



COOK ISLANDS DISABILITY INCLUSIVE DEVELOPMENT POLICY

RIGHTS/
RESPONSIBILITIES/
ACTION
2020 - 2025

TIKAANGA/
TAAU TUANGA/
RAVE'ANGA

4th Edition



**COOK ISLANDS
GOVERNMENT**



TE TANGO
AKARANGATIRA
ORA'ANGA



ACKNOWLEDGEMENTS

This Policy would not have been possible without the contributions of many people on Rarotonga and Pa Enua communities of Aitutaki, Mangaia and Atiu. Respective Heads of Ministries and staff have also contributed to the policy including members of national umbrella organizations of non-government and persons with disabilities and family members and supporters.

We acknowledge the support of the Government of Australia who made the development of this policy possible.

FOREWORD



In launching the first Cook Islands National Policy on Disability in 2003, Minister of Internal Affairs, Hon. Vaevae Pare stated that “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.”

Since 2003, we have made some good gains in addressing the rights of our persons with disability. We are much more aware that they should be included in every facet of our society. We have included them in our schools, developed programs to meet their needs, and provided financial support and so forth. Yet we still have much to do to realise our vision where: ***“The Cook Islands will be inclusive where 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.”***

I am pleased that this is the fourth iteration of the policy position of the Cook Islands to ensure disability inclusive development. The Cook Islands Disability Inclusive Development Policy can be a beacon and a signal of where we need to direct our efforts from 2020 - 2025.

As with previous iterations of the Policy, its main thrust is to promote and safeguard equality, self-determination, dignity and social inclusion of persons with disability by enhancing their prospects of being treated in the same manner as non-disabled persons.

Therefore, we need to work together in this sector to make sure the persons with disability will manage to achieve the highest standard of living possible. Government is confident that to understand disability today and prepare for tomorrow, we need to congregate through social dialogue all the energies of the respective stakeholders, namely our government and non-government organisations, disabled and their families, service providers, policy makers, academia, the private sector and communities, with the ultimate aim of mainstreaming disability.

We need to ensure an improved performance of service delivery, increase the understanding that every action needs to find a close affinity with persons with disability. This Policy will only make sense when we are able to improve the opportunities for people with disabilities that will in turn help them contribute across areas of our society.

Kia Manuia

Hon. Vaine Mac Mokoroa

MINISTER FOR MINISTRY OF INTERNAL AFFAIRS, COOK ISLANDS

March 2019

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EXECUTIVE SUMMARY

This document is in two parts. The first reviews progress against the actions contained in the Cook Islands Disability Inclusive Policy 2014-2019. Drawing from the finding of this review, the second part of the document outlines the next iteration of the Cook Islands Disability Inclusive Policy.

Progress towards achieving the actions targeting priority areas in the Cook Islands Disability Inclusive Policy 2014-2019, has been satisfactory. There were satisfactory gains made in all nine priority areas – Awareness and advocacy; Support to families, caregivers and self-help groups; Education and training, cultural life, leisure, recreation and sports; Rehabilitation; Early identification and intervention; Livelihoods; Data and research; Partnerships, coordination and mainstreaming disability inclusive development with Cook Islands Government and Civil Society; and Women and girls with disability. However, more remains to be done to ensure the equality, self-determination, dignity and social inclusion of persons with disability.

The review indicated that the priority areas in the Cook Islands Disability Inclusive Policy 2014-2019 are still valid, but could be perhaps clustered differently, with actions targeting the changing nature of disability.

Therefore, the Cook Islands Disability Inclusive Policy 2020 - 2025 draws on the gains made to date. It seeks to provide direction and the means of addressing aspirational outcomes through actions that will result in the improvement of the quality of life of the person with disability and their family.

The outcomes, aims and actions of this Policy responds to issues around choice and control and the importance of providing services that are appropriate and suited to the persons with disability. The Policy recognises that family support is also of utmost importance and should be supported. Furthermore the Policy attempts to address the complex changes that happen between transitions in life – from childhood to adulthood and from segregation to integration.

The Policy is based on the fact that every person with disability should lead a confident, enriched life and participate actively in all aspects of Cook Islands society.

POSITIVE PROGRESSION

The Cook Islands endorsed its first national policy on disability in June 2003. With coverage up till 2008, a review was conducted in 2007, and given the gains made in implementation and the continuing need to progress the agenda for persons with disability, coverage was extended to 2012.

In 2013, a review on the policy and its implementation was conducted, which resulted in the endorsement of the Cook Islands Disability Inclusive Development Policy 2014 - 2019. In June 2018, a review of the current Cook Islands Disability Inclusive Development Policy 2014 – 2019 was performed, with support from the Australian Government, and this iteration of the Cook Islands Disability Inclusive Development Policy 2020 - 2025 is the culmination of the consultations held.

As with the Cook Islands Disability Inclusive Development Policy 2014 – 2019, this document is presented in two parts. The first being a summary on the feedback on the implementation of the current Policy 2014 -2019, with the second part focusing on the 2020 - 2025 iteration of the Cook Islands Disability Inclusive Development Policy.

The Cook Islands journey to address the rights of persons with disability has been a progressive one guided by the United Nations Convention of the Rights of Persons with Disability (UNCRPD) and the Pacific Framework for the Rights of Persons with Disabilities and the country's National Sustainable Development Plan (NSDP) and its applicability to the disability issue over the years.

Part 1

THE REVIEW OF THE COOK ISLANDS DISABILITY INCLUSIVE DEVELOPMENT POLICY 2014 – 2019

REFLECTION OF THE JOURNEY SINCE 2014

The **Goal** of 2014 - 2019 Policy is to *“Improve the quality of life and realize the rights of PWD by empowering them; enabling inclusion and participation in all aspects of life”*, remains applicable going forward. Stakeholders however proposed that a vision should be stated in the next iteration of the Policy. The vision established in 2003, is: *“The Cook Islands will be inclusive where 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.”*

The **Purpose** of 2014 – 2019 Policy *“is to set out a consolidated and comprehensive vision and a statement of intent for improving the well-being of persons with disabilities”*. This purpose of the policy framework remains relevant. However, stakeholders have indicated that perhaps the structure of the policy going forward could be further improved with clustering of issues under key thematic areas which are more outcome based.

The 2014 – 2019 Policy adopted the **General Principles** of the UNCRPD, this approach should be maintained.

It was further suggested that a **definition** of the disability be included in the Policy and that this be aligned to the UNCRPD, taking into consideration also of the concluding comments presented by the CRPD Committee on the State Report on the Convention.

PRIORITY AREA 1:

AWARENESS AND ADVOCACY ON THE RIGHTS OF PERSONS WITH DISABILITY

Consultations for this review indicate that there is general awareness on the fact that disability discrimination is unlawful and that persons with disability should be treated at par with non-disabled people. This general awareness can be attributed to the efforts of Government; a few champions in the community; non-government organisations providing services to disabled persons such as the Creative Centre, Te Vaerua Rehabilitation Service, and Te Kainga.

The Ministry of Internal Affairs conducted training on the UNCRPD on all islands with funding support from AusAid, with the Disability Inclusive Development Project 2014-2019. The project funded awareness programs using national television, radio and newspaper, community meetings and workshops. Advocacy materials in both English and Maori were also developed during this timeframe, covering the UNCRPD, Disability Act and Disability Inclusive Development Policy. The Ministry has worked with the Ministries of Education; Health; and Office of the Prime Minister’s Emergency Management and Climate Change Divisions on mainstreaming disability into their educational and advocacy programs. Disability issues have been

incorporated into the Education Act 2012, Health Act 2013, the current iteration of the NSDP and the more recent review and draft of the National Building Code.

In the period leading up to 2014, the Cook Islands National Disability Council (CINDC) was a strong advocate for the rights of persons with disability, but has not been as active in promoting awareness, since 2015. The lack of resources has been cited as the primary reason for this, as well as the need for greater collaboration between the Government (in particular the Ministry of Internal Affairs) and the CINDC.

It is obvious that awareness and advocacy has been very dependent on the availability of funding and that momentum gained has only been possible through the support of an external partner, in this instance, AusAid's Disability Inclusive Development Project. Once the project ended, awareness and advocacy also became sporadic.

Through the Ministry of Education's Inclusive Policy, children have an appreciation for the rights of persons with disability within their schools and communities.

In discussions with persons with disability, those who are able to respond, indicated that they have some understanding of their rights. However, they (and their family members) also indicated that as persons with disability, they still feel stereotyped, prejudiced and mistreated.

Therefore awareness and advocacy actions needs to be continuous with the consistent message of inclusion, understanding and acceptance.

PRIORITY AREA 2:

SUPPORT TO FAMILIES, CAREGIVERS AND SELF-HELP GROUPS

The three key elements under this priority area relates to services in the Disability Centres in the Pa enua, training on caregiving and records and reporting.

There are disability centres in Atiu, Mauke, Mangaia, Pukapuka, and Aitutaki. The management, effectiveness and impact of these Centres vary from good to virtually dysfunctional. The Centres are supported through Social Impact Fund (SIF), which ideally should be coordinated by the CINDC. In addition to the disability centres, the SIF have over the years has also supported Te Vaerua Rehabilitation Service, Creative Centre and Te Kainga, which are non-government organisation that provide services aligned to disability. The disability centres on Mauke and Mangaia also have funded through SIF a caregivers program targeting the elderly who are in need of special attention.

The SIF has been in operation since 2013, with the exception of a break in the 2016/17 financial year, which is now funded solely by Cook Islands Government, where in the past the New Zealand Aid Programme has offered support. The proportion of the total SIF pool targeting disabilities is significant in comparison to the other focus areas of children and youth; gender; cross cutting; and more recently mental health.

The following table below demonstrates the proportion of funding targeting disabilities from the SIF ¹:

YEARS	2013 - 14	2014 - 15	2015 - 16	2017 - 18	2018 - 19
FUNDING SUPPORT TO DISABILITY FOCUS AREA	\$350,000	\$458,120	\$463,000	\$326,000	\$301,000
TOTAL SIF FUNDING	\$720,000	\$736,000	\$766,000	\$785,000	\$834,250

In relation to the funding provided for the operations of the disability centres, these are disbursed through the implementing entity, the CINDC. However, due to some disbursement issues, funds are now being managed through the Ministry of Internal Affairs, which is the focal point for the SIF. Some centres in the Pa Enua have been provided vehicles to assist with the transportation of clients to and from the centres and to their various activities through funding support of the India Grant Fund, AusAid, Rotary and other development partners. Problems with vehicles (such as in the case of Mauke) have impacted on their delivery of programs.

The SIF also provides funding to support the CINDC. From the perspective of the CINDC, this funding support is inadequate in meeting the organisation's intentions to support persons with disability. This view is also echoed by the staff of the disability centres. Funding predictability is seen as a key issue. Although the SIF has been supportive, it is a contestable fund and funding certainty is not guaranteed.

Record keeping and reporting capabilities from the CINDC and the centres vary, with some centres doing well, while others have major capacity shortfalls.

Te Vaerua Rehabilitation Service, has been a recipient of SIF program funding targeting rehabilitation and therapy of persons with disabilities. Te Vaerua Rehabilitation Service has provided training on rehabilitation in Rarotonga and the Pa enua (with the exception of Nassau and Palmerston, due to transportation issues). Te Vaerua Rehabilitation Service often works with the Ministry of Health when visiting the Pa enua and providing support to the disability centres as needed. The organisation has also provided caregiver training to families and individuals in the Pa enua, but not as yet community based training.

The Ministry of Health staff train family members on mobilising the disabled person (either physically disabled or disabled as a result of age) and how to use medical equipment. The Ministry of Health keeps records on all its patients, including those in the Pa enua. When a disabled patient is presented to the health centre or a home visit is conducted, this is documented on the MedTech information management system. Public health nurses and Pa enua health professionals carry out home and school visits.

Feedback from the community consultations is that regular training and upskilling is required for caregivers. A monitoring program should also be in place to ensure that caregivers are performing. Training should also be conducted in relation to the service delivery of the disability centres, in particular, on how to interact with the disabled and implementing different activities to cater for the specific interests of the disabled person.

Clear lines of accountability for governance and service delivery need to be explicit. In addition, clear procedures relating to functions of Disability Committee's and their staff is required. This will hopefully eliminate some of the confusion and dysfunctionality amongst the key players addressing the needs of persons with disability.

¹ Social Impact Fund Project, Ministry of Internal Affairs

PRIORITY AREA 3:

EDUCATION AND TRAINING, CULTURAL LIFE, LEISURE, RECREATION AND SPORTS

The 2011 Inclusive Education Policy has been extensively reviewed with key inclusive education staff and schools. The Policy framework is now in two parts, the first being the Policy itself endorsed in 2017, and secondly, a guideline for implementation, which is currently under development. There is now a greater emphasis on roles and responsibilities of those engaging with the policy, notably around processes for identification of needs, securing support and resources.

This reinvigorated emphasis would respond to the views presented during the consultations with school principals and teachers during this review. Also raised was the need for teachers to be trained on how to recognise the symptoms of students who have learning difficulties and how to deal with such students given their differing needs.

The Ministry of Education has two specific Inclusive Education advisors, one Cook Islands full time advisor and one contracted advisor on a three year arrangement. The Ministry plans to provide support and professional development to advisors and teachers. A teacher aide training program is scheduled to begin in Aitutaki, which will be of great assistance to teacher aides on the island. Training of teacher aides has been highlighted as an issue, particularly in the pae enua, where there is little formal qualifications and experience of teacher aides and limited training availability.

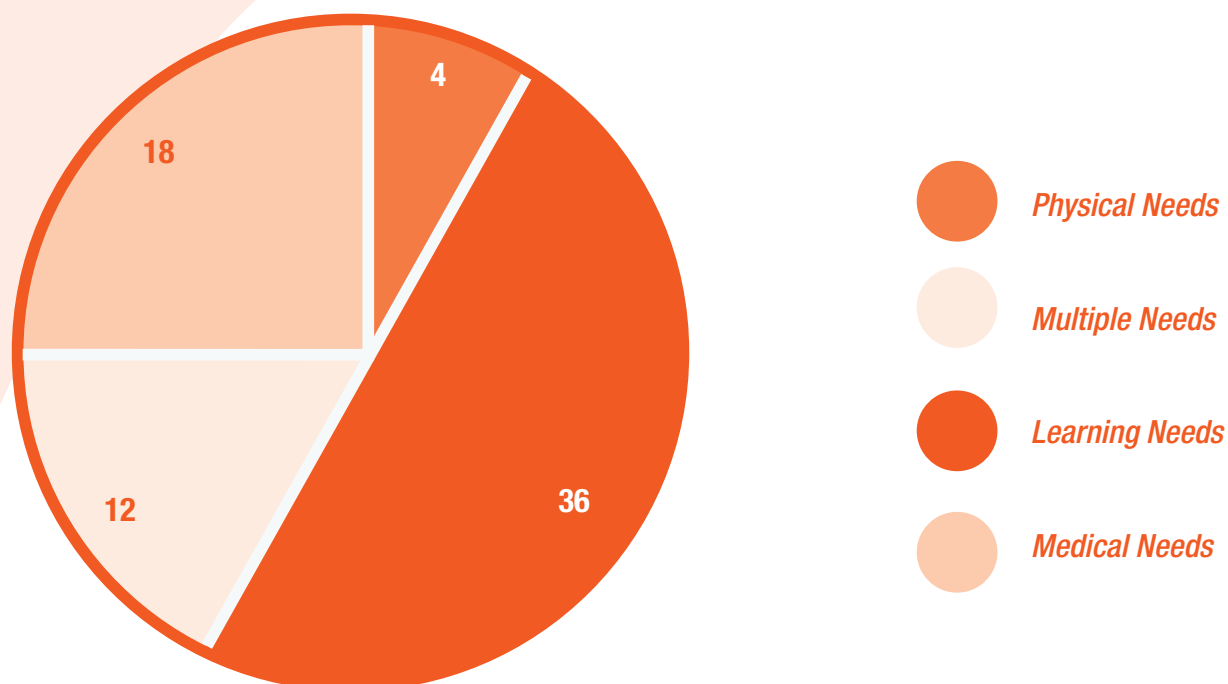
The following table summarises the inclusive education data for 2018 in all schools ²:

	PHYSICAL NEEDS- Impairment - sight/ hearing	LEARNING NEEDS- Slow learners/ undiagnosed learning	MULTIPLE NEEDS- Physical/medical/ intellectual	MEDICAL NEEDS- Epilepsy/ ADHD/ Dyslexia/ Autism/ Asperger's	TOTAL
COOK ISLANDS	4	36	12	18	70
RAROTONGA	0	29	7	17	53
SOUTHERN GROUP	4	6	5	1	16
NORTHERN GROUP SCHOOLS	0	1	0	0	1

² Ministry of Education

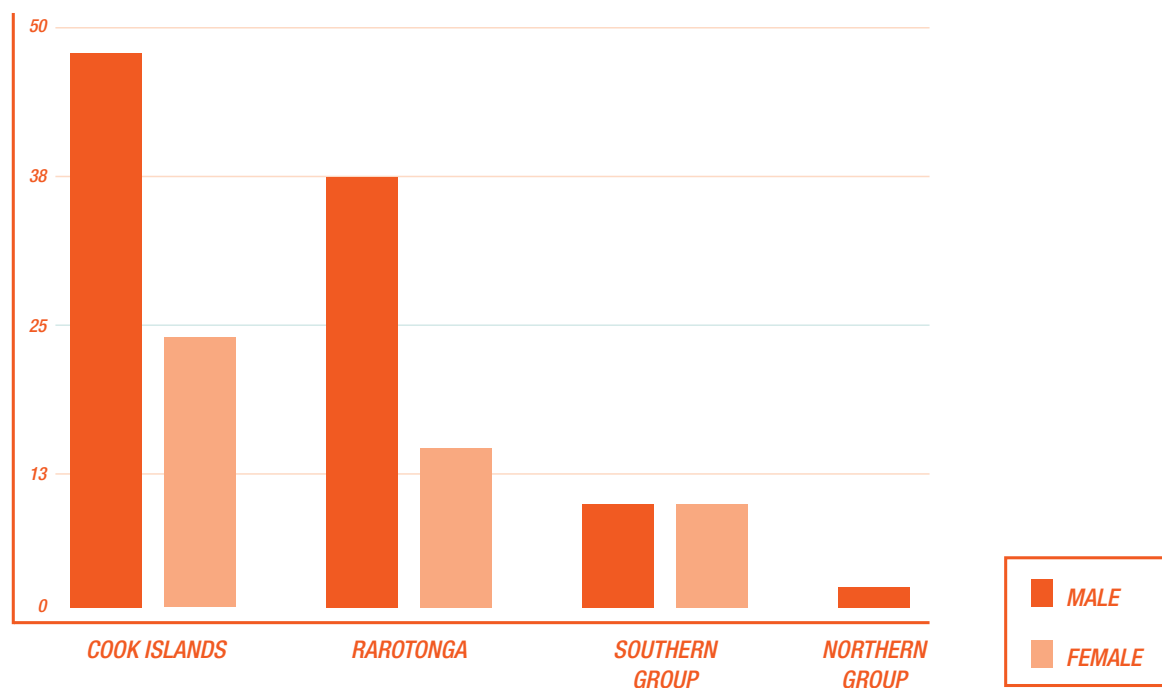
This information is presented also the graph below³:

2018 Inclusive Education Information - End of Term 1



The gender breakdown for data on inclusive education is as follows:

2018 Inclusive Education Register by Gender



³ Ministry of Education

With regard to vocational training and income generating trainings available, the Cook Islands education system is inclusive and this expectation applies to all sectors of education from ECE to Tertiary. All training opportunities and programmes available with the Cook Islands Tertiary Training Institute (CITTI) – short and long term and community education – are inclusive and open to all learners. CITTI in collaboration with inclusive education advisors and their learning support staff, will provide specific support if required, based on needs, to allow learners to fully engage in the opportunity.

The Creative Centre receives funding from the Ministry of Education for its adults with disability program. Clients of the Creative Centre, participate in courses at CITTI and also in training on making souvenir type products for income generating. The Creative Centre sees the ongoing support from the Ministry of Education as valuable and also critical for its service delivery. These income generating activities are also replicated in the disability centres in the pa enua with varying degrees of effectiveness.

Opportunities for recreation, cultural and sports activities available for youth with disability is the final activity under this priority area. Recreation, culture and sports are all considered aspects of learning available to all learners, significantly youth. Dependent on interest and ability, all youth have the opportunity to be engaged. Programmes such as Just Play provide additional opportunities for school aged youth to participate in sport and wellbeing initiatives without limitation – including school cultural performances and field trips with schools. From the perspective of the Ministry of Education it is difficult to identify specific examples of opportunities because all are available to youth with disability.

In consultations with persons with a disability, they indicated that there is some discrimination in participation with community cultural and sports activities. They are usually not picked as part of the sports and/or cultural teams because of their disability. An example of a disabled girl in Aitutaki, who is eager to join the dance team for the Te Maeva Nui and diligently turns up to practices is usually not selected or is put at the back on the dance team due to her disability. The Manea Games have specific events for persons with disabilities, which allows them to participate.

PRIORITY AREA 4:

REHABILITATION

There are two key actions under this priority area. The first, relates to increased access to appropriate assistive devices. Te Vaerua Rehabilitation Service offers an Equipment Loan Pool, where the organisation obtains second hand equipment from abroad and locally, maintains and repair these devices and reissues them, both in Rarotonga and the pa enua. The organisation has a part-time maintenance person and a rehabilitation assistant who monitors the inwards/outwards loan system as part of her role. Te Vaerua Rehabilitation Service have formed a partnership with a voluntary organisation who locates equipment requested and sends to the Cook Islands. When Te Vaerua Rehabilitation Service visits the pa enua, they identify needs and source the equipment where they can.

Other Non-Government organisations such as Hospital Comforts, Rotary, the Creative Centre, and Te Kainga, try to establish external partnerships and tap into project opportunities in sourcing assistive devices, transportation and facilities to assist in service delivery, including assistive devices. Te Kainga and the Creative Centre have recently through the Japanese Government secured a mental health centre in Aitutaki and a respite centre in Rarotonga, respectively. The challenge of funding to operationalise these new facilities remains.

Persons with a disability are aware of the need for assistive devices. Again the challenge is resourcing to

cater for all the needs, particularly also for the aging population and those who live in the pa enua.

The second key action under this priority area relates to the increase in trained personnel in different fields of rehabilitation. Te Vaerua Rehabilitation Service has employed a new graduate Cook Islander this year, with funding support received from the Ministry of Health, with the Te Vaerua Rehabilitation Service topping up the persons salary through fundraising efforts. Unfortunately, there are not many Cook Islanders formally trained in this area, which is an area of need. Perhaps this is due to lack of awareness of rehabilitation professions and interest, as well as the cost of training overseas. In addition, those who have trained are often reluctant to return to the Cook Islands due to wage parity with counterparts abroad. The Te Vaerua Rehabilitation Service partners with the Ministry of Health in forming the Community Based Rehabilitation Team which now consist of three Physiotherapist, two Occupational Therapist and a Trainee Rehabilitation Assistant. This is an increase from previously.

PRIORITY AREA 5:

EARLY IDENTIFICATION AND INTERVENTION

Two key actions were intended for implementation under this priority area. The first is the implementation of the Cook Islands Early Identification and Intervention Project – an initiative developed by the Ministry of Education to improve coordination and collaboration between relevant partners. The project has been consolidated into the role of the Ministry's inclusive education advisory team. The inclusive education team liaise closely with schools to identify learners who may need additional learning support to maximise success.

There is collaboration between the Ministries of Health and Education on identification and intervention on a 'needs basis'. The Ministry of Health also advises the school committees, the Ministry of Education and communities of health specialists visits. In addition the Ministry of Health conducts bi-annual physical school health assessments and make referrals to the Paediatrician for high risk school children for early health interventions.

According to Te Vaerua Rehabilitation Service, they are 'finding' children more through 'word of mouth' than by official referral. Te Vaerua Rehabilitation Service has an annual programme over the past four years, where volunteer neurological specialists on children visit from New Zealand and Australia. For a week, they consult children identified by Te Vaerua Rehabilitation Service. The Te Vaerua Rehabilitation Service has yet to form a solid relationship with the Ministry of Education to date, but there is an opportunity for strengthening such a partnership.

Referral systems exist within the Government machinery. Ministries of Internal Affairs and Health have a good working relationship in terms of home visits and follow up. Ministry of Health reports and makes recommendations to the Ministry of Internal Affairs on applications made for welfare benefits and entitlements.

The second action under this priority area relates to coordination amongst the key stakeholders in early identification and intervention and data related to persons with disability. Coordination is slowly improving through regular meetings between a multidisciplinary team of stakeholders including Ministries of Education, Health and Internal Affairs; Te Vaerua Rehabilitation Service; Te Kainga and CINDC representatives. These monthly meetings serves as a platform to discuss, share information and see how the issues of persons with disability can be progressed individually or collectively. However, this needs more commitment from partners in terms of attendance, as well as organisation.

PRIORITY AREA 6:

LIVELIHOODS

This is an area of the policy which targets alleviating disadvantages in the labour market and disproportionately poorer persons with disability in comparison to those without disability, as part of inclusive growth and sustainable development. According to unofficial data of persons with disability in the work force, it is estimated that less than 3% of the public sector are persons with disability, while 28% participate in the private sector or are self-employed. The majority of persons with disability are supported by the infirm benefit administered through the Ministry of Internal Affairs. Employment of persons with disability is not actively promoted in both the public and private sector. However the Creative Centre and disability centres in the pa enua encourage their clients to produce souvenir type products, such as printed pareu and crafts. The Ministry of Agriculture though specifically mentioned in the policy to encourage farming by persons with disability, is not known to actively do so. An audit on work place policies on disability is yet to be conducted during the review, but it is suspected that not many work places would have specific policies relating to disability.

Additionally, there is a general reluctance for those persons with disability in the workforce to publicise their situation. However, two notable case studies from Aitutaki may be used for advocacy. A hearing impaired mother of four, works two jobs to support her family, as well as having a garment tailoring business in her home. She is well known on the island for her tireless efforts to support her family and in turn contribute to the economy. Another hearing impaired young man helps with his family's tourism business by taking tourist on lagoon cruises during the week. He created his own sign language as a way to connect with tourists. On Mangaia, a couple of young ladies, have family members collect pupu shells, which they sew into eis and sell to supplement the household income.

The Budget Appropriation for the Ministry of Internal Affairs in relation to the Budget line for Destitute and Infirm Benefit is as follows ⁴:

FINANCIAL YEAR	TOTAL AMOUNT	NUMBER OF PERSONS ON THE INFIRM BENEFIT
2013/14 (ACTUAL)	\$375,681	202
2014/15 (EST)	\$396,000	180
2015/16 (EST)	\$395,000	180
2016/17 (EST)	\$390,000	180
2017/18 (EST)	\$396,000	180

⁴ Ministry of Internal Affairs

The number of people currently on the infirm benefit per island is as follows:

RAROTONGA – 84; AITUTAKI – 35; MANGAIA – 17; ATIU – 14; MAUKE – 6; MITIARO – 4; PUKAPUKA – 13; PENRHYN – 2; MANIHIKI – 3; RAKAHANGA – 2.

These people collect \$82.50 a fortnight, which amounts to \$1980 annually.

Consultations have indicated that this amount is insufficient to adequately support the beneficiaries, particularly those in the pa enua, where a tinned corn beef can cost up to \$10 on some islands. There is hardship evident when visiting households of beneficiaries.

In addition to the infirm benefit, the Government provides a caregivers allowance for those requiring such support.

The appropriation for the care givers allowance is as follows ⁵:

FINANCIAL YEAR	TOTAL AMOUNT	NUMBER OF PERSONS ON THE CAREGIVERS ALLOWANCE
2013/14 (ACTUAL)	\$273,076	170
2014/15 (EST)	\$346,500	175
2015/16 (EST)	\$356,400	180
2016/17 (EST)	\$376,200	190
2017/18 (EST)	\$376,200	190

The number of people supported via the caregiver allowance is as follows:

RAROTONGA – 106; AITUTAKI – 16; MANGAIA – 12; ATIU – 5; MAUKE – 13; MITIARO – 10; PUKAPUKA – 6; PENRHYN – 2; MANIHIKI – 2, RAKAHANGA – 3.

Those receiving the caregiver allowance care for either a person with disability or aged. The rate is the equivalent to the infirm benefit of \$82.50 a fortnight and \$1980 annually. Again, like the infirm benefit, this is seen as inadequate. Also raised in the consultations was the need for the caregiver criteria to recognise the realities on the ground, where the person providing the care is not able to seek employment due to the caregiving responsibility, regardless whether they are children, siblings, parents, spouses, etc. of the person requiring care. A review of the support from the Government for both financial support to persons with disability and caregivers has been requested through the consultations.

⁵ Ministry of Internal Affairs

PRIORITY AREA 7:

DATA AND RESEARCH

Key elements under this priority area target the establishment of a web-based database for persons with disability; inclusion of questions on disability in the national census; disability included in the Household Income and Expenditure Survey; encouraging research of disability at tertiary level; and the collation of research on disability both in hard and soft copies.

A web-based database in which stakeholders contribute or input data on persons with disability called the National Disability Database can be found at www.disability.gov.ck. This is administered by the Ministry of Internal Affairs and its Disability staff. Only authorised persons can access this database, namely the Ministries of Health, Education, Internal Affairs, Te Kainga, Te Vaerua Rehabilitation Service and CINDC. To date, the database holds the records of 840 persons with disability. Development of the database was possible with support from AusAid and the Disability Inclusive Development program 2014-2016.

On the issue of inclusion disability questions in the census and the Household Income and Expenditure Survey (HIES), the National Statistics Office have included in both the Census and HIES questions on type of health problem, which can capture disability. Both the most recent Census and HIES reports are yet to be finalised.

With regard to disability research, there has not been much movement. The University of the South Pacific (USP) Cook Islands campus has not undertaken any such research. From USP's perspective, their capacity to undertake in-country research is extremely limited, but is expected to grow in the coming years. Despite this USP has been proactive in ensuring disability inclusiveness and is guided by their Statement on Disability Inclusiveness. The Rarotonga campus is wheelchair accessible. They have software to assist students with sight impairment and have requested classroom equipment to help students with hearing impairment. They have worked in the past with the Creative Centre to offer computer classes. The USP would welcome any opportunity to expand the number of students with physical and learning disability studying with them.

The collation of research⁶ on disability has not occurred, perhaps given the lack of research on disability. The only recorded research is one conducted by Robyn Mourie, as part of the requirements for a Masters of Arts. The Ministry of Education could collect statistics for participation by persons with disability in the CITTI programmes, including the type of learning support required, giving an indication of the level of disability. This could be a relatively straightforward opportunity to introduce.

PRIORITY AREA 8:

PARTNERSHIPS, COORDINATION AND MAINSTREAMING DISABILITY INCLUSIVE DEVELOPMENT WITHIN CIG AND CIVIL SOCIETY

The key activity under this goal is to have a national coordinating mechanism in place. This is yet to happen. To date the Disability section of the Ministry of Internal Affairs Social Policy and Services Division has been acting in this coordinating role. Having clear governance, administrative and relationship structures in the sector could have further enhanced the implementation of this Policy. This will have to be addressed in the near future.

⁶ Mourie, Robyn, *Hand-rails into the Ocean: Contrasting Human Rights Disability Policy and Lived Experiences in the Cook Islands*, MA thesis Massey University, 2012

The cooperation on implementation of disability inclusive development with other agencies has been generally satisfactory. The revised National Building Code draft, has a section with provisions to buildings and access for persons with disability. All area completed Disaster Risk Management Plans has incorporated the needs of persons with disability and the elderly. The Cook Islands Community Based Inclusive Development and Disaster Risk Management Toolkit was rolled out in 2016, with training conducted with the CINDC and other community groups on its use. The Climate Change Policy is currently being reviewed and persons with disability specific vulnerabilities may be included in the Policy.

The Cook Islands reported on its implementation of the UNCRPD in 2011. A country delegation presented to the UNCRPD Committee in 2015. Two persons with disability organisation representatives were part of the country delegation in attendance before the UNCRPD Committee.

PRIORITY AREA 9:

WOMEN AND GIRLS WITH DISABILITY

The key activities under this priority area is to establish a support group for women with disability; collaborate with the Gender unit of the Ministry of Internal Affairs and Ministry of Health in advocating for reproductive health of women with disability; and advocate for women with disability to be an agenda item for the biennial National Women's Conference.

The Cook Islands Women and Girls with Disability group was formed in 2012 and registered in 2013, as an incorporated society. The purpose of the group is to promote and advance the ideals, human rights and fundamental freedoms of women and girls with disability in the Cook Islands. The membership of the group comprises of both non-disabled supporters and girls and women with disability. The group is challenged by limited resources and predictability of resources. Funding support to the group had previously been through the AUSAid Gender Development Program. Funding support has been applied to the SIF, but there is no guarantee that this will always be available, given the contestable nature of the fund.

Advocacy for the reproductive health of women with disability is conducted within general awareness programs on the rights of persons with disability. The Ministry of Health has an all-inclusive vision without discrimination between abled and disabled persons. Although it does acknowledge that disabled persons and particularly women have their specific health needs. The Cook Islands Health Strategic Plan 2017-2018 has linkages to the United Nations Conventions on Human Rights, Child, Discrimination Against Women, and Persons with Disabilities.

Since the 2015 biennial Cook Islands National Women's Conference, women and girls with disabilities have been included as an agenda item.

CONCLUSIONS OF THE REVIEW

The review of the progress of implementing bodies against the Objectives and Activities under each priority area of the Cook Islands Disability Inclusive Development Policy and Action Plan 2014 – 2019, and community consultation, in particular consultations with persons with disability both in Rarotonga and in Mangaia, Mauke and Aitutaki indicates that there have been some gains made to ***“improve the quality of life and realise the rights of persons with disabilities by empowering them; enabling inclusion and participation in all aspects of life”***⁷.

People were a lot more aware of the rights of persons with disability, both abled and disabled communities, as a result of outreach and advocacy, particularly during the 2014-16 period. However the disabled still experience the stigma of being prejudiced against. Awareness and advocacy efforts since the completion of the AusAid supported Disability Inclusive Development project has been patchy due to lack of funding. Constant and regular awareness is required to ensure that people are constantly reminded on the rights of persons with disability and ensuring that this breaks down barriers and promotes change in attitude and behaviour for both the non-disabilities and the disabilities communities.

Support to families, caregivers and self-helps groups has improved, but more is needed. The major hurdle is funding, both in terms of certainty and sufficiency. Sustainable financing to provide the required services to make a difference remains an issue. Support to families has emerged as a fundamental policy area requiring greater attention.

The Ministry of Education’s Inclusive Education Policy and its emphasis on roles and responsibilities of those engaging with the policy is very positive. Training in being able to identify the needs, securing support and resources are acknowledged as areas needing attention going forward. Also fundamental is the training of caregivers, this needs to be continuous, as opposed to the piece meal approach that has been in place to date.

Rehabilitation remains an area that requires attention. As with other focus areas, funding is the critical issue, impacting on ability to have facilities, appropriate devices and provision of the services required.

Enabling early identification and intervention has progressed somewhat. However, greater collaboration is needed amongst the agencies and organisations involved.

Livelihoods is an area that has progressed rather slowly. More work is needed in the enabling employment and income generating space to ensure inclusiveness. Support to persons with disability and their caregivers from Government requires further attention, in terms of alignment to real needs.

Data and research is a priority area that has made some gains in terms of the database on persons with disability. However, research is still lacking and collaboration can be improved.

Ensuring partnerships, coordination and mainstreaming disability inclusive development within Cook Islands Government and with its Civil Society partners is an area that cuts across all priority areas. Lack of leadership is an issue, as well as clarity on roles, relationships and responsibilities. There is need for improvement in this regard.

Addressing the needs of girls and women with disability has made significant strides in terms of the establishment of a support body, as well as incorporation into the gender agenda. However, funding remains an issue, as well as capacity building in terms of progressing the issues related to girls and women with disability.

The culmination of these outstanding issues require incorporation into a policy framework that recognises the gains made, while acknowledging the needs remaining. The next iteration of the Cook Islands Disability Inclusive Development 2020 - 2025 should focus on these and emerging issues identified during this review, as well as suggestions to improve the Policy resulting from the community consultations.

⁷ Goal of the Cook Islands Disability Inclusive Development Policy 2014-2019

Part 2

COOK ISLANDS DISABILITY INCLUSIVE DEVELOPMENT POLICY 2020 – 2025

RIGHTS/ RESPONSIBILITIES/ ACTION – TIKAANGA/ TAAU TUANGA/ RAVE'ANGA

INTRODUCTION

Despite gains made over the years, it should be acknowledged that persons with disability in the Cook Islands, still face an uphill struggle to find their rightful place in society.

The Cook Islands Disability Inclusive Development Policy 2020 - 2025 attempts to address the various themes with the ultimate goal, as reflected in previous iterations of the Policy to ***“Improve the quality of life and realise the rights of persons with disabilities by empowering them; enabling inclusion and participation in all aspects of life”***.

Disability is not a homogenous phenomenon so there cannot be a ‘one size fits all’. Consequently there should be guiding principles that underpin the policy and these as with the previous policy are adopted from the UNCRPD.

This policy is guided primarily by the UNCRPD and other relevant Conventions to which the Cook Islands is a party to, as well as taking into account the circumstances that are unique to the Cook Islands.

As with the UNCRPD the underlying concept of this policy is ‘inclusiveness’. This entails that persons with disability are not seen within a charity framework, but as human beings with equal rights. Inclusiveness also denotes acceptance and celebration of difference, in that every human being is seen as a capable and valid member of Cook Islands society. The notion of ‘inclusiveness’ also entails that each and every person is treated respectfully and accorded support needed to develop one’s potential to live in a dignified manner.

This policy is placed within a discourse centred on public finance, adequate and channelled use of resources and community resilience that are fundamental to the provision of services. Furthermore, it takes into account the conclusions of the Committee for the UNCRPD on the Country Report on the UNCRPD.

At this point, it is crucial to note that this policy is governed on the definition of disability of the UNCRPD:

“Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”⁸

⁸ UNCRPD, 2006, Article 1

VISION

In the review of the Cook Islands Disability Inclusive Development Policy and Action Plan 2014 – 2019, one of the key responses has been that vision for persons with disability be stated in the Policy. This vision was established in 2003 and it states:

The Cook Islands will be inclusive where 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

Our vision for this sector implies that disability is a national effort. Along the years, the general population have grown to a certain extent, respect persons with disability and support them in a different ways. We are at a stage now where we need to talk less about disability and more about ability.

Our vision is for this sector with the support of Government and communities to move towards inclusive communities and to create opportunities for persons with disability to develop their sense of self-worth and belonging.

Our vision is to eradicate the conditions that make persons with disability have poor health, lower levels of participation in education, lack of training and employment, social exclusion, inaccessibility, discrimination and extreme hardship.

PRINCIPLES OF THE POLICY

As with previous iterations of policy regarding persons with disabilities, this policy adopts the principles of the UNCRPD⁹, which shall be:

- a) Respect for inherent dignity, individual autonomy including the freedom to make one's own choices and independence of persons;
- b) Non-discrimination;
- c) Full and effective participation and inclusion in society;
- d) Respect for the difference and acceptance of persons with disabilities as part of human diversity and humanity;
- e) Equality of opportunity;
- f) Accessibility;
- g) Equality between men and women;
- h) Respect for the evolving capacities of children with disabilities and respect for the rights of children with disabilities to preserve their own identities.

GOAL OF THE POLICY

As with previous iterations of the policy the goal is to:

Improve the quality of life and realise the rights of persons with disabilities by empowering them; enabling inclusion and participation in all aspects of life.

⁹ UNCRPD, 2006, Article 3

BARRIERS - WALKING THE TALK

The fundamental role therefore of this policy is the active engagement of persons with disability in their own development as people and active citizens. In particular the policy should provide opportunities for people with a disability, their families, caregivers, policy makers, service providers and community service providers to work together to ensure that persons with disability can overcome the lack of opportunities.

As a key initiative to ensure that this happens, the Disability section of the Ministry of Internal Affairs Social Policy and Services Division, will play the central part in enabling and guaranteeing achievement, with the support of other agencies within and outside of government targeting the inclusiveness of persons with disability.

GOVERNMENT'S OBJECTIVES - READING THE SIGNS

Government has the most crucial role to play in determining and implementing any national policy. As such, in terms of this policy, Government acknowledges the following:

- Disability is not homogenous so there cannot be a 'one size fits all' approach;
- Matching the person to the right type of service provides satisfaction to the person with disability and avoids waste of resources;
- It must strive for a society where persons with disability are able to enjoy the same opportunities as others such as privacy and relationships, participate in the life of the community and manage their own needs as much as possible; and
- That the role of Government is to provide the support and facilitate the setting up of services, benefits and provisions to ensure that persons with disability have control over their lives.

POLICY OBJECTIVE - ENSURING CONTINUITY

This policy builds on the valid and reputable gains made to date in addressing the issues of persons with disability. Each desired outcome represents policy issues and actions to respond within the timeframe of this policy. These actions have been identified as realistically achievable. Obviously there will always be much more to be achieved and these can be targeted later as circumstances allow, recognising the absorptive capacity of key stakeholders.

LISTENING TO THE GRASSROOTS - TESTIMONIALS

- I know that no one should harm me. I know that is wrong. If anything like this happens I will tell the police, or anyone that will listen to me. (Person with disability)
- She knows her rights, she comes to me and complains about people not respecting her rights. (Policeman, Pa enua)
- Our daughter is involved in the church activities, which she enjoys. She wants to be in the dance team for our village for the Maeva Nui, and she goes to every practice, but they don't put her in because of her condition. She gets very upset about it. (Mother of girl with disability)
- You would think that this girl's mother would at least wash her. The mother is a pig. She can't wash herself. (Person with disability, making reference to the situation of another woman with disability)
- There are some things happening in this family that are not right. But these disabled can't speak up. They are either afraid or probably don't know any better. I have laid a complaint to the police, but I haven't seen anything happen to this situation. (Internal Affairs Officer, Pa enua)
- I'm okay because I wear my hearing aid. I like my job, serving people and I think people like me because I'm helpful. We all have to work anywhere to get somewhere. I have my girlfriend to support. (Hearing impaired male)
- The Ministry of Justice is a good example of a public place that doesn't consider the access of persons with disabilities and even older people. These public places need to be made accessible to all people. (Woman with disability)
- The people working in the disability centres and carers are not trained to look after the pakipakitai and even the elderly. There is no care plan in place to suit the needs of the client. (Observations from a community member, Pa Enua)
- The Committee is not functioning. They don't know what their role is. Then there are the people in the centre. They don't do their job. They don't have the right skills and personality to do the job. (Observations from a community member, Pa enua)
- I think that the ladies working in the centre will visit us maybe once a year. Otherwise we don't see them. I don't really know what it is that they do. (Mother of a person with disability, Pa enua)
- I really like going to the Centre to meet other people and do activities and go for a ride in the van. I like Friday's too when we go to the market and sell our things. It's a lot of fun. (Woman with disability, Pa enua)
- Teacher aides should be trained on how to look after these children with disability in schools. They do their best, but there needs to be some training. (Deputy principal of a Pa enua school)
- We get very attached to the children that we look after. We are suppose to only look after them at school, but sometimes the parents don't come to pick them up and so we become like a babysitting service. (Teacher Aide to a child with disability)

- The \$82.50 that we receive a fortnight is just not enough. Do you know that a can of corned beef can cost up to \$10 here. (Pa enua caregiver)
- The infirm benefit should at the very least be doubled. I challenge politicians to try and survive on \$80 a fortnight. There's nothing left after buying nappies. (Pa enua community member)
- All professionals that work in this sector need regular training. (Pa enua community member)
- I get a little bit of money from selling my eis to help with our livelihood. Even though I can't walk, but my dad collects the pupu to make the eis. (Woman with disability, Pa enua)
- I think the families of people with disability need support too. I can only imagine how stressful their life can also be. (observation, community member)

OUTCOME 1: PERSONS WITH DISABILITY HAVE THE RIGHT TO LIVE A DIGNIFIED LIFE

It is a basic and fundamental right for all persons with disability to have a life based on respect and positive engagement with the community. Being cared for is no longer considered enough. Persons with disability are seeking to develop their potential by getting involved and being active in the community as full and active citizens.

POLICY MEASURES

- Preventive measures should be in place to ensure persons with a disability are not subjected to any form of unfair treatment. This includes the revision of legislation to guarantee that persons with disability are not discriminated against.
- Training should be given to persons involved in the delivery of goods, services and other kinds of support provided to persons with disability to ensure that their rights are respected and maintained.
- Initiatives and other measures are to be encouraged to further source assistive technology, mobility aids and technologies to achieve independent living.
- Ongoing training should be given on disability rights to staff involved in independent living programmes (including caregivers) and also staff in disability centres, including appropriate terminology and disability manners/etiquette.
- Participation by persons with disability in cultural life, leisure, recreational sports should be encouraged.
- Education, health and other professionals and non-professionals should be provided training – including disability awareness, basic sign language and disability manners/etiquette – to ensure that persons with disability are not discriminated against when it comes to the provisions of goods, services or kind of support that could facilitate as well as maintain their intimate relationships and in fulfilling their roles as parents/guardians effectively.
- Research on persons with disability should be encouraged.
- Awareness and advocacy on the rights of persons with disability should be ongoing.

ADVANCING THESE POLICY MEASURES WILL CONTRIBUTE TO THE IMPLEMENTATION OF THE UNCRPD ARTICLES:

- 4 – GENERAL OBLIGATIONS**
- 5 – EQUALITY AND NON-DISCRIMINATION**
- 6 – WOMEN WITH DISABILITIES**
- 7 – CHILDREN WITH DISABILITIES**
- 8 – AWARENESS RAISING**
- 10 – RIGHT TO LIFE**
- 12 – EQUAL RECOGNITION BEFORE THE LAW**
- 13 – ACCESS TO JUSTICE**
- 15 – FREEDOM FROM TORTURE OR CRUEL, INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT**
- 16 – FREEDOM FROM EXPLOITATION, VIOLENCE AND ABUSE**
- 17 – PROTECTING THE INTEGRITY OF THE PERSON**
- 19 – LIVING INDEPENDENTLY AND BEING INCLUDED IN THE COMMUNITY**
- 30 – PARTICIPATION IN CULTURAL LIFE, RECREATION, LEISURE AND SPORT**
- 31 – STATISTICS AND DATA COLLECTION**

AIM 1: STRENGTHENING PREVENTIVE MEASURES

Persons with disability are equal and therefore should not be subjected to discrimination. The fundamental basis of ensuring non-discrimination should be via legislation. Although the current Disabilities Act goes a long way in ensuring this, it can be improved and it should be complemented by other legislation. An avenue for dealing with allegations of discrimination should also be in place.

ACTIONS:

- 1.1 Develop a compendium on legislation affecting persons with disability (**Ministry of Internal Affairs**, Crown Law Office)
- 1.2 Work with the Ombudsman to develop an Action Plan on awareness of alleged discrimination (**Ministry of Internal Affairs**, Office of the Ombudsman)
- 1.3 Develop training program design outline to promote Inclusion, Independent Living and Equal Rights (**Ministry of Internal Affairs**, Ministry of Education, Ministry of Health, NGO/DPO partners, Island Governments)

AIM 2: STRENGTHENING AWARENESS AND ADVOCACY

Awareness and advocacy needs to be ongoing through all possible avenues. This includes conducting training, use of different media and advocacy to all stakeholders both within and outside of Government and with persons with disability themselves. Awareness and advocacy should centre on the rights of persons with disability, the need to be inclusive to ensure that persons with disability are accorded dignified treatment on par with non-disabled persons.

ACTIONS:

- 2.1 Develop and implement an awareness and advocacy programme. (**Ministry of Internal Affairs**, Ministry of Health, Ministry of Education, NGO/DPO partners)

AIM 3: SUPPORTING INDEPENDENT LIVING

Developing skills, ensuring the right support systems and making certain the community is inclusive will guarantee that the persons concerned can attain the highest levels of independence.

ACTIONS:

- 3.1 Work collaboratively to take stock of needs for independent living, such as assistive technologies, mobility aids in each island. (**Ministry of Internal Affairs**, Ministry of Health, NGO/DPO partners)
- 3.2 Develop an Action Plan to meet the needs based on the stock take conducted. (**Ministry of Internal Affairs**, Ministry of Health, NGO/DPO partners)

AIM 4: ENABLING PARTICIPATION IN CULTURAL LIFE, LEISURE AND RECREATION

A healthy community needs to have opportunities to rest and to have positive and creative occasions for leisure. Leisure is also a great chance for persons with disability to improve their talents, socialisation skills and abilities. We need to work to ensure that persons with disability have access to mainstream leisure unless they choose to have specialised leisure activities out of choice.

ACTIONS:

- 4.1 Promote the inclusion of persons with disability in cultural, leisure and recreational activities through the awareness and advocacy programme (**Ministry of Internal Affairs**, Ministry of Health, Ministry of Education, Ministry of Culture, CISNOC, NGO/DPO partners)
- 4.2 Prepare an Accessible Leisure Activities for All Guidelines. (**Ministry of Internal Affairs**, Ministry of Health, Ministry of Education, Ministry of Culture, CISNOC, NGO/DPO partners)

AIM 5: ADDRESSING SEXUALITY AND PARENTHOOD

This subject has been considered a taboo for too long. Relationships and the wider notion of sexuality are human dimensions that are crucial for each individual's development, including persons with disability. We need to keep finding ways how to support persons with disability in the challenges they face in this domain of their lives.

ACTIONS:

- 5.1 Work collaboratively to design a training program – including disability awareness, basic sign language and disability manners/etiquette – to ensure that persons with disability are not discriminated against when it comes to the provisions of goods, services or kind of support that could facilitate as well as maintain their intimate relationships and in fulfilling their roles as parents/guardians effectively. (**Ministry of Internal Affairs**, Ministry of Education, Ministry of Health, NGO/DPO partners)
- 5.2 Inclusion of disability considerations in the Strategic Plan for Sexual and Reproductive Health. (**Ministry of Health**, Ministry of Education, Ministry of Internal Affairs, NGO/DPO partners)

AIM 6: PROMOTING RESEARCH AND DATA MANAGEMENT

One of the major shortcomings in this sector has been our ability to provide empirical research that can offer insight on how to deal with the constant development in the disability sector. We need a strong empirical base to ensure that our social policy is governed by hard facts and not knee jerk actions.

ACTIONS:

- 6.1 Promote research where persons with disability, family members, friends, professionals in the sector are interviewed in order to have the best picture of real experiences and situations. (**National Research Committee**, Ministry of Internal Affairs, Ministry of Health, Ministry of Education, University of the South Pacific, other academic institutions)
- 6.2 Continue to manage the National Disability Database and reporting publicly on relevant data relating to persons with disability on a regular basis. (**Ministry of Internal Affairs**, Ministry of Health, Ministry of Education, NGO/DPO partners)

OUTCOME 2: ACCESSIBILITY FOR PERSONS WITH DISABILITY IS ENSURED

Accessibility is a challenge that the country needs to face up to. Accessibility is not just about physical accessibility, but it is also an issue of accessing services and opportunities.

POLICY MEASURES

- The programme for accessible housing with the modification of existing inaccessible houses should continue.
- An audit on accessible public buildings should be completed and deficiencies addressed.
- Disability access signage should be displayed at disability friendly premises and areas.
- There should be an increase in accessible parking for persons with disability at key public locations.
- Rehabilitation and disability centres should be supported to allow them to provide satisfactory services to their clients.
- Staff working with persons with disability (including caregivers) need on-going training.
- There should be a set of standards to regulate behaviour of professional and other staff members rendering services to persons with disability.
- There is a need for clarity on the roles and responsibilities of stakeholders involved in the provision of services to persons with disability in the disability centres.
- There is a need for individual care plans with clear objectives and targets, ongoing training for staff members and service delivery that reflects recognised best practices.
- There must social protection provided to persons with disability and caregivers that can allow them to meet an adequate standard of living.

ADVANCING THESE POLICY MEASURES WILL CONTRIBUTE TO THE IMPLEMENTATION OF THE UNCRPD ARTICLES:

4 – GENERAL OBLIGATIONS

9 – ACCESSIBILITY

26 – HABILITATION AND REHABILITATION

28 – ADEQUATE STANDARD OF LIVING AND SOCIAL PROTECTION

AIM 1: ENSURING PHYSICAL ACCESSIBILITY

Accessibility in all its forms and shapes, is a key component to a person with disability's quality of life. Physical accessibility is central to this and needs to address further measures than the gain made with the inclusion of disability considerations in the National Building Code.

ACTIONS:

- 1.1 Review the program for accessibility within households taking into consideration the ease of accessibility to key amenities within the household. **(Ministry of Internal Affairs)**
- 1.2 Conduct an audit on accessibility in public spaces and develop a plan to address shortcomings in accessibility. **(Ministry of Internal Affairs, Cook Islands Investment Corporation, Infrastructure Cook Islands)**
- 1.3 Work with relevant agencies to place disability signage in public areas **(Ministry of Internal Affairs, Cook Islands Investment Corporation, Infrastructure Cook Islands)**
- 1.4 Develop an accessible parking plan around key public infrastructure. **(Ministry of Internal Affairs, Cook Islands Investment Corporation, Infrastructure Cook Islands)**

AIM 2: DELIVERING SERVICES AND REHABILITATION

Rehabilitation and disability centres should focus more on person centred approaches. Persons with disability need to have access to a range of support services to ensure effective social inclusion. Choice of goods, services and facilities should reflect the person's own needs and preferences.

ACTIONS:

- 2.1 Public financial support to rehabilitation and service delivery should be predictable. Explore options to ensure funding predictability for service delivery and rehabilitation. **(Ministry of Internal Affairs, Ministry of Finance and Economic Management)**
- 2.2 Develop a training program for staff working with persons with disability. **(Ministry of Internal Affairs, Ministry of Education, Ministry of Health, NGO/DPO partners)**
- 2.3 Develop a set of standards to regulate behaviour of professional and other staff members rendering services to persons with disability. **(Ministry of Internal Affairs, Ministry of Education, Ministry of Health, NGO/DPO partners)**
- 2.4 Develop instruments for clarity on the roles and responsibilities of stakeholders involved in the provision of services to persons with disability in the disability centres. **(Ministry of Internal Affairs, NGO/DPO partners, Island Governments)**
- 2.5 Develop a template for individual care plans with clear objectives and targets, ongoing training for staff members and service delivery that reflects recognised best practices. **(Ministry of Internal Affairs, Ministry of Health, Ministry of Education, NGO/DPO partners)**

AIM 3: PROVIDING SOCIAL PROTECTION

It is recognised that some persons with disability will not be able to participate gainfully in the workforce. Those who also care for them are hindered from entering the workforce due to the duty care to the person requiring such care. Therefore, the social protection provided to them should allow both the person with disability and the caregiver to meet an adequate standard of living.

ACTIONS:

- 3.1 Review the social protection provided to persons with disability and caregivers including its policies and criteria to better reflect the reality on the ground. (**Ministry of Internal Affairs, Ministry of Finance and Economic Management**)

OUTCOME 3: PERSONS WITH DISABILITY HAVE EQUAL OPPORTUNITIES TO EDUCATION, HEALTH AND EMPLOYMENT

Formal and non-formal education and employment are closely linked. Education needs to contribute towards making the best possible use of each individual's potential, including persons with disability. Persons with disability have the right to gainful employment at par with non-disabled persons. Likewise, persons with disability have the right to enjoy the highest possible health care standards.

POLICY MEASURES

- Professional and support staff in formal and non-formal education settings should have a good understanding of the rights of persons with disability and they should be provided with the necessary skills in order to better interact with persons with disability.
- Teacher aides should be provided with adequate training.
- Health care professionals should be given training on disability awareness, including use of appropriate terminology, disability manners/etiquette and basic sign language.
- Health care professionals should cooperate with persons with a disability, their parents/guardians, relatives, disability organisations and other professionals to ensure that the needs of the said persons are met.
- Employment of persons with disability should be encouraged.
- Income generating opportunities for persons with disability not formally employed should be encouraged.

ADVANCING THESE POLICY MEASURES WILL CONTRIBUTE TO THE IMPLEMENTATION OF THE UNCRPD ARTICLES:

4 – GENERAL OBLIGATIONS

24 – EDUCATION

25 – HEALTH

27 – WORK AND EMPLOYMENT

AIM 1: IMPLEMENTING INCLUSIVE EDUCATION

This is the kingpin when it comes to ensuring that persons with disability have the opportunities that others in the community benefit from. Formal and non-formal education are central in ensuring that persons with disability can make the choices they want to take advantage of the opportunities that exist and live up to their aspirations. The Ministry of Education has in place a comprehensive Inclusive Education Policy and a guideline for implementation is currently under development. The guideline under development has a greater emphasis on roles and responsibilities of those engaging with the policy notably around process for identification of needs, securing support and resources.

ACTIONS:

- 1.1 Implement the Inclusive Education Policy and its Guideline. (**Ministry of Education**, Ministry of Internal Affairs, Ministry of Health, NGO/DPO partners)

AIM 2: MEETING THE HEALTH NEEDS OF PERSONS WITH DISABILITY

It is a well-known and established fact that persons with disability use health services frequently due to their life circumstances. It is crucial that all health services maintain the dignity and respect that each individual merits, including persons with disability.

ACTIONS:

- 2.1 Provide training for health care professionals in disability awareness, use of appropriate terminology, disability manner/etiquette and basic sign language. (**Ministry of Health**, Ministry of Internal Affairs)
- 2.2 Cooperate with other key stakeholders to ensure that the health needs of the person with a disability are met. (**Ministry of Health**, Ministry of Internal Affairs, NGO/DPO partners, Ministry of Education)

AIM 3: PROMOTING EMPLOYMENT OPPORTUNITIES

It is an accepted fact that through employment, people can develop as persons, improve their life chances, sustain relationships, have an improved quality of life and above all, be as independent as possible. If people are actively engaged in the labour market, they will have control of their life choices and transitions.

ACTIONS:

- 3.1 Review the Employment Relations Act to ensure that it takes into consideration the needs of persons with disability in employment. (**Ministry of Internal Affairs**)
- 3.2 Through the Awareness and Advocacy program promote the rights of persons with disability to employment. (**Ministry of Internal Affairs**)
- 3.3 Explore options and support efforts for income generating opportunities for persons with disability. (**Ministry of Internal Affairs**, Business Trade and Investment Board, Ministry of Agriculture, Ministry of Finance and Economic Management, NGO/DPO partners)

OUTCOME 4: FAMILIES OF PERSONS WITH DISABILITY ARE SUPPORTED

Families are the backbone in the disability sector. They are pivotal in providing support for persons with disability. Family support should be encouraged, but in partnership with the aspirations of the family member with a disability. Family members, parents, siblings, extended family have a right to psychological and emotional support in dealing with the challenges brought about by disability.

POLICY MEASURES

- Irrespective of the nature of impairment, all families of persons with disability should benefit from training on how to care for their family member with a disability.
- Families that have persons with disability as members should be offered respite support and care services as required.
- Families that have persons with disability as member, should be provided with counselling, social work and psychological services as these are required.

ADVANCING THESE POLICY MEASURES WILL CONTRIBUTE TO THE IMPLEMENTATION OF THE UNCRPD ARTICLE:

23 – RESPECT FOR HOME AND FAMILY

AIM 1: SUPPORTING FAMILIES OF PERSONS WITH DISABILITY

ACTIONS:

- 4.1 Develop a training program and provide to families of persons with disability on how to care for members with a disability. **(Ministry of Internal Affairs, Ministry of Health, Ministry of Education, NGO/DPO partners)**
- 4.2 Explore and develop a program to implement respite and support care services to families of persons with disability. **(Ministry of Internal Affairs, Ministry of Health, Ministry of Education, NGO/DPO partners)**
- 4.3 Develop a program for families that have persons with disability as member to be provided with counselling, social work and psychological services as these are required. **(Ministry of Internal Affairs, Ministry of Health, Ministry of Education, NGO/DPO partners)**

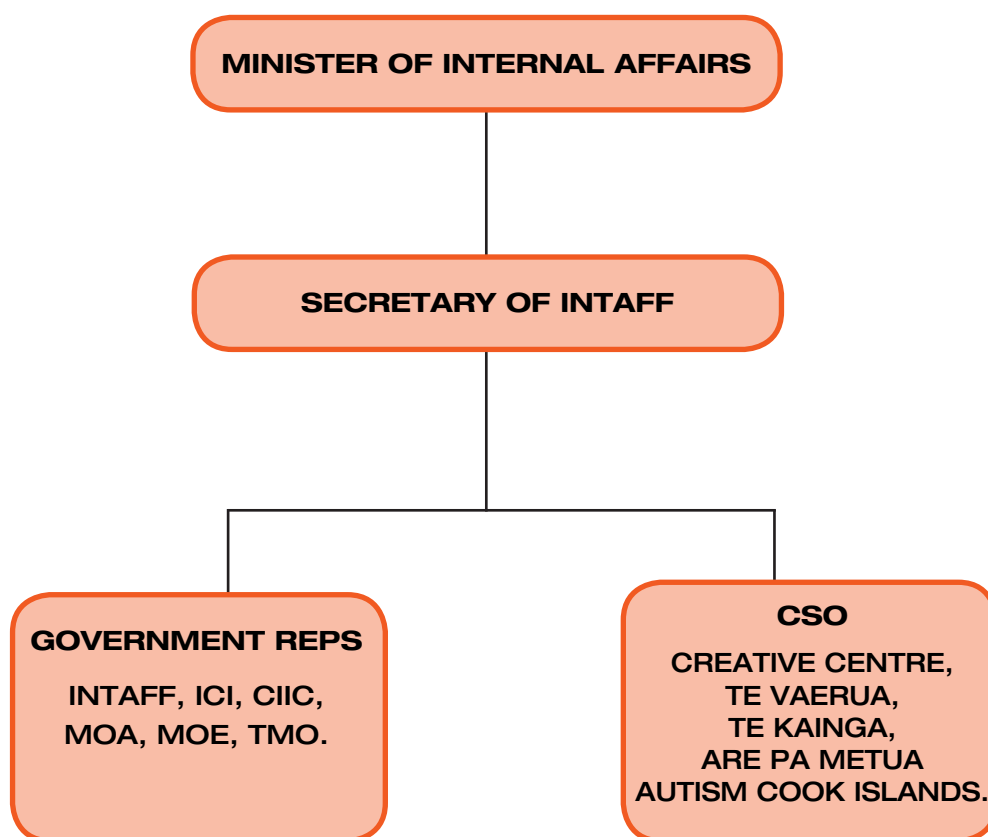
IMPLEMENTATION

NATIONAL COMMITTEE FOR THE ADVANCEMENT OF PERSONS WITH DISABILITY

A Committee shall be established to oversee the implementation of this Policy and report bi-annually to the National Sustainable Development Commission (NSDC), Cabinet and the public on progress. The Secretariat will be the Ministry of Internal Affairs Social Policy and Services Division.

A key element to ensuring achievement of this Policy, its outcomes and actions is collaboration. All key stakeholders working with persons with disability will need to cooperate if this Policy is to be realised. All too often personal agendas get in the way. This trend will have to be managed. It is proposed that the Ministry of Internal Affairs takes a leading role in ensuring collaboration.

STRUCTURE COOK ISLANDS NATIONAL DISABILITY INCLUSIVE DEVELOPMENT COMMITTEE (CINDIDC).



THE POLICY OUTCOMES AND AIMS AT A GLANCE



Strengthening preventive measures	Ensuring physical accessibility	Implementing inclusive education	Supporting families of persons with disability
Strengthening awareness and advocacy	Delivering services and related rehabilitation	Meeting the health needs of persons with disability	
Supporting independent living	Providing social protection	Promoting employment opportunities	
Enable participation in cultural life, leisure and recreation			
Addressing sexuality and parenthood			
Addressing sexuality and parenthood			

IMPLEMENTATION ACTIONS AND RESPONSIBILITIES

VISION:

The Cook Islands will be inclusive where 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:

Improve the quality of life and realise the rights of persons with disabilities by empowering them; enabling inclusion and participation in all aspects of life.

IMPLEMENTATION ACTION	IMPLEMENTATION RESPONSIBILITY	POSSIBLE FUNDING SOURCE
OUTCOME 1: PERSONS WITH DISABILITY HAVE THE RIGHT TO A DIGNIFIED LIFE		
AIM 1: STRENGTHENING PREVENTIVE MEASURES		
1.1 Develop a compendium on legislation affecting persons with disability	MOIA CLO	<ul style="list-style-type: none"> Existing budgets Development partner assistance
1.2 Work with the Ombudsman to develop an Action Plan on awareness of alleged discrimination	MOIA CLO	<ul style="list-style-type: none"> Existing budget Development partner assistance
1.3 Develop a training program design outline to promote inclusion, independent living and equal rights	MOIA, MOE, MOH NGO/DPO PARTNERS ISLAND GOVERNMENTS	<ul style="list-style-type: none"> Existing budgets Development partner assistance
AIM 2: STRENGTHENING AWARENESS AND ADVOCACY		
2.1 Develop and implement an awareness and advocacy programme	MOIA MOH MOE NGO/PDO PARTNERS	<ul style="list-style-type: none"> Existing budgets Possible additional government funding Development partner assistance
AIM 3: SUPPORTING INDEPENDENT LIVING		
3.1 Work collaboratively to take stock of needs for independent living, such as assistive technologies, mobility aids in each island	MOIA MOH NGO/PDO PARTNERS	<ul style="list-style-type: none"> Existing budgets
3.2 Develop an Action Plan to meet the needs based on the stocktake conducted	MOIA, MOH NGO/PDO PARTNERS	<ul style="list-style-type: none"> Existing budgets Development partner assistance
AIM 4: ENABLING PARTICIPATION IN CULTURAL LIFE, LEISURE AND RECREATION		
4.1 Promote the inclusion of persons with disability in cultural, leisure and recreational activities through awareness and advocacy programme	MOIA, MOH, MOE MOC, CISNOC NGO/DPO PARTNERS	<ul style="list-style-type: none"> Existing budgets Development partner assistance
4.2 Prepare an Accessible Leisure Activities for All Guidelines	MOIA, MOH, MOE MOC, CISNOC NGO/DPO PARTNERS	<ul style="list-style-type: none"> Existing budgets Development partner assistance

IMPLEMENTATION ACTION	IMPLEMENTATION RESPONSIBILITY	POSSIBLE FUNDING SOURCE
AIM 5: ADDRESSING SEXUALITY AND PARENTHOOD		
5.1 Work collaboratively to design a training program – including disability awareness, basic sign language and disability manners/etiquette – to ensure that persons with disability are not discriminated against when it comes to the provisions of goods, services or kind of support that could facilitate as well as maintain their intimate relationships and in fulfilling their roles as parents/guardians effectively	MOIA MOE MOH NGO/DPO PARTNERS	<ul style="list-style-type: none"> Existing budgets Development partner assistance
5.2 Inclusion of disability considerations in the Strategic Plan for Sexual and Reproductive Health	MOH, MOE, MOIA NGO/PDO PARTNERS	<ul style="list-style-type: none"> Existing budget
AIM 6: PROMOTING RESEARCH AND DATA MANAGEMENT		
6.1 Promote research where persons with disability, family members, friends, professionals in the sector are interviewed in order to have the best picture of real experiences and situations	NATIONAL RESEARCH COMMITTEE, MOIA, MOH, MOE, USP OTHER ACADEMIC INSTITUTIONS	<ul style="list-style-type: none"> Existing budgets Development partner assistance
6.2 Continue to manage the National Disability Database and reporting publicly on relevant data relating to persons with disability on a regular basis.	MOIA, MOH, MOE NGO/DPO PARTNERS	<ul style="list-style-type: none"> Existing budgets

IMPLEMENTATION ACTION	IMPLEMENTATION RESPONSIBILITY	POSSIBLE FUNDING SOURCE
OUTCOME 2: ACCESSIBILITY FOR PERSONS WITH DISABILITY IS ENSURED AIM 1: ENSURING PHYSICAL ACCESSIBILITY		
1.1 Review the program for accessibility within households taking into consideration the ease of accessibility to key amenities within the household	MOIA	<ul style="list-style-type: none"> Existing budgets
1.2 Conduct an audit on accessibility in public spaces and develop a plan to address shortcomings in accessibility	MOIA CIIC ICI	<ul style="list-style-type: none"> Existing budget Development partner assistance
1.3 Work with relevant agencies to place disability signage in public areas	MOIA CIIC ICI	<ul style="list-style-type: none"> Existing budgets Development partner assistance
1.4 Develop an accessible parking plan around key public infrastructure	MOIA CIIC ICI	<ul style="list-style-type: none"> Existing budgets
AIM 2: DELIVERING SERVICES AND REHABILITATION		
2.1 Public financial support to rehabilitation and service delivery should be predictable. Explore options to ensure funding predictability for service delivery and rehabilitation	MOIA MFEM	<ul style="list-style-type: none"> Existing budgets Possible additional government funding

IMPLEMENTATION ACTION	IMPLEMENTATION RESPONSIBILITY	POSSIBLE FUNDING SOURCE
2.2 Develop a training program for staff working with persons with disability	MOIA MOE, MOH NGO/PDO PARTNERS	<ul style="list-style-type: none"> Existing budgets Development partner assistance
2.3 Develop a set of standards to regulate behaviour of professionals and other staff members rendering services to persons with disability	MOIA MOE, MOH NGO/PDO PARTNERS	<ul style="list-style-type: none"> Existing budgets
2.4 Develop instruments for clarity on the roles and responsibilities of stakeholders involved in the provision of services to persons with disability in the disability centres	MOIA NGO/DPO PARTNERS ISLAND GOVERNMENTS	<ul style="list-style-type: none"> Existing budgets
2.5 Develop a template for individual care plans with clear objectives and targets, ongoing training for staff members and service delivery that reflects best practices	MOIA MOH MOE NGO/DPO PARTNERS	<ul style="list-style-type: none"> Existing budgets Development partner assistance
AIM 3: PROVIDING SOCIAL PROTECTION		
3.1 Review the social protection provided to persons with disability and caregivers including its policies and criteria to better reflect the reality on the ground	MOIA MFEM	<ul style="list-style-type: none"> Existing budgets Development partner assistance
IMPLEMENTATION ACTION	IMPLEMENTATION RESPONSIBILITY	POSSIBLE FUNDING SOURCE
OUTCOME 3: PERSONS WITH DISABILITY HAVE EQUAL OPPORTUNITIES TO EDUCATION, HEALTH AND EMPLOYMENT		
AIM 1: IMPLEMENTING INCLUSIVE EDUCATION		
1.1 Implement the Inclusive Education Policy and its Guideline	MOE, MOIA, MOH NGO/DPO PARTNERS	<ul style="list-style-type: none"> Existing budgets
AIM 2: MEETING THE HEALTH NEEDS OF PERSONS WITH DISABILITY		
2.1 Provide training for health care professionals in disability awareness, use of appropriate terminology, disability manner/etiquette and basic sign language	MOH MOIA	<ul style="list-style-type: none"> Existing budgets Development partner assistance
2.2 Cooperate with other key stakeholders to ensure that the health needs of the persons with a disability are met	MOH, MOIA NGO/DPO PARTNERS MOE	<ul style="list-style-type: none"> Existing budgets
AIM 3: PROMOTING EMPLOYMENT OPPORTUNITIES		
3.1 Review the Employment Relations Act to ensure that it takes into consideration the needs of persons with disability in employment	MOIA	<ul style="list-style-type: none"> Existing budgets Development partner assistance
3.2 Through the Awareness and Advocacy program promote the rights of persons with disability to employment	MOIA	<ul style="list-style-type: none"> Existing budgets Development partner assistance

3.3 Explore options and support efforts for income generating opportunities for persons with disability	MOIA BTIB, MOA MFEM	<ul style="list-style-type: none"> • Existing budgets • Development partner assistance
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IMPLEMENTATION ACTION	IMPLEMENTATION RESPONSIBILITY	POSSIBLE FUNDING SOURCE
OUTCOME 4: FAMILIES OF PERSONS WITH DISABILITY ARE SUPPORTED AIM 4: SUPPORTING FAMILIES OF PERSONS WITH DISABILITY		
4.1 Develop a training program and provide to families of persons with disability on how to care for members with a disability	MOIA, MOH, MOE NGO/DPO PARTNERS	<ul style="list-style-type: none"> • Existing budgets • Development partner assistance
4.2 Explore and develop a program to implement respite and support care services to families of persons with disability	MOIA MOH NGO/DPO PARTNERS	<ul style="list-style-type: none"> • Existing budget • Development partner assistance
4.3 Develop a program for families that have persons with disability as member to be provided with counselling, social work and psychological services as these are required	MOIA MOH MOE NGO/DPO PARTNERS	<ul style="list-style-type: none"> • Existing budgets • Development partner assistance

