1. Introduction:

Reports such as this typically begin with a statistic designed to highlight a problem. The girls and boys to whom this edition of The State of the World’s Children is dedicated are not problems. Rather, each is a sister, brother or friend who has a favourite dish, song or game; a daughter or son with dreams and the desire to fulfil them; a child with a disability who has the same rights as any other girl or boy.

Given opportunities to flourish as others might, children with disabilities have the potential to lead fulfilling lives and to contribute to the social, cultural and economic vitality of their communities. Yet surviving and thriving can be especially difficult for children with disabilities. They are at greater risk of being poor than peers without disabilities. Even where children share the same disadvantages, children with disabilities confront additional challenges as a result of their impairments and the many barriers that society throws in their way. Children living in poverty are among the least likely to enjoy the benefits of education and health care, for example, but children who live in poverty and have a disability are even less likely to attend the local school or clinic.

In many countries, responses to the situation of children with disabilities are largely limited to institutionalization, abandonment or neglect. These responses are the problem, and they are rooted in negative or paternalistic assumptions of incapacity, dependency and difference that are perpetuated by ignorance. What is needed is a commitment to these children’s rights and their futures, giving priority to the most disadvantaged – as a matter of equity and for the benefit of all.

2. Fundamentals Of Inclusion

The CRC and CRPD challenge charitable approaches that regard children with disabilities as passive recipients of care and protection. Instead, the Conventions demand recognition of each child as a full member of her or his family, community and society. This entails a focus not on traditional notions of ‘rescuing’ the child, but on investment in removing the physical, cultural, economic, communication, mobility and attitudinal barriers that impede the realization of the child’s rights – including the right to active involvement in making decisions that affect children’s daily lives.

A. Changing attitudes: Little will change in the lives of children with disabilities unless attitudes change. Ignorance about the nature and causes of impairments, invisibility of the children themselves, serious underestimation of their potential and capacities, and other impediments to equal opportunity and treatment all conspire to keep children with disabilities silenced and marginalized. But bringing disability into political and social discourse makes it possible to sensitize decision-makers and service providers as well as demonstrate to society at large that disability is part of the human condition.

B. Supporting children and families:

Under the CRPD, children with disabilities and their families have the right to an adequate standard of living and are also entitled to such subsidized or free support services as day care, respite care and access to self-help groups. Social protection for children with disabilities and their families is especially important because these families often face a higher cost of living and lost opportunities to earn income. Estimates of the additional costs of disability borne by families range from 9 per cent of income in Viet Nam to 11–69 per cent in the United Kingdom. In addition to medical, rehabilitation and other direct expenses, families also face opportunity costs, as parents and family members must often give up or limit their
employment in order to care for children with disabilities.

C. Community-based rehabilitation

Community-based rehabilitation (CBR) programmes – which seek to ensure that people with disabilities have equal access to services and opportunities relating to health, education and livelihoods – are an example of an intervention that is designed and run by local communities – critically, with the active participation of children and adults with disabilities.

3. A Strong Foundation:

Inclusive health and education services have a critical role to play in building a solid foundation on which children with disabilities can build fulfilling lives.

A. Inclusive health:

Under the CRC and the CRPD, all children have the right to the highest attainable standard of health. Children with disabilities are thus equally entitled to the full spectrum of care – from immunization in infancy to proper nutrition and treatment for childhood ailments and injuries, to confidential sexual and reproductive health information and services during adolescence and into early adulthood. Equally critical are such basic services as water, sanitation and hygiene (WASH). Ensuring that children with disabilities actually enjoy these rights on a par with others is the objective of an inclusive approach to health. It is a matter of social justice and of respecting the inherent dignity of all human beings, as well as an investment in the future – as healthy children grow into more effective producers and parents.

B. Inclusive education:

Children with disabilities are disproportionately denied their right to education, which undermines their ability to enjoy the full rights of citizenship, find gainful employment and take up valued roles in society. Household survey data from 13 low- and middle-income countries show that children with disabilities aged 6–17 years are significantly less likely to be enrolled in school than their peers without disabilities. As long as children with disabilities are denied equal access to their local schools, governments cannot achieve universal primary education (Millennium Development Goal 2), and States parties to the CRPD cannot fulfil their responsibilities under Article 24.

4. Essentials Of Protection:

Children with disabilities are among the most vulnerable members of society. They stand to benefit the most from measures to count them, protect them against abuse and guarantee them access to justice. In societies where they are stigmatized and their families exposed to social or economic exclusion, many children with disabilities are not even able to obtain an identity document. This is a violation of these children’s human rights and a fundamental barrier to their participation in society. It can seal their invisibility and increase their vulnerability to the many forms of exploitation that result from not having an official identity. States parties to the CRPD have the clear obligation to guarantee effective legal protection for children with disabilities. To change discriminatory social norms, States need to make sure existing laws are enforced and that children with disabilities are informed about their right to protection from discrimination, and how to exercise this right. The principle of ‘reasonable accommodation’ dictates that necessary and appropriate adaptations be made so that children with disabilities can enjoy their rights on an equal basis with others. Relegating them to separate systems would be inappropriate; equity through inclusion is the goal.

5. Humanitarian Respons

Humanitarian crises, such as those stemming from warfare or natural disasters, pose particular risks for children with disabilities. Inclusive humanitarian response is urgently needed – and feasible. Armed conflict is a major cause of disability among children, whom it affects in direct and indirect ways. Children sustain physical injuries from attack, artillery fire and landmine explosions – including after conflicts have ended; they also suffer psychological effects from these injuries or from witnessing traumatic events. Indirect effects include illnesses untreated when health services break down and malnutrition that develops when food becomes scarce. Children may also be separated from their families, their homes and their schools, sometimes for years. Similar deprivations can ensue as a result...
of natural disasters, which – particularly as those related to climate change increase in severity and frequency – are expected to affect ever greater numbers of children and adults in coming years.

6. Measuring Child Disabili

A society cannot be equitable unless all children are included, and children with disabilities cannot be included unless sound data collection and analysis render them visible. Measuring child disability presents a unique set of challenges. Because children develop and learn to perform basic tasks at different speeds, it can be difficult to assess function and distinguish significant limitations from variations in normal development. The varying nature and severity of disabilities, together with the need to apply age-specific definitions and measures, further complicate data collection efforts. In addition, the poor quality of data on child disability stems, in some cases, from a limited understanding of what disability is in children, and in other cases, from stigma or insufficient investment in improving measurement. The lack of evidence that results from such difficulties hinders the development of good policies and the delivery of vital services. While there is general agreement that definitions of disability should incorporate both medical and social determinants, the measurement of disability is still predominantly medical, with a focus on specific physical and mental impairments.

7. Reference Books

1. RICHARDSON S A : Cultural uniformity in reaction to physical disability.
2. SOLDWEDEL.B : Sociometric aspects of physically handicapped and no handicapped children in the same elementary schools.
3. BORIS GINDIS: The social/cultural implication of disability
4. ELINA KONTU : The assessment of severely intellectually disabled students.