



Children and Young People with Disabilities **Fact Sheet**

May 2013



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Cover photo:
[Bangladesh, 2008](#)

Center for Rehabilitation of the Paralyzed (CRP) is a special school for disabled children, where they receive education. Children with disabilities need special classes to participate in school activities. (A mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, and facilitate the child's active participation in the community).

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Introduction

Children with disabilities are one of the most marginalized and excluded groups of children, experiencing widespread violations of their rights. Discrimination arises not as a result of the intrinsic nature of children's disability, but rather, as a consequence of lack of understanding and knowledge of its causes and implications, fear of difference, fear of contagion or contamination, or negative religious or cultural views of disability. It is further compounded by poverty, social isolation, humanitarian emergencies, lack of services and support, and a hostile and inaccessible environment. Too often, children with disabilities are defined and judged by what they lack rather than what they have. Their exclusion and invisibility serves to render them uniquely vulnerable, denying them respect for their dignity, their individuality, even their right to life itself.

The term, '**children with disabilities**' in this document is used to refer to children up to the age of 18 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.*' (Convention on the Rights of Persons with Disabilities, Article 1)

The facts

This Fact Sheet on children with disabilities provides a global snapshot of the key issues affecting the lives of children with disabilities and an overview of evidence currently available. It is not a comprehensive review, but rather is intended to provide a starting point for approaching policies and programmes that can make a difference in the lives of these children, their families and their communities. Knowledge and understanding of the barriers and challenges faced by children with disabilities is essential if their rights are to be realised.

Bangladesh, 2012.
Abeer, 7, an autistic child practices coloring in class at the the Autism Welfare Foundation in Dhaka on 15 October 2012.

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Key facts indicate:

- Relatively little data exists on children with disabilities and what evidence does exist is based on a smaller set of studies than available for most other groups of children.
- Children who are poor are more likely to become disabled through poor healthcare, malnutrition, lack of access to clean water and basic sanitation, dangerous living and working conditions. Once disabled, they are more likely to be denied basic resources that would mitigate or prevent deepening poverty. Poverty and disability reinforce each other, contributing to increased vulnerability and exclusion.
- Children are not only born with impairments, but can acquire impairments later in their childhood, be it through disease, accidents or as a result of conflicts and natural disasters.
- A significant proportion of children with disabilities are denied access to basic services including education and health care.
- While all children have an equal right to live in a family environment, many children with disabilities continue to spend much or all of their lives in institutions, nursing homes, group homes or other residential institutions.
- Children with disabilities are disproportionately vulnerable to violence, exploitation and abuse.
- Cultural, legal and institutional barriers render girls and young women with disabilities the victims of two-fold discrimination: as a consequence of both their gender and their disability.
- Children with disabilities are often overlooked in humanitarian action and become even more marginalised as fewer resources are available in the midst of an emergency.
- Finally, the greatest barriers to inclusion of children with disabilities are stigma, prejudice, ignorance and lack of training and capacity building.

However, the adoption and rapid ratification of Convention on the Rights of Persons with Disabilities is leading to increasing interest in and focus on children with disabilities. Evidence from across the world demonstrates that it is possible to remove the barriers that serve to exclude and marginalise persons with



Sudan, 2006
Girls gather in the yard at Ustratuna Primary School in Juba, capital of Southern Sudan. One of the girls has a disability and uses a wheelchair. Today is the first day of school following the launch of the 'Go to School' campaign. Some 900 children have shown up for classes at this school, far exceeding the predicted turnout. Some of the students carry backpacks bearing the UNICEF logo.

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disabilities, and to build inclusive societies in which children with disabilities are enabled to realise their civil, political, social, economic and cultural rights. The overall findings in this Fact Sheet indicate that the following investment is required if this goal is to be achieved:

- Disability as a global human rights issue must be mainstreamed within all development, health and educational programmes as well as in humanitarian action intended to improve the lives of children and their families. Inclusive development requires that all groups of people contribute to creating opportunities, share the benefits of development and participate in decision-making.
- All people who work with or on behalf of children must become informed about disability as a human rights issue, and understand the social model. Disability must be routinely included in all their efforts to improve the lives of children and young people.
- A 'twin-track' approach towards disability is needed. This means that disability is both mainstreamed within general development initiatives, and where appropriate, addressed through disability-specific efforts targeting hard-to-reach populations or sub-populations of children and youth with disabilities.
- A robust evidence base is vital to ensure that the specific needs of children with disabilities are addressed.

- Greater commitment needs to be made towards actively engaging the voices of children with disabilities in all development programmes.
- Disabled people's organisations and parent organisations need financial and technical support, and capacity building to broaden and strengthen their ability to advocate for the full rights of children and young people with disabilities and to work on their behalf.

Disability as a human rights issue

Over the past decades, disability has increasingly been conceptualised and addressed as a human rights issue:

- Children with disabilities are entitled to all rights guaranteed to children under the **Convention on the Rights of the**

UNICEF Headquarters, 2012

On 14 September, 14-year-old delegate Rabjyot Singh Kohli of India, who has a disability, is interviewed by World of Inclusion Ltd. Managing Director (and UK Disabled People's Council International Committee member) Richard Rieser, at the Forum on Children with Disabilities, at UNICEF House (foreground, left-right). Rabjyot has participated in mainstream schooling at St. Mary's School in New Delhi for the past eight years.

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Child (CRC)¹. Article 2 asserts that children should never be discriminated against on grounds of disability. Article 23 emphasises the rights and freedoms of children with disabilities and the importance of promoting their full enjoyment of life experiences and of exercising their independence to the greatest extent possible.

- Children with disabilities are also specifically cited in the **Convention on the Rights of Persons with Disabilities (CRPD)**. Article 7 ensures their full enjoyment of all human rights and fundamental freedoms on an equal basis with all other children. The CRPD also demands measures to protect the equal rights of children with disabilities in respect of inclusive education, family life, freedom from violence, opportunities for play, access to justice, birth registration and protection from forced sterilisation.
- The CRC and the CRPD are mutually reinforcing and need to be used together as tools for advocacy.² They provide a human rights framework which needs to be applied to international efforts to improve the lives of children and youth, including the 2000–2015 Millennium Development Goals (MDGs),³ Education for All, Meta 2021 for the Latin American Region, the EU Disability Strategy 2010–2020, and the Post 2015 Development Agenda.⁴ Specific efforts must be made to reach and include children with disabilities if these commitments are to be achieved.⁵
- The human rights framework is underpinned by a **social model of disability** which focuses on barriers posed to persons with impairments by their environment, rather than their bodily impairment. These include the attitudes and prejudices of society, policies and practices of governments, and the structures of the health, welfare, education and other systems. Disability is viewed as a socially created construct, not an attribute of an individual.

Children with disabilities: How many?

Although the CRPD requires governments to collect information to enable them to fulfil their obligations,⁶ to date, accurate sex

and age disaggregated estimates on children with disabilities are rarely available. The reasons are multiple: out-dated definitions and measures of disability are often used to gather data; inadequate resources and statistical capacity exist in many countries; and children with disabilities are often rendered invisible in institutions or have their existence denied by their families.⁷ Global estimates are even more problematic, since they are derived from data of quality too varied and methods too inconsistent to be reliable.

Available figures may therefore be speculative. With those caveats, some estimates indicate the following:

- Over one billion people or 15% of the world's population live with some form of disability, and of these, between 110 and 190 million have significant difficulties in functioning, according to the World Report on Disability.
- The estimated number of children with disabilities between 0 and 18 years ranges between 93 million and 150 million, depending on the source.⁸
- Citing the Global Burden of Disease study of 2004, the World Report further estimates that amongst those aged 0–14 years, roughly 5.1% of all children (93 million) live with a 'moderate or severe' disability and 0.7%, or 13 million children, live with severe difficulties.⁹

Discrimination, prejudice and stigma

Children with disabilities experience discrimination and social exclusion in every aspect of their lives. It is a consequence of the combined impact of rejection of difference, poverty, social isolation, prejudice, ignorance and lack of services and support.

- Negative beliefs about what causes disability and the limitations of people with disabilities are often firmly held and difficult to dispel. Disability can be associated with punishment for past sins or bad luck, and may be considered 'contagious'.
- Lack of data renders it difficult to quantify the full extent of discrimination against children with disabilities. However, its

impact can be profound; children who are not counted for are invisible in programming efforts, leading to their exclusion from education and health care, limiting their opportunity for play or access to cultural life, denial of family life, vulnerability to violence, poverty, and exclusion from participation in decision-making. It also serves to undermine self-esteem and self-confidence. The problems are compounded for children experiencing multiple forms of discrimination, particularly girls with disabilities.

- Both the CRC and the CRPD provide protection from all forms of discrimination against children with disabilities. The CRPD introduces the concept of 'reasonable accommodation' requiring States to make necessary and appropriate adaptations to ensure that an individual with a disability can enjoy rights on an equal basis with others, as long as they do not impose a disproportionate or undue burden.¹⁰ Non-discrimination should not be interpreted to mean that all children should be treated the same. Differentiation is acceptable as long as the aim is to promote the realisation of the rights of the child¹¹. The Convention on the Rights of Persons with Disabilities lends legal force to this interpretation.¹²



Mongolia, 2012
Moments after being vaccinated against measles and rubella, 9-year-old B. Oyun-Erdene smiles as her 16-year-old brother, B. Baljinnyam, lifts her onto his shoulders. Her nomadic family is currently living in the 'soum' of Ulaan-Uul in the northern Khövsgöl 'Aimag' (province). B. Oyun-Erdene has a disability that prevents use of her legs.

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Health

Access to general health care

Despite the obligation in the CRPD to ensure that children with disabilities are provided with equal access to and quality of health care, their access to health services is often limited, leading to health inequalities unconnected to their disabilities.¹³

- There is little in the paediatric or public health literature that specifically speaks either to the general health needs of children with disabilities or to the systematic inclusion of children with disabilities in general child health activities.
- The lack of basic healthcare helps to account for mortality for children with disabilities being as high as 80% in countries where under-five mortality overall has decreased to below 20%.¹⁴
- Access to basic healthcare can be influenced by cultural attitudes as well as economic development. For example, immunization rates for children with disabilities in parts of Ecuador are higher than in Canada and the United States.¹⁵

Sexual and reproductive health, including HIV and AIDS

Children and young people with disabilities have been almost entirely overlooked in HIV and AIDS programmes. This is a matter for extreme concern given that they are at equal or increased risk of exposure to HIV.¹⁶

- Young people with disabilities are often assumed wrongly to be sexually inactive, as being unlikely to use drugs or alcohol, and at less risk of abuse, violence or rape than their non-disabled peers.¹⁷
- The majority of young people with disabilities will eventually form relationships and have children of their own.¹⁸ They are actually at increased risk of becoming infected with HIV and at the same time are significantly less likely than their peers without disabilities to receive appropriate HIV and AIDS prevention, treatment, care and support services. This also applies to basic sexual and reproductive health rights services.¹⁹



Tunisia, 2012

A girl who has Down's syndrome plays with building blocks at a centre for children with disabilities, in the village of El Alia, in the northern Bizerte Governorate. The centre is run by the Association de Protection des Handicapés (Association for the Protection of Persons with Disabilities) with UNICEF support. In June 2012 in Tunisia, positive improvements for children are evident. Rates of under-five mortality have seen a 67 per cent reduction since 1990, routine vaccination coverage remains high, and incidence of HIV/AIDS remains low, including among young people. Rates of primary school attendance are high as are youth literacy rates. Still, the benefits of progress remain unequally shared.

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- Parents, educators, and counselors are often uncomfortable about discussing sexual and reproductive health with young people with disabilities, who are therefore denied access to basic information about how their bodies develop and change with age, or how to negotiate safe relationships. Many children and young people with disabilities are taught to be compliant and trust others, and often lack experience setting limits regarding physical contact.²⁰

Disability specific health needs

Depending on the type of impairment, a child may need additional support and resources to fulfil their potential including rehabilitative care, surgical intervention, assistive devices such as crutches or wheelchairs, or environmental modifications like ramps and accessible transport.

- In more developed countries, medical and surgical advances have brought significant improvements to the health and well-being of many children with disabilities. This is reflected in significant decreases in morbidity and mortality rates among children with disabilities.

- Comparable improvements have not been evidenced in low and middle-income countries, however, where such advances are usually available only to children with disabilities from the wealthiest households or to a small number of children with disabilities fortunate enough to be reached by special programmes or interventions.²¹
- There is a lack of significant services for children with disabilities in fields such as speech therapy, physiotherapy and sign language instruction, as well as to basic medications, such as those for epilepsy.²²
- In many low income countries, only 5-15% of children and adults who require assistive devices and technologies have access to them.²³

Access to water and sanitation

The obligation in the CRPD to ensure equal access to clean water, together with the overall MDG goal of halving the numbers of people without access to water and sanitation cannot be achieved unless children and adults with disabilities are routinely included in water and sanitation programmes.²⁴

- People with disabilities face difficulties in accessing clean water and basic sanitation throughout the developing world. However the challenges can vary depending on cultural and geographical context, as well as by the type of disability a person may have.
- Children with physical impairments can face technical barriers as a consequence of the design or location of facilities including difficulties collecting or carrying water, well walls and water taps may be too high, washroom doors, or hand pumps can be difficult to manipulate. Long, uneven or slippery paths, poor lighting or steps into latrines can all impede access for children with disabilities.²⁵
- In some cultures, there are additional social barriers which result in children with disabilities facing stigma and discrimination when using both household and public facilities.²⁶ For example, a child who is deaf or who has an intellectual disability may have no physical difficulty in walking to a

community latrine, but may face taunts and abuse, rendering the facility inaccessible for social and safety reasons.

- Lack of access to water and sanitation has significant consequences. Children with disabilities often cannot attend school where no accessible toilets exist.²⁷ If there are no accessible facilities for the child at home, family members may have to give up work or school, in order to help with, for example, toileting activities.²⁸ This is particularly an issue for girls who also have to manage menstrual hygiene, something which can potentially undermine dignity, health and school attendance.
- Children report that they try to reduce consumption in order to minimise the need to go to the toilet, with potentially harmful implications where they are already poorly nourished.²⁹



Bangladesh, 2012
Shova Baraik, 6 (right), is led to a pre-school in Mirtinga Tea Estate in Maulavi Bazar, Sylhet by her younger brother on 5 December 2012. At the age of three, Shova lost her eyesight in one of her eyes after a severe case of typhoid, and she can barely see with her other eye.

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Poverty and inclusive development

Poverty and disability are inextricably linked. Poverty is a major contributory factor leading to disability while disability traps people into poverty. The CRPD recognizes the right of persons with disabilities to social protection without discrimination, including access to food, clothing, clean water, affordable services, devices and other assistance for disability-related needs, social protection and poverty reduction programmes, adequate training, counselling, financial assistance and respite care, public housing programmes, social welfare programmes and retirement benefits.³⁰

- Children who are poor are more likely to become disabled through poor healthcare, malnutrition, lack of access to clean water and basic sanitation, dangerous living and working conditions.
- A disproportionate number of all persons living in poverty in developing countries are persons with disabilities³¹.
- Children with disabilities are more likely to be poor throughout their lifetimes, due to lack of education, exclusion from apprenticeships or job training programmes, and exclusion from employment and micro-credit efforts. In both developed and developing countries, households with disabled members are likely to be poorer than those without, because of increased expenses and the likelihood of a member of the family having to give up work to provide care.
- Many health insurance schemes discriminate against persons with disabilities, on grounds of the cost of their health care.³² Social protection schemes often fail to take account of the additional costs associated with a child with disability. Basic disability benefits rarely provide adequately for both basic household expenses and extra costs related to disability, resulting in families being driven into poverty. Furthermore, cash transfer and social health protection schemes often require compliance with conditions that children with disabilities cannot fulfil, such as regular attendance at school, from which a child may have been denied access.



Myanmar, 2012

A woman spoon-feeds a bowl of rice porridge fortified with a multiple micronutrient powder (MNP) to her child, who has a disability, at a UNICEF-supported Mothers' Circle project site in Naungkalar Village in Thaton Township in Mon State. Mothers' Circles – home-based play groups comprised of parents and children – provide health, nutrition and other care and support for children up to age 3 whose parents work long hours and are unable to spend enough time with them. MNPs are being distributed to improve feeding practices and food quality for young children. Micronutrient powders, which can be sprinkled on meals right before they are eaten, are an easy-to-use way for mothers and caregivers to improve their children's vitamin and mineral intake at home. The powder, for children 6–24 months old, usually comes in small individual sachets.

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Early childhood development

Attention to early childhood development is important for all children, but it is particularly important for children with disabilities. The CRPD specifically requires governments to provide early and comprehensive information, services and support to families of children with disabilities.³³

- The first few years of life provide a special opportunity to foster developmental gains and implement prevention and interventions programmes that enable them to fully develop their potential³⁴. Early identification and assessment of a child's disability helps identify causes and provide a diagnosis, such as cognitive delay, cerebral palsy or deafness, that allow parents, healthcare providers, teachers and others to better understand and plan for the needs of children.
- Out of 100 million children with disabilities under 5 years of age worldwide, 80% live in developing countries, where the provision of pre-primary education and other basic services tends to be insufficient.³⁵
- Early intervention programmes that target children with disabilities and their families are few, often underfunded, generally found in urban rather than rural areas and frequently run as short-term pilot projects.

Rwanda, 2007

Jean de Dieu Habimana and Vincent Uwirereye (foreground, left-right), both 12, draw in an art class at the primary school in the village of Rubingo in Kigali Province, about 35 km from Kigali, the capital. Vincent lost his right hand in a landmine accident. UNICEF, in partnership with Right to Play and other NGOs, supports sports and other organized recreation and play activities in schools.

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Adolescents with disabilities

Although data is limited, it is clear that young people with disabilities form a significant proportion of the youth population in every society.

- Young people with disabilities are amongst the most marginalised and poorest of the world's youth.³⁶ They are routinely excluded from most educational, economic, social and cultural opportunities.³⁷
- The number of young people with disabilities is likely to increase due to youthful age-structures in most developing countries and medical advancements promoting higher survival rates and increased life expectancy among young people disabled through congenital disorders, illness or accident³⁸.

- Youth can itself be a contributing factor to disability. Young people are at increased risk of acquiring a disability through factors such as road traffic accidents, sports, violence and warfare. For example, in both Canada and Australia, over half of those with spinal cord injury were between 15 and 24 at the time of their accident³⁹.

Girls with disabilities

Girls with disabilities are disproportionately vulnerable to discrimination and exclusion.

- The WHO World Report on Disability estimates that more females than males are disabled over the course of their lifetimes due to factors such as poorer working conditions, poorer access to quality health care, violence and childbirth.⁴⁰
- Girls with disabilities suffer a double discrimination facing not only the stigma, prejudice and inequities encountered by many persons with disabilities, but also exclusion as a consequence of gender discrimination⁴¹. This makes them less likely than either boys with disabilities or girls without disabilities to obtain health care, get an education, receive vocational training, find employment or benefit from full inclusion in the social, political or economic lives of their families.⁴²
- Girls and young women with disabilities are more likely to be institutionalised.⁴³ They are at increased risk of forced marriage, forced sterilisations and forced abortions⁴⁴ and are more likely to experience emotional, physical and sexual violence with increased risk to HIV both within and beyond the household.⁴⁵
- Although girls with disabilities are less likely to marry, a growing body of data shows that the majority of girls with disabilities will have children of their own⁴⁶. Despite this, little is done to prepare them for relationships, or provide them with family planning information so they can make their own decisions about when and with whom they have a family. They often also receive little information on how to take care of their own children.⁴⁷

Education

Access to education

Children with disabilities have the right to education without discrimination and on the basis of equality of opportunity.⁴⁸ The global goal of universal access to primary education cannot be achieved without including children with disabilities.

Nevertheless, many remain excluded from equal access to education, and its associated benefits: better jobs, social and economic security, and opportunities for full participation in society. The facts indicate:

- Only 10% of all children with disabilities are in school⁴⁹ and of this number only half who begin, actually complete their primary education, with many leaving after only a few months or years, because they are gaining little from the experience. This would mean that only 5% of all children with disabilities worldwide have completed primary school.⁵⁰ For example, in India, a 2007 World Bank study found that disability has a stronger correlation to non-enrolment than gender or socioeconomic status. In Malawi and Tanzania, having a disability doubles the probability of children not attending school.⁵¹
- Millions of children with disabilities are left out of education sector plans due to poor data collection and a lack of knowledge on how to include them in education planning and implementation.⁵²
- Children with disabilities in rural areas and poor urban neighbourhoods are particularly at risk of not receiving an education.⁵³ Some groups of children with disabilities face a double jeopardy. Those from nomadic, ethnic and linguistic minorities are at increased risk of not receiving an education, even in comparison to children with disabilities in the broader community.⁵⁴

Barriers to education

Multiple barriers impede access of children with disabilities to education.



Tunisia, 2012

Adel, 17, who has a mental disability, uses a computer at Assanad, a centre for children with disabilities, in Tunis, the capital. A woman social worker helps him. As an infant, Adel was abandoned by his mother. He then spent part of his early childhood in an orphanage before moving to Assanad, where most residents have been orphaned or abandoned or come from poor families. Adel has since located his mother and longs to live with her, but she currently lives with another man and has said that she cannot take him into their household. Adel has said he will study hard, find a job and work hard to become financially independent. Assanad, which means 'support' in Arabic, is run by the Institution of the Ministry of Social Affairs. UNICEF supports the training of the centre's staff and social workers.

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- Discriminatory legislation often fails to recognise or specifically precludes some children with disabilities from access to education. For example, some countries still have legislation declaring certain categories of children to be 'uneducable'; others place responsibility for the education of children with disabilities with ministries other than education, thus serving to segregate and marginalize them.
- Children with disabilities are often not allowed to start school because their parents have low expectations. If they do start school, they often drop out because of stigma, prejudice and bullying on the part of teachers, parents and other children, rather than because they cannot do well academically.
- Most schools throughout the world are physically inaccessible and including inaccessible hygiene and sanitation facilities, systems for enhancing communication, appropriate equipment and materials, and transportation.
- Parents with several children often give priority to children without disabilities with regard to paying for books or school uniforms, assuming that an education will be less important for children with disabilities.
- Even where a significant proportion of children with disabilities get some primary education, the percentage accessing secondary education is often strikingly lower than that of their peers without disabilities. Among the reasons are a lack of resources, lack of teacher and parental support and lack of awareness of the importance for education these children will

have in future.⁵⁵ The problem is compounded by educational systems that depend on standardised exams which often pose insurmountable barriers to children with disabilities, due to inaccessible administration and grading processes.

- Where tertiary education is available, students with disabilities are often restricted in what they are allowed to study.⁵⁶ For example, high school students with disabilities in Ireland are not allowed to enrol in the full range of academic courses⁵⁷. In China, university students with disabilities are not allowed to major in most sciences, as it is felt that the degree would be 'wasted' on an individual who would never be able to find a position in the field⁵⁸.

Inclusive education

Recent years have witnessed a growing recognition of the right of children with disabilities to inclusive education. Since 2002, Education for All partners have committed to promoting a goal of inclusion.⁵⁹ The CRPD also demands that States ensure '*an inclusive education system at all levels*⁶⁰', for the following reasons:

- A growing body of data show that with appropriate support, children with disabilities can thrive in an inclusive classroom setting. For example, one study found that the costs of inclusive education and special schools were largely comparable, but that academic achievement in inclusive schools was significantly higher.⁶¹
- Inclusion enables children to grow up within their own family and community rather than at a distant school.
- Inclusive education embraces the principle of schools adapting to and accommodating all children regardless of their physical, intellectual, social, emotional, linguistic or other conditions. Simply 'mainstreaming' a child with a disability into a classroom without understanding and addressing their individual needs does not guarantee them a full, equitable and inclusive education.⁶² Effective inclusion requires a commitment to transforming the policy, culture and practice within the school.

- Children who are educated alongside their peers have a much better chance of becoming productive members of society and of being included in their communities.⁶³ Studies on human capital formation affirm that there is a loss of GDP in low-income countries as a result of lack of education of persons with disabilities and their consequent non-participation in the economic workforce. For example, in Bangladesh it was estimated that the loss of income from a lack of schooling and employment of persons with disabilities and their caregivers was US\$ 1.2 billion annually, or 1.7% of gross domestic product.⁶⁴

Family life and institutionalisation

The CRPD recognizes the right of children with disabilities to live in the community, backed up with the necessary support and services to make that possible. It requires that States make every effort to ensure that when a family cannot care for a child, the alternative placement is either with the wider family or in a family setting in the community.⁶⁵

- Many children with disabilities in both industrialised and developing countries continue to spend much or all of their lives in institutions, nursing homes, group homes or other residential institutions. Some countries still encourage parents to place children with disabilities in institutional care immediately after birth or as soon as they are diagnosed. The implications for such children in terms of child development are profound.
- Children with disabilities living in large residential care institutions often experience conditions which constitute cruel, inhuman or degrading treatment. Widespread evidence exists of children tied into cribs and beds, suffering, or even dying, from intentional lack of medical treatment, food or warmth, and lack of love or care.⁶⁶ The UN Study on Violence against Children expressed deep concern over the conditions in many institutions: violence and neglect, including children being left for hours on urine-soaked

Gaza, 2008

A boy is assessed by a woman health worker at Atfaluna ('Our Children') Society for Deaf Children, a local NGO in Gaza City. The organization offers education and vocational training, as well as free health care, psychosocial services and eventual job placement. Since June 2007, when Israel imposed entry restrictions on all but survival basics into Gaza, some 250 children have been waiting to be fitted with hearing aids, while another 150 need batteries.

© UNICEF_NYHQ2008-0180_Davey



mattresses, or physically or medically restrained; residential care facilities being understaffed; and a lack of monitoring or independent scrutiny.⁶⁷

- Children often remain in institutions for life with no right of appeal, independent review mechanism, or access to information, advice or advocacy.
- Despite growing awareness of these violations, the high number of children with disabilities in residential care persists. In the Central and Eastern Europe region, UNICEF estimates that a child with a disability is almost 17 times as likely to be institutionalized as one who is not disabled.
- Many regions still fail to make adequate investment in supporting the right to live in a family environment. Prejudice, ignorance and discrimination, coupled with a lack of community-based support or social security, undermine families' capacities to provide appropriate care and protection for a child with a disability.
- Disproportionately high number of young men and women with disabilities are sent to youth detention centres and prisons. Some estimates indicate that up to 25% of all young people in such facilities have intellectual or mental health disabilities.⁶⁹ These young people are at increased risk because their vulnerability is exploited by those around them, because they are less capable of evading police or protecting themselves if they are picked up by the authorities.

Violence and exploitation

The CRC calls upon all states to take measures to protect all children from violence, including those with disabilities. The CRPD additionally requires governments to introduce specific measures to ensure protection for children with disabilities.⁷⁰ Evidence from countries throughout the world reveals a pattern of disproportionate violence against children with disabilities.

- Violence takes place everywhere: the family, schools, the community, the justice system, the workplace and residential care.
- Consistent evidence emerges from research that children with disabilities are 3–4 times more likely to experience physical and sexual violence and neglect than non-disabled children.⁷¹
- A 15 country study of severe corporal punishment of children with and without disabilities found that in nearly half of the countries studied, children with disabilities were significantly more likely to experience severe physical punishment.⁷²
- Children with disabilities often face being physically assaulted, stoned, or spat upon on while going to school.⁷³
- For poor families, and those with limited or no access to social protection or basic services, the birth of a child with a disability can lead to significant family stress resulting in rejection and violence, particularly where the child is physically dependent on others to provide care, or has reduced ability to recognize danger or protect themselves.⁷⁴
- Stigma and fear often leads to children with disabilities being hidden away and denied access to other children. They may be isolated from neighbours, the extended family or local community members, rendering it less likely that violence or abuse, perpetrated by family members, is identified or reported.⁷⁵
- Some forms of violence are specific to children with disabilities: abuse defined as behaviour modification, including electroconvulsive treatment, drug therapy and electric shocks; the practice of forced sterilization of girls with disabilities; exposure to medical or scientific

experimentation; abandonment and being left to die; and 'mercy killing', a crime often attracting lower penalties, reflecting the lower value attached to their life.

- In Thailand, there are reports of brothels specifically seeking deaf girls, assuming that they will be less able to seek help or return home because neither customers, employers nor fellow sex workers are able to speaksign language⁷⁶. In Taiwan, a study found that the proportion of children that were sexually exploited engaged in sex work who had mild developmental disabilities was six times greater than what might be expected from their incidence in the general population⁷⁷.
- Protection systems and reporting mechanisms commonly fail to take account of the needs of children with disabilities. They therefore experience difficulties in accessing help and if they are able to do so, they rarely get access to effective justice or redress⁷⁸. The Secretary-General's Special Representative on Violence against Children, in a report on counselling, complaint and reporting mechanisms, highlighted the particular challenges faced by children with disabilities in seeking redress.

Child labour and employment

The CRPD recognises the equal right to work for people with disabilities.⁸⁰ However, in both developed and developing countries, exclusion from community participation and interaction in their formative years means that the experience of employment can be particularly challenging.

- Children with disabilities often begin their working lives young, being kept home to do chores and errands or sent to work at menial jobs, in some of the harshest forms of child labour. For example, children with disabilities are specifically used in begging because they are perceived as being more compliant, and less able to challenge abuse.⁸¹
- Lack of skills and qualifications limits the employment opportunities for young people with disabilities.

Unemployment rates for people with disabilities are higher than for people without disabilities in every nation, often exceeding 80%.⁸²

- Negative attitudes and misconception about disability remain significant obstacles to the successful employment of youth with disabilities. For example, it is widely believed that persons with disabilities are less productive than their peers, require expensive adaptations to the workplace such as ramps or accessible IT, and will have higher rates of illness and absenteeism. In fact, most accommodations do not impose significant financial costs to the employer and even people without disabilities use and benefit from the use of supportive workplace policies and practices.⁸³
- For young women with disabilities, the prospects for meaningful employment are even lower and even with a good education, young women with disabilities take a longer time to find a job, have fewer job options and less secure job futures.⁸⁴
- These negative perceptions do not correspond with a growing body of research that shows that young people with disabilities are as productive and dependable as their non-disabled peers with lower rates of absenteeism than workers without disabilities. It is speculated that this is because people with disabilities are keenly aware of the limited job options available to them should they lose their current positions⁸⁵.

Nutrition

There is a strong inter-relationship between nutrition and disability.

- Lack of enough food or a poorly balanced diet, deficient in certain vitamins and minerals (iodine, vitamin A and vitamin D for example), can leave children vulnerable to certain conditions or result in physical, sensory or intellectual disabilities.⁸⁶ For example, between 250,000 and 500,000 children are still blinded each year by vitamin A deficiency, despite the syndrome being easily prevented by cheap oral supplementation.⁸⁷

- Children with pre-existing disabilities are at risk of becoming malnourished. Children with some types of physical disabilities, cerebral palsy for example, may encounter significant difficulties in chewing and swallowing or feeding themselves resulting in severe nutritional implications.^{88, 89}
- Once disabled, children often face significant food insecurity. In some societies, mothers of children with disabilities are encouraged not to breast feed a child with a disability or the child may be denied food, given less food or provided with less nutritious food than their non-disabled siblings.⁹⁰
- Children with disabilities are often not included in the monitoring and evaluation of children's nutritional needs at the community or population level and many interventions to improve the nutritional status of children may exclude them. For example, school based nutrition and feeding programmes, may not reach children with disabilities in the community if these children are not included in the local school.

Participation in decision-making

The CRPD introduces an explicit obligation on governments to consult with persons with disabilities, including children, when developing policies and legislation that affects them.⁹¹ It also demands the provision of disability- and age-appropriate assistance to enable children with disabilities to exercise the right to be heard and taken seriously⁹².

- Disabled people's organisations (DPOs) and parent advocacy groups now exist in many countries, often with national umbrella organizations and associations that represent specific disability groups. Such programmes, along with NGOs that focus in full or in part on disability and development issues, can be important resources for those working towards the improvement of the lives of children and youth with disabilities. They represent local and national interests of persons with disabilities, and can contribute to inclusive development efforts and other programmes designed to improve the lives of children with disabilities and their families.



Uganda, 2010
A blind delegate speaks about disabilities, during the working session to finalize the draft call for action, on the last day of the African Youth Forum (AYF) in the city of Entebbe, near Kampala, the capital.

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- However, it remains difficult for children with disabilities to have their voices heard. School councils, children's parliaments, municipal consultative processes, as well as judicial proceedings, rarely make the necessary investment to ensure the inclusion of children with disabilities. Children with disabilities are often denied recognition as competent witnesses in court proceedings.
- Decisions relating health care or treatment are frequently made without the involvement or consent of children with disabilities.⁹³
- Parental overprotection often limits their capacity for emerging independence.

Humanitarian crises; armed conflicts

The CRPD explicitly demands that States Parties undertake all necessary measures, including emergency preparedness and response plans, to ensure the protection and safety of persons with disabilities.⁹⁴

- Refugee children and displaced children with disabilities are among the most hidden, neglected and socially excluded of all displaced people. They are often more isolated following their displacement than they were in their home communities.⁹⁵ Negative attitudes can escalate in a crisis.⁹⁶
- Children and youth with disabilities are often overlooked in

emergencies and disaster, and are at increased risk in times of armed conflict.⁹⁷ They are often unable to access early warning systems, are more likely to be left behind if families are fleeing quickly, need to travel over long distances and/or feel that such children would either limit their ability to seek asylum in another community or country.⁹⁸

- Children with disabilities are often excluded from or unable to access mainstream assistance programmes such as child friendly spaces, youth empowerment programmes, medical and food distribution points, or temporary schooling, as a result of physical or attitudinal barriers. This not only deprives them of education, but also the nutrition, health and social services initiatives these services also provide.⁹⁹
- In the aftermath of a disaster, children with disabilities may become separated from their carers or family and be vulnerable to violence, exploitation and sexual abuse.¹⁰⁰
- Conflict and disasters lead to greater levels of disability. For example, where landmines and other explosives remnants of war are prevalent, children are more likely than adults to be permanently disabled and their injuries can be more severe. It is estimated that for every child that dies through conflict, three times as many are injured or permanently disabled.¹⁰¹ The ICRC estimates that in Afghanistan alone, a million children have been disabled in the ongoing conflict.¹⁰²
- Although emergencies have devastating effects, they also provide the opportunity to 'build back better'.¹⁰³ It is a chance for all humanitarian stakeholders including states, UN entities, mainstream national and international non-governmental organizations, disability-specific organisations, disabled people's organisations, families and communities to work together to rebuild a more inclusive society.

Key resources on children with disabilities and development are available at: www.unicef.org/disabilities

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