



FOREWORD

People with disabilities, up to recent times, have been totally invisible in all areas and at all levels of the development processes of this country. They are the most discriminated against population group. It's time we changed some of our values and understandings with respect to those that may have some form of disability. Whether the disability be psychological, physiological or whether it be a function of accident or genetics, people with disabilities are people first, deserving the same set of rights as every citizen of this country.

In my address to the High-Level Inter-governmental Meeting to Conclude the Asian and Pacific Decade of Disabled People, held in Otsu, Japan in October 2002, outlining progress made by the Cook Islands in achieving the targets of the Decade, I noted that a National Policy, a National Plan of Action and Legislation for people with disabilities should be completed at the earliest opportunity. I am pleased to say that we have completed the first major step with this National Policy on Disability and Action Plan.

The Cook Islands became a signatory to the Asian and Pacific Decade for the Disabled Person in July 2000. However, since this time we have been active in promoting the rights, dignity and needs of people with disabilities. I am also pleased to note that we now have a National Disability Council. The alliance between government and the non-governmental sector, including the private sector, will be crucial if we are to make good progress in creating a fully inclusive society.

I believe this Policy, together with the Action Plan, provides a framework and guide for the government of the Cook Islands as well as all individuals, families and communities throughout the country, so that we will all work together toward creating a society that reflects our values of the deepest respect for all human lives. With the same respect we will build a society that demonstrates the dismantling of barriers, building institutions and structures that are inclusive and allow all people to participate equally.

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Cook Islands
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Summary

The purpose of this policy is to protect and promote the rights and dignity of people with disabilities.

The policy reflects the spiritual dimension to cultural and social life in the Cook Islands and will provide a framework for government and the wider community to address the fundamental human rights of people with disabilities and to dismantle barriers that stop or inhibit the participation of people with disabilities in day-to-day activities that are often taken for granted by people who do not have a disability. People with disabilities are entitled to the enjoyment of the full range of civil, cultural, economic, political and social rights embodied in the Cook Islands Constitution and international human rights conventions and declarations on an equal basis with other people.

This policy is for all people in the Cook Islands.

Vision

The Cook Islands will be inclusive when people with impairments can say they live in

a society that recognises and highly values our lives and continually enhances our full participation in all aspects of the community.

Goal

To promote and protect the rights of people with disabilities so that they can participate fully in community life.

Objectives

- 1. Raise awareness of families and island communities throughout the Cook Islands on human rights and disability issues and all have access to information on disabilities.**

Tasks:

- Regular communication established with Outer Islands committees by Internal Affairs (IntAff);
- IntAff gather and collate data from key government agencies and disseminate to Island Councils and central government Ministries and Divisions (especially Outer Island Administration OIA);
- Internal Affairs and Cook Islands National Disability Council (CINDC) to hold a series of “rights and disability” workshops in outer islands and nationally.

2. Encourage the participation of people with disabilities in all levels of family, community, island and national life.

Tasks:

- Awareness raising programme developed by CINDC and IntAff targeting island councils and administrations;
- OIA develops public consultation strategy framework for Island councils.
- Ministries, other government agencies and island local governments include disability in their policies, programmes and activities

3. Support the development of self-help groups and organisations for people with disabilities.

Tasks:

- IntAff actively supports self-help groups;
- IntAff disseminates information to members of self-help groups;
- Training programme developed for self-help groups by CINDC and IntAff;
- CINDC and IntAff develop awareness raising programme for local/village communities on disability rights issues;
- CINDC becomes the national forum and umbrella group for disability;

4. Improve the position of the most disadvantaged and vulnerable of those with disabilities, particularly women and girls.

Tasks:

- Department of Statistics to publish poverty/vulnerability data from census and HIES;
- IntAff in collaboration with CINDC conducts national and island workshops on human rights and vulnerability of girls and women with disabilities;
- IntAff and CINDC conduct training workshops for health, welfare and police on “rights” and most vulnerable groups in Cook Islands community;
- Gender And Development (GAD) Division of IntAff collaborates with the Disability Officer (DO) on including disability in GAD programme
- Cook Islands National Council of Women (CINCW) includes disability of women and girls in their programmes.

5. Improve access of all children and youths with a disability to education and vocational training to the highest level.

Tasks:

- Policy for special needs education implementation agreed by Cabinet;
- Vocational training policy for youths and adults with disabilities developed by Department of National Human Resources Development (DNHRD);
- Department of National HRD consult widely, including with the Creative Centre, on adult lifeskills and vocational training policy and planning for People With Disabilities(PWDs);
- Ministry of Education (MOE) integrates Special Needs Education(SNE) needs into national budget;

- SNE and Vocational Training integrated into development assistance programming by Aid Coordination Unit, Ministry of Finance and Economic Management (MFEM);
- On-going In-service training programme developed by MOE in coordination with Teachers Training College;
- MOE Education For All (EFA) officer consults IntAff DO on reporting on disability issues.

6. Develop early intervention measures for children from 0 to 4 years old.

Tasks:

- Ministry Of Health (MOH) develop policy and strategy on early intervention priorities in collaboration with MOE and IntAff;
- MOH to hold Workshops on early intervention in the outer islands for Health, Welfare and Education personnel;
- “Front line” health and education personnel keep accurate records on children with disability and other “at risk” children, from birth.

7. Development of more disability prevention measures.

Tasks

- community and employer awareness programme developed;
- resources committed to develop information packs for employers on work place safety;

8. Further develop and strengthen rehabilitation services.

Tasks

- IntAff and MOH agree on information requirements and how it is collected
- MOH to collect data on needs for rehabilitation and assistive services throughout the outer islands and Rarotonga;
- MOH to conduct policy and strategy review on integrating rehabilitation and assistive devices needs throughout the Cook Islands;
- MOH to consult CINDC and IntAff on rehabilitation policy and services;
- MOH in collaboration with IntAff to conduct awareness training for local island administrations and health personnel on rehabilitation and assistive devices needs;
- MOH and IntAff to consult local cultural health resource people on the provision of rehabilitation services.

9. Make more assistive devices available of improved quality.

Tasks

- MOH in coordination with IntAff DO to collect data on demand for assistive services;
- Delivery of assistive devices integrated into rehabilitation policy review;
- MOH to review skills and human resources necessary to develop appropriate assistive devices;
- Assistive devices included as a “line item” in MOH budget.

10. Improve access to buildings and public places.

Tasks:

- Ministry Of Works (MOW) to Develop Technical specifications on access engineering and design requirements in consultation with IntAff and CINDC;
- MOW to revise existing National Building Code(NBC);
- MOW and IntAff collaborate on public consultations on NBC review to ensure PWD input;
- IntAff in collaboration with CINDC to conduct an awareness training workshop on disability access issues for MOW.

11. Improve livelihood and income generation opportunities and the delivery of lifeskills training programmes actively involving people with disabilities.

Tasks:

- IntAff to work with micro-credit advisers and lenders to develop information packs for PWDs on income generation and micro-credit;
- Small Business Enterprise Centre (SBEC) target PWDs for training workshop in outer islands and Rarotonga;
- IntAff (Division of Labour and Consumer Affairs (LACA) consults CINDC and other PWDs on review of Industrial and Labour Ordinance,1964;
- Employment/self-employment data disaggregated for disabilities.

12. Strengthen the gathering of information in all sectors on the prevalence of disability and related issues and ensure that this information is accessible by all and utilised in policy making.

Tasks:

- Office of Statistics census data published;
- IntAff coordinates data obtained from Stats, Education and Health and publishes this information and ensure that it is included in “island profiles,” and made available to Office of Islands Administration and other government ministries;
- CINDC to ensure that PWDs are consulted on information/data requirements;
- CINDC consults nationally to develop a working definition of “disability;” that can also be utilised for any international reporting requirements.

13. Increase support to Care Givers.

Tasks

- MOH and IntAff in consultation with other key stakeholders (e.g. Creative Centre and Island Committees) to develop information packs for care givers;
- MOH and IntAff agree on how to gather data extent of who is providing care for people with disabilities;
- Community health workers trained on how to monitor and record needs and share information with IntAff;

14. Improve the coordination of services of both government and non-government organizations.

Tasks:

- IntAff and CINDC to make copies of the National Policy to all community and other interest groups;
- IntAff to report annually on progress with implementation of National Policy on Disability;
- CINDC reviews its constitution to emphasise national coordination requirements and benefits;
- CINDC develops policy monitoring arrangements.

Cook Islands National Policy on Disability (2003)

Introduction

In the past, people with disabilities suffered from relative “invisibility,” and tended to be viewed as “objects” of protection, treatment and assistance rather than subjects of rights. As a result of this approach, people with disabilities were excluded from mainstream society, and provided with special schools and sheltered workshops on the assumption that they were incapable of coping with either society at large or all or most major life activities. They were denied equal access to those basic rights and fundamental freedoms (e.g. health care, employment, education, the vote, participation in cultural activities) that most people take for granted.

A dramatic shift in perspective has been taking place over the past two decades, and people with disabilities have started to be viewed as holders of rights. This process is slow and uneven, but it is taking place in all economic and social systems.

The rights-based approach to disability essentially means viewing people with disabilities as subjects of law. Its final aim is to empower disabled people, and to ensure their active participation in political, economic, social cultural and spiritual life in a way that is respectful and accommodating of their difference.

Purpose

The purpose of this policy is to protect and promote the rights and dignity of people with disabilities.

The policy reflects the spiritual dimension to cultural and social life in the Cook Islands and will provide a framework for government and the wider community to address the fundamental human rights of people with disabilities and to dismantle barriers that stop or inhibit the participation of people with disabilities in day-to-day activities that are often taken for granted by people who do not have a disability. People with disabilities are entitled to the enjoyment of the full range of civil, cultural, economic, political and social rights embodied in the Cook Islands Constitution and international human rights instruments on an equal basis with other people.

The policy sets out an overall goal and set of objectives for government in partnership with civil society, including community organisations, such as churches and non-governmental organisations, the private sector, sporting groups and associations to address barriers that exclude people with disabilities and, therefore, to bring about the full inclusion of all people. It is anticipated that the policy will lead to a prioritized plan of action that need to be addressed in order to achieve the objectives of the policy.

The policy will also provide a broad framework within which to address the rights of people with disability under the law, particularly the most vulnerable including young girls, women and children with disabilities.

Background

The Constitution of the Cook Islands provides the overall framework for developing a national policy on disability as it includes reference to fundamental human rights and freedoms, viz:

64(1) It is hereby recognized and declared that in the Cook Islands there exist and shall continue to exist, without discrimination by reason of race, national origin, colour, religion, opinion, belief, or sex, the following fundamental human rights and freedoms:

The right of the individual to life, liberty, and security of the person, and the right not to be deprived thereof except in accordance with law;

The right of the individual to equality before the law and in the protection of the law; ...

64(2) It is hereby recognized and declared that every person has duties to others, and accordingly is subject in the exercise of his rights and freedoms to such limitation as are imposed

... Construction of law – (1) Subject to subclause (2) of this Article and to subclause (2) of Article 64 hereof, every enactment shall be so construed and applied as not to abrogate, abridge ... any of the rights or freedoms recognized and declared by subclause (1) or Article 64 hereof, and in particular no enactment shall ... Impose or authorize the imposition on any person of cruel and unusual treatment or punishment ...

According to article 64(2) of the Constitution of the Cook Islands, everyone has duties to everyone else. These rights and responsibilities include people with disabilities.

All people are entitled to all human rights. Rights ensure that all people can live a life of freedom and dignity. This policy focuses on the rights of people with disabilities and how the wider community of the Cook Islands can work with and assist those people achieve their rights and develop to their full potential.

A “rights-based” society means a society based on the concept of human rights, including the right to development and a legislative framework that protects the most vulnerable. The protection of the fundamental rights of people outlined in the Constitution and the international conventions will ensure that society is inclusive and that barriers are dismantled. An “inclusive” society means a society for all and a “barrier-free” society means a society free from physical and attitudinal barriers, as well as social, economic and cultural barriers that exclude people from being full participants in society.

According to the 2001 Census the Cook Islands has a total population of 14,990 people and approximately 460 people identified themselves as having some form of disability. Internationally, it is expected that up to 5% of a national population will have some form of disability. Based on this formula, the Cook Islands could have up to 750 people with disabilities. It is widely recognised, by international agencies such as the World Bank and United Nations, that there are economic and social benefits to increasing the participation of and opportunities for people with disabilities in society.

Recent Achievements

Momentum for the protection of the rights and inclusion of people with disabilities in the Cook Islands began in November 1999 with the commencement of consultations on a national disability policy. Consultations for the policy began in the outer islands in August 2000 and the initial background research and early drafting of the policy was completed in 2001. The Cook Islands National Disability Council was formed in March 2001 following a national workshop bringing together representatives from the outer islands and Rarotonga. Self-help organisations have since been established on nine of the eleven outer islands. In mid 2002 a Disability Officer was appointed within the Ministry of Internal Affairs as the government focal point on disability concerns.

The Cook Islands Government became a signatory to the *Proclamation on the Full Participation and Equality of People With Disabilities in the Asian and Pacific Region* in July 2000. In signing the Proclamation, the country became a party to the adoption of the *Agenda for Action for the Asian and Pacific Decade of Disabled Person, 1992-2002*. The Cook Islands also participated in the review of *Decade* achievements and agreed at a high-level inter-governmental meeting held in Japan in October 2002, to extend the decade through the *Biwako Millennium Framework for Action towards an Inclusive, Barrier-free and Rights-based Society for People with Disabilities in Asia and the Pacific*. These actions at the international level committed the Cook Islands to take positive action in promoting the rights and advancement of people with disabilities and ensuring their full participation and equality in the development processes of the country.

Government's 2003/04 Budget Policy vision statement of "building a sustainable future" is based on "recognising the true value of our people" and it says that it is committed to "creating a conducive and healthy socio-economic environment that meets the needs of our people." Similarly, the Ministry of Internal Affairs and Social Services say in their 2003/04 Business Plan that their mission is to "... protect customers rights and entitlements" and "advocates for children, people with disabilities, youth, women and men, those in the work force and families." And specifically refers to the *Asia Pacific Agenda for Action* and the *Biwako Millennium Framework* together with the various priority policy areas as part of the Ministry's outputs.

This Policy provides the framework through which Government can meet its undertakings with respect to people with disabilities and fully realise its vision statement of building a sustainable future.

Defining Disability

In 1980 the World Health Organisation (WHO) developed a classification and definition of disability:

Impairment:

Any loss or abnormality of psychological, physiological or anatomical structure or function.

Disability:

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

Handicap:

When an individual is disadvantaged by an impairment or a disability, that limits or prevents the fulfilment of a role (depending on age, sex and social, cultural factors).

Our understanding of disability has changed over the last two decades and a more all-encompassing definition has been developed by WHO:

Disability is the outcome of the interaction between a person with an impairment and the environmental and attitudinal barriers he/she may face.

This definition emphasises the disabling impact of environmental barriers and attitudes within the community that may limit access and mobility including the ability to do certain work within the community. The definition reflects the shift in our understanding of disability, from something that is attributed entirely to the individual to being a function of the individual in society and reflecting barriers that society creates that limit the full participation of all people in everyday life. Definitions often determines the way we address issues. By shifting the emphasis away from the individual, we are also saying that the problem is carried by all people in society and that all have a part to play in ensuring that rights are protected for all and that society is inclusive.

This policy uses the term *people with disabilities* to refer to the people at the heart of this policy.

Vision

The New Zealand Disability Strategy notes that “disability is the process which happens when one group of people create barriers by designing a world only for their way of living, taking no account of the impairments other people have.”

Along with all other Cook Islanders, people with disabilities aspire to a good life. However, they also face huge barriers to achieving the life that so many take for granted. Our society is built in a way that assumes we can all see signs, read directions, hear announcements, reach buttons, have the strength to open heavy doors, be able to negotiate paths and tracks and have stable moods and perceptions.

Underpinning the Cook Islands Disability Policy and Action Plan is a vision of a fully inclusive society both in terms of attitudes and law. The Cook Islands will be inclusive when people with impairments can say they live in

a society that recognises and highly values our lives and continually enhances our full participation in all aspects of the community.

Goal

Promote and protect the rights of people with disabilities so that they can participate fully in community life.

These rights are the same as for any individual in the Cook Islands and include the rights outlined in the Cook Islands Constitution. There are other rights addressed in international conventions such as the International Declaration of Human Rights, the Convention on the Elimination of All Forms of Discrimination Against Women and The Convention on the Rights of the Child (1989). These are declarations and conventions to which the Cook Islands government has acceded. Unless these rights are protected, then some people will always be excluded from decision making and participating in the everyday affairs of our society.

Objectives

- I. Raise awareness of families and island communities throughout the Cook Islands on human rights and disability issues and all have access to information on disabilities.**

When the wider community is aware of the human rights and needs of people with disabilities, then environmental and attitudinal barriers are more likely to be dismantled and the community is made more accessible and inclusive of people with disabilities, their rights are more likely to be protected, their abilities will be valued, their diversity and interdependence will be recognised and they are more likely to be integrated into daily life. Awareness of fundamental human rights of all people is a cornerstone to achieving an inclusive society.

- II. Encourage the participation of people with disabilities in all levels of family, community, island and national life.**

People with disabilities have a right to participate in family and community decision making and community affairs at all levels including within the village, island councils and administrations and national government. People with disabilities also have a right to participate in the private sector and wider civil society, including churches and other non-governmental organisations and members of these organisations, agencies and societies need to address how they can include people with disabilities. Research has shown that including people with disabilities in development strategies has both economic and social benefits whether at the village, island or national levels. However, people with disabilities tend not to be included in planning and decision-making. In order to achieve full participation and equality, people with disabilities must play a key role in the formulation of island and national policy on all issues that affect their lives directly.

- III. Support the development of self-help groups and organisations for people with disabilities.**

People with disabilities are the most qualified and best equipped to support, inform and advocate for themselves and other people with disabilities. Evidence suggests that the

quality of life of people with disabilities, and of the broader community, improves when they actively voice their concerns and participate in decision-making. Self-help organizations are the most qualified, best informed and most motivated to speak on their own behalf concerning the proper design and implementation of policy, legislation and strategies which will ensure their full participation in social, economic, cultural and political life and enable them to contribute to the development of their communities. Self-help organizations provide a means by which collective capacity-building can be undertaken and empowerment achieved, strengthening their power to advocate with governmental and other civil society agencies and their engagement in decision-making processes. The effectiveness of such groups will be enhanced with the formation of a partnership with Island Councils and administrations as well as with central government.

IV. Improve the position of the most disadvantaged and vulnerable of those with disabilities, particularly women and girls.

Poverty of opportunity is the most prevalent form of poverty in the Cook Islands and can be both a cause and consequence of disability. Poverty and disability reinforce one another, contributing to increased vulnerability and exclusion. Poor nutrition, dangerous working and living conditions, limited access to vaccination programmes, health and maternity care, poor hygiene, bad sanitation, inadequate information about the causes of impairments, and natural disasters are factors responsible for disability. Many of these causes are preventable. Disability in turn exacerbates poverty, by diminishing access to means of livelihood, increasing isolation from the marketplace and economic strain. This affects not just the individual but often the entire family.

Women and girls with disabilities are often exposed to poverty more than boys and men with disabilities and face discrimination within the family. Women and girls need to have equal access to health care, education, vocational training, employment and income generation opportunities, and to be included in social and community activities.

Women and girls with disabilities encounter discrimination as they are exposed to greater risk of physical and sexual abuse and often are not given adequate sexual health and reproductive rights advice. These issues need to be addressed not only through this policy, but also through the broader context of *Gender and Development* policies and through National Council of Women initiatives which should actively involve and include women and girls with disabilities and empower women and girls, at the grassroots level. Such policies must, in particular, assist families to gain an adequate income so they can meet the needs of their children.

Introducing and enforcing Legislation is paramount to protect the most vulnerable. Legislation must focus on all forms of discrimination including sexual, physical and mental abuse, and the need to provide equal opportunities in education, health and employment.

V. Improve access of all children and youths with a disability to education and vocational training to the highest level.

Education is a basic human right and all children, including children with disabilities, have a right to education. The lack of adequate education remains the key risk factor for poverty and exclusion of all children from wider community affairs, both those with

disabilities and the non-disabled. Exclusion from education and vocational training for children and youth with disabilities results in exclusion from opportunities for further personal development, diminishing their access in particular to employment, other income generating activities and business development. All children have the right to attend school fulltime throughout the ages of compulsory education (5 years to 15 years).

The Convention on the Rights of the Child (1989), which has been ratified by the Government of the Cook Islands, makes a specific reference to including children with disabilities (Article 2), and states that

States Parties recognize the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care ... ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development ... (Article 23 paragraph 2)

Furthermore, effort needs to be directed to the development and dissemination of Sign Language, Braille, finger Braille and other forms of communication. Without access to such forms of communication, people with visual and/or hearing impairments may be deprived of the basic human right to language and communication in their everyday lives.

VI. Develop early intervention measures for children from 0 to 4 years old.

Infants and young children with disabilities require access to early intervention services, including early detection and identification (birth to four years old), with support and training to parents and families to facilitate the maximum development of the full potential of their disabled children. Failure to provide early detection, identification and intervention to infants and young children with disabilities and support to their parents and caretakers results in secondary disabling conditions which further limit their capacity to benefit from educational opportunities and increases health and welfare costs to the state in the long term. Provision of early intervention should be a combined effort of Education, Health, particularly the Public Health nurses, and the Ministry of Internal Affairs (Welfare and Disability officers).

VII. Develop more disability prevention measures.

Many of the causes of disability are preventable through developing safe work place practices, improving safety measures in the community, including road safety, all of which can lead to disabling injuries. Similarly, improving immunisation and eliminating malnutrition and iodine deficiencies as well as filiarisis and increasing awareness of diet and other daily practices to improve health can also decrease the incidence of certain types of disabilities.

Greater awareness needs to be created, particularly in the outer islands of how disabilities can be prevented through improved workplace and community health practices as the costs of delivering rehabilitation and other services for people with disabilities are higher.

VIII. Further develop and strengthen rehabilitation services.

Community based rehabilitation is proving to be effective in Pacific island countries, particularly in rural areas and outer islands. Models developed in the Pacific could be replicated in the Cook Islands and closely linked to early intervention measures. Community based rehabilitation (CBR) workers and maternal child health workers are trained in the early identification and referral of infants with disabilities in both rural and urban areas.

IX. Make more assistive devices available of improved quality.

Assistive devices are essential for improving the mobility of people, the overall quality of life and in ensuring greater independence. The greatest challenge in this area is in rural areas and outer islands where mobility issues are most difficult to address and assistive devices are most difficult to deliver because of the lack of services and follow-up to train people in their uses. The CBR services model extending to the remote and outer island communities provides the best method of meeting the support needs of people with disabilities and their families, within their local communities.

X. Improve access to buildings and public places.

Inaccessibility to the built environment is still a major barrier which prevents people with disabilities from actively participating in social and economic activities despite the building code having requirements for *access for people with disabilities*. Design approaches which provide for greater accessibility have proven to benefit not only people with disabilities but also many other sectors within the society, such as older people, pregnant women and parents with young children. Physical barriers are known to prevent full participation and reduce the economic and social output of people with disabilities. Investments in the removal and prevention of architectural and design barriers are increasingly being justified on economic grounds, particularly in areas most critical to social and economic participation (e.g. transport, housing, education, employment, health care, government, cultural and religious activities, commerce, leisure and recreation). It is important to note that not only facilities but also services should be accessible in their entirety. In this connection dealing with people with disabilities should be an important part of a staff training curriculum and the various services.

XI. Improve livelihood and income generation opportunities and the delivery of lifeskills training programmes actively involving people with disabilities.

People with disabilities have a right to decent work. Decent work is productive work in conditions of freedom, equity, security and human dignity. People with disabilities have unique differences and abilities and they should have the right to choose what they want to do based on their abilities, not on their disabilities. They require the same educational, vocational training, employment and business development opportunities available to all. Some may require specialized support services, assistive devices or job modifications, but these are small investments compared to lifetimes of productivity and contribution. Vocational training and employment issues must be considered within the context of the full participation of people with disabilities in community life and within the macro context of changing demographics and workplaces. People with disabilities must also be

regularly and actively involved in initiatives related to employment and training, not just as consumers but also as advocates, designers and providers of services.

Government and employers must commit themselves to develop employment policies that address equity concerns and that positively discriminate in favour of people with disabilities in order to build representation of people with disabilities in the workforce.

XII. Strengthen the gathering of information in all sectors on the prevalence of disability and related issues and ensure that this information is accessible by all and utilised in policy making.

Agencies within government are already gathering statistics, particularly Health and Education. The Census in the year 2000 included a question on disability and a survey on disability was carried out by UNESCAP in 1990 and by Inclusion International in 2001. This data should be utilised to inform policy debate and development within the Cook Islands and should be made available to organisations such as the Cook Islands National Disability Council as well as to key government agencies such as the Office of Outer Island Administration. Access to accurate and regularly updated information is vital for advocacy, and for the purposes of planning and implementation of services for people with disabilities.

Information empowers people, and a better informed society will also lead to greater understanding, reduce discrimination and enhance tolerance and support for the full participation of people with disabilities within all aspects of community life. Families and communities need information on disability as well as information on prevalence in order to increase public awareness and understanding of disability concerns and issues. There needs to be collaboration between public libraries, information centres and organisations of people with disabilities to increase the availability of information in different forms, and mechanisms need to be explored to make new technology more available to people with disabilities so that they can access information and communicate locally and globally.

XIII. Increase support to Care Givers.

The family is at the heart of Cook Islands community life, and family members, including parents, especially mothers, wives and grandparents are usually the first source of support and caring for people with disabilities. They are often isolated and sometimes lack the financial support necessary to improve the living conditions and livelihood opportunities of their family. There is a need to recognise the important role that carer givers play in the community whether they be family members, community or church groups, or NGOs. Carers need support from the wider community for the important role they play. This may include training and resourcing with information and equipment.

XIV. Improve the coordination of services of both government and non-government organizations.

The coordination of services minimises the likelihood of duplication and is more likely to ensure that services and programmes are more effectively delivered and strategic alliances between agencies are more likely to be developed and synergies achieved. This requires the sharing of information and the establishment of communication channels

between government ministries and divisions as well as the establishment of alliances and working partnerships with island administrations and councils and non-governmental organisations.

The Cook Islands National Council for the Disabled Person will play a key role in ensuring services are delivered in an effective and coordinated way and Government has established a Disability Officer position as its focal point for disability policy and services. An effective working partnership between Government and NGOs will not only improve coordination but will also be an important step that will ultimately lead to the greater protection of human rights and building a more inclusive society.

Conclusions

This policy provides a framework to address the rights of people with disabilities. It has been developed in consultation with a wide range of individuals, government agencies, non-governmental organizations and individuals in the outer islands and Rarotonga. In line with the Cook Island's governments support of the *Asian and Pacific Decade for the Disabled person*, the *Biwako Millennium Framework for Action Towards an Inclusive, Barrier-free and Rights-based Society for People with Disabilities in Asia and the Pacific* and *Convention on the Rights of the Child*, the implementation of this policy will bring about the full inclusion of people with disabilities in the day-to-day activities and decision making of communities throughout the Cook Islands.

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Objectives	Verification	Means of verification	Risks
2. Support the development of self-help groups and organisations for people with disabilities.	Formation of grass-roots, community based, self-help groups; Groups consulted by island and central govt administrations/agencies; Reporting procedures agreed with island and central govt agencies & administrations	IntAff officer to monitor and report; Island councils and central govt agree to mandatory reporting requirements on consultation strategies.	<ul style="list-style-type: none"> • Lack of support for self-help groups; • Lack of information and confidence of members of self-help groups; • Lack of training opportunities for groups; • Grass roots membership not encouraged in local communities; • Lack of a national forum.
3. Improve the position of the most disadvantaged and vulnerable of those with disabilities, particularly women and girls.	Awareness raising activities of self-help and other support groups nationally and locally; GAD Division of IntAff and NCW target women and girls with disabilities.	Awareness workshops conducted on outer islands and nationally with key support groups; NCW includes disabilities in work programme.	<ul style="list-style-type: none"> • Lack of data; • lack of community awareness on vulnerability of girls and women with disabilities; • lack of support from health, welfare and police; • GAD Division and NCW not aware of women and disability issues and do not collaborate with IntAff DO or CINDC.
4. Improve access of all children and youths with a disability to education and vocational training to the highest level.	Policy on SNE resourced; Vocational training policy to include youths and adults with disabilities.	Policy implemented and resources allocated in MOE budget; Vocational training policy published.	<ul style="list-style-type: none"> • Special needs education policy not implemented; • Lack of vocational training policy for youths and others with disabilities; • Lack of resources within MOE to support SNE; • Lack of resources to support vocational training; • Lack of skills amongst primary and other teachers on SNE; • Disabilities not addressed as part of EFA reporting.
5. Develop early intervention measures for children from 0 to 4 years old.	Health and Education records and reporting.	Coordinated, collated and published by IntAff..	<ul style="list-style-type: none"> • Lack of policy and strategy to guide human and financial resources within Health and Education; • Lack of knowledge amongst “frontline” health and education personnel; • Lack of record keeping by “front line” health and education personnel;

Objectives	Verification	Means of verification	Risks
6. Develop more disability prevention measures.	IntAff DO and Labour and Consumer Affairs Div.	IntAff Reports Work place safety records where available.	<ul style="list-style-type: none"> • Lack of community and employer awareness of risks and impact of practices; • Lack of resources to develop information packs for employers on work place safety; • Lack of awareness and commitment by enforcement agencies (Police and IntAff Labour and consumer Affairs Div).
7. Further develop and strengthen rehabilitation services.	Monitoring by frontline health personnel; Rehab policy developed by MOH;	Reporting from health forwarded to IntAff; Rehab policy published by MOH; Reporting by Island Committees	<ul style="list-style-type: none"> • Lack of data on needs for rehab; • Rehabilitation not an integral part of community health services; • Existing rehab and assistive services not accessible by the most vulnerable, especially those in remote areas; • Not integrated into national healthcare programme and therefore vulnerable to resource constraints and cuts; • PWDs not consulted on rehab policy and services; • Lack of awareness by local island administrations and health personnel of rehab needs; • Local cultural skills/resources overlooked.
8. Make more assistive devices available of improved quality.	Monitoring by health and hospital personnel	Health/hospital records	<ul style="list-style-type: none"> • Lack of data on demand for assistive services; • Delivery of assistive devices not integrated into health system and rehabilitation services; • Lack of skills to develop appropriate assistive devices; • Lack of financial resources to import/purchase;
9. Improve access to buildings and public places.	Amendments made to revised building code; Training conducted for MOW;	Publication of revised building code; Training completed	<ul style="list-style-type: none"> • Technical details on access engineering and design requirements not available; • Not included in revised building code; • Lack of awareness in MOW; • Lack of employees understanding to assist access of PWDs.

Objectives	Verification	Means of verification	Risks
10. Improve livelihood and income generation opportunities and the delivery of lifeskills training programmes actively involving people with disabilities	Credit available to individuals and groups for income generation activities; Workshops for PWDs on micro-credit and business development	Micro-credit lenders and banks report on lending activities; Report from IntAff on Small business and credit workshops targeting PWDs.	<ul style="list-style-type: none"> • Lack of awareness of income generation activities in the wider community and amongst micro-credit advisers and lenders; • Lack of small business development skills for PWDs; • Lack of national employment policy promoting equal employment/access rights; • Lack of reliable data on employment.
11. Strengthen the gathering of information on the prevalence of disability and related issues and ensure that this information is accessible by all and utilised in policy making	Statistics Office census data; Education data; Health data;	Census publications; Education and Health publications; CINDC agrees on national definition of “disability.”	<ul style="list-style-type: none"> • Data not made available and not utilised in policy development processes. • PWDs not consulted on information/data requirements; • Lack of a nationally accepted definition of “disability;”
12. Increase support to Care Givers.	Community Health Workers monitor.	Community Health Workers reporting; Awareness/education programme developed targeting carers.	<ul style="list-style-type: none"> • Lack of information on disability, particularly in the outer islands; • Community health workers fail to monitor needs; •
13. Improve the coordination of services of both government and non-government organisations.	Information shared between govt agencies and with NGOs and relevant community agencies.	National Policy on Disability published; Annual report from IntAff Annual meeting of CINDC	<ul style="list-style-type: none"> • National Policy not promulgated and/or agreed; • Lack of consultation on Draft National Policy; • Lack of monitoring of progress with policy implementation; • No clear national umbrella arrangements representing NGOs and wider community interests.
Tasks	Verification	Means of verification	Risks
Objective 1 Awareness and Rights <ul style="list-style-type: none"> • Regular communication established with Outer Islands committees by CINDC; • IntAff gather and collate data from key govt agencies and disseminate to Island Councils and central govt Ministries and Divisions (especially OIA); • IntAff and CINDC to hold a series of “rights and disability” workshops in outer islands and nationally. • Policy reviewed and Legislation drafted. 	IntAff DO CINDC Attorney General	CINDC Annual report; IntAff annual reporting; Disability data and issues an integral part of OIA reporting; Legislation drafted.	<ul style="list-style-type: none"> • communications/travel budget limits contact with outer islands; • Lack of support within island councils and administrations, govt agencies and wider community for disability issues; • Inconsistent monitoring; • Lack of government support for legislation.

Tasks	Verification	Means of verification	Risks
<p>Objective 2 Participation</p> <ul style="list-style-type: none"> • Awareness raising programme developed by CINDC and IntAff targeting island councils and administrations; • OIA develops public consultation strategy framework for Island councils; • Ministries, other government agencies and island local governments include disability in their policies, programmes and activities. 	<p>Island committees CINDC IntAff</p>	<p>Island Committee's reporting; CINDC meetings and reporting; IntAff reporting Published policies include reference to disability and PWDs and stakeholders consulted.</p>	<ul style="list-style-type: none"> • No clear priorities to guide programme because policy not widely accepted; • Lack of communications budget; • Lack of commitment and awareness of Ministries, other government agencies and outer island governments.
<p>Objective 3 Self Help Groups</p> <ul style="list-style-type: none"> • IntAff actively supports self-help groups; • IntAff disseminates information to members of self-help groups; • Training programme developed for self-help groups by CINDC and IntAff; • CINDC and IntAff develop awareness raising programme for local/village communities on disability rights issues; • CINDC becomes national forum and umbrella group for disability; 	<p>Island Committees NGOs Churches IntAff CINDC</p>	<p>CINDC annual meeting IntAff consultation with NGOs, church groups and Island committees</p>	<ul style="list-style-type: none"> • lack of support for self-help groups; • lack of training resources; • difficulty getting resource materials to outer islands; • lack of training budget
<p>Objective 4 Most Vulnerable</p> <ul style="list-style-type: none"> • Stats to publish poverty/vulnerability data from census and HIES; • IntAff in collaboration with CINDC conducts national and island workshops on human rights and vulnerability of girls and women with disabilities; • IntAff and CINDC conduct training workshops for health, welfare and police on "rights" and most vulnerable groups in Cook Islands community; • GAD Div of IntAff collaborates with DO on including disability in GAD programme. • NCW includes disability in programme. 	<p>Office of Statistics; IntAff GAD and DO; CINDC; NCW.</p>	<p>Published statistics; CINDC and IntAff workshops held and records kept; NCW annual report.</p>	<ul style="list-style-type: none"> • Lack of support and awareness in the outer islands; • Lack of resources to conduct workshops; • Lack of awareness and support amongst women's groups locally and nationally; • National statistics not sufficiently disaggregated by sex and disability.

Tasks	Verification	Means of verification	Risks
<p>Objective 5 Education and Training</p> <ul style="list-style-type: none"> • Policy for special needs education implementation agreed by Cabinet; • Vocational training policy for youths and adults with disabilities developed by Department of National Human Resources Development; • Dept of National HRD consult widely, including with the Creative Centre, on adult lifeskills and vocational training policy and planning for PWDs; • MOE integrates SNE needs into national budget; • SNE and Vocational Training integrated into development assistance programming by Aid Coordination Unit, MFEM; • On-going In-service training programme developed by MOE in coordination with Teachers Training College; • MOE EFA officer consults IntAff DO on reporting on disability issues. 	<p>MOE; Dept of National HRD.</p>	<p>Published in Corporate plans; Integrated into budget setting process; Dept of National HRD includes PWDs in training programmes (In-country and overseas).</p>	<ul style="list-style-type: none"> • Lack of budgetary provision in MOE; • Not integrated into corporate plan and annual resource allocation processes; • SNE not regarded as priority; • Lack of EFA resources to report on disability issues; • Dept of National HRD fails to address vocational and lifeskills training needs of PWDs in national policy and planning and does not allocate resources.
<p>Objective 6 Early Intervention</p> <ul style="list-style-type: none"> • MOH develop policy and strategy on early intervention priorities in collaboration with MOE and IntAff; • MOH to hold Workshops on early intervention in the outer islands for Health, Welfare and Education personnel ; • “Front line” health and education personnel keep accurate records on children with disability and other “at risk” children, from birth. 	<p>MOH; MOE; IntAff Welfare Officers.</p>	<p>Health personnel reporting; MOH annual report; Teacher monitoring Outer Island Welfare Officers’ Reporting.</p>	<ul style="list-style-type: none"> • lack of policy guidance on priorities for MOH and MOE; • focus is mainly on day-to-day health issues rather than developing early intervention; • lack of collaboration between MOH, MOE and IntAff on early intervention policy and strategies.
<p>Objective 7 Prevention</p> <ul style="list-style-type: none"> • community and employer awareness programme developed; • resources committed to develop information packs for employers on work place safety. 	<p>IntAff DO CINDC</p>	<p>IntAff published information packs; IntAff DO and CINDC reporting.</p>	<ul style="list-style-type: none"> • lack of resources to develop programme and information packs; • lack of commitment by employers and enforcement agencies;

Tasks	Verification	Means of verification	Risks
<p>Objective 8 Rehabilitation</p> <ul style="list-style-type: none"> • IntAff and MOH agree on information requirements and how it is collected • MOH to collect data on needs for rehab and assistive services throughout the outer islands and Rarotonga; • MOH to conduct policy and strategy review on integrating rehab and assistive devices needs throughout the Cook Islands using CBR model; • MOH to consult CINDC and IntAff on rehab policy and services; • MOH in collaboration with IntAff to conduct awareness training for local island administrations and health personnel on rehab and assistive devices needs; • MOH and IntAff to consult local cultural health resource people on the provision of rehab services. 	<p>MOH; CINDC; IntAff.</p>	<p>MOH and IntAff reach agreement on information requirements and how to collect data; MOH records and reporting; MOH policy review document; CINDC monitoring.</p>	<ul style="list-style-type: none"> • Lack of policy guidance for MOH; • Lack of awareness of needs; • Lack of budget provision for rehabilitation programmes and assistive devices.
<p>Objective 9 Assistive Devices</p> <ul style="list-style-type: none"> • MOH in coordination with IntAff DO to collect data on demand for assistive services; • Delivery of assistive devices integrated into rehabilitation policy review; • MOH to review skills and human resources necessary to develop appropriate assistive devices; • Assistive devices included as a “line item” in MOH budget. 	<p>MOH; CINDC; IntAff.</p>	<p>MOH records and reporting; MOH policy review document; CINDC monitoring.</p>	<ul style="list-style-type: none"> • Lack of coordination on data collection and dissemination; • Lack of structure and consistency in data collection in the outer islands; • Assistive devices not budgeted for by MOH;

Tasks	Verification	Means of verification	Risks
<p>Objective 10 Access</p> <ul style="list-style-type: none"> • MOW to Develop Technical specifications on access engineering and design requirements in consultation with IntAff and CINDC; • MOW to revise existing building code; • MOW and IntAff collaborate on public consultations on NBC review to ensure PWD input; • IntAff in collaboration with CINDC to conduct an awareness training workshop on disability access issues for MOW; 	<p>MOW; PWDs; CINDC.</p>	<p>MOW publishes reviewed NBC with additional provisions for access design and engineering requirements.</p>	<ul style="list-style-type: none"> • MOW fails to allocate resources to review building code; • Failure to comply with reviewed NBC, in particular the access engineering and design requirements; • Lack of wide public awareness of the reviewed NBC locally and nationally.
<p>Objective 11 Livelihood</p> <ul style="list-style-type: none"> • IntAff to work with micro-credit advisers and lenders to develop information packs for PWDs on income generation and micro-credit; • SBEC target PWDs for training workshop in outer islands and Rarotonga; • IntAff consults CINDC and other PWDs on review of Industrial and Labour Ordinance of 1964; • Employment/self-employment data disaggregated for disabilities. 	<p>SBEC; IntAff; Banks; Office of Statistics.</p>	<p>SBEC records; IntAff monitoring; Office of Statistics publications.</p>	<ul style="list-style-type: none"> • Lack of resources in SBEC to provide advice; • Lack of awareness within wider community to support PWDs enterprise development; • Employment data not gathered in a way that allows disaggregation by disability.

Tasks	Verification	Means of verification	Risks
<p>Objective 12 Information</p> <ul style="list-style-type: none"> • Office of Statistics census data published; • IntAff coordinates data obtained from Stats, Education and Health and publishes this information and ensure that it is included in “island profiles,” and made available to Office of Islands Administration, other govt ministries and NGOs; • CINDC to ensure that PWDs are consulted on information/data requirements; • CINDC consults nationally to develop a working definition of “disability,” that can also be utilised for any international reporting requirements. 	Office of Statistics; CINDC.	Published statistics; Completed surveys.	<ul style="list-style-type: none"> • Data not disseminated; • Data not used to inform policy development; • Data not put in a form that assists international reporting requirements.
<p>Objective 13 Carer Givers</p> <ul style="list-style-type: none"> • MOH and IntAff in consultation with other key stakeholders (e.g. Creative Centre and Island Committees) to develop information packs for care givers; • MOH and IntAff agree on how to gather data on who is providing care for people with disabilities; • Community health workers trained on how to monitor and record needs and share information with IntAff; 	MOH IntAffDO	MOH Community Health workers reporting; Information packs available.	<ul style="list-style-type: none"> • Lack of resources to compile information packs for care givers; • Lack of coordination for compiling information packs; • Lack of consistency in monitoring and information recording; • Lack of awareness of needs of carers in the outer islands;
<p>Objective 14 Coordination</p> <ul style="list-style-type: none"> • IntAff and CINDC to send copies of draft National Policy to all community and other interest groups for comment; • IntAff to report annually on progress with implementation of National Policy on Disability; • CINDC reviews its constitution to emphasise national coordination requirements and benefits; • CINDC develops monitoring arrangements of its own and agrees terms of reference for monitoring with key stakeholders. 	IntAff CINDC	IntAff corporate planning and reporting; CINDC monthly and annual reporting.	<ul style="list-style-type: none"> • Lack of support by island committees for national coordination arrangements; • Lack of wide consultation on CINDC constitution review;

