Promoting the Rights of Persons with Disabilities through the Sustainable Development Goals

A RESOURCE PACKAGE

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Policy Guidance for Inclusive Sustainable Development Goals

UNITED NATIONS
HUMAN RIGHTS
OFFICE OF THE HIGH COMMISSIONER

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New York and Geneva 2024

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HR/PUB/22/7

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End poverty in all its forms everywhere



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Overview

Promoting the Rights of Persons with Disabilities through the Sustainable Development Goals: a Resource Package provides guidance on the implementation of the Sustainable Development Goals with a view to advancing the development and rights of persons with disabilities in relation to policymaking, training, awareness-raising and monitoring.

The Resource Package comprises the following:

- Policy Guidance for Inclusive Sustainable Development Goals
- Overview of Thematic Issues and Policy Recommendations
- Indicators on the Convention on the Rights of Persons with Disabilities
- Frequently asked questions on the indicators on the Convention
- Data sources guidance
- Training materials on disability-inclusive Sustainable Development Goals

The Policy Guidance for Inclusive Sustainable Development Goals begins with an introduction supporting the navigation of the Resource Package. The Foundations component should be read prior to the Goal-specific guidance and the Overview of Thematic Issues and Policy Recommendations. A set of human rights indicators for each article of the Convention on the Rights of Persons with Disabilities is offered to provide guidance on how to measure the implementation of the Convention. These indicators are also referred to in the Policy Guidance and the Overview as guidance for policy implementation. Each human rights indicator is accompanied by data sources guidance and examples thereof to inform the measure of an outcome. Lastly, the Resource Package includes training materials to build capacity in the areas covered by the Policy Guidance.

I. In brief

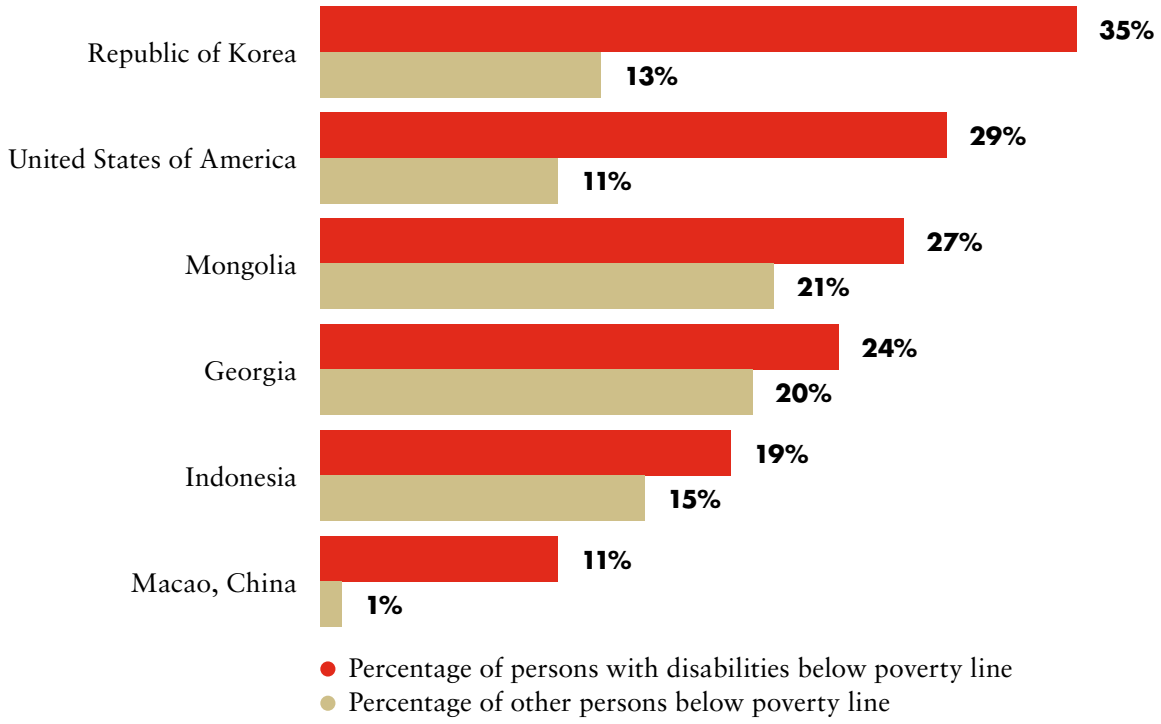
I. In brief

1. What is the situation?

Persons with disabilities are more likely to be poor than persons without disabilities. Data from some middle- and low-income countries show that a higher proportion of households with persons with disabilities live below the international poverty line when compared to households without persons with disabilities. Furthermore, data from six countries (presented in figure I) show that the proportion of persons with disabilities below the national poverty line is systematically greater than other persons.

FIGURE I

Percentage of persons with disabilities below the national poverty line compared to the percentage of other persons below the national poverty line, 2011–2016



Source: *Disability and Development Report: Realizing the Sustainable Development Goals by, for and with Persons with Disabilities* (United Nations publication, 2019), figure II.2, p. 34.

The extra costs associated with disability-specific goods and services (such as mobility aids, personal assistance and sign language interpreting) and the increased consumption of general goods and services (such as transport and health care) are estimated to account for 30 to 40 per cent of average income (see figure II). The extra cost of disability tips households into poverty and prevents their sustainable escape from it. When taking into consideration disability-related extra costs, the poverty rate of households with persons with disabilities increases significantly (International Labour Organization (ILO), *World Social Protection Report 2017–19: Universal Social Protection to Achieve the Sustainable Development Goals* (Geneva, 2017)).

FIGURE II

Extra costs associated with disability as a percentage of average income

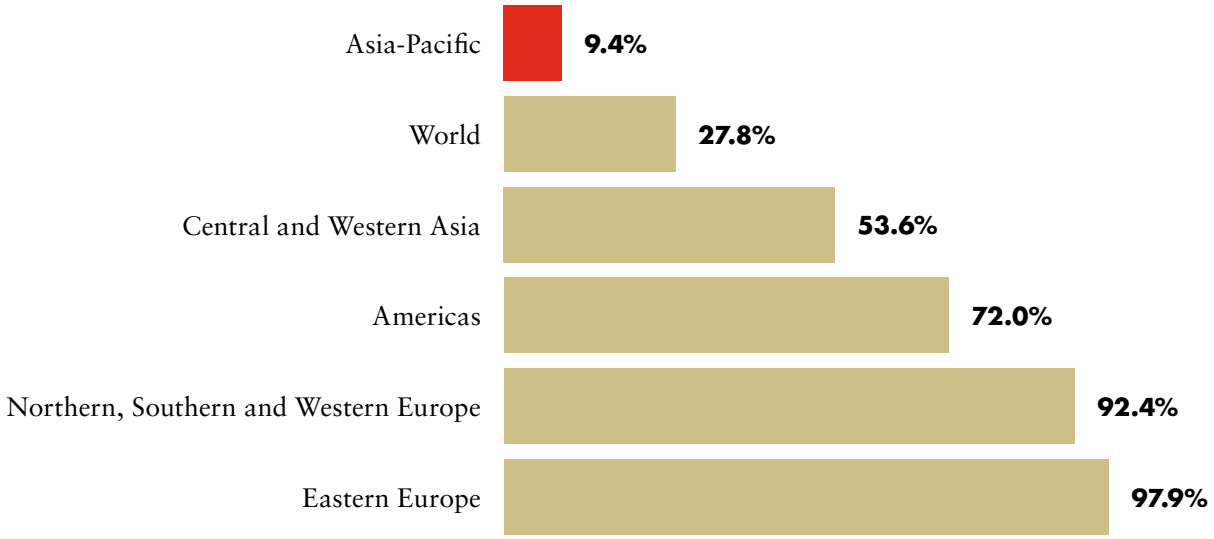


Source: *Disability and Development Report: Realizing the Sustainable Development Goals by, for and with Persons with Disabilities* (United Nations publication, 2019), pp. 37 and 38.

Ensuring that persons with disabilities have access to social protection schemes is vital to preventing the widening of inequalities and to promoting inclusive economic recovery. However, persons with disabilities face a broad range of challenges in gaining access to social protection schemes due to eligibility criteria, conditionalities and the failure to account for disability-related extra costs, among other factors.

FIGURE III

Proportion of persons with severe disabilities with access to disability cash benefits, by region, 2015



Source: International Labour Organization, *World Social Protection Report 2017–19: Universal Social Protection to Achieve the Sustainable Development Goals* (Geneva, 2017), p. 69.

Accessibility, legal and attitudinal barriers deny persons with disabilities access to financial services (e.g. opening a bank account to receive and manage benefits). Across five low- and middle-income countries, 8 to 64 per cent of persons with disabilities consider banks inaccessible (*Disability and Development Report: Realizing the Sustainable Development Goals by, for and with Persons with Disabilities* (United Nations publication, 2019), p. 38).

Legal barriers include restrictions on the legal capacity of persons with disabilities, which can, for example, prevent them from opening a bank account (e.g. a person who is blind may be rejected or be asked for additional requirements, such as a witness, or a person with intellectual disability may be required to have a guardian appointed, even if not required by regulations).

Due to these multiple barriers, persons with disabilities continue to be excluded from workplaces and from engaging in entrepreneurial activities. Not only is the cost borne by persons with disabilities whose broader participation is impeded, the exclusion of persons with disabilities brings economic losses for society as a whole, ranging from 3 to 7 per cent of gross domestic product (GDP).

FIGURE IV

Cost of exclusion of persons with disabilities from the labour force



Source: Sebastian Buckup, "The price of exclusion: the economic consequences of excluding people with disabilities from the world of work", Employment Working Paper, No. 43 (Geneva, International Labour Organization, 2009), p. 48.

2. What needs to be done?

To end poverty for all and to ensure all persons with disabilities experience a sustainable escape from poverty, Governments must:

1. Make structural changes to social protection systems to ensure they are disability-inclusive;
2. Ensure disability-related extra costs are considered when measuring and monitoring poverty reduction;
3. Ensure social protection programmes facilitate access to basic general services, assistive technologies and financial services.

FIGURE V

Main areas of intervention to achieve Sustainable Development Goal 1



Inclusive social protection systems: actions applicable across all targets of Sustainable Development Goal 1, particularly target 1.3

Goal 1: End poverty in all its forms everywhere



Target 1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable

To achieve these targets, the following actions should be taken:

1. Adopt a twin-track approach to implementing a cohesive social protection system through accessible and inclusive mainstream benefits and disability-specific schemes to ensure both basic income security and coverage of disability-related extra costs for all persons with disabilities;
2. Adopt a human rights-based approach to disability in the context of social protection by shifting from a medical-based or charity-based approach to focusing on providing support for inclusion and participation;
3. Ensure that disability assessment and determination focus on support requirements to achieve participation rather than on impairment;
4. Move away from an "incapacity to work" approach by developing a flexible combination of benefits, ensuring basic income security and the coverage of disability-related extra costs, including for those who seek and gain employment;
5. Tailor benefits to the diversity of persons with disabilities to ensure that disability-related extra costs are considered in poverty reduction and social protection programmes, as well as in their eligibility criteria;
6. Facilitate access to basic general services and disability-specific services to ensure full and effective participation in the community, including by investing in the development of community services (such as housing and support services), implementing a deinstitutionalization plan and creating social protection schemes that expand choice in support, to uphold independent living in the community;
7. Ensure consultation with and the meaningful participation of persons with disabilities in the design, implementation and delivery of both disability-specific and mainstream social protection programmes, particularly those who experience a heightened risk of exclusion (such as women with disabilities, persons with psychosocial disabilities, persons with intellectual disabilities, persons who are deafblind and persons with disabilities from rural areas);
8. Carry out information and awareness-raising campaigns and activities, including the dissemination of accessible information on social protection programmes, procedures and eligibility, to reach out to all persons with disabilities (and their families) as potential beneficiaries;
9. Ensure budget allocation and financing schemes are well established and institutionalized in order to strengthen the sustainability of the social protection system (in particular for programmes benefiting persons with disabilities). Engage in the collection of disaggregated data to monitor their impact.

> Related indicators on the Convention on the Rights of Persons with Disabilities: 27.6, 28.1–28.12, 28.14, 28.16–28.19, 28.27, 19.2.1–19.2.3, 19.3–19.5, 19.7–19.11, 19.14, 19.16, 19.17, 19.19, 19.20, 19.26, 19.28–19.30, 19.32–19.34, 20.10, 23.1, 23.10, 23.15, 23.24, 1/4.19, 8.1–8.3, 8.5, 8.7 and 8.9

End poverty in all its forms for persons with disabilities



Target 1.1: By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than $1.25 a day

Target 1.2: By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions

Target 1.a: Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions

Target 1.b: Create sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions

To achieve these targets, the following actions should be taken:

1. Disaggregate data by disability when measuring poverty;
2. Factor in disability-related costs when measuring poverty;
3. Increase budgets to finance universal coverage of persons with disabilities.

> Related indicators on the Convention: 28.22–28.25, 31.8–31.11, 28.3, 28.9, 28.11, 28.16 and 28.17

Ensure access to basic general services, disability-specific services (including assistive technology) and financial services, to ensure full and effective participation in the community



Target 1.4: By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance

To achieve these targets, the following actions should be taken:

1. Ensure access to basic services;
2. Ensure access to assistive technology and products of good quality for persons with disabilities;
3. Ensure access to financial services.

> Related indicators on the Convention: 9.4, 19.12, 19.13, 19.26, 12.1, 12.2, 28.1–28.3, 12.15, 28.14, 20.1–20.3, 20.11, 20.12, 20.19–20.21, 28.21, 28.27, 1/4.14, 1/4.25 and 19.31

3. Dos and don'ts

TABLE 1

Ensuring the consideration of persons with disabilities in the implementation of Sustainable Development Goal 1

Law, policy and programmes	
Do	**Don't**
Ensure that legislation and policies on social protection are compatible with employment and the right to work and uphold gender equality.	Establish disincentives, such as incompatibility between cash transfers or services and work or employment, forcing persons with disabilities to choose between a stable poverty reduction scheme or unstable employment.
Adopt a twin-track approach by ensuring that mainstream social protection schemes are inclusive of, and accessible to, persons with disabilities, and by developing disability-specific programmes to ensure that disability-specific considerations are not left unattended (such as disability-related extra costs).	Assume that mainstream social protection programmes cover all the requirements of persons with disabilities.
Governance and inter-institutional coordination	
Do	**Don't**
Ensure that social protection systems facilitate access to basic services (such as health care, education, nutrition and housing) and disability-specific services (such as assistive technology, rehabilitation and personal assistants) by covering the costs either directly (e.g. through in-kind assistance, such as concessions and universal health coverage) or indirectly (e.g. through cash assistance, such as universal cash benefits for persons with disabilities that are sufficient to cover disability-related costs).	Focus only on monetary measures of poverty or implement social protection programmes solely focused on poverty-targeted cash transfers.

Practice and implementation	
Do	**Don't**
Ensure that poverty reduction schemes include persons with disabilities on an equal basis with others.	Impose conditionalities within poverty reduction schemes without providing the support necessary for persons with disabilities to fulfil them (e.g. requiring children with disabilities to attend school without providing the support needed to overcome any barriers they may face in enrolment or attendance).
Ensure that social protection floors include the extra costs of disability and provide for them appropriately, in addition to providing for basic income security and access to health care.	Implement one-size-fits-all means-tested or proxy means-tested eligibility thresholds that do not take into account the extra costs of disability.
Ensure that a disability assessment for access to disability benefits is easy to implement and available across the country's territory.	Use complex disability assessment mechanisms that cannot be rolled out throughout the territory and that become barriers, rather than entry points, to gain access to support.
Develop flexible combinations of benefits to ensure basic income security and the coverage of disability-related extra costs, including for persons with disabilities who seek and obtain work.	Establish conditions for access to social protection based on the "incapacity to work" of persons with disabilities.
Create community-based support services, such as personal assistance and peer support, and allocate funds to progressively increase the number of persons with disabilities having access to them.	Perpetuate or develop institutionalization by continuing to invest in institutions (large, small, group homes, day care, etc.) and other segregated housing, such as psychiatric institutions.
Create social protection schemes that recognize and compensate parents, caregivers and other family members, particularly women, who provide support to persons with disabilities. Develop personal assistance services and third-person support allowances, enabling persons with disabilities to choose their support services.	Rely on family members to provide support to persons with disabilities without simultaneously creating community-based inclusive development programmes and disability-support services, such as personal assistants.

Information, communication and awareness-raising	
Do	**Don't**
Ensure that the implementation of programmes includes robust information and awareness-raising campaigns and activities, including the dissemination of accessible information to all persons with disabilities and their families, notably on entitlements and benefits, eligibility criteria, conditionalities and all procedures.	Fail to accompany programmes with awareness-raising activities on, and the dissemination of, accessible information, thus failing to reach out to potential beneficiaries, including persons with disabilities and their families.
Participation	
Do	**Don't**
Facilitate the meaningful involvement of organizations of persons with disabilities, in all their diversity, in legislation, policy design and development, and outreach mechanisms.	Overlook the key inputs and support that organizations of persons with disabilities can provide to ensure the effectiveness of policies and of outreach that meet the requirements of all persons with disabilities.
Data collection and disaggregation	
Do	**Don't**
Ensure that the social protection monitoring framework allows for disaggregation by disability, alongside disaggregation by gender, economic status and location (e.g. urban/rural), and the assessment of the extent to which programmes promote the participation and inclusion of persons with disabilities.	Rely only on census data to monitor the impact of social protection systems.

II. In depth

II. In depth

1. Introduction

This section provides detailed guidance for policymakers on the measures that are required to implement Sustainable Development Goal 1 on ending poverty in a way that is inclusive of persons with disabilities.

Part II, section 2 shows the connection between the Policy Guidance on Sustainable Development Goal 1 and other resources, including the human rights indicators on the Convention on the Rights of Persons with Disabilities and other related tools.

Part II, section 3 provides an overview of the disadvantaged situation of persons with disabilities, including in access to social protection.

Part II, sections 4 and 5 provide guidance on policy measures and actions that should be taken for an inclusive implementation of Goal 1. In particular, section 4 addresses the structural measures that are needed to develop a social protection system that is inclusive of persons with disabilities (target 1.3) and section 5 provides guidance on actions relating to specific targets of Goal 1.

Given its broad scope, target 1.3 is referred to within section 4, which addresses the structural elements of inclusive social protection systems. An inclusive social protection system serves as the main platform to lead and support persons with disabilities out of poverty and exclusion and to facilitate their participation in the national development system. Along the same lines, section 5 groups targets 1.1 and 1.2, aimed at ensuring poverty reduction, with targets 1.a and 1.b, aimed at improving resource mobilization for such programmes.

Preventing poverty and supporting a sustainable escape from poverty require a multisectoral approach. It is essential to develop inclusive social protection systems, starting with inclusive social protection floors that progress into more comprehensive social protection systems, ensuring access to basic services, such as education (Goal 4), health (Goal 3), water and sanitation (see the Overview of Thematic Issues and Policy Recommendations on Clean Water and Sanitation), transportation (Goal 11), resilience to climate change and disasters (see the Overview of Thematic Issues and Policy Recommendations on Climate Change and Disaster Risk Reduction) and the promotion of economic empowerment through the promotion of decent work (Goal 8). These topics are covered in their respective Policy Guidance or Overview of Thematic Issues and Policy Recommendations. The present guidance focuses on social protection, as well as on facilitating access to basic services, assistive technology and financial services for persons with disabilities, which are key elements of effective social protection.

2. Connection to other tools

- Indicators on article 28 (adequate standard of living and social protection) of the Convention on the Rights of Persons with Disabilities)
- Other related articles of the Convention and the indicators thereon: articles 1–7, 9, 11–13, 19, 25–27, 31 and 32
- Data sources guidance on article 28 and other related articles of the Convention
- Training materials for Sustainable Development Goal 1
- Video for Goal 1

3. Why is Sustainable Development Goal 1 important for persons with disabilities?

Recent evidence shows that persons with disabilities are disproportionally affected by multidimensional poverty and are more economically insecure and exposed to shocks. Disability can lead to poverty because persons with disabilities experience barriers to participating fully in economic and social life and face extra costs (such as the costs for assistive devices), more frequent health care and inaccessible transport. In addition, people living in poverty are at risk of acquiring disability due to such factors as malnutrition, unsafe living and working conditions, and a lack of access to immunizations, health care, and safe water and sanitation.

However, many poverty reduction policies underestimate the challenges faced by persons with disabilities. For instance, income and consumption poverty data for statistical or targeting purposes, which are often collected and analysed at the household level, rarely consider the intra-household dynamics that can affect persons with disabilities. Nor do these data consider the fact that some groups are more exposed to deprivation and vulnerabilities, such as women and girls, people living in rural or remote areas, persons with high support needs, persons with intellectual disabilities and persons with psychosocial disabilities.

More critically, such policies often fail to identify the diversity of disability-related extra costs, which are a critical driver leading to, and impeding escape from, poverty for persons with disabilities and their families. Those costs vary depending on the level of support requirements, barriers and health-care needs. They may tip persons with disabilities and their families into poverty and prevent them from seizing economic opportunities. (For more on disability-related extra costs, view the videos "Understanding disability extra costs" and "Addressing disability extra costs" of the Centre for Inclusive Policy.)

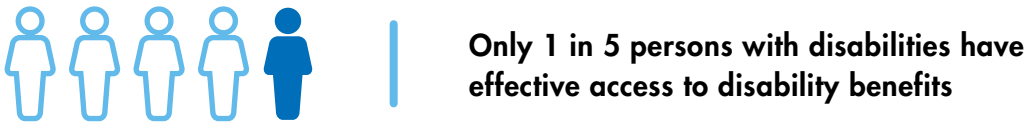
Persons with disabilities are more likely to face catastrophic health expenditures. A rough estimation based on data from seven countries suggests that the disability-related extra costs incurred by persons with disabilities and their families vary between 30 and 40 per cent of the average income (see figure II), depending on the support requirements of the person concerned. Hence, persons with disabilities may require more resources to achieve the same standard of living as others. It is important to note that those data consider the expenses that persons can afford and not necessarily the ones that they would require but cannot afford (World Health Organization (WHO) and World Bank, *World Report on Disability* (WHO, 2011), p. 69). The actual costs of the goods and services required to achieve basic participation can represent several times the poverty line, especially due to assistive devices and human assistance and support (United Nations Partnership to Promote the Rights of

Persons with Disabilities (UNPRPD) and Leonard Cheshire, "Considering the disability related extra costs in social protection", Inclusive Social Protection for Empowerment of Persons with Disabilities, Background Paper No. 2 (2020)).

All of these elements also explain why the poverty gap between persons with disabilities and others tends to increase with the level of economic development of countries, given that persons with disabilities are not in the same position to seize economic opportunities.

FIGURE VI

Social protection can reduce inequality, ensure participation and provide a sustainable escape from poverty, but current coverage is low



Source: International Labour Organization, *World Social Protection Report 2017–19: Universal Social Protection to Achieve the Sustainable Development Goals* (Geneva, 2017), p. 70.

Persons with disabilities face significant barriers in gaining access to social protection programmes – most are not designed in an inclusive manner and are based on outdated approaches that undermine autonomy and inclusion. Current social protection coverage for persons with disabilities is not sufficient. While coverage in many high-income countries is quasi-universal, recent estimations indicate that, worldwide, only 27.8 per cent of persons with disabilities with high support requirements have access to disability cash benefits, falling to only 9.4 per cent for Asia and the Pacific (ILO, *World Social Protection Report 2017–19*). This coverage is even lower when only considering low- and middle-income countries, with 18.5 per cent global coverage, and only 1 per cent coverage in low-income countries (Durán-Valverde and others, "Measuring financing gaps in social protection for achieving SDG target 1.3: global estimates and strategies for developing countries", Extension of Social Security Working Paper, No. 073 (Geneva, ILO, 2019)).

The coverage of persons with disabilities within social protection systems is low due to several factors, including:

1. The combination, in many low- and middle-income countries, of contributory schemes (i.e. social insurance), which cover a small part of the population in the formal economy, and poverty-targeting schemes, leaving most persons with disabilities without any support;
2. Eligibility criteria and disability identification challenges, leading to a combination of exclusion errors relating to both means-testing and disability determination;
3. Failure to account for the extra costs of disability in means-testing;
4. Conditionalities of mainstream social protection schemes, which may exclude persons with disabilities;
5. The inaccessibility of social protection delivery mechanisms (see UNPRPD, ILO and United Nations Children's Fund (UNICEF), "Building inclusive social protection systems supporting empowerment of persons with disabilities: inclusive social protection delivery mechanisms" (forthcoming)).

Focus on incapacity to work and limited consideration of disability-related extra costs

Eligibility for disability benefits is often based on the criterion of incapacity to work. As a result, in many countries, persons with disabilities who seek socioeconomic participation do not receive much or any support, despite all the barriers they face in finding work. These schemes ignore the costs faced by persons with disabilities in overcoming barriers to seek and retain work, especially in the context of high rates of informal work, in which tax incentives for employers will have little impact on the vast majority of persons with disabilities.

Some low- and middle-income countries, including Fiji, Georgia, Mauritius, Namibia, Nepal, Thailand and Viet Nam, have adopted universal disability allowances compatible with work and with other income support schemes, such as retirement pensions or family poverty assistance. Most countries' mainstream social protection schemes do not account for disability-related extra costs. A few countries, such as Indonesia and the Republic of Moldova, have made some adaptations in terms of eligibility thresholds, disability top-up or higher benefit amounts to compensate for extra costs. However, these mainstream schemes are household schemes, with little choice or control given to persons with disabilities over how to use this extra support, which is often low. (For more information on these practices, see UNPRPD and Leonard Cheshire, "Considering the disability related extra costs in social protection".)

A critical measure is to ensure that persons with disabilities benefit, as a priority, from the expansion of universal health coverage and basic packages to include rehabilitation and assistive devices.

Lack of accessibility of social protection delivery mechanisms and financial services

Even when the design and eligibility criteria of schemes seek to be inclusive, there are usually significant issues relating to the accessibility of delivery mechanisms. The complexity of procedures, the lack of accessible information, forms and mechanisms, additional transport-related barriers and the lack of awareness of staff and payment providers make it difficult for persons with disabilities to access and make use of the benefits to which they may be entitled. (For more information, view the video "Making social protection delivery mechanisms accessible" of the Centre for Inclusive Policy.)

How a lack of access to financial services may impede benefits from cash-transfer programmes

Social protection beneficiaries generally require a bank account to receive and manage disability cash benefits. However, physical, legal and attitudinal barriers prevent persons with disabilities from having equal access to financial services. Data from five developing countries show that the percentage of persons with disabilities who consider banks to be inaccessible range between 8 and 64 per cent (*Disability and Development Report*). Even in developed countries, 28 per cent of banks and 12 per cent of automatic teller machines were not accessible. In many countries, laws prevent persons with disabilities from opening and managing bank accounts on their own. In some cases, blind persons may have to comply with additional requirements to undertake bank transactions, such as having a guardian or witness present. Even when regulations do not formally require a guardian, in practice, persons with intellectual disabilities may be obligated to have a guardian appointed to open an account, as they are often perceived to be "incapable" and denied legal capacity.

4. Inclusive social protection systems: actions applicable across all targets of Sustainable Development Goal 1, particularly target 1.3

Goal 1: End poverty in all its forms everywhere



Target 1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable

4.1 Adopt a twin-track approach for inclusive social protection

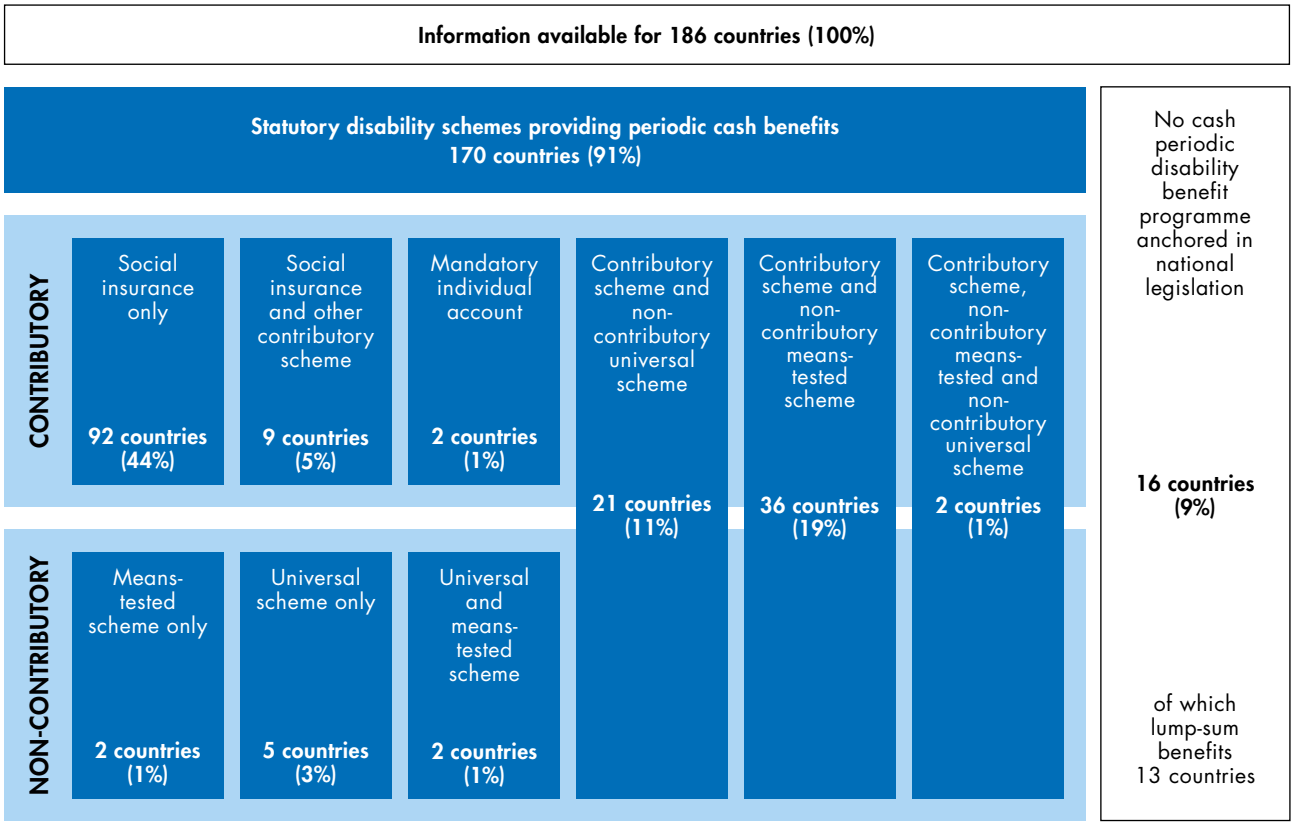
The low coverage of persons with disabilities by social protection systems is largely due to the fact that, in most low- and middle-income countries, social protection systems combine contributory schemes for formal workers and poverty-targeted schemes, leaving most persons with disabilities in the middle, without support.

More than half of all countries providing disability benefits do so only through contributory schemes. Given that persons with disabilities are less likely to work and to have participated in contributory schemes in the formal economy, they are not eligible for such disability benefits. Children with disabilities are also ineligible.

While about 40 countries have non-contributory schemes, these are largely means-tested schemes that do not take into account disability-related extra costs. This means that the full extent of expenditures faced by persons with disabilities and their families is not taken into consideration in calculating the means of a household, compared to their income. Furthermore, non-contributory schemes may discourage people from seeking employment, in order to continue to receive the benefit. As of 2015, only 23 countries were combining contributory and universal non-contributory schemes. Encouragingly, some developing countries are progressing towards universal social protection for persons with disabilities. However, as part of fiscal consolidation policies and "austerity" measures, other countries are cutting benefits and leaving some persons with disabilities without support, including by narrowing benefits to only the poorest or by replacing universal schemes with means-tested schemes (ILO, *World Social Protection Report*).

FIGURE VII

Overview of disability cash benefit schemes by type of scheme and benefit, 2015



Source: International Labour Organization, *World Social Protection Report 2017–19: Universal Social Protection to Achieve the Sustainable Development Goals* (Geneva, 2017), p. 68.

Social protection systems are aimed at ensuring a minimum standard of living that provides for common ground and enables the participation of all members in a society. To contribute to the sustainable escape of persons with disabilities from poverty, social protection systems need to provide across the life cycle, including:

1. Basic income security that enables access to common necessary goods and services;
2. Access to needed health care, including rehabilitation and assistive devices, without facing financial hardship;
3. Coverage of disability-related costs, including access to the required support;
4. Improved access to services, such as childcare and education, transport, vocational training, support for employment and livelihood generation.

To achieve this objective, social protection systems need to employ a twin-track approach, combining a range of mainstream and disability-specific schemes, as shown in table 2.

TABLE 2

Examples of mainstream and disability-specific social protection schemes applicable to persons with disabilities

	Childhood	Working age	Old age
Income security	Family assistance benefit	Poverty assistance, unemployment benefit, disability pension	Old-age pension
Coverage of disability-related costs, including support services	Child with disability benefit, concessions, caregiver's benefit	Disability support allowance covering disability-related costs and compatible with paid work and other benefits; concessions	
	Early identification and intervention, counselling, respite care	Personal assistance schemes, third person support benefit, caregiver's benefit, interpreters	
Health care	Universal health-care coverage, including rehabilitation and assistive technology; health insurance subsidies		
Access to basic services and employment	Connection with early childhood development programmes, education	Economic empowerment programmes, return-to-work programmes, public works, empowerment of women programmes	

For more information and guidance on combining social protection schemes tailored to the individual, view the Centre for Inclusive Policy video "Addressing disability extra costs".

Recommendation

Regarding the twin-track approach for inclusive social protection, Governments should develop a cohesive social protection system that provides support across the life cycle through a combination of cash and in-kind benefits, including through accessible and inclusive mainstream benefits and disability-specific schemes, to ensure both basic income security and the coverage of disability-related extra costs for all persons with disabilities.

- Related indicators on the Convention: 28.3–28.5 and 27.6

For further information on the twin-track approach, see part II, section 1.2.1 of the Foundations Guidance.

4.2 Adopt a human rights-based approach to social protection, focused on support for inclusion

In the domain of social protection, persons with disabilities have been historically considered a part of the population in need of care and assistance. This responds to the medical and charity models of disability, whereby persons with disabilities are not seen as agents of development but as objects of protection. In this perspective, persons with disabilities are seen as incapable of working, and social protection systems have accordingly focused on income replacement relating to incapacity to work.

To adequately end poverty for persons with disabilities, social protection systems must adopt a human rights-based approach anchored in the Convention on the Rights of Persons with Disabilities, which implies a shift from focusing on minimal income replacement, relating to incapacity to work, to focusing on ensuring support for inclusion and participation. While acknowledging the fact that many persons with disabilities face tremendous barriers in the labour market, a rights-based approach combines basic income security with the coverage of disability-related extra costs across the life cycle to ensure that existing barriers are removed.

As the first step in transforming social protection systems to eliminate deeply entrenched medical and charity approaches and to embrace a rights-based approach, it is necessary to assess the extent to which a social protection programme and the system as a whole are inclusive. This assessment can be done by asking the questions in the box below, which are based on the principles of the Convention.

Human rights assessment of social protection programmes

Programme level

- Do the programme objectives, design and delivery promote the socioeconomic inclusion and participation of persons with disabilities or do they, perhaps inadvertently, contribute to their segregation and/or isolation?
- Is the programme designed, publicized and delivered in a way that promotes the dignity, rights and potential of persons with disabilities, with full respect for their diversity?
- Is the programme designed and delivered in a way that fosters the choice, control and autonomy of persons with disabilities and subcategories within this group who face multiple barriers (such as women, ethnic minorities and indigenous peoples)?
- Are organizations of persons with disabilities included in the design and implementation of the programme?
- Is the information on the programme (including eligibility conditions, admission procedures, and complaint and appeal procedures) accessible to all persons with disabilities?
- Are there physical or technical barriers that limit the access of some persons with disabilities to the programme?
- Are the programme staff prepared to welcome and support beneficiaries with disabilities?
- Does the programme contain requirements or conditions for which compliance will be more difficult for persons with disabilities or categories of persons with disabilities (such as women, ethnic minorities and indigenous peoples) due to existing barriers in the environment?
- With regard to child benefits, are these benefits designed to ensure that the child lives with their family?

- Does the monitoring framework for the scheme/programme allow for disaggregation by disability and the assessment of the extent to which the programme promotes the participation and inclusion of persons with disabilities and subgroups within this category? This may require the collection of data on additional factors, such as the gender, economic status and location (e.g. urban/rural) of the individual.
- Have organizations of persons with disabilities been included in the monitoring of the programme?

System level

- Do national dialogue processes for formulating or revising national social protection strategies foresee consultations with organizations of persons with disabilities, including those of women with disabilities?
- Do national monitoring processes of social protection systems include organizations of persons with disabilities?
- Does/do the disability and determination mechanism(s) take into consideration the support requirements of the persons?
- Does the legal framework governing the social protection system include non-discrimination on the grounds of disability, including an obligation to provide for reasonable accommodation and respond to disability-related requirements?
- Do the resources allocated to the social protection system allow for the adequate coverage of all persons with disabilities, including the coverage of disability-related costs, through a combination of schemes and programmes providing support in cash and in kind?
- Do the monitoring mechanisms of the social protection system allow for the consolidation of disability-related data from different programmes and schemes, in order to evaluate the relevance and effectiveness of the support provided to persons with disabilities?

Source: International Labour Organization and International Disability Alliance, "Joint statement: towards inclusive social protection systems supporting the full and effective participation of persons with disabilities", February 2019.

Recommendations

To ensure a human rights-based approach to social protection focused on support for inclusion, Governments should:

1. Adopt a human rights-based approach to social protection, by shifting from medical-based or charity-based approaches to concentrating on providing support for inclusion and participation;
2. Assess the extent to which a social protection programme and the system as a whole are inclusive by undertaking a human-rights based assessment.

   Related indicators on the Convention: 28.3, 28.5 and 28.9

For more information, see part I, section 1.4 on the principles of a rights-based approach to disability inclusion in the Foundations Guidance.

4.3 Disability assessment and determination: focus on support requirements rather than on impairment

The Committee on the Rights of Persons with Disabilities has consistently recommended that States reform their disability assessment, moving them away from focusing solely on a medical assessment of impairment and towards a more holistic assessment that considers the situation of the individual and their support requirements to achieve participation. A recent review of Committee jurisprudence and practices in 34 countries (Waddington and Priestley, "A human rights approach to disability assessment", *Journal of International and Comparative Social Policy*, vol. 37, No. 1 (2020), p. 10) concludes that countries should:

1. Base the design of disability assessments on a social and human rights model of disability and incorporate this approach into the practical implementation of such assessments;
2. Support the active participation of persons with disabilities in generating the evidence on which their individual disability assessments are made (e.g. through the availability of peer-supported self-assessment);
3. Involve multidisciplinary expertise within the disability assessment system, including human rights expertise;
4. Provide accessible and user-friendly information for applicants and claimants with disabilities, using adaptable media and covering application processes, eligibility criteria, and appeal and support options, as well as information on the entitlements to which the assessment leads;
5. Reduce the administrative burden on applicants (and systems) by eliminating duplicative or multiple (methods of) assessments, thereby increasing consistency and transparency in the process;
6. Consult with and involve organizations of persons with disabilities and human rights bodies in the design and regular review of disability assessments.

Considering the limited human resources and institutional capacities in many low- and middle-income countries, it is recommended that States adopt assessment tools and processes tailored to local capacities to ensure that persons with disabilities have easy access to the process wherever they are.

Gaining access to resources, losing rights

In many countries, seeking access to social protection measures can lead to the deprivation of fundamental rights. Disability assessment and determination mechanisms can contribute to the restriction of legal capacity by obliging individuals to be represented or to have access to funds through a third person, often a family member. Conditionalities can bundle benefits with unwanted or even coercive measures, such as mental health treatments as a condition for social housing. They may also orient children with disabilities towards special education.

An individual disability assessment should never contribute to the restriction of rights; rather, it should serve to assess the support an individual requires to overcome barriers. Requiring an individual to be deprived of their legal capacity in order to have access to a benefit solely through their guardian not only results in restricting a series of human rights but also contradicts the enabling function and purpose of social protection. Those who require support in decision-making should be granted such support, and any support requirements should not preclude access to social protection.

4.4 Move away from a focus on "incapacity to work"

Historically, impairment and disability have forced persons with disabilities to leave the workforce and be labelled as "incapable of working", followed by the mobilization of contributory insurance schemes. This perspective has transferred to non-contributory disability benefits and resulted in social protection systems based on "incapacity to work", shaped by a medical approach to disability.

Where services cannot "rehabilitate" or "fix" persons with disabilities to (re)join the workforce, social protection systems provide financial benefits for subsistence, depriving them of any opportunity to seek employment – which would be incompatible with the benefit.

Hence, the person with disability is forced to opt between:

1. Being labelled with "incapacity to work", accompanied by a benefit (minimum income secured);
2. Seeking employment in a hostile labour market, without any benefit (no stable income secured or support for disability-related extra costs).

Other social protection policies also reinforce exclusion – for example, when services and supports are available only within social care institutions, instead of making available community-based supports and services, or when special education is the only form of education on offer for children with disabilities, instead of inclusive quality education.

Considering the multiple barriers in the labour market, social protection systems should prioritize persons with disabilities, along with older persons and children, for the provision of basic income security. However, "incapacity to work" cannot be the solution. Social protection systems should develop flexible approaches that acknowledge the tremendous challenges faced by persons with disabilities in the labour market and provide them with a supportive combination of basic income security and coverage of disability-related extra costs, including for those who seek or obtain work.

Flexible approaches to ensure basic income security compatible with seeking and obtaining work

Basic income security could be means-tested with flexible exit and re-entry, while support to cover disability-related costs should be compatible with work and universal. For example, a person with disability with a financial benefit who obtains a job is partially or completely suspended from receiving that benefit while employed but automatically receives the benefit if they lose the job, without having to reapply for it. By implementing this approach, the person would be safe to seek employment, as they would not have to carry the burden of losing the benefit or of falling under the basic income that they were receiving. Basic income security can be achieved through both mainstream approaches that may need to be adapted (such as basic income, poverty assistance schemes, unemployment insurance or long-term sickness benefits) and disability-specific schemes (see the Policy Guidance on Sustainable Development Goal 8).

In many low- and middle-income countries, however, there is no working-age basic income security and, often, only one disability benefit. In this case, a "hybrid" universal disability allowance, compatible with work, can play a dual role, depending on the person's circumstances: basic income security for those who do not work and the coverage of disability costs for those who earn an income (A. Cote, "Disability, inclusion and social protection", in *Handbook of Social Protection Systems*, E. Schüring and Markus Loewe, eds. (Cheltenham, United Kingdom, Edward Elgar Publishing Limited, 2021); and UNPRPD, ILO and UNICEF, "Building inclusive social protection systems").

Social protection systems must be grounded on the human rights-based approach to disability and thus oriented to removing barriers to participation and to facilitating the exercise of rights by persons with disabilities. In particular, they should not prevent the enjoyment of the right to employment, but rather facilitate it.

Recommendations

In this regard, Governments should:

1. Develop flexible combinations of benefits, ensuring basic income security and the coverage of disability-related extra costs, including for those who seek and obtain employment;
2. Combat harmful stereotypes about persons with disabilities and design social protection in a way that promotes the independence and social inclusion of persons with disabilities and does not limit their full and equal enjoyment of other human rights and fundamental freedoms.

> Related indicators on the Convention: 28.5, 27.6, 8.1–8.3, 8.5, 8.7 and 8.9

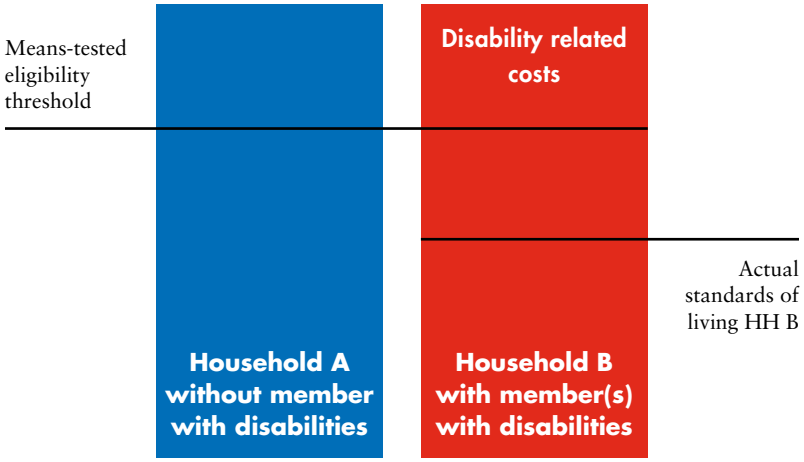
4.5 Tailor benefits to the diversity of persons with disabilities

As highlighted in part II, section 3, persons with disabilities and their households often incur higher expenditures than others on both goods and services relating to disability (such as mobility aids, personal assistance and accessible housing) and on general goods and services (such as health care and transportation). This is commonly referred to as "disability-related extra costs". Currently, few social protection systems measure disability-related extra costs or factor these costs into social protection schemes.

Not accounting for these extra costs undermines the effectiveness of social protection policies in a number of key ways. First, social protection schemes with eligibility based on particular well-being or income thresholds (such as poverty-targeted schemes) will inappropriately leave out households with members with disabilities if their disability-related costs are not factored in. As poverty measurements rarely account for disability-related extra costs, there is an underestimation of the socioeconomic vulnerabilities of persons with disabilities. Poverty-targeted and means-tested programmes that do not factor disability-related extra costs in their eligibility thresholds exclude many persons with disabilities and their families who, despite their higher income, have lower standards of living and participation, due to disability-related extra costs.

FIGURE VIII

Failure to account for disability-related extra costs undermining effectiveness of means-tested programmes

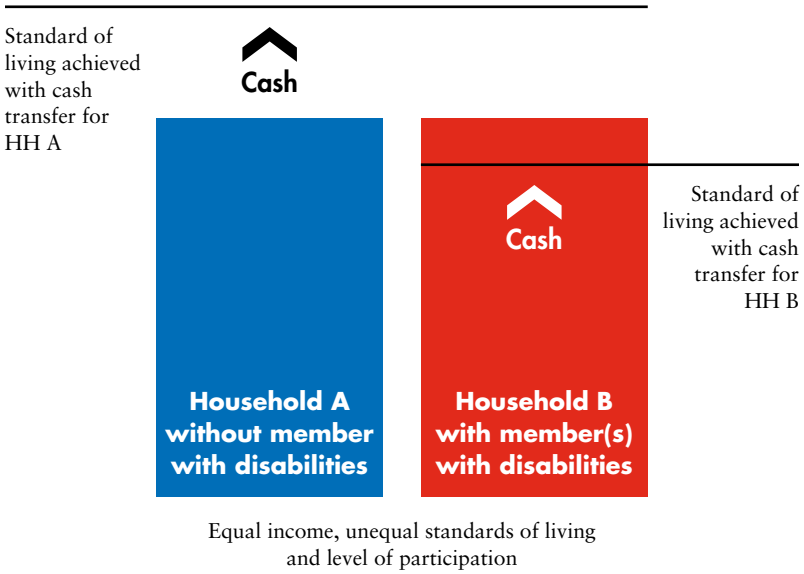


Source: Adapted from United Nations Partnership to Promote the Rights of Persons with Disabilities and Leonard Cheshire, "Considering the disability related extra costs in social protection", Inclusive Social Protection for Empowerment of Persons with Disabilities, Background Paper No. 2 (2020).

Second, social protection schemes with benefit levels aimed at helping households to achieve a minimum standard of living will not be sufficient for households with members with disabilities to achieve that standard of living if their disability-related costs are not factored in. Benefits designed to bring persons or households to a certain standard of living have to be increased, or complemented by other benefits, to cover disability-related extra costs. When the level of benefits does not cover disability-related extra costs, eligible persons with disabilities will still be worse off when compared to others.

FIGURE IX

Differences in standard of living between households without member(s) with disabilities and those with member(s) with disabilities, without factoring in disability-related extra costs



Source: Adapted from United Nations Partnership to Promote the Rights of Persons with Disabilities and Leonard Cheshire, "Considering the disability related extra costs in social protection", Inclusive Social Protection for Empowerment of Persons with Disabilities, Background Paper No. 2 (2020).

Therefore, to be effective in supporting a sustainable escape from poverty for persons with disabilities, social protection systems must assess the extra costs experienced in a particular country and incorporate those disability-related extra costs in the design and implementation of social protection schemes.

This will require changes in three key areas:

1. Adapting the income or consumption threshold to qualify for programmes in means-tested and poverty-targeted programmes;
2. Defining adequate levels of benefits to compensate for disability-related extra costs;
3. Defining the most cost-effective and context-relevant combination of different instruments to cover disability-related extra costs (such as cash transfers and in-kind benefits) (UNPRPD and Leonard Cheshire, "Considering the disability related extra costs in social protection", Inclusive Social Protection for Empowerment of Persons with Disabilities, Background Paper No. 2 (2020)).

To tackle these issues, different countries have adopted different approaches, which ultimately tend to evolve towards a combination of mainstream schemes, disability allowance, health-care coverage, concessions and services. The steps taken depend upon the social protection programmes already existing in the country.

For example, some low- and middle-income countries have disability allowance schemes that are compatible with other basic income security/poverty assistance schemes, such as cash transfers, concessions and direct services (these include Fiji, Georgia, Nepal, North Macedonia, Thailand and Viet Nam). For these countries, there is no need to adapt the mainstream disability scheme; however,

it is important that any means-testing used for other schemes does not take into consideration the disability allowance when calculating the income or resources of the household, as this would defeat the purpose of it being able to address disability-related extra costs.

Some countries that have not yet adopted a universal disability allowance have taken steps to factor disability-related extra costs into their mainstream social assistance schemes, rather than create a new disability allowance. This can take the form of a disability "top-up" or a higher benefit amount for beneficiaries with disabilities (such as the Keluarga Harapan ("family hope") programme in Indonesia; the social cash transfer programme in Zambia, which provides higher amounts of social assistance to households of persons with disabilities; and the higher eligibility threshold for persons with disabilities in the Republic of Moldova). Those adaptations, however, are not sufficient, as they usually apply to schemes with limited coverage and compensate for only very basic disability-related costs and do not consider the full costs of the goods and services required to ensure equal basic participation. Nevertheless, adapting mainstream schemes for disability-related extra costs can be a starting point to progressively develop an inclusive and life-cycle approach to social protection systems.

It is to be noted that cash transfers cannot be the only solution to address disability-related extra costs. In most low- and middle-income countries, existing cash transfers cannot cover human support-related costs, such as personal assistance or guide interpreters. It may be necessary for countries to invest in developing and providing the service directly.

Whose income and whose benefits?

A person with disability without an income of their own may be part of a household with middle- or high-income members, who may or may not be in a position, or be willing, to support them. Social protection support should not be based on the assumption that families must be the ones supporting persons with disabilities. Such an approach deprives persons with disabilities, and their families, from equal opportunities and choices and can foster neglect and abuse due to burnout, among other issues.

Social protection must address the individual requirements of the person with disability. Establishing thresholds based on the means or income of the household could impede access by the individual to the services and support required to sustain autonomy and independence on an equal basis with others. While support for children with disabilities may pass through their parents, support for adults with disabilities should be individual and, if means-tested, consider only the income of the person with disability.

Recommendations

With regard to tailoring benefits to the diversity of persons with disabilities, Governments should:

1. Ensure that disability-related extra costs are considered in poverty reduction and social protection programmes, as well as in their eligibility criteria
   - Related indicators on the Convention: 28.3, 28.9 and 28.17
2. Provide a combination of cash and in-kind benefits to facilitate the coverage of disability-related extra costs
   - Related indicators on the Convention: 28.3, 28.9–28.11 and 28.17

Non-contributory schemes and conditionalities excluding persons with disabilities

Many non-contributory social protection schemes include conditionalities that beneficiaries have to comply with in order to obtain and/or maintain the benefit. In this way, social protection contributes to foster other policy objectives. A clear example is the income support benefit that requires parents to ensure their children attend school and are vaccinated.

On many occasions and in many contexts, these kinds of schemes may create obstacles and exclude persons with disabilities due to existing barriers. This is the case, for instance, when the conditionality is the requirement to attend school but there is no school available that includes children with disabilities, or when the social protection benefit is conditioned on having a guardian appointed (see the box above on gaining access to resources, losing rights above), which compromises the autonomy and exercise of legal capacity of the individual.

Policymakers need to ensure that requirements relating to these schemes do not infringe upon other rights and that adequate support is provided to ensure that families or persons with disabilities can comply with conditionalities, especially those relating to education and health. If, despite efforts, such support is not effective, conditionalities should be waived to prevent the denial of rights recognized under the Convention on the Rights of Persons with Disabilities.

Related indicators on the Convention: 28.3–28.5

4.6 Facilitate access to basic general services and disability-specific services to ensure full and effective participation in the community

Implementing Sustainable Development Goal 1 requires action both to alleviate the impact of poverty and to provide for conditions that allow persons with disabilities to participate actively in economic life, as well as the creation of a sustainable escape from poverty. This entails, at a minimum, the development of accessible and inclusive policies and environments and the provision of support measures, in order to promote and enhance the autonomy and economic independence of persons with disabilities while living within the community.

In most low- and middle-income countries, support has been understood to be the responsibility of the family, with little intervention and support from the State. In industrialized countries, including former socialist countries, social protection systems developed an over-reliance on institutional care, especially residential institutions for children and adults with high support requirements, where services and staff are centralized to "care for" persons with disabilities. These structures followed the assumption that persons with disabilities were "incapable of working" and considered them "objects of care".

Decades of the institutionalization of persons with disabilities has shown harmful results. Those living in institutionalized settings are at higher risk of violence, abuse, neglect and abandonment, with long-term and profound effects on their physical and mental health and well-being. They experience isolation and exclusion from society and are consequently disengaged from development. What was originally conceived as a "benevolent" system to "treat" and "care for" persons with disabilities in a cost-efficient manner ended up revealing itself as an inherently harmful, exclusionary,

costly and difficult to dismantle structure. The Committee on the Rights of Persons with Disabilities has consistently recommended that Governments develop and implement time-bound reforms for deinstitutionalization and develop community-support services. Furthermore, the current global coronavirus disease (COVID-19) pandemic has shown how institutionalization also creates a health hazard in the case of a pandemic, with a disproportionate death toll of persons with disabilities in institutions, particularly older persons with disabilities.

In many countries, poverty is a key driver for institutionalization when families can no longer afford to provide the care and support required by their family member(s) in their own home. This is why a combination of benefits and services to address disability-related extra costs is essential. In countries where no such system is yet in place, it is critical for social protection systems to support the development of community services and avoid investment in residential institutions.

It is important to note that community-support services do not exclude residential services, such as respite care, assisted living services or peer-run resource centres, as long as the principles of autonomy, choice and inclusion are firmly at the core of the services.

Social protection systems, when designed to achieve active participation in economic and social life, can play a fundamental role in preventing institutionalization by tackling poverty, covering disability-related costs and facilitating or incentivizing the development of community-support services. To achieve this, social protection schemes need to be coordinated with other areas of policy and oriented to the goals of independent living and the inclusion of persons with disabilities within the community.

Comprehensive enabling systems are key for persons with disabilities to contribute to national development as agents of change.

Recommendations

With regard to facilitating access to basic general services and disability-specific services to ensure full and effective participation in the community, Governments should:

1. Invest in the development of community-support services, case management and a combination of cash-transfer benefits and services;

   > Related indicators on the Convention: 19.5, 19.9, 19.10, 19.21 and 28.9

2. Adopt and implement a deinstitutionalization plan with benchmarks, indicators and measurable goals that ensures the provision of economic assistance and support services for adults to transition from institutional care to independent living in the community, and for children with disabilities (and their families) to live with their family or in a family setting;

   > Related indicators on the Convention: 19.2.1–19.2.3, 19.4, 19.5, 19.17, 19.32–19.34, 23.9 and 23.10

3. Ensure that policies and programmes on housing, both private and public, are inclusive of persons with disabilities by, for example, respecting and requiring accessibility standards or ensuring the provision of reasonable accommodation;

   > Related indicators on the Convention: 28.1, 28.2, 28.6–28.8, 28.18, 28.19, 28.27, 19.2, 19.3, 19.7, 19.8, 19.14, 19.26, 19.28 and 19.29

See also part II, section 5.1 of the Policy Guidance on Sustainable Development Goal 11.

4. Adopt policies and programmes and allocate funding to promote the development and progressive increase of support services for adults with disabilities, notably "person-directed/user-led" personal assistance services and peer support, so that they can live independently and be included in the community;

   > Related indicators on the Convention: 19.1–19.5, 19.9–19.11, 19.16, 19.17, 19.20 and 19.30

5. Create social protection schemes that recognize and compensate parents, caregivers and other family members, particularly women, who provide support to children with disabilities and develop personal assistance services and third-person support allowances to enable persons with disabilities to choose their support services.

   > Related indicators on the Convention: 23.1, 23.10, 23.15 and 23.24

From medical-based institutions and charity-based institutions to human rights-based services

Many persons with disabilities require services and support for daily living. Historically, in many industrialized countries, these services were designed in law and in practice with the purpose of rehabilitating and housing persons with disabilities or providing respite for their families. Residential institutions became convenient "all-in-one" service facilities that were supposed to provide for all the requirements of persons with disabilities. In practice, however, this approach has resulted in the institutionalization and segregation of persons with disabilities, fuelling exclusion and denying them their right to live in the community. Most persons with disabilities continue to rely on residential services, not by choice but because of the absence of alternatives in the community.

Deinstitutionalization reform has proven to be difficult. On the supply side, the apparent cost-effectiveness of institutions when compared to the complexity of developing a network of community-based support services, the lack of a clear plan for the retraining and conversion of staff, and compensating for the gap left in the local economy following the closure of institutions have been key factors undermining reform efforts. On the demand side, especially from families, the lack of adequate social protection and progress in making communities and basic services inclusive has weakened confidence in transitioning away from institutionalization.

By providing support across the life cycle, through a combination of universal disability allowance(s), in-kind support and the promotion of the development of community-support services, social protection systems can serve as a critical pillar in the transition towards the inclusion of persons with disabilities in their communities.

Ending institutional care

The following set of concrete actions is recommended as a starting point for the process:

1. Adopt legislation that allows for the development and funding of independent living services and that requests the adoption and implementation of a transitioning plan, with a time frame and interim goals;

2. Make a budget assessment of the current expenditure on institutionalization services;
3. Carry out an assessment of the population receiving institutionalization services and of others interested in benefiting from independent living services in the short, medium and long terms;
4. Assess community-based resources, including in the immediate community, to facilitate the inclusion of persons with disabilities;
5. Develop a plan to ensure that public funding is progressively mobilized towards supporting independent living services only, abandoning the support of institutionalization services;
6. Initiate pilot projects to provide independent living services to persons with disabilities who request them;
7. Ensure access to quality assistive products;
8. Periodically evaluate progress against the indicators in the action plan.

Source: Committee on the Rights of Persons with Disabilities general comment No. 5 (2017) on living independently and being included in the community; and report of the Special Rapporteur on the rights of persons with disabilities (A/HRC/34/58).

4.7 Ensure consultation with organizations of persons with disabilities

Consultation with, and the active involvement of, persons with disabilities, including through their representative organizations, contribute to designing effective and legitimized social protection policies. Participation should not be limited to discussing and assessing the effectiveness of disability-specific schemes but extended to mainstream schemes and benefits and to the overall social protection system, including defining strategies and priorities for social protection.

Recommendation

With regard to consultation with organizations of persons with disabilities, Governments should consult with, and ensure the meaningful participation of, persons with disabilities in the design, implementation and delivery of both disability-specific and mainstream social protection programmes, particularly those persons who may experience a heightened risk of exclusion, including women with disabilities, older persons with disabilities, persons with psychosocial disabilities, persons with intellectual disabilities, persons who are deafblind and persons with disabilities from rural areas.

- Related indicator on the Convention: 28.12

See also part I, section 2.4 on participation in the Foundations Guidance and the video on participation developed by the Special Rapporteur on the rights of persons with disabilities.

4.8 Carry out information and awareness-raising campaigns

A lack of information and awareness-raising campaign strategies in accessible formats on the available social protection programmes, their different benefits, their eligibility criteria and their administrative procedures prevents access to benefits and services by persons with disabilities.

Recommendation

With regard to information and awareness-raising campaigns, Governments should always accompany the implementation of programmes with strong awareness-raising campaigns, activities and the dissemination of accessible information for all persons with disabilities and their families, notably on:

- Entitlements and benefits
- Eligibility criteria
- Conditionalities, if needed
- All procedures

Related indicators on the Convention: 28.14, 19.19, 20.10 and 1/4.19

See also part I, section 2.5 on awareness-raising in the Foundations Guidance.

4.9 Ensure budget allocation and financing schemes

Transparent budget allocation and financing schemes, as well as related accountability mechanisms, are key to ensuring the financial, fiscal and economic sustainability of the social protection system – both overall and for those programmes benefiting persons with disabilities in particular – and to periodically assess the system's performance and efficiency.

Recommendations

With regard to budget allocation and financing, Governments should:

1. Ensure that budget allocation and public spending processes, allowing for public participation and consultation, are well established, institutionalized and predictable and that budget-related information is produced;
2. Ensure that the financial sources of different schemes and programmes are clearly established and, when necessary, in law (such as general revenues, earmarked taxation, social insurance contributions, income from capital and co-payments for services);
3. Ensure the collection of data on persons with disabilities, and their disaggregation, on the:
    a. Budget allocated for, and spent on, social protection functions and programmes (mainstream or disability-specific).
    b. Budget spent on transferences to beneficiaries (benefits in cash or in kind to persons with disabilities).
    c. Beneficiaries of programmes (both mainstream and disability-specific), disaggregated by age, sex and disability.

Related indicators on the Convention: 28.11, 28.16 and 28.17

Progressive realization of universal access to social protection

Social protection systems should ultimately ensure the universal coverage of all persons with disabilities with any support requirements throughout the country and in all social circumstances. Balancing these requirements with development objectives and fiscal sustainability will require progressive realization.

To meet development objectives, Governments may be tempted to allocate budgets to groups of persons with disabilities who are at the verge of inclusion in the labour market, such as those well qualified or with low support requirements. However, such an approach would inevitably lead to increased and entrenched inequalities, leaving some groups of persons with disabilities further behind.

Social protection systems should combine such instruments as concessions (health insurance subsidies, free public transport and assistive devices) for all persons with disabilities with cash transfers, initially only for children with disabilities and for persons with higher support requirements, that is, those most likely to face high disability-related costs.

Related resource allocation should be guided by the principle of equity, as well as the "leave no one behind" principle. This would provide a good balance between populations with lower investment requirements, which may deliver faster on the development objectives, and populations that may be exposed to structural limitations, such as persons with higher support requirements.

Transparency and support for organizations of persons with disabilities, allowing them to perform budget monitoring, are key to ensuring a robust dialogue between persons with disabilities and the Government, to advance into sound policy implementation.

5. Other key actions by target

5.1 End poverty in all its forms for persons with disabilities: targets 1.1, 1.2, 1.a and 1.b



Target 1.1: By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than $1.25 a day

Target 1.2: By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions

Target 1.a: Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions

Target 1.b: Create sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions

5.1.1 Disaggregate data by disability when measuring poverty

Poverty rates are measured through statistical data according to different methods and thresholds, some of which are dependent on the evolution and update of the cost of living throughout the years:

- Extreme poverty (target 1.1): less than $1.25 a day
- International poverty line (indicator 1.1.1): less than $1.90 a day (as of 2019)
- National poverty line (indicator 1.2.1): nationally defined, commonly based on household surveys
- Poverty in all its dimensions, according to national definitions

Regardless of the method or threshold, data disaggregation by disability status is still not systematic in statistical data collection efforts to measure poverty (such as household income and expenditure surveys and living standard surveys). This explains why data on this matter are scarce, especially in low- and middle-income countries (see part II, section 3), and this prevents Governments from adopting fully informed and effective poverty reduction strategies for the benefit of persons with disabilities.

Article 31 of the Convention on the Rights of Persons with Disabilities (on statistics and data collection) mandates Governments to collect data and ensure disaggregation by disability to enable them to adopt and implement the measures required by the treaty. Similarly, the accompanying indicators on the Convention have incorporated those Sustainable Development Goal indicators relating to poverty (1.1.1, 1.2.1 and 1.2.2) calling for disaggregation by disability.

Currently, the tools developed by the Washington Group on Disability Statistics (such as the Short Set on Functioning – a set of questions on disability), which combine an objective component – functioning – and a self-identification component, are considered the most accurate and reliable tools for disability disaggregation.

Recommendations

In line with article 31 of the Convention on the Rights of Persons with Disabilities, Governments should ensure that:

1. Data collection efforts to measure extreme poverty and poverty (under any method or threshold) disaggregate by disability status, and type of disability when technically feasible, by employing tools such as the Washington Group Short Set and Extended Set of questions;
   - Related indicators on the Convention: 28.22–28.25 and 31.8–31.11
2. Data collection efforts to measure extreme poverty and poverty (under any method or threshold) consider and allow for the presentation of rates that take into account disability-related extra costs (see below).

5.1.2 Factor in disability-related extra costs when measuring poverty

As highlighted in part II, section 3 and section 4.4, persons with disabilities and households with persons with disabilities often incur higher expenditures than the rest of the population due to the need for goods and services that are entirely related to disability (such as mobility aids, personal assistance and accessible housing) and/or because they have to pay more to have access to general goods and services (such as health insurance).

As previously mentioned, the failure to factor disability-related extra costs in poverty measurement would lead to the underestimation of the poverty rates of persons with disabilities and their families. In addition, to provide effective support, the design of social protection schemes, both mainstream (such as universal income support) and disability-specific (such as disability allowance), should take into consideration disability-related extra costs.

Social protection systems should make the situation fairer and more balanced by eliminating the extra cost or compensating for it to the point that covering it is affordable, through a combination of in-kind and financial benefits.

The first step in making the situation fairer is to calculate the context-specific disability-related extra costs experienced by the full diversity of persons with disabilities. At the population level, there are a variety of approaches for measuring these extra costs (see "Measuring disability-related extra costs" below). At the individual level, disability assessment procedures that focus on support requirements and barriers to participation can provide a wealth of information on the costs persons with disabilities face in carrying out daily activities and seeking socioeconomic participation.

Recommendations

With regard to factoring in disability-related extra costs when measuring poverty, Governments should:

1. Estimate context-specific disability-related extra costs in order to inform efforts to measure extreme poverty and poverty (see part II, section 5.1.1), as well as the design of social protection programmes and benefits and related budgetary proposals and allocations;
2. Develop procedures and information systems that determine the disability-related extra costs required to facilitate the inclusion and participation of applicants and beneficiaries at the individual level, in order to cover them and more accurately inform future budgetary processes.

> Related indicators on the Convention: 28.3, 28.9 and 28.17

Measuring disability-related extra costs

There are different approaches to measuring disability-related extra costs, depending on whether one seeks to assess:

1. The current additional expenses and opportunity costs of persons with disabilities and their families, when compared to others;
2. All the costs of goods and services that would be required by persons with disabilities to achieve equal participation.

To estimate the current impact of disability costs (what people can afford today), two methods can be used:

1. The goods and services method, which assesses, through a survey, current expenses outlaid on disability-specific items and additional general consumption expenses;

2. The standard of living method, which uses existing datasets, such as household income and expenditure surveys, to estimate the disability costs by comparing the standard of living (often based on an asset index) of otherwise similar households with and without a member with disability.

The goods and services method is more costly to conduct but gives more specific information on the diversity, type and level of expenses of persons with disabilities, while the standard of living method is suited to obtaining an initial overall estimate. The standard of living method is useful to factor current disability-related costs in statistical poverty measurements or, possibly, to adapt eligibility thresholds or benefits for mainstream means-tested schemes.

Neither method, however, captures the costs required to achieve basic participation. To obtain that information, a survey on the goods and services required would be needed. Such a survey asks a diversity of persons with disabilities (e.g. different types of disability, urban/rural, age groups and gender) what goods and services they would require to achieve basic participation, then estimates the costs of those good and services for each group. This provides critical information for the design of social protection schemes and to define the best combination of cash and in-kind support.

Source: UNPRPD and Leonard Cheshire, "*Considering the disability related extra costs in social protection*".

TABLE 3

Different methods for estimating disability-related extra costs

Key questions	Which method?	Relevance for social protection
What is the current economic impact of disability-related barriers and the lack of support for persons with disabilities and their families?	Standard of living method and measure of differences in income earned; goods and services method	Assess more accurately standards of living and exposure to poverty and vulnerability
What are the different expenditures facing persons with disabilities and their families in addition to or instead of other common goods and services, compared to persons without disabilities?	Goods and services method	Assess relevance and adequacy of current interventions for the diversity of persons with disabilities
What are the costs and expenses for persons with disabilities and their families in order for them to achieve equal participation?	Goods and services required method	Define the best combination of support in cash and through services, as well as concessions; prioritize investment in service delivery and barrier removals

Source: United Nations Partnership to Promote the Rights of Persons with Disabilities and Leonard Cheshire, "Considering the disability related extra costs in social protection", Inclusive Social Protection for Empowerment of Persons with Disabilities, Background Paper No. 2 (2020).

5.1.3 Increase budgets to finance universal coverage of persons with disabilities

As noted above, the available data show that social protection and poverty reduction programmes do not reach all persons with disabilities living below national or international poverty lines. In addition, they may not ensure an adequate standard of living to the beneficiaries. Lastly, they typically do not consider the extra costs associated with disability (see part II, section 4.4 and section 5.1.2). In this sense, social protection policies remain largely underresourced.

Moving from medical-based and charity-based to rights-based social protection systems may require an initial investment in transitioning from one system to the other and a progressive reallocation of funds from the previous structure to the new one.

An increased budget is required to expand the coverage of social protection policies and reach all persons with disabilities who are living below the poverty line. To do so, a variety of sources (such as general revenues, earmarked taxation and social insurance contributions) can be considered in order to provide resources for social protection policies; even development cooperation can be considered a resource, within each country's macroeconomic system, provided that sustainability is sought and, when possible, ensured.

Recommendations

With regard to increasing budgets to finance social protection schemes in order to provide persons with disabilities with universal coverage, Governments should:

1. Evaluate funding schemes of social protection policies that benefit persons with disabilities to assess their relevance, sufficiency and sustainability under a rights-based perspective;
2. Establish disability markers to track social protection expenditures that benefit persons with disabilities (see section part II, section 1.3.2 on disability markers in the Foundations Guidance);
3. Increase resource mobilization for social protection policies that benefit persons with disabilities in order to reach all the persons with disabilities who live below the poverty line and to cover their disability-related extra costs.

Related indicators on the Convention: 28.3, 28.9, 28.11, 28.16, 28.17 and 28.22–28.25

5.2 Ensure access to basic general services, disability-specific services (including assistive technology) and financial services to ensure full and effective participation in the community: target 1.4



Target 1.4: By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance

5.2.1 Ensure access to basic services

Social protection systems can play a role in facilitating access to the general basic services to which persons with disabilities are entitled, including health care, education and skills development, nutrition, housing and transport. Social protection programmes can help in covering the costs of accessing these services, either directly (such as concessions or non-contributory universal health coverage programmes) or indirectly (such as universal cash benefits for persons with disabilities that are sufficient to cover schooling).

Recommendation

With regard to access to basic services, Governments should invest in making basic services (such as education, health, water and sanitation, and transport) available, accessible and affordable for persons with disabilities.

> Related indicators on the Convention: 9.4, 19.12, 19.13, 19.5, 19.26, 20.7–20.9, 28.1–28.3, 28.14, 28.21 and 28.27

5.2.2 Ensure access to assistive technology and products of good quality for persons with disabilities

Assistive technology, products and services enable persons with disabilities to have access to basic services, such as health, education and transportation, and to participate in society. For example, for some persons with physical impairments, having access to a wheelchair is the first, and an essential, enabling step to avoid isolation. Similarly, blind persons may require canes, hard-of-hearing persons may require hearing aids and persons with intellectual impairments may require assistive technology for communication. Table 4 provides examples of assistive technology. (See also the WHO Priority Assistive Products List.)

TABLE 4

Examples of assistive technology

Category	Product examples
Mobility	• Walking stick, crutch, walking frame, manual or powered wheelchair, tricycle, artificial leg or hand, leg or hand splint, club-foot brace • Corner chair, supportive seat, standing frame • Adapted cutlery and cooking utensils, dressing stick, shower seat, toilet seat, toilet frame, feeding robot
Vision	• Eyeglasses, magnifier, magnifying software for computers, white cane, GPS-based navigation device • Braille systems for reading and writing, screen reader for computers, talking book player, audio recorder and player • Braille chess, balls that emit sound

Hearing	• Headphones, hearing aid • Amplified telephone, hearing loop
Communication	• Communication cards with texts, communication board with letters, symbols or pictures • Electronic communication device with recorded or synthetic speech
Cognition	• Task lists, picture schedule and calendar, picture-based instructions • Timer, manual or automatic reminder, smartphone with adapted task lists, schedules, calendars and audio recorder • Adapted toys and games

Source: World Health Organization (WHO) and United Nations Children's Fund (UNICEF), *Assistive Technology for Children with Disabilities: Creating Opportunities for Education, Inclusion and Participation – a Discussion Paper* (WHO, 2015).

Access to assistive technology and products for persons with disabilities remains limited worldwide. In low- and middle-income countries, only 5 to 15 per cent of persons who require assistive products have access to them. In addition, globally, only 5 to 15 per cent of the 75 million persons with disabilities who require a wheelchair have access to one (WHO, "Assistive technology", 18 May 2018). Many persons with disabilities require assistive products that are not provided by Governments and are not affordable on the open market. For example, a person may require an electronic wheelchair, which is not included in the list of government-provided aids and is expensive for individual purchase.

Furthermore, a lack of availability at the local level of skilled personnel who ensure proper prescription, fitting, user training, maintenance, repair services and replacement parts (such as batteries) prevents the appropriate and sustainable use of assistive products. In this regard, available data show that 25 per cent of respondents to a global survey in low- and middle-income countries reported that repair services were available, compared to 62 per cent of respondents in high-income countries (WHO and UNICEF, *Assistive Technology for Children with Disabilities: Creating Opportunities for Education, Inclusion and Participation – a Discussion Paper* (WHO, 2015)).

One of the major challenges in developing policies in this area is the lack of systematized and disability-disaggregated data. These data would allow Governments to determine and assess the current and potential demand for assistive technology and products, how that demand is currently being met and what the barriers leading to insufficient supply are. Without these data, it is difficult to allocate sufficient resources and to assess the system's capacity to provide assistive technology.

Thus, data on the demand for assistive technology should be taken into account in the context of efforts to obtain and systematize both statistical and administrative data, as they can provide valuable input for policy design and resource allocation. WHO has supported several national data-gathering efforts to assess the demand for assistive technology (e.g. through the development of the rapid Assistive Technology Assessment (rATA) questionnaire).

Social protection programmes can facilitate the increased access of persons with disabilities to assistive technology and products.

Recommendations

With regard to access to assistive technology for persons with disabilities, Governments should:

1. Develop and promote legislation and develop programmes to facilitate the access of persons with disabilities to assistive technology and products, including mobility devices, in particular those on the WHO Priority Assistive Products List, tailored to the requirements of each person, and carry out training in their use, maintenance, repair services and replacement of parts, as required;
2. Provide training to social and health services personnel involved in the provision of assistive products, prioritizing community-level and primary health care, to ensure quality standards in service delivery throughout the different stages:
    a. Assessment of the requirements of the person with disability to select the best product;
    b. Fitting the product to ensure comfort in its use;
    c. Training of the person with disability to enable the safe and effective use of the product;
    d. Follow-up to ensure that the product continues to meet the requirements of the person;
3. Adopt measures, including through procurement policy, financing mechanisms and market shaping, to ensure the affordability and quality of assistive technologies and devices in the open market;
4. Adopt data collection systems to measure and assess the requirement of assistive technology by persons with disabilities.

> Related indicators on the Convention: 20.1–20.3, 20.11, 20.12, 20.19–20.21, 28.1, 28.20, 28.21, 28.27, 1/4.14, 1/4.25 and 19.31

Adapted vehicles to enhance the mobility of persons with disabilities

The availability and facilitation of access to adapted cars, tricycles, other vehicles and adaptive equipment are key to enhancing the mobility of persons with disabilities, especially when public transportation services (such as buses and trams) remain inaccessible. Importantly, in rural and remote areas where public transportation services are non-existent, or extremely limited, and assistive technology faces performance issues, adapted vehicles may be the sole alternative that a person with disability can rely on. Point-to-point transport is a fundamental link in the transportation chain and should be integrated into the mobility strategy.

Facilitating access to adapted vehicles and adaptive equipment, which may be imported, will benefit those persons with disabilities who require and are able to afford them. Some of the measures that Governments could adopt to promote access to these vehicles are tax exemptions in import taxes; waivers or a reduction in insurance, vehicle registration and related costs; subsidized purchases; and public procurement strategies to affect market prices. In addition, private actors (such as transportation companies and non-governmental organizations) and public actors (such as local governments in remote areas) may also benefit from these measures and offer transportation services to persons with disabilities.

Accordingly, regulations on driving licences should be inclusive of persons with disabilities and consider adapted vehicles and adaptive equipment.

> Related indicators on the Convention: 20.4–20.6 and 20.22–20.24

5.2.3 Ensure access to financial services

Access to common financial services, such as bank accounts, debit cards and automatic teller machines, is instrumental in enabling individuals to have access to and benefit from social protection programmes, such as cash transfers. However, accessibility, legal and attitudinal barriers deny persons with disabilities access to these basic financial services. Furthermore, restrictions on legal capacity, in law and in practice, prevent persons with disabilities from opening bank accounts. For example, in some countries, persons with intellectual disabilities may be required to have a guardian appointed to open a bank account, even if not required by regulations, and blind persons may be rejected or asked for additional requirements, such as witnesses. Consequently, persons with disabilities have less access to social benefits and less control over the administration of their own resources.

Recommendations

With regard to access to financial services, Governments should:

1. Establish mandatory accessibility standards for public and private financial institutions and their service provision;
   - Related indicators on the Convention: 9.4, 19.12, 19.13 and 19.26
2. Repeal any legislation or regulation that may restrict the legal capacity of persons with disabilities to have access to the financial services necessary for social protection policies (see also "Nine actions to uphold the legal capacity of persons with disabilities" in part II, section 3.5 of the Foundations Guidance and the video on legal capacity developed by the Special Rapporteur on the rights of persons with disabilities);
   - Related indicators on the Convention: 12.1, 12.2 and 28.1–28.3
3. Adopt measures to raise awareness and combat harmful disability and gender stereotypes to change attitudes of the staff of banks and financial institutions, both public and private, on the right to legal capacity of persons with disabilities (see also part I, section 2.5 on awareness-raising in the Foundations Guidance).
   - Related indicators on the Convention: 12.15 and 28.14

Additional resources

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Annex: Key concepts

This annex contains key foundational concepts referred to throughout the Policy Guidance for Inclusive Sustainable Development Goals. It is designed as a quick reference and refresher for readers as they use the Policy Guidance. An elaboration of these concepts is provided in the Foundations Guidance, which should be read prior to, or together with, the other guidance for a deeper understanding of the required foundations for inclusion.

Ableism considers certain typical characteristics of body and mind as essential for living a life of value. Ableist perspectives view impairments as undesired, which leads to unconscious bias, prejudice, discrimination and exclusion. Ableism is usually behind negative perceptions and stereotypes about persons with disabilities. See also part I, section 1.3 of the Foundations Guidance.

Accessibility is the quality that allows persons with disabilities to have access to and enjoy physical environments, transportation, facilities, services, information and communications, including new technologies and systems. When planning for accessibility, the principles of universal design should be used. See also part I, section 2.2 of the Foundations Guidance.

Assistive technology, devices and mobility aids are external products (devices, equipment, instruments and software), specially produced or generally available, that maintain or improve an individual's functioning and independence, participation or overall well-being. Examples of assistive devices and technologies include wheelchairs, prostheses, hearing aids, visual aids and specialized computer software and hardware that improve mobility, hearing, vision or the capacity to communicate. See also part I, section 2.3 of the Foundations Guidance.

Awareness-raising actions are those that are aimed at informing about rights and changing negative attitudes towards persons with disabilities. They include training, campaigns and mass-media communications. Awareness-raising activities should target persons with disabilities and others and should involve persons with disabilities in their design and delivery. See also part I, section 2.5 of the Foundations Guidance.

Barriers: Disability results from the interaction between persons with impairments and the barriers in the environment around them. Barriers can be broadly categorized into the following:

- **Environmental barriers,** which are imposed by the context. To clarify the categories and subcategories, this should be:
  a. **Physical barriers,** such as the presence of steps, preventing access for someone using a wheelchair or others with mobility difficulties.
  b. **Communication barriers,** such as the barriers to participation for a sign language user in a meeting if sign language interpreters are not provided, or the barrier to gaining access to information experienced by blind persons with written text if accessible formats are not provided.

c. **Policy barriers,** such as education systems that prevent the enrolment of children with disabilities in their local school.

- **Attitudinal barriers,** such as the belief that persons with disabilities cannot learn or work. Attitudinal barriers can lead to apathy or inertia towards addressing other barriers.

In order for persons with disabilities to fully participate and to have opportunities for development, the barriers that limit their participation should be systematically addressed. Persons with disabilities themselves are experts in identifying barriers and the solutions to overcome them. See also part I, section 1.1 of the Foundations Guidance.

Conditionality: "In the context of social welfare, the term conditionality refers to … households or individuals who receive government transfers conditional on some form of behavioral compliance. This means that in order to continue receiving support qualifying households have to meet specific conditions that are spelled out by the program." Conditionality is supposed to tackle behavioural barriers that prevent households from improving their situation and escaping poverty. (Esther Schüring, "Conditions, conditionality, conditionalities, responsibilities: finding common ground", Working Paper, No. 2010WP014 (Maastricht: Maastricht Graduate School of Governance, 2010), pp. 4 and 5)).

Contributory schemes are social protection programmes for which financial contributions by beneficiaries and their employees determine entitlement to benefits. These schemes are also often referred to as social insurance. An example of a contributory scheme is contributory health insurance, which comprises employment-related schemes that provide health insurance to employees based on contributions (from employers and/or employees).

Disability assessment is the process of collecting information about persons with disabilities, in their context, for the purposes of policymaking and planning, budget allocation and determining eligibility for certain benefits and entitlements. A disability assessment can also be used solely for the purpose of providing services such as rehabilitation or education. See also part II, section 1.2.2 of the Foundations Guidance.

Disability determination refers to the official decision (using assessment findings) about whether someone is identified as a person with disability, often also categorized according to their functional ability. In some countries, this can become an official status, symbolized by a disability card, registration or similar, which can provide access to various services and benefits. There are often additional and/or different processes to determine eligibility for different types of social protection, insurance, health and support services. See also part II, section 1.2.2 of the Foundations Guidance.

Disability discrimination is described in article 2 of the Convention on the Rights of Persons with Disabilities 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. See also part I, section 2.1 of the Foundations Guidance.

Disability mainstreaming is the process of ensuring that the rights of persons with disabilities are embedded in all policy, assessing policy implications for persons with disabilities and ensuring their meaningful participation. It is the way of making the concerns and experiences of persons with disabilities an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that persons with disabilities have equal benefits, and inequality is not perpetuated. The ultimate goal is to achieve equality of outcomes and foster an inclusive culture. Disability mainstreaming should be combined with disability-specific actions (see the twin-track approach, described below). See also part II, section 1.2.1 of the Foundations Guidance.

Disability-related extra costs refers to the higher expenditure of persons with disabilities and their households when compared to that of the rest of the population. Extra costs commonly stem from specific goods and services (such as mobility aids, personal assistance and accessible housing) and/or a lack of access to general goods and services (e.g. having more expensive health insurance and using taxis where public transport is not accessible). Disability-related extra costs affect different policies. For more information, view the videos "Understanding disability extra costs" and "Addressing disability extra costs" of the Centre for Inclusive Policy.

International cooperation is the interaction of persons or groups of persons representing various countries and diverse international and regional organizations striving towards the common goal of realizing the rights of persons with disabilities and the Convention on the Rights of Persons with Disabilities. Persons with disabilities, the organizations that represent them and policymakers collaborate through their ministries of international affairs to receive technical and financial support from international organizations and development banks. Financial support designated for international cooperation should not be used for measures contrary to the Convention and should be planned to be substituted with national funds to ensure policy continuation. Technical cooperation among countries with similar realities is important to identify effective solutions. See also part II, section 6 of the Foundations Guidance.

Intersectional discrimination refers to situations where discrimination is occurring on the basis of multiple and intersecting factors, including sex, gender identity, ethnicity, age, caste, class, faith, sexual orientation, sex characteristics or any other characteristic. Persons with disabilities also have a gender identity, may come from an indigenous group, be young, old, a refugee or living in poverty. See also part II, section 3.3 of the Foundations Guidance.

Legal capacity is the right to make legally valid decisions autonomously. Some countries restrict the right of adults with disabilities to manage their own financial affairs, including owning property, choosing where to live and work, and managing their relationships, health and well-being. Restricting or denying this right is against the Convention on the Rights of Persons with Disabilities and has negative effects across all policies. See also part II, section 3.5 of the Foundations Guidance.

Non-contributory schemes are those that "normally require no direct (financial) contribution from beneficiaries or their employers as a condition of entitlement to receive benefits" (International Labour Organization, "Introduction: social transfers", 24 October 2018). They are usually financed through taxes. Non-contributory schemes are generally divided into "non-means tested" schemes that apply to all and "means-tested" schemes that apply only to people whose income falls below a certain threshold.

Organizations of persons with disabilities are led, directed and governed by persons with disabilities. They are established at the local, national, regional or international level to promote and/or defend the rights of persons with disabilities. The clear majority of the membership of such organizations should be recruited among persons with disabilities themselves. See also part I, section 2.4 of the Foundations Guidance.

Participation of persons with disabilities refers to the action of allowing and enabling persons with disabilities to take part directly, or through organizations of persons with disabilities, in decision-making processes, including the design, implementation, monitoring and evaluation of policies. To do so, persons with disabilities should be closely consulted and actively involved in all decision-making processes by being invited to give their opinions and to take part in implementation processes.

Participation is an obligation to be met under the Convention on the Rights of Persons with Disabilities for all aspects of policy. "Nothing about us, without us" is the motto that promotes this obligation, and it means that no policy should be developed or implemented without persons with disabilities. See also part I, section 2.4 and part II, section 2 of the Foundations Guidance.

Persons with disabilities include those who have long-term physical, psychosocial, intellectual or sensory impairments that, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others. Hence, persons with disabilities are persons with impairments who experience barriers that restrict their participation. See also part I, section 1.2 of the Foundations Guidance.

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 measures. If arbitrarily denied, this constitutes discrimination.

Some examples include adjustments to the school hours of a student, extended breaks to rest, the acquisition of computer software to read screens or a foldable ramp to overcome steps, or the provision of a sign language interpreter in a work meeting. See also part I, section 2.1 and part II, section 3.2 of the Foundations Guidance.

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 arrangement services for securing housing and household help, and community services. Persons with disabilities may require support to perform daily life activities and/or to use general services (such as health, education and justice) on an equal basis with others. See also part I, section 2.3 of the Foundations Guidance.

Supported decision-making is a type of support given to persons with disabilities in relation to legal decisions. This mechanism guarantees that (a) persons with disabilities exercise their legal capacity (see above) and can make their own decisions in every aspect of life, and (b) their decisions are not replaced by the decisions of guardians or others. Supported decision-making is voluntary and can include informal and formal support arrangements. For example, a person with disability may choose a trusted person to support them in making certain types of legal decisions. They may also resort to peer support or self-advocacy networks. Some persons with disabilities may have access to support to help in the communication of their will and preferences. See also part II, section 3.5 of the Foundations Guidance.

A **twin-track approach** is a policy development strategy that:

1. Systematically mainstreams the interests and rights of persons with disabilities in policy design and implementation, across all sectors and areas of life;
2. Adopts targeted policy and programming measures aimed specifically at persons with disabilities.

The balance between mainstreaming strategies and targeted support strategies should be tailored to address the needs of specific communities. See also part II, section 1.2.1 of the Foundations Guidance.

Universal design is the design and composition of products, environments, programmes and services that make them accessible, understood and used to the greatest extent possible by all people, regardless of their age, size, ability or disability, and without the need for adaptation or specialized design. The principles of universal design facilitate accessibility, including for persons with disabilities. See also part I, section 2.2 of the Foundations Guidance.

The **Washington Group Short Set on Functioning** is a set of six questions on functioning, designed to be used within national censuses and surveys, to provide comparable data cross-nationally for populations living in a variety of cultures with varying economic resources. While not exhaustive, the basic actions represented in this set of six questions are those that are most often found to limit an individual and result in participation restrictions. The information that results from the use of these questions will (a) represent the majority of, but not all, persons with limitation in basic actions, (b) represent the most commonly occurring limitations in basic actions, and (c) be able to capture persons with similar difficulties across countries. See also part II, section 1.5 of the Foundations Guidance.



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