

DISABILITY INCLUSION POLICY

1. POLICY STATEMENT

To create disability equity and fully accessible environments, Australian Doctors International (ADI) acknowledges that inclusion must be the process as well as an outcome.

Given the evolving and intersecting nature, and transformative power of inclusion, embracing progress in disability inclusive practice has the potential to be a rewarding process for the organisation and its programming effectiveness.

While disability inclusion is emphasised on, social inclusion also calls for equal opportunities to be promoted to all, regardless of ability, sex, gender identity, sexual orientation, stature, race and ethnicity, facilitating participation in society for those disadvantaged by their identity.

Australia's new International Development Policy outlines its commitment to supporting disability rights initiatives and considering disability equity and rights in all its development programs.

ADI is committed to remove barriers to participation by allowing to be led by the experiences and expertise of people with disabilities when planning and implementing programs to achieve equal opportunity and equitable outcomes for all.

By taking a twin-track approach, ADI will ensure engagement with PWDs and their representative organisation (OPDs) as key consultation partners, to enhance disability inclusion integration across its programs and projects.

In line with the new policy, ADI will align its thinking and learning around disability inclusion as an opportunity for reflection, learning and growth, rather than compliance.

2. PURPOSE

ADI's commitment to improving health outcomes contributes to achieving the 2030 Sustainable Development Goal (SDGs) 3 on good health and well-being which emphasises on multi-sectoral, rights-based and gender sensitive approaches being essential to address inequalities and to build good health for all.

This policy clearly communicates the commitments within ADI to ensure we all have a shared common understanding for action amongst staff and partners as well as hold ourselves accountable to continue to strengthen efforts to promote disability inclusion across our programs and projects.

3. SCOPE

This policy applies to all ADI paid and unpaid Personnel and Partner Personnel working on ADI programs and projects. It is applicable across ADI's operations, program implementation and partnership management.

4. DEFINITION

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| <p>Accessibility</p> | <p>Accessibility is a precondition for persons with disabilities to live independently and participate fully and equally in society.’ (CRPD General Comment No. 2, 2014). It ‘means taking the appropriate measures to ensure access to persons with disabilities on an equal basis with others, to the physical environment, to transportation, to information and communications technologies and systems and to other facilities and services open or provided to the public, both in urban and in rural areas.</p> <p>These measures, which shall include the identification and elimination of barriers to accessibility, shall apply to; buildings, roads, transportation and others indoor and outdoor facilities including schools, housing, medical facilities and workplaces as well as information, communications and other services, including electronic services and emergency services.’ (CRPD Article 9)</p> |
| <p>Barriers</p> | <p>Barriers are things that interact with impairment to prevent people with disabilities from enjoying their rights.</p> <p>There are different types of barriers that persons with disability face:</p> <p>Physical and transportation Barriers These barriers in architecture, transport systems and other parts of our built environment. They exist in buildings (including schools and clinics), roads and pathways, water pumps and sanitation facilities, public transport, etc.</p> <p>Information and Communication barriers How we use information and communication technology can create barriers. This includes written messages in both electronic and physical formats, spoken information in video recordings, announcements at community meetings, websites and social media.</p> <p>Institutional barriers This category includes both legislation that discriminates against people with disabilities as well as the absence of legislation that might otherwise provide an enabling framework. These barriers also include the absence of policies and budgets that support access and inclusion.</p> <p>Attitudinal barriers Attitudinal barriers include negative assumptions and stereotyping of people with disabilities, social stigma, harmful social norms, and other forms of overt discrimination.</p> |
| <p>Disability</p> | <p>The interface of an impairment coupled with the barriers created in society causes disability (Disability = Impairment + Barrier). This means that an impairment on its own would not lead to a disability if there is a completely inclusive and comprehensively accessible environment. (Impairment + accessible environment = inclusion)</p> <p>CRPD acknowledges that disability is an evolving concept – so the way we speak about various impairments can change over time. An impairment on its own is not a disability. This description empowers us as organisations and as program designers</p> |

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| | and implementers, to work alongside OPDs/DPOs, to identify and remove the barriers to participation. |
| Disability Inclusive Development (DID) | Disability-inclusive development means that all stages of development processes are inclusive of and accessible to persons with disabilities. It requires that all persons be afforded equal access to education, health care services, work and employment, and social protection, among others. |
| Disability Inclusion | Disability inclusion is both a process as well as an outcome. Inclusive process enables people with disabilities to participate meaningfully and completely, so that they can benefit from projects equitably. |
| Empowerment | is about women, men, girls and boys taking control over their lives: setting their own agendas, developing skills (including life skills), building self-confidence, solving problems and developing self-reliance. The process of empowerment enables women, men, girls and boys to question existing inequalities as well as act for change. |
| Impairment | <p>impairment is a physical, sensory, intellectual and/or mental health issue that a person has been born with or has acquired through injury, accident or another cause.</p> <p>When we use the term impairment, we focus on what makes an individual different from others; that is the physical, sensory, intellectual and/or mental health problem(s) they have. It is just a medical label though; it does not describe the impact of that difference on their everyday life, and it won't tell us much about why they are excluded.</p> <p>Disability results from the interaction between a person's impairment and the environmental, social and institutional barriers they face.</p> |
| Intersectionality | Intersectionality is the understanding that an individual's experiences will be affected by how different aspects of their identity overlap – for example, their race, class, gender, age, health status or disability status. This can mean that some people will experience more discrimination and marginalisation because of different aspects of their identity. |
| Models of Disability | <p>There are four main models of disability. The first three models focus on the source of the problem, while the last model focuses on finding solutions and creating an enabling environment for all. ADI is committed to practice and promote the rights-based model.</p> <p>The charity model focuses on the individual and tends to view people with disabilities as victims, or as objects of pity. This model assumes that it is the community and society's responsibility to arrange all the services for these vulnerable people.</p> <p>The medical model also focuses on the individual and sees disability as a health condition, as an impairment located in the individual. In this approach, a person with a disability is primarily defined as a patient. Disability is seen as a disease or defect that needs to be fixed or cured.</p> <p>The social model focuses on society and sees the problem being with society, and that due to barriers, people with disabilities are excluded. This approach focuses on reforming society, removing barriers to participation, raising awareness, and changing attitudes, practice, and policies.</p> |

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| | <p>The rights-based model is based on the social model and shares the same premise that it is society that needs to change. This approach focuses on equity and rights, looks to include all people equally within society, and sees all people with disabilities as the central actors in their own lives as decision makers, citizens, and rights holders. As with the social model, the rights-based model seeks to transform unjust systems and practice.</p> |
| Organisation for persons with disability (OPD) | <p>are defined by the CRPD Committee as Organisations of Persons with Disabilities (OPD) that ‘should be rooted, committed to and fully respect the principles and rights recognised in the Convention. They can only be those that are led, directed and governed by persons with disabilities. A clear majority of their membership should be recruited among persons with disabilities themselves.’ (CRPD General Comment No. 7, 2018).</p> <p>OPDs can present in diverse forms and may be cross-disability, impairment focussed, organisations of women or children with disabilities, family supported organisations for persons with learning disabilities, as long as they are upholding and promoting CRPD principles including recognition of legal capacity, self-representation, autonomy and choice.</p> <p>OPD is the term consistent with the concept of using person-first language. An alternative is DPO, Disabled Persons Organisation.</p> |
| Persons with Disability (PWD) | <p>“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.”</p> <p>Persons with disabilities uses person-first language and is based on the importance of defining the person first before the impairment or disability.</p> <p>People with disabilities are not merely “a vulnerable group” but offer unique strengths, insights and opinions that can strengthen programming so that all members of a community can benefit equally.</p> |
| Reasonable Accommodation | <p>necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms’ (CRPD Article 2).</p> <p>Support and actions that maximise a person’s participation and access by taking away barriers.</p> |
| Rights based approach | <p>The rights-based model is based on the social model and shares the same premise that it is society that needs to change. This approach focuses on equity and rights, looks to include all people equally within society, and sees all people with disabilities as the central actors in their own lives as decision makers, citizens, and rights holders. As with the social model, the rights-based model seeks to transform unjust systems and practice.</p> |
| Social inclusion | <p>Is the process of improving the terms on which individuals and groups take part in society- improving the ability, opportunity, and dignity of those disadvantaged on the basis of their identity.</p> <p>It is important to acknowledge that there are other vulnerable and marginalised groups of people in the community apart from people with disabilities that must be</p> |

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| | included in programs and projects. These group include children, elderly, pregnant women, girl child, widows, ethnic minority, etc. |
| Twin-track approach | <p>A twin-track approach is a combination of both targeted activities which foster gender equality; and mainstreaming efforts which ensure all projects consider the impact on women and girls and actively include women in the project cycle.</p> <p>Twin-track approach can only lead to successful outcomes for people with disabilities if emphasis is put on both tracks, as they complement and reinforce each other.</p> <p>Targeting, or providing disability-specific initiatives to support the empowerment of people with disabilities.</p> <p>Mainstreaming, or integrating disability-sensitive measures into the design, implementation, monitoring and evaluation of all policies and programs.</p> |
| Universal design | <p>CRPD definition of ‘universal design’ which means that the design of products, environments, programs, and services are usable by all people, to the greatest extent possible, without the need for adaptation. UD doesn’t just benefit people with disabilities but all people – children, elderly, pregnant women, people with temporary injuries etc.</p> <p>‘Universal design’ does not preclude the provision of assistive devices and specialist support for people with disabilities where needed.</p> |

5. PRINCIPLES

The policy is guided by these principles to ensure that it takes a rights-based model to disability inclusion and a twin-track approach to ensuring disability inclusion is integrated into its programs.

Rights-based approach

This approach puts people at the centre of development and sees those in power such as international non-government organisations (NGOs) and partner organisations – as duty bearers to ensure persons with disabilities enjoy their rights. It is the responsibility of ADI as an organisation in the international development sector to intentionally embody these principles in our work and organisational structures, with the aim of removing barriers that prevent person with disabilities from accessing their rights, including rights to basic health care.

Twin - track approach

Australia’s new International Development Policy is committed to support disability rights initiatives and considering disability equity in all its development programs as the active leader in disability inclusion development. In line with the new policy commitment, ADI acknowledges that for development to be effective, people with disabilities must be partners on an equal basis. There is therefore a need for both targeted and mainstreamed initiatives for empowerment of persons with disabilities. ADI is committed to implement concurrent activities that include disability-specific initiatives targeted at people with disabilities, as well as disability mainstreaming initiatives ensuring that all development programs are inclusive of people with disabilities.

TARGETING - providing disability-specific initiatives to support the empowerment of persons with disabilities; and

MAINSTREAMING - integrating disability-sensitive measures into the design, implementation, monitoring and evaluation of all policies and programs (for example, mainstreaming disability in areas such as human resources and budgeting).

The twin-track approach to inclusion can only lead to successful outcomes for persons with disabilities if emphasis is put on both tracks, as they complement each other.

6. POLICY COMMITMENT

ADI is committed to implementing this policy through ensuring these areas are integrated across its programs and operations:

Awareness

As the CRPD (Article 8) notes, there is a need to raise awareness throughout society to foster respect for the rights and dignity of persons with disabilities; to combat stereotypes, prejudices, and harmful practices; and to promote awareness of the capabilities and contributions of persons with disabilities, in the workplace, labour market, and society.

ADI and its partners are committed to ensuring persons with disabilities and their representatives (OPDs) are given the opportunities to contribute to building capacity of ADI and partner staff on disability rights and they are part of ADI programs to advocate on disability equity and rights into its processes and health outcomes.

Participation

Persons with disabilities must be included in decisions about every aspect of their lives and every aspect of the country's development. This is emphasised in Australia's new International Development Policy that for effective development, people with disabilities must be partners on an equal basis.

ADI and its partners will ensure that our programs and operations provide opportunities for PWDs and their representative organisation to meaningfully participate in programs.

ADI is committed to upholding the disability movement's mantra of 'Nothing about us, without us' by including persons with disabilities and their representative organisations to raise awareness on their rights through its programs and projects with its partners.

Comprehensive Accessibility

The CRPD (Article 9) notes: "To enable persons with disabilities to live independently and participate fully in all aspects of life.

Take measures to ensure all people with disabilities on an equal basis with others have access to the physical environment, information and services.

ADI is committed to working with its partners to ensure that our information, education and communication (IEC), awareness and training materials and services delivered is accessed by all.

Through the programs to advocate for our relevant health partners to ensure that their processes and services are accessible for all.

Universal Design

Design and create things for the widest spectrum of human abilities without the need for adaptation or for specialised design.

ADI is committed to ensuring that contextualised assessments and analysis are conducted to identify the barriers that prevent participation and accessibility to its programs. This will ensure ADI advocates for its health partners to consider universal design in health care facilities and health services provided for all.

ADI will ensure that advocacy through its programs advocates for universal designs for health services.

Reasonable Accommodation

The CRPD (Article 2) defines reasonable accommodation as making necessary and appropriate modifications and adjustments to ensure people with disabilities can exercise all human rights and fundamental freedoms on an equitable basis with others.

ADI is committed to ensure that there is appropriate budget allocation to cover any adjustments or reasonable accommodations that will ensure participation of persons with disabilities and their representative organisations (OPDs) to meaningful inclusion and accessibility.

MONITORING AND REVIEW

ADI will undertake an organisational assessment or audit every 3 years, developing a gender equality disability and social inclusion (GEDSI) action plan each time to continuously improve our disability inclusion practices.

The periodic review of this policy and its implementation is the responsibility of the ADI Safeguarding Working Group and the CEO and will be reviewed every two years, or more frequently as needed.

7. RELEVANT LEGISLATION (Use only if relevant)

| Legislation | Jurisdiction | Link |
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| United Nations Convention on the Rights of Disabled Persons (UNCRDP) | Government of PNG rectified Government of Australia rectified | https://humanrights.gov.au/our-work/disability-rights/united-nations-convention-rights-persons-disabilities-uncrpd |
| Australia's International Development Policy | Department of Foreign Affairs and Trade (DFAT) | https://www.dfat.gov.au/sites/default/files/international-development-policy.pdf |
| PNG National Policy on Disability (2015-2025) | Department for Community Development, Youth and Religion | https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2020/02/PNG_National_Disability_Policy.pdf |

External References

<https://acfid.asn.au/news/acfid-releases-guidance-development-disability-inclusion-policy>

<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

<https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/world-report-on-disability>