretary-General of the United Nations.*

***Article 42 Signature*** *- The Convention opened for signature on 30 March 2007.*

***Article 43 Consent to be bound*** *- States and regional integration organisations can become Parties to the Convention after it enters into force.*

***Article 44 Regional integration organisations -*** *Organisations composed of sovereign states in a given region, which have transferred competence in the areas governed by the Convention, can become Parties to the Convention. The European Community is an example.*

*Article 45 Entry into force - The Convention becomes international law 30 days after 20 ratifications have been deposited. Once the Convention has entered into force, a State becomes Party to the Convention 30 days after the deposit of its own instrument of ratification.*

***Article 46 Reservations*** *- Reservations can not be inconsistent with the Convention's object and purpose.*

***Article 47 Amendments*** *- The Convention can be amended if two thirds of States Parties to the Convention agree.*

***Article 48 Denunciation*** *- States can decide to no longer be Parties to the Convention by giving written notice to the Secretary -General of the United Nations.*

***Article 49 Accessible format*** *- The text of the Convention must be available in accessible formats, such as Braille.*

***Article 50 Authentic texts*** *- English, Chinese, Russian, Arabic, Spanish and French are considered official language texts.*

***Optional Protocol*** *- The Optional Protocol establishes an individual complaints mechanism and an inquiry mechanism. In relation to the individual complaints mechanism, the Committee on the Rights of Persons with Disabilities has authority to receive petitions/complaints from individuals in a State Party to both the Convention and the Optional Protocol who allege that the State has breached its obligations under the Convention. The Committee may then decide on the admissibility of the complaint and provide its views and recommendations if a breach is found. In addition, the Committee can conduct investigations – including an on-site country visit if the State agrees – if there are reliable reports of grave or systematic violations by a State Party. States must be Parties to the Convention on the Rights of Persons with Disabilities in order to become States Parties to the Optional Protocol.*

**A10b. United Nations Convention on the Rights of Persons with Disabilities in Plain Language. [[8]](#footnote-8)**

***PREAMBLE*** *a. The founding documents of the UN say that we are all equal and we are all members of the human family which is important for freedom, fairness and peace in the world,
b. We are all equal and all of us have human rights,
c. We agree that people with disabilities must enjoy all human rights and fundamental freedoms and they must not be discriminated against,
d. There are seven other international agreements that promote and protect human rights,
e. We understand that disability is something that changes all the time and it is the environment and people’s attitudes that create disability,
f. It is important to keep in mind what the Standard Rules and the World Programme of Action are trying to achieve when trying to make laws, rules, decisions, programmes and practice better for people with disabilities,
g. It is very important to make sure that the situation of people with disabilities is always equally taken into consideration when governments and international organizations make plans about a country’s growth, for example, about how to get people out of poverty, or get them jobs,
h. We understand that when someone discriminates against people with disabilities, he or she takes away their dignity and value as human beings,
i. We also understand that there are many differences among people with disabilities and there are many types of disabilities,
j. We also understand that all people with disabilities must have their rights, including people with disabilities who need extra support,
k. We are worried that the rights of people with disabilities are still being taken away, even though there are agreements that protect their rights,
l. We understand that it is important that countries work with one another to make life better for people with disabilities, especially in poor countries,
m. We understand that people with disabilities help make countries better if they are fully included and their rights enjoyed,
n. We understand that it is very important that people with disabilities are free to make their own decisions,
o. We believe that people with disabilities should be included in the making of policies and programmes, especially those that are directly related to them,
p. We are worried because people with disabilities are not only discriminated because of their disabilities, but also because of race, sex, or for many other reasons,
q. We understand that many times, women and girls with disabilities are more often abused, beaten, injured or taken advantage of,
r. We understand that children with disabilities have the same rights as all other children, and that the international agreement on children’s rights also applies to them,
s. It is very important to make sure that both women’s situation and men’s situation are taken into account in everything that the country does for human rights of people with disabilities,
t. It is also very important to remember that most people with disabilities are poor, and it is necessary to find out what consequences that has for them,
u. We keep in mind that we must have peace and security to make sure people with disabilities can have their rights, especially when they live in war zones or in countries that are not run by their own government,
v. We understand how important it is for people with disabilities to be able to enjoy all areas of life, to have good health care, to go to school, to have the information they need, so that they can use their rights,
w. We understand that each of us also has the duty to make sure everyone else enjoys his/her rights,
x. We believe that the family is the main group in a society and that people with disabilities and their families should get the protection and help they need to be able to work for their human rights,
y. We believe that an Agreement that covers all areas of life will be very helpful in making lives of people with disabilities better and in making sure that people with disabilities are treated equally and equally included in all areas of life, and in poor and richer countries. Because of all the things listed, countries that decide to be part of the Agreement agree:*

***ARTICLE 1 PURPOSE*** *The reason why this Agreement is made is to make sure that the countries that agree to this Agreement (called “countries” in this document) will make sure that:
• All human rights and freedoms of all people with disabilities are enjoyed, promoted and protected;
• The dignity of people with disabilities is respected.
People with disabilities include those who have long-term impairments, for example, physical, psycho-social, intellectual and who cannot get involved in society because of different reasons, such as attitudes, language, stairs, and laws, which prevent people with disabilities from being included in society.*

***ARTICLE 2 DEFINITIONS******Communication*** *– Means all ways of communicating, so that all people can communicate. For example, spoken language, sign language, text, Braille, touch, large print, written, audio, plain language, human reader and other ways that people with disabilities communicate.****“Language****” – means all kinds of languages, spoken, signed, and other types of language that is not spoken.
“****Discrimination on the basis of disability****” – when people are excluded, shut out or prevented from doing things because of their disability. This can be in all areas of life.
“****Reasonable Accommodation”*** *– means that a person may need to have changes made, for example, to their home, or where they work, so they are able to enjoy their rights. If this is too expensive or too difficult then the changes may not be able to be made.****“Universal Design”*** *– means that things are made, programmes created and places adapted so that they can be used by all people. Sometimes someone with a particular type of disability may need something specially made so they can enjoy their rights.*

***ARTICLE 3 GENERAL PRINCIPLES*** *This Agreement is about:
• Dignity
• Ability to choose
• Independence
• Non-discrimination
• Participation
• Full inclusion
• Respect for difference
• Acceptance of disability as part of everyday life
• Equality of opportunity
• Accessibility
• Equality of men and women
• Respect for children.*

***ARTICLE 4 GENERAL OBLIGATIONS*** *1. The countries promise to make sure that all human rights apply to all people, without discrimination because of disability. To fulfil this promise, they will:
a. Do what it takes to make sure that the rights from this Agreement are put into laws, policies, and practice in their country;
b. Take action: for example, adopt new laws and rules, change old rules and laws where necessary, and get rid of other laws and stop actions that discriminate against people with disabilities;
c. Make sure that the human rights of people with disabilities are included in all policies and programmes;
d. Not do things that do not support the Agreement, and make sure others respect the Agreement;
e. Take action to stop individuals, organizations or businesses from discriminating because of a person’s disability;
f. Work on and encourage the use of goods, services, equipment and facilities that can be used by all people with disabilities all over the world, at the smallest possible cost to the person;
g. Work on and encourage new technologies in all aspects of life that are useful for people with disabilities, especially those that are low cost;
h. Provide information about all types of assistance, including technologies, and other forms of assistance, in a way that can be understood by people with disabilities;
i. Promote trainings about the rights in this Agreement for those who work with people with disabilities to make sure they can work better with people with disabilities.
2. For economic, social and cultural rights, the countries will put into practice the laws and rules that relate to these rights as much as they can with resources they have. If need be, they can cooperate with other countries to put into practice these rights. All other rights must be put into practice right away.
3. When making laws and rules about this Agreement, the countries will talk to and involve people with disabilities, including children with disabilities, through the organizations that represent them.
4. This Agreement will not affect any laws or rules that are better for the rights of people with disabilities. Countries must not use the Agreement as an excuse to not put into practice human rights that already exist.
5. The Agreement will apply to the country as a whole.*

***ARTICLE 5 EQUALITY AND NON-DISCRIMINATION*** *1. The countries agree that all people with disabilities are equal before the law and protected by the law without any discrimination.
2. The countries agree that discrimination because of a disability will not be allowed and that people will be protected if there is such discrimination.
3. The countries will take action to make sure that if a person with a disability needs changes made to his/her environment to enjoy his/her rights, then those changes will be made.
4. Special actions, or actions that are needed for people with disabilities to become equal to others, are allowed. This type of special treatment is not discriminatory to people without disabilities.*

***ARTICLE 6 WOMEN WITH DISABILITIES*** *The countries agree that:
1. Women and girls with disabilities face all types of discrimination. Countries will make sure girls and women enjoy full and equal human rights and freedoms.
2. They will take action to support the growth and empowerment of women and guarantee that women with disabilities enjoy their rights.*

***ARTICLE 7 CHILDREN WITH DISABILITIES*** *The countries will:
1. Make sure that children with disabilities have the same rights as other children.
2. Make sure that what is best for the child is a priority whenever they do anything that concerns children.
3. Make sure that children with disabilities have the right to tell their opinion and that their opinion is taken into account. Make sure that children with disabilities get the help they need to tell their opinions.*

***ARTICLE 8 AWARENESS-RAISING*** *1. The countries agree that, without delay, they will:
a. Help families and all people in society be more aware of the issues facing people with disabilities. They will work to make sure that rights and dignity of people with disabilities are respected;
b. Fight against stereotypes and prejudices about people with disabilities; Stereotypes are general and incorrect beliefs that some people have about people with disabilities. These beliefs are often damaging which leads to discrimination against people with disabilities.
c. Help people in society be aware of the capabilities of people with disabilities and how they can help the country grow.
2. The countries will also:
a. Make public campaigns about the rights of people with disabilities that:
i. Show that people with disabilities have the same rights as all people;
ii. Highlight disability in the community and change misunderstandings about disability;
iii. Show how people with disabilities help improve the workplace.
b. Make sure that schools and other places of learning teach respect for the rights of people with disabilities;
c. Encourage media (i.e. radio, television, newspapers and magazines) to show images of people with disabilities that promote the rights of people with disabilities;
d. Promote training programmes that will help people be aware of rights of people with disabilities.*

***ARTICLE 9 ACCESSIBILITY*** *1. The countries will eliminate barriers that people with disabilities face in buildings, the outdoors, transport, information, communication and services, in both cities and the countryside. This way people with disabilities can live independently and fully live their lives. They will make rules and put them into practice for:
a. Buildings, roads, transportation, indoor and outdoor objects, for example, schools, housing, hospitals, health centers, and workplaces;
b. Information, communications, and other things, for example, electronic services and emergency services.
2. The countries will also take action to:
a. Make, put in place, and oversee minimum standards for accessibility for places and services that are open to public;
b. Make sure that private businesses and organizations that are open to the public are accessible for people with disabilities;
c. Train people who are involved in accessibility issues on what people with disabilities need when it comes to accessibility;
d. Have Braille signs and easy to read and understand information in buildings open to the public;
e. Provide help, such as readers, sign language interpreters and guides, so people with disabilities can access buildings open to the public;
f. Provide other types of help as needed so people with disabilities can get access to information;
g. Promote access to new technologies for people with disabilities;
h. When looking for, and creating new technology, make sure that accessibility is taken into account early on, so that this technology can be made accessible at the smallest cost.*

***ARTICLE 10 RIGHT TO LIFE*** *The countries agree that all people with disabilities have the right to life and will take action to make sure people with disabilities can use this right.*

***ARTICLE 11 SITUATIONS OF RISK AND HUMANITARIAN EMERGENCIES*** *The countries agree that they will respect all other agreements they have entered into about war or human rights. The countries will take action to make sure that in the case of war, natural catastrophes or other emergencies, people with disabilities are protected.*

***ARTICLE 12 EQUAL RECOGNITION AS A PERSON BEFORE THE LAW*** *The countries:
1. Agree that people with disabilities have the right to be recognised as people before the law.
2. Agree that people with disabilities are capable like all other people on legal issues in all areas of their lives.
3. Will take action to make sure that people with disabilities can get and use support if they need it to work on legal issues.
4. Agree that where people with disabilities need support on legal or financial issues:
• They will be protected from abuse;
• Their rights and their choices will be respected;
• People who give support will not pressure people with disabilities into making a decision;
• They get the help they need, only for the time they need it and only as much as they need;
• The courts will review the support received.
5. Agree and will make sure that people with disabilities:
• Have the right to own or get property;
• Have the right to control their money or other financial affairs;
• Have the same opportunities as other people to get bank loans, mortgages and credit;
• Cannot have property taken away without a reason.*

***ARTICLE 13 ACCESS TO JUSTICE*** *1. The countries will make sure that people with disabilities can access the justice system in their countries just like all other people. They will make sure that any rules which say how things should be done are adapted so that people with disabilities can be productively involved in all stages of legal processes, for example, being a witness.
2. The countries will provide training for people working in the justice system, such as police and prison staff.*

***ARTICLE 14 LIBERTY AND SECURITY*** *1. The countries will: a. Make sure that people with disabilities have the same right to liberty and security as all other people;
b. Make sure that people with disabilities do not have this right taken away from them without a reason, because they have a disability, or in a way that is against the law.
2. The countries will make sure that if a person has had his/her liberty taken, he/she will be protected by law. They will also make sure that changes are made to the individual’s environment if they are needed for that person to enjoy his or her human rights.*

***ARTICLE 15 FREEDOM FROM TORTURE OR CRUEL, INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT*** *1. Nobody will be tortured, or be treated or punished in a cruel, inhuman or degrading way. Nobody will be forced to take part in medical or scientific experiments.
2. The countries agree to pass laws, and take other action to make sure that people with disabilities are protected from torture just like all other people.*

***ARTICLE 16 FREEDOM FROM EXPLOITATION, VIOLENCE AND ABUSE*** *The countries will:1. Pass laws, and take other action to make sure people with disabilities are not exploited or abused, both inside and outside their home.
2. Take action to prevent exploitation of people with disabilities by giving help and appropriate information to make sure people with disabilities and their families are protected from abuse.
3. Make sure that institutions and programmes serving people with disabilities are regularly looked at to make sure there is no violence or abuse.
4. Support people with disabilities with their recovery and reintegration into society if they have been victims of violence and abuse.
5. Create laws and policies to investigate and punish people who abuse or mistreat people with disabilities. These laws and policies will make sure that the needs of women and children are included.*

***ARTICLE 17 PROTECTING INTEGRITY*** *People with disabilities have the same right as everyone else to be respected for their physical and mental whole.*

***ARTICLE 18 FREEDOM OF MOVEMENT AND NATIONALITY*** *1. The countries agree that people with disabilities have the same rights as others to move around in their country or between countries, to choose where they live and to have a nationality like all other people. They will make sure that people with disabilities:
a. Have the right to get and to change their nationality and that nobody can take away their nationality without a reason or because of a disability;
b. Cannot have their passports or other identification of nationality taken away without a reason, or because of a disability, and that they are allowed to try to move to another country;
c. Are free to leave their own country and any other country;
d. Cannot be stopped from entering their own country without a reason or because of a disability.
2. Children with disabilities will be registered immediately after they are born. They will have the right to a name, to a nationality and, as much as possible, the right to know their parents, and be raised by their own parents.*

***ARTICLE 19 LIVING INDEPENDENTLY AND BEING INCLUDED IN THE COMMUNITY*** *The countries agree that all people with disabilities have the same right as anyone else to live in the community and to be fully included and participating in the community. This includes making sure that people with disabilities:
a. Have the same opportunities as other people to choose who they live with, where they live, and are not forced to live in institutions or in other living arrangements that they do not like;
b. Have a range of choices on where and how to live in the community, including personal assistance, to help with inclusion and living in the community and preventing people with disabilities from being isolated;
c. People with disabilities can use community services that are available to the public, which may need to be adapted to a particular person’s needs.*

***ARTICLE 20 PERSONAL MOBILITY*** *The countries will make sure that people with disabilities can move around with the greatest possible independence, including:
a. Assisting people to move around in the way they choose and at a cost that they can afford;
b. Assisting people with disabilities to access mobility aids and technology, including making sure they do not cost a lot;
c. Providing training in mobility skills for people with disabilities and staff working with them;
d. Encouraging those that produce mobility aids and technology to take into account all aspects of movement.*

***ARTICLE 21 FREEDOM OF EXPRESSION AND OPINION AND ACCESS TO INFORMATION****The countries will make sure that people with disabilities have the right to say what they think through Braille, sign language or other types of communication that they choose.The countries will make sure people with disabilities have the same right as other people to give and receive information, including:
a. Providing information intended for the general public to people with disabilities in formats that are adequate for them without extra cost (for example, Braille);
b. Accepting the use of different ways people with disabilities communicate in official situations;
c. Encouraging private businesses and organizations that serve the public to make their services more accessible for people with disabilities;
d. Encouraging the media to make their information accessible to people with disabilities;
e. Agreeing to, and promoting the use of sign language.*

***ARTICLE 22 RESPECT FOR PRIVACY*** *The countries will:
1. Make sure that nobody gets involved in the private life of people with disabilities without a reason, or in a way that is against the law. They will make sure that nobody illegally attacks the honour and reputation of people with disabilities. People with disabilities have the right to be protected by the law from such attacks.
2. Protect the confidentiality of personal, health and rehabilitation information of people with disabilities, in the same way that other people’s information is protected.*

***ARTICLE 23 RESPECT FOR HOME AND THE FAMILY*** *1. The countries will take action to stop discrimination against people with disabilities when it comes to marriage and family relations, to make sure that:
a. People with disabilities have the same right as other people to marry and have a family;
b. People with disabilities have the same rights as other people to have children, to decide how many children to have, and when to have them. They should get information and be educated on reproduction and family planning; and they should get help to understand this information;
c. People with disabilities have the same right as everyone else to keep their fertility.
2. The countries will make sure that people with disabilities have the rights and responsibilities related to guardianship and adoption of children, with the most important issue being the child(ren)’s interest. They will give support to people with disabilities in accomplishing responsibilities related to raising their children.
3. The countries will make sure children with disabilities have the same rights as everyone else to a family life. From an early stage the countries will provide the information, services and support to children with disabilities and their families.
4. The child must not be taken away from his/her parents against his/her will, unless it is in the best interests of the child and is done legally. The child cannot be separated from parents because of the parent’s or the child’s disability.
5. Where close family (for example parents, brother or sister) cannot care for a child with a disability, they will look first at the wider family, and then the local community to provide care for the child.*

***ARTICLE 24 EDUCATION*** *1. The countries agree that all people with disabilities have the right to education. They will make sure that the education system, at all levels, includes people with disabilities, and that the educational system:
a. Works to make sure everyone develops their human potential, sense of dignity and self worth, and respect for human rights, freedoms and diversity;
b. Works to develop the person’s personality and talents to their fullest potential;
c. Works to make sure all people with disabilities can be involved in society.
2. To do this, the countries will make sure that:
a. People with disabilities are not excluded from education because of their disability, and children with disabilities are not excluded from free and compulsory primary and secondary education because of their disability;
b. All people with disabilities can choose education that includes them, is accessible and is in their own community;
c. Reasonable changes are made to make sure that people with disabilities get the most out of their education;
d. People with disabilities get the help they need to get the most out of their education;
e. The help for students with disabilities is given so that their individual needs are met.
3. The countries will make it possible for people with disabilities to learn social and life skills that they need to go to schools and be in the community. They will do this by:
a. Arranging that students with disabilities learn Braille or other types of communication, and that they get peer support and mentoring;
b. Teaching sign language;
c. Making sure that especially children who are blind, deaf or deafblind are educated in the most appropriate types of communication so that they get the most out of their education.
4. To help make sure that these rights are put into practice, the countries will hire teachers who are people with disabilities, teachers who are qualified in Braille and sign languages, and will train teachers and staff at all levels of education on how to give quality education to people with disabilities.
5. Countries will make sure that people with disabilities have equal access to vocational training, study in universities and lifelong learning like all other people, and will make any changes needed to make that happen.*

***ARTICLE 25 HEALTH*** *The countries recognise that all people with disabilities have the same right to quality health care, without discrimination because of disability. The countries will make sure that health and health-related rehabilitation services are available, including:
a. Making sure that people with disabilities get the same variety, quality and standard of free and affordable health care as other people;
b. Making sure that people with disabilities can get services they need because of their disability and to protect them from further disability;
c. Having health services in peoples’ own communities;
d. Insisting that health workers give the same quality care to people with disabilities as to others, for example, only if the person agrees and has been told about their rights—achieved through trainings and by making ethical standards for health care;
e. Stopping discrimination against people with disabilities when it comes to health insurance and life insurance, and making sure that such insurance is provided fairly;
f. Making sure that people with disabilities will not be discriminated against and denied health care or health services or food and fluids because of their disability.*

***ARTICLE 26 HABILITATION AND REHABILITATION*** *1. The countries will take action, for example by promoting peer support, to make it possible for people with disabilities to enjoy maximum independence, full abilities and that they can be fully involved in all aspects of life. To make sure this happens, the countries will make available services that cover all areas of life, both in habilitation and rehabilitation, so that they:
a. Begin as early as possible, and are made specifically with strengths and needs of a particular person in mind;
b. Help people with disabilities participate and be involved in the community;
c. Are voluntary and available as close as possible to their communities.
2. The countries will promote training programmes for staff working in habilitation and rehabilitation services.
3. The countries will promote the use of assistive devices and other types of aid as they relate to habilitation and rehabilitation.*

***ARTICLE 27 WORK AND EMPLOYMENT*** *1. The countries agree that people with disabilities have the same right to work as other people. This also means that they have the right to earn a living from work they choose in a work environment that is open and accessible to all people. The countries will pass laws and take other action needed to:
a. Stop discrimination because of disabilities in all situations relating to all kinds of employment. This relates, for example, to situations when people with disabilities are trying to get jobs, are hired, or promoted, or in making sure that the working conditions are safe and healthy;
b. Protect the rights of people with disabilities to equal pay for equal work, equal opportunity, safe and healthy working conditions, and the ability to make complaints;
c. Make sure that people with disabilities can organize and join labour unions and trade unions like everyone else;
d. Make it possible for people with disabilities to get career counselling and vocational trainings;
e. Promote employment, career advances, and help people with disabilities to find and keep employment;
f. Promote self-employment, business opportunities, and start-up businesses;
g. Hire people with disabilities in the government;
h. Encourage and help employers to hire people with disabilities;
i. Make it easy for people with disabilities to be in the work place and work environment by making sure reasonable allowances are made for them;
j. Work to make sure that people with disabilities can gain work experience in the labour market;
k. Promote vocational and professional rehabilitation and programmes to
support people with disabilities to return to work and keep their jobs.
2. The countries will make sure that people with disabilities are not held in slavery. They will protect people with disabilities from forced labour as all other people are protected.*

***ARTICLE 28 ADEQUATE STANDARD OF LIVING AND SOCIAL PROTECTION*** *1. The countries recognise the right of people with disabilities to an adequate standard of living for themselves and their families. This includes adequate food, clothing, housing, and to always be improving their living conditions.
2. The countries also recognise the right of people with disabilities to social protection by the government, without discrimination because of their disability. The countries will protect this right, including by making sure that:
a. People with disabilities can get necessary services, equipment and help for disability related needs;
b. People with disabilities have access to social welfare assistance and programmes that help them get out of poverty. This especially applies to women and girls with disabilities and older people with disabilities;
c. People with disabilities and their families who live in poverty get help from the government to be able to pay for expenses related to their disability;
d. People with disabilities have access to government housing programmes;
e. People with disabilities can get pensions.*

***ARTICLE 29 PARTICIPATION IN POLITICAL AND PUBLIC LIFE*** *The countries recognise the political rights of people with disabilities without discrimination, and will:*

1. *Make sure that people with disabilities can be fully involved in political and public life, for example by having the right to vote and be elected. To do this they should make sure:
i. That voting is easy to understand and accessible;
ii. To protect the right of citizens to vote in secret and to be elected;
iii. That citizens with disabilities who want assistance can get help to vote
from someone of their choice.
b. Encourage people with disabilities to be involved in the work of the government and to participate in public affairs, including:
i. Being involved in non-governmental organizations and associations
focused on the activities of political parties and civil society; ii. Forming and joining organizations of people with disabilities to represent people with disabilities, nationally, regionally and locally.*

***ARTICLE 30 PARTICIPATION IN CULTURAL LIFE, RECREATION, LEISURE AND SPORT*** *1. The countries recognise the right of people with disabilities to take part in cultural life. They will take action to make sure that:
a. People with disabilities have access to literature and other writings in formats such as Braille, sign and audio;
b. People with disabilities can get television programmes, film, theatre and other cultural activities in a way that they will understand, for example, with captioning and sign language;
c. People with disabilities can get to cultural performances and services such as libraries, museums, theatres and sites of national importance.
2. The countries will take action to make it possible for people with disabilities to develop and use their creative, artistic and intellectual potential.
3. The countries will take action to make sure that laws that protect documents and other writings and inventions from forgery or copying do not discriminate against people with disabilities.
4. People with disabilities have the right, just like everyone else, to have their culture and language recognised, for example sign languages and deaf culture.
5. The countries also recognise that people with disabilities have the same right as others to take part in recreation, leisure and sports. The countries will take action to:
a. Encourage and promote involvement of people with disabilities in sports with people without disabilities at all levels;
b. Make sure that people with disabilities have a chance to organize and participate in sport activities, and to receive the same training and support as other people;
c. Make sure that people with disabilities can get to sports and recreation arenas as other people can;
d. Make sure that children with disabilities can participate in play and sports at school, like other children;
e. Make sure that person with disabilities can get services to help organize recreational and sporting activities.*

***ARTICLE 31 STATISTICS AND DATA COLLECTION*** *1. The countries will collect and look at statistics and other information to put into practice this Agreement. In collecting this information they will:
a. Respect the right to people’s privacy. The information should be given only if people agree;
b. Respect human rights and ethics when collecting and using the statistics.
2.The information collected will be in categories so that the countries can better understand how to put into practice the Agreement, and to learn more about barriers that exist for people with disabilities.
3. The countries are responsible for distributing this information and making sure that it is in a format like Braille or easy-to-read, for example, so that people with disabilities can access it.*

***ARTICLE 32 INTERNATIONAL COOPERATION*** *1. The countries agree that it is important that they work together to make sure that each of them can put this Agreement into practice. They will take action to work together, especially with organizations of people with disabilities, to:
a. Make sure that people with disabilities are included and can access international programmes for development;
b. Make sure that they work together to educate people by sharing information, experiences, training programmes and best practices;
c. Arrange cooperation in areas of science and technology;
d. Give technical and economic help, for example by sharing new technologies.
2. The governments are not allowed to say that because they do not have help from other countries, they cannot put the Agreement into practice.*

***ARTICLE 33 NATIONAL IMPLEMENTATION AND MONITORING*** *1. The countries will make sure that there is at least one position in the government that will be responsible for making sure that the Agreement is put into practice.
2. The countries will make sure that within the government, they create an independent institution that will monitor how the Agreement is being put into practice.
3. Non-governmental organizations, especially people with disabilities and their organizations, will be fully involved in overseeing how the country puts the Agreement into practice.****ARTICLE 34*** *Committee on the Rights of People with Disabilities
1. The Committee on the Rights of People with Disabilities will be created.
2. When the Agreement becomes law, the Committee will have 12 experts. After 60 more countries agree to the Agreement, six experts will be added with a maximum of 18 members.
3. Members of the Committee will serve as individuals. They will be highly ethical and will be experts or have experience with disability.
4. The countries will elect the members of the Committee and will make sure that they are from all over the world, that they have members who are men, women, people with disabilities, and come from different legal systems.
5. When countries meet for a Conference, they will elect the members of the Committee in secret. To be elected, a person must receive the largest number of votes. Also, more than half of people present at the Conference must vote for him/her.
6. The first election will happen within the first six months after the Agreement becomes law. After that, four months before every election, the UN Secretary General will send a letter to the countries and ask them to nominate people for the Committee. Countries will have two months to do so.
7. Members of the Committee will serve for four years. They can be re-elected once. After the first election, six members of the Committee will serve for only two years.
8. When time comes for the additional six members to be added to the Committee, they will be elected during regular elections.
9. If a member of the Committee dies or leaves, the country that nominated that member will get to nominate another expert to serve for the rest of the term.
10. The Committee will make its own rules of how it will work.
11. The UN Secretary General will give staff and office space to make sure that the Committee can work effectively.
12. The members of the Committee will get paid for their services and the UN General Assembly will decide how much.
13. The members of the Committee will have the same rights as the other experts of the UN.*

***ARTICLE 35 REPORTS BY STATES PARTIES*** *1. Each country will write a report for the Committee within two years after the Agreement becomes law. The countries will report on how they are putting the Agreement into practice.
2. After that, each country will report to the Committee at least every four years.
3. The Committee will say what should be in the report.
4. After the country writes the first report, it does not have to repeat the same information in later reports. It is recommended that countries write their reports openly and consult with people with disabilities and their organizations.
5. The countries can write in the report what difficulties they had in putting the Agreement into practice.*

***ARTICLE 36 CONSIDERATION OF REPORTS*** *1. When a Committee receives the report it will:
• Review and make comments and recommendations;
• Give the comments and recommendations to the country that reported;
• The country may then give more information to the Committee;
• Ask for more information if needed.
2. If a country is very late with its report, the Committee will:
• Tell the country that it is late;
• If after three months, the country still does not report, the Committee will let the country know that it needs to visit the country to examine how it is putting into practice the Agreement.
3. All countries will get each country’s report from the UN Secretary General.
4. The countries will share the report publicly in their countries and will allow comments and suggestions on the report.
5. If needed, the Committee will send the country’s report to other agencies within the UN, so that they can help the country with technical issues.*

***ARTICLE 37 COOPERATION BETWEEN STATES PARTIES AND THE COMMITTEE*** *1. Each country will work together with the Committee and help them do their job.
2. When working with the countries, the Committee will also try to find ways to make sure the countries are better equipped to put the Agreement into practice.*

***ARTICLE 38 RELATIONSHIP OF THE COMMITTEE WITH OTHER BODIES*** *To make sure that the Agreement is put into practice and to encourage countries to work together:
a. Agencies can be included in the meetings of the Committee when the Committee is talking about issues that the agency works on. The Committee can invite these agencies to the meetings when their expertise is required. The Committee can also ask these agencies to give their own reports on how countries are putting the Agreement into practice.
b. There are seven other committees that look at how countries are putting into practice other human rights agreements, for example, agreements on women, children, etc. The Committee will talk to these other committees to make sure that they are not repeating their work, and to make sure that they are consistent when giving advice to countries on how to best put the Agreement into practice.*

***ARTICLE 39 REPORT OF THE COMMITTEE*** *The Committee will report to the General Assembly and the Economic and Social Council every two years. It will make suggestions and recommendations based on the reports they receive.*

***ARTICLE 40 CONFERENCE OF STATES PARTIES*** *1. The countries will meet regularly to talk about issues relating to putting the Agreement into practice.
2. Within six months after the Agreement becomes law, the UN Secretary General will organize the first meeting. After that, the meetings will happen every two years or as the countries decide.*

***ARTICLE 41 DEPOSITARY*** *The Agreement will be filed with the UN Secretary General.*

***ARTICLE 42 SIGNATURE*** *The Agreement will be open for signing by all countries at the main UN building in New York as of March 30, 2007.*

***ARTICLE 43 CONSENT TO BE BOUND*** *The countries that sign the Agreement right away will have to “ratify” it, that is, their national government will have to accept the responsibility to put the Agreement into practice.
If the country does not sign the Agreement right away, they will be able to “accede” to the Agreement, meaning that they can join later.*

***ARTICLE 44 REGIONAL INTEGRATION ORGANIZATIONS*** *1. “Regional integration organization” is an organization made up of a number of countries in the same region that have given that organization the power to deal with issues that are covered in the Agreement.
2. When the Agreement says “countries” it also applies to these organizations.
3. When counting how many countries have signed the Agreement, these organizations do not count.
4. These organizations can vote during the meetings, and will have as many votes as there are countries in the organization. If any of the countries in the organization votes on its own, the organization cannot vote.*

***ARTICLE 45 ENTRY INTO FORCE*** *1. The Agreement will become law on the 30th day after 20 countries ratify or accede to the Agreement.
2. After that, when countries accept the Agreement, it will become law for them 30 days after the acceptance.*

***ARTICLE 46 RESERVATIONS*** *1. The countries can make reservations, meaning that they can say when they are signing the Agreement that they will not put into practice a particular obligation. But, these reservations cannot be against the goal and intent of this Agreement.
2. The reservations can be taken away at any time.*

***ARTICLE 47 AMENDMENTS*** *1. Any country can propose changes to the Agreement with the UN Secretary General. The Secretary General will then send the proposed changes to other countries. If, within four months, at least one third of all countries want to meet to adopt the changes, Secretary General will organize the meeting. The changes will be adopted if two-thirds of countries that are present at the meeting vote for them. Then the Secretary General will present it to the UN General Assembly for acceptance.
2. When a change is approved by the General Assembly, it will become law 30 days after two-thirds of all countries accept it. After that, whenever a country accepts the change it will become law for them 30 days after they accept it. The changes will be law only for those countries that accept it.
3. If the proposed change is about the reporting or the Committee, then 30 days after it is accepted by two-thirds of all countries, it will become law for all countries, not only those who accept the change.*

***ARTICLE 48 DENUNCIATION*** *A country can later go back and say that they will not agree to the Agreement anymore. To do this, they must write it down and send it to the UN Secretary General. That becomes effective one year after that.*

***ARTICLE 49 ACCESSIBLE FORMAT*** *The text of the Agreement will be prepared in Braille and other forms, so that all people can read it and understand it.*

***ARTICLE 50 AUTHENTIC TEXTS*** *The Agreement will be equally original in Arabic, Chinese, English, French, Russian and Spanish.*

**A11 Examine i) A Traditional View and ii) 2 Barriers Identified. For each one identify the article(s) of the UNCRPD that you can use challenges it. How will this be a solution in your country? Use Easy Read version.**

|  |  |  |
| --- | --- | --- |
| **Barrier** | **Solution** | **UNCRPD Article too use** |
| **E.g. Lack of accessible public transport/buildings** | **Transport plan and infra- structure investment that is based on access and universal design principles** | **Article 9 Accessibility****Article 2 Definitions Universal Design** |
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**B1. The Language We Use. On your table group, using the flip chart paper a) make a list of all the words that are used to describe people with disabilities; b) now circle all those that you think might be positive[[9]](#footnote-9)**

|  |  |
| --- | --- |
| **AVOID/OFFENSIVE** | **USE / PREFERRED** |
| Victim of  | Person who has/ Person withPerson who experiences |
| Crippled by | Person who has/ Person with |
| Sufferer /Suffering from | Person who has/ Person with |
| Afflicted /Afflicted by | Person who has/ Person with |
| Wheelchair bound | Wheelchair user |
| Invalid | Person with disabilities/Disabled person |
| Handicap | Disability / impairment |
| Handicapped person | Disabled Person/ Person with Disability |
| Disability(meaning impairment) | Condition / impairment |
| Spastic | Someone with cerebral palsy |
| The disabled | People with Disabilities/Disabled People |
| The blind | Blind personVisually impaired |
| The deaf | Deaf people |
| Deaf and dumbDeaf mute | Deaf or deafenedHearing impaired |
| Mongol | Someone with Down’s Syndrome orLearning Difficulty |
| Mental handicap | LearninDifficulty/Intellectual Impairment |
| Retard / idiot / imbecile / feeble-minded  | Learning disabled/ Learning difficulty |
| Mute / dumb / dummy | Speech difficulty/ Speech Impairment |
| Mad / crazy / insane | Mental Health System User/Mental health survivor |
| Mentally ill/Mental | Mental Health Survivor or Mental Health system user. Someone with a psycho-social impairment |
| Polio victim | Polio survivor |
| Stupid | Foolish / thoughtless |
| Dwarf/Midget | Short person/ Short stature/Small People |
| Deformed | Disfigured |
| Dunce | Someone with specific learning difficulties or dyslexic |
| Spastic | Someone with cerebral palsy |
| Congenital | Disabled Person/Person with disability |
| Disabled toilet | Accessible toilet |
| Diabetic/The Diabetics | Person with diabetes |
| Autistic | Person with Autism |
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**B2. What are Human Rights?[[10]](#footnote-10)**

**Human rights** - these are the rights that everyone has just by being human.  You don't have to be a member of a particular group, and nobody needs to give you your rights.  Everyone is automatically entitled to enjoy the full range of human rights just because they are human.

Human rights have essential qualities that make them different from other ideas or principles. Human Rights are:

1. **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.
2. **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."
3. **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 rights.

Human rights relate to one another in important ways. They are:

**Indivisible**: human rights cannot be separated from each other;

**Interdependent:** human rights cannot be fully realized without each other;

**Interrelated:** human rights affect each other.

In simple terms, human rights all work together and we need them all. For example, a person's ability to exercise the right to vote can be affected by the rights to education, freedom of opinion and information, or even an adequate standard of living. A government cannot pick and choose which rights it will uphold for the people who live in that country. Each right is necessary and affects the others.

**Human Rights Instruments** Human rights are outlined in a variety of international human rights documents, (sometimes called "instruments") some of which are legally binding and others that provide important guidelines but are not considered international law. This section looks at the overall human rights framework.

**The Universal Declaration of Human Rights (UDHR)** The Universal Declaration of Human Rights (UDHR) 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, which lists the key concept of each article in the Declaration. It is not a legally binding document, but a statement of intentions. [[11]](#footnote-11)

|  |
| --- |
| **The Universal Declaration of Human Rights (UDHR)(Official Abbreviated Version)** |
| Article 1 |      Right to Equality |
| Article 2 |      Freedom from Discrimination |
| Article 3 |      Right to Life, Liberty, and Personal Security |
| Article 4 |      Freedom from Slavery |
| Article 5 |      Freedom from Torture and Degrading Treatment |
| Article 6 |      Right to Recognition as a Person before the Law |
| Article 7 |      Right to Equality before the Law |
| Article 8 |      Right to Remedy by Competent Tribunal |
| Article 9 |      Freedom from Arbitrary Arrest and Exile |
| Article10  |      Right to Fair Public Hearing |
| Article 1 |      Right to be Considered Innocent until Proven Guilty |
| Article 12 |      Freedom from Interference with Privacy, Family, Home,  |
| Article 13 |      Right to Free Movement in and out of the Country |
| Article 14 |      Right to Asylum in other Countries from Persecution |
| Article 15 |      Right to a Nationality and the Freedom to Change It |
| Article 16 |      Right to Marriage and Family |
| Article 17 |      Right to Own Property |
| Article 18 |      Freedom of Belief and Religion |
| Article 19 |      Freedom of Opinion and Information |
| Article 20 |      Right of Peaceful Assembly and Association |
| Article 21 |      Right to Participate in Government and in Free Elections |
| Article 22 |      Right to Social Security |
| Article 23 |      Right to Desirable Work and to Join Trade Unions |
| Article 24 |      Right to Rest and Leisure |
| Article 25 |      Right to Adequate Living Standard |
| Article 26 |      Right to Education |
| Article 27 |      Right to Participate in the Cultural Life of Community |
| Article 28 |      Right to a Social Order that Articulates this Document |
| Article 29 |      Community Duties Essential to Free and Full Development |
| Article 30 |      Freedom from State or Personal Interference in the above Rights |

**B.3 Activity Interdependence of Rights**

Illustrates how rights are indivisible, interdependent, and interrelated and the far-reaching effects when just one right is denied.

1. Write a human right from the UDHR in the centre of the big circle at the top of the cascade (e.g., right to education).
2. Ask "If this right is denied, what are three possible effects?" Write any three effects mentioned in circles that extend with arrows from the central circle.
3. Then take each of the three mentioned effects (e.g. inability to get a good job) and ask "What human rights would be denied by this effect?" (e.g., right to an adequate standard of living). Write each right in a circle that extends with arrows from the effect. Divide into small groups of 3 and give each a copy of the Effects Cascade. Each group to write a human right in the centre of their chart. Encourage groups to choose a variety of different rights. Ask them to consider what effects result when a person with disabilities - or anyone - is denied this right. Participants may think of more than three effects. They must choose the three most far-reaching effects.

Having completed each group discusses:
Ask a spokesperson from each group to present its chart. Discuss the results. Are you surprised by some of the effects when one right is denied? What happens when more than one right is denied? What results are most negative for people with disabilities?What does this activity suggest to you about the interdependence of rights (e.g., the importance of enjoying all human rights)?

|  |  |  |  |
| --- | --- | --- | --- |
| **Country** | **Convention Instrument** | **Signed** | **Ratified** |
| **Kiribati** | CEDAWCRC |  | 17TH March 2004 a11th December 1995 a |
| **Nauru** | CRCCAT | 12 November 2001 | 27 July 1994 a |
| **Papua New Guinea** | CEDAWCRCCERDCESCRICCPR | 30 September 1990 | 12th January 1995 a2nd March 199327th January 1982 a21st July 2008 a21st July 2008 a |
| **Samoa** | CEDAWCRCICCPR | 30th September 1990 | 25th September 1992 a29th November 199415TH February 2008 a |
| **Solomon Islands** | CEDAWCRCCERDCESCR |  | 6TH May 2002 a10th April 1995 a17th March 1982 d17th March 1982 d |
| **Tonga** | CRCCERDCRPD | 15th November 2007 | 6th November 1995 a16TH February 1972 a |
| **Tuvalu** | CEDAWCRC |  | 6TH October 1999 a22ND September 1995 a |
| **Vanuatu** | CEDAWCRCICCPRCRPD | 30th September 199029th November 200717th May 2007 | 8TH September 19957th July 199321st November 200823rd October 2008 |

**B.4a Country Convention Profile: Which Countries have Signed or Ratified**

**B4. International Human Rights Conventions**

A convention (also known as a treaty) is a written agreement between States. It is typically drafted by a working group appointed by the UN General Assembly. Once the convention is drafted, it goes to the UN General Assembly for adoption. The next step is for countries to sign and ratify it. By signing a convention, a country is making a commitment to follow the principles in the convention and to begin the ratification process, but the convention is not legally binding on a country until it is ratified. Ratification is a process that takes place in each country, whereby the legislative body of the government takes the necessary steps to officially accept the convention as part of its national legal structure. Once a country signs and ratifies a convention, it becomes a State Party to that convention, meaning it has a legal obligation to uphold the rights the convention defines. Each convention must be ratified by a particular number of countries before it enters into force and becomes part of international law.

In the last sixty years, several human rights conventions have been developed that elaborate on the human rights contained in the UDHR. Nine of these instruments are considered "core" human rights conventions: they cover a major human rights issue and have a treaty-monitoring body that assesses and enforces how a State meets it obligations to that treaty.

Two of these conventions are called covenants and address broad human rights issues:

* The International Covenant on Civil and Political Rights (ICCPR, adopted 1966, entered into force 1976).1
* The International Covenant on Economic, Social and Cultural Rights (ICESCR, adopted 1966, entered into force 1976).2

The two Covenants and the UDHR combine to create a trio of documents known as the International Bill of Rights. An additional seven UN human rights conventions address either thematic issues or particular populations.

**THE HUMAN RIGHTS FRAMEWORK**

|  |  |  |
| --- | --- | --- |
| **Instrument** | **Title** | **Entered into Force** |
| UDHR | Universal Declaration of Human Rights | Not Applicable |
| ICCPR | International Covenant on Civil and Political Rights | 1976 |
| ICESCR | International Covenant on Economic , Social, and Cultural Rights | 1976 |
| CERD | Convention on the Elimination of All forms of Racial Discrimination | 1966 |
| CEDAW | Convention on the Elimination of all forms of Discrimination against Women | 1979 |
| CAT | Convention against Torture and Other Cruel Inhuman or Degrading Treatment of Punishment | 1984 |
| CRC | Convention on the Rights of the Child | 1989 |
| ICPRAMW | Convention on Protection of the Rights of All Migrant Workers and Members of their Families | 1990 |
| ICAED | International Convention for the Protection of All Persons from Enforced Disappearance | 2010 |
| CRPD | Convention of the Rights of Persons with Disabilities |  |

These nine core human rights conventions form an interdependent human rights framework. It is useful to be familiar with them and to know which of these conventions your country has ratified and is therefore legally obligated to enforce and implement.

**WHO IS RESPONSIBLE FOR HUMAN RIGHTS?**

**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.

**Respecting, Protecting, and Fulfilling Human Rights**

**1. Respect**: The obligation to "respect" human rights means that States must not interfere with the exercise and enjoyment of the rights of people with disabilities. They must refrain from any action that violates human rights. They must also eliminate laws, policies, and practices that are contrary to human rights.

**2, Protect**: The obligation to "protect" human rights means that the State is required to protect everyone, including people with disabilities, against abuses by non-State actors, such as individuals, businesses, institutions, or other private organizations.

**3. Fulfil:** The obligation to "fulfil" human rights means that States must take positive action to ensure that everyone, including people with disabilities can exercise their human rights. They must adopt laws and policies that promote human rights. They must develop programs and take other measures to implement these rights. They must allocate the necessary resources to enforce laws and fund programmatic
efforts.

 Although only governments have the official legal responsibility for respecting, protecting, and fulfilling human rights under international human rights law, human rights are not their exclusive responsibilities. Human rights are far more than legal requirements. They represent a moral code of conduct designed to promote understanding, equality, tolerance, fairness, and many other features essential to just and peaceful societies. Regardless of what behaviours may or may not be legally enforceable, a variety of actors, including individuals, groups, and institutions within society, also play important roles in the promotion and implementation of 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. Because human rights are common to all people, even an effort by a single individual to assert his or her human rights represents an important initiative on behalf of every person. Likewise, actions of an individual that violate somebody else's human rights represent a threat to everyone's human rights.

**Groups:** Social and cultural behaviour has a profound effect on the ability of people to enjoy their human rights. The collective actions of groups - from families to entire societies - play a role in human rights. For instance, if parents decide that only male children will be allowed to go to school, they are effectively preventing their female children from claiming their human right to an education. If broad cultural values result in persons from racial minorities experiencing discrimination when they seek housing or public services, society itself is contributing to the violation of the human right to an adequate standard of living. On the positive side, groups that speak out against human rights violations and work to change harmful attitudes, policies or laws can be very effective advocates for 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. People depend on the private sector for many things. While private sector actors are often required to adhere to certain laws and standards that uphold human rights, it is impossible for governments to oversee every aspect of how the private sector operates. 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.

 **Human Rights Abuse Scenarios:
1. "Being excluded from school makes me angry!** In my city, disabled people are many times discriminated against. A short time ago I was left out from Math and Physical Education classes at the school I am now attending, and it hurt a lot. It stills makes me very angry. I feel that the government is not protecting us against discrimination. A lot of effort was needed for me to come back to Math and Physical Education classes. My mom and dad consulted lawyers and did what lawyers said. I held back my anger and the fear of being banished from school. I'd like to give you an idea of how much I suffered till I was able to come back. It hurts to think that the worst fears may come true. Do they have it in for me because of my only life and so they hurt me? I only hope I will always be able to defend myself, be helped to communicate and be strong.? It makes me feel very sad to have [only] known school when I was ten because before that age they thought I wouldn't be able to learn. My mom taught me at home and she made me talk using the alphabet. She thus made me communicate and I was able to show what I felt inside. I'd like to be helped to meet others who are in the same situation and thus get together to say.” Fourteen year old Pupil La Plata, Argentina. **2. Beggars Lagos Nigeria** - Seeing the ragged disabled people begging on the streets of Lagos elicits sympathy from the passers-by so that they go as far as dipping their hands into their lean pockets to give alms to the beggars. It is therefore disheartening to know that these so-called unfortunate members of society, who have no choice but to go on the streets to beg, are planted by able-bodied people who go to remote villages and lure disabled people to Lagos on the pretext that they want to help them. These unsuspecting disabled people and the elderly are kept at various strategic points on the streets in the most pathetic conditions to draw out the greatest amount of sympathy. Their managers who live in comfort in posh houses, now organise vendors to supply food to their money-making 'beasts'. These beggars give their daily proceeds to their managers. (Nigeria)

**3**. **85% of** **Children injured by landmines** die before they reach hospital. Those children who do survive face a future where their new "disabled" status renders them excluded by their communities and denied their basic human rights. These and other shocking statistics have just been published by UNICEF as part of on-going attempts to convince regional governments across Southeast Asia to redouble their efforts to dispose of landmines and unexploded ammunitions left over from decades of armed conflict. The report highlights the impact of landmines on children particularly, because the impact on their life chances, once disabled, is so devastating. For many children acquiring such an impairment will mean that they are excluded from school, opportunities to make friends and play alongside non-disabled children. They are often rejected by their families because they are seen as a financial burden. Despite continued calls for a worldwide ban on these hideous and deadly weapons, very few Governments have demonstrated any real commitment to ending their usage. Evidence gathered by various agencies clearly shows that the highest proportion of people injured by landmines, are civilians. In Vietnam, for example, landmines account for half of all mine-related injuries and one third of all deaths. Since 1975 more than 100,000 people have been killed. UNICEF will be presenting its finding about the impact of landmines, particularly on the lives of children, at the First World Summit on Landmines in Kenya at the end of November 2004. The main aims for the Summit will be to establish an action plan to clear all mined areas, an education programme for people about the risk of landmines and to support children and adults injured by landmines. There is a real opportunity here for UNICEF and other agencies to work with disabled people to promote the inclusion of all disabled children whatever their impairments and to ensure that greater pressure is put on Governments to ban all landmines once and for all.

### 4. Disabled people take action against rape in Bangladesh. The Manikganj Disabled Peoples’ organisation on Development (DPOD) have recently taken to the streets to protest against the inaction of the local police in the case of a fifteen year old girl with learning disabilities who was raped. Several hundred people marched through the streets of Manikganj town and held a rally outside the local press office. Protesters are calling for the arrest and prosecution of the perpetrator. Disabled leaders from DPOD and other NGOs spoke out against the authorities who have as yet failed to act after receiving reports that the man, who is alleged to have committed this heinous crime, is now threatening the young girl’s family and putting pressure on them to withdraw the case. [Source: One for All Vol.4]

**B5. Human Rights Campaign Activity [[12]](#footnote-12)**In your group take one of the above 4 scenarios. Work out how you would build a Human Rights Campaign to end the situation outlined and introduce the relevant part of the UN Convention on the Rights of Persons with Disabilities.

**What you want to change!**

**What will you do?**

**Who you will recruit to the campaign?**

**How will you research and publicise your campaign?**

**How will you know you have succeeded?**

**Which parts of UNCRPD would you use?**

**Which other UN Conventions could you use?**

**Presentation: Building a Campaign -The Key Ingredients of Change**

**How will you research and publicise your campaign?**

**Who you will recruit to the campaign?**

**What you want to change!**

**What will you do?**

**How will you know you have succeeded?**

**B6. Origins of UN Convention on the Rights of Persons with Disabilities**

Persons with disabilities have long fought to have their human rights formally recognized in human rights law. In 2006 the United Nations General Assembly adopted the Convention on the Rights of Persons with Disabilities (CRPD), the first convention that specifically addresses the human rights of people with disabilities. The CRPD is the first global convention addressing disability.

From the first meeting to draft the CRPD, members of the global disability rights movement insisted that people with disabilities be included in deciding what the convention should say.

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 then 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 People with Disabilities. 2 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. 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 last 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 eight international disabled people’s organisations which have permanent consultative status and form the International Disability Alliance were expanded to form the Inter national Disability Caucus (IDC). The IDC comprised 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[[13]](#footnote-13).

The disability community was able to exercise a greater level of participation and influence in the drafting of the CRPD than any other specific group has ever been able to achieve in a UN human rights treaty process. As a result, the CRPD covers the full spectrum of human rights of persons with disabilities and takes much stronger positions than it would have if governments alone had drafted it. In addition, disability organizations, individuals with disabilities, governments, and the United Nations forged important relationships during this drafting process.

Now that the human rights of persons with disabilities have been recognized in international law through the CRPD, the next step is for persons with disabilities in all countries to continue to advocate and work with their governments to ensure that the Convention is ratified and implemented. Every person who advocates for their rights under the CRPD becomes an important member of the global disability rights movement!

**B7. Tree of Rights: Activity**

|  |  |
| --- | --- |
| Objective: |      To identify how a range of human rights applies to persons with disabilities |
| Time: |      45 minutes |
| Materials: |      Tree trunks sketched on large posters     10 cut-outs each of branches/leaves/fruits on which to write     Chart paper and markers or blackboard and chalk  |
| Handouts: |      UDHR (short version)     CRPD Article 3, General Principles; Article 4, General Obligations  |

**1. Introduction**
Like all human beings, people with disabilities are holders of human rights. In order to claim their human rights, people with disabilities must understand what those rights are and what must be done to respect, protect, and fulfil them.

**2. Brainstorm/Construct:**
Divide participants into small groups. Provide each group with a large poster size drawing of a tree trunk and paper cut outs of branches (10), leaves (10), and fruit (10). Explain the exercise:

* Participants should select 10 principles from the UDHR, write one principle on each branch, and attach the branches to the trunk to create a tree.
* Then on each branch attach:
	+ one leaf that includes how that right applies to persons with disabilities (Note: Here it may be helpful for participants to refer to CRPD Articles 3 and 4, as the concepts in these CRPD articles underpin all rights as they relate to persons with disabilities.)
	+ one piece of fruit that describes an action that can be taken by governments to ensure that right.

|  |  |  |
| --- | --- | --- |
| Example: |     Branch: |       Right to Equality before the Law (UDHR Article 7) |
|   |     Leaf: |        Right to make decisions about where one lives |
|   |     Fruit: |        Laws to ensure that people with disabilities are not automatically considered "legally incompetent" and are involved in legal decision that affect them  |

**3. Report:** Post each tree on the wall. Have each group read a few of their branches and the associated leaves and fruits from its tree.

* Which UDHR principles did more than one group choose?
* How were the leaves and fruits different among those groups for the same UDHR principle?
* What were some of the more difficult rights to address? Was it difficult to decide what to write on the leaves? Why?

Select one or two examples and look at the relevant text from the full CRPD to analyze what it offers in the context of that particular right.

**4.Discuss:** The rights of people with disabilities are not different from the rights of everyone else, but they do often manifest themselves differently for people with disabilities.

* How does the CRPD help articulate the rights of persons with disabilities more specifically than the UDHR?
* How does it help guide governments in their responsibilities with respect to the human rights of persons with disabilities?

**B8. A short history of ideas about disability in Western Europe and the right to life (Article 8)**

Different cultures have responded in various ways to disabled people. There are many strange beliefs about difference. Impairment has often been seen as a punishment from God for the sins of the parents. In Hindu and Buddhist cultures, the belief in reincarnation and karma dominates stipulating that you are disabled because you did something bad in a previous life, In the west, our ideas are dominated by Greek and Roman ideas of the body beautiful and physical perfection.

1. Judaic / Christian ideas of charity have also shaped our treatment to giving asylum and alms. During times of social change, disabled people have been made scapegoats as in the Great Witch Hunts or during plagues. Mostly in feudal and early modern Europe, disabled people would have been accepted as part of the family or work group. The 19th century saw greater segregation of disabled people.
2. The workforce had to be more physically uniform to perform routine factory operations. Disabled people were rejected. Disabled people were viewed as worthy poor as opposed to ‘work shy’ unworthy poor and given Poor Law Relief.
3. Disabled people became dependent more and more on the medical profession for cures, treatments and benefits. From around 1850 doctors became much more powerful with the Asylums Acts in controlling the lives of disabled people. More and more disabled people were put in institutions and long stay hospitals.
4. Eugenicists believed disabled people would weaken the gene pool of the nation and weaken competitiveness.
5. In 1880 at an International Conference in Milan Sign Language was banned as a form of instruction for deaf children as there were fears that they would form their own society of deaf people.
6. On passing into law the Mental Deficiency Act 1913 Winston Churchill, as Home Secretary said

*““The unnatural and increasingly rapid growth of the feebleminded classes, coupled with a steady restriction among all the thrifty, energetic and superior stocks constitutes a race danger. I feel that the source from which the stream of madness is fed should be cut off and sealed up before another year has passed.”*

1. In the USA Eugenicist thinking led to compulsory sterilisation for born deaf women and those with an IQ below 50. Ellis Island was used to disability vet immigrants to the USA. Those being unfit for US citizenship being put on the boat back to Europe.
2. Increasingly, disabled people were shut away in single sex institutions for life or sterilised. Separate special schools and later nurseries were set up that denied non-disabled people the day-to-day experience of living and growing up with disabled people and vice-versa. Special education became linked to special schools.
3. The German National Socialists (Nazis) when they came to power in 1933 introduced compulsory sterilisation of disabled people. They launched a propaganda campaign to get rid of the ‘useless eaters’. On the excuse of ‘mercy killing’ department T4 set up 6 clinics located in old castles, to murder disabled people in 1939 using lethal injections and later Cyclon B gas. The German Government recently apologised for the murder of 240,000 people. The staff who were dehumanised carrying out this killing were then transferred to the camps in Poland for the Final Solution of Jewish People.
4. There were movements and resistance of disabled people prior to this. Most notable were mass demonstrations of blind and disabled veterans from the First World War demanding the Right to Work in UK and USA.
5. The last 30 years have seen the growth of the Disability Movement arguing for an end to segregation and a strong push for human rights from parents.
6. Starting in Southern Africa with occupations of institutions and in Berkley California with a sit-ins at the University and in the UK with UPIAS- The Union of Physically Impaired Against Segregation a new Disability Movement developed at about the same time. This was a movement of young activists who had managed to get to university and were demanding civil rights for disabled people.
7. I980 four hundred disabled activists leave Rehabilitation International and form Disabled People’s International. They adopt a new definition in which this new movement of disabled people make a distinction between **impairment** and **disablement**.

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

*“Disablement 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 People’s International, 1981*

1. The medical model and deficient thinking about disabled people still dominates the world today. In China more than 20 million women have been compulsorily sterilised if they are thought to have learning difficulties. Disabled people with mental health issues are often given electric shock treatment and chemicals against their will. Parents with learning difficulty are in threat of having their children taken away from them. In many cultures the killing of disabled children is condoned. Around the world only about 10% of disabled people are in paid work in open employment. The vast majority of disabled children are still denied access to education.
2. In the years following the Universal Declaration of Human Rights it became clear that people with disabilities were not seen as human. Everywhere we were denied the basic rights others took for granted. Following the International Decade of the Disabled . The UN Standard Rules on Equalisation[[14]](#footnote-14) 1992 were introduced but these were ineffectual as were other voluntary treaties such as the Biwako Millennium Framework[[15]](#footnote-15). Disability Awareness in Action[[16]](#footnote-16) collected more than 2.6 million human rights abuses towards disabled people which helped convince legislators of the need for a UN Treaty.
3. Subjecting people with disabilities to harmful forms of treatment in the name of "fixing" or "curing" their disability has a long history. In many early cultures, disease was thought to be caused by an invasion of evil spirits, which healers attempted to exorcise with a variety of dangerous and potentially harmful techniques. The practices of displaying and photographing children with visible disabilities in hospital amphitheatres or subjecting people with disabilities to display in circuses with forced-labour conditions are degrading, as well as psychologically harmful. Many of these practices occur in a hospital or health-care setting and often against the most vulnerable populations of people with disabilities, such as people with psycho-social disabilities. Related practices occur in countries with under-developed health care systems.
4. The treatment of psycho-social illnesses especially illustrates such abusive practices that may amount to torture or cruel, inhuman, or degrading treatment or punishment. In many cultures persons with psycho-social illness are considered to be possessed by demons that must be driven out, often by violent means such as physical abuse, or even drilling into the skull to "release the demon." In the European middle ages, a standard "cure" for "madness" was isolation in darkness or public whipping. In the 18th century "enlightenment," people with psycho-social illness were often confined to public "madhouses" such as the infamous Bedlam Hospital in London, to which citizens could purchase tickets for the amusement of looking at the inmates.[[17]](#footnote-17)
5. Such treatment of people with psycho-social disabilities is not confined to the past. Disability organizations have documented contemporary examples of such practices, which constitute some of the most extreme forms of torture and cruel, inhuman, and degrading treatment against people with disabilities. This includes the long-term use of restraints, especially under painful conditions; involuntary use of electroshock therapy (ECT) without anaesthesia; and detention in dangerous facilities without any protection from violence or access to medical care for victims of violence. The use of brain-damaging surgeries without consent, such as lobotomy (brain surgery designed to numb the emotions), is still practiced, often performed on women deemed to be "too emotional." The use of harmful medications designed to "subdue" people with psycho-social disabilities is another example of coercive treatments imposed on people that violate human rights. Mental Disability Rights International (MDRI) has exposed instances of abuse where a particular psychiatric "treatment" is in fact being used as a punishment and has argued persuasively that such conduct violates the torture prohibition, as in the case of using unmodified ECT without anaesthesia.﻿[[18]](#footnote-18)
6. Physical and mental abuses and gross neglect endangering the lives of people with disabilities housed in institutional facilities are widespread. Reports issued by MDRI on conditions for people with mental disabilities warehoused in dismal and dangerous institutions detail unhygienic conditions of detention, excessive use of physical restraints, lack of adequate food, water, clothing and medical care, and other life-threatening conditions. MDRI has also documented instances of complete sensory deprivation in barren, long-term isolation cells in institutions.﻿[[19]](#footnote-19) These conditions are examples of violations that may fall under torture or cruel, inhuman, or degrading treatment or punishment, depending on the circumstances.

**Exemplar: Disability History Lives Lost in Minnesota Institutions:
The Remembering with Dignity Campaign**

Remembering with Dignity is a coalition of disability rights and advocacy organizations founded in 1994 working to honour people who lived and died in Minnesota’s state institutions. The goals of the campaign include:

* Restoring over 12,500 unmarked graves in institution cemeteries. Graves currently identified with only a numbered cement block – or with no marker at all – will be honoured and marked with the person’s name, date of birth and date of death.
* Collecting and recording oral histories of people with disabilities, particularly those who have lived in institutions.
* Organizing people with disabilities to ensure full integration in community life and to prevent a return to institutionalisation.
* Raising public awareness about people with developmental disabilities.
* Demanding an apology from the State of Minnesota for its treatment of people with disabilities kept in institutions.

**Campaign Achievements:**

* Obtained release of the names of people buried in the Faribault cemeteries by working with the Department of Human Services, Attorney General's Office, Disability Law Centre and Faribault Regional Centre.
* Reconstructed incomplete lists of the earliest burials at the former Faribault State Hospital. There is now a more complete record of the individuals who were buried anonymously there.
* Between 1997 and 2005, the state legislature approved the granting of $725,000 for marking 12,500 graves of people buried in state hospital cemeteries.
* Placed over 2500 gravestones at cemeteries of former state hospitals.
* State cemetery in Cambridge was officially named the "Garden of Remembrance".
* Introduced a resolution asking the state legislature for a formal public apology to Minnesotans who were institutionalized and apology from the Governor in recognition of harms caused by massive institutionalization.﻿

**B9. Medical & Social Models of Disability**

1. **Medical Model.** The ‘medical model’ sees the disabled person as the problem. We are to be adapted to fit into the world as it is. If this is not possible, then we are shut away in some specialised institution or isolated at home, where only our most basic needs are met. The emphasis is on dependence, backed up by the stereotypes of disability that call forth pity, fear and patronising attitudes. Usually the impairment rather than the needs of the person are focused on. The power to change us seems to lie within the medical and associated professions, with their talk of cures, normalisation and science. Often our lives are handed over to them.
2. Other people’s assessments of us, usually non-disabled professionals, are used to determine where we go to school, what support we get and what type of education, where we live, whether or not we can work and what type of work we can do and indeed whether or not we are born at all or are even allowed to procreate. Similar control is exercised over us by the design of the built environment presenting us with many barriers, thereby making it difficult or impossible for our needs to be met and curtailing our life chances. Whether it is in work, school, leisure and entertainment facilities, transport, training and higher education, housing or in personal, family and social life, practices, and attitudes disable us. Powerful and pervasive views of us are reinforced in the media, books, films, comics, art and language. Many disabled people internalise negative views of themselves that create feelings of low self-esteem and achievement, further reinforcing non-disabled people's assessment of our worth. The ‘medical model’ view of us creates a cycle of dependency and exclusion, which is difficult to break.
3. ‘Medical model’ thinking about us predominates in the social care system and schools where special educational needs are thought of as resulting from the individual who is seen as different, faulty and needing to be assessed and made as normal as possible. If people were to start from the point of view of all children’s right to belong and be valued in their local school we would start by looking at ‘what is wrong’ with the school and looking at the strengths of the child.
4. This second approach is based on ‘social model’ of disability thinking which views the barriers that prevent disabled people from participating in any situation as what disables them. The social model arises from defining impairment and disability as very different things. This lies behind the ‘paradigm’ or thought framework shift in the UNCRPD.
5. **Social Model.** Impairment and chronic illness exist and they sometimes pose real difficulties for us. The Disability Movement comprises those disabled people and their supporters who understand that they are, regardless of their particular impairment, subjected to a common oppression by the non-disabled world. We are of the view that the position of disabled people and the discrimination against us are socially created. This has little to do with our impairments. As a disabled person you are often made to feel it's your own fault that you are different. The difference is that some part, or parts, of your body or mind are limited in their functioning. This is an impairment. THIS DOES NOT MAKE YOU ANY LESS OF A HUMAN BEING. But most people have not been brought up to accept us as we are. Through fear, ignorance and prejudice, barriers and discriminatory practices develop which disable us. The understanding of this process of disablement allows disabled people to feel good about themselves and empowers us to fight for our human rights.
6. The **Disabled People's Movement** believes the **'cure'** to the problem of disability lies in the **restructuring of society.** Unlike medically based 'cures', which focus on the individual and their impairment, this is an achievable goal and to the benefit of everyone. This approach referred to as the 'social model' suggests those disabled people’s individual and collective disadvantage is due to a complex form of institutional discrimination as fundamental to our society as sexism, racism or tribalism.
7. The **obsession with finding medically based cures, distracts us from looking at causes of either impairment or disablement.** In a worldwide sense, most impairments are created by oppressive systems - hunger, lack of clean water, exploitation of labour, lack of safety, child abuse and wars. Clearly, this thinking has important implications for our education system, particularly with reference to primary and secondary schools. Prejudicial attitudes toward disabled people and, indeed, against all minority groups, are not inherited. They are learned through contact with the prejudice and ignorance of others. Therefore, to challenge discrimination against disabled people we must begin in our schools.
8. Our fight for the inclusion, however 'severely' impaired one is ,in one, inclusive mainstream system, will not make sense unless the difference between the 'social' and the 'medical' or individual model of disability is understood.**Medical /Social Model thinking**[[20]](#footnote-20)

|  |  |
| --- | --- |
| **MEDICAL MODEL THINKING** | **SOCIAL MODEL THINKING** |
| **Person is faulty** | **Person is valued** |
| **Diagnosis** | **Strengths and needs defined by self and others** |
| **Labelling/Deficit** | **Identify barriers and develop solutions** |
| **Impairment becomes focus of attention** | **Outcome based programme designed** |
| **Assessment, monitoring, programmes of therapy imposed** | **Resources are made available to ordinary services** |
| **Segregation and alternative services** | **Training for disabled people, parents and professionals** |
| **Ordinary needs put on hold** | **Relationships nurtured** |
| **Re-entry if normal enough OR permanent exclusion** | **Diversity welcomed and person is included** |
| **Society remains unchanged** | **Society evolves** |

######

######  Social Model

######

###### B10. Activity on Traditional /Medical /Social Models of Disability

* Make the 24 statements below into 24 statements on cards
* Mix up the cards
* ~Groups to sort them under three headings: Traditional, Medical and Social Model Views

**24 Statements**

**Traditional View**

You are a freak of nature

You should be a penitent sinner

You should not be allowed to have children

You are like that because your parents did something wrong

Its bad karma

I feel pity for you

You are a child of the devil and evil

You are in-educable

 **Medical Model View**

If you try really hard you could be normal

If we operate you will be able to walk again

You are ill and need a psychiatrist

You must go to a special school and have specialist therapy

You will never be able to have a sexual relationship

You will always have the mental age of a 5 year old.

If they are allowed to breed they will weaken the gene pool.

Equality is treating everyone the same

**Social Model View**

We have the right to be different

We see what you can do, not what you can’t

Work at a pace and in a way that suits you

This building needs to be made accessible

Equality is giving people what they need to thrive.

You have the right to be a wife and a mother

Your views are important

Inclusive education for all.

**B11. Definitions of Disability**

Disability is a complex concept, and as yet there is no definition of disability that has achieved international consensus. Nevertheless, each person involved in advocating for disability rights must be able to explain to others what group of people they are talking about when they refer to persons with disabilities. How you define and express the concept of disability strongly impacts the understanding, attitude, and approach of others toward the human rights of persons with disabilities.

**Design a National Census Question for your country**

**1. Introduce:** Explain that the purpose of a national census is to count the number of people in a country and to understand their distribution across different demographic categories. For instance, governments need to know the number of school-aged children in order to allocate the necessary resources to educate them.

**2. Discuss:** Discuss the following questions either in small groups or the large group:

* Why is it important to know how many people with disabilities are in your country and where they are located? How does this relate to human rights?
* Is it important to identify what types of disabilities people have (e.g., mobility impairments, sensory disabilities, psycho-social disabilities)?

**3.** What definition of disability should be used to ensure the most accurate and inclusive consensus? Below are some examples of definitions or descriptions of disability used in various international and national contexts.

* What are the major differences between these definitions?
* Which ones seem to be the most useful? Inclusive?Accurate?

**a. UN Convention on the Rights of Persons with Disabilities (CRPD):**
*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.*
 **b. Americans with Disabilities Act (ADA):**
*An individual with a disability is a person who: (1) has a physical or mental impairment that substantially limits one or more major life activities; or (2) has a record of such an impairment; or (3) is regarded as having such an impairment.*

**c. UK Equalities Act 2010**

***“****A person has a disability if she/he has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.”*

*[Whether the condition has this impact without taking into account the effect o****f*** *any medication the person is taking or any aids or assistance or adaptations they have, like a wheelchair, walking stick, assistance dog or special software on their computer or teaching assistant. ]*

**d. Government of Uganda:** Definition from the 2002 Housing and Population Census
*“A person with a disability is defined as one who is limited in the kind of or amount of activities that he or she can do, because of ongoing difficulty(ies) due to a long- term physical condition or health problem that has lasted six months or more. This includes all those difficulties that are expected to last more than six months”.*

**e. Disabled People’s International**

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

*“Disablement 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.” 1981*

**f. World Health Organisation**

*“Any restriction or lack (resulting from impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.”*

**g. South African Government Census 2001**

*Does the person have any serious disability that prevents his/her full participation in life*

*activities? None 0; Sight 1; Hearing 2; Communication 3; Physical 4; Intellectual 5; Emotional 6.*

**h. UNICEF Household Survey of children [[21]](#footnote-21)**

*A child is considered “disabled” if he/she:*

* 1. *Has delay in sitting, standing or walking*
	2. *Has difficulty seeing, either in the daytime or at night*
	3. *Has difficulty hearing*
	4. *Has difficulty in understanding instructions*
	5. *Has difficulty walking or moving arms or has weakness or stiffness of limbs*
	6. *Has fits, becomes rigid, loses consciousness*
	7. *Does not learn to do things like other children his/her age*
	8. *Does not speak at all*
	9. *Speaks differently from normal or cannot name at least one object*

*(10)Appears mentally backward, dull or slow*

4. **Define/Present/Discuss:**
There are many different contexts in which it is important to clarify the meaning of disability. As an advocate, you should be prepared to express your opinions about what disability means in various advocacy situations. Work with a partner to develop a definition that you yourself would use in talking to others about disability rights. Present your definition to the whole group. Discuss the advantages and disadvantages of each definition. If possible allow time for revisions.

5. **Research:**

* Does your national census address the question of disability?
* If so, what definition of disability is used in your national census?
* What definition is used?
* Is this the same definition that is used in national legislation?
* How can you find out?
* What definition would you recommend to use in the census? In national legislation?

|  |
| --- |
| **Census Questions on Disability** The World Bank has endorsed the following six questions, developed by the Washington Group on Disability, that a government might include in a national census to capture general disability prevalence in a census.*Because of a physical, mental or emotional health condition...**1.Do you have difficulty seeing even if wearing glasses?2.Do you have difficulty hearing even if using hearing aid/s or are you deaf?3.Do you have difficulty walking or climbing stairs?4. Do you have difficulty remembering or concentrating?5.Do you have difficulty with self-care (e.g., washing all over or dressing)?6Do you have difficulty communicating, understanding or being understood?* Question response categories: No, Some, A lot, and Unable[[22]](#footnote-22)  |

**B12. Stereotypes of Disability In The Media**

"Disabled People Should Be Shown As An Ordinary Part Of Life In All Forms Of Representation, Not As Stereotypes Or Invisible". This was the verdict of 150 key image-makers at ‘The Invisible Children Conference 1994.

#### There are 10 main stereotypes of disabled people: The disabled person as:

**1. Pitiable And Pathetic -** Charity adverts, Telethon, Children in Need, Tiny Tim in a 'Christmas Carol' or Porgy in Gershwin's 'Porgy and Bess'.

**2. An Object Of Violence -** 'Whatever Happened to Baby Jane?' or 'Wait until Dark' set the style for countless TV films.

**3.Sinister Or Evil** - Shakespeare’s 'Richard III', Stevenson's 'Treasure Island', 'Dr. Strangelove', 'Dr. No', Speilberg's 'Hook' or Freddy on 'Elm Street'.

**4. Atmosphere** - Shown as curios or exotica 'freak shows', and in comics, horror movies and science fiction e.g. 'Hunchback of Notre Dame' or 'X-Men'.

**5.'Super Crip' Or 'Triumph Over Tragedy'** - 'Reach for the Sky', the last item on the news, e.g. climbing a mountain.

**6. Laughable** 'Mr. Magoo', being the butt of jokes or films like 'Hear No Evil, See No Evil' and 'Time Bandits'.

**7. Having A Chip On Their Shoulder** - Laura in the 'Glass Menagerie', often linked to a miracle cure as in 'Heidi' and the 'Secret Garden'.

**8. A Burden/Outcast**- as in 'Beauty & the Beast' set in subterranean New York, the Morlocks in the 'X-Men' or in 'The Mask'.

**9. Non-Sexual Or Incapable Of Having A Worthwhile Relationship** - Clifford Chatterley in 'Lady Chatterley's Lover', 'Born on the Fourth of July' or O'Casey's 'Silver Tassie' - to name but a few.

**10**. **Incapable Of Fully Participating In Everyday Life** - our absence from everyday situations, not being shown as integral and productive members of society. When we are shown the focus is on our impairments.[[23]](#footnote-23)**Images: The Way Forward from Disabled People**

1. Shun one-dimensional characterisations. Portray disabled people as having complex personalities capable of a full range of emotions.
2. Avoid depicting us as always receiving. Show us as equals giving as well as receiving.
3. Avoid presenting physical and mental characteristics as determining personality.
4. Refrain from depicting us as objects of curiosity.
5. Make us ordinary.
6. Our impairments should not be ridiculed or made the butt of jokes.
7. Avoid sensationalising us especially as victims or perpetrators of violence.
8. Refrain from endowing us with superhuman attributes.
9. Avoid showing disabled people as non-sexual. Show us in loving relationships and expressing the same range of sexual needs and desires as non-disabled people.
10. Show us as an ordinary part of life in all forms of representation.
11. Most importantly cast us, train us and write us into your scripts, programmes and publications.[[24]](#footnote-24)

**List below examples of negative and positive images of disabled people in the following categories*[[25]](#footnote-25)*:**

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |  |  |  |
| **5.Advertising** |  |  |  |

**C1. A Human Rights Approach to Disability**

The **social model of disability**, which focuses on the responsibility of governments and society to ensure access, inclusion, and participation, sets the stage for the emergence of the Human Rights Approach to Disability, which focuses on the inherent human rights of persons with disabilities. This approach:

* Identifies persons with disabilities as rights holders and subjects of human rights law on an equal basis with all people
* Recognizes and respects a person's impairment as an element of natural human diversity, on the same basis as race or gender, and addresses the disability-specific prejudices, attitudes, and other barriers to the enjoyment of human rights
* Places the responsibility on society and governments for ensuring that political, legal, social, and physical environments support the human rights and full inclusion and participation of people with disabilities.

The UN Office of the High Commissioner for Human Rights (OHCHR) has summarized the rights-based approach as follows:

"A human rights approach asks: what are the long term or underlying reasons why a section of society is vulnerable, marginalized or experiences discrimination.

A human rights approach then provides strategies based in international human rights law and standards which address these root causes of discrimination."

In particular the OHCHR stresses the following ideas:

**Empowerment**: A human rights approach to disability aims to empower people with disabilities to make their own choices, advocate for themselves, and exercise control over their lives.
**Enforceability and Remedies**: A human rights approach to disability means that people with disabilities should be able to enforce their rights at the national and international levels.
**Indivisibility:** A rights-based approach to disabilities must protect both the civil and political rights as well as economic, social, and cultural rights of people with disabilities.
**Participation**: A human rights approach to disabilities says that people with disabilities must be consulted and participate in the process of making decisions that affect their lives. [[26]](#footnote-26)

**Barriers to exercising human rights** can stem from attitudes, prejudice, a practical issue, a legal obstacle, or a combination of factors. But a disability itself does not affect or limit a person's entitlement to human rights in any way. Defining persons with disabilities first and foremost as rights holders and subjects of human rights law on an equal basis with others is an extremely powerful approach to changing perceptions and attitudes, as well as providing a system for ensuring the human rights of persons with disabilities.

**C2. Equality and Non-Discrimination**

***Article 5, Equality and Non-discrimination:***

1. *States Parties recognize that all persons are equal before and under the law and are entitled without any discrimination to the equal protection and equal benefit of the law.*
2. *States Parties shall prohibit all discrimination on the basis of disability and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds.*
3. *In order to promote equality and eliminate discrimination, States Parties shall take all appropriate steps to ensure that reasonable accommodation is provided.*
4. *Specific measures which are necessary to accelerate or achieve de facto equality of persons with disabilities shall not be considered discrimination under the terms of the present Convention”.*

***Article 2, Definitions (excerpts):*** *"Discrimination on the basis of disability" means any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all  human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation.”*

***Article 3, General Principles::*** *The principles of the present Convention shall be:*

1. *Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;*
2. *Non-discrimination;*
3. *Full and effective participation and inclusion in society;*
4. *Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;*
5. *Equality of opportunity;*
6. *Accessibility;*
7. *Equality between men and women;*
8. *Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities”*

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The terms **"equality"** and **"non-discrimination"** address some of the most fundamental concepts in human rights, yet many people use them without thinking about what they really mean. Understanding equality and non-discrimination is essential if they are to be used effectively in human rights advocacy.

**Equality** In its simplest sense, the word **"equality"** may be defined as meaning "the same as," "equivalent," "matching," or "identical." When applied to people, however, the term is not intended to mean that all people are identical or exact copies of each other, for that is clearly not the case! In a human rights context, "equality" is used to mean that we are all the same in one fundamental way: **regardless of our differences we all possess inherent worth.** We are all equally entitled to human rights simply because we are human, and the qualities that make us unique and different should not make us superior or inferior in regard to rights. When put into practice, the principle of equality therefore requires every individual and the societies in which they live to value and accommodate human differences, including - differences based on disability.

A number of different approaches can be taken when thinking about and applying the principle of equality. The first is often referred to as **"formal equality,"** and can occur when laws or policies call for different groups of people to be treated the same, perhaps by saying that they should not be discriminated against. Although such an approach seems logical and it certainly has an important role to play, it is not enough by itself to ensure that people with disabilities or other groups can enjoy true equality. **Additional steps may need to be taken in order to account for the different circumstances that people with disabilities face and to address the artificial barriers to their inclusion that have been created by society.** For example, calling for people with disabilities to be treated in the same way as other people will not be effective in removing physical, informational, communication, and attitudinal barriers, nor will it help individuals who need differential treatment in the form of specific disability accommodations.

Another approach to equality is what is often referred to as **"equality of opportunity."** This approach recognizes that people may face limitations in their lives resulting from factors and circumstances entirely outside of their control, such as their race, gender, disability, and social status. These factors alone, and in combination with attitudinal and other barriers, can make it impossible for people with disabilities to live as they wish and contribute to society as they might want. Ensuring equality of opportunity therefore requires specific actions to be taken to move beyond formal equality, and ensure that people with disabilities can enjoy the same opportunities as other people. Such actions might include ensuring accessibility of transportation, combating stereotypes and attitudes that lead to discrimination against people with disabilities, and providing reasonable accommodations in educational, employment, and other contexts.

The third approach can be referred to as **"equality in fact,"** "substantive equality," or "**de facto** **equality**." This approach seeks to ensure equality of results and not just equality of opportunity, as just saying that people are "equal" is not usually enough to make them so. In other words, de facto equality sees each person as equally entitled to full enjoyment of their human rights regardless of their actual contributions or capacity to contribute to society.

Although a properly implemented **"equality of opportunity"** approach is typically sufficient to ensure that most people with disabilities are able to enjoy their human rights as they wish, an additional commitment by the State to "de facto equality" can be of great assistance in ensuring enjoyment of human rights by people with disabilities. For example, ensuring that people with disabilities are not discriminated against by employers may not be enough to ensure that people with disabilities enjoy the right to work if at the same time they are not otherwise qualified for the jobs for which they apply. Thus, to ensure de facto equality in employment settings, it may be necessary for States to provide training opportunities for people with disabilities so that they can more readily compete against other job applicants.

**Non-discrimination** It is perhaps easier to start thinking about what "non-discrimination" means by first considering the meaning of "discrimination." In its most basic sense to "discriminate" means to "distinguish," to "differentiate," or to "treat differently," and is neither positive nor negative in tone. However, the term takes on a more negative meaning when used to describe how people treat each other. To say that somebody has been "discriminated against" typically means that they have not only been treated differently but also unfairly. This unfair treatment could be blatant such as a law expressly discriminating against people with disabilities, or it could occur in a more subtle manner, such as where a rule is neutral but acts to adversely affect people with disabilities. Such subtle forms of discrimination can be particularly insidious because people may believe that the lack of blatant discrimination makes rules or laws fair, even though their effects are damaging.

These two types of discrimination are sometimes referred to as **"direct" and "indirect"** discrimination, though the labels are less important than the damage caused by such discrimination and the actions needed to counter it. As will be discussed later, international human rights law prohibits all such discrimination when it is on specific grounds, such as disability, race, sex, national origin, and other specified bases. The principle of "non- discrimination" therefore encompasses the commitment not to engage in such forms of discrimination and to take steps to counter more subtle and indirect forms of discrimination. States must also ensure that they address issues of discrimination regardless of whether the discrimination occurs just between individuals or in a more systemic way, such as through legislation, policies, and regulations.

Perhaps one of the most potentially confusing aspects of non-discrimination is that it does not always prohibit States from treating people differently, and in some cases requires that they do! This is because the principles of non-discrimination and equality interact with each other. For example, the historic and long-term discrimination against people with disabilities as a group has led to people with disabilities not enjoying full equality with other people. In order for this situation to be reversed, States need to undertake actions that are known in different countries and contexts as "specific measures," **"affirmative action,"** "fair discrimination," "reverse discrimination," or "positive discrimination." However they are labelled, the objective of these actions is to achieve equality, and they often do so by treating people with disabilities in a way that accords them some comparative advantage. For example, efforts to encourage businesses to appreciate the value of employees with disabilities and to employ more people with disabilities, may favour people with disabilities over other people. The need for workplace disability accommodations may also lead to employees with disabilities receiving specific treatment that differs from that of other employees. Although such actions effectively treat people differently, they are not considered "discrimination," because the goal is to overcome disadvantages, achieve equality, and promote rather than violate enjoyment of human rights. Indeed, under Article 2 of the Convention on the Rights of Persons with Disabilities, the failure to provide for reasonable accommodation would be considered a form of disability-based discrimination prohibited under the Convention.

The principles of equality and non-discrimination not only interact with each other, they are also fundamentally **indivisible, interrelated, and interdependent** with all other human rights. For example, if a State passed a law denying people with disabilities the right to work, this would not only constitute a violation of the right to work, but it would also represent an explicit form of discrimination and a violation of equality. Indeed, it is not truly possible to say that any human right has been fully enjoyed if equality or non-discrimination have been denied. For this reason some people would say that full enjoyment of human rights by people with disabilities necessarily occurs through implementation of the principles of equality and non-discrimination, together with access to specific rights. For example, it is not enough to say that people with disabilities should not be discriminated against in enjoying the right to education if no educational services are provided. Similarly, it is not enough for the State to provide educational services if people with disabilities face discrimination when using them. Thus, States are required to address both equality and non-discrimination and also access to human rights, in order for people with disabilities to truly enjoy their human rights in a manner that is inclusive and respectful of human dignity[[27]](#footnote-27)

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| --- | --- |
|  | **C3.  Activity To understand what it means to enjoy equality and non-discrimination** |

**1. Thought storm /Discuss:**
Brainstorm, listing responses to:

* What does the phrase "equality" mean to you?
* When you think of "enjoying full equality and non-discrimination," what do you think that would mean in terms of –
* How you live your life?
	+ How you treat other people?
	+ How other people treat you?
	+ What opportunities you have access to?
	+ What life experiences you can enjoy?
	+ What about how others live and experience their lives?

Review the definitions of formal equality, equality of opportunity, and de facto equality. Ask for examples of each from participants' personal experiences or observations.

**2. Imagine:**
Divide participants into small groups. Give these instructions:
Make up a fictional account of a person with a disability who enjoys formal equality of opportunity (e.g., at school, in the workplace, in the community) but does not yet enjoy de facto equality with others in that setting. Give the person a name, specific age, disability, and living context. Consider:

* What barriers have been removed or actions taken to ensure that this person enjoys formal equality of opportunity?
* What barriers have not been removed?
* How would de facto equality be different for this person?

**3. Present/Discuss:**
Ask each group to "introduce" their imagined person. After each presentation discuss:

What additional actions are needed to ensure de facto equality for that person?

Who is responsible for taking those actions and how could they be achieved?

**What Does Human Rights Law Say About Equality And Non-Discrimination?**

The basic provisions found in the UDHR are reflected again in the International Covenant on Economic, Social and Cultural Rights (ICESCR)3 and the International Covenant on Civil and Political Rights (ICCPR).4 Both the ICESCR and ICCPR contain articles ensuring the equal rights of men and women (Article 3 in each Covenant), and prohibitions of discrimination (Article 2 in each Covenant) on the same grounds as those listed in the UDHR. Article 26 of the ICCPR addresses the issue of equality before the law and equal protection of the law.

Similar provisions are reflected again in other international human right treaties. For example, Article 2 of the Convention on the Rights of the Child (CRC) expressly prohibits discrimination on a number of bases, including disability, regardless of whether it is the child or parent who is disabled.5 In some cases the overall purpose of the treaties is to combat specific types of discrimination. For example, the express intent of the International Convention on the Elimination of All Forms of Racial Discrimination (CERD)6, and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)7 is to combat discrimination on the basis of race and against women respectively.

The Convention on the Rights of Persons with Disabilities (CRPD) contains three articles of particular relevance to the principles of equality and non-discrimination: Articles 2, 3, and 5. Although it does not elaborate on the concepts, Article 3 (General Principles) clearly establishes equality and non-discrimination as two of the most important principles of the Convention, which along with other principles such as respect for difference and autonomy, should be applied to interpretation and implementation of all other substantive articles in the CRPD.

Article 5 addresses equality and non-discrimination in more detail, specifying that States must recognize the equality of people with disabilities before the law and the equal protection and benefit of the law. Article 5 also bans discrimination on the basis of disability and obligates States to guarantee "equal and effective legal against discrimination on all grounds." Although the additional grounds on which people with disabilities should not be discriminated against are not listed in Article 5, they appear in paragraph (p) of the Preamble, which lists them as:

 ... race, colour, sex, language, religion, political or other opinion, national, ethnic,indigenous or social origin, property, birth, age or other status

**C4. Accessibility Article 9**

1. *“To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities
access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both
in urban and in rural areas. These measures, which shall include the identification and elimination of obstacles and barriers to accessibility, shall apply to, inter alia:*
	1. *Buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces;*
	2. *Information, communications and other services, including electronic services and emergency services.*
2. *States Parties shall also take appropriate measures to:*
	1. *Develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public;*
	2. *Ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities;*
	3. *Provide training for stakeholders on accessibility issues facing persons with disabilities;*
	4. *Provide in buildings and other facilities open to the public signage in Braille and in easy to read and understand forms;*
	5. *Provide forms of live assistance and intermediaries, including guides, readers and professional sign language interpreters, to facilitate accessibility to buildings and other facilities open to the public;*
	6. *Promote other appropriate forms of assistance and support to persons with disabilities to ensure their access to information;*
	7. *Promote access for persons with disabilities to new information and communications technologies and systems, including the Internet;*
	8. *Promote the design, development, production and distribution of accessible information and communications technologies and systems at an early stage, so that these technologies and systems become accessible at minimum cost “.(Article 9)*

***Article 2, Definitions(excerpts):*** *"****Reasonable accommodation"*** *means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms;****"Universal design"*** *means the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. “Universal design” shall not exclude assistive devices for particular groups of persons with disabilities where this is needed.*

**C5. What Does It Mean to Enjoy Access**

|  |  |
| --- | --- |
| Objective: |      To understand what it means to enjoy accessibility  |

**1. Imagine:**
 Participants come up with some typical life activities that most people in your community do (e.g., going shopping, going to work, going to school, talking to friends, taking public transportation, eating in a restaurant, attending a religious service, attending a cultural or sports event). List these.

Next name some typical people with disabilities, including people with physical, sensory, learning, intellectual, psycho-social, and multiple disabilities. As suggestions are given, ask each participant to write them down on a separate slip of paper using the format "You are ..." and adding more description including an imagined sex and age for the suggested person (e.g., "You are a middle-aged man who uses a wheelchair"; "You are a twenty-year-old woman who is bipolar"; "You are a teenage girl with Downs Syndrome"; "You are a man of seventy who is deaf and dyslexic"). Encourage everyone to contribute at least one example. Collect the slips of descriptions, fold them, and place in an open container.

**2. Analyze**: Divide participants into pairs and ask each pair to choose two activities from the list (more than one couple may have the same activity). Then ask each couple to draw one of the descriptive slips.

**Rules of the game:**

a)The slip you drew is your "identity" for the rest of the exercise;

b)Imagine what it would be like for “you” to participate in the activities you have chosen;

c)What barriers to access might you encounter? Consider -

* + **Physical barriers**
	+ **Informational barriers**
	+ **Institutional barriers**
	+ **Attitudinal barriers**

d)What would it take for you to be able to participate? What accessibility features would you need?

**3. Report:**
Ask each group to describe who they "are" and what activities they chose. Then ask each to name the accessibility features they would need to be able to participate in their activities. List these needs on a chart like the one below. Be sure to include informational, institutional, and attitudinal as well as physical barriers.

|  |  |  |
| --- | --- | --- |
| **Activity** | **Barrier**  | **Accessibility Needed** |
|  |   |   |
|  |   |   |
|  |   |   |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 **4. Discuss**:

* Did the group's definition of "accessibility" differ depending upon the person you have in mind, or does it stay the same for all people?
* How would you define "accessibility" so that it fits all these cases?
* How does having accessibility make a difference in the lives of individual people with disabilities? In the life of the community?
* How does not having accessibility make a difference in the lives of individual people with disabilities? In the life of the community?

**Overall state obligations on access.** It should be noted that Article 9 is located towards the beginning of the CRPD. As with Articles 1-8, Article 9 is intended to inform and assist in the interpretation and implementation of all the human rights elaborated in the CRPD. For example, if someone were seeking to implement Article 13, Access to justice, an important starting place would be Article 9 when considering how to improve the accessibility of, for example, courthouses or the criminal justice system. This approach also explains why accessibility concepts are often not addressed in great detail or sometimes not at all in specific articles of the CRPD: the drafters of the CRPD intended Article 9 to be the common reference point for all issues of accessibility.

Taken as a whole, States' obligations with regard to accessibility include:

1. Obligation to respect by refraining from engaging in any act, custom or practice that creates barriers to accessibility;
2. Obligation to protect by ensuring that non-State or “private” actors (such as businesses that offer services and facilities to the public) do not create or fail to remove barriers to access for people with disabilities;
3. Obligation to fulfil by affirming that States must take proactive action (such as indicated in the provisions outlined in Article 9) to ensure accessibility for people with disabilities.

In short, international human rights law strongly supports accessibility for people with disabilities, so that people with disabilities may live independently and fully participate in all aspects of life.

**C6. Article 29, Participation in political and public life:**
*“States Parties shall guarantee to persons with disabilities political rights and the opportunity to enjoy them on an equal basis with others, and undertake to:*

1. *Ensure that persons with disabilities can effectively and fully participate in political and public life on an equal basis with others, directly or through freely chosen representatives, including the right and opportunity for persons with disabilities to vote
and be elected, inter alia, by:*
	1. *Ensuring that voting procedures, facilities and materials are appropriate, accessible and easy to understand and use;*
	2. *Protecting the right of persons with disabilities to vote by secret ballot in elections and public referendums, without intimidation, and to stand for elections, to effectively hold office and perform all public functions at all levels of government, facilitating the use of assistive and new technologies where appropriate;*
	3. *Guaranteeing the free expression of the will of persons with disabilities as electors and to this end, where necessary, at their request, allowing assistance in voting by a person of their own choice;*
2. *Promote actively an environment in which persons with disabilities can effectively and fully participate in the conduct of public affairs, without discrimination and on an equal basis with others, and encourage their participation in public affairs, including:*
	1. *Participation in non-governmental organizations and associations concerned with the public and political life of the country, and in the activities and administration of
	political parties;*
	2. *forming and joining organizations of persons with disabilities to represent persons with disabilities at international, national, regional and local levels”.*

**Examples of Barriers to Participation in Decision-making**

* Attitudes about the value of inclusion of people with disabilities in decision-making
processes
* Lack of accessible information about public meetings and consultations, political parties, voting, and registration
* Lack of transportation to public meetings, registration, and polling stations
* Physical barriers to public buildings, including courts, voting registration centres, and polling stations
* Polling stations in rooms too small to accommodate people using wheelchairs and voting boxes placed on high tables
* Lack of accessible information on voting procedures for voters with sensory disabilities
* Poorly trained election workers
* Hostility and/or exclusion of people with psycho-social disability and intellectual disabilities in decision-making processes
* Lack of alternative voting devices or accessible voting methods for people with sensory disabilities
* Lack of mobile voting mechanisms for people who cannot leave their homes or who are currently residing in hospitals/institutions.

**Activity: Make a list of the barriers to participation in your country and identify what needs to be done to fulfil Article 29. Select one and list the arguments you would use to ensure all citizens can exercise these rights.**

**C7. Article 21, Freedom of expression and opinion and access to information**

*“States Parties shall take all appropriate measures to ensure that persons with disabilities can exercise the right to freedom of expression and opinion, including the freedom to seek, receive and impart information and ideas on an equal basis with others and through all forms of communication of their choice, as defined in article 2 of the present Convention, including by:*

1. *Providing information intended for the general public to persons with disabilities in accessible formats and technologies appropriate to different kinds of disabilities in a timely manner and without additional cost;*
2. *Accepting and facilitating the use of sign languages, Braille, augmentative and alternative communication, and all other accessible means, modes and formats of communication of their choice by persons with disabilities in official interactions;*
3. *Urging private entities that provide services to the general public, including through the Internet, to provide information and services in accessible and usable formats for persons with disabilities;*
4. *Encouraging the mass media, including providers of information through the Internet, to make their services accessible to persons with disabilities;*
5. *Recognizing and promoting the use of sign languages”.* ***Article (21)***

***Article 2, Definitions (excerpts):*** *For the purposes of the present Convention:*

*"****Communication"*** *includes languages, display of text, Braille, tactile communication, large print, accessible multimedia as well as written, audio, plain-language, human-reader and augmentative and alternative modes, means and formats of communication, including accessible information and communication technology;

"****Language"*** *includes spoken and signed languages and other forms of non-spoken languages.*

**1. Freedom of opinion**
Everyone has the right to hold any opinion or view, regardless of how popular, unpleasant, or controversial others might find that opinion. This is a right that is absolutely protected and cannot be subjected to any form of restriction by States, as to do so would be to permit State interference into people’s very minds and thoughts. Essentially, we all have the right to think as we please and not to be told what or how to think.

**2. Freedom of expression**
The right to freedom of expression has two distinct parts:

1. **Right to impart or share information and ideas of all kinds**
2. **Right to seek and receive information.**

Clearly the right to freedom of expression includes the right to exchange information and articulate ideas and opinions, as well as to obtain information so that ideas and opinions can be developed.

Unlike the right to freedom of opinion, **the right to freedom of expression** carries with it certain responsibilities and can be subjected to restrictions by the State. This is because the expression of ideas or exchange of information can sometimes be harmful to others, such as when people incite hatred against others, or say untrue things that could harm the reputation of another person. For this reason the State is permitted to impose some restrictions on the right to expression in the interests of public safety, order, health, morals, or protection of the fundamental rights and freedoms of others. However, such restrictions must be provided by law and actually necessary to protect those interests. In addition, any restrictions imposed by the State should not be so great as to effectively erase the right.

The right to **freedom of expression and opinion** is critical to the enjoyment of other human rights by people with disabilities. For example, it would be hard to imagine the forming and effective functioning of disabled peoples organizations or trade unions, without the ability of members to participate in the sharing and exchange of information and ideas.

**Activity in country groups** Ask each group to work together to discuss one of the sections of Article 21.

* What does each section require be achieved?
* Who is responsible to meet this requirement?
* What challenges might there be to implementation?
* How can these challenges be overcome?

**Identify three priorities for your country in this area.**

**C8 Right to Life and Protection in situations of Risk**

**Work in pairs devise a natural disaster-Tsunami, Flood, Earthquake, Forest Fire Think of a range of disabled people and whether their needs would be met. Now rethink the scenario in terms of what would need to happen for their needs to be met?**

***Article 10, Right to Life:***

*“States Parties reaffirm that every human being has the inherent right to life and shall take all necessary measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others”.*

***Article 11, Situations of Risk and Humanitarian Emergencies:***

*“States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters”.*

**Key Points**

1. Disability is profoundly linked to the right to life. People with disabilities are frequently denied their right to life, as well as their right to protection in situations of risk in many contexts, such as natural disaster, armed conflict, and other humanitarian emergencies. Harmful cultural practices may directly violate the right to life of people with disabilities. Where resources are limited, preferential treatment of boys in the provision of food and medical attention directly impacts girls with disabilities and their right to life. In some cultures and societies, women and girls with disabilities are, like other women, subjected to practices such as widow burning and dowry killings. The practice of female genital mutilation often results in death from haemorrhaging and can create life-threatening conditions later for women during childbirth.

2. Other practices likewise implicate the right to life of people with disabilities. The practice of euthanasia in many countries takes the form of withholding life-saving treatment to a newborn child with a disability. Disability organizations have exposed cases where adults or children with disabilities have died at the hands of medical personnel who unilaterally decided that their life was "not worth living." These cases have included the imposition of a "do not resuscitate order" (DNR order) on the medical chart of patients with non life-threatening health care conditions. (A DNR order is intended to prevent attempts at Cardiopulmonary Resuscitation (CPR) if a patient goes into cardiac or respiratory arrest

3. Disability advocates have invoked the right to life in order to oppose physician-assisted suicide. Other practices of concern include abortion on the basis of disability. In developing countries, the mortality rate of children with disabilities is frequently disproportionately high because such children may not receive adequate health care, including immunization from childhood diseases. Health care providers frequently underestimate the quality of life enjoyed by people with disabilities. Consequently, people with disabilities are sometimes not given life-saving interventions that would otherwise be provided to patients.

4. The enjoyment of the right to life by people with disabilities is inextricably linked to the enjoyment of other human rights. For example, if a person with a disability has no access to health care or rehabilitation services, their right to life may well come under threat. Subjecting people with disabilities to dangerous working environments or to conditions that amount to forced labor is likewise potentially life threatening.

5. Access to information is another precondition to the enjoyment of human rights and, in some instances, is directly related to the enjoyment of the right to life. Thus, the failure of officials to provide important information in accessible formats (e.g., HIV/AIDS prevention programs or emergency evacuation procedures in times of natural disaster) may infringe upon the right to life of people with disabilities. These illustrations demonstrate that human rights are indivisible, interdependent, and interconnected. What is clear is that without respect for the right to life, all other human rights are without meaning.

**Barriers to Enjoyment of the Right to Life**

* Attitudes that life with a disability is "not worth living"
* Life-threatening conditions in institutions and orphanages
* Harmful cultural practices such as female genital mutilation, dowry killing and widow burning
* Selective abortion based on disability
* Infanticide and neglect of newborn infants with disabilities
* Imposition of "do not resuscitate" (DNR) orders
* Withholding of life-sustaining treatment for people with disabilities in hospital settings
* Domestic violence, particularly against women and girls with disabilities
* Failure to be inclusive of people with disabilities in disaster management, programs for refugees and internally displaced persons, and other humanitarian programs
* Lack of access to adequate food, clean water, shelter and basic survival needs

**C9. Parallel Group Work on different groups of articles.Task to examine the different groups of Articles in the context of Pacific Island countries. Prepare a 10 minute presentation/ posters covering the following-**

a) The main rights enshrined in these articles;

 b) Assess do you have these rights as people with disabilities currently;

c) What concretely will need to happen to get these right established de facto?

d) What difference will it make to the lives of people with disabilities in your country(s).

Resources for Groups

W.Freedom from Torture and other forms of abuse (Articles 15,16)

X. Privacy, Integrity, Home and Family Life (Articles 17,22,23)

Y. Health ,Habilitation and Rehabilitation ( Article 25,26)

Z. The right to work (Article 27)

**C9 W-Freedom from Torture and other forms of abuse (Articles 15,16)*Article 15, Freedom from torture or cruel, inhuman or degrading treatment or punishment***

1. *“No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his or her free consent to medical or scientific experimentation.*
2. *States Parties shall take all effective legislative, administrative, judicial or other measures to prevent persons with disabilities, on an equal basis with others, from being subjected to torture or cruel, inhuman or degrading treatment or punishment “*

***Article 16, Freedom from exploitation, violence and abuse***

1. *“States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based
aspects.*
2. *States Parties shall also take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring, inter alia, appropriate forms of gender- and age-sensitive assistance and support for persons with disabilities and their families and caregivers, including through the provision of information and education on how to avoid, recognize and report instances of exploitation, violence and abuse. States Parties shall ensure that protection services are age-, gender- and disability- sensitive.*
3. *In order to prevent the occurrence of all forms of exploitation, violence and abuse, States Parties shall ensure that all facilities and programmes designed to serve persons with disabilities are effectively monitored by independent authorities.*
4. *States Parties shall take all appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse, including through the provision of protection services. Such recovery and reintegration shall take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes into account gender- and age-specific needs.*
5. *States Parties shall put in place effective legislation and policies, including women-and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and,
where appropriate, prosecuted”.*

**Key Points 1.**People with disabilities are particularly at risk for exposure to torture and other forms of cruel, inhuman, or degrading treatment or punishment. Likewise, people with disabilities are vulnerable to exploitation, violence, and abuse. Many violations of these kinds against people with disabilities go unnoticed given their frequent occurrences in institutionalised settings or other places which are isolated and hidden from public scrutiny, such as private and group homes, detention centres, and prisons. Like all human beings, people with disabilities have the right under human rights law to be free from all of forms of violence and abuse.

**2**.The enjoyment of the right of people with disabilities to be free from torture and other forms of violence is also related to the enjoyment of other human rights. For example, if a person with a disability is subjected to torture, his or her right to life may well be compromised and his or her right to health - both physical and mental - is surely at risk. Where children with disabilities are subjected to violence and abuse in educational settings, their right to health and their right to an education are violated. Subjecting people with disabilities in institutional settings to degrading conditions where they receive little or no care, have no means to fulfil their basic necessities of personal hygiene, or have no access to meaningful activities of interest violates a number of human rights, not only the right to be free from inhuman and degrading treatment, but also the right to an adequate standard of living, the right to recreation, and the right to health. These examples demonstrate that human rights are indivisible, interdependent, and interrelated.

**3.Typical Forms of Violence and Abuse against People with Disabilities**

* The World Health Organization reports that violence against persons with disabilities occurs at three times the rate of their peers without disabilities.
* Maltreatment of children with disabilities is reported to be 1.7 times the maltreatment rate for children without disabilities.
* In the U.S.A., the Centre for Research on Women with Disabilities concluded that students with disabilities experience higher rates of sexual harassment than students without disabilities. In addition, girls with disabilities experience sexual harassment at higher rates than boys with disabilities.
* A Canadian study found that 60% to 80% of women receiving psychiatric care in institutions experienced violence.
* More than 90% of persons with developmental disabilities will experience sexual abuse at some point in their lives.
* 12% of men with disabilities experienced serious neglect and 9% reported physical violence at the hands of care providers.
* An estimated 1 in 25 elderly people are victims of violence each year[[28]](#footnote-28)

**4.**Human rights law draws some distinctions between torture on the one hand, and cruel, inhuman, or degrading treatment or punishment on the other. Where an action does not meet the precise definition of torture, it may be considered cruel, inhuman, or degrading treatment or punishment, depending on the form, severity and purpose of the conduct. Advocates need to understand the legal differences when they are making claims and reporting violations. It is also important to understand, however, that the lines between torture and cruel, inhuman, or degrading treatment or punishment may be difficult to draw in any given case. In part, it requires assessing the intensity and duration of pain and the particular circumstances of the individual. What some courts may agree amounts to torture in one case, may be characterized differently in another, albeit similar case.

**5**.Torture is one of the most serious violations of human rights. The right to be free from torture and other forms of physical and mental ill-treatment is absolute, and may not be suspended or restricted under any circumstances. Because of the risk of torture and other ill-treatment occurring during police custody, a number of procedural safeguards have been put in place in international human rights law documents that aim to substantially reduce the risk of torture occurring.

**6**.Torture is a frequent cause of disability, and when torture is inflicted on a person with a disability, it may lead to secondary disabilities or the onset of a serious medical condition. Interrogation techniques amounting to torture which are damaging to anyone, may be compounded for a person with certain disabilities or for those with medical conditions. In addition, the failure of an interrogator to recognize a person's disability could be mistaken for non-cooperation, as in the case of a prisoner who is unable to hear or process a question or communicate an answer as a result of a disability.[[29]](#footnote-29)

**7**.Medical and scientific experimentation without free and informed consent is a human rights violation to which people with disabilities continue to be subjected. Some of the worst and best- known examples of such abuse occurred during the Holocaust when people with disabilities were subjected to horrific medical experiments. At the Nuremberg Trials, Nazi doctors were ultimately tried and convicted of war crimes and crimes against humanity for their participation in such experiments. The prohibition of medical and scientific experimentation without informed consent is highly relevant in the context of certain diseases that cause disabling conditions and for which medical science offers no cure, but are the subject of medical research and experimentation. A situation often faced by persons with psycho-social disabilities is the provision of an untested regimen of various drugs or therapies that in their combination are unproven - such a practice must surely constitute "experimentation" as opposed to "treatment" and would therefore violate human rights law unless free and full informed consent is given.

**C9 X Privacy, Integrity, Home and Family Life (Articles 17,22,23) *Article 17, Protecting the integrity of the person****:
“Every person with disabilities has a right to respect for his or her physical and mental integrity on an equal basis with others”.****Article 22, Respect for privacy:***

1. *“No person with disabilities, regardless of place of residence or living arrangements, shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence or other types of communication or to unlawful attacks on his or her honour and reputation. Persons with disabilities have the right to the protection of the law against such interference or attacks.*
2. *States Parties shall protect the privacy of personal, health and rehabilitation information of persons with disabilities on an equal basis with others”.*

***Article 23, Respect for home and the family:***

*1.“States Parties shall take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others, so as to ensure that:*

*a)The right of all persons with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent of the intending spouses is recognized;*

*b)The rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided;*

*c) Persons with disabilities, including children, retain their fertility on an equal basis with others.*

*2.States Parties shall ensure the rights and responsibilities of persons with disabilities, with regard to guardianship, wardship, trusteeship, adoption of children or similar institutions, where these concepts exist in national legislation; in all cases the best interests of the child shall be paramount. States Parties shall render appropriate assistance to persons with disabilities in the performance of their child-rearing responsibilities.*

*3.States Parties shall ensure that children with disabilities have equal rights with respect to family life. With a view to realizing these rights, and to prevent concealment, abandonment, neglect and segregation of children with disabilities, States Parties shall undertake to provide early and comprehensive information, services and support to children with disabilities and their families.*

*4.States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. In no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents.*

*5.States Parties shall, where the immediate family is unable to care for a child with disabilities, undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting”.*

**Key Points Privacy, Integrity, Home and Family Life 1.** Societies have long debated where divisions lie between the public sphere such as the political domain and community activities and the private sphere, such as a person’s body, home, or family. They have likewise struggled to establish the degree to which the State and individuals should have control in these different spheres. This chapter addresses the private sphere, examining specifically the rights to respect for privacy, personal integrity, the home, and family.

**2**. Privacy and Respect for Personal Integrity. Today, the right to privacy includes a variety of elements, including:

**3.** The right to privacy of information, meaning the right of individuals to decide for themselves what information about them should be communicated to others and who those others may be. This information includes thoughts, opinions, actions taken when a person should reasonably expect to be acting in private, and personal information such as that related to a person’s health or finances;

**4.** Related to privacy of information is privacy of communication, which refers to the security of people’s private interactions with others, including letters, telephone conversations, private face-to-face conversations, e-mails, and other forms of communication. In other words, neither the State nor private actors have a right to read your correspondence or listen to your private discussions. Of course, there are some exceptions to this, such as when somebody is suspected of having committed a crime, but even then there are laws that govern these exceptions to ensure that such interference is both necessary and properly handled;

**5.** The right to privacy applies to a person's personal environment, meaning primarily where he or she lives, such as their home and their family or others with whom they live. It can also apply to other personal spaces, such as a person’s car or other personal property;

**6.** Another aspect of the right to privacy is freedom from attacks on a person's honour or reputation. For example, unless it is true, people do not have the right to claim to others that you have engaged in some socially unacceptable or other behaviour that might be damaging to your reputation;

**7**. Although they are separate rights that address distinct concepts, the right to personal integrity is connected to the right to privacy in that actions and circumstances that lead to the violation of personal integrity are often preceded or joined by violations of the right to privacy. Essentially, the right to personal integrity may be described as the right to be treated in a human manner and in such a way that preserves a person's mental and physical "wholeness." In other words, we all have the right not to be physically or mentally harmed by the State or private actors.

**8.** Although people with disabilities have as much right to privacy and personal integrity as all others, they frequently experience violations of these rights. For example, many people with disabilities need an assistant or caregiver to help with personal care or to accomplish certain tasks. As a result caregivers often have easy access to a wide variety of personal information such as identification numbers and financial information. It may also be necessary for the caregiver to be in close physical contact with the person, such as when assisting someone to use the bathroom or take a bath. Although people with disabilities have the right to be treated by their caregivers in a manner that respects their privacy and personal integrity, and although many professional caregivers comply with a code of professional ethics, stories of violations are all too common. These can include misuse and manipulation of personal information, such as using financial information to steal money, as well as incidents of verbal, physical or mental abuse. Such actions not only violate the rights to respect for privacy and personal integrity, they also violate basic respect for the inherent human dignity of people with disabilities.

**9.** Among the many causes of violations of the rights to respect for privacy and personal integrity, a predominant cause is the attitudes and beliefs of other people, especially with regard to people with intellectual, learning, or psycho-social disabilities. The belief by some that such people with disabilities are "not capable" of taking care of their own private information may lead to people withholding that information or giving the information to people with whom the person with disabilities would not choose to share that information. Additionally, some people believe that it is permissible to violate the privacy, or physical or mental integrity of a person with disabilities, if they are not aware that it is happening. Furthermore, the belief that people with disabilities should confirm their thinking and/or behaviour to what is considered by others as "normal," can lead to people with disabilities being forced or coerced into using medications or undergoing "treatments" that can cause both short and long-term mental and physical harm.

**10**. It is important to address such violations, not only so that people with disabilities can enjoy the rights to respect for privacy and personal integrity, but also because enjoyment of these rights can impact enjoyment of other human rights. For example, violations of the right to respect for personal integrity can, if left unchecked, progress into violations of the right to be free from torture, violence and abuse. Violations of the right to privacy may discourage people with disabilities from exercising their rights to freedom of expression and opinion, or to participate in political and public life. Similarly, violations of other rights may lead to violations of the rights to respect for privacy and personal integrity. For instance, lack of access to quality health care programs and services may expose people with disabilities to poor health-data management practices that violate the right to privacy, or to health care professionals that do not respect the right to personal integrity. Also, lack of access to justice may prevent people with disabilities from seeking a remedy for violations of privacy or personal integrity, resulting in such violations continuing.[[30]](#footnote-30)

**Y Health, Habilitation and Rehabilitation ( Article 25,26)*Article 25, Health****:
“States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related
rehabilitation. In particular, States Parties shall:*

1. *Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health
programmes;*
2. *Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and
services designed to minimize and prevent further disabilities, including among children and older persons;*
3. *Provide these health services as close as possible to people's own communities ,including in rural areas;*
4. *Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, interalia, raising awareness of the human rights, dignity, autonomy and needs of persons
with disabilities through training and the promulgation of ethical standards for public and private health care;*
5. *Prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner;*
6. *Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability”*
  ***Article 26, Habilitation and rehabilitation:***

***1.****“States Parties shall take effective and appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life. To that end, States Parties shall organize, strengthen and extend comprehensive habilitation and rehabilitation services and programmes,
particularly in the areas of health, employment, education and social services, in such a way that these services and programmes:*

*a.Begin at the earliest possible stage, and are based on the multidisciplinary assessment of individual needs and strengths;*

*b.Support participation and inclusion in the community and all aspects of society, are voluntary, and are available to persons with disabilities as close as possible to their own communities, including in rural areas.*

*2.States Parties shall promote the development of initial and continuing training for professionals and staff working in habilitation and rehabilitation services.*

*3.States Parties shall promote the availability, knowledge and use of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation”.*

**Key Points Health**

**1**. What does the right to health include? Is it a right to be healthy? Is it a right to health care services? Is it something else? We know that with every human right comes a corresponding responsibility for governments and society to ensure that this right is respected, protected and fulfilled. But no one can guarantee that the right to be free from all disease! Many factors related to people's health are beyond the control of governments, such as personal choices of unhealthy behaviours or a genetic predisposition to disease.

**2.** However, societies and governments do have great control over many underlying determinants of health, including physical conditions in the environment that affect people's health, such as public sanitation, the availability of clean water, and environmental pollution levels. In addition, societies have laws, policies, and programs aimed at promoting and protecting human health. Every country has a health system to provide medical care and public health programs designed to provide information about health risks, disease prevention, and healthy living. Governments are responsible for the quality and equity of national health systems. Furthermore, health for all people is also directly affected by other human rights, such as access to education, employment, and an adequate standard of living. Poor or uneducated people are far more likely to suffer ill health than those with economic security and decent living conditions

**3**. Poverty, lack of education, poor living conditions, and other human rights issues that impact human health disproportionately affect persons with disabilities. For instance, in many countries, clean water may be publicly available but not accessible to persons with disabilities. Likewise, health care is often not accessible or available to persons with disabilities on an equal basis with others because of factors like inaccessible buildings, lack of communications accommodations in the health care setting, and even denial of treatment based on a disability.

**4.** While governments and societies cannot be expected to take responsibility for ensuring that people do not experience any illness or disease, they are responsible for addressing factors in the social, economic, legal, and physical environment that impact health. Therefore, health as a human rights issue is framed in terms of the "highest attainable standard of health." In other words, people have a right to the conditions and resources that promote and facilitate a healthy life

**5.** Unfortunately, people with disabilities experience poorer overall health than the general population, a fact that contributes to the mistaken belief that disability is itself a health problem. The causes of poor health among persons with disabilities include a wide range of factors, most of which are the result of lack of access to the conditions and resources required for any person to be able lead a healthy life. For example, as a result of discrimination in the areas of employment and education, disabled people experience poverty at a higher level than others. Health services and important information about health are often inaccessible to persons with disabilities. Factors such as these have a far greater impact on the health of persons with disabilities than the medical effect of their disabilities.

**6**. When disability is classified as a health problem, people think of a disability as being the same thing as an illness or disease. Therefore, the medical community is regarded as responsible for "curing" or "treating" with disability rather than governments and society addressing disability as part of the social or human rights agenda. This "medical model of disability" focuses on prevention, cure, and symptom management of the disability by the health profession. Unfortunately, this approach does nothing to help eliminate the fundamental problems of discrimination, lack of access, and other social and political issues that in reality are the major cause of poor health among persons with disabilities. Health and Rehabilitation should not be confused

**Key Points Rehabilitation**

1."**Habilitation"** refers to a process aimed at helping people gain certain new skills, abilities, and knowledge. "**Rehabilitation"** refers to re-gaining skills, abilities or knowledge that may have been lost or compromised as a result of acquiring a disability, or due to a change in one's disability or circumstances. The goals of habilitation and rehabilitation as defined in the Convention on the Rights of Persons with Disabilities (CRPD) are to "enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life." As with any other form of service or treatment, a rights-based approach to habilitation and rehabilitation requires the full participation and consent of persons with disabilities.

2. Habilitation and rehabilitation are very often linked with health-related issues and consequently addressed along with policies related to the right to health. In reality, rehabilitation is much more complex and far-reaching. While health-related rehabilitation can be a vital aspect of strategies to achieve these goals, many other elements are equally important, including those related to employment, education, or simply life skills. To ensure that habilitation and rehabilitation are understood to include the full range of measures necessary to equip persons with disabilities to attain their goals, the CRPD addresses the subject in a separate article.

3. Eliminating the barriers people with disabilities face in claiming their human rights requires a variety of strategies and tools. Many factors must combine to ensure that societies are as open to persons with disabilities as they are to other people (e.g., accessible environments, specialized programs and technologies, shifts in social and cultural attitudes, enforcement of non-discrimination laws, knowledge of human rights principles). However, efforts that focus on adapting the social, legal, political, and physical environments are often inadequate to create equal opportunities for each disabled person. An individual may require additional supports based on his or her unique circumstances and disability, such as assistive technologies, specific training, education, or skills development.

4. Unlike "**reasonable accommodation,"** habilitation and rehabilitation focus on equipping the individual with the specific knowledge, tools, or resources that he or she requires rather than ensuring that the general environment, program, practice or job includes the features needed for persons with disabilities to succeed on an equal basis with others. For instance, an employer may be required to provide an accessible workspace that accommodates a wheelchair user; however, the employer is not required to provide a wheelchair to the employee. A bank should have information on its services in accessible formats such as Braille, but the bank is not responsible for teaching a person with a visual impairment how to read using Braille. Responsibility is not always clear, however. For example if an office purchases new voice- recognition software to accommodate a person who is unable to use a standard computer keyboard, it would seem logical that the employer would teach that employee how to use the new software as part of the reasonable accommodation.

5. Habilitation and rehabilitation are crucial to ensuring that persons with disabilities are able to access all of their human rights. Without adequate habilitation and rehabilitation services, persons with disabilities may not be able to work, go to school, or participate in cultural, sports or leisure activities. At the same time, barriers to other human rights can prevent persons with disabilities from claiming the right to habilitation and rehabilitation. For example, services may be available, but if no accessible transportation exists, many people with disabilities will be prevented from the benefit of these services

**Some Startling Statistics about Habilitation and Rehabilitation**

* People with disabilities are estimated to form 10% of the population in any country, and around 2% would need some form of rehabilitation services. Yet only 0.01% to 0.02% of the population in developing countries actually gets such services.﻿[[31]](#footnote-31)
* Fewer than 10% of landmine victims have access to proper medical care and rehabilitation services. In many countries landmine accidents happen in remote areas, where the victim cannot reach a hospital in time. The U.S. Department of State estimates that less than one in four landmine amputees are fitted with a proper prosthesis.
* In Australia, women with disabilities participate in the labour market at a lower rate than men with disabilities across all disability levels and types. Women with disabilities are less likely than men with disabilities to receive vocational rehabilitation or entry to labour market programs. Commonwealth Rehabilitation Services statistics for 1994/5 indicate only 35% of referred clients were female
with women more likely to be rehabilitated to independent living (45%) than vocational goals (36%).﻿[[32]](#footnote-32)

**C9 Z The right to work (Article 27)**

***Article 27: Work and employment***

*1.“States Parties recognize the right of persons with disabilities to work on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities. States Parties shall safeguard and promote the realization of the right to work, including for those who acquire a disability during
the course of employment, by taking appropriate steps, including through legislation, to, inter alia:*

*a)Prohibit discrimination on the basis of disability with regard to all matters concerning all forms of employment, including conditions of recruitment, hiring and employment, continuance of employment, career advancement and safe and healthy working conditions;*

*b)Protect the rights of persons with disabilities, on an equal basis with others, to just and favourable conditions of work, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions, including protection from harassment, and the redress of grievances;*

*c)Ensure that persons with disabilities are able to exercise their labour and trade union rights on an equal basis with others;*

*d)Enable persons with disabilities to have effective access to general technical and vocational guidance programmes, placement services, and vocational and continuing training;*

*e)Promote employment opportunities and career advancement for persons with disabilities in the labour market, as well as assistance in finding, obtaining, maintaining and returning to employment;*

*f)Promote opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one's own business;*

*g)Employ persons with disabilities in the public sector;*

*h)Promote the employment of persons with disabilities in the private sector through appropriate policies and measures, which may include affirmative action programmes, incentives and other measures;*

*i)Ensure that reasonable accommodation is provided to persons with disabilities in the workplace;*

*j)Promote the acquisition by persons with disabilities of work experience in the open labour market;*

*k)Promote vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities”.*

*2. States Parties shall ensure that persons with disabilities are not held in slavery or in servitude, and are protected, on an equal basis with others, from forced or compulsory labour.”*

**Key Points 1.**The phrase "right to work" can be misleading. Just as the "right to health" cannot guarantee that a person will be healthy, the right to work cannot guarantee all people of working age a job. No government can realistically guarantee such a right. Instead, the "right to work" encompasses the right of all people to the opportunity to earn a living by freely choosing or accepting work, and to undertake that work in safe and favourable working conditions. The right to work also includes the right to form and join trade unions, through which people can protect their interests and advocate for safe and favourable working conditions.

**2.** Unfortunately, people with disabilities have frequently been denied the right to work. Attitudes and assumptions about the capabilities of people with disabilities often lead employers to the false assumption that a person's disability makes him or her less capable, and so disqualifies him or her from being able to perform work-related tasks. This misconception causes people with disabilities not to be hired, or to be hired only for jobs that do not utilize their knowledge and skills. Similar attitudes lead employers to believe that some employees with disabilities, especially those with psycho-social disabilities, may be "dangerous" to themselves or others in the workplace or that customers will be offended or feel uncomfortable by the presence of persons with disabilities.

**3.**Employers also often assume that the costs of implementing disability accommodations (such as accessibility features or flexible working schedules) are prohibitively expensive. Some employers use this rationale to pay their employees with disabilities a lower salary than that received by others doing comparable work. In more extreme cases, people with disabilities may find themselves forced into abusive, exploitative, slave-labour, or other unsafe working conditions, perhaps with no pay at all. Alternatively, people with disabilities are denied opportunities to work in mainstream settings, and may have to work in a segregated setting when they might not otherwise choose to do so.

**4.** Gathering the evidence needed to challenge such discrimination may prove almost impossible.

**5.** Violations of other human rights can create additional barriers to people with disabilities being able to fully enjoy their right to work. For example:

* The lack of accessible transportation may deprive people with disabilities of their ability to access places of employment;
* The lack of access to education and to access vocational and other training opportunities may leave people with disabilities unable to meet specific job qualifications, and may also restrict their earnings potential;
* The lack of opportunity to live independently and in the community may force people with disabilities to live in segregated institutional settings, where access to meaningful work opportunities may be non-existent or greatly restricted;
* The lack of access to health care services may leave people with disabilities in poor health and as a result unable to work; and
* The lack of access to information may make it difficult for people with disabilities to become aware of job postings and other information about potential employment.

**6**. Violations of the right to work may also lead to violations of the enjoyment of other human rights by people with disabilities. For example, a disabled person who is unable to work and earn a fair wage may be unable to attain an adequate standard of living. This circumstance, in turn, may force that person to become dependent upon others, restricting choices and curtailing the ability to live independently in the community. In many cases, people with disabilities who are unable to financially support themselves can become trapped in a cycle of poverty, and unable to meet even their most basic needs for food, water, clothing, and shelter, or indeed raise a family as they would wish. In some countries employment provides a means of accessing the health insurance needed to obtain health care services. Where people with disabilities are unable to obtain employment in such countries, their access to health care services may also be restricted.

**7**. Perhaps the most far-reaching impact of the denial of the right to work is on a person's sense of dignity and self-worth. In many societies, the ability to work is commonly viewed as one of the most important ways in which people can make their individual contributions to society, and those perceived as unable or unwilling to work may be viewed as less valuable members of that society, especially when their inability to earn a living causes them to become reliant on the support of the government or others. Thus, full enjoyment of the right to work can be of critical importance in the full inclusion of people with disabilities as equal members of the societies in which they live, as well as in the self-image and sense of self-worth that people with disabilities have of themselves.

**The Right to Work for People with Disabilities and the International Labour Organisation** The International Labour Organisation (ILO) is the global body mandated to oversee the development and monitoring of international labour standards that promote enjoyment of decent work. Founded in 1919, it became the first specialized agency of the United Nations in 1946. The ILO is unique amongst UN agencies for its use of a "tripartite" system that brings together representatives of governments, employers, and workers to develop jointly policies and programmes.

Although the ILO works to promote decent work for all people, it also pays specific attention to the enjoyment of the right to work by specific groups of people, such as young persons, women, indigenous peoples, and people with disabilities. In addition to its adoption of Convention 159 (concerning Vocational Rehabilitation and Employment (Disabled Persons)) and its "Vocational Rehabilitation and Employment (Disabled Persons) Recommendation (No. 168)," the ILO also
operates the "ILO Disability Programme":

The ILO Disability Programme promotes decent work for women and men with disabilities and facilitates means to overcome the obstacles preventing people with disabilities from full participation in the labour markets. Working from the Infocus Programme on Skills, Knowledge and Employability, the programme involves the following main activities:

* Improving knowledge on disability-related matters concerning training and employment; Advocacy, guidance and policy advice to governments, workers and employers' organizations on training and organizations of/for people with disabilities; Technical advisory services and cooperation activities[[33]](#footnote-33)

**D1 Living Independently And With Dignity In The Community (12,19,28)**

***Article 12, Equal recognition before the law:***

*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”.*

***Article 19, Living independently and being included in the community:****“States Parties to this Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:*

1. *Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;*
2. *Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;*
3. *Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs”.*

***Article 28, Adequate standard of living and social protection:***

*1“States Parties recognize the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability.*

*2.States Parties recognize the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability, and shall take appropriate steps to safeguard and promote the realization of this right, including measures:*

1. *To ensure equal access by persons with disabilities to clean water services, and to
ensure access to appropriate and affordable services, devices and other assistance for disability-related needs;*
2. *To ensure access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programmes and poverty reduction programmes;*
3. *To ensure access by persons with disabilities and their families living in situations of poverty to assistance from the State with disability-related expenses, including adequate training, counselling, financial assistance and respite care;*
4. *To ensure access by persons with disabilities to public housing programmes;*
5. *To ensure equal access by persons with disabilities to retirement benefits and programmes”*

**Key points***.* **1**. Very few people in the world live completely by themselves without any contact with other people! All of us rely to some extent on other people, to provide us with advice, friendship, goods, services, and a variety of other kinds of support. What then does "living independently" mean if not living solely by yourself? In essence, the right to live independently means the right to choose how you live, where you live, with whom you live, and to what degree you wish to interact with your community. It also means having access to any support you might need to realize those choices and to achieve an adequate standard of living.

**2**. A critical component of the right to live independently in a manner that respects inherent human dignity is the opportunity to make one's own decisions and to have those decisions be respected and acted upon. Many people with disabilities have been denied this right, even with respect to the most basic of decisions, such as what to wear or eat or drink. In some cases, national legislation has expressly barred people with disabilities (especially people with intellectual or psycho-social disabilities) from making their own decisions by depriving them of the legal capacity needed to do so. In other instances, people have ignored the decisions of family members or friends with disabilities because they do not believe the person has the capacity to make "sensible" decisions.

**3**. Information and communication barriers can also negatively impact the ability of people with disabilities to make decisions. For example, the lack of accessible information can deprive people with disabilities of the information they need to reach a decision. The lack of communication accommodations (e.g., computer-aided real-time transcription or CART) or sign language interpreters) may make it difficult for people with disabilities to express themselves and make their opinions and decisions understood.

**4**. Violations of other human rights can create barriers to the ability of people with disabilities to live independently and with dignity in the community. For example:

* Disability-based discrimination in employment settings may deprive people with disabilities of the means to earn an income to support themselves;
* The lack of accessible transportation not only deprives people with disabilities of the right to liberty of movement, but also harms their ability to access work, education, healthcare, and shops, as well as to interact fully with the community;
* Services such as medical care or rehabilitation that are available to others locally in a general hospital or on an outpatient basis may only be available to persons with disabilities in an institutional setting;
* The lack of an adequate standard of living may force people with disabilities to live in a segregated institutional setting or with family members merely for survival reasons, such as access to food and shelter;
* The lack of accessible housing may greatly reduce the choices available to people with disabilities who want to live in a particular community;
* Negative and discriminatory attitudes towards people with disabilities may make persons with disabilities feel uncomfortable or unsafe among other community members and in turn encourage them to avoid such interactions. Such attitudes may even encourage family members to hide their family members with disabilities from the community.

**5**.Violations of the right to live independently in the community also frequently lead to violations of other human rights. For example, forcing people with disabilities to live in segregated settings deprives them of the opportunity to participate fully in the social, cultural, and political life of their community. Children with disabilities who must live apart from their families are deprived of the opportunity to grow up in a family setting, and often are denied quality inclusive education. Institutional settings can often expose people with disabilities to a higher risk of violence, sexual abuse and even death, especially women and girls with disabilities and people with intellectual disabilities. Segregated settings may also deprive people with disabilities of the opportunity to exercise their right to marry and have a family of their own.

**D2. The Ten Principles of "Independent Living"**

In some countries “independent living centres” provide supports, services and other assistance to empower people with disabilities to exercise their right to live independently and with dignity in their communities. Many of these centres subscribe to common principles that reflect the "philosophy of independent living." These principles are:

**1.Human rights**: equal rights and opportunities for all; no segregation by disability type or stereotype.

**2.Consumerism**: a person ("consumer" or "customer") who is using or buying a service or product decides what is best for him- or herself.

**3.De-institutionalization**: no person should be institutionalized (formally by a building, program, or family) on the basis of disability.

**4.De-medicalisation**: people with disabilities are not "sick," as prescribed by the assumptions of the medical model and do not necessarily require help from certified medical professionals for daily living.

**5.Self-help**: people learn and grow from discussing their needs, concerns, and issues with people who have had similar experiences."Professionals" are not the source of the help provided.

**6.Advocacy**: systemic, systematic, long-term, and community-wide change activities are needed to ensure that people with disabilities benefit from all that society has to offer.

**7.Barrier removal**: in order for human rights, consumerism, de- institutionalization, de-medicalisation, and self-help to occur, architectural, communication and attitudinal barriers must be removed.

**8.Consumer control**: the organizations best suited to support and assist individuals with disabilities are governed, managed, staffed and operated by people with disabilities.

**9.Peer role models**: leadership for living independently and disability rights is vested in individuals with disabilities, not parents, service providers, or other representatives.

**10.Cross-disability:** activities designed to achieve the first five principles must be cross-disability in approach, meaning that they work to be done must be carried out by people with different types of disabilities for the benefit of all persons with disabilities.﻿[[34]](#footnote-34)

**D3. Supported Decision-making for People with Disabilities**

Increasingly, people around the world are moving away from substituted decision- making models, where other people make decisions on behalf of people with disabilities, to supported decision-making where people with disabilities themselves make their own decisions, utilizing the support of others if and when they request it. This approach attempts to respect the inherent dignity of people with disabilities and avoid paternalism. Though potentially useful for anyone requiring help to make decisions, it is particularly relevant for people with psycho-social or intellectual disabilities, who historically have been forced to comply with substituted decision-making.

Though there are as yet no internationally agreed upon standards or guidelines regarding supported decision-making, the following may be helpful for those interested in ensuring that supported decision-making activities respect the rights of people with disabilities:

* People with disabilities have the right to be respected for their inherent decision-making abilities;
* People with disabilities have the right to develop authentic decision-making voices;
* People with disabilities have the right to receive support where they request it;
* People with disabilities have the right to genuine choices and options and to make decisions based on those options;
* People with disabilities have the right to be able to make mistakes.

Can you think of other helpful standards or guidelines for meaningful supported decision-making activities?﻿[[35]](#footnote-35)

**D4. The right to live independently and with dignity affirmed by the CRPD 1. Paraphrase and Discuss:**
Divide participants into four groups and assign each one of the CRPD articles: 12, (19 2,3,4), (19 4&5) and 28.
**Assignment:**

1. Paraphrase all parts of the article into everyday language. Write your paraphrase on chart paper.
2. Answer the following questions about your article:
**Article 12**
	* What do you think is meant in Part 1 by "recognition everywhere as persons before the law"?
	* What do you think is meant in Part 2 by "enjoy legal capacity"?
	* What kind of support do you think is intended in Part 3 by "support they may require in exercising their legal capacity"?
	* What are some examples of "the exercise of legal capacity" mentioned in Part 4?
	* Consider in particular people with psycho-social impairments
	* **Article 19**
	* What do you think is meant by "independent living"? Give some examples.
	* What do you think is meant by "full inclusion and participation in the community"?

 **Article 28**

* + What do you think is meant in Part 1 by "adequate standard of living"?
	+ What do you think is meant in Part 1 by "continuous improvement of living conditions"?
	+ What do you think is meant in Part 2 by "social protection"?
	+ What "services, devices and other assistance" do you think are meant in Part 2(a)?

**2. Report:** Each group to post their paraphrase and read it aloud with the whole group, pausing at each phrase to ask if participants have questions or alternative language. Ask them to explain their answers to the questions that come with each article. Try to arrive at a clean and clearly understandable version of each article.

**3. Give examples:** of how these rights could be enjoyed and make a difference for people with disabilities.

**4. Discuss:** How can these articles be used to set national disability rights agendas and formulate platforms of action for submission to political parties of government decision-makers?

**D5. Education Article 24**

People with disabilities are often denied their right to education. According to best estimates of international agencies, 90% of children with disabilities in developing countries do not attend school.﻿ If they do, all children with disabilities face barriers such as inaccessible schools, untrained staff, and the assumption or stereotype that people with disabilities are unable to learn or do not need to learn. Every human being, including people with disabilities, should be able to enjoy their right to lifelong education. States are legally bound to provide people with disabilities the opportunity and support they need to access quality, lifelong education that will maximize the full development of their mental and physical abilities. This means that people with disabilities are entitled to an equal opportunity to participate in inclusive education settings - that is the general education system - along with all other people in the community in which they live.

***Article 24, Right to Education****:*

*1“States Parties recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and life long learning directed to:*

1. *The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity;*
2. *The development by persons with disabilities of their personality, talents and creativity,
as well as their mental and physical abilities, to their fullest potential;*
3. *Enabling persons with disabilities to participate effectively in a free society.*

*2.In realizing this right, States Parties shall ensure that:*

*a.Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability;*

*b.Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live;*

*c.Reasonable accommodation of the individual’s requirements is provided;*

*d.Persons with disabilities receive the support required, within the general education system, to facilitate their effective education;*

*e.Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.*

*3.States Parties shall enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community. To this end, States Parties shall take appropriate measures, including:*

*a.Facilitating the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and mentoring;*

*b.Facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community;*

*c.Ensuring that the education of persons, and in particular children, who are blind, deaf or deafblind, is delivered in the most appropriate languages and modes and means of communication for the individual, and in environments which maximize academic and social development.*

*4.In order to help ensure the realization of this right, States Parties shall take appropriate measures to employ teachers, including teachers with disabilities, who are qualified in sign language and/or Braille, and to train professionals and staff who work at all levels of education. Such training shall incorporate disability awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities.*

*5.States Parties shall ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others. To this end, States Parties shall ensure that reasonable accommodation is provided to persons with disabilities”.*

**Segregation, Integration and Inclusion** UNESCO sees inclusive education as a process of addressing and responding to the diversity of needs of learners through increasing participation in learning, cultures and communities, and reducing exclusion within and from education. It involves changes in content, approaches, structures and strategies, with a common vision which covers all children within an appropriate age range. It embodies the conviction that it is the responsibility of the mainstream education system to educate all children.[[36]](#footnote-36)

Inclusive education seeks to address the learning needs of all children, young people and adults, with a specific focus on those who are vulnerable to marginalisation and exclusion. Schools should accommodate all children, regardless of their physical, intellectual, social, emotional, linguistic or other impairments. They should provide for disabled and gifted children, street and working children, children from remote or nomadic populations, children from linguistic, ethnic or cultural minorities and children from other marginalised areas or groups.

In practice the UNESCO definition means that:

• One ministry is responsible for the education of all children;

• One school system is responsible for the education of all children in their region;

• There is a diverse mix of students in classes;

• Teachers use classroom strategies that respond to diversity, such as multi-level instruction, co-operative learning, individualised learning modules, activity-based learning and peer

tutoring;

• There is collaboration between teachers, administrators and others in responding to the needs of individual students.[[37]](#footnote-37)

The *Index for Inclusion* is a widely used tool and defines inclusive education as having the following components:

• Valuing all students and staff equally;

• Increasing the participation of students in, and reducing their exclusion from, the cultures, curricula and communities of local schools;

• Restructuring the cultures, policies and practices in schools so that they respond to the diversity of students in the locality;

• Reducing barriers to learning and participation for all students, not only those with impairments or those who are categorised as having special educational needs;

• Learning from attempts to overcome barriers to the access and participation of particular students to make changes that benefit students more widely;

• Viewing differences among students as resources that support learning, rather than as a problem to be overcome;

• Acknowledging the right of students to receive an education in their locality;

• Improving schools for staff as well as for students;

• Emphasising the role of schools in building community and developing values, as well as in increasing achievement;

• Fostering mutually sustaining relationships between schools and communities;

• Recognising that inclusion in education is one aspect of inclusion in society.[[38]](#footnote-38)

It is necessary to be absolutely clear about the differences between exclusion, segregation, integration and inclusion in education. The basis of the three approaches is clearly demonstrated in Figures 1, 2 and 3, which were developed in Afghanistan to demonstrate the key differences in the three approaches to the education of disabled children.

D6 Diagrams Segregation, Integration, Inclusion







**D7. Types of thinking about disabled people and forms of education.[[39]](#footnote-39)**

|  |  |  |
| --- | --- | --- |
| **Thinking/****Model** | **Characteristics** | **Form of Education** |
| **1 Traditional** | DP a shame on family, guilt, ignorance. DP seen as of no value. | **Excluded** from education altogether. |
| **2 Medical 1**  | Focus on what DP cannot do. Attempt to normalize or if cannot make to fit into things as they are keep them separate. | **Segregation**Institutions/ hospitalsSpecial schools (with ‘expert’ special educators) |
| **3 Medical 2** | Person can be supported by minor adjustment and support, to function normally and minimize their impairment. Continuum of provision based on severity and type of impairment. | **Integration** in mainstream:-a)At same location-in separate class/unitsb)Socially in some activities e.g. meals, assembly or art.c)In the class with support, but teaching & learning remain the same.**What you cannot do determines which form of education you receive.** |
|  **Social Model** | Barriers Identified-solutions found to minimize them. Barriers of attitude, environment and organization are seen as what disables and are removed to maximize potential of all. DP welcomed . Relations are intentionally built. DP achieve their potential. Person centred approach. | **Inclusive education-** schools where all are welcomed and staff, parents and pupils value diversity and support is provided so all can be successful academically and socially. This requires reorganizing teaching, learning and assessment. Peer support is encouraged. **Focus on what you can do.** |

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

Excluded % Segregated % Integrated % Included %

**D8. Exclusion, Segregation, Integration or Inclusion in Education: Activity** Are these people being excluded, segregated, integrated or included in education?

**Read through as a group and decide for each example.**

**1. Louisa** uses a wheelchair. She wants to attend her local school in 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. 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 it her hearing impairment and this is very hard for Carol as she cannot understand what 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 does 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 hotel and it is now too late to change the booking. She suggests that Virginia comes along anyway and that they work it out when they get there. Is this exclusion, segregation, integration or inclusion?

**10. Ravi** has severe behaviour and emotional problems. He can only sit still in class for half an hour. 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 is in Grade 8. She is not able to get into the science lab to do her science practical as the lab has 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 parent are ashamed of him and living a long way from the school 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 live with his granny as both his parents are dead from HIV.Is this exclusion, segregation, integration or inclusion?

**14. Seta** lives in a rural village he is deaf and does no speak. He works on the land rather than go to school. When challenged his parents say he is too stupid to benefit from schooling. Is this exclusion, segregation, integration or inclusion?

**D9 Make a list of the barriers to the inclusion of disabled children in the schools in your country on the chart.**

**Summary sheet of Barriers**

**Environment**

**Organisation,**

**Teaching &Curriculum**

![MCj03194840000[1]]()

**School**

**Medical, Personal & Equipment Needs**

**Attitudes & Culture**

Watch the filmed examples of good inclusion practice in Mumbai, Zamia, South Africa and UK. Summary sheet of solutions for schools in your country

**Organisation,**

**Teaching &Curriculum**

**Environment**

![MCj03194840000[1]]()

**School**

**Medical, Personal & Equipment Needs**

**Attitudes & Culture**

**D10. Characteristics of an inclusive school system at national, regional and school level[[40]](#footnote-40)**

|  |  |  |
| --- | --- | --- |
| **Level, National** | **Policy** | **Activity** |
|  | 1. A flexible national curriculum | 1. Develop means of making the curriculum accessible to all |
|  | 2. Primary education is free to all |  2. Disabled pupils and theirand parents are actively encouraged to enrol |
|  | 3. Sufficient school places and teachers available  | 3. All teachers are trained ininclusive teaching and learning |
|  | 4.Pupil-centred pedagogy where all can progress at their optimum pace is encouraged | 4.Curriculum, materials are made accessible |
|  | 5. Assessment systems are made flexible to include all learners | 5. Children learn and areassessed in ways that suit them best |
|  | 6. Specialist teachers are made available to support mainstream | 6.Innovative ways found toexpand support for learning |
|  | 7. Sufficient capital for school building and modification  | 7. Programmes developed tomobilise communities to buildnew schools or adapt existingenvironments |
|  | 8.A media and public awareness campaign to establish a rights- based approach to disability and inclusive education |  |
| **Regional/****district** | **Policy** | **Activity** |
|  | 1.Education administrators link with health and CBR workers a joint inclusion strategy  | 1. Ensure all disabled children with identified are enrolled in their local schools |
|  | 2. Education administrators link with disabled advisers | 2. Run regular training for andwith disabled advocates and activists |
|  | 3. Recruit enough teachers and support staff; reduce class sizes | 3. Utilise those within thecommunity who have completed their elementary education to support learning |
|  | 4. Support ongoing inclusion training for teachers, parents, and community leaders | 4. Run regular training on inclusive learning for teachers |
|  | 5. Develop centres with equipment and expertise ontechniques, e.g. signing, Braille, and augmented and alternative communication | 5. Run regular training forparents and community leaders on inclusive education |
|  | 6.Ensure sufficient schools and that they are accessible | 6. Train and use localunemployed to build and adapt accessible school environments |
|  | 7. Ensure sufficient specialist teachers for those with visual hearing, physical, communication, learning or behavioural impairments work with a range of | 7. Support parents of disabled children to empower their- children |
|  |  | 8.Share best practice in theschools region by exchanges and film |
|  | **Policy** | **Activity** |
| **School/****class** | 1. Ensure sufficient staff and volunteers are in place to provide support for disabled children | 1. Inclusion audit regularly and barriers tackled |
|  | 2.Ensure all staff understand and know what is required of them to include disabled, | 2. Ensure school environment and activities accessible andinformation available inalternative forms as requiredchildren e.g. Braille, audio, pictures, signing, objects, movement |
|  | 3. Support an innovative curriculum | 3. Make sure the curriculum and how it is taught is accessible to all with a range of learning situations, styles and paces, e.g. mixed ability |
|  | 4. Create a school/classes that welcomes difference and in which pupils support each other | 4. Teachers trained and support of each other in planning and developing inclusive practice |
|  | 5. Assessment is continuous and flexible | 5. Assessment is formatively used to assess what children have learned |
|  | 6. Make the school the hub of the community, encourage involvement hard to reach families |  |

**D11. Children with Disabilities and Human Rights**

***Preamble:*** *“Recognizing that children with disabilities should have full enjoyment of all human rights and fundamental freedoms on an equal basis with other children, and recalling obligations to that end undertaken by States Parties to the Convention on the Rights of the Child”.****Article 3, General Principles:*** *“Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities”.****Article 4, General Obligations:*** *“In the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, States Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations”.****Article 7, Children with Disabilities:***

*1.“States Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.*

*2.In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration.*

*3.States Parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right”.*

**Key Points 1**.Children as a whole are marginalized; however, some groups of children, such as children with disabilities, girl children, and children from ethnic minorities face even greater discrimination. **Children with disabilities are uniquely at greater risk for discrimination due to the fact that a) they have an impairment and b) they are children and therefore more vulnerable to marginalization, exploitation, and abuse**. Unless these groups are specifically mentioned in human rights treaties, they may be deprived of the protections and guarantees of the general children's human rights agenda, including the Convention on the Rights of Persons with Disabilities (CRPD). For this reason children with disabilities are mentioned in a separate article in the CRPD. For them, as for all children, the assurance of their human rights, especially to health, survival, and an adequate standard of living, is critical.

**2**. **Many different experiences shape a childhood**, including a child’s personal characteristics, gender, class, ethnicity, culture, religion, (dis)ability, socio-economic situation, location, family situation, environment, education, work, and sexual orientation. These experiences need to be taken into account when guaranteeing the human rights and fundamental freedoms of children with disabilities.

**3**. **There are an estimated 200 million** children with disabilities in the world. More than 80 percent of them live in developing countries with little or no access to services, such as education.﻿

**4. Barriers to Children with Disabilities**

**Before Birth**

* Poor maternal health and nutrition
* Poverty
* Inadequate prenatal care
* Prenatal screening and termination of pregnancy

**At Birth**

* Euthanization
* Denial of appropriate medical treatment
* Risk of rejection by parents
* Institutional placement

**After Birth**

* Institutional placement
* Isolation in the home and isolation from the community
* Denial of the right to education and many other human rights
* Risk of continual medical treatments, some painful and unnecessary
* Denial of the right to participate in decisions that effect their lives

**5.Child-Centered Approach to Rights Programming** It is important to remember that children with disabilities, like all children, have the right to be active participants in decisions that affect them. Some key considerations for child-rights programming using a child-centred approach are:

* Consider children's best interests;
* Listen to children with disabilities;
* Challenge your own and others' assumptions about the needs and perspectives of children with disabilities;
- Don’t make assumptions about what children with disabilities can and cannot do;
- Don’t make assumptions about the needs and perspectives of children with disabilities (ask them!);
* Value diversity
- Consider differences between disabilities and abilities;
- Seek to develop the child’s abilities and competencies;
* Consider the child as a whole and the whole range of his or her development and needs
* Analyze the situation of the child as a whole in its broader context of family and community;
* See children with disabilities as "social actors" who are involved in decision- making. [[41]](#footnote-41)

**D12. Attitudes, Beliefs and Views on Childhood and Children with Disabilities Activity**

**1. Reflect** Break into small groups and discuss the first and second column of Handout D12.

* What are 5 common negative beliefs and attitudes in your country about children with disabilities and their childhood?
* What are 5 common positive beliefs and attitudes in your country that support children with disabilities and their childhood?
* Record their answers on chart paper in the same format as Handout D12.
* After brainstorming on the first and second column, ask groups to reflect on both columns and now discuss the third column;
* If you listen to children with disabilities, what are their concerns and opinions regarding opportunities and programs available to them (programs for all children and/or programs for children with disabilities)? How do positive and negative beliefs (Columns 1 & 2) impact their opportunities?
* Invite groups to post their charts on the wall. Have participants move around the room quietly reading the charts of groups and noting common ideas and differences.

**2. Discuss:** Reconvene as a larger group to discuss reflections. After the reflections, summarize the session and examine question below.

* How do the differing abilities of children with disabilities impact these views (e.g., children with visual impairments, psycho-social disabilities, multiple disabilities)?
* How does age affect expectations (e.g., for toddlers, youth, young adults)?
* How does gender affect expectations for children with disabilities?
* How is this cycle of oppression/exclusion strengthened through individuals and society? How do cultural expectations influence children with disabilities?
* In challenging our assumptions about children with disabilities, how can we promote a child-centred approach (e.g., listening to children, allowing them to be active participants involved in decision-making)?
* How can this cycle can be broken through program interventions?

**4. Give examples:** of how that right could be enjoyed and make a difference for people with disabilities.

***Article 30: Participation in Cultural Life, Recreation, Leisure And Sport*** *1.” People with disabilities have the right to take part in cultural life. The countries will take action to make sure that:
a. People with disabilities have access to literature and the arts in formats they can use;
b. People with disabilities can get television programs, film, theatre and other cultural activities in a way that they will understand, for example with captioning and sign language;
c. People with disabilities can access cultural performances and services such as libraries, museums, theatres and important places.

2. The countries will make it possible for people with disabilities to develop and use their creative, artistic, and intellectual talents.

3. The countries will make sure that laws that protect documents and other writings and inventions from forgery or copying do not discriminate against people with disabilities.

4. People with disabilities have the right, just like everyone else, to have their culture and language recognized, for example sign languages and deaf culture.

5. People with disabilities have the same right as others to take part in recreation, leisure and sports. The countries will take action to:
a. Promote and encourage people with disabilities to take part in sports with people without disabilities at all levels;
b. Make sure that people with disabilities have a chance to organize and participate in sport activities, and to receive the same training and support as other people;
c. Make sure that people with disabilities can get to sports and recreation arenas as other people can;
d. Make sure that children with disabilities can participate in play and sports at school like other children;
e. Make sure that person with disabilities can get services to help organize recreational and sporting activities”.*

**5.Discuss:**
How can Article 30 of the CRPD be used to set national disability rights agendas and formulate platforms of action for submission to political parties or government decision-makers? What organizations at the community, national and international levels might support these rights (Consider both governmental as well as non-governmental bodies).

**Handout D12a: Attitudes to children with disabilities**

|  |  |  |
| --- | --- | --- |
| What are 5 commonnegative beliefs, attitudes,and views in your countryabout children withdisabilities and theirchildhood?  | What are 5 commonpositive beliefs, attitudes,and views in your countrythat are supportive ofchildren with disabilitiesand their childhood?  | When you listen to children with disabilities, what are their concerns and opinions regarding opportunities and programs available for them (programsfor all children and/or programs for children with disabilities)? How do positive and negative beliefs (Columns 1 & 2) impact their opportunities?  |
|  |  |  |

**D13. Women’s Rights (Article 7)**

***Preamble:*** *q.  “Recognizing that women and girls with disabilities are often at greater risk, both within and outside the home of violence, injury or abuse, neglect  or negligent treatment, maltreatment or exploitation”,

s.  “ Emphasizing the need to incorporate a gender perspective in all efforts to promote the full enjoyment of human rights and fundamental  freedoms by persons with disabilities”.* ***Article 3, General Principles:*** *The principles of the present Convention shall be...
   g.    Equality between men and women;* ***Article 6, Women with disabilities:***

*1. “States Parties recognize that women and girls with disabilities are subject to multiple discriminations, and in this regard shall take measures to ensure the full and equal enjoyment by them of all their human rights and fundamental freedoms.*

*2. States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention”.*

***Article 16, Freedom from exploitation, violence and abuse:****1. “States Parties shall take all appropriate legislative, administrative, social,  educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects.

 2. States Parties shall also take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring, inter alia, appropriate forms of gender-and age-sensitive assistance and support for persons with disabilities and their families and caregivers, including through the provision of information and education on how to avoid, recognize  and report instances of exploitation, violence and abuse. States Parties shall ensure that protection services are age-, gender- and disability- sensitive...

 3.States Parties shall put in place effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate prosecuted”.*

**Key Points**

**1**."Discrimination starts at home, in the early years of the life of a disabled woman. This discrimination brings with it, a reluctance, on the part of families, or rather, decision-makers within the families, to make tangible and intangible resources available to disabled women, thus further undermining their life chances.” L. Abu-Habib[[42]](#footnote-42)

**2.Throughout the world, women with disabilities are subject to two-tiered discrimination, based on their gender and disability.** They are denied jobs, excluded from schools, are considered unworthy of marriage or partnership, and are even barred from certain religious practices. Women and girls with disabilities are often the last to receive the necessary support to enable them to overcome poverty and lead productive and fulfilling lives (e.g., education, employment, appropriate general health care services). They are at higher risk for abuse and violence, which can, in turn, aggravate existing disabilities or create secondary impairments, such as psychosocial trauma.

**3.The susceptibility of women with disabilities to discrimination is a global phenomenon**, but how a society or culture understands and addresses this issue varies greatly. Women with disabilities in the developing world experience a triple bind:

* They are discriminated against because they are women;
* They are discriminated against because they have disabilities;
* They are discriminated against because they are from the developing world where they are more likely to be poor, where opportunities and accessibility for girls and women with disabilities are extremely restricted and where prejudice against this group is pervasive.

4**. The rights of women and girls to non-discrimination and equality are interrelated with all other human rights issues.** When treated in a discriminatory or unequal manner, women and girls cannot fully enjoy their other rights. For example, a disabled girl who receives an inferior education in relation to boys will be treated unequally throughout her work life. The lack of access to general health care by women with disabilities, including reproductive health, impacts not only their right to health but also their right to information and potentially their rights in relation to family and parenthood.

**5. Forms of Violence Against Women and Girls with Disabilities**

Violence against women with disabilities can take many forms, which can occur at the same time. It occurs not only as deliberate maltreatment and abuse, but also in the more passive form of neglect:

* Neglect - denial of food, lack of or inappropriate personal or medical care;
* Physical abuse - assault, rough or inappropriate handling, inappropriate personal or medical care, overuse of restraint, inappropriate behaviour modification, overmedication, confinement;
* Psychological abuse - verbal abuse, intimidation, social isolation, emotional deprivation, denial of the right to make personal decisions, threat of having her children taken away;
* Sexual abuse - denial of a woman's sexuality, denial of sexual information/education (e.g., about birth control and childbirth), verbal harassment, unwanted sexual touching, assault, forced abortion or sterilization.﻿[[43]](#footnote-43) [[44]](#footnote-44)

**6 .Women with disabilities are not only taking active and leading voices in disability movements all over the world, they are also creating autonomous organizations and committees focused on the concerns of women with disabilities.** These efforts are not without struggle. Issues crucial to women with disabilities are still seen as a small part of the struggle for independent living in most national and international disability organizations. Yet the community of women with disabilities has articulated on issues that affect it in an increasingly sophisticated manner. Women with disabilities have created goals that were included in diverse resolutions from the 1995 UN Women’s Conference “Platform for Action” to individual country and organizational plans for addressing long-standing discrimination against women with disabilities. The efforts of women with disabilities coming together to mobilize around human rights issues is a significant aspect of global disability rights advocacy.

**7.The Pacific Island Region** has already carried out an analysis of the position of disabled women in each country which is very useful and can be built upon.[[45]](#footnote-45)

**D14 How Does the CRPD Affirm the Rights of Women and Girls to Non-discrimination and Sex Equality?**

**1. Review:** Divide the participants into small groups. Each group to work together, to discuss the "broad brush" and "thin brush" approaches to non -discrimination and sex equality, undertaken by the CRPD.

**2. Give examples** how the rights of women and girls with disabilities could be enjoyed and make a difference in their lives.

**3. List** 3-5 examples vertically on a big piece of paper. Make three columns across the top labelled, "respect, protect, fulfilled." Fill in the chart with examples.

**4. Discuss:** How can the sex equality and non-discrimination provisions of the CRPD be used to set national disability rights agendas and formulate platforms of action for submission to political parties or government decision-makers?

**E1.Getting governments to sign and ratify the UNCRPD .**

Currently ( January 10th 2011) the Convention has been adopted or signed by 147 state parties and ratified by 97. Adoption means a state intends to ratify and will do nothing to detract from the rights contained in the Convention. Ratification means that the rights contained in the Convention have been entered into Law in the ratifying country. For social and cultural rights such as education, health, housing or employment Article 4 allows for progressive realisation over time to fit the economic circumstances of the country. However all the objectives and principles contained in the Convention enter into law in the state upon ratification. State parties may also sign and ratify the optional Protocol which gives their citizens and organisations the right to complain to the UN Disability Committee if national procedures have been exhausted.

**The countries of the Pacific region are at different stages in the ratification procedure as can be seen in Table 1[[46]](#footnote-46)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Country | SignedUNCRPD | RatifiedUNCRPD | Signed Optional Protocol | Ratified Optional Protocol | CommonwealthCountries |
| **Australia** | 30-3-2007 | 17-7-2008 |  | 21-8-2009 | \* |
| **Cook Islands** |  | 8-5-2009 |  | 8-5-2009 |  |
| **Fed St, Micronesia** |  |  |  |  |  |
| **Fiji** | 2-6-2010 |  | 2-6-2010 |  | \*suspended |
| **Kiribati** |  |  |  |  | \* |
| **Nauru** |  |  |  |  | \* |
| **Niue** |  |  |  |  |  |
| **New Caledonia** |  |  |  |  |  |
| **New Zealand** | 30-3-2007 | 25-9-2008 |  |  | \* |
| **Papua New Guinea** |  |  |  |  | \* |
| **Samoa** |  |  |  |  | \* |
| **Solomon Islands** | 23-9-2008 |  | 24-9-2009 |  | \* |
| **Tonga** | 15-11-2007 |  |  |  | \* |
| **Tuvalu** |  |  |  |  | \* |
| **Vanuatu** | 17-5-2007 | 23-10-2008 |  |  | \* |

As can be seen in Table 1 of the eight Pacific Island Countries targeted for this project only 1 (Vanuatu) has ratified and 2 have signed (Solomon Islands and Tonga); the other five governments have as yet not signed or ratified ( Kiribati, Nauru, Papua New Guinea, Samoa and Tuvalu). The role of Disabled Peoples’ Organisations and their leaders has been crucial in getting the Governments in many countries to sign, ratify, implement and monitor the UNCRPD.

**E2. In country groups: What are your strengths and weaknesses as a country disability movement?**

**Do a SWOT analysis.** Before designing a plan to get your government to ratify the UNCRPD it will be important to have a clear understanding of the context in which this lobbying campaign will take place. There are many ways to do this and your group is of course free to choose what works best for you. One excellent tool that is widely used around the world is SWOT analysis. For your consideration and convenience, a brief outline of this tool is included here. You can have a look at it before we move to the specifics of developing your “[ratification campaign](http://www.icrpd.net/ratification/en/toolkit/glossary.htm#ratification)!” As you proceed through these activities we would invite you to use the answers from the exercises completed in sections two and three to help think things through and to develop your own information materials.

* **Understanding Your Strengths, Weaknesses, Opportunities and Threats – SWOT [[47]](#footnote-47)**

**Why use SWOT?**

SWOT Analysis is an effective way of looking at your environment and identifying the Strengths and Weaknesses, and of examining the Opportunities and Threats your Organization will face in its efforts to get the Convention ratified by your Government. Experience has shown that carrying out an analysis, using the SWOT framework, will help focus your activities in areas where your group is strong, and where the greatest opportunities lie. Similarly, it will help you determine areas of weakness that you may either fix or work around in your efforts to get the Convention [ratified](http://www.icrpd.net/ratification/en/toolkit/glossary.htm#ratification) in your country.

**How to use SWOT:**

To carry out a SWOT analysis, write down answers to the following questions. Where appropriate feel free to modify questions:

|  |
| --- |
| ***Strengths:*** * What are your advantages?
* What do you do well?
* What do other people see as your strengths?
 |

Consider this from your organization’s point of view and from the point of view of the people you deal with. Don't be modest - be realistic. If you are having any difficulty with this, try writing down a list of your group’s characteristics. Some of these will hopefully be strengths!

|  |
| --- |
| ***Weaknesses:*** * What could you improve?
* What do you do badly?
* What should you avoid?
 |

Again, consider this from an internal and external basis - do other people seem to perceive weaknesses that you do not see? It is best to be realistic now, and face any unpleasant truths as soon as possible.

|  |
| --- |
| ***Opportunities:**** What are the good opportunities facing you?
* What are the interesting trends you are aware of?
 |

Keep in mind that many useful opportunities will come with the advent of the new Convention. At this point, it will be helpful to try and anticipate as many of these as possible.

This sort of analysis will be illuminating - both in terms of pointing out what needs to be done, and in putting problems into perspective.

|  |
| --- |
| ***Threats:*** * What obstacles do you face?
* Does your group have all the required skills for the job?
 |

# SWOT ANALYSIS WORKSHEET

|  |  |
| --- | --- |
| **Strengths:**What do we do well? What unique resources do we have?What do others see as our strengths?  | **Weaknesses:** What can we improve? Where do we have fewer resources than others?What are others likely to see as our weaknesses?  |
| **Opportunities:**What good opportunities are we open to? What trends can we take advantage of?  | **Threats:**What trends can do us harm? What are other groups doing?What threats do our weaknesses expose us to? |

 **E3 Exercise: Why should governments join the Disability Convention?[[48]](#footnote-48)**

We all know why *we* think that the new disability Convention is a good idea, and what *we* hope that it will accomplish. However, governments will need to be convinced why *they* should commit their countries to becoming States Parties. In other words, you may need to help them understand why it is in *their* best interests to sign and ratify the new Convention. Below is a list of some reasons why a country might want to join – look to see if these reasons might be appropriate for *your* country. For example, you might want to amend depending upon whether your country is a developed or developing country.

* To be a respected country in the world today you need to protect and uphold human rights for all members of society – ratifying this Convention sends a message to the world that your country is serious about human rights for persons with disabilities!
* We all want to live in successful and productive societies – no society can fully achieve this if persons with disabilities are excluded and forced to be a burden instead of being respected and contributing members of society. This Convention provides the guidance countries need to understand how to be inclusive of persons with disabilities in society and support their contributions.
* Ratifying this Convention provides access to a network of mechanisms and activities (such as monitoring activities and international cooperation) than can help countries in their work to uphold the human rights of persons with disabilities.
* Ratifying this Convention and implementing it will help to achieve the Millennium Development Goals, to which all countries have committed themselves.
* Ratifying and implementing this Convention can help countries make their development monies go further – whether they are donor or recipient countries.

**In addition, what other reasons can you think of to add to this list?**

# E4 Focus Areas for Ratification Campaign “Ratification “Toolbox” [[49]](#footnote-49)

1. Community Support - It will be important to work through the media and other means to get the larger community to support the Convention.
2. Strong relations with key decision makers - Your organization will have to identify the political and community leaders and get their support.
3. Cross-constituency alliances - Alliances with other Human Rights groups will be needed as well. Similarly, alliances may be sought with others who could benefit from a new treaty like parent groups or rehabilitation professionals, senior citizens groups, etc.
4. Strong membership base - You will have to have a strong membership base and your group will have to be on alert to mobilize if support is not readily forthcoming.
5. Relations with individual decision makers on specific issues – Many organizations have developed good relations with the negotiators of the treaty at the UN, this can serve as a base for continued dialogue at home.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Focus 1** | Tool | Description | **Issues to consider** | **Action** |
| **Building Community Support** | Marketing and Public Relations | Communicate to general public the importance of equality of opportunity for persons with disabilities | Avoid messages that make persons with disabilities seem needy – be sure to set firmly in equality and human rights sort of language  |  |
| Using the media | Get to know reporters and editors  | Be careful of those who “think they understand” but do not – their stories can be harmful to the equality message you want to get across |   |
| Special events | Used to draw profile to an issue and portray persons with disabilities as active participants in the community | You want to project image that persons with disabilities are equal members of the community. Be careful of patronizing  |   |
| “Celebrity champions” | Can add high profile to a cause | Ensure consumer control of agenda |   |
| Letters to the Editor | Can be used to highlight injustices | Ill-informed letters can be damaging – efforts need to be carefully orchestrated |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Focus 2** | Tool | Description | **Issues to consider**  | **Action** |
| **Strong Relations with Key Decision Makers** | Build / maintain credibility with elected officials | Educate on disability issues and ensure that they become a priority  | Politicians have limited understanding of disability issues so be careful not to get co-opted or to settle for less than you can get |   |
| Appointing community leaders to advisory boards | Appoint community leaders to disability organization board of directors  | You don’t want your group co-opted by business interests or your consumers intimidated. Nor do you want the group’s strategies to be constrained |   |
| Visible presence of group members at key debates | Attend prepared to bring up disability issues | Many different groups will be trying to be heard - be clear and concise with your message |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Focus 3** | Tool | Description | **Issues** | **Action** |
| **Cross-constituency Alliances** | Development of alliances and coalitions with other civil society groups | Working with other equity seeking groups  | Usually some compromise is required – get to know the group and what it stands for and its approach before forming an alliance  |   |
| Informal networking and information sharing | Let other sectors know what is happening on disability issues. Send news letters and invite others to special events | Time consuming – be careful not to get overextended |   |
| Networking, joining service clubs, nurturing contacts with influential neighbours, friends and family | Working with others in the community on non-disability issues can be very helpful for relationship building and creating alliances when they are needed | Be careful not to overextend your members |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Focus 4** | Tool | Description | **Issues** | **Action** |
|  **Strong Membership Base** | Good Education  |  Members need to grasp the potential of the new treaty to effect change | Can be complex and the long term nature of the process will not appeal to everyone |   |
| Direct Action  | Protests and similar actions to be used **only** when all other tactics fail | Can create enemies, should be a last resort  |   |
| Communication strategy  | Need to keep members informed | Takes a lot of staff time and energy |   |
| Fun events | Need to keep members enthusiastic | Can be costly and difficult when resources are scarce |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Focus 5** | Tool | Description | **Issues** | **Action** |
| **Relations with key decision makers**  | Building and maintaining credibility with key business leaders | Especially helpful in terms of promoting employment opportunities and access to goods and services | Choose the issue carefully so your interests overlap or else you may end up rejected or co-opted |   |
| Building and maintaining credibility with key bureaucrats | Important to ensure that legislation and policy accurately reflect the issues of persons with disabilities | Carefully choose the correct level of the bureaucracy, so as not to waste time on people who can do nothing for you |   |
| Domestic human rights law | Can be used to promote access and equality of opportunity  | May lead to discussions about no need for new Convention |   |
| International human rights instruments  | Can be used to influence and educate domestic decision makers | May lead to confusion over current efforts |   |

**E5. The Pacific Regional Strategy On Disability[[50]](#footnote-50) From Pacific Island Secretariat**

***Vision*** An inclusive, barrier-free, and rights-based society for people with disabilities, which embraces the diversity of all Pacific people.

***Goal*** To improve the lives and status of persons with disabilities in the Pacific region.

***Overarching Principles*** The Strategy:

i) acknowledges the Vision of the Pacific Island Forum Leaders as reflected in the Pacific Plan;

ii) affirms the protection and promotion of the human rights of persons with disabilities;

iii) emphasises the need for political leadership in addressing disability issues at the national levels;

iv) is linked to the Pacific Plan, national disability policies, regional and international mandates;

v) affirms the need for an enabling environment for persons with disabilities;

vi) affirms the central role of persons with disabilities in the development and implementation of policy that concerns them.

***The Strategy identifies the following thematic areas for special attention:***

i) Strengthen Political Leadership and an Enabling Environment

ii) Recognition and Protection of the Human Rights of Persons with Disabilities

iii) Strengthen Partnerships: Coordination and Collaboration

iv) Disability Inclusive Development

v) Enhancing the Central Role of Persons with Disabilities

vi) Mobilisation of Resources

**THE PACIFIC REGIONAL STRATEGY FOR DISABILITY 2010 TO 2015 THEMATIC AREAS**

**1. STRENGTHEN POLITICAL LEADERSHIP AND AN ENABLING ENVIRONMENT**

Strong political leadership is necessary to build an inclusive society and ensure that national plans, policies and priorities address the concerns of persons with disabilities. Inclusive policy, legislation and financing are needed to provide an enabling environment for all stakeholders to advance the cause of persons with disabilities.

**OBJECTIVE**

To achieve and sustain commitment and action for the development and advancement of persons with disabilities from all leaders at all levels[[51]](#footnote-51)

**INDICATIVE AREAS FOR ACTIONS**

* Advocate for the signing, ratification, implementation and monitoring of the Convention on the Rights of Persons with Disabilities (CRPD);
* Advocate for the establishment of National Councils for Persons with Disabilities and advisory committees with clear terms of reference in all FICs;
* Develop and/or strengthening disability policy and legislation;
* Allocate funds in all key budget areas for disability inclusive policies and programmes;
* Encourage regional organisations to integrate disability issues into their mainstream programmes
* Work with Ministries of Education to encourage and promote inclusive education;
* Advocate for the signing and ratification of the International Labour Organisation Convention 159 (ILO 159).

**2. RECOGNITION AND PROTECTION OF THE HUMAN RIGHTS OF PERSONS WITH DISABILITIES**

The Convention on the Rights of Persons with Disabilities is an international treaty that identifies therights of persons with disabilities as well as obligations on States parties to promote, protect and ensurethose rights. This underscores the universal acceptance of disability as a human rights concern relevantto all countries. The CRPD reinforces the shift in thinking from disability being seen as a charity orwelfare concern to being one of human rights and incorporates a social development perspective.

**OBJECTIVE**

To protect and promote the human rights of persons with disabilities.

**INDICATIVE AREAS FOR ACTION**

* Advocate for the recognition of the human rights of persons with disabilities as reflected in the CRPD;
* Utilize national, regional and international human rights declarations and agreements to develop national policies and legislation for persons with disabilities;
* Collaborate with development partners for the sustainable funding of human rights training for persons with disabilities;
* Collaborate with major stakeholders to implement training on the human rights approach to issues facing persons with disabilities;
* Strengthen and support national human rights advocacy.

**3. STRENGTHEN PARTNERSHIPS: COORDINATION AND COLLABORATION**

Disability needs to be addressed by all stakeholders: governments, civil society, disabled persons organisations and development partners working in partnership and recognizing that disability is a cross-cutting issue affecting all sectors of society.

**OBJECTIVE**

To promote and encourage effective coordination, collaboration and partnership amongst all stakeholders.

**INDICATIVE AREAS FOR ACTION**

* Establish and/or strengthen communication and coordination between Governments and Disabled Persons Organisations;
* Ensure coordinated efforts between local, national and international development partners
* Strengthen partnerships for the implementation of the regional strategy;
* Promote and support regional and national initiatives in the prevention of avoidable disability, in particular in addressing and raising awareness of preventable blindness; traffic injuries; sports and work place injuries and advocate for greater awareness of the relationship between non-communicable diseases and disabilities;
* Identify areas for research and mobilise partnerships and funding.
* Promote and support the development of early identification, intervention and referral services

**4. DISABILITY INCLUSIVE DEVELOPMENT**

All parts of government and civil society need to include disability into their work programmes so that the issue is not marginalized or compartmentalised.

**OBJECTIVE** To ensure that disability is mainstreamed into all local and national policies and practices.

**INDICATIVE AREAS FOR ACTION**

Include disability-related concerns into:

* National and sector planning and resourcing
* Disaster planning including food security and the impacts of climate change
* Sports, recreation and cultural activities
* Education and training
* Accessibility provisions in building codes and infrastructure provision
* National census, labour force and Household Income Expenditure Surveys
* Employment policies

**5. ENHANCING THE CENTRAL ROLE OF PERSONS WITH DISABILITIES**

“Nothing about us without us‟ is the motto of persons with disabilities[[52]](#footnote-52)

and speaks to the human rights of each person to determine his or her own fate. Persons with disabilities are the most equipped and best informed to speak on their behalf and can contribute to solutions on issues that concern them.

**OBJECTIVE**

To recognise the central role of persons with disabilities and their organisations in addressing their issues

**INDICATIVE AREAS FOR ACTIONS**

* Advocate for the inclusion of disability issues in all national and regional policies and programmes on gender, youth and other disadvantaged and vulnerable groups;
* Establish and support a regional network to identify successful processes/activities involving persons with disabilities that could be replicated or adapted in other PICs;
* Support DPOs working with groups who are hard to reach effectively especially in isolated atolls and islands, disaster prone areas and those in the inaccessible highlands;
* Address the specific needs of youth, women, girls and children with disabilities.

**6. MOBILISATION OF RESOURCES**

Financial and human resources are required at local, national and regional levels to implement activities on disability inclusive development, as this has been typically under-resourced.

**OBJECTIVE**

To have sufficient resources and funding to realise national and regional responses to disability.

**INDICATIVE AREAS FOR ACTION**

* Advocate for adequate allocation of funding for disability responses in the national budget;
* Explore the feasibility of establishing a regional funding mechanism for specific disability issues;
* Encourage development partners to increase and sustain funding to support responses to disability;
* Encourage countries to establish a civil service position dedicated solely to disability inclusive development work;
* Establish a central information database of skilled individuals and organisations available to provide technical support for disability responses.

**PACIFIC ISLANDS FORUM SECRETARIAT** PIFS(09)FDMM.07**FORUM DISABILITY MINISTERS’ MEETING** Rarotonga, Cook Islands21-23 October 2009

**E6. Implementation, the Role of DPOs & Shadow Reporting**

Many countries are fearful of signing and ratifying the Convention because they are concerned with the possible cost and changes they will need to make in the law in their country to comply with the requirements of the Convention. It is rue that the obligations on State parties of signing and ratifying the UNCRPD are wide and in many cases will bring adopt big changes in the legal position and rights of people with disabilities.

This is why the full involvement of people with disabilities and their representative organisation are the key to effective adoption, ratification and implementation.

The economic, social and cultural rights contained in the UNCRPD can be introduced progressively depending on the resources of the country. (Article 4.2). **“*undertakes to take measures to the maximum of its available resources and, where needed, within the framework of international cooperation, with a view to achieving progressively the full realization of these rights”,***

This is also why international cooperation is essential as outlined in (Article 32). The Pacific Island Forum provides a very useful mechanism for dialogue between Government and DPOs. At a national level their is an urgent need to develop capacity for DPOs so they can play an effective role in the convention process. Both AusAID and NZAID have recently made a priority in their donor activities of implementation of the UNCRPD.

***Article 4, General obligations*** *1. “States Parties undertake to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability. To this end, States Parties undertake:

(a) To adopt all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the present Convention;

(b) To take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices that constitute discrimination against persons with disabilities;

(c) To take into account the protection and promotion of the human rights of persons with disabilities in all policies and programmes;

(d) To refrain from engaging in any act or practice that is inconsistent with the present Convention and to ensure that public authorities and institutions act in conformity with the present Convention;

(e) To take all appropriate measures to eliminate discrimination on the basis of disability by any person, organization or private enterprise;

(f) To undertake or promote research and development of universally designed goods, services, equipment and facilities, as defined in article 2 of the present Convention, which should require the minimum possible adaptation and the least cost to meet the specific needs of a person with disabilities, to promote their availability and use, and to promote universal design in the development of standards and guidelines;

(g) To undertake or promote research and development of, and to promote the availability and use of new technologies, including information and communications technologies, mobility aids, devices and assistive technologies, suitable for persons with disabilities, giving priority to technologies at an affordable cost;

(h) To provide accessible information to persons with disabilities about mobility aids, devices and assistive technologies, including new technologies, as well as other forms of assistance, support services and facilities;

(i) To promote the training of professionals and staff working with persons with disabilities in the rights recognized in this Convention so as to better provide the assistance and services guaranteed by those rights.

2. With regard to economic, social and cultural rights, each State Party undertakes to take measures to the maximum of its available resources and, where needed, within the framework of international cooperation, with a view to achieving progressively the full realization of these rights, without prejudice to those obligations contained in the present Convention that are immediately applicable according to international law.

3. In the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, States Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations.

4. Nothing in the present Convention shall affect any provisions which are more conducive to the realization of the rights of persons with disabilities and which may be contained in the law of a State Party or international law in force for that State. There shall be no restriction upon or derogation from any of the human rights and fundamental freedoms recognized or existing in any State Party to the present Convention pursuant to law, conventions, regulation or custom on the pretext that the present Convention does not recognize such rights or freedoms or that it recognizes them to a lesser extent.

5. The provisions of the present Convention shall extend to all parts of federal states without any limitations or exceptions”.*

***Article 5 ,Equality and non-discrimination***

*1. “States Parties recognize that all persons are equal before and under the law and are entitled without any discrimination to the equal protection and equal benefit of the law.*

*2. States Parties shall prohibit all discrimination on the basis of disability and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds.*

*3. In order to promote equality and eliminate discrimination, States Parties shall take all appropriate steps to ensure that reasonable accommodation is provided.*

*4. Specific measures which are necessary to accelerate or achieve de facto equality of persons with disabilities shall not be considered discrimination under the terms of the present Convention”.*

***Article 32, International cooperation*** *1. “States Parties recognize the importance of international cooperation and its promotion, in support of national efforts for the realization of the purpose and objectives of the present Convention, and will undertake appropriate and effective measures in this regard, between and among States and, as appropriate, in partnership with relevant international and regional organizations and civil society, in particular organizations of persons with disabilities. Such measures could include, inter alia:

(a) Ensuring that international cooperation, including international development programmes, is inclusive of and accessible to persons with disabilities;
(b) Facilitating and supporting capacity-building, including through the exchange and sharing of information, experiences, training programmes and best practices;
(c) Facilitating cooperation in research and access to scientific and technical knowledge;
(d) Providing, as appropriate, technical and economic assistance, including by facilitating access to and sharing of accessible and assistive technologies, and through the transfer of technologies.

2. The provisions of this article are without prejudice to the obligations of each State Party to fulfil its obligations under the present Convention”.*

***Article 33, National implementation and monitoring*** *1. “States Parties, in accordance with their system of organization, shall designate one or more focal points within government for matters relating to the implementation of the present Convention, and shall give due consideration to the establishment or designation of a coordination mechanism within government to facilitate related action in different sectors and at different levels.

2. States Parties shall, in accordance with their legal and administrative systems, maintain, strengthen, designate or establish within the State Party, a framework, including one or more independent mechanisms, as appropriate, to promote, protect and monitor implementation of the present Convention. When designating or establishing such a mechanism, States Parties shall take into account the principles relating to the status and functioning of national institutions for protection and promotion of human rights.

3. Civil society, in particular persons with disabilities and their representative organizations, shall be involved and participate fully in the monitoring process”.*

**E6.a) In country groups read Articles 4, 5, 32 and 33, make a list of the key provisions which will help with the adoption, ratification and implementation of the UNCRPD in your country. Activity.**

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| Provision UNCRPD | How will this help the Convention process in your country? |
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**E6. b) State Reports. Article 35. Reporting by state parties-2 years after ratification the State must make a Report to the Committee on the Rights of Persons with Disabilities (Article 34)**

The **treaty-specific document** is a maximum of 60 page report and should contain specific information on the implementation in law and in practice of the articles of the CRPD. The report should provide detailed information on substantive measures taken and progress achieved and an article-by-article analysis of the CRPD in accordance with the reporting guidelines. In October 2009, the CRPD Committee adopted treaty specific guidelines for reporting.[[53]](#footnote-53) DPOs need to be consulted on this report, but should **not** become the authors of the report. There iare compelling reasons to maintain independence from the state.

***Article 35, Reports by States Parties*** *1. “Each State Party shall submit to the Committee, through the Secretary-General of the United Nations, a comprehensive report on measures taken to give effect to its obligations under the present Convention and on the progress made in that regard, within two years after the entry into force of the present Convention for the State Party concerned.

2. Thereafter, States Parties shall submit subsequent reports at least every four years and further whenever the Committee so requests.

3. The Committee shall decide any guidelines applicable to the content of the reports.

4. A State Party which has submitted a comprehensive initial report to the Committee need not, in its subsequent reports, repeat information previously provided. When preparing reports to the Committee, States Parties are invited to consider doing so in an open and transparent process and to give due consideration to the provision set out in article 4.3 of the present Convention.

5. Reports may indicate factors and difficulties affecting the degree of fulfilment of obligations under the present Convention”*

There is provision for **Civil Society** “the arena outside the family, state and the market, which is created by individual and collective actions, organisations and institutions to advanced shared interests.”[[54]](#footnote-54)...to make its own report to the Committee.

This includes DPOs to put in to the **Committee on the Rights of Persons with Disabilities** an independent report evaluating the position of people with disabilities in their country.

‘One of the principle functions of the Committee on the Rights of Persons with Disabilities is to review periodic reports submitted by States parties under Article 35 of the CRPD. The Committee prepares for its dialogue with the State Party by requesting additional information in the form of a list of issues. The State Party report and the responses to the list of issues form the basis of the discussion with the State Party. Following the dialogue, the Committee issues concluding observations, which highlight key issues of concern and make recommendations for follow-up actions.

DPOs have the opportunity to provide input on how the CRPD is being implemented at national level at various stages including during the drafting of the State Party report, the list of issues and the concluding observations. DPOs also have a role to play in the follow-up to the concluding observations, during days of general discussion and in the drafting of general comments. Involvement and participation with national monitoring frameworks and other national implementation and monitoring bodies is a key component to ensuring the effective implementation of the CRPD’ .[[55]](#footnote-55)

There is also a facility for Civil Society Organisations and other to address the Committee when it is considering their country’s reports. This process is called ‘**Shadow or Parallel Reporting’**. Experience at the Committees at of other Human Rights Treaties has shown that it is far more effective to have one joint report from all parts of civil society. Article 4 and 32 make it clear this process should be led by DPOs. IDA The International Disability Alliance has provided guidance on shadow reporting.[[56]](#footnote-56)

“DPOs are encouraged to prepare **parallel reports** on the implementation of the CRPD at national level in order for the Committee to effectively monitor the implementation of the CRPD in a country. DPOs are encouraged to establish or strengthen national CRPD coalitions and to produce a parallel report on the basis of consultations and input received from members of the coalition. A comprehensive parallel report should cover all the articles of the CRPD, identify gaps, highlight key areas of concern and make concrete recommendations for change. A brief explanation of each article of the CRPD is provided below with a non-exhaustive list of issues that may assist DPOs in identifying gaps in the implementation of the CRPD at national level. Concrete suggestions to ensure the effectiveness of parallel reports are also provided”

**E6.c) What will your DPO have to put in place so it can make a Shadow Report? Activity**

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| **Action/Activity** | **What will be involved?** | **What training or resources will you need?** |
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**E7 Country Action Plan look at E8 before developing.**

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| **Area of Activity** | **Who will do it and how** | **Timescale** |
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**E8. Guidance On Developing Your Action Plan.**

**Awareness does not create change. ACTION does!**

1.You now have the knowledge and are building the skills to advocate successfully for your rights. Commitment is essential to taking action. Start with small attainable steps. Participation in disability organizations can help. It can provide an important environment to practice advocacy skills and promote a sense of belonging, identity, and connection to others who share similar life experiences.

2.Advocacy can be used for many purposes: for personal needs, for the needs of others with disabilities, or for the needs of the disability community as a whole. Advocacy can take place at many levels too: locally, nationally, and internationally. Examples of advocacy actions include:

**a) Educational Action**

* Educating ourselves: gathering the information we need to understand the issue and analyzing what we have learned;
* Educating others: drawing the attention of allies and the general public to an issue that needs to be addressed and showing how we want to create change;
* Changing attitudes: addressing stereotypes and misconceptions about a particular issue and about people with disabilities generally.

**b)Political Action**

* Addressing policy-makers: influencing them to consult with and include the concerns of people with disabilities when making public policies;
* Addressing law-makers: lobbying for supports and fulfillment of the human rights of people with disabilities;
* Addressing public officials: pressuring for enforcement of laws and policies that respect and protect the human rights of people with disabilities;
* Social and community service providers: effectively communicating for service delivery. For example: navigating the service delivery system through communication with bankers, grocers, social workers, and/or medical professionals.

c)**Legal Action**

* Creating new law: participating in advocacy for new laws on disability rights and taking part in the drafting of such laws. For example: advocating for comprehensive disability rights legislation consistent with international law, including the CRPD.
* Repealing negative law: taking action to repeal laws that stand in the way of the enjoyment of disability rights. For example: advocating to repeal discriminatory marriage laws that bar people with disabilities from exercising their right to marry.
* Working to implement disability rights law: For example: Taking action to highlight non-compliance with accessibility standards in new building construction, or training employers on how to provide reasonable accommodations to employees with disabilities.

4.Advocacy benefits from the collective action of individuals and groups working together to achieve a shared goal. Wise advocates recognize that creating lasting change takes time, especially when old attitudes and habits must be overcome. They plan and commit themselves to a sustainable, long-term effort, but they also set short-term goals and benchmarks.

5.Celebrate your achievements together and take care to nurture your shared vision and working relationships.

**6.Defining the Change You Want to Make**

1. What is the specific change you wish to bring about? Write this in a few sentences
on chart paper.
2. Does this change involve having the right -
	* Respected (that is, having the right recognized, stopping people and
	institutions from denying or limiting the right)?
	* Protected (that is, having law and measures to ensure the right is not violated
	and prevent its violation)?
	* Fulfilled (that is, given sufficient recognition, funding, and other positive acts
	that enable and assist enjoyment of that right)?
3. Analyze possible underlying causes of the situation you wish to change. Look at each from as many perspectives as you can imagine. For example:
	* Attitudes
	* Laws
	* Society
	* Religion and culture
	* Government
	* Health care system
	* Individuals and families
	* Other perspectives?
4. Of the underlying causes identified for each challenge, which seem to be the most
significant?

**7.Articulating the Change You Want to Make:**

1. Describe the problem. If possible mention -
	* how this problem may intersect with other kinds of human rights violations
	many people with disabilities experience;
	* the group(s) of people with disabilities it principally affects;
	* the possible cause(s) of the problem.
2. Relate the problem to the human rights of people with disabilities, referring to
specific articles of the CRPD and if possible to other human rights documents.
3. Clarify how the problem affects the lives of people with disabilities (and their
families where relevant).
4. Show how addressing the problem can improve the lives of people with disabilities
and the community in general.
5. Propose specific actions that should be taken to address the problem.
6. Show how members of the community can get involved in addressing the
problem.

A SWOT Analysis see D4

**B. Surveying the Field**

1. Consider these questions about your present and future work:
2. On which of these challenges are you or others already working to change? How?
3. Does your work address the underlying causes of the situation? How?
4. Which of the identified challenges might be easily added to existing work being done by or on behalf of people with disabilities? Why?
5. Would some of these challenges for people with disabilities be especially difficult, disadvantageous, or even dangerous to address? Why?
6. Consider these questions about allies and potential allies:
	* Who are the most likely allies to support your action? Why?
	* Do you share the same goals?
	* How can your work and theirs complement and support each other?
	* What do you and/or your organization have to offer the collaboration?
	* What do you and/or your organization have to gain from the collaboration?
	* Are there potential problems with collaboration with any group?
	* How can you establish this collaboration?

**C. Gathering Information**

1. What statistics are available about people with disabilities in your community, your country, and in the world (for example, their numbers, ages, income levels, etc.)?
	* What additional statistics do you need to take action?
2. What laws and official policies does your country have that directly affect people with disabilities?
	* Do you consider these laws and policies to be adequate and effective?
	* Do they adequately protect the rights of people with disabilities?
	* Are these laws and policies consistently enforced and implemented? If not, why not?
	* Are further laws needed? If so, what new laws would you recommend?
3. Has your country ratified and is thus legally bound to uphold any of the international human rights treaties affecting people with disabilities? For more information on ratification, see the Disabled Peoples' International Ratification Toolkit: <http://www.icrpd.net/ratification/en/index.htm>
4. Has your country ratified the Convention on the Rights of Persons with Disabilities (CRPD)?
	* If no, why not? What can you do to change this decision?
	* If yes, what steps has your government already taken in that direction?
	* Are any groups in your country already advocating ratification of the CRPD? What are they doing? How can you help?
5. Does your country have a national human rights commission and/or a national disability commission?2﻿ For more information on implementation, see the Disabled Peoples' International Implementation Toolkit: <http://www.icrpd.net/implementation/en/index.htm>
6. Are these institutions part of the government or independent of it, that is, part of "civil society"?
	* What, if anything, are these institutions doing to improve human rights and/or the lives of people with disabilities?
	* How can you work with these institutions to see that human rights standards are enforced for people with disabilities?
	* Find out what government ministries and agencies are working on the rights and needs of people with disabilities. Do they have disability policies and/or disability focal points?
	* Are any of these governmental bodies especially encouraging or discouraging of advocacy on the rights of people with disabilities?

Now that you have gone through Steps 1-3, choose and complete an action planning form. Choose or create one most suitable to your group and specific action. You may wish to have one action plan for actions aimed at long term goals and several others for individual, short-term actions. Remember to include a section on follow-up and evaluation.

Congratulations! You have now completed the following steps:

**STEP 1: DEFINING THE CHANGE YOU WANT TO MAKE
STEP 2: ARTICULATING THE CHANGE YOU WANT TO MAKE
STEP 3: PREPARING FOR ACTION
STEP 4: MAKING YOUR ACTION PLAN**

Now it is time for: **STEP 5: TAKING ACTION**

Follow your action plan and use the skills you've gained to clearly address social change no matter how small the step. Give yourself a reasonable amount of time to accomplish your goal and set a date to follow-up.

**STEP 6: FOLLOWING-UP:** Once you have begun to take action, reconnect with your group regularly. Communicate the successes or challenges you faced when taking action. Review the following questions:

* Did you follow the action plan? What successes did you have? What challenges did you encounter?
* If you met your goal:
	+ What factors contributed to your success?
	+ How can you build on this success?
	+ Should you repeat this strategy?
* If your goal was not met:
	+ What revisions need to be made to the action plan?
	+ Does additional research need to be completed?
	+ Are additional resources needed?
	+ What are your next steps for action?
	+ Do you have another action to take?

It is important to monitor and keep track of your actions. Record your progress on the action planning forms and celebrate your successes!

**Remember:**

**"A small group of thoughtful people could change the world. Indeed, its the only thing that ever has." – Margaret Mead**

**Useful Resources**

**Human Rights Yes (2007) Ed Nancy Flowers Human Rights Resource Centre, University of Minnesota** [**http://www1.umn.edu/humanrts/edumat/hreduseries/TB6/index2.html**](http://www1.umn.edu/humanrts/edumat/hreduseries/TB6/index2.html)

**Disabled People International (2006) Implementation Tool Kit**

[**http://www.icrpd.net/implementation/en/index.htm**](http://www.icrpd.net/implementation/en/index.htm)

**Disabled People International (2006) Ratification Tool Kit**

[**http://www.icrpd.net/ratification/en/index.htm**](http://www.icrpd.net/ratification/en/index.htm)

**United Nations Monitoring the Convention on the Rights of People with Disabilities (2010) Geneva** **http://www.ohchr.org/Documents/Publications/Disabilities\_training\_17EN.pdf**

**Disability Committee(2009) Guidelines on treaty-specific document to be submitted by states parties under article 35, paragraph 1, of the Convention on the Rights of Persons with Disabilities** [**http://www.ohchr.org/Documents/HRBodies/CRPD/CRPD-C-2-3.pdf**](http://www.ohchr.org/Documents/HRBodies/CRPD/CRPD-C-2-3.pdf)

**Handbook for parliamentarians on the Convention on the Rights of Persons with disability UN- DESA (2007)** <http://www.un.org/disabilities/documents/toolaction/ipuhb.pdf>

**We Have Human Rights: A book for self advocates for people with developmental disabilities (2008 )Harvard Law School** [**http://www.hpod.org/pdf/we-have-humna-rights.pdf**](http://www.hpod.org/pdf/we-have-humna-rights.pdf)

**Change Your Life with Human Rights : A self Advocacy Book for People with Disabilities Harvard Law School (2008)** [**http://www.hpod.org/pdf/Change\_Your\_Life\_With\_Human\_Rights.pdf**](http://www.hpod.org/pdf/Change_Your_Life_With_Human_Rights.pdf)

**Handicap International Understanding The UN Convention on the Rights of Persons with Disabilities Marianne Schulze (2010)** [**http://www.handicap-international.org.uk/Resources/Handicap%20International/PDF%20Documents/HI%20Associations/UnderstandingCRPD\_2010.pdf**](http://www.handicap-international.org.uk/Resources/Handicap%20International/PDF%20Documents/HI%20Associations/UnderstandingCRPD_2010.pdf)

**United Nations Convention on the Rights of Persons with Disabilities Advocacy Toolkit 2007**

**Implementing Inclusive Education (2008) R.Rieser, A Guide to implementing Article 24 of the UN Convention on the Rights of People with Disabilities ,Commonwealth Secretariat, London** [**http://www.worldofinclusion.com/res/internat/Commonwealth\_Guide.pdf**](http://www.worldofinclusion.com/res/internat/Commonwealth_Guide.pdf)

**Training Manual on Human Rights of Persons with Disabilities AIFO 2007**

**Leonard Cheshire Disability (2008) UN Convention on Rights of Persons with Disabilities : a call for action on poverty, discrimination and lack of access**

**Inclusion for All Deborah Ziegler21010) IDEATE Press N York**

**Guidance Document: Effective Use of International Human Rights Monitoring Mechanisms to Protect the Right of Persons with Disabilities (2010) International Disability Alliance** [**http://www.internationaldisabilityalliance.org/wp-content/uploads/2010/09/CRPD-reporting-guidance-document-English-FINAL-print.pdf**](http://www.internationaldisabilityalliance.org/wp-content/uploads/2010/09/CRPD-reporting-guidance-document-English-FINAL-print.pdf)

1. Examples include the association of impairment and witchcraft. Being disabled was often taken as proof of association with Satan during the European Witch hunts of 1480–1680. The last paying ’freak show’ closed in Coney Island New York in 2001. The Bible contains more than 40 negative references to disabled people. In ancient Greek society Aristotle and Plato argued for the ‘exposure’ of disabled babies. Richard III was given his impairments by Tudor historians seeking favour with their rulers who had usurped Richard as King. His impairments were part of Tudor propaganda. These examples are cited in Richard Rieser, ‘Disability

Equality: Confronting the Oppression of the Past’, in Mike Cole (ed.), Education Equality and Human Rights: Issues in Gender, Race, Sexuality, Disability and Social Class, 2nd edn, Routledge, London, 2006. [↑](#footnote-ref-1)
2. Richard Rieser, Disabling Imagery, DEE/BFI, London, 2004, [www.bfi.org.uk/disablingimagery](http://www.bfi.org.uk/disablingimagery) [↑](#footnote-ref-2)
3. Participants at the DEE/SAFOD conference on ‘Training for Inclusive Education’, 29 October–2 November 2007 identified thinking that was common in the following countries – Botswana, Lesotho, Malawi Mozambique, Namibia, Swaziland, Zambia and Zimbabwe,

, [↑](#footnote-ref-3)
4. Taken from *Implementing Inclusive Education*. R.Rieser Ch.3 Commonwealth Secretariat, London 2008 [↑](#footnote-ref-4)
5. UN Enable website http://www.un.org/disabilities/default.asp?id=260 [↑](#footnote-ref-5)
6. Tuberculosis [↑](#footnote-ref-6)
7. **Convention on the Rights of Persons with Disabilities Advocacy Toolkit OHCHR** www2.ohchr.org/english/issues/.../docs/CRPD\_**Advocacy**\_Tool.pdf [↑](#footnote-ref-7)
8. <http://ratifynow.org/un-convention/crpd-in-plain-language> [↑](#footnote-ref-8)
9. For the origins of many of these negative words about people with disabilities see <http://www.bfi.org.uk/education/teaching/disability/further/negative.html> [↑](#footnote-ref-9)
10. 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](http://www1.umn.edu/humanrts/edumat/hreduseries/TB6/html/Contents%20of%20%22Human%20Rights.%20YES%21%22.html) [↑](#footnote-ref-10)
11. Full text available at <http://www1.umn.edu/humanrts/edumat/hreduseries/TB6/html/Annexes.html#declaration1> [↑](#footnote-ref-11)
12. Disability Awareness in Action Campaigns Kit <http://www.daa.org.uk/uploads/resources/Resource%20Kit%203.doc> [↑](#footnote-ref-12)
13. The International Disability Alliance has now expanded and has staffed offices in Geneva, Madrid and New York and plays a vital role in implementation. It currently comprises the following organisations IDA currently comprises eight global and four regional organizations of persons with disabilities (DPOs):[Disabled Peoples’ International (DPI)](http://www.dpi.org/), [Down Syndrome International (DSI)](http://www.ds-int.org/) , [Inclusion International (II)](http://www.inclusion-international.org/), [International Federation of Hard of Hearing People (IFHOH)](http://www.ifhoh.org/), [The World Blind Union (WBU),](http://www.worldblindunion.org/)  [World Federation of the Deaf (WFD)](http://www.wfdeaf.org/), [World Federation of Deafblind (WFDB)](http://www.wfdb.org/), [The World Network of Users and Survivors of Psychiatry (WNUSP),](http://www.wnusp.net/) **Arab Organization of Disabled People (AODP),**[European Disability Forum (EDF)](http://www.edf-feph.org/), [The Latin American Network of Non-Governmental Organizations of Persons with Disabilities and their Families (RIADIS)](http://www.riadis.net/), [Pacific Disability Forum (PDF)](http://www.pacificdisability.org/) . http://www.internationaldisabilityalliance.org/ [↑](#footnote-ref-13)
14. <http://www.un.org/esa/socdev/enable/dissre00.htm> 22 articles with more than 70 action point mainly ignored [↑](#footnote-ref-14)
15. <http://www.unescap.org/esid/psis/disability/bmf/bmf.html> [↑](#footnote-ref-15)
16. <http://www.daa.org.uk/index.php?page=test-about-us> [↑](#footnote-ref-16)
17. Harris, James C. Intellectual Disability: Understanding its Causes, Classification, Evaluation and Treatment (Oxford: 2005), pp. 14-16; Albrecht, Gary L. et al., eds., Handbook of Disability Studies (Sage Publications: 2001), pp. 15-18.

19 "Behind Closed Doors: Human Rights Abuses in the Psychiatraic Facilities,Orphanages, and Rehabilita tion Centers of Turkey." Mental Disability Rights International (MDRI). 2005. <http://www.mdri.org/turkey.html>

20 "Ruined Lives: Segregated from Society in Argentina's Psychiatric Asylums." 2007. Mental Disability Rights International (MDRI) and the Center for Legal and Social Studies (CELS). <http://www.mdri.org/PDFs/reports/MDRI.ARG.ENG.NEW.pdf> [↑](#footnote-ref-17)
18. [↑](#footnote-ref-18)
19. "Not on the Agenda: Human Rights of People with Mental Disabilities in Kosovo." 2002. Mental Disability Rights International (MDRI). http://www.mdri.org/kosovo.html [↑](#footnote-ref-19)
20. ####  Adapted from M. Mason 1994, R. Rieser 2000 <http://www.worldofinclusion.com/res/altogether/AltogetherBetter.pdf>

 [↑](#footnote-ref-20)
21. www.lcint.org/download.php?id=566 [↑](#footnote-ref-21)
22. Center for Disease Control, National Center for Health Statistics, Washington Group on Disability
   Statistics (2007). <http://www.cdc.gov/nchs/citygroup.htm> [↑](#footnote-ref-22)
23. ####  Based on Biklen and Bogdana 1977. Amended by R. Rieser & M. Mason ‘Disability Equality in Classroom’, 1990)

 [↑](#footnote-ref-23)
24. 1 in 8 Group, formed after the Invisible Children Conference. We are a number of individuals working in the media committed to challenging the portrayal and employment of Disabled People. <http://www.worldofinclusion.com/res/invisible/Invisible_Children.pdf> [www.bfi.org.uk/disablingimagery](http://www.bfi.org.uk/disablingimagery) [↑](#footnote-ref-24)
25. For many example from film and television [www.bfi.org.uk/disablingimagery](http://www.bfi.org.uk/disablingimagery) [↑](#footnote-ref-25)
26. "Draft Guidelines: A Human Rights Approach to Poverty Reduction Strategies" 10 Sept. 2002. UNHCHR
   Homepage. <http://www.unhchr.ch/development/povertyfinal.html> [↑](#footnote-ref-26)
27. This section draws largely upon <http://www1.umn.edu/humanrts/edumat/hreduseries/TB6/html/CH1.html#head> [↑](#footnote-ref-27)
28. Rousso, Harilyn. Girls and Women with Disabilities: An International Overview and Summary of Research. (Disabilities Unlimited Consulting Services, 2001); Saxton, Marsha. The Impact of Violence on People with Disabilities. (World Institute on Disability, 2007 [↑](#footnote-ref-28)
29. * Human Rights Watch, III Equipped: U.S. Prisons and Offenders with Mental Illness (2003):
	<http://www.hrw.org/reports/2003/usa1003> Mental Disability Advocacy Center:
	<http://www.mdac.info/> Mental Disability Rights International:
	<http://www.mdri.org> World Institute on Disability, The Impact of Violence on People with Disabilities (Marsha Saxton, 2006):<http://www.wid.org> [↑](#footnote-ref-29)
30. Drawing heavily on Human Rights Yes , University of Minnesota 2007 <http://www1.umn.edu/humanrts/edumat/hreduseries/TB6/html/CH7.html#head> [↑](#footnote-ref-30)
31. "Submission from Women With Disabilities Australia (WWDA) to the Standing Committee on Employment and Workplace Relations Inquiry into Increasing Participation in Paid Employment." 2003. Women with Disabilities Australia. <http://www.wwda.org.au/employsub.htm> [↑](#footnote-ref-31)
32. [See http://www.ilo.org/public/english/employment/skills/download/jointpaper.pdf](http://www.ilo.org/public/english/employment/skills/download/jointpaper.pdf) [↑](#footnote-ref-32)
33. USEFUL RESOURCES ON THE RIGHT TO WORK Americans with Disabilities Act Guide for Small Businesses:
<http://www.ada.gov/smbustxt.htm> General Comment No. 5 of Committee on Economic, Social and Cultural Rights:
<http://www1.umn.edu/humanrts/gencomm/epcomm5e.htm> ILO Convention 159 (concerning Vocational Rehabilitation and Employment (Disabled Persons): <http://www.ilo.org/ilolex/english/convdisp1.htm> ILO "Vocational Rehabilitation and Employment (Disabled Persons) Recommendation (No. 168)":
<http://www.ilo.org/ilolex/english/recdisp1.htm>

	* ILO Skills and Employability Department - Disability and Work cross-cutting theme:
	<http://www.ilo.org/public/english/employment/skills/disability/index.htm> [↑](#footnote-ref-33)
34. Adapted from "The Independent Living Philosophy: Ten Principles." Rockland Independent Living Center. <http://www.rilc.org/principles.htm> [↑](#footnote-ref-34)
35. Adapted from "Supported Decision-making." Planned Lifetime Advocacy Network. <http://www.plan.ca/Programs_Decisions.php> [↑](#footnote-ref-35)
36. *UNESCO Guidelines for Inclusion: Ensuring Access to Education for All*, 2005, UNESCO, Paris, p. 13. [↑](#footnote-ref-36)
37. Diane Richler, *Inclusion International*, 2005. [↑](#footnote-ref-37)
38. Centre for Studies on Inclusive Education, *Index for Inclusion: Developing Learning and Participation in Schools*, CSIE, Bristol, 2002

, http://inclusion.uwe.ac.uk/csie/indexlaunch.htm [↑](#footnote-ref-38)
39. Source R. Rieser **Implementing Article 24-Inclusive Education: A challenge for the Disabled People’s Movement**

Paper to the 7th DPI World Summit Seoul September 2007. [↑](#footnote-ref-39)
40. Richard Rieser, ‘Implementing Article 24 – Inclusive Education: A Challenge for the Disabled People’s

Movement’, Paper prepared for the 7th DPI World Summit, Seoul, September 2007 Reprinted in Implementing Inclusive Education (2008) <http://www.worldofinclusion.com/res/internat/Commonwealth_Guide.pdf> [↑](#footnote-ref-40)
41. Other useful resource See Me Hear Me : A guide to using the UIN Convention on the Rights f Persons with Disabilities to promote the rights of Children. Gerison Lansdowne( 2009) Save the Children <http://sca.savethechildren.se/Global/scs/MENA/Resources/See_me_hear_en.pdf>

UNICEF Promoting the Rights of Children with Disabilities (2007) <http://www.un.org/esa/socdev/unyin/documents/children_disability_rights.pdf>

Its About Ability : An explanation of the convention on the Rights of Persons with Disability UNICEF/Victor Peneda Foundation (2008) <http://www.unicef.org/publications/files/Its_About_Ability_final_.pdf> [↑](#footnote-ref-41)
42. Abu-Habib, L. Gender and Disability: Women's Experiences in the Middle East (Oxfam, UK, 1997) [↑](#footnote-ref-42)
43. Saxton, Marsha. "[Curriculum on Abuse Prevention and Empowerment.](http://www.wid.org/programs/health-access-and-long-term-services/curriculum-on-abuse-prevention-and-empowerment-cape/curriculum-on-abuse-prevention-and-empowerment-cape?searchterm=Curriculum+on+Abuse+Prevention+and+Empowerment)" World Institute on Disability [↑](#footnote-ref-43)
44. USEFUL RESOURCES ON GENDER AND DISABILITY Disabled Women in Sport: <http://www.feminist.org/sports/disability.html> Disabled Women on the Web: <http://www.disabilityhistory.org/dwa/> International List for Women with Disabilities and Women Allies (D-Wild):
<http://groups.yahoo.com/group/d-wild/> Organizations and Committees Concerned with Issues Affecting Women with Disabilities: <http://www.dpi.org/en/resources/topics/women/02-11-05_orgs.htm> [↑](#footnote-ref-44)
45. UNDP Pacific Centre, 2009, Pacific Sisters with Disabilities: at the Intersection of Discrimination

<http://www.undppc.org.fj/_resources/article/files/Final%20PSWD%20BOOKLET.pdf> [↑](#footnote-ref-45)
46. http://www.un.org/disabilities/countries.asp?navid=12&pid=166 [↑](#footnote-ref-46)
47. http://www.mindtools.com/pages/article/newTMC\_05.htm [↑](#footnote-ref-47)
48. DPI Ratification Tool Kit http://www.icrpd.net/ratification/en/toolkit/section4.htm [↑](#footnote-ref-48)
49. DPI Ratification Tool Kit http://www.icrpd.net/implementation/en/toolkit/section4-excercise1.htm [↑](#footnote-ref-49)
50. <http://www.forumsec.org.fj/resources/uploads/attachments/documents/Pac> [↑](#footnote-ref-50)
51. Political and traditional leaders, religious leaders, business and community leaders [↑](#footnote-ref-51)
52. This was first coined by Disabled Peoples International and is widely used by persons with disabilities. [↑](#footnote-ref-52)
53. Guidelines on treaty-specific document to be submitted by State Parties under article 35, paragraph 1, or the Convention on the

Rights of Persons with Disabilities, CRPD/C/2/3, http://www2.ohchr.org/SPdocs/CRPD/CRPD-C-2-3.doc [↑](#footnote-ref-53)
54. Civicus-World Alliance of citizen participation 2010 ‘Civil Society :The Clampdown is Real’ <http://www.civicus.org/> [↑](#footnote-ref-54)
55. Guidance Document:Effective use of International Human Rights Monitoring Mechanisms to Protect the Rights of People with Disabilities (2010) IDA, Geneva p9 [↑](#footnote-ref-55)
56. Ibid p26 <http://www.internationaldisabilityalliance.org/wp-content/uploads/2010/09/CRPD-reporting-guidance-document-English-FINAL-print.pdf> b [↑](#footnote-ref-56)