



Child Protection and Children with Disabilities Task Force

Global Partnership on Children with Disabilities

Summary of proposal for task force

The current focus on the Convention on the Rights of Persons with Disabilities (UNCRPD) and the emphasis on the rights of children with disabilities to be protected under the Convention on the Rights of the Child (UNCRC), together with the establishment of the Global Partnership for children with disabilities provides a timely opportunity to affect change.¹

It is necessary to ensure that information and understanding, which will improve the protection of children with disabilities, is available to contribute to the development of priorities under the post MDG framework. The principle of “leave no one behind” is a key concept to ensure that children with disabilities are considered in terms of their increased vulnerability in all violent and risk situations.

The Global Partnership for children with disabilities (GPcwd) is uniquely placed to explore the challenges and opportunities in partnership with children with disabilities and their advocates.

The task force for the protection from violence, exploitation, abuse and neglect for children with disabilities (Child Protection and children with disabilities task force) will focus initially on three key strategic areas that have specific impact on the lives of children with disabilities. The areas of focus are:

1. The transition from large scale residential care to community and family based systems of care for children with disabilities.
2. Access to and effectiveness of child protection systems which are inclusive of children with disabilities.
3. Inclusive child protection response to children with disabilities involved in crisis, conflict and emergency situations.

It is noted that the three areas are interconnected and overlapping, but also have distinct issues that need to be highlighted individually. The secretariat for this Task Force will be provided by Lumos together with UNICEF.

1. The transition from large-scale residential care to community and family based systems of care for children with disabilities

Children with disabilities are significantly overrepresented in institutional care.² Sixty years of research has demonstrated the harm caused to children by institutionalisation.³ These studies highlight issues in relation to forming secure

attachments conducive to healthy development, due to a lack of emotional and physical contact and a lack of stimulation and interaction. This inability of the institutional environment to meet individual needs can lead to specific developmental delays and challenging behaviours.⁴ Recent research into Early Brain Development (EBD) demonstrates that institutionalisation has a severe impact on EBD and that this impact is even greater than the impact of child abuse.⁵

The UN's global study on violence against children found that children in institutions are at a greater risk of all forms of abuse than those raised in families.⁶ This finding was consistent across the world. Additionally, children with disabilities are significantly more vulnerable to abuse than their peers.⁷ For a significant proportion of disabled children institutional care is even fatal. One study comparing the rates of death of young children in institutions found that the rate for disabled children was nearly one hundred times that of their non-disabled peers.⁸ Lumos' own research has similar findings; in one institution for children with disabilities, which studied admissions and discharges of the children over a fifteen-year period, 22% of children 'discharged' were transferred to an adult institution and 78% died in the institution.⁹

One of the major factors associated with disabled children's admission to alternative care is poverty and there is a strong inter-relationship between poverty and disability.¹⁰ However research also shows that where services are provided to support persons with disabilities this dramatically reduces the impact of the disability on families and reduces the significance of the relationship between poverty and disability.¹¹

When children with disabilities are in institutions, they are also more likely to stay longer than non-disabled children. Children with intellectual disabilities are most likely to remain in institutionalised care throughout their childhood and adulthood until their death.¹²

In conclusion, the evidence above suggests that children with disabilities are more likely to be admitted to institutional care, and the poor quality of such care is likely to have a greater impact on them than their peers. This in turn leads to serious forms of harm and consequences for their health, development, safety and life chances.

The disproportionate negative effect of institutional care on children with disabilities is both a breach of their human rights and a child protection concern. It is essential that:

- efforts are made to increase awareness of the harm that is caused
- systems are developed that reduce risk of harm by keeping children within their families and communities
- specialist care is provided for those children that require it in environments most appropriate to their needs.

2. Access to and effectiveness of child protection systems which are inclusive of children with disabilities

There has been a level of acknowledgement since the 1960s that children with disabilities are at an increased risk of child abuse and neglect.¹³ The most recent far-reaching review of the relevant research¹⁴ confirms that children with disabilities are at significantly higher risk of all forms of child abuse compared with their non-disabled peers.¹⁵ With the exception of a specific reference to sexual harm and children with intellectual disabilities, this information has been successfully disseminated and repeated throughout a number of texts designed to increase

awareness and/or promote better operational practices in countries throughout the world.¹⁶

Although there is a difference of 12 years between the most informative studies into prevalence,¹⁷ they confirm a similar trend of children with disabilities being 3 - 4.6 times more likely to suffer violence, abuse and neglect than their non-disabled peers. For a number of reasons the figures are likely to be a conservative estimate of the increase in prevalence as evidence suggests that child protection concerns are under reported by and on behalf of children with disabilities. Research from the UK suggests that children with disabilities, their families and advocates experience barriers in accessing established child protection systems.¹⁸ In addition, there is a lack of accessible information and education for children, referrers and professionals and this also contributes to the challenges in protecting children with disabilities.

There are some specific issues for children with disabilities that extend beyond the traditional areas of child protection understanding which require a particular focus to develop appropriate and effective responses. These include, but are not limited to, alternative care provision and increased risk, reverse causation (when disability is caused by abusive or harmful practice and/or environments), increased negative impact on existing impairment, abusive practices based on social norms, severity, frequency and duration of abuse, access to justice services and nutrition based abuses.

The disparity in child protection service and response for children with disabilities is not confined to developing countries or those countries where people with disabilities may be considered more clearly discriminated against.¹⁹ The disparity is evident in countries with existing, functioning and relatively strong child protection systems and human rights records as well as in development, humanitarian and conflict and crisis situations.²⁰

The evidence above implies that the resolution of child protection challenges for children with disabilities requires more than is being achieved with current efforts and initiatives. It also implies that the solution is more complex than strengthening of resource or skill based measures that have been the traditional responses designed to improve child protection.

3. The response to children with disabilities in emergency situations

Emergency and humanitarian action situations have a disproportionate negative impact on children with disabilities and pose particular protection risks to their safety and well-being. Children can sustain lifelong impairments, injury and trauma; they may lack access to essential services and are at increased risk of separation. This in turn increases their risk of admission to inappropriate alternative care and also to violence and abuse.²¹ Children with disabilities can be excluded from lifesaving mainstream support increasing all risks to their health, safety and survival.²² During emergency response, children with disabilities are frequently left unregistered which renders them invisible to emergency registration systems. During evacuation to safety from disaster, children with disabilities are the first ones to being abandoned by or separated from their caregivers. This in turn makes them more prone to admission to inappropriate alternative care²³ and may render them extremely vulnerable to physical violence or to sexual, emotional or verbal abuse.

Conclusion

Children with disabilities are more likely to be placed in alternative forms of care that do not provide the individual attention that meets children's needs to develop their full potential. Often these settings increase the risk of violence and neglect resulting in severe forms of harm, exacerbating existing problems and creating new ones. Where systems for protection from deliberate harm exist they are often not inclusive. Children with disabilities can have additional needs and vulnerabilities which are not taken into account in the function of child protection systems, questioning whether such systems are fit for purpose. During emergency situations children with disabilities are more likely to be affected by the impact of armed conflict and natural disasters and less likely to be able to access the services which reduce harm and manage risk during these times.

All three areas are intertwined. For example, inappropriate alternative care leads to child protection concerns. Institutionalisation can be the result of poor child protection practice. Emergency situations that result in children being separated from families contribute to their greater exposure to risk and increased likelihood of being placed in orphanages.²⁴

These issues all have roots in socially acceptable beliefs about children with disabilities and their value, or lack of it, to their societies and communities.²⁵ The stigma, social exclusion, poverty, lack of choice, lack of equality and rights can only be challenged alongside effective policy, practice and system change which respects all children's fundamental and unique right to special protection from violence, harm and abuse and children with disabilities right to special care where necessary (CRC Articles 19 and 23).

Many organisations and individuals have recognised the areas above as having a particularly negative impact on children with disabilities. The child protection task force will seek to bring together experience and understanding to affect change in policy and practice at all levels.

Proposal

It is proposed that a steering committee be established for the GPcwd task force on child protection and children with disabilities. The steering committee should link with self-advocates and advocates to ensure that all work is guided by the needs and wishes of children with disabilities. The steering committee should appoint a small representative expert group to oversee the collection of information to allow a scoping exercise of the current situation; this should relate to both quantitative and qualitative research data as well as anecdotal evidence from self-advocates, advocates, decision makers and professionals in the field.

The information collated should be analysed by the expert group to identify the significant issues and gaps in knowledge.

Working from the information received and subsequent analysis, the steering committee should present the findings and recommendations to the GPcwd and seek consultation for agreed next steps.

With regard to transition from large-scale residential care to community-based systems, it is recommended that information gathering focus on five key areas:

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- 1) prevalence of institutionalisation of children with disabilities and definitions of institutionalisation that sometimes 'hide' or exclude children with disabilities from the statistics
- 2) the disproportionately negative impact of institutionalisation on children with disabilities in terms of health, development and future life chances
- 3) how far reform processes are including children with disabilities – where they are being left behind and developing an understanding of why this is
- 4) examples of good practice and lessons learned in the transition from institutional to community based services for children with disabilities
- 5) different countries' interpretations of international law in relation to the institutionalisation of children with disabilities (CRC, CRPD, the UN Guidelines on Alternative Care, inter alia).

With regard to access to and effectiveness of child protection systems for children with disabilities it is recommended that the information gathering should focus on:

- 1) the numbers of child protection referrals to authorities where developed child protection systems exist and analysis of volume of referrals in light of what is known about prevalence rates of child abuse and neglect of children with disabilities
- 2) good examples of disability specific issues in child protection system guidance and operating procedures
- 3) evaluation of thresholds applied to children with disabilities in child protection cases.
- 4) evaluation of responses to severe forms of harm to children with disabilities
- 5) joint expert and self-advocacy analysis of what is needed to strengthen existing systems and the basic principles required for building a system with disabled children's needs in mind.

With regard to humanitarian emergency situations it is recommended that:

- 1) task force members undertake an initial scope of areas of concern in partnership with the Humanitarian Action and Disaster Risk Reduction task force
- 2) task force members to set priorities for research, evaluation and assessment.
- 3) task force members consider the benefits/risks of a wider focus on disability inclusive child protection in emergencies, equitable access to basic services and assistance programmes through advocacy and capacity building in protection programming and mainstreaming protection in humanitarian setting
- 4) task force members consider the benefits/risks of a focus on alternative care and the protection risks in context of emergencies

Summary

The international human rights framework puts an emphasis on the protection of the rights of children with disabilities. It is necessary to ensure that children with disabilities are considered in terms of their increased vulnerability in all situations of risk and violence. It is also vital that information and understanding is available to contribute to the development of priorities under the post MDG framework. Therefore, the establishment of the Global Partnership for children with disabilities (GPcwd) provides timely opportunity for the implementation of change.

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