**Policy Guidance for Inclusive Sustainable Development Goals**

**Training materials**

**Participatory webinar 1**

**Foundations**

**E-workbook**

**Participatory webinar 1**

**Foundations**

**E-workbook**

**Contents**

**Activity Page**

[Activity 1.1.4 Handout: Abled privilege 3](#_Toc91751365)

[Activity 1.1.5 Handout: Abled privilege checklist 4](#_Toc91751366)

[Activity 1.2.2 Handout: Five core pillars of inclusive policies 6](#_Toc91751367)

[Activity 1.2.2 Materials: Stories cut-outs 11](#_Toc91751368)

[Activity 1.3.2. Handout: Governance info card 14](#_Toc91751369)

[Activity 1.3.3. Handout: Five other structural requirements info cards 22](#_Toc91751370)

Activity 1.1.4 Handout: Abled privilege

Module 1-Session 1 – Activity 1.1.5.

**Source**: [Ability Privilege versus Ableism – What’s the difference?](https://www.inclusionsystem.ca/2014/11/26/ability-privilege-versus-ableism-whats-the-difference/) © 2021 The Inclusion System Blog (permission granted to copyright material).

**What is abled privilege?**

How do you describe when a person gets more or better than someone else but is not earned by merit? As advocates, this is commonly referred to as privilege. There are many different types of privilege that affect us. We all have our own versions of privilege; those that we have and don’t have. In the context of disability support, this is referred to as abled privilege. I’m not talking about people discriminating against people with disabilities, because that’s ableism. That’s a totally separate issue.

So what is abled privilege? How is it different from ableism and all the other words ending with ‘ism? Such as racism, classicism, etc.

Abled or ability-based privilege is a form of **identity privilege**. Any unearned benefit or advantage one receives in society by nature of their identity. Examples of aspects of identity that can afford privilege are race, religion, gender identity, sexual orientation, class, wealth, ability, or citizenship status.

Privilege is something we can’t help having. Usually, it’s something we are born with and is given to us by our society.

Ableism and other ‘isms, are discrimination and prejudice acted upon other people because of a perceived difference. Ableism is when the perceived difference is disability.

I can’t control the fact that I have two legs that allow me to walk and run, and that the majority of humans do this in a way that is similar to the way I do it. That’s my ableism privilege. What I can control is ableism. I can actively promote making places accessible to people that use alternative ways of getting around. Dismissing this as important to a person in a wheelchair would be ableism.

Privilege is a loaded term. That’s why it’s important to carefully define it. Try telling someone they are privileged, and you’ll likely ruffle some feathers. No one likes to feel like they might be causing grief to another person. Especially when they have no control over their advantage, which is the case with privilege. Often privilege and discrimination are linked as though they are one and the same. They are not**.**

Activity 1.1.5 Handout: Abled privilege checklist

Module 1-Session 1 – Activity 1.1.5.

**Source:** Excerpt from [*The Invisible Backpack of Able-Bodied Privilege Checklist*](https://melissagraham.ca/2009/10/12/the-invisible-backpack-of-able-bodied-privilege-checklist/)

(Cited from [Sit Down, Fight Back](https://melissagraham.ca/), blog by Melissa Graham, full list reproduced on next page. Permission granted to copyright material).

Reflect on each statement in the list below and mark with a checkmark (**√**), statements that you feel are true for you.

|  |  |
| --- | --- |
| **Statements** | **√** |
| 1. I can easily find housing that is accessible to me, with no barriers to my mobility. |  |
| 1. I can turn on the television and see people of my ability level widely and accurately represented. |  |
| 1. I can advocate for my children in their schools without my ability level being blamed for my children’s performance or behaviour. |  |
| 1. I can be reasonably assured that I won’t be late for meetings due to mobility barriers. |  |
| 1. When speaking with medical professionals, I can expect them to understand how my body works, to answer my questions, and respect my decisions. |  |
| 1. My neighborhood allows me to move about on sidewalks, into stores, and into friends’ homes without difficulty. |  |
| 1. People do not tell me that my ability level means that I should not have children. They will be happy for me when I become pregnant, and I can easily find supportive medical professionals and parents like me. |  |
| 1. I can be reasonably sure that my ability level will not discourage employers from hiring me. |  |
| 1. I know that my income can increase based on my performance, and I can seek new and better employment if I choose; I do not have to face a court battle to get an increase in my income. |  |
| 1. If people like me have been discriminated against in history, I can expect to learn about it in school, and how that discrimination was overcome. |  |
| 1. All people like me are seen as living lives that are worth living. |  |

|  |  |
| --- | --- |
| **Statements** | **√** |
| 1. I can, if I wish, arrange to attend social events without worrying if they are accessible to me. |  |
| 1. If I am in the company of people that make me uncomfortable, I can easily choose to move elsewhere. |  |
| 1. I can easily find housing that is accessible to me, with no barriers to my mobility. |  |
| 1. I can go shopping alone most of the time and be able to reach and obtain all of the items without assistance, know that cashiers will notice I am there, and can easily see and use the credit card machines.  I also don’t have to worry about finding a dressing room I can use, or that it’s being used as a storage room. |  |
| 1. I can turn on the television and see people of my ability level widely and accurately represented. |  |
| 1. I am not called upon to speak as the token person for people of my mobility level. |  |
| 1. I can advocate for my children in their schools without my ability level being blamed for my children’s performance or behaviour. |  |
| 1. I can do well in a challenging situation without being told what an inspiration I am. |  |
| 1. If I ask to speak to someone “in charge”, I can be relatively assured that the person will speak directly to me and treat me like I know what I’m talking about. |  |
| 1. I can belong to an organization/class/workplace and not feel that others resent my membership because of my ability level. |  |
| 1. I do not have to fear being assaulted because of my ability level.  If am abused by a partner I will have a safe place to go if I wish to leave. |  |
| 1. I can be reasonably assured that I won’t be late for meetings due to mobility barriers. |  |
| 1. As I grow up from childhood, I will not feel that my body is inferior or undesirable, and that it should be “fixed”, allowing me to feel confident in my current and future relationships. |  |
| 1. When speaking with medical professionals, I can expect them to understand how my body works, to answer my questions, and respect my decisions. |  |
| 1. My neighborhood allows me to move about on sidewalks, into stores, and into friends’ homes without difficulty. |  |
| 1. People do not tell me that my ability level means that I should not have children. They will be happy for me when I become pregnant, and I can easily find supportive medical professionals and parents like me. |  |
| 1. I can be reasonably sure that my ability level will not discourage employers from hiring me. |  |
| 1. I know that my income can increase based on my performance, and I can seek new and better employment if I choose; I do not have to face a court battle to get an increase in my income. |  |
| 1. I can choose to share my life with someone without it being seen as a disadvantage to them. |  |
| 1. If people like me have been discriminated against in history, I can expect to learn about it in school, and how that discrimination was overcome. |  |
| 1. All people like me are seen as living lives that are worth living. |  |

Activity 1.2.2 Handout: Five core pillars of inclusive policies

Module 1-Session 2 – Activity 1.2.2.

**Source**: Section I.2.1 – 1.2.5 of the [Policy Guidance for Inclusive Sustainable Development Goals: Foundations.](https://www.ohchr.org/Documents/Issues/Disability/SDG-CRPD-Resource/Foundations/policy-guideline-foundations-final.pdf)

Identify five core pillars that are necessary to construct an inclusive policy framework. These should also be considered in the design and implementation of any public policy or programme.

**Non-Discrimination**

The CRPD (article 2) describes discrimination on the basis of disability as:

*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.*

This means that persons with disabilities need to be able to access and enjoy the full range of human rights, including legal recognition and protection and access to services and programmes, on an equal basis with others. Due to the range of barriers which prevent full access and participation, reasonable accommodation must be provided to individuals who require it. Denial of reasonable accommodation is considered discrimination.

“Reasonable accommodation” refers to modifications or adjustments made for a person with disability who requires them in a particular case, to facilitate participation on an equal basis with others.

Reasonable accommodation must be provided on demand, that is, entities responsible for providing it cannot deny it by saying that they are progressively implementing it. If arbitrarily denied, this constitutes discrimination.

. . .

Persons with disabilities encompass a diverse group of people: people with different impairments; women; children and youth; older persons; people living across urban, rural or remote areas; members of ethnic minorities; indigenous peoples; migrants; people coming from different social classes; LGBTQ+ (lesbian, gay, bisexual, transgender, queer or intersex) persons; and persons being at one or more of the intersections of these identities.

Intersectional discrimination refers to situations where discrimination is occurring on the basis of multiple and intersecting factors, such as the ones listed above. While the concept sounds complex, in practice it means that people are not homogenous and experience discrimination and marginalisation in different and intersecting ways. A person with disability also has a gender identity, may come from an indigenous group and be young, old, a migrant or live in poverty. Women and girls with disabilities often face heightened barriers to accessing their basic human rights and are underrepresented in both women’s and disability movements.

**Accessibility**

Accessibility is central to being able to live independently and participate fully in life. It is required to make sure persons with disabilities can access:

* The physical environment;
* Transportation;
* Information and communication; and
* Facilities and services open or provided to the public, in both urban and rural areas.

Accessibility also applies to systems and procedures, to ensure that they are designed for equal access and participation of persons with disabilities.

. . .

Governments are obligated to progressively improve accessibility over time. For example, through ensuring that all new buildings, ICT (Information and Communication Technologies) systems, transport systems, etc., are accessible. Procurement processes should reference accessibility requirements and standards.

. . .

The CRPD requires that accessibility is planned from the onset, using universal design principles: Equitable Use, Flexibility in Use, Simple and Intuitive Use, Perceptible Information, Tolerance for Error, Low Physical Effort, Size and Space for Approach and Use.

| **Reasonable accommodation** | **Accessibility** |
| --- | --- |
| Reasonable accommodation is an individual modification or adjustment of existing structures and practices for a person with disability. | Accessibility is a general provision that the built environment, transportation, information and communication should be able to be accessed by all persons, including persons with disabilities. It draws upon universal design principles. |
| Must be implemented immediately to avoid discrimination. | Can be implemented gradually. |
| Applies to **an individual upon demand** (e.g., removable ramp used in a particular situation). | Applies **to all people and is part of the structure or system** (e.g., designing or reforming the building using universal design principles, such as installing permanent ramps). |
| Is limited by **proportionality - i.e., what is “reasonable” -** (e.g., if the accommodation risks bankruptcy of a small business, it is disproportional). | Is **unconditional** (e.g., if legislation indicates how a building must be designed, it must comply with existing construction rules for accessibility without a proportionality assessment). |
| Sometimes reasonable accommodation and accessibility are confused because reasonable accommodation can be used as a means of ensuring accessibility for an individual with disability in a particular situation. It may also benefit a collective of persons with disabilities at the same time. | |

**Support Services and Assistive Technology**

“*Support for persons with disabilities encompasses a wide range of formal and informal interventions, including live assistance and intermediaries, mobility aids and assistive devices and technologies. It also includes personal assistance; support in decision-making; communication support, such as sign language interpreters and alternative and augmentative communication; mobility support, such as assistive technology or service animals; living arrangements services for securing housing and household help; and community services. Persons with disabilities may also need support in accessing and using general services, such as health, education and justice*.” Special Rapporteur on the Rights of Persons with Disabilities ([A/HRC/34/58](https://undocs.org/en/A/HRC/34/58), para 14)

Many persons with disabilities require support services and/or assistive technology to perform daily life activities and participate in society.

“Assistive technology” is an umbrella term that comprises all systems and services related to the delivery of assistive products and services. More specifically, ‘assistive products’ are those designed to “maintain or improve an individual’s functioning and independence, thereby promoting their well-being” (World Health Organization, “Assistive Technology”, 18 May 2018), e.g., wheelchairs, canes, communication aids. Assistive technology contributes to the prevention of secondary impairments; reduction in the need for formal healthcare; and reduction in the need for live support services. Related services include fitting, training (including habilitation and rehabilitation services), maintenance and repair services.

Interdependence is an intrinsic aspect of the human experience. Many persons with disabilities require human support to perform daily life activities.

Globally, the main sources of support are families and the broader immediate community, such as friends, schoolmates, co-workers and extended family. While solidarity among family members and communities should be encouraged, dependence that leads to negative living environments should not. Hence, persons with disabilities should have support options beyond solidarity networks.

Human support is the most basic form of support and, in certain contexts, the only type of support available - when that is the case, it should be considered a basic- and life-saving service.

Inadequate support increases the risk of neglect, violence and abuse, and may lead to living in segregated settings such as institutions. On the other hand, support services increase independence and the participation of persons with disabilities; and ensure no one is left behind.

Support is key to promote development. It enables the supported person to participate in development, provides employment prospects for people who provide support and frees up family members to pursue education and employment.

Persons with disabilities are diverse, as well as the barriers that affect them. Support aims at improving their individual autonomy and minimizing environmental barriers. Consequently, there are different types of supports, applicable in different contexts, for different people.

**Participation**

The involvement of targeted populations is key to the effectiveness and success of policies, including at the stages of design, implementation and evaluation. Not only is it practical to know and understand the experiences of those concerned, but it is also a human rights imperative.

Persons with disabilities have historically been excluded from public decision-making, particularly in policy development. Persons with disabilities often had no voice and have been considered as mere “recipients”, not as the rights holders and contributors they are. Charities, religious organisations and professionals have often represented “the best interests” of persons with disabilities in decision-making processes.

The CRPD brings about a change. Putting into practice, the motto “nothing about us without us,” persons with disabilities are recognized as integral to decision-making processes.

There is a wide range of types of organisations of persons with disabilities: umbrella (global, regional and national); cross-disability (bringing together persons with different impairments); self-advocacy (commonly informal and representing persons with intellectual disabilities); sectoral (representing women and girls, children, youth); and including family members (when groups of persons with disabilities want to be supported by their families as united networks or organizations).

Persons with disabilities must be recognised as experts on their own lives. This means that their priorities and perspectives should be meaningfully considered and included in policy design, implementation and evaluation.

Policymakers should:

* Promote the involvement of representative organisations in flexible ways, according to capacity, context and priorities
* Systematically elicit and take into account the perspectives of persons with disabilities in all their diversity
* Acknowledge that the responsibility to deliver on the priorities and perspectives of persons with disabilities falls on them, according to the obligations they have as government officials
* Support the engagement of representative organisations in policymaking processes, building their capacity and simplifying the mechanisms to provide input
* Support the formation and functioning of representative organisations, including through easy and free registration processes
* Support the ability of representative organizations to seek and secure funds and resources to support their operations

**Awareness-Raising**

Attitudinal barriers restrict participation in society and the enjoyment of rights. Lack of knowledge on the rights of persons with disabilities also leads to discrimination. This means awareness-raising both among persons with disabilities and the broader population is critical to achieving inclusive SDG implementation.

Awareness-raising campaigns should assess the underlying attitudes, values and beliefs that lead to discrimination; as well as the level of awareness of rights among the population. General campaigns have proven effective to inform about rights and raise awareness on particular issues, but they do not deliver for changing attitudes. This requires longer processes, such as training and human rights education. In addition, involving persons with disabilities in awareness-raising is fundamental to change perceptions on persons with disabilities and combat stereotypes.

Activity 1.2.2 Materials: Stories cut-outs

Module 1 Session 2 Activity 1.2.2.

The trainer will assign one of the stories below to each small group.

|  |
| --- |
| 1. Akari is pregnant. She’s scared that she will not have access to tactile interpretation for deafblind people during the delivery, and not be able to know what’s happening nor follow instructions. |
| 1. Samuel was told by his health insurance company that the services he needs are not covered by the basic plan, as these services are classified as not essential. The health insurance company also said that his autism is considered a pre-existing condition, meaning that he's not eligible for services. Even if he were eligible, he wouldn’t be able to afford the premium coverage that provides the required services. |
| 1. Amara was told that she was going for a doctor’s appointment but she wasn’t told why. She was sterilized and no one explained to her what happened. Because she is under guardianship, her guardian signed the papers. |
| 1. Ian is feeling very distressed and doesn’t know if he will be able to manage on his own. Last time he sought help from the mental health unit in the hospital, he was restrained and locked in a room, and forcibly medicated. He wants support but he’s very afraid of being treated like last time. He feels alone. |
| 1. Clara applied for a position as a preschool teacher in her hometown. She was not hired; the school told her that she wouldn’t be able to manage a classroom full of small kids because she uses a wheelchair. |
| 1. Raj works as a receptionist at a hotel. He needs to lie down for one hour during working hours because of his impairment. He asked his supervisor to allow him to have an extra-hour break. His boss responded by telling him that he has to work like everyone else, that they don’t give “privileges” to anyone and that if he insists, he’ll be demoted to the post of concierge in the night shift, which pays less. |
| 1. Noah is a great cook; his muffins are very popular among his family and friends and he was encouraged to sell them. Noah applied for a loan to start a baking business. The bank told him that people with intellectual disabilities don’t understand the consequences of a loan and in order to be eligible, he would need to be placed under guardianship. |
| 1. Ana was a construction worker. She had an accident at work and acquired an impairment that affects her balance. Her boss told her that she needed to submit her resignation letter so she could retire. |
| 1. Aaron had to pay for his wheelchair because his health insurance did not cover it. In his town, there are no accessible buses so Aaron has to pay for accessible transport to get to work. He also has to pay for a personal assistant to support him in daily activities. Due to all these extra expenses, he cannot afford rent and has no option but to live with his relatives. |
| 1. Eva has a disability pension that barely covers her basic needs. Having this pension prevents her and her family from accessing other benefits, like poverty reduction aid. In addition, if she were to get a job, she would lose her disability pension. She is faced with the impossible choice of keeping her pension and not having a job, or having a job and risking to lose everything should she get fired. Eva’s mom cannot work full time because she’s the sole support for Eva. |
| 1. Benjamin and his family lived in a rural area. Neither he nor his family could afford the extra costs related to his needs, so his parents decided to place him in an institution in the urban centre where he has lived for the past 15 years. Benjamin hardly has any contact with the outside world as his family stopped visiting him some years ago. |
| 1. Zhang is eligible to receive a disability benefit. Nevertheless, she can only receive the money if she has a bank account and the bank refuses to open one for her unless she is placed under guardianship. |
| 1. Ivan uses a wheelchair and the school has many steps at the entrance and no accessible bathrooms. The school tells his parents that they are not prepared to receive him and can’t accept him as a student. |
| 1. Aydin uses a device to speak and prefers to use a computer rather than write with pen and paper. When applying to school, Aydin was required to take an IQ test. |
| 1. Ava is Deaf and the school tells her parents that they need to pay themselves for a Sign Language interpreter if they want her to study there. |
| 1. Rajid gets teased at school by his classmates because of the way he speaks and moves. He feels isolated and doesn’t want to go back to school. |
| 1. Achen’s family always thought she would never be independent. Since she was little, she did all the house chores. She never attended school like her sisters. She is expected to care for her parents when they grow old. |
| 1. Nadia, after years of facing domestic violence at home, was placed in an institution where she was forced to take medication that makes it difficult to remember things. Nadia was raped under the effects of these drugs and when she asked for help no one believed her. |
| 1. Makeba is a community leader and has mobilised other women with disabilities around the new bill against gender-based violence. Meetings with decision-makers take place in inaccessible places and the parliament ignores her group’s concerns. |
| 1. Kanda wants to be a mother, but the doctor advises her against having kids because he thinks that with her impairment, she will not be able to take care of them. She was denied fertility treatment and the adoption agency said she’s not eligible to adopt a child. |
| 1. Alicia lives with her family in public housing. Their apartment is on the second floor, and her father has to carry her up and down the stairs. Alicia hardly leaves the house as her father works all day. |
| 1. Chao Fah and Arthit work together. Every day, Chao Fah helps Arthit get ready. Chao receives no payment for this work. On the way to work, both struggle with the sidewalks, which are full of obstacles for their cane and wheelchair. They usually risk their safety and devices by using the street rather than the sidewalk. Buses are not accessible and they depend on the goodwill of other passengers to get on. They were threatened with being fired if they arrived late to work one more time. |
| 1. Aminata is the mother of 7-year-old Julius, who uses a wheelchair. Her husband has been abusive for several years and after a very serious incident she decided to leave. The women’s shelter is not wheelchair accessible and they tell her that they cannot take her with her son. The homeless shelter is not accessible either. They have been living in the street for a month now, she’s very scared of what will happen to both her~~self~~ and her son. |

Activity 1.3.2. Handout: Governance info card

Module 1-Session 3 – Activity 1.3.2.

**Source:** Section I.3 of [Policy Guidance for Inclusive Sustainable Development Goals: Foundations](https://www.ohchr.org/Documents/Issues/Disability/SDG-CRPD-Resource/Foundations/policy-guideline-foundations-final.pdf).

The Policy Guidance for Inclusive Sustainable Development Goals - Foundations, section I.3, explains that SDG 16 refers to promoting peace, justice and strong institutions. SDG Target 16.6 calls for the development of effective, accountable and transparent institutions at all levels. Good governance structures are key for the design, implementation and sustainability of the policy measures required for a disability-inclusive implementation of the SDGs. Good governance that promotes the effective inclusion of people with disabilities includes the following eight components:

* Institutional design
* Twin-track approach
* Assessment
* Partnerships
* Budget
* Disability Markers
* Procurement
* Data Collection

**Institutional Design**

Figure III: **Institutional setup for good governance inclusive of persons with disabilities**

|  |  |  |
| --- | --- | --- |
| **Government** | **Monitoring mechanism** | **Organizations of persons with disabilities** |
| * Disability focal point at the highest possible level in the administration * Disability focal points in ministries * Coordination mechanism among ministries | * National Human Rights Institution * Other independent monitoring mechanism compliant with the [Paris Principles](https://www.ohchr.org/en/professionalinterest/pages/statusofnationalinstitutions.aspx) | * Formally granted consultative status vis-à- vis the government focal point and in monitoring mechanism * Allocation of funds to sustain their independent functioning |
| **The Government disability focal point** is the central reference on the issue within the government.  **Ministry disability focal points** (officials and/or departments with expertise on disability in the area of competence of the ministry) should be appointed.  **Federal countries** should appoint focal points by State/Province. Local government focal points can also bring value and coordination at the local level.  **The coordination mechanism** aims at facilitating coordination and coherence of policies among ministries, departments, agencies and federal governments, to ensure that persons with disabilities are included and enjoy the same rights, regardless of the level of government. | | |

Source: United Nations, Human Rights Council, Thematic study by the Office of the United Nations High Commissioner for Human Rights on the structure and role of national mechanisms for the implementation and monitoring of the Convention on the Rights of Persons with Disabilities, 22 December 2009, [A/HRC/13/29](https://undocs.org/en/A/HRC/13/29)

**Twin-track approach**

The twin-track approach is a key concept that supports the strategic planning of inclusive development and the implementation of the CRPD.

The twin-track approach includes:

* systematically mainstreaming the interests and rights of persons with disabilities in policy design and implementation, across all sectors and areas of life
* adopting targeted policies and programming measures, aimed specifically at persons with disabilities

The balance between mainstreaming strategies and targeted support should be tailored to address the needs of specific communities; however, the overall goal should always be to include persons with disabilities in all aspects of society and development.

**Disability Mainstreaming**

The consistent and systematic approach to integrating disability-responsive measures into the design, implementation, monitoring and evaluation of all policies and programmes (e.g., ensuring non-discrimination, including reasonable accommodation, and striving for accessibility in all programmes and community services).

**Disability targeted actions**

Disability-specific policy and programme initiatives to support the empowerment of persons with disabilities, address specific requirements and close the gap between persons with disabilities and the broader population (e.g., provision of specific support services, specifically addressing disability-related extra costs).

Specific policy actions should respect the diversity of persons with disabilities, including their multiple and intersecting identities.

**Disability assessment and determination as a tool for policymaking**

Disability assessment and determination are processes used to collect information about persons with disabilities for policymaking and planning, budget allocation and to determine eligibility to certain benefits and entitlements. Disability assessment can also be used for the purpose of providing services, such as rehabilitation or education. Data collected through assessment and determination can be compiled into a national database or registry and used to inform policymaking, service planning and budgeting. However, in many countries, a coordinated system has not yet been established.

**Disability assessment:** the process of collecting disability-related information about an individual.

**Disability determination:** refers to the official decision (using the assessment findings) about whether someone is identified as a person with disability, often sub-classified according to their functionality. In some countries, this can become an official status, symbolized by a disability card or similar, which can provide access to services and benefits, among others.

There are often additional and different processes to determine eligibility for different types of social protection, insurance, health and support services.

FIGURE V: **Assessment, determination and eligibility**

**1**

**Assessment**

What is the extent of impairment?

What are the barriers to participation?

What support is required?

**2**

**Determination**

Is the person considered a person with disability under the legal definition of relevant regulations, schemes and policies?

**3**

**Eligibility**

Which services, products or benefits is the person eligible for?

Are there additional criteria to be met (e.g. age, residence, level of income)?

A human rights-based approach to disability assessment seeks to ensure the exercise of rights (purpose) by assessing the individual situation of the person (person-centred) and to provide the necessary support to bridge the barriers (means). Assessing the impairment of a person without meeting these requirements has been contested by the United Nations, leading to reviews in multiple countries.

When developing assessment and determination processes for eligibility, governments should:

* follow a human rights-based approach, based on the principles of CRPD Article 3
* respect the privacy of persons with disabilities, keeping the information confidential
* ensure that procedures are accessible, to prevent barriers and exclusion
* include persons with disabilities in the design and monitoring of the process
* respect the freedom to make one’s own choices
* ensure that assessments are available for persons everywhere in the country
* ensure that the assessment method is reliable and proportional to its needs
* ensure that the outcome of the assessment and determination process is not used to restrict rights (e.g., deny access to employment)

**Multi-stakeholder partnerships**

Increasingly, governments partner with other stakeholders to provide goods and services to its population, including companies, universities and civil society organizations. In low- and middle-income countries, international cooperation stakeholders are often also involved. Public-private partnerships have become a common model in funding and implementing development programmes.

Given the impact of these stakeholders on the delivery of products and services for persons with disabilities, it is important that they all are operating under a rights-based perspective.

Unfortunately, charity and medical approaches to disability often dominate over multi-stakeholder partnership goods and services for persons with disabilities – e.g. public funding directed to finance segregated education, institutionalized services, sheltered employment.

Results-based strategic planning for policy implementation that leads to multi-stakeholder partnerships should follow a human rights-based approach, setting objectives that are aligned with the CRPD and progressively departing from practices and business models that prevent the enjoyment of rights and of the benefits of development. Public procurement and sector-specific regulations can support relation-building processes with the private sector that create better practices.

**Finance & Budget**

Having the strongest and most inclusive policies will have no impact unless resources are allocated to put commitments into practice. The paradigm shift adopted by the CRPD requires innovative approaches, as well as budgeting and financial management, that deliver for its objectives. Disability-extra costs must be factored in when developing disability-reflective budgets.

Inclusive education, health, employment, social protection and an adequate standard of living, among other social and economic rights, will not be achieved overnight. However, according to international human rights standards, governments must adopt steps as soon as possible (e.g., plan for health policy inclusive of persons with disabilities) and devote the maximum of its available resources to meet the minimum core obligations to satisfy the rights of all persons.

Budgeting in times of financial crises can be difficult. Governments should ensure that cuts that may force restrictions in service delivery do not negatively and disproportionately impact persons with disabilities when compared to others. Governments should refrain from adopting measures that limit or reduce the exercise of existing rights; and should plan for alternatives.

To budget for inclusion, governments should:

* **Do no harm:** stop investing in harmful practices that are discriminatory against persons with disabilities
* **Use progressive/non-retrogressive budgeting:** ensure that rights-based policies in place are not disrupted by the creation of new policies or by austerity measures
* **Plan ahead:** evaluate the actual demand (not only the general statistical base) when planning for services and plan incremental investment to follow increases in demand
* **Enhance monitoring:** establish markers that allow tracking of investment in disability-specific and disability-inclusive policies
* **Use rights-based budgeting:** focus investment in policies that advance the rights of persons with disabilities, following the CRPD
* **Plan for reallocation:** reallocate funds from policies that do not meet CRPD standards to disability-inclusive policies
* **Consider proportionality of budget vs population and requirement:** when evaluating the budget, ensure that persons with disabilities are properly represented as a significant population group and, if cuts or austerity measures are implemented, ensure that their negative effects do not impact this population disproportionally.

**Disability markers**

Disability markers are a key budgetary tool to track and monitor public expenditure on persons with disabilities. They should be designed to cover inclusive mainstream policies and disability-specific policies. International cooperation agencies have started to promote and make use of them (see the Organisation for Economic Co-operation and Development - Development Assistance Committee (OECD DAC)’s disability policy marker good practice example, presented below).

Many of the accompanying CRPD indicators call for the development of markers allowing for the tracking of expenditure on persons with disabilities under different areas of policy - e.g., CRPD indicator: “19.5 Legal requirement to establish a marker on all spending related to the exercise by persons with disabilities of the right to choose their living arrangements and access support services for living independently.”

**Public Procurement**

Public procurement regulations and practices are key for improving the accessibility of facilities, products and services, in terms of the physical environment, information, communication, systems and procedures. Public authorities should include accessibility and universal design within appropriate technical specifications in bid solicitation and procurement plans.

Among other things, accessibility and universal design requirements ensure that:

* Products and services purchased by public authorities are usable by, and accessible to, persons with disabilities
* Any construction/renovation of public facilities enhances accessibility (through construction codes)
* Private companies that apply for licenses with regulatory authorities ensure accessibility in their bid and service provision

In addition, public procurement of products that contribute to facilitating accessibility for persons with disabilities can have a positive impact on the specific market, lowering prices and thus enhancing their affordability. It also can contribute to promoting the employment of persons with disabilities, when procurement policies include an eligibility criterion that benefits companies that hire persons with disabilities.

Public procurement is also key to prevent multi-stakeholder partnerships, including public-private partnerships, from engaging in practices that support discrimination against persons with disabilities. Sector-specific regulations and public bids should include rights-based standards to counter CRPD violations.

**Data Collection**

Information on persons with disabilities and their situations is critical for the development of effective policies. Internationally, persons with disabilities are estimated to represent 15 per cent of the global population. Countries present variations in the prevalence of disability mainly due to the methodology they use to assess it.

The method used to identify persons with disabilities will vary depending on the intended purpose of the data. To identify persons with disabilities who qualify for a restricted disability allowance, a different threshold of what constitutes disability would be recommended, when compared to the data generated to estimate how many persons with disabilities there are in a country, their health, education, and other outcomes. This latter set of data is preferable for policy and budget planning purposes.

The accompanying CRPD indicators approach the issue of data collection from multiple perspectives. The CRPD is the only human rights treaty with a dedicated article that mandates governments to collect data and ensure disaggregation by disability. Consequently, the CRPD indicators on article 31 of the CRPD supports the realization of this obligation. These indicators are closely linked to the data revolution proposed by the 2030 Agenda and reflects the commitments adopted under SDG 17. In addition, all CRPD indicators identify key areas where data should be collected to measure the advancement of human rights. When general surveys are the main data source, disaggregation by disability is included in them. Finally, SDG indicators are incorporated into the CRPD indicators and disaggregation by disability is included in them.

**Recommendations:**

In accordance with article 31 of the CRPD (on statistics and data collection), governments should:

* Collect disability data within censuses and other large surveys, such as demographic health surveys, labour force surveys and household income and expenditure surveys; disaggregate data by disability status and type of functional difficulty (when technically feasible) by employing tools such as the Washington Group Short, Extended, and Short Set Enhanced set of questions.
* Collect and systematize disaggregated data by disability status, type of impairment (when technically feasible) and age; analyse and use available data to produce insights to guide policy and budgeting decisions.
* Statistical offices should engage and collaborate with the national human rights institutions, whose monitoring role contributes to data collection regarding a diversity of relevant topics for persons with disabilities.

Activity 1.3.3. Handout: Five other structural requirements info cards

Module 1 Session 3 Activity 1.3.3. – Exploring five other structural requirements

**Source:** Sections 4-8 of [Policy Guidance for Inclusive Sustainable Development Goals: Foundations](https://www.ohchr.org/Documents/Issues/Disability/SDG-CRPD-Resource/Foundations/policy-guideline-foundations-final.pdf).

1. **Participation**

Did you know that 161 countries out of 176 include restrictions to being elected for public office, based on impairment?

Persons with disabilities are extremely underrepresented in public institutions, including in parliament, the public sector, judiciary and at all levels of government. This is due to legal and accessibility barriers, among others. Exclusion from public and political life is often compounded for women and young persons with disabilities.

To enhance the inclusion of persons with disabilities in national institutions, governments should:

* Promote reform of legislation and repeal regulatory provisions which prevent persons with disabilities from being part of national or local parliaments, the judiciary or serving as public servants.
* Adopt specific measures to increase the number of persons with disabilities in positions in parliament, ensuring the provision of support or reasonable accommodation.
* Adopt specific measures to increase the number of persons with disabilities in positions within the public sector.
* Ensure the provision of reasonable accommodation in public examinations for judges; the provision of requested support for the exercise of duties as judges or judiciary employees; procedural accommodations for participants in judicial proceedings (e.g., witnesses, jurors).

Many electoral systems continue to exclude persons with disabilities; electoral legislation typically includes provisions that restrict the right of persons deprived of their legal capacity to vote, be elected and hold office. This contradicts article 12 of the CRPD that upholds the right to enjoy and exercise legal capacity and especially impacts persons with intellectual disabilities and persons with psychosocial disabilities. General restrictions on electoral participation and restrictions based on any kind of individual assessment of alleged capacity to vote violate human rights, which has been made explicit in the CRPD and by the CRPD Committee.

During the electoral process, lack of accessibility of voting procedures, voting environment, facilities or information materials can prevent persons with disabilities from voting.

To ensure and facilitate the fulfilment of the rights of persons with disabilities, governments and electoral management bodies should:

* Repeal legal provisions that restrict, on the basis of disability, the right to vote, be elected and hold office.
* Adopt measures to ensure accessibility of voting procedures; pre-election campaigns; voting environment, information, materials and facilities - including developing voting protocols to address barriers faced by persons with disabilities when voting.
* Ensure that, where assistance is required by a person with disability, this is provided by a person of their choice, to ensure autonomy and the secrecy of the ballot.
* Ensure that persons with disabilities can access complaints and monitoring mechanisms related to electoral processes.
* Monitor the implementation of these actions - concrete measures should contribute to a higher voter turnout of persons with disabilities in electoral processes.

1. **Legislation and policy for equality and non-discrimination of persons with disabilities**

Persons with disabilities are often subject to inequality and discrimination. Inequality is often present between persons with disabilities and the broader population, concerning education, employment, income, access to goods and services and other key aspects of life.

Given the pervasive nature of disability-based discrimination (that has often been embedded into laws, policies and practices), persons with disabilities experience systemic inequality. To overcome this structural discrimination, it is necessary to adopt specific measures, including affirmative actions to counter systemic discrimination. Individual accommodations and adjustments are a good tool to prevent discrimination and contribute to more inclusive environments.

An infographic showing 4 overlapping circles. At the center of the circle it says "Inclusive equality under the CRPD" - Circle 1: Address socioeconomic disadvantages of 
persons with disabilities, Circle 2: Combat stigma, stereotyping, prejuidice and discrimination against persons with disabilities, Circle 3: Recognize, value and accommodate difference as a matter of human dignity, Circle 4: Ensure participation of persons with disabilities for their inclusion in society.

Source: Based on United Nations, Committee on the Rights of Persons with Disabilities, General comment No. 6 (2018) on equality and non-discrimination, 26 April 2018, [CRPD/C/GC/6](https://undocs.org/CRPD/C/GC/6).

Broad anti-discrimination recommendations:

* Propose the enactment or modification of relevant legislation to prohibit discrimination based on disability, including denial of reasonable accommodation, across sectors.
* Repeal legal and regulatory provisions, across sectors, that enable discrimination based on disability.
* Develop and adopt policies to address and eradicate discriminatory practices, including awareness-raising campaigns and activities.
* Implement awareness-raising programmes to improve perceptions on persons with disabilities, change attitudes and inform about rights.
* Policymakers should consider religious, ethnic and indigenous backgrounds, gender identity, sexual orientation, sex and age of persons with disabilities in policymaking, and seek diverse participation.

**Reasonable accommodation**

“Reasonable accommodation” refers to modifications or adjustments made for a person with disability who requires them in a particular case, to facilitate participation on an equal basis with others. Reasonable accommodation must be provided on demand, that is, entities responsible for providing it cannot deny it by saying that they are progressively implementing it. If arbitrarily denied, this constitutes discrimination.

Reasonable accommodation is an innovative anti-discrimination measure. Policymakers can promote its respect and uptake by taking the following actions:

* Adopt clear regulations and develop guidance materials and training to enable public and private actors to provide reasonable accommodation to persons with disabilities.
* Create a centralized reasonable accommodation fund that is flexible and of easy access by different parts of the administration, to react to reasonable accommodation requests.
* Adopt clear and restrictive guidelines on disproportionate burden applications, including placing the burden of proof onto the provider of reasonable accommodation.

**Intersectional discrimination**

Policymakers should take into consideration multiple and intersecting identities when developing policy, as persons may face both specific and intersectional discrimination processes. Policymakers are required to consider gender identity, sex and age of persons with disabilities to better address their specific requirements to ensure the enjoyment of their rights.

To protect against multiple and intersectional discrimination, governments should:

* Recognize multiple and intersectional discrimination within legal frameworks on equality and non-discrimination.
* Ensure that complaints mechanisms permit invoking discrimination on multiple and intersecting grounds and that remedies for violations of multiple or intersectional discrimination cases are commensurate.
* Ensure that data collection and disaggregation systematically disaggregate by disability, and by other characteristics relevant to the national or local context, to enhance detection of situations of systemic discrimination.

**Specific measures**

Specific measures are often required to “close the gap” between persons with disabilities and the rest of the population, in a pursuit to “leave no one behind”. These measures are also commonly referred to as special measures, temporary measures, positive action, positive discrimination, affirmative action, among others. They aim to address historical or structural inequality of a group, to accelerate progress towards de facto equality.

Specific measures can consist of:

* Targeted programmes or benefits directed to persons with disabilities, e.g., tax exemption on importation of assistive devices
* Measures establishing a preference for persons with disabilities over others, e.g., employment quota for persons with disabilities in the public sector

Specific measures do not seek to promote separate systems and standards, but to redress an imbalance toward achieving the de facto equality of a historically disadvantaged group. Importantly, specific measures designed to achieve equal outcomes between persons with disabilities (or for certain sub-groups) and the broader population, are not considered discrimination. To prevent unintentional discrimination from specific measures, it is important that they align with the principles and spirit of the CRPD and have been designed in consultation with persons with disabilities and their representative organizations. Adopting specific measures does not exempt policymakers from ensuring mainstream services and schemes are accessible and inclusive. Specific measures alone are not enough to achieve equality.

To enhance equality of opportunities and outcomes, governments should:

* Design specific measures with the active involvement of persons with disabilities, to ensure they are neither based on, nor result in, reinforcing negative stereotyping and prejudice about persons with disabilities.
* Adopt specific measures targeting persons with disabilities, including underrepresented groups of persons with disabilities – e.g., women and girls, youth, indigenous persons or persons with higher support needs.

**Legal capacity**

To have legal capacity is to be recognized as a person who holds rights, as well as someone who can act on those rights and exercise them freely. Many countries still restrict the legal capacity of persons with disability to make decisions about their own lives and are often appointed a guardian or third party to make decisions on their behalf. This is called substitute decision-making, which goes against the CRPD and should be transformed into a supported decision-making system.

**9 actions to uphold the legal capacity of persons with disabilities**

**Actions in law**

1. Reform legislation, particularly civil law, to ensure it aligns with the CRPD and:

* Explicitly recognizes the legal capacity of persons with disabilities
* Eliminates plenary or partial guardianship, curatorship, or other substituted decision-making provisions
* Eliminates provisions which deny or restrict the exercise of other rights on the basis of legal capacity, including the right to vote, marry, access justice, manage property and make decisions about finances, health and family.

1. Establish supported decision-making provisions in legislation. Consider how to incorporate other forms of support such as support networks, peer support, crisis support and advanced planning.

**Actions in policy and practice**

1. Eliminate guardianship or other substituted decision-making provisions as a requirement to access to disability-related benefits, pensions, gratuity, tax exemptions, health benefits, social protection, social care, housing, support and other disability-related entitlements and benefits.
2. Establish supported decision-making systems and services across the country, including in urban, rural and remote areas:

* Promote the establishment and operation of community-based supported decision-making services. Allocate resources to ensure the continuity of these services
* Implement or promote pilot projects and demonstration experiences
* Undertake and promote research on supported decision-making

1. Implement safeguards to monitor the support provided to persons with disabilities, to ensure that their will and preferences are respected and that abuse is prevented.
2. Encourage persons, through awareness-raising programmes, to express their will and preferences in the event of acquiring an impairment or experiencing a situation affecting their mental capacity, through advanced decision-making such as power-of-attorney.
3. Ensure access to justice for persons with disabilities and the availability of legal aid services to challenge plenary or partial guardianship, curatorship, or any other form of substituted decision-making.
4. Promote and provide training on the right to legal capacity of persons with disabilities for State authorities, judges, notaries, service providers, financial services, persons with disabilities and their families and other relevant actors.
5. Meaningfully involve persons with disabilities and their representative organizations in the development and implementation of supported decision-making systems. While all persons with disabilities may commonly be excluded from decision-making processes, this is more frequent for those whose legal capacity is challenged. Persons with psychosocial disabilities, persons with intellectual disabilities, persons with developmental disabilities, persons with autism, persons with Down syndrome, among others, are typically disregarded and their voices are consistently ignored or challenged.
6. **Accountability & Monitoring**

Accountability and monitoring are important aspects of the rights-based approach to disability. It refers to:

**Access to information**

Public access to information is key for the transparency of government action and to enable monitoring, by both civil society and the general public. Governments should proactively publish and disseminate public information, as well as provide it on demand.

A lack of dissemination of public information in accessible formats (e.g., Braille), accessible digital formats, Easy Read, sign language and others, restricts persons with disabilities’ access to public information, assessment of public action and exercise of their own rights. Information intended for the general public must be made available in accessible formats and technologies.

Governments should:

* Adopt or modify freedom of information laws and regulations, so that accessibility of information for persons with disabilities is ensured in official publications and events.
* Ensure accessibility of government websites and reports intended for the general public.
* Ensure that any requests of public information by persons with disabilities are granted in the accessible format they require, including national sign languages, without additional cost.

**Accountability and Complaint Mechanisms**

Accountability and complaints mechanisms provide policymakers with valuable information that helps assess public policies and identify gaps (e.g., absence of a policy to prevent violence against persons with disabilities). In particular, monitoring the number of complaints made by right holders can help to identify trends in the exercise of rights. Policymakers should consider these as a valuable information source to reflect upon, as they consider further actions, e.g., legal or budgetary reform.

Recommendations for improving accountability at the national level:

* Make complaints mechanisms in administrative, civil and criminal processes accessible for persons with disabilities and provide for procedural accommodation when needed.
* Remove barriers to the participation of persons with disabilities in proceedings, including repealing provisions which restrict legal standing and recognition of legal capacity.
* Ensure that information needed to defend rights is accessible, and that free and affordable legal aid is provided to persons with disabilities in all areas of law.
* Ensure that the staff involved in the administration of justice are trained on the rights of persons with disabilities, including the barriers they face in accessing justice, the provision of procedural accommodations and overcoming gender- and disability-based stereotypes;
* Establish reliable administrative mechanisms to avoid having civil and criminal courts as the only accountability mechanisms.
* Ensure due diligence to investigate, prosecute and punish perpetrators and/or provide remedies to human rights violations against persons with disabilities. Reparation should be provided taking into consideration the specific circumstances of the person with disability, including the exposure of truth as a component of satisfaction and providing guidance for legal and policy reform and capacity-building, as guarantees of non-repetition.

**National Human Rights Institutions**

National human rights institutions (NHRIs) have a broad mandate and functions, covering human rights protection and the promotion of all rights. This includes investigation, monitoring, legislative and policy advice, human rights education and training, and reporting on the human rights situation to national, regional and international levels. Some NHRIs may also handle complaints. Either at the request of public authorities or out of its own initiative, NHRIs may elaborate reports on human rights matters and/or provide advice from a human rights perspective on existing or draft legislation, regulations and policies.

Monitoring mechanisms, comprising one or more independent mechanisms, are an integral part of good governance structures (article 33(2) of the CRPD). Their independence is crucial to the success of their mandate and for them to play a pivotal role between government and civil society. In many cases, NHRIs have been formally appointed as the independent monitoring mechanism for the CRPD.

In connection to national human rights institutions, governments should:

* Ensure adequate provisions in the national budget to the national human rights institution, including for capacity building purposes in the area of the rights of persons with disabilities.
* Systematically involve the national human rights institution in legislative and policy development, as well as in reporting on the progress made in the implementation of the CRPD and other relevant obligations, to ensure a human rights-based approach and the alignment with international human rights obligations and standards.
* Consider the appointment of the NHRI as part of the independent monitoring framework required by article 33(2) of the CRPD.
* Provide for NHRI’s independence and other criteria ensuring compliance with the Paris Principles, relating to the status of national institutions, e.g. by proposing required legislative reforms.

**Access to justice**

Access to justice is a core element of the rule of law, a fundamental right in itself and a prerequisite for the protection and promotion of all other human rights. The justice system is the key accountability and complaint mechanism that can enforce rights, by mandating public authorities or private actors to cease conduct or to undertake specific concrete actions. Trained staff and judges on the rights of persons with disabilities are fundamental to ensure compliance with international human rights obligations under the CRPD and to provide for effective remedies to persons with disabilities.

Persons with disabilities are among the most excluded in accessing justice. General gaps in the administration of justice are more prominent when it comes to persons with disabilities. Limitations in the administration of justice prevent persons with disabilities from seeking justice and obtaining redress. Common gaps include:

* the absence of legal aid that is free or affordable
* lack of independence of mechanisms
* lack of appropriate sanctions and reparation mechanisms for rights violations
* lack of accessibility of facilities, information and processes
* lack of procedural accommodation (adjustment of procedures to allow a person with disability to participate on an equal basis with others)
* higher rates of poverty
* lack of qualified agents of justice, including lawyers and judges

To ensure access to justice for persons with disabilities in line with Article 13 of the CRPD, governments (e.g., ministry of justice), in coordination with the administration of the judiciary, should:

* Develop and implement a plan to facilitate access of persons with disabilities to the justice system, including the development of free or affordable legal aid services.
* Promote reform of laws and regulations to eliminate provisions which impede the access to justice of persons with disabilities - to participate in proceedings as a party, witness or juror -, including those based on restriction or denial of legal capacity and those which restrict or deny admission to the legal and judicial profession on the basis of disability.
* Promote legal and administrative reforms, including training for judicial actors, to ensure the provision of procedural accommodation in judicial procedures.
* Promote legal reform to ensure effective remedies and mechanisms to enforce judicial decisions (particularly for compliance by public bodies).

1. **Capacity building**

The innovative perspectives brought by the CRPD require training and capacity building that should be tailored to the audience and context. Policymakers benefit from engaging in “mind-shifting” capacity building that supports them in understanding the paradigm shift on disability and its implications for practice. Capacity building is critical for changing attitudes towards persons with disabilities. It should not only aim to build technical capacity but also to increase the understanding of persons with disabilities as rights holders and as part of human diversity. One common and specific type of capacity building is training.

A graphic showing three circles connected by arrows. The first circle says "Be accessible", the second circle says "involve persons with disabilities", the third circle says "be tailored and context-specific"

1. **International Cooperation**

International cooperation is an important source of financial and technical support for the implementation of the SDGs. In this regard, cooperation agencies and international organizations play an important role to foster CRPD implementation.

National policymakers across different sectors have the opportunity of exploring international cooperation opportunities, together with the department and/or ministry in charge of international cooperation agreements. These can be for funding; to develop or enhance national programmes or projects; to develop capacity-building activities; and/or to seek for technical or economic assistance in a particular area, e.g., training of teachers in inclusive education pedagogy. All initiatives, investments and efforts should be carried out with the participation of organizations of persons with disabilities – both those located in beneficiary countries and those located in donor countries.

Public programmes financed by international cooperation raise the concern of financial sustainability. As many policy initiatives on the rights of persons with disabilities (especially those which are innovative and in line with the CRPD) may initially rely on international cooperation funding, governments may have to foresee, well in advance, regular funding from the national budget, as well as the related source, to ensure the continuation of policies considered positive for the implementation of the SDGs for persons with disabilities.