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Innocenti Research Centre



Innocenti Digest No. 13

PROMOTING THE RIGHTS OF CHILDREN WITH DISABILITIES

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY

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Acknowledgements

The UNICEF Innocenti Research Centre in Florence, Italy, was established in 1988 to strengthen the research capability of the United Nations Children's Fund and to support its advocacy for children worldwide. The Centre (formally known as the International Child Development Centre) helps to identify and research current and future areas of UNICEF's work. Its prime objectives are to improve international understanding of issues relating to children's rights and to help facilitate the full implementation of the United Nations Convention on the Rights of the Child in developing and industrialized countries. Innocenti Digests are produced by the Centre to provide reliable and accessible information on specific child rights issues.

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EXECUTIVE SUMMARY

Children with disabilities and their families constantly experience barriers to the enjoyment of their basic human rights and to their inclusion in society. Their abilities are overlooked, their capacities are underestimated and their needs are given low priority. Yet, the barriers they face are more frequently as a result of the environment in which they live than as a result of their impairment.

While the situation for these children is changing for the better, there are still severe gaps. On the positive side, there has been a gathering global momentum over the past two decades, originating with persons with disabilities and increasingly supported by civil society and governments. In many countries, small, local groups have joined forces to create regional or national organizations that have lobbied for reform and changes to legislation. As a result, one by one the barriers to the participation of persons with disabilities as full members of their communities are starting to fall.

Progress has varied, however, both between and within countries. Many countries have not enacted protective legislation at all, resulting in a continued violation of the rights of persons with disabilities.

The *Innocenti Digest on Promoting the Rights of Children with Disabilities* attempts to provide a global perspective on the situation of the some 200 million children with disabilities. The *Digest* is based on reports from countries across regions and from a wide range of sources. These include accounts by persons with disabilities, their families and members of their communities, professionals, volunteers and non-governmental organizations, as well as country reports submitted by Member States to the United Nations, including to human rights treaty bodies responsible for monitoring the implementation of international human rights treaties.

This Digest focuses particularly on the Convention on the Rights of the Child (CRC) and the Convention on the Rights of Persons with Disabilities (CRPD). The latter instrument was signed by an unprecedented 81 countries on opening day, 30 March 2007. As of 15 August 2007, 101 countries had signed the CRPD and 4 had ratified it. For entry into force, it is necessary that the Convention receive 20 ratifications. The Disabilities Convention offers a unique opportunity for every country and every community to reexamine its laws and institutions and to promote changes necessary to ensure that persons with disabilities are guaranteed the same rights as all other persons. It expresses basic human rights in a manner that addresses the special needs and situation of persons

with disabilities and provides a framework for ensuring that those rights are realized.

Understanding barriers to inclusion

The social model of disability acknowledges that obstacles to participation in society and its institutions reside in the environment rather than in the individual, and that such barriers can and must be prevented, reduced or eliminated.

Environmental obstacles come in many guises and are found at all levels of society. They are reflected in policies and regulations created by governments. Such obstacles may be physical – for example barriers in public buildings, transportation and recreational facilities. They may also be attitudinal – widespread underestimation of the abilities and potential of children with disabilities creates a vicious cycle of underexpectation, underachievement and low priority in the allocation of resources.

Poverty is a pervasive barrier to participation worldwide, and is both a cause and a consequence of disability. Families living in poverty are much more vulnerable to sickness and infection, especially in infancy and early childhood. They are also less likely to receive adequate health care or to be able to pay for basic medicines or school fees. The costs of caring for a child with a disability create further hardship for a family, particularly for mothers who are often prevented from working and contributing to family income.

Needed actions

The articles of the Convention on the Rights of Persons with Disabilities spell out the specific areas that need to be addressed, as well implementation and monitoring mechanisms. These are complementary to the recommendations issued by the Committee on the Rights of the Child to governments.

A major task for international agencies and their national partners is to ensure that persons with disabilities are automatically but explicitly included in the initial objectives, targets and monitoring indicators of all development programmes, including with those framed by the Millennium Agenda.

At national level a number of specific actions are called for by relevant UN standards. The most important of these actions are to:

1. In partnership with organizations of persons with disabilities undertake a comprehensive review

- of all legislation in order to ensure its conformity with these standards, in particular the inclusion of children and adults with disabilities. All relevant legislation and regulations should include a prohibition of discrimination on grounds of disability.
2. Provide for effective remedies in case of violations of the rights of children with disabilities and ensure that these remedies are accessible to all children, families and caregivers.
 3. Develop a national plan of action that integrates the relevant provisions of all applicable international instruments. Such plans should specify measurable and timebound targets as well as evaluation indicators, and should be resourced accordingly.
 4. Create a focal point for disability in each relevant department, as well as a high-level multisectoral Coordinating Committee, with members drawn from relevant ministries and organizations of persons with disabilities. This committee should be empowered to initiate proposals, suggest policies and monitor progress.
 5. Develop independent monitoring mechanisms, such as an Ombudsperson or Children's Commissioner, and ensure that children and families are aware of and fully supported in gaining access to such mechanisms.
 6. Make concerted efforts to ensure that the necessary resources are allocated to and for children with disabilities and their families. This includes free primary and secondary education in accessible buildings, training of teachers and other professionals, financial support and social security. Each child should be provided with appropriate individual support, including assistive devices, sign language, Braille materials and a differentiated and accessible curriculum.
 7. Establish programmes for the deinstitutionalization of children with disabilities, placing them with their families or with foster families who should be assisted with professional and financial support. National standards of care and appropriate training should be in place and rigorously monitored to safeguard the rights of those children that remain in institutions.
 8. Conduct awareness-raising and educational campaigns for the public, as well as specific groups of professionals, with the aim of preventing and addressing the de facto discrimination of children with disabilities.
 9. Implement a system of community services and support for children with disabilities.
 10. Ensure that organizations of persons with disabilities are consulted in relevant planning and policy making, and are duly represented and financially supported in extending their activities. Children

with disabilities should be supported in making their voices heard.

Such actions taken by governments will promote and facilitate the efforts by families and communities in support of children with disabilities.

Conclusions

In countries the world over children with disabilities and their families continue to face discrimination and are not yet fully able to enjoy their basic human rights. The inclusion of children with disabilities is a matter of social justice and an essential investment in the future of society. It is not based on charity or goodwill but is an integral element of the expression and realization of universal human rights.

The last two decades have witnessed a gathering global momentum for change. Many countries have already begun to reform their laws and structures and to remove barriers to the participation of persons with disabilities as full members of their communities.

The Convention on the Rights of Persons with Disabilities, building upon the existing provisions of the Convention on the Rights of the Child, opens a new era in securing the rights of children with disabilities and their families. Together with the Millennium Agenda and other international initiatives, these international standards lay the foundation for each country and community to undertake a fundamental review of the situation of children and adults with disabilities and to take specific steps to promote their inclusion in society.

EDITORIAL

The rights of all disabled people, including those of children, have been reiterated and given a new impetus with the Convention on the Rights of Persons with Disabilities, which was signed on opening day, 30 March 2007, by the representatives of an unprecedented 81 countries. This follows an unequivocal statement made by Heads of State and Government, adopted by the United Nations General Assembly following the May 2002 Special Session on Children:

Each girl and boy is born free and equal in dignity and rights; therefore, all forms of discrimination affecting children must end.... We will take all measures to ensure the full and equal enjoyment of all human rights and fundamental freedoms, including equal access to health, education and recreational services, by children with disabilities and children with special needs, to ensure the recognition of their dignity, to promote their self-reliance, and to facilitate their active participation in the community.¹

The daily reality for most children with a disability is that they are often condemned to a 'poor start in life' and deprived of opportunities to develop to their full potential and to participate in society. They are routinely denied access to the same opportunities

for early, primary and secondary education, or life-skills and vocational training, or both, that are available to other children. They either have no voice or their views are discounted. Although they are invariably more vulnerable to abuse and violence, their testimony is often ignored or dismissed. In this way, their isolation is perpetuated as they prepare for adult life.

Yet there are changes for the better. Much has been accomplished by governments and their partners working at all levels of society. Increasing numbers of children who would have previously been sent to segregated schools or even been denied an education altogether now attend regular classes at their local school and are accepted as members of their local community. Achieving the full participation in society of children with disabilities is an objective of the global disability rights movement, a powerful initiative by persons with disabilities to claim their basic human rights. This movement is gaining momentum and has recorded impressive achievements. Disabled persons' organizations have successfully promoted education reforms in many countries, and they have been recognized as a major force behind the process leading to the Convention on the Rights of Persons with Disabilities.

While there are grounds for optimism, we are still far from seeing all the world's 200 million children with disabilities enjoying effective and equitable access to basic social services and meaningful participation in society. For example, around 90 per cent of children with disabilities in developing countries do not attend school.

Society must adapt its structures to ensure that all children, irrespective of age, gender and disability, can enjoy the human rights that are inherent to their human dignity without discrimination of any kind. International human rights standards, including the Convention on the Rights of the Child, the UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities and the Convention on the Rights of Persons with Disabilities, all point the way towards overcoming discrimination and recognizing the right to full participation of children with disabilities – in the home and community, in school, health services, recreation activities and in all other aspects of life.

This *Innocenti Digest* addresses inclusion in the widest societal sense and gives particular attention to inclusive strategies for all levels of education. Early childhood development interventions and informal education play a critical role in promoting children's development and in preparing them for adult life as

active participants in the local community and society. It is a means for raising children's awareness of their rights and overcoming prejudice and discrimination. Through education children acquire the skills necessary to reach their full potential, both as individuals and citizens. Education offers one of the most effective means to break the cycle of poverty that all too often overtakes children with disabilities and their families. Education can also prepare other children and the surrounding community to promote inclusion and to be more receptive to and supportive of children with disabilities.

Disability cannot be considered in isolation. It cuts across all aspects of a child's life and can have very different implications at different stages in a child's life cycle. Many of the initiatives to promote the rights of children with disabilities overlap with those for other excluded groups. This *Innocenti Digest* aims, therefore, to encourage actors at all levels – from the local to the international – to include children with disabilities in *all* their programmes and projects and to ensure that no child is left out.

The information presented here makes it abundantly clear that real progress is possible in all countries, including the poorest, and that obstacles seeming to be insurmountable can be overcome.



Marta Santos Pais
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1 INTRODUCTION

The Convention on the Rights of the Child (CRC) recognizes the human rights of all children, including those with disabilities. The Convention contains a specific article recognizing and promoting the rights of children with disabilities. Along with the CRC, the Convention on the Rights of Persons with Disabilities (CRPD), adopted by the United Nations General Assembly in December 2006, provides a powerful new impetus to promote the human rights of all children with disabilities.

In spite of the almost universal ratification of the Convention on the Rights of the Child, and the social and political mobilization that led to adoption of the Convention on the Rights of Persons with Disabilities, disabled children and their families continue to be confronted with daily challenges that compromise the enjoyment of their rights. Discrimination and exclusion related to disabilities occur in all countries, in all sectors of society and across all economic, political, religious and cultural settings.

Promoting inclusion

Human rights have provided both the inspiration and the foundation for the movement towards inclusion for children with disabilities. Inclusion requires the recognition of all children as full members of society and the respect of all of their rights, regardless of age, gender, ethnicity, language, poverty or impairment. Inclusion involves the removal of barriers that might prevent the enjoyment of these rights, and requires the creation of appropriate supportive and protective environments.

The UN Educational, Scientific and Cultural Organization (UNESCO) states that the inclusion of children who would otherwise be perceived as 'different' means "changing the attitudes and practices of individuals, organisations and associations so that they can fully and equally participate in and contribute to the life of their community and culture. An inclusive society is one in which difference is respected and valued, and where discrimination and prejudice are actively combated in policies and practices." The World Conference on Special Needs Education, organized by UNESCO and held in Salamanca, Spain, in 1994, recommended that inclusive education should be the norm.² This has now been reaffirmed in the new Convention on the Rights of Persons with Disabilities.

In the context of education, inclusion means the creation of barrier-free and child-focused learning environments, including for the early years. It means providing appropriate supports to ensure that all children receive education in non-segregated local facilities and settings, whether formal or informal. It is framed by article 29 of the Convention on the Rights

of the Child, which requires that the child's education be directed to the development of their personality, talents and mental and physical abilities to their fullest potential; to the preparation of the child for responsible life in a free society, in the spirit of understanding and tolerance.

Inclusion is a process that involves all children, not just a number of 'special' children. It gives non-disabled children the experience of growing up in an environment where diversity is the norm rather than the exception. It is when the education system fails to provide for and accommodate this diversity that difficulties arise, leading to marginalization and exclusion.

Inclusion is not the same as 'integration', which implies bringing children with disabilities into a 'normal' mainstream or helping them to adapt to 'normal' standards. For example, in the context of schooling, integration means the placement of children with disabilities in regular schools without necessarily making any adjustments to school organization or teaching methods. Inclusion, on the other hand, requires that schools adapt and provide the needed support to ensure that all children can work and learn together.

Scope of this *Digest*

The enjoyment of human rights by children with disabilities can be fully realized only in an inclusive society, that is, a society in which there are no barriers to a child's full participation, and in which all children's abilities, skills and potential are given full expression. The *Digest* reviews concrete initiatives and strategies for advancing the social inclusion of children with disabilities. These initiatives are by no means confined to income-rich countries. Indeed, some of the poorest countries in the world are now leading the way through a combination of political will, partnership with local communities and, above all, the involvement of children and adults with disabilities in decision-making processes.

This *Digest* is intended to help raise the profile of childhood disability and to give impetus to the challenge of ensuring that children with disabilities are fully included in efforts to promote the human rights of all children. It examines the situation of children with disabilities from a global perspective, considering countries and societies with widely differing levels of economic development and service provision, and a variety of sociocultural realities that influence attitudes towards persons with disabilities. It seeks to demonstrate that the inclusive policies and practices required to promote the enjoyment of the rights of these children are both feasible and practical.



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Box 1.1 Disability terminology

Language is powerful and the choice of words used can either perpetuate social exclusion or promote positive values. Accordingly, the term 'children with disabilities' rather than 'disabled children' is employed in this *Digest* to emphasize children's individuality rather than their condition.

The term 'impairment' is used to refer to the loss or limitation of physical, mental or sensory function on a long-term or permanent basis. 'Disability', on the other hand, is used to describe the condition whereby physical and/or social barriers prevent a person with an impairment from taking part in the normal life of the community on an equal footing with others.

The Convention on the Rights of Persons with Disabilities states:

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. (Article 1)ⁱ

Under the International Classification of Functioning, Disability and Health (ICF) established by the World Health Organization (WHO) in 2001, disability is conceived as the outcome of the interaction between impairments and negative environmental impacts.ⁱⁱ The World Health Organization emphasizes that most people will experience some degree of disability at some point in their lives. Accordingly, the ICF classification focuses on a child's abilities and strengths and not just impairments and limitations. It also grades functioning on a scale from no impairment to complete impairment. By shifting the focus from cause to impact, ICF places all health conditions on an equal footing.

Sources:

ⁱ *United Nations, Convention on the Rights of Persons with Disabilities, United Nations, New York, 2006. See <www.un.org/esa/socdev/enable>.*

ⁱⁱ *For more on the International Classification, see <www.who.int/icidh> or contact the Classification, Assessment, Surveys and Terminology Unit, WHO (see 'Links' section).*

2 HOW MANY CHILDREN WITH DISABILITIES?

It is estimated that, overall, between 500 and 650 million people worldwide live with a significant impairment. According to the World Health Organization (WHO), around 10 per cent of the world's children and young people, some 200 million, have a sensory, intellectual or mental health impairment. Around 80 per cent of them live in developing countries.³ Statistics such as these demonstrate that to be born with or acquire an impairment is far from unusual or abnormal.

The reported incidence and prevalence of impairment in the population vary significantly from one country to another. Specialists, however, agree

on a working approximation giving a minimum benchmark of 2.5 per cent of children aged 0-14 with self-evident moderate to severe levels of sensory, physical and intellectual impairments. An additional 8 per cent can be expected to have learning or behavioural difficulties, or both.

These estimates were found to be useful in the detailed analysis of statistics on incidence and prevalence of childhood disability in the UNICEF study on *Children and Disability in Transition in CEE/CIS and Baltic States*.⁴ They are based on research and data gathered over years in countries with the highest human development rankings.



The minimum benchmark was found particularly helpful in comparing official country rates to this standard since data, if available, are often not comparable between countries. Countries frequently use different classifications, definitions and thresholds between categories of 'disabled' and 'non-disabled', with the result that a child who is classified as, for example, having a mild impairment according to one system might be regarded as not being disabled at all under another.

Because of the high degree of stigma associated with disability in certain countries, parents and other family members may be reluctant to report that their child has a disability. Often these children have not even had their birth registered, with the result that they are not known to health, social services or schools. In countries where literacy rates are low and children frequently receive no formal schooling, some learning disabilities (such as dyslexia) may never be identified. In countries where diagnosis is more advanced and the likelihood of survival is greater or where state benefits are available to support persons with disabilities, there is a greater incentive to register a child's disability, thus contributing to a higher recorded prevalence of disability.

The issue of identification is also linked to age group: it is not always easy to identify an impairment in a very young child (a child under three years old, for example), and many impairments only become evident when a child starts attending school. Some children – especially in developing countries – will also acquire impairments through accidents and illness, or in conditions of civil disturbance and armed conflict.

With regard to data collection, consistent and accurate information on children with disabilities helps to make an 'invisible' population 'visible' by demonstrating the extent and, indeed, the normality of disability. For example, in Gambia, following the publication of the National Disability Survey of 1998, recognition of the rights of persons with disabilities increased. The survey, administered to more than 30,000 households by a task force that included persons with disabilities, was conducted to identify the kinds of disabilities affecting children and their geographical distribution. The aim was to facilitate provision of services to children with disabilities.⁵

Data on the types of impairment and the numbers of children affected can inform service delivery and improve the provision of the appropriate aids and appliances. It also enables the monitoring of equality of opportunity and progress towards the achievement of economic, social, political and cultural rights. The most useful statistics are those disaggregated by gender, age, ethnic origin and urban/rural residence. It is important that figures are further disaggregated in relation to the extent of impairment, the numbers of children with

disabilities living at home or placed in institutions, and the number enrolled in regular education or special education systems or receiving benefits.

Although accurate and representative data on disability are lacking in many parts of the world, international efforts are underway to improve the quality and availability of data. In 2005 the United Nations Statistics Division initiated the systematic and regular collection of basic statistics on human functioning and disability by introducing a disability statistics questionnaire to the existing data collection system.⁶

Box 2.1 Changing levels of disability in CEE/CIS and the Baltic States

Since the break-up of the Soviet Union, many states in the CEE/CIS and Baltic region have registered dramatic changes in the recorded number of children with disabilities. The total number of children recognized as disabled in official data across the region tripled, from around 500,000 at the onset of transition to 1.5 million in 2002. In Estonia, for example, the number of children aged up to 15 with disabilities who were registered more than doubled from 1,737 in 1989 to 4,722 in 2001, while in Ukraine the number of children aged up to 17 with disabilities rose from 93,156 in 1992 to 153,453 in 2001.ⁱ In Uzbekistan, according to official statistics, there were 33,280 children registered as having an impairment in 1992, while by 1999 this number had increased to 123,750.

These official data do not reflect the situation fully. There are additional numbers of children with disabilities, especially in rural areas, who have never been officially registered and who are effectively hidden because of the stigma attached to their condition.

A detailed discussion of the background to and possible reasons for these dramatic increases can be found in the UNICEF report *Children and Disability in Transition in CEE/CIS and Baltic States*.ⁱⁱ The report attributes these changes to a combination of improved identification and reporting techniques, and in some cases, the incentive of improved cash benefits for children with disabilities living in the community.

Sources:

ⁱ Figures provided from UNICEF Innocenti Research Centre, MONEE database. These data were used in support of the report 'Children and Disability in Transition in CEE/CIS and Baltic States', Innocenti Insight, UNICEF Innocenti Research Centre, Florence, 2005.

ⁱⁱ *Ibid.*

3 DISABILITY AND INCLUSION

The history of disability is for the most part one of exclusion, discrimination and stigmatization. Often segregated from society, persons with disabilities – and in particular, children with disabilities – have been regarded as objects of charity and passive recipients of welfare. This charity-based legacy persists in many countries and affects the perception and treatment received by children with disabilities.

The 'social model' of disability

The human rights approach to disability has led to a shift in focus from *a child's limitations* arising from impairments, to the *barriers within society* that prevent the child from having access to basic social services, developing to the fullest potential and from enjoying her or his rights. This is the essence of the social model of disability.

The emphasis given to equality and non-discrimination in international human rights instruments is reflected in the social model of disability. This model rejects the long-established idea that obstacles to the participation of disabled people arise primarily from their impairment and focuses instead on environmental barriers. These include:

- prevailing attitudes and preconceptions, leading to underestimation;
- the policies, practices and procedures of local and national government;
- the structure of health, welfare and education systems;
- lack of access to buildings, transport and to the whole range of community resources available to the rest of the population;
- the impact of poverty and deprivation on the community as a whole and more specifically on persons with disabilities and their families.

A great deal can be done to remove or reduce the barriers faced by children and adults with disabilities. For persons with disabilities, this is both a liberating and an empowering view, one that emphasizes the positive contribution that they themselves can make in removing the barriers to their participation. At the same time, the social model emphasizes the role of government and civil society in removing the obstacles faced by citizens with disabilities in becoming active participants in the various communities in which they live, learn and work.

Emphasizing the social construction of disability in no way implies rejecting medical and professional services and supports. Nor does it mean denying the

potential of intervention in reducing or alleviating an impairment or in providing rehabilitation or training. Provision of technical aids, medical intervention and professional support are all important ways of promoting empowerment and independence and are an integral part of the social model. For example, a simple medical procedure may be all that is required to help a child with eye or ear infections to benefit from classroom learning.

Nevertheless, the medical model (sometimes known as the 'defect model') still exerts a disproportionate influence at many levels. For example, teachers and parents sometimes ask questions such as "Can children with Down's Syndrome attend an ordinary school?" or "How do you teach children with muscular dystrophy?" The answer to the last question was given by a group of 48 children with muscular dystrophy from France:

Care providers cannot understand that we are all different, even if we have the same condition, the same disability. What we want to say to all adults who take care of us is that we are 48 different personalities. There is no personality type known as muscular dystrophy.⁷

This quotation emphasizes that the rights, needs and voice of the individual child are fundamental. It is this principle that lies at the heart of the Convention on the Rights of the Child and is reflected as well in the Convention on the Rights of Persons with Disabilities.

Disability and poverty

The World Bank has estimated that persons with disabilities account for up to one in five of the world's poorest people, that is, those who live on less than one dollar a day and who lack access to basic necessities such as food, clean water, clothing and shelter.⁸ These figures have been brought to life in a recent report from Inclusion International which documents the poverty and exclusion experienced daily by people with intellectual disabilities and their families in all regions of the world, but which also records many examples of how these obstacles are beginning to be overcome.⁹

Poverty is both a cause and a consequence of disability. Correlates of poverty, such as inadequate medical care and unsafe environments, significantly contribute to the incidence and impact of disability, and complicate efforts for prevention and response. By the same measure, many of the factors contributing to high levels of impairment among children are



potentially preventable, thus offering the opportunity to reduce the levels of disability as well as of poverty. Such factors include malnutrition and micronutrient deficiencies, preventable diseases such as measles, lack of sanitation and clean water, as well as violence, abuse and exploitation, including through labour. Lack of access to all levels of education and low levels of family support in any community are also closely linked to both poverty and disability.

Significant progress is being made in eliminating major causes of impairment such as iodine deficiency and lack of access to safe water. On the other hand, the last decade has seen a persistence or rise in other factors that have contributed to the incidence of impairments, including HIV/AIDS, environmental pollution, accidents and drug abuse.¹⁰ War and civil strife are also major causes of impairment among children, largely affecting countries in the developing world. UNICEF has estimated that between 1990 and 2001, 2 million children around the world were killed and as many as 6 million disabled by armed conflict.¹¹ The prevention of disability caused by landmines and unexploded ordnance needs to be given higher priority in the regions most affected.

The additional burden placed on families with members, including children, with disabilities, deepens the impact of economic poverty and may further perpetuate discriminatory attitudes towards these groups.

In the light of the inextricable link between poverty and disability, effective action to reduce poverty must

address disability concerns in a systematic manner.¹² This fundamental principle of inclusive planning was recognized by former President of the World Bank James Wolfensohn:

If development is about bringing excluded people into society, then disabled people belong in schools, legislatures, at work, on buses, at the theatre and everywhere else that those who are not disabled take for granted. Unless disabled people are brought into the development mainstream, it will be impossible to cut poverty in half by 2015 or to give every girl and boy the chance to achieve a primary education by the same date—goals agreed by more than 180 world leaders at the United Nations Millennium Summit in September 2000.¹³

The World Bank has promoted a broad and inclusive approach to disability issues, including through the appointment of an experienced disability adviser and the recruitment of disability experts. A guidance note released in 2007, which includes consideration of issues relevant to children and youth, has the aim to “assist Bank projects in better incorporating the needs and concerns of people with disabilities, as well as integrating a disability perspective into ongoing sector and thematic work programs, and to adopt an integrated and inclusive approach to disability.”¹⁴ Similar initiatives, developed with non-governmental organizations (NGOs), are also being pursued by the European Union.¹⁵

4 INTERNATIONAL STANDARDS AND MECHANISMS

Over four decades, the United Nations has made a strong commitment to the human rights of persons with disabilities.¹⁶ This commitment has been reflected in major human rights instruments as well as within specific measures and initiatives, which began with the 1971 Declaration on the Rights of Persons with Mental Retardation and now has culminated in the 2006 Convention on the Rights of Persons with Disabilities. Other examples of disability-focused initiatives include the International Decades of Disabled Persons, the 1993 Standard Rules on the Equalization of Opportunities for Persons with Disabilities and the 1994 Salamanca Statement and Framework for Action for Special Needs Education (see box 4.1 for a more complete list).

Convention on the Rights of the Child

The 1989 Convention on the Rights of the Child (CRC) is the first binding instrument in international law to deal comprehensively with the human rights of children, and is notable for the inclusion of an article specifically concerned with the rights of children with disabilities. The implementation of the CRC is monitored and promoted at the international level by the Committee on the Rights of the Child.

The CRC identifies four general principles that provide the foundation for the realization of all other rights:

- non-discrimination;
- the best interests of the child;
- survival and development;
- respect for the views of the child.

The principle of non-discrimination is reflected in article 2 of the CRC that expressly prohibits discrimination on the grounds of disability:

States parties shall respect and ensure the rights set forth in the present Convention to each child ...without discrimination of any kind, irrespective of the child's...disability...or other status.

This principle is motivated by the recognition that segregated or separate facilities for education, health care, recreation and all other aspects of human life on the basis of disability can create and consolidate exclusion. These factors often perpetuate the negative perception of a child with a disability as

a 'problem' and, in doing so, maintain or reinforce mechanisms of discrimination.

Certain children require additional or different forms of support in order to enjoy their rights. For instance, a child with a visual impairment has the same right to education as all children, but in order to enjoy this right and to ensure her or his participation, the child may require enlarged print, Braille books or other forms of assistance.

Article 23 of the CRC refers to the obligations of States parties and recognizes that a child with mental or physical disabilities is entitled to enjoy a full and decent life, in conditions that ensure dignity, promote self-reliance and facilitate the child's active participation in the community:

- i) States parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.
- ii) States parties recognize the right of the disabled children to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance...appropriate to the child's condition....
- iii) ...assistance extended...shall be provided free of charge, whenever possible... and shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development.
- iv) States parties shall promote...the exchange of appropriate information in the field of preventive health care and of medical, psychological and functional treatment of disabled children.... In this regard, particular account shall be taken of the needs of developing countries.

This special article on children with disabilities is included "without prejudice to" the general applicability of the principles and provisions of the CRC to the situation of children with disabilities. The article adds force to the other provisions of

Box 4.1 Human rights instruments and high-level decisions reinforcing the rights of persons with disabilities

Complementing the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights and the Convention on the Rights of the Child, the following texts and international events specifically address the rights of persons with disabilities:

- 1971** **Declaration on the Rights of Mentally Retarded Persons** stipulates that a person with an intellectual impairment is accorded the same rights as any other person
- 1975** **Declaration on the Rights of Disabled Persons** proclaims the equal civil and political rights of all disabled persons, and sets standards for equal treatment and access to services
- 1981** **International Year of Disabled Persons (United Nations)**
- 1982** **World Programme of Action concerning Disabled Persons**
- 1983–1992** **International Decade of Disabled Persons (United Nations)**
- 1990** **World Declaration on Education for All and Framework for Action to Meet Basic Learning Needs** adopted at the World Conference on Education for All, in Jomtien, Thailand in March 1990, promotes “equal access to education to every category of disabled persons as an integral part of the education system”
- 1993** **United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities** provide detailed guidelines for policy development and implementation
- 1993–2002** **Asian and Pacific Decade of Disabled Persons**
- 1994** **Salamanca Statement and the Framework for Action on Special Needs Education.** Adopted by the UNESCO World Conference on Special Needs Education: Access and Quality, Salamanca, Spain, 7-10 June 1994. Adopted by 92 governments and over 25 international organizations, putting the principle of inclusion on the educational agenda worldwide
- 1995** **World Summit for Social Development, Copenhagen Declaration and Programme of Action** calls upon governments to ensure equal educational opportunities at all levels for disabled children, youth and adults, in integrated settings
- 1998** **Human Rights of Persons with Disabilities, Commission on Human Rights Resolution 1998/31**
- 2000** **World Education Forum, Dakar, Statement and Framework for Action** established attainable and affordable educational goals, including the goals of ensuring that by 2015 all children of primary age have better access to complete free schooling of an acceptable quality, that gender disparities in schooling are eliminated and that all aspects of educational quality are improved
- 2000** **Human Rights of Persons with Disabilities, Commission on Human Rights Resolution 2000/51**
- 2001–2009** **African Decade of Disabled Persons**
- 2002** UN General Assembly **Resolution on The Rights of the Child**, following the World Summit on Children, calls upon States to take all necessary measures to ensure the full and equal enjoyment of all human rights and fundamental freedoms by children with disabilities, and to develop and enforce legislation against their discrimination, so as to ensure dignity, promote self-reliance and facilitate the child’s active participation in the community, including effective access to educational and health services
- 2002** **‘A World Fit for Children’**, outcome document of the UN General Assembly Special Session on Children makes clear reference to the rights of children with disabilities, especially regarding protection from discrimination, full access to services, and access to proper treatment and care, as well as the promotion of family-based care and appropriate support systems for families
- 2003–2012** **Second Asian and Pacific Decade of Disabled Persons**
- 2004–2013** **Arab Decade of Disabled Persons**
- 2006** **UN Convention on the Rights of Persons with Disabilities**
- 2006–2016** **Inter-American Decade of Disabled Persons**

the CRC, including freedom from discrimination, respect for the dignity of the child and the cultivation of her or his potential to assume a responsible and independent life in society. They may be seen to be particularly relevant to the situation of children with disabilities in the following provisions:

- The child's right not to be separated from his or her family (article 9).
- Services and assistance to support parents in their child-rearing responsibilities (article 18).
- Protection from injury, neglect and any form of violence (article 19).
- Protection of children deprived of a family environment (article 20).
- Refugee children (article 22).
- Periodic review of treatment (article 25).
- The child's right to free and compulsory primary education, to secondary and vocational education and the prevention of drop out (article 28).
- Children belonging to minorities and indigenous people (article 30).
- Protection from work that interferes with education (article 32).
- Protection from abuse (article 33).
- Protection from sexual exploitation (article 34).
- Protection from torture or other cruel, inhuman or degrading treatment or punishment, and from deprivation of liberty (article 37).
- Right to rehabilitative care for victims of neglect, exploitation, abuse or degrading treatment (article 39).

The implementation of the CRC is monitored at the international level by the Committee on the Rights of the Child, which oversees the progress made by States parties in promoting the realization of children's human rights. Reiterating its concern with the rights of children with disabilities, in 2006 the Committee issued a General Comment on this particular topic (see chapter 5 below for discussion of the Committee's comments and policy recommendations concerning children with disabilities).

Other international human rights instruments and decisions

In addition to the CRC, a number of other important human rights instruments reinforce the rights of persons with disabilities (box 4.1). Of particular note is the renewed impetus for recognizing the principle of non-discrimination as a fundamental part of all international human rights instruments, thus guaranteeing their relevance to persons with disabilities.¹⁷

Disability issues have also been addressed in the context of other human rights institutions of the United Nations, for example, in 2006 in a report by the Special Rapporteur on the right to education, addressing steps to fulfil the right to inclusive education.¹⁸

UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities

The CRC provides a binding implementation framework with implications for law, policy and practice with respect to children with disabilities. The Standard Rules on the Equalization of Opportunities for Persons with Disabilities, adopted by the UN General Assembly in 1993, provides detailed guidance on what should be done and how to do it.¹⁹ The Committee on the Rights of the Child recommended that the two documents be used as complementary tools in promoting the rights of children with disabilities.²⁰ Around the world, these Rules have had a major influence on the development of disability legislation, the level and provision of services for persons with disabilities and, above all, on attitudes towards disability issues. The simplicity of the Rules enables them to be used as a practical tool by those involved in developing disability legislation and policy.²¹

Unlike the CRC, which is legally binding for all States that have ratified or acceded to it, the Standard Rules express a political commitment on the part of States to adapt society to individuals with functional impairments. The Rules address all aspects of the lives of persons with disabilities and indicate how governments can make social, political and legal changes to ensure that persons with disabilities are treated as full citizens of their country. The Rules cover four main areas:

- 1 Preconditions for equal participation (awareness raising, medical care, rehabilitation, support services and accessibility).
- 2 Target areas for equal participation (accessibility, education, employment, income maintenance and social security, family life and personal integrity, culture, recreation and sports, religion).
- 3 Implementation measures (information and research, policy-making and planning, legislation, economic policies, coordination of work, organizations of disabled persons, personnel training, national monitoring and evaluation of disability programmes in the implementation of the Rules, technical and economic cooperation and international cooperation).
- 4 Monitoring mechanisms. The implementation of the Rules is monitored by the Special Rapporteur on Disability (see box 4.2), assisted by a committee of experts drawn from the main international NGOs concerned with disability.

In October 2006 the Office of the UN Special Rapporteur on Disability published the results of a Global Survey on the Implementation of the Standard Rules, conducted by the South-North Center for Dialogue and Development, based in Amman, Jordan.²² A detailed questionnaire was sent to 191 government bodies in member States and to two organizations representing persons with disabilities in each country; information was received from 114 countries.

Box 4.2 Work of the UN Special Rapporteur on Disability

The United Nations Special Rapporteur on Disability reports yearly to the Commission for Social Development. The reports present findings on the promotion and monitoring of the implementation of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities and contain recommendations, as requested by the Commission, on their further development. In carrying out the functions of the position, the Special Rapporteur establishes a direct dialogue with Member States and local non-governmental organizations and experts, seeking their views and comments on any information intended to be included in the reports.¹

In 1994, Bengt Lindqvist was designated by the United Nations Secretary-General as the first Special Rapporteur on Disability. In 1998 and 2000, he addressed the UN Commission on Human Rights concerning disability as a human rights issue. The Commission responded by adopting two important resolutions – 1998/31 and 2000/51 – in which disability is recognized as a human rights concern for the entire UN system.

Bengt Lindqvist retired from the position of Special Rapporteur at the end of 2002 after serving three mandates. He was succeeded by Sheikh Hessa Khalifa bin Ahmed al-Thani, who worked closely with the UN Secretary-General and officials of the Arab League to facilitate the adoption and declaration of the Arab Decade for Persons with Disabilities (2004–2013) at the summit meeting of the Arab League in May 2004. Ms. Sheikh Hessa has also continuously stressed the need for accurate statistical data and information on disability, and this led to the worldwide dissemination of a survey on government action on the implementation of the Standard Rules.

Source:

¹ *United Nations Enable website*, <www.un.org/esa/socdev/enable/rapporteur.htm>.

The study concluded that although some progress had been made in recognizing the rights of persons with disabilities, “there are more good intentions world-wide that are not necessarily backed by strong political will” (p. 12). It was found, for example, that 30 countries have reported taking no measures to enable children with disabilities to receive education in integrated settings. In 37 countries education is not available to low income persons with disabilities or to women with disabilities. At the same time, 84 countries reported relevant changes to the training of teachers, and increasing numbers are adopting policies and passing legislation to promote the access of children with disabilities to education.

Convention on the Rights of Persons with Disabilities

When proposals for a new disability convention were first raised, it was suggested by some that there was no need for such a convention because the rights of persons with disabilities were automatically included in all other conventions, whether or not these included disability-specific references. At the same time, organizations of persons with disabilities pressed the case for a disability-specific convention, noting examples of their needs being overlooked in the implementation and monitoring of conventions and other international initiatives.

In November 2001, the General Assembly of the United Nations adopted a resolution to establish an ad hoc committee to consider proposals for a Convention on the Rights of Persons with Disabilities. The proposed convention aimed to give status, authority and visibility to disability as a human rights issue in a way that would have been impossible to achieve by any other means.²³

At its concluding session in August 2006, the committee adopted the draft of the proposed convention, which was subsequently adopted by the UN General Assembly on 13 December 2006, and became open for signature by Member States from 30 March 2007. States, as well as regional integration organizations, become parties to the Convention and to its Optional Protocol either by signing and ratifying the instruments or by acceding to them. Signature conveys the intention to take steps towards ratification at the international level, in the prospect of compliance with the respective provisions. More than 80 Member States and many NGOs took part in the signing ceremony and the subsequent dialogue on implementation. As of 15 August 2007, 101 countries had signed the Convention, and 4 countries – Croatia, Hungary, Jamaica and Panama – had ratified it. For entry into force, it is necessary that the Convention receive 20 ratifications.

Children themselves, with support of child advocates, played an important role in the drafting process as well as in other aspects of the development of the Convention.

The Convention is a human rights instrument with an explicit social development dimension. It adopts a broad categorization of persons with disabilities and reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms. It clarifies and describes how all categories of rights apply to persons with disabilities and identifies areas where adaptations have to be made for persons with disabilities to effectively exercise their rights and areas where the protection of their rights must be reinforced.

The Convention reflects a 'paradigm shift' in attitudes and approaches to persons with disabilities, in the direction of the social model of disability described above. It represents the culmination of the process initiated over two decades ago by the United Nations of moving from the treatment of persons with disabilities as 'objects' of charity, medical treatment and social protection towards viewing persons with disabilities as 'subjects' with rights who are capable of claiming those rights and making decisions for their lives based on their free and informed consent, as well as being active members of society.

The General Principles of the Convention (article 3) are fundamental to all articles of the Convention and to its implementation by member States. They are as follows:

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

All of the provisions in the Convention apply to children with disabilities as well as to adults. In recognition of children's specific situation, however, several articles make explicit reference to their rights. The pre-ambles recognize that children with disabilities have full enjoyment of all human rights on an equal basis with others. The general principles include respect for the evolving capacities of the child and children's right to preserve their identity. The general obligation requires that children with disabilities must be consulted when States parties are developing and implementing legislation and policies. Several other articles specifically address the rights of children with disabilities, including their right to participation, information, education, family life and freedom from violence.

Three articles in particular – articles 7, 24 and 32 – merit examination in greater detail.

Article 7: Children with disabilities

Building upon the CRC, the principles summarized in article 7 of the Convention affirm the fundamental rights of all children with disabilities to the entire range of human rights inherent to all children. Requirements for the best interests of the child and for the participation of the children themselves in decision-making are particularly important for children with disabilities, whose interests and voices

are all too frequently overlooked and undervalued. Their right to appropriate support in making their voices heard is emphasized in both article 7 and article 24.

Article 24: Education

A second article of the Convention with particular implications for children is article 24 on education. Article 24 reflects a clear commitment to the principle of inclusive education as a goal. In this respect, it advances further the direction established in earlier documents such as the CRC, the Salamanca Statement and Framework and the Standard Rules.

Article 24 also addresses the specific needs of children with severe and complex sensory impairments for access to specific supports to learning such as sign language, Braille and low vision aids. Other children with disabilities may also need modifications to the curriculum, to styles of teaching and to the organization of the classroom. Support to all children with disabilities has to be individually tailored and resourced both in terms of time and staffing. Clearly, parents and the children themselves have to be partners in deciding the nature and intensity of such support and ways in which it can be reduced as both child and teacher become more confident and competent (see chapter 6 below for further discussion of education).

Article 32: International cooperation

The Convention has important implications for the role of international actors, and of the UN system in particular. In article 32, the Convention recognizes the importance of international cooperation in support of national efforts for the realization of its purpose and objectives, and stresses that cooperation should aim at ensuring that development programmes are inclusive of, and accessible to persons with disabilities. The Convention is also open for accession to regional integration organizations. In addressing the need for all development programmes to be inclusive and accessible to persons with disabilities, article 32 identifies a range of areas in which international partners are expected to play a facilitating and supportive role. With the establishment of the Convention, disability will take on a more prominent role in the development process. In these actions disability must be increasingly addressed within all programmes, not only as a separate item.

Once a country ratifies the Convention, its provisions, and compliance with them, should be reflected in elements of its national development agenda, including its poverty reduction strategy and UN Development Assistance Framework. The UN and other international actors will in turn be called upon by governments and civil society to provide guidance and assistance in the implementation process.

Monitoring implementation of the Convention

In order for the Convention to have a positive impact on the quality of life of persons with disabilities and on society as a whole, effective procedures are required for its implementation at the national level. The roles and responsibilities of stakeholders – including member States, persons with disabilities and their organizations, UN system entities, development partners, and regional entities – in the implementation and monitoring of the Convention need to be clearly established and defined.

The Convention sets out reporting obligations at both the national and international levels. Particular priority must be given to the actions needed at the national level. As outlined in article 33 of the Convention, States parties are required to designate focal point(s) within government, and consider the establishment of a coordination mechanism within government to facilitate relevant actions. The article also highlights the importance of an independent mechanism for monitoring at the national level, and the engagement of civil society, especially the involvement and participation of persons with disabilities and their organizations in the process.

At the international level, the Convention establishes a treaty monitoring body, the Committee on the Rights of Persons with Disabilities (in Geneva), as well as a Conference of States parties (in New York). As is the case for other human rights treaty bodies, the Committee will be made up of independent experts, receiving secretariat support from the Office of the High Commissioner for Human Rights. The Committee will consist initially of 12 members elected by secret ballot from a list submitted by States parties. Each ratifying country is expected to provide an initial comprehensive report to this Committee on progress over a two-year period to implement the Convention, and to report subsequently every four years. The Committee will also take into account the representations of NGOs and members of civil society. The reports of the UN Committee will be in the public domain and available on the internet. The Optional Protocol to the CRPD introduces additional procedures to strengthen the implementation of the Convention and the monitoring role of the Committee.²⁴

Within the UN system, each agency involved in the disability field will play a distinctive role. In respect of children and women, UNICEF is particularly well placed to provide support to government and civil society partners, especially organizations of persons with disabilities, in the promotion of the implementation and monitoring of the Convention. The UN Division of Economic and Social Affairs (UN-DESA) has been called upon to lead the establishment of an inter-agency group that will support the development of a UN system-wide strategy to advance the implementation of the Convention.

The CRPD process has represented an unprecedented opportunity for civil society and the non-governmental sector. For the first time in history, the United Nations General Assembly attributed a leading role to non-governmental organizations in the elaboration of an international convention by specifically involving them in its working structures. This partnership between organizations of persons with disabilities and development and human rights actors will be maintained throughout the implementation and monitoring process.

Implementation at national level: Next steps

The guidance contained in the CRPD and the standards of the CRC, together with the conclusions emerging from the deliberations of the Committee on the Rights of the Child,²⁵ have each generated important recommendations for next steps in implementation at the national level. The following represents a synthesis from these two, very usefully convergent sources:

- 1 Undertake a comprehensive review of all legislation in order to ensure consideration to the inclusion of children with disabilities. Prohibition of discrimination on grounds of disability should be included in all legislation.
- 2 Provide for effective remedies in cases of violations of the rights of children with disabilities and ensure that these are accessible to all children, families and carers.
- 3 Develop a national plan for action framed by the relevant provisions of the CRC and CRPD, together with the Standard Rules. Action plans should specify measurable targets, evaluation indicators and timetables and should be monitored accordingly.
- 4 Create a focal point for disability in each relevant ministry, as well as a high level multi-sectoral coordinating committee, with members drawn from all relevant ministries and from organizations of persons with disabilities. This committee should be empowered to be proactive in initiating proposals and policies.
- 5 Develop independent monitoring mechanisms, such as an ombudsperson or children's commissioner, and ensure that children and families are fully supported in gaining access to such mechanisms.
- 6 Create an earmarked budget to ensure that funds are targeted at agreed areas of need, such as financial support for families, income maintenance, professional development and funds to promote access to buildings and services.
- 7 Conduct awareness raising and educational campaigns targeting the public at large as well as specific groups of professionals.
- 8 Have particular regard to the additional vulnerability of girls and women to discrimination.

These and other recommendations are further discussed and exemplified in chapter 7 below.

Millennium Development Goals

We will have time to reach the Millennium Development Goals – worldwide and in most, or even all, individual countries – but only if we break with business as usual. Success will require sustained action across the entire decade between now and the deadline. It takes time to train the teachers, nurses and engineers; to build the roads, schools and hospitals; to grow the small and large businesses able to create the jobs and income needed. So we must start now. And we must more than double global development assistance over the next few years. Nothing less will help to achieve the Goals.²⁶

(Kofi A. Annan, United Nations Secretary-General, 1997–2006)

The Millennium Development Goals (MDG) (see box 4.3) represent a crucial inclusive framework for advancing the human rights and the quality of life of persons with disabilities and their families.

Despite the omission of specific reference to persons with disabilities in the 18 targets for 2015 or the 48 monitoring indicators of the MDG framework, recognition has nonetheless been given to their needs.²⁷ An international effort is now underway for the explicit inclusion of a disability dimension into the five-year reviews of MDG achievement.²⁸ However, concerns remain over the ability to translate international goals into reality, as expressed, for example, by a disability and development worker in India:

In the South Asian context, the MDGs look like stars and moon up in the sky. Most of the goals in the past have failed to move beyond mere catchy slogans – Education for All, Health for All, Hunger Free Society are mere slogans. One of the reasons is that these goals still need to come from the heart of local policy makers. Are they really committed? Do they see people as valued human beings rather than mere targets and beneficiaries? Absence of political will is the single most important problem.²⁹

(Indumathi Rao)

Tangible evidence is required that the needs of persons with disabilities are explicitly included in UN initiatives, including in the light of the new Convention.

There is a wide basis of agreement on the principles and values that should inform international as well as national programmes for the advancement of the human rights of persons with disabilities. There is also ample guidance in the UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities for the translation of principles into practice in specific domains such as education, health and employment, as well as many examples of countries and communities in all parts of the world that have overcome obstacles to the inclusion of children with disabilities in their local schools and neighbourhoods. The UN has also commissioned a detailed toolkit on inclusive planning that includes specific procedures to ensure the incorporation of a disability dimension in all development planning and monitoring.³⁰

All too often missing, however, is the political will to ensure that persons with disabilities are automatically and explicitly included in development programmes from the outset, rather than added as an afterthought or, as so often happens, overlooked and further marginalized.

The chapter that follows summarizes evidence for the urgency of this challenge and underlines the importance of making the fullest possible use of the opportunities now available to end the neglect of persons with disabilities in all regions of the world.

Box 4.3 Millennium Development Goals

The Millennium Development Goals (MDGs) form a blueprint agreed to by all the world's countries and leading development institutions for the year 2015.

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development.

5 HUMAN RIGHTS OF CHILDREN WITH DISABILITIES TODAY

The daily reality of life for children with disabilities and their families is frequently one of discrimination and exclusion, in all countries of the world. The discrimination they endure can be direct, indirect, or a combination of the two. Direct discrimination takes place when a child with a disability is deliberately treated differently from a child without a disability, on the basis of his or her impairment. Indirect discrimination occurs when practices or policies that do not immediately appear to discriminate against children with disabilities actually have a discriminatory impact in practice, resulting in the denial of certain human rights.³¹ Indirect discrimination may be unintentional, but its effects can be no less damaging than those of direct discrimination.

Global review of the rights of children with disabilities by the UN Committee on the Rights of the Child

The most wide-ranging and authoritative evidence of worldwide discrimination comes from a recent global overview of the situation of children with disabilities conducted by the UN Committee on the Rights of the Child, in its General Comment 9 based on analysis of the reports submitted over a long period by many States parties.³²

In this General Comment the Committee reported that some recommendations had to be made specifically concerning children with disabilities for the “overwhelming majority” of countries reviewed. The Committee emphasized that obstacles stemmed not from the disability itself but from “a combination of social, cultural, attitudinal and physical barriers that children with disabilities encounter in their daily lives.” These barriers are reflected in many reports from countries in all regions of the world and are by no means confined to the poorest countries.

The report contains clear suggestions for action, included in the recommendations for action at national level in chapter 4 above, and discussed further in chapter 7.

Confronting discrimination

Discrimination can manifest itself in various ways: through cultural prejudices, socio-economic, legislative or administrative measures, as well as environments that are inaccessible to persons with disabilities. Cultural prejudices often reflect guilt,

shame or even fear associated with the birth of a child with a disability. It is reported by Save the Children that where there is a cultural reverence for bloodlines, babies born with physical or intellectual impairments are often hidden away or abandoned because they are considered to be a sign of impurity.³³ Cultural attitudes are also influenced by negative or stereotyped depictions of persons with disabilities in folklore, books, films or television programmes. However, the experience of many countries has demonstrated that the existence of deep-seated negative attitudes should not be regarded as an insuperable obstacle to progress.

Preconceptions or lack of open discussion about disability sometimes results in children with disabilities being overlooked in the planning and provision of services. In other cases, the services put in place are inappropriate, poorly conceived or ill-funded. Even in situations where such barriers can be overcome, this means little if children with disabilities are unable to gain physical access to schools, hospitals, public buildings or recreational areas, or to use public transportation to do so.

Furthermore, the marginalization experienced by children with disabilities is all too often compound and cumulative. Children may be discriminated against or suffer social exclusion not only because they have an impairment, but also because of their gender, or because they belong to other groups that experience discrimination (see box 5.1) such as children living in poverty, children who have lost their parents, children living on the street, or children belonging to religious, ethnic or national minorities.

In this latter regard, the situation of Roma children in Central and Eastern Europe and the Commonwealth of Independent States (the CEE/CIS region) represents a particularly damaging cycle of disability, discrimination and disadvantage. Available evidence suggests very high rates of classified disability among the Roma minority. Such a diagnosis may in part represent higher rates of impairment as an outcome of entrenched disadvantage, unmet needs and lack of information. However, it is likely also to be based in stigma and bias, reflecting the way that aptitudes are measured according to dominant cultural standards. The perpetuation of disadvantage is further seen in the observed practice of placing Roma children in institutions or in special, segregated schools, regardless of their impairment status.³⁴

Box 5.1 Disability and gender

Countries often report higher rates of disability for males than females. The reasons for such disparities may include higher rates of work-related injuries and greater risk-taking behaviour among boys and men.ⁱ On the other hand, girls and women are often more exposed to the risk of becoming disabled than males because of neglect and certain forms of abuse and harmful practices, including early marriageⁱⁱ and female genital mutilation/cutting.ⁱⁱⁱ This being the case, the higher rates of disability for boys and men may also reflect the lower visibility given to girls, and to girls with disabilities, in many countries. In the context of such double discrimination, girls and women may have limited access to essential services such as health care, education and vocational rehabilitation.

In Nepal, for example, it was reported in 1995 that the long-term survival rate for boys who had polio was twice that for girls, despite the fact that males and females have an equal chance of being affected by the disease.^{iv} In Kathmandu, a serious underrepresentation of girls receiving treatment at the Hospital and Rehabilitation Centre for Disabled Children was identified as a cause for concern.^v

But gender implications go further than this. Girls and women who do not have disabilities themselves are also disproportionately affected by disability because

they are often entrusted with the responsibility of caring for persons with disabilities in their family and thereby unable to seek paid work and to contribute to the well-being of the family. Similarly, female siblings may be kept at home to look after the child with disabilities and be prevented from going to school or seeking paid employment. Such discrimination against females is found in income-rich as well as income-poor countries.

Efforts to address the gender dimensions of disability must proceed in a balanced and equitable manner that reflects the situation of women and men, girls as well as boys with disabilities within integrated strategies for all.

Sources:

ⁱ Groce, N., 'An Overview of Young People Living with Disabilities: Their needs and their rights', UNICEF Programme Division (Working Paper Series), New York, 1999.

ⁱⁱ See UNICEF Innocenti Research Centre, 'Early Marriage: Child spouses', *Innocenti Digest* No. 7, Florence, 2001.

ⁱⁱⁱ See UNICEF Innocenti Research Centre, 'Changing a Harmful Social Convention: Female genital mutilation/cutting', *Innocenti Digest* No. 12, Florence, 2005.

^{iv} Cited in Groce, N., 'An Overview of Young People Living with Disabilities', *op. cit.*, p. 2.

^v Boyce, W., et al., 'Physically Disabled Children in Nepal: A follow-up study', *Asia Pacific Disability Rehabilitation Journal*, Vol. 10, No. 1 (2000), <www.dinf.ne.jp/doc/english/asia/resource/apdrj/z13jo0300/z13jo0306.html>.

The effect of multiple discriminations is typically more than merely additive. For example, a family belonging to a minority group that experiences discrimination is more likely to live in poverty and consequently have limited access to proper medical care. The combination of these factors increases the likelihood that a child will both be born with some form of impairment and have lower priority in access to already limited support and services.

The consequences of disability can be particularly serious for women and girls because they risk being discriminated against on grounds of their gender as well as of their particular impairment. As a result they may have even more limited access to essential services, including health care, education and vocational rehabilitation.

Access to health, rehabilitation and welfare services

Of the 150 million children reported living with disabilities, few of those living in developing countries have effective access to health and rehabilitation or support services. For example, they may miss out on vaccinations, or treatment for simple fever or diarrhoea, easily curable illnesses which can become life-threatening if left untreated.

Mortality for children with disabilities under five can be as high as 80 per cent in some income-poor countries.³⁵ Children with severe disabilities may not survive childhood because of a lack of basic primary health care facilities. In addition, rehabilitation services are often concentrated in urban areas and can be very expensive.³⁶ Even the simplest aids and appliances to reduce the impact of a child's impairment may not be available. Even where services are largely urban based, children with disability will often have to be left by their parents for weeks or months while they receive care – with profound psychological consequences.

Under article 24 of the CRC, every child has the right to enjoy the highest attainable standard of health and to have access to facilities for rehabilitation and the treatment of illness. Once a child is identified as having an impairment, however, other normative conditions may be overlooked, including basic health care. In countries where access to basic medical services is generally difficult, it is likely to be significantly more difficult for children and adults with disabilities to obtain proper medical treatment.

Many medical decisions made around the globe have come to convey that the life of a child with a disability is considered to be worth less than that of a child who has no disability. There are documented

cases of physicians in both income-rich and income-poor countries who have chosen to deny children with disabilities access to essential operations.³⁷ In extreme cases, doctors, sometimes backed by the courts, have refused to intervene to save the life of a child with a disability, even when the child's parents have sought such intervention.³⁸ Studies have also suggested that physicians may withhold medical and rehabilitative services from people with severe impairments because of assumptions that they are too severely disabled to benefit. In other respects, health care providers may lack awareness of underlying causes that have a persistent influence on the health and well-being of persons with disabilities.

Yet in other instances, children with disabilities have been subjected to clinical and pharmacological interventions that would be considered unacceptable if carried out on children without disabilities in the same community, with examples including electroshock therapy, excessive medication and routine hysterectomies.³⁹ The result in all such instances is that children with disabilities are deprived of individualized or appropriate care.

The basic and continuing education and training of doctors and other health professionals should always include up-to-date information on childhood disability. This recommendation is reinforced by the CRPD. A number of resources are available to provide basic knowledge and skill development concerning persons with disabilities for health care workers.⁴⁰

Persons with disabilities and family members have often played a key role in sharing their experience and have made valued contributions to the training of health care professionals. Opportunities should also be available for paediatricians and other health professionals to meet children with disabilities in community settings, such as play centres and schools, as well as adults with disabilities in colleges and workplaces, rather than in hospital clinics. Parents across the world have expressed concern that physicians tend to underestimate the potential of children with disabilities to benefit from education and training or to make a positive contribution to society.⁴¹

Ill-defined policies, objectives and an ambiguous position on the part of national governments often exclude or fail to ensure the provision of welfare services for children with disabilities, across different regions of the world. Different definitions of disability and poor coordination between departments of health, social services and education are reported in many developed countries and have serious implications for the extent to which children with disabilities enjoy their rights to support and other services. This also makes it difficult for parents and children to determine the benefits to which they are entitled, creating wide variations in the availability and quality of support and services for children and their families.⁴²

Legislative barriers can be exacerbated by administrative divisions that indirectly perpetuate marginalization and discriminatory attitudes. Services for children with disabilities are often organized differently than those for children without disabilities, leading to inefficiency and confusion for families. In many countries, different phases of education have different funding, administration and legislative systems, thus creating bureaucratic barriers. In sectors such as education, health and social work, services for adults may be organized differently than those for children. As a result, after reaching a certain age, young people may lose welfare support to which they were entitled or may have to renegotiate this support.⁴³

Access to education

The child's right to education is enshrined in human rights treaties, including articles 28 and 29 of the CRC. A critical implication is the requirement for primary education to be compulsory and available free to all; and secondary education to be available and accessible to every child, with the provision of financial assistance when needed. The CRPD builds upon this principle and makes recommendations about access to lifelong learning opportunities. In many parts of the world, however, the majority of children with disabilities and especially those with moderate, severe and profound impairments, are still far from enjoying access to any kind of school, let alone to regular education.

In many Western countries and throughout Eastern and Central Europe, special schools have played an important part in providing education for children with disabilities. Some of these have been residential, especially in large countries with scattered populations, but many day special schools have been established with pupils living with their families.

In recent decades, however, the role of special schools has come under critical scrutiny, the lead being taken by Italy when it closed most of its special schools in the 1970s, relocating the pupils to local schools and providing individualized support through the recruitment of support staff (see box 6.6 on page 29).

Experience in many countries has shown that many children who would previously have been automatically referred to special schools can be satisfactorily educated in mainstream schools, given support tailored to their individual needs, often through an individual educational programme. This includes children with intellectual disabilities such as Down's syndrome, a number of whom have confounded expectations by completing secondary education and successfully passing the national school-leaving examinations.⁴⁴

Successful inclusive education experiences in numerous countries are also linked to the expansion of early intervention programmes – guaranteeing an early

start for children and families. In addition, important steps are now being taken to initiate inclusive education programmes at the preschool level.

In reviewing the role of special schools in the future, some countries favouring inclusive education as a first choice and as a matter of principle have decided to retain special schools for children whose parents express a strong preference for such schools, and for pupils who would be particularly difficult to support in ordinary schools. Special schools are now more closely linked to mainstream schools in a variety of ways, sharing resources and training and sometimes located on the same site, a trend increasingly seen across North America and Europe.

Apart from discriminatory legislative measures, hurdles to implementing inclusive education include:

- low priority for children with disabilities among decision-makers;
- lack of community awareness and support;
- reluctance to admit children with severe and complex disabilities;
- inaccessible buildings and curricula that are not adapted to the special needs of children with disabilities;
- shortage and/or lack of appropriate training for teachers, at all levels;
- lack of support from special schools where these exist;
- lack of targeted funding.

To some extent, income-rich nations with a relatively long history of segregated education for children with disabilities present different barriers to inclusive education than those found in income-poor countries. In the former, many ordinary primary and secondary schools are not physically accessible to pupils with limited mobility.⁴⁵ Access to the curriculum is even more problematic for children with intellectual impairments and learning difficulties, though this is being addressed in a number of countries. Also, some of the most significant barriers result from the legacy of policies and structures that have influenced attitudes and mindsets and so created resistance to change.

Market forces may also encourage discrimination within the education system. Schools oriented on results generally publish formal assessments of pupil attainment that foster an educational culture where parents and students compete to attend the best schools. Children with disabilities may find themselves excluded if it is feared that they may compromise overall results. In this and other contexts, there may be resistance to attendance by children with disabilities by the parents of children without disabilities.

Families often face further obstacles in securing a place for their child in an ordinary school. For example, children placed in ordinary schools may not be able to have access to speech or physiotherapy on

the same basis as those in special schools, and their parents may be asked to pay for the child's transport to and from school. Similar limitations often apply to the availability of services in children's early education. Such restrictive policies have the effect of steering parents to use special schools when this is not necessarily in the best interests of the child.

In income-poor countries, resource shortages often represent the major constraint to inclusion: lack of schools or adequate learning environments, shortage of teachers, lack of materials and an absence of support.⁴⁶ On the other hand, attitudes to children with disabilities sometimes favour their inclusion. A number of countries (such as Pakistan) have recorded examples of 'casual integration', in which children with disabilities have been readily accepted in ordinary schools 'because they are local children'. It has been reported that in Viet Nam there is widespread social acceptance of children with disabilities across the general population. A Child Disability Survey in 1998 found that the majority of households consisting of children with disabilities said that local people had positive attitudes towards them.⁴⁷ Additionally, systems of customary and non-formal education in income-poor countries are based much more on family ties, coexistence and the value of the individual, making this education available to all community members without distinction.⁴⁸ While these traditional systems have been weakened, they have not been entirely lost in the face of modernization.

Institutionalization and lack of appropriate care

Four decades of work to improve the living conditions of children with disabilities in institutions have taught us one major lesson: there is no such thing as a good institution.⁴⁹
(Professor Gunnar Dybwad, founding father of the movement for inclusion, parent advocacy and self-advocacy for persons with disabilities)

Placement of children in institutional care remains a common response to disability in some parts of the world. The ability of parents or caregivers to cope with a child with a disability may be compromised for different reasons. They may, for example, find themselves isolated in a community that does not understand their child's impairment; and they may lack the needed economic and social support, or the required information, to be able to provide the needed care and assistance for their children.

However, it has become widely accepted that institutional care for children whose needs cannot be met within their own family is highly detrimental to their well-being and development. Institutionalization often means that children are cut off from their families and the life in their communities. Research has demonstrated that children experience developmental delays and potentially irreversible psychological damage by growing up in such

environments. Even in a well-staffed institution, a child rarely gets the amount of attention he or she would receive from their own parents and families, or from substitute caregiver families in the community.⁵⁰ In addition, children in these settings are denied the important benefit of modelling by other children, which is critical for learning.

Under the CRC, children, including children with disabilities, have the right to be cared for by their parents (article 7) and not be separated from their parents unless a competent authority determines this to be in the child's best interests (article 9). In this regard, there is little evidence to suggest that the best interests of a child with a disability are promoted through segregated structures or facilities rather than in an inclusive society in which all children are able to experience and benefit from diversity.

This is reinforced by the CRPD (article 23), which requires: "States parties shall undertake that where the immediate family is unable to care for a child with disabilities, to take every effort to provide alternative care within the wider family, and, failing that, within the community in a family setting."

Furthermore, article 25 of the CRC states: "when a child has been placed for the purposes of care or treatment, she/he has a right to a periodic review of treatment provided and all other circumstances relevant to the child's placement." The available evidence suggests, however, that such reviews rarely take place.

Once institutionalized, adolescents and young persons with disabilities are also at increased risk of neglect, social isolation and abuse. The World Report on Violence against Children, for example, presents evidence on the incidence of violence in relation to the provision of care, including by institutional staff; violence represented by a lack of care; and bullying and physical violence by other children.⁵¹

In almost all countries in Central and Eastern Europe and the Baltic States, the number of children in public care increased after transition. The number of children with disabilities living in institutions rose rapidly during the early transition years, doubling and trebling their numbers over a short period. At the end of the 1990s, close to 1 million children (about 1 per cent of all children) were reported to be living in institutions in the 27 countries of the CEE/CIS and Baltic States, including 317,000 children with disabilities.⁵² Medical conditions such as epilepsy, cleft palate and scoliosis are sometimes considered sufficient reason for the unnecessary placement of children in a long-term residential facility.⁵³ A variety of reasons are given to justify such institutionalization: professionals may insist that institutions will provide the most effective care; there is a lack of support for families to allow them to care for these children at home; few services and supports exist in the

community to help parents address the needs of these children. Combined, these factors often result in parents having little option but to assign their children to residential care.

Trends like these were seen in the Russian Federation, where economic hardship following the transition contributed greatly to problems faced by children with disabilities and their families. With fewer resources available to them in the community, more and more parents were forced to place children in institutions; in turn, the budgets of the institutions, already stretched, were required to cover the costs of an increased number of children.⁵⁴ In 2002 more than 200,000 children were living in 1,439 boarding schools (*internats*), although only 11 per cent of them were orphans, and a further 30,000 children with severe physical and intellectual impairments, half of whom were orphans, were cared for outside the education system in 151 boarding homes run by social protection agencies. A further 20,000 young children, mostly abandoned, lived in 249 infant homes run by health authorities.⁵⁵

The practice of institutionalization is by no means restricted to Central and Eastern Europe and the CIS. Recent reports examine conditions in institutions, for example in Latin American countries,⁵⁶ as well as in the Middle East and South-Eastern Europe.⁵⁷

For countries with a strong tradition of institutional provision, a major priority must be to develop appropriate services and financial supports in the community, especially to prevent abandonment and neglect. Wherever possible, if children cannot live with their own families they should be in alternative family situations, that is, living in ordinary homes in the local community. These families should be supported by experienced professionals and should be financially rewarded for their work and care. The children should receive appropriate education tailored to their needs, preferably in a regular school with appropriate support or, failing that, in a special class or special school. Continuing contact with the natural family needs to be maintained, with a view to their resuming care for the child at some point in the future, this time with additional support from professionals in the community. In the meantime professionals like these should be recruited and trained. In many cases there is scope to increase the capacity and involvement of other existing social networks, including faith-based groups and trade unions, in support of such initiatives.

Many countries in Central and Eastern Europe and the Baltic States have begun to address these problems and to develop alternatives to institutional care, such as adoption, fostering and guardianship. However, the pressure for institutional placement remains strong. Outside this region, a number of countries have closed all their residential institutions for children with disabilities and developed the kind of provision

summarized above. Others are in the process of doing so, not only for children but also for younger and older adults with disabilities. As described more fully below, in addition to creating alternatives to institutional care, effective mechanisms of social protection need to be put in place that reach the most vulnerable families and caregivers. They include educational and health care support, including fee waivers, provision of day-care facilities and home-based care, material support to families living with disability (tax breaks, cash transfers, in-kind support), counselling and social work services.

In the meantime there is much that can be done to create better conditions within the institutions. Accommodation can be altered to enable children to live in small family groups and to be looked after by staff who act as consistent surrogate parents in environments that resemble an ordinary home to the greatest possible extent. National standards of care can also be established and rigorously monitored through an independent inspectorate, as recommended by international standards, including the CRPD.

The training and support of residential care staff is of paramount importance in this process. It is not surprising that totally inadequate numbers of untrained and unsupported staff working in very poor conditions will resort to institutional methods of block treatment that leave children without toys, stimulation or personal attention. Given additional resources and training, however, staff can adopt more humane and child-centred approaches to caring for children.

The provision of high quality and well-staffed educational facilities in all remaining institutions should be a high priority, so that children are given an effective opportunity to enjoy their rights to education, regardless of where they are living.

Protection from violence, exploitation and abuse

Children are entitled to protection from violence, exploitation and abuse, including from economic exploitation, sexual exploitation and abuse, sale, trafficking and any similar practices prejudicial to the child's welfare. Children and young persons with disabilities have been reported as being significantly more likely to be the victims of physical, sexual and psychological abuse than their peers without disabilities. The powerlessness, social isolation and stigma faced by children with disabilities make them highly vulnerable to violence and exploitation in their own homes, as well as in care centres, institutions or on the street.⁵⁸ A child who requires assistance with washing, dressing and other intimate care activities may be particularly vulnerable to sexual abuse. Perpetrators can include caretakers, attendants, family members, peers or anyone who enjoys a position of trust and power. School bullying is also a form of abuse.

As observed by the World Report on Violence against Children, commissioned by the UN Secretary-General, "children with disabilities are at heightened risk of violence for a variety of reasons, ranging from deeply ingrained cultural prejudices to the higher emotional, physical, economic, and social demands that a child's disability can place on his or her family."⁵⁹ Impairments often make children appear as 'easy victims', not only because they may have difficulty in defending themselves or in reporting the abuse, but also because their accounts are often dismissed.⁶⁰ Violence against a child with a disability may be perceived as somehow less serious and the child's testimony may be regarded as less reliable than that of a person without disabilities. Sometimes there is a reluctance to report rape or other forms of sexual abuse for fear of bringing more shame upon an already stigmatized family.⁶¹ The problem is compounded because initiatives to protect children from abuse rarely include children with disabilities in their remit.⁶² Similarly, although article 39 of the CRC calls for recovery and reintegration support for children who have suffered abuse, this is far less often provided for children with a disability.

In addition, as a review carried out for the UN Secretary-General's Study on Violence against Children notes, "disabled children are also disproportionately represented in the criminal justice system. Furthermore, once in the system, they often fare far worse than their non-disabled peers."⁶³ The review considered the often inadequate understanding of disability concerns by officials in the legal, law enforcement and correctional systems. In consequence they may not recognize problems or conditions, or know how to protect and support these children. For example, deaf children will not be able to use telephone hotlines to report abuse. There is a clear need for staff development and support in this area.

Disability in conflict and emergency situations

Conflict, civil unrest and natural disaster represent significant causes of childhood impairments – as well as barriers to supporting children with disabilities in these situations, for example among refugees and internally displaced populations.

Children with disabilities are especially vulnerable in emergency situations. They are often the first to be abandoned by families and usually the last to receive emergency relief and support.⁶⁴ A disability perspective is rarely present in assessments from the early stages of an emergency, and it is also possible that, under pressure, humanitarian care workers revert to segregating persons with disabilities and even accommodating them only by impairment category, as happened in the Freetown amputee camp in Sierra Leone.

Children and adolescents may be separated from their families for long periods, with devastating

Box 5.2 Landmines cause disability in Angola

While the total number of landmine victims in Angola is not known (due to limited data collection), government estimates report that there are 70,000 to 80,000 mine survivors, representing nearly 80 per cent of all persons with disabilities. The proportion of casualties who are children is therefore also unknown. It is estimated, however, that 85 per cent of mine survivors are young people (70 per cent of whom are illiterate).ⁱ The Committee on the Rights of the Child has noted with concern the large number of landmines remaining across the country and continuing to cause injuries to children and pose a threat to their survival and development.ⁱⁱ

There are few facilities available for people with physical disabilities in Angola and the provision of any type of assistance, particularly outside major cities, has been significantly affected by the long years of armed conflict.ⁱⁱⁱ

Sources:

ⁱ *Landmine Monitor Report 2006, Angola*, <www.icbl.org/lm/2006/angola>.

ⁱⁱ *UN Committee on the Rights of the Child, Concluding Observations of the Committee on the Rights of the Child (Angola), 1 October 2004, CRC/C/15/Add.246*.

ⁱⁱⁱ *Landmine Monitor Report 2004 Angola*, <www.icbl.org/lm/2004/angola#Heading3235>.

long-term psychological consequences. Even the most caring of parents will be torn between remaining with their disabled child at a special facility and returning home to meet the needs of all their other children.

Children in war zones run a greatly increased risk of being injured and disabled by landmines and unexploded cluster munitions, in African countries such as Angola (see box 5.2), in Cambodia and other South-East Asian countries, in South-Eastern Europe and in the Middle East. Children may be out playing in the fields or running errands through the woods and they often cannot read warning signs. Many children were born after fighting ended, so have no memory of where mines might have been laid. Children who cannot understand warnings are particularly at risk.⁶⁵

Assistance to child as well as adult victims of landmines should cover at least six major areas: data collection; emergency and continuing medical care; physical rehabilitation and prosthetics; psychological support and social reintegration; economic reintegration; and disability laws and public policies. Available information indicates that most countries affected by landmines have facilities to address some of the needs of landmine survivors; however, in over 85 per cent of countries with new mine casualties in 2004–2005, one

or more of the above six areas was reportedly inadequate to meet the needs of mine survivors and other persons with disabilities.⁶⁶ When children are left injured, their growing bodies and bones will require, on average, a new prosthesis every six months. This places an immense financial burden on families who are often already living in difficult circumstances.⁶⁷

Children involved in civil wars and disturbances are particularly likely to suffer psychological trauma and long-term damage. Providing emotional and personal support to children should be addressed as a high priority.

Particularly in the period since the December 2004 tsunami, understanding has grown of the need for specific provisions for persons with disabilities, including children, in relation to natural disasters. The distinct needs of persons with disabilities must be taken into account, with their direct involvement, in emergency planning and training, and in the design of systems for evacuation, shelter and emergency communications. Persons with disabilities must be involved as stakeholders in the full spectrum of emergency response and relief efforts, including in the areas of mobility and accurate data collection. Organizations representing persons with disabilities have a particular role to play at all of these stages, including in the recovery process.⁶⁸

Whether in natural disasters or man-made emergencies, a series of actions can be identified in order to bring response for children with disabilities into the mainstream. Focus must be on both the affected child and the family. Preventive efforts should aim both to prevent disabling conditions from occurring, and to enable early identification to prevent their progression. Protective actions should focus on reuniting separated children with their families or developing fostering alternatives where needed; and supporting families both with resources and with listening and advice. Children with disabilities should have access to play, sport and leisure activities, and they should be involved in decisions affecting them. Physical rehabilitation services are important, depending on the individual situation. Psychosocial services following disasters are critical for children with emotional or mental difficulties, which often seriously compound physical impairments. Finally, these children in emergencies should have access to education and practical training, in inclusive settings. All actions for children with disabilities in emergency situations rely on the promotion of positive attitudes and support by the community.⁶⁹

Participation and access to opportunities

Children with disabilities, like all other children, have a right to express their views freely in all matters

affecting them, and to have these views given due weight in accordance with the age and maturity of the child.⁷⁰ All too often, however, there is a reluctance to recognize the competence of children with disabilities to contribute effectively to decision-making processes. This can be compounded by attitudes of caretakers, teachers and even parents, who may underestimate the ability of certain children to contribute a valid opinion. Changing such views about the ability of these children to participate – or to benefit from support in participating – in discussion and decision-making concerning their lives is critical. It represents a major challenge to prevailing attitudes and preconceptions in all countries, one that must be addressed through training as well as through wider efforts to shift public beliefs and attitudes.

The availability of timely and appropriate information and knowledge resources – for persons with disabilities, their families, service providers and the public – is critical to improve access to quality services, increase participation in decision-making and create public awareness and demand. Article 17 of the CRC asserts a child's right to information and material aimed at the promotion of the child's social, spiritual and moral well-being and physical and mental health.

Two innovative examples in the Americas represent potential models for adaptation in other countries and regions. A National Dissemination Center for Children with Disabilities serving the United States and related territories provides families, students, educators and others with information on topics regarding children and youth with disabilities. Multiple communication strategies are used in order to reach different population groups: direct contact through telephone, correspondence and email, as well as provision of web-based information and resources (including in an audible version). Based on this US experience, a similar initiative, *Entre Amigos*, is underway in Brazil. This service has similar objectives but has used a different development approach, which builds on the experience and contacts of more than 20 Brazilian partner organizations.⁷¹

Just as important as information provided formally is the opportunity for informal learning through the interaction of children with disabilities with their peers. This in turn will allow them to explore, develop, learn and form opinions in the same way as other children. Unfortunately, policies and programmes addressing the specific requirements of young persons with disabilities are rare and usually limited in scope.⁷² Children with disabilities lack many of the opportunities open to other children in areas such as learning, recreation, participation in sports clubs and societies, and inclusion in projects established by governments, NGOs or international agencies. This may be a result

of prejudice, inaccessible information or venues, or because these children are simply overlooked.

For persons with disabilities, the transition from childhood to adulthood is complex, in part because they may be denied new experiences and information considered essential for their peers without disabilities. Adolescents with disabilities often receive little or no information about health, life skills and sexuality, putting them at greater risk of sexual abuse and of acquiring sexually transmitted infections, including HIV/AIDS.⁷³ Similar challenges exist with respect to substance abuse, yet many of the factors that increase pressure on any young person to drink, smoke or take illicit drugs – social isolation, loneliness and depression – are frequently found among young persons with disabilities.

Very few young persons with disabilities succeed in finding work in any country. Even if they do, it is likely to be of lower status, less secure and more poorly paid than that of their peers without disabilities. In many of the transition economies, workers with disabilities who enjoyed guaranteed employment under socialist regimes now find themselves without work, while in all countries the chances of persons with disabilities finding stable salaried employment are far smaller than for their peers without disabilities. Many more young persons with disabilities enter the informal economy. Inside the home this may involve performing domestic tasks, assisting with home-based work or tending animals, while outside the home it is likely to mean performing menial tasks or even begging.

While some children with disabilities will wish to continue with formal education on leaving school, others may welcome the opportunity to prepare for the working world. Whatever their priorities, well-planned and coordinated transition arrangements are essential. These might include the provision of vocational training; meaningful work experience for individuals of at least the minimum age of access to employment; and tax incentives to mobilize employers wherever feasible. Employers, employees and workers' organizations such as trade unions have important roles to play in the promotion of equal opportunities in the workplace. In particular, this involves establishing conditions in the workplace aimed at the inclusion of young persons with disabilities who have access to employment in conformity with relevant international standards. Employment structures and social security support will, in turn, need to be tailored to the needs of individuals.

6 FOUNDATIONS FOR INCLUSION

The important question for children with disabilities is not *whether*, but *how* they can be fully included, as members of their families, schools, communities and society.

Working with families

The process of including a child with a disability in society as a whole begins with access to everyday experiences in the home setting, with parents and caregivers playing a central role.⁷⁴ For children with disabilities, early intervention involving stimulation and interaction with parents soon after birth is essential to development. Like every other child, a child with disabilities has his or her own evolving capacities. At each stage of the life cycle – starting with early detection and family-based early intervention through different levels of educational and recreational development to the specific requirements that come with adolescence – there are different critical moments, challenges and opportunities in every child's development. Inclusive practices are relevant for children with disabilities at all ages. However, the earlier these children are given the opportunity to

interact with their peers and to participate in society, the greater the benefit is likely to be for all children.

Early identification and assessment, combined with appropriate interventions, mean that potential difficulties can be identified in time to limit the consequences of an impairment on a child's life and development and to maximize participation in all the activities usual for the child's age group. Primary health care workers, along with other community workers, have a key role to play in identifying infants and young children with developmental delays and impairments, and in supporting families to help their child to learn and develop. Early identification can also be promoted through the preparation of all family members, especially parents, to monitor their child's developmental progress through the use of simple instruments, strengthened with a basic understanding of children's capacities at different stages. The participation of the wider family, especially grandparents, is of great importance in ensuring parents feel supported and valued in this process. Health and community workers need to encourage the involvement of the extended family wherever possible.



Box 6.1 The Portage Model

The Portage Model for Early Intervention,ⁱ which originated in Portage, Wisconsin, USA, was developed in response to the growing need to provide services at home to young children with disabilities living in rural communities. The model has now been adopted in 90 countries and translated into more than 30 languages.

Because the role of a child's parents and family is critical to the child's successful early development, the first priority is to support family members in their own homes to become more confident and competent when there are concerns about a child's development. The Portage Model provides well-structured assessment and learning procedures and an individualized curriculum based on the child's current level of development and the family's own priorities and resources. Although the home is regarded as the natural learning environment, the model can also be centre-based in the local community, as in Japan.

Portage activities stimulate the achievement of developmental milestones that will help maximize the child's independence as well as empower parents and caregivers through active involvement in their child's development. Parents are assisted by a Home Visitor who works with them to decide on priorities for the next steps in development, and they jointly decide on the means of helping the child to reach each new milestone, however small.

Home Visitors come from several backgrounds: they may be teachers, occupational therapists or social workers. They can also be other parents who have experience working with young children, in which case they are provided with training by the Portage Association. Although Home Visitors need only a brief period of preparation, they have continued access to support through weekly group meetings with a supervisor.

While the Portage Model usually requires children and their families to work in isolation, the approach offers distinct advantages: it is popular with families; it represents a highly structured, yet simple and modifiable teaching package; it uses a home-based approach adaptable to daily living skills; it is inexpensive, widely available and easy to translate; it enables greater continuity of care than segmented service approaches; and it provides a means to strengthen the bond between children and families.

Source:

ⁱ See <www.portageproject.org>; Rodgers, Gene R., 'A Word about Portage', 1998, <www.cbrresources.org/Portage.pdf>.

In South Africa, where significant progress is being made to promote the rights of children with disabilities, the Law Commission Review of the Child Care Act 1983 recognizes the importance of empowering parents to care for their children at home. It suggests that this requires improved health care services, accessible schools, free or affordable assistive devices and support programmes for parents. It also stresses the need for a more integrated approach to the delivery of services in order to help parents navigate their way through the system more efficiently and receive more coherent and effective provision.⁷⁵

A pioneering example of an influential home-based approach is the Portage Model for Early Intervention (see box 6.1).

An early intervention programme with some similarity to Portage has been run by the Samadhan NGO in the poorest areas of Delhi, India for some years. Samadhan trains local community workers, the majority of whom are women, to identify children with impairments – particularly intellectual impairments – in their community. Under the early intervention programme, which caters for children up to six years of age, community workers collaborate with mothers in a one-to-one situation in the family home. This helps to increase the mother's confidence and also encourages other family members to become involved in the child's development. Families are supported by neighbourhood community centres established by Samadhan, where assessment, screening, diagnosis and programme planning is done. Apart from providing support for early childhood development, the community workers create simple toys and teaching aids from locally found and low-cost materials.⁷⁶ The early intervention service has been a great success, particularly because it fosters the active involvement of women from the low-income target communities where Samadhan operates.⁷⁷

Other issues may arise as parents or caregivers grow older and in turn come to require support. Creative solutions include 'shared care' or short break schemes. Short break carers look after children with disabilities on a regular basis for limited periods of time. These can be anything from a few hours a week to a few days a month. This gives the parents a break from providing full-time care and helps children make new friends, widen their experience and expand their social circle.⁷⁸ The provision of shared care is also critical when children are very young and parents are adjusting to new challenges.

Outside the home, parents' organizations, whether formal or informal, have an enormous potential to promote positive attitudes towards children with disabilities, advocate for change and raise the profile of disability issues both at local and national levels (see box 6.2).

Los Pipitos is an active parents' organization in Nicaragua that supports children and adults with disabilities through innovative community programmes, including dance and creative movement, visual arts, drama and music.⁷⁹ It was founded in the mid-1980s, when 21 parents of children with a range of impairments met in the garage of a house in Managua to share knowledge and exchange experiences with the aim of finding alternative and creative ways to help their children. Today, Los Pipitos has a membership of more than 14,000 families throughout Nicaragua.⁸⁰

Support through parents' organizations is often crucial as well for such purposes as assisting families with health services for their children with disabilities, whose health situations are often particularly challenging. A useful example is provided by Family Voices, a US-based national grassroots network of families and friends that presses for comprehensive and culturally suitable health-care services for children and youth with special needs. The network, which provides significant informational and advocacy resources, focuses on family-centred and community-based services with the aim of promoting the role of families in decision-making at all level of the health system.⁸¹

Working with communities

Even within a single country, some communities have made much more progress than others. What may seem impossible in one place may be common practice in another. There exists, therefore, a great potential for communities to learn from one another. When the resources represented by other children, families, adults, teachers and community workers are drawn upon, all persons with disabilities, including children and adults with severe impairments, can make a valuable contribution to the life of their community.

With creative thinking and the vision of children themselves, many apparent barriers can be transformed into opportunities. Diversity in the classroom – often a source of concern for teachers – can become a resource for learning. Children with different strengths can support each other in a number of ways, introduce different experiences and break down prejudices and preconceptions. Indeed, time and time again it is reported that it is all children who benefit. By learning to live and work together, they lay the foundations for an inclusive society. For example, toys and educational materials for children with disabilities have often been produced locally. This is not only cheaper, but more appropriate: it offers employment for local workers, and children with disabilities themselves can contribute ideas to design and production.

Encouraging children with disabilities to take part in sport and recreational activities in company with their all their peers wherever possible is of critical

Box 6.2 Parent advocacy in Newham, London

In the London borough of Newham, which is a multicultural, socio-economically deprived inner-city area, the success of educational inclusion illustrates the achievement of parents.ⁱ

In 1984, a group of parents of children with disabilities who wished to see the end of segregated special education stood for election to the Borough Council, and were eventually elected. The result was a council policy that recognized the right of all children, whatever their needs, to learn together. From the start, the process envisaged radically changing mainstream schools rather than fitting children with special educational needs into the existing system.

There is now only one special school in the borough, as compared to the total of eight in 1984. In 1986, only 7 per cent of children identified as having special educational needs attended mainstream schools, but by 2001 this figure had risen to 79 per cent. An independent report commented that having to cater for children with serious learning difficulties helped schools to make better provision for all pupils, evidenced by a marked improvement in school achievement and examination results through the whole of Newham.

Source:

ⁱ Material from Jordan, L. and C. Goodey, 'Human Rights and School Change: The Newham story', 1996, provided in *Disability Equality in Education, Inclusion in Schools Course Book, Disability Equality in Action, London, 2002.*

relevance. For this reason, the CRPD includes a specific clause requiring States parties "to ensure that children with disabilities have equal access with other children to participation in play, recreation and leisure and sporting activities, including those activities in the school system."

There are many examples of good practice encouraging the inclusion of children with disability in sport activities, with the involvement of UN organizations, disability NGOs and a wide range of generic and disability-specific sports organizations.⁸² Examples from Bosnia and Herzegovina, Lao PDR, Malaysia and the Russian Federation demonstrate that access to sport and recreational facilities is not only of direct benefit to children with disabilities but also helps them to participate in valued activities with other children and thereby enhances their standing in the local community. Sport has been found particularly useful in areas of conflict to prevent accidents caused by landmines by the creation of play-safe areas and by teaching all children how to avoid and identify mines, as well as to develop ways of promoting the inclusion of children with disabilities in the local community.⁸³

Box 6.3 World Health Organization programme on disability and rehabilitation

The mission of the Disability and Rehabilitation (DAR)ⁱ initiative of the World Health Organization (WHO) is “to enhance the quality of life for persons with disabilities through national, regional and global efforts.” The DAR team works with partners who implement programmes, including organizations representing persons with disabilities, and national and international professional and non-professional non-governmental organizations.

Current activities include:

- raising awareness about the magnitude and consequences of disability
- facilitating data collection and analysing or disseminating disability-related data and information
- supporting, promoting and strengthening health and rehabilitation services for persons with disabilities and their families
- promoting the development, production, distribution and servicing of assistive technology
- supporting the development, implementation, measuring and monitoring of policies to improve the rights and opportunities for persons with disabilities

- building capacity among health and rehabilitation policymakers and service providers, and
- fostering multisectoral networks and partnerships.

The DAR programme provides support to WHO member states for policy development and for the integration of rehabilitation into primary health care. Within the United Nations system, the DAR team collaborates with the International Labour Organization (ILO), UNESCO and UNICEF to promote and strengthen the community-based rehabilitation strategy for rehabilitation, equalization of opportunities, poverty reduction and social inclusion of persons with disabilities.

The World Health Organization is currently leading the preparation of the World Report on Disability, to be released in 2009.

Source:

ⁱ World Health Organization DAR website <www.who.int/disabilities/en/>. See also WHO, ‘Disability and Rehabilitation: WHO Action Plan 2006-2011’, WHO, Geneva, 2006, <www.who.int/entity/disabilities/publications/dar_action_plan_2006to2011.pdf>.

Toy libraries can also provide an invaluable resource to children and families. In Serbia and in Montenegro, toy libraries have been set up in 20 towns with the support of Save the Children and UNICEF. These libraries are staffed by teachers, special education teachers and psychologists on a voluntary basis. Once a week creative workshops are run for the children, including drama, drawing and terracotta, as well as discussion groups during which parents and children can share their experiences.⁸⁴

Entry into the education system offers another opportunity to identify impairments and provide appropriate support. In Fiji, the NGO Project Heaven carries out early detection of disabilities (visual and auditory impairments) among all primary and secondary school students. The success of the project encouraged the Ministry of Education to integrate it as a regular funded activity of the Ministry.⁸⁵

Many simple and creative initiatives to support children with disabilities do not require new infrastructure or investment, but can simply build on community strengths and pre-existing facilities. In Bangladesh, Handicap International and its local partners have worked to integrate a disability dimension into the work of community development organizations through its programme on Community Approaches to Handicap and Development. The partners work with over 100 local community development organizations active in mainstream development activities, including fishing, micro-credit, health, housing, legal aid and women’s justice.

A disability perspective is encouraged in all these activities by raising the awareness of staff, promoting awareness-raising campaigns, inserting a disability dimension into induction programmes for new staff and by training project workers, such as the traditional birth attendants who participate in the health projects.

This point is also illustrated by the experience of the Women’s Credit and Savings Programme in Viet Nam, established by Save the Children and run through the local Women’s Union. Monitoring of these micro-credit schemes demonstrated that although some persons with disabilities were using the scheme, many families with disabled members living in extreme poverty were afraid to borrow for fear they would be unable to repay the loans. An awareness-raising workshop held in partnership with the Women’s Union led to improved access to the scheme for women with disabilities and mothers of children with disabilities. These improvements included an increase in children with disabilities receiving scholarships and attending school and the provision of free essential treatment, including treatment of children suffering from cleft palate and eye conditions. Provision was also made for families with disabled members to receive assistance with their harvest. The overall result was that the largest NGO credit scheme in Viet Nam gained a clear disability perspective.⁸⁶

Where programs work through community development organizations, they avoid having to incur extra costs and benefit from existing skills, connections

and knowledge.⁸⁷ Conversely, where these already exist, segregated services can provide outreach to the whole community. In India, for example, special schools run by the Spastics Society were opened to children without a disability living in nearby deprived urban areas.⁸⁸

With regard to older children, in Belarus UNICEF has worked with partners in providing children with disabilities with better care and opportunities for development and integration. Family support models of collaboration between NGOs, local authorities and public agencies were developed and implemented in 18 regions of the country. Children and adolescents were offered access to information and training in life and vocational skills. In all, more than 2,500 children and adolescents with disabilities benefited from this project.⁸⁹ In addition, almost 1,000 parents of children with disabilities were given counselling and training to strengthen their knowledge and skills to support them in providing their children with better care.

Community-based rehabilitation

A specific form of local support is community-based rehabilitation (CBR) programmes that are designed and run by local communities. CBR, which was first developed in the late 1970s and early 1980s by the World Health Organization (WHO), is a “strategy which, within general community development, promotes rehabilitation, equalization of opportunities, poverty reduction and social inclusion for all children and adults with disabilities at a local level.” The major objective of CBR is to ensure that persons with disabilities and their families enjoy access to regular services and opportunities. In this way, they become active members of their communities and, equally, communities feel a sense of ownership with regard to these projects.⁹⁰

Community-based rehabilitation is implemented through the combined efforts of persons with disabilities themselves and their families in the neighbourhood, along with the appropriate health, education, vocational and social services. The potential of CBR is fully realized when there is a strong culture of sharing information about good practice, and in providing evidence about coverage, quality of service, sustainability, comparability and cost effectiveness – a key characteristic of CBR projects when they are well managed.⁹¹

Community-based rehabilitation can benefit everyone in the community. For example, when the community makes changes to facilitate access for persons with disabilities, it makes life easier for others who were not recognized as having disabilities. If the community clears walkways and makes them smooth for wheelchairs to move easily, or for people with visual impairments to walk, then these walkways are also made easier for older persons or those pushing carriages or carts. Additionally, CBR can serve as a stimulus for community leaders and social groups to work together.⁹²

Box 6.4 Using local resources to produce low-cost aids in Mexico and the Philippines

Projimo (Program of Rehabilitation Organized by Disabled Youth of Western Mexico) has promoted community-based health and rehabilitation initiatives.ⁱ A programme run from the outset by and for persons with disabilities, Projimo broke new ground in grass-roots health and empowerment.

Among Projimo’s many initiatives is its Skills Training and Work Programme that provides constructive work opportunities. This includes the Children’s Wheelchair Project in the Sierra Madre mountains that produces low-cost wheelchairs customized to fit individual needs. Using wood, metal, bicycle tyres and basic designs, the project produces over 100 individually designed wheelchairs each year. The demand for these wheelchairs is extremely high, and the master wheelchair builder, who has an impairment himself, receives requests to train community-based craftworkers from all across Mexico. The Netherlands-based Stichting Liliane Fonds helps to cover the cost of the wheelchairs for children from poor families.ⁱⁱ

Most of the wheelchairs found in the Philippines are donated from other countries. However, harsh road conditions in rural areas necessitate customized wheelchair production. In 1996, the National Federation of Disabled Persons (KAMPI), with support from the Department of Social Welfare and Development and a fundraising organization associated with a Japanese newspaper, set up a training project for persons with disabilities who were interested in making wheelchairs in their own communities.

Within months, KAMPI affiliate organizations were producing low-cost wheelchairs using materials that can be purchased from any local bicycle store: frames made of steel tubes and wheels using bicycle tyres. Repairs are normally made by local welders or mechanics. KAMPI wheelchairs were found to be both sturdier and less costly than commercial wheelchairs.

Sources:

ⁱ *United Nations Economic and Social Commission for Asia and the Pacific, ‘Production and Distribution of Assistive Devices for People with Disabilities: Part 1’, United Nations, New York, 1997, <www.dinf.ne.jp/doc/english/intl/z15/z15001p1/z1500101.htm>, accessed 17 August 2007.*

ⁱⁱ *Project Projimo, <www.healthwrights.org/projects/projimo/projimo.htm> and <www.projimo.org.mx/principal.htm>, accessed 17 August 2007.*

A global resource for the promotion of CBR is provided by WHO's Programme on Disability and Rehabilitation, which is discussed in box 6.3.

Community-based rehabilitation is a general strategy, within which specific initiatives will respond to local situations. In Guyana, for example, a CBR project was started in the coastal areas of the country by parents of children with disabilities. Subsequently, the decision was taken to extend the programme to indigenous Amerindian communities in the interior. As a first step towards establishing a CBR programme in the region of Rupunini, a meeting was organized to which community leaders from the surrounding villages were invited. When it emerged that some of the villages had no schooling facilities whatsoever, it was decided that the CBR programme would support the setting up of village schools as well as training activities for teachers, village health workers and community volunteers.

Within this structure, the communities themselves promoted the issue of education for children with disabilities. This example illustrates how taking a disability perspective from the initial stages of a project and working within a community context helps to promote education for all.⁹³

Other interesting CBR initiatives discussed in box 6.4 illustrate how low-cost local solutions offer the advantage of being both sustainable and sensitive to specific situations.

From institutions to communities

Many of the initiatives that have been discussed, especially those relating to families and communities, are essential foundations for the successful promotion of alternatives to institutional care for children and adults with disabilities. These include the introduction of measures that reduce the pressure for children to be admitted to institutions in the first place, including the development of child-centred public services, accessible schools and the provision of local supports and services.⁹⁴ These elements can be complemented by the development of support programmes for and by families and the establishment of community-based alternatives. These new community services can be developed with the active involvement of parents and community organizations.

Immediate changes that might be introduced in existing institutions include restricting new admissions where alternative support structures are already established, improving the quality of services and protections against abuse, and regrouping children into smaller 'family style' units, where girls and boys of a range of ages and abilities live in smaller groups with a 'house' parent or parents. Sometimes such smaller family groups can be set up in the local community.⁹⁵

Overreliance on institutional care for children in Central and Eastern Europe and the former Soviet Union has in turn encouraged a number of new initiatives for deinstitutionalization, with positive results. As an example, in the Saratov region of the Russian Federation, a Rehabilitation Centre for Disabled Children has been established with the aim of preventing institutionalization. The Centre sends out mobile teams of professionals who provide rehabilitation services to children with disabilities living at home. As in the Portage programme, they teach children skills to facilitate their inclusion into society. Family members, who are informed of their legal rights and entitlements as caregivers, are also trained to support children. The Centre has served many thousands of children and family members.⁹⁶ (See box 6.5 for examples from Bulgaria.)

An important lesson to be drawn from these initiatives is that deinstitutionalization programmes must go hand in hand with relevant developments at the community level. Structures must be changed, appropriate long-term support mechanisms need to be put in place in the community, and understanding and acceptance of children with disabilities in wider society must be promoted for deinstitutionalization not to give rise to its own set of difficulties. For example, sexual and physical abuse is a risk in the community just as it is in institutions, and a child's right to protection can be reinforced by the establishment of an independent oversight system to monitor protection issues.

Towards inclusive schools and learning environments

Inclusive education involves ensuring that meaningful learning opportunities are made available to all students within the regular educational environment. The 'World Conference on Special Needs Education: Access and Quality' held in Salamanca, Spain provided decisive support for inclusive approaches to education. It unanimously adopted the Statement and a Framework for Action on Special Needs Education providing guidelines for action at the national level as well as regional and international cooperation in the promotion of inclusive education.

Ideally, inclusive education means attending the age-appropriate class of the child's local school, with individually tailored support. Inclusive education means that schools must change to accommodate a much wider range of children. For example, the curriculum needs to be differentiated to ensure access to a wide range of children – not just children with disabilities – and should reflect the needs and interests of children in the local community. Children are taught in small groups and are helped to support one another rather than to compete. Inclusive schools pay particular attention to developing appropriate methods of assessment and avoid all unnecessary segregation of children within the ordinary classroom. They also pay

particular attention to school-based teacher preparation and support and to involving parents in the life of the school and in fostering the development of their child. Above all, the leadership provided by the head teacher/principal of the school has been shown to be the key to the successful management of change to more inclusive practice.

Inclusive education is by no means a luxury available to only income-rich countries. Indeed, many of the most innovative and radical developments are now taking place in low-income countries, such as Lao PDR, Lesotho, Morocco, Uganda, Viet Nam and Yemen.⁹⁷ Experience has shown that there are ways of developing inclusive practices at the local level that do not involve additional funding: collaborative work between students, parental involvement in the classroom and teacher problem-solving and mutual support have been shown to be effective.⁹⁸ For example, until recently South Africa had a rigid curriculum characterized by traditional forms of assessment and grading. This has now been replaced in favour of 'outcome-based education', which replaces a specification of content with one based on outcomes. These are accompanied by 'assessment criteria' and 'performance indicators' against which students' achievement of outcomes can be assessed.⁹⁹

Existing flexible education approaches can often be used to promote more inclusive education for all children. The Colombia 'Escuela Nueva' model, designed as a multigrade approach for rural areas, promotes active learning and provides an excellent opportunity to respond to individual learning rates and needs. Flexible promotion from one level to the next and individualized instruction allow students to advance at their own pace. Students are encouraged to help others; peer instruction is practised, with older students tutoring younger ones.¹⁰⁰ In Brazil, the Child Friendly School Model and 'speed-up classes' also represent important opportunities to expand inclusive education for all through approaches focused on the child or adolescent.

Many countries are now facing the challenge to set up new systems of basic education for all, ensuring that marginalized groups are included from the outset. This is true in countries where there is little or no formal schooling in place. It is also the case in other countries – such as in parts of South-Eastern Europe – where the education of children has been severely affected both by armed conflict involving the physical destruction of schools and by a large-scale migration of teachers to other countries. In such situations it is important to ensure that all new schools are designed to be accessible to students with disabilities, for example by building ramps and ensuring that doors are wide enough to admit children in wheelchairs, that toilets are fully accessible and that classrooms can be wired for loop systems for children with hearing impairments.

Box 6.5 Bulgaria's National Social Rehabilitation Centre

In Bulgaria, the National Social Rehabilitation Centre set out to establish a new model of care and services to change the practice of placement of persons with disabilities in isolated 'social care' homes, and so to prevent young persons with disabilities being overlooked by society.ⁱ This involved the provision of community-based services, building strategies to ensure the replication of good practice, and cooperating with the national government and local authorities to create conditions for equal participation of persons with disabilities in public life. Their programme was started with the financial support of the European Union.

The Saint Mina day centre in Sofia, the first day care centre for children with disabilities, was established in 1997. It receives 26 children a day and another 30 for consultancy. Children who attend the centre have made significant progress in their development and some now attend mainstream schools. The first National Social Rehabilitation Centre regional bureau for social services was established in the city of Bourgas with the cooperation of the municipality. There are now also bureaus in the towns of Varna, Pomorie and Stara Zagora. This initiative has led the way in Bulgaria's move towards social reform from a system of social/medical institution-driven care to one based on the model of community care.

Source:

ⁱ Department for International Development – DFID; Development Planning Unit, University College London, for United Nations Human Settlements Programme (UN-Habitat), *Implementing the Habitat Agenda: In search of urban sustainability*, Development Planning Unit, University College London, 2001.

In contrast, where educational resources and structures are already relatively well developed, a major challenge is to 'unlearn' entrenched practices based upon a philosophy of exclusion and to direct resources in new ways. Promoting inclusion need not mean losing the resources represented by special schools: for example, there is the opportunity for such schools to act as resource centres during a period of transition and staff with specific experience in the field of disability can become an invaluable resource in local schools. National support is crucial for the success of such processes. In Costa Rica, for example, efforts began in 1999–2001 to establish a National Resource Centre for Inclusive Education that supports schools for more inclusive approaches to serving children with disabilities, and at the same time to improve the quality of education for all students.¹⁰¹

Box 6.6 Inclusive schooling in Italy: A pioneering approach

In the 1960s, Italy had a well-developed system of segregated schools for children with disabilities. In the course of the 1970s, however, serious questions were raised regarding these facilities and both parents and teachers began to press for change. The Italian Government took up this challenge and in 1977 passed a law that restricted the placement of children in special schools and classes and began to promote the inclusion of these children in regular classes. Further legislation introduced in the early 1990s provides a framework for inclusion policies and for cooperation between schools and other services.ⁱ

At present, some 98 per cent of children assessed as having some form of impairment are taught in regular classes, including children with severe and multiple disabilities. In terms of assessment, attention is paid to the individual characteristics of the child and the goals that he or she may achieve, rather than comparison against a set standard. This is carried out within an individualized profile that is drawn up with the participation of the child's family and school, along with socio-medical services and the local authority.

Italian law stipulates that children with disabilities should be given priority in the allocation of places in school. Some 40 per cent to 50 per cent of children with disabilities go on to liceo or senior high school at the age of 16.

The experience in Italy is that the inclusion of children with disabilities in regular classes benefits all children because teachers are required to work with pupils in an innovative, non-traditional way. While this experience must be seen within the Italian context, its success has had a significant impact in challenging existing segregated education provisions in Europe and beyond.

Source:

ⁱ Vianello, Renzo and Guiliana Truffa, 'Integrating Children with Disabilities in Italy', *Children in Europe*, No. 2, March 2002.

Box 6.7 Uganda: An example of inclusive planning

As a main plank of its commitment to rebuild the social and economic fabric of the country, the Ugandan Government has for some years given the highest priority to the education of all its children.ⁱ

Free primary education is guaranteed to four children in every family, with priority given to children with disabilities, as well as to girls. As a result, the number of children enrolled in primary schools rose from 2.5 million in 1996 to 7.6 million in 2003,ⁱⁱ while the number of teachers increased from 38,000 in 1980 to over 90,000 in 1998.

This commitment to universal primary education has been made within the framework of the UN Education for All initiative. Uganda was one of the first countries to apply for debt relief under the UN Heavily Indebted Poor Countries Initiative, in return for a commitment to invest the money thus saved in health and education. In addition, several international NGOs have entered into partnership agreements with the government and grants have been provided to this end by the World Bank, African Development Bank, the European Union, UN Development Programme and UNICEF.

Within this general context, the government has taken a number of specific steps to ensure that the needs of children with disabilities are given priority. For example, a Department of Special Needs Education and Careers Guidance has been created within the Ministry of Education and Sports; each of the 45 administrative districts has at least one staff member who is responsible for ensuring that children with disabilities are admitted to school and do not drop out prematurely; and the Uganda National Institute of Special Education is developing teacher training programmes at every level and offers support to the 45 district services.

However, significant hurdles still need to be overcome in Uganda. For example, reform of the school curriculum and the training and retraining of teachers is a slow process.

Sources:

ⁱ UNESCO, *Including the Excluded: Meeting diversity in education: Example from Uganda*, UNESCO, Paris, 2001; and Mittler, Peter, 'International Experience in Including Children with Disabilities in Ordinary Schools', paper prepared for UNICEF seminars in Tunisia and Italy, October 2002, <www.eenet.org.uk/theory_practice/internat_exp.shtml>.

ⁱⁱ 'UNICEF Uganda 2004 Annual Report' (internal document), UNICEF, Kampala, 2004.

Both where there is an absence of facilities and in the presence of segregated structures, a growing body of experience indicates the feasibility of successfully implementing inclusive practices in education. This is demonstrated by two very different countries: Italy, where the shift to inclusive education began as early as the 1970s (see box 6.6), and Uganda, which has recognized the crucial importance for national development of ensuring that Education for All is not a distant goal but a reality (see box 6.7).

Training teachers for inclusive education

In any country, and especially where material resources are scarce, the key resource in the learning environment is teachers themselves. It is important that teachers have a commitment to teaching all children. Where teachers can receive relevant pre-service and in-service training and have access to continuing support, they are well placed to become leaders and pacesetters in inclusive education.

Inclusive teaching at the level of the classroom is no more than good teaching anywhere. Many teachers are already teaching inclusively without the benefit of additional specialist training (see box 6.8 for an example from Lesotho). But faced with the challenge of admitting children with disabilities into their class, it is understandable that teachers may doubt their ability to meet all needs. But what they lack is not competence but confidence – because the skills required to teach children with disabilities are essentially those already possessed by all competent teachers. These include:

- the ability to assess pupils' strengths and needs;
- the skill to individualize teaching procedures to suit a wide range of abilities;
- the flexibility to adapt the content of subject matter to pupils' interests and abilities and ensure its relevance to the social and cultural context;
- teamwork within the school and with outside professionals, linking with other learning environments for reinforcement;
- a working partnership with parents;
- using available technologies capable of supporting learning, and monitoring the success of approaches being employed.¹⁰²

Even so, teachers need to be able to call on specialist help from teachers with experience of teaching children with disabilities, particularly children with sensory or intellectual impairments. For example, specialists can advise on lighting conditions and low vision aids, as well as the use of Braille materials and computer-based instruction where this might be made available. Similarly, it is helpful to have informed advice on sound amplification, the use and repair of hearing aids and the use of sign language for children with different types of hearing impairment and, on occasion, for the class as a whole to ensure the inclusion of a child with a severe hearing impairment.

Box 6.8 Empowering teachers in Lesotho

In Lesotho, a project was initiated in which intensive training workshops on inclusion were provided to local teachers.¹ Despite large classes and an absence of basic resources in the 10 pilot schools that were selected, most teachers were found to be already teaching along inclusive lines by ensuring that all children – even those in the largest classes – were participating, understanding instructions or getting appropriate support from other children.

Additional training received by these teachers provided them with basic information about impairments and helped them to develop positive attitudes towards children with disabilities. This training gave teachers the confidence to refer children to local health workers for treatment of common eye and ear infections that can affect a child's learning. The success of the pilot schools encouraged the government to adopt the inclusion of children with disabilities as a national policy and to expand the number of schools involved.

Source:

¹As quoted in Mittler, Peter, 'International Experience in Including Children with Disabilities in Ordinary Schools', paper prepared for UNICEF seminars in Tunisia and Italy, October 2002, <www.eenet.org.uk/theory_practice/internat_exp.shtml>.

Advice and support can sometimes be found in special schools and classes or from strategically placed resource centres in the community. It is important to ensure that such specialist support gives teachers in ordinary schools the skills and confidence to assume some elements of a specialist role themselves. The same principle applies to the advice that can be provided by speech and language therapists, physiotherapists and psychologists.

With the aim of increasing the confidence of teachers and promoting their sensitivity to the individual needs of children, UNESCO has prepared a range of useful resources, including teacher-training materials in a Teacher Education Resource Pack that includes both written and video material. This pack has been used and adapted in over 90 countries and translated into more than 30 languages. It is supported by an international resource team engaged in national, regional and international training and dissemination. The resource pack includes a Guide for Teachers,¹⁰³ which is particularly useful in countries where specialist resources are scarce. The guide can be used for self-study or in the context of a workshop led by a facilitator. In addition, UNESCO provides accounts of developments from individual countries¹⁰⁴ and schools around the world.¹⁰⁵ It also publishes the *Open File on Inclusive Education*, which provides materials for managers and administrators and is intended to facilitate the implementation of inclusion.¹⁰⁶

Involving children with disabilities

As discussed previously, there are numerous reasons why children's participation should be encouraged, in daily life as well as in policy development. These arguments are particularly strong in the case of children with disabilities:

- In advancing inclusion and overcoming obstacles, persons with disabilities themselves are the experts – nobody understands the impact of exclusion better than those who experience it.
- A key element of citizenship is the right to express one's views and to influence decision-making processes. Denying children with disabilities the right to be heard effectively means denying them full citizenship.
- Decisions made about or on behalf of a child are better informed and more likely to produce positive outcomes if she or he is involved in the process.

- The process of participation is a central part of learning to take responsibility, to make decisions and to develop self-esteem and confidence.
- Children with no voice are vulnerable to abuse, violence and exploitation, since they have no means of challenging this oppression.¹⁰⁷

Putting such initiatives into place is not a highly specialized operation requiring significant additional resources. In practice, the inclusion of children with disabilities can be significantly advanced by simply consulting with these children and their families when setting up projects or structures intended for a general population, or by maintaining an awareness of potential barriers to inclusion in any new initiatives.¹⁰⁸ Underestimation of the potential of children with severe or complex impairments is perhaps the greatest obstacle: experience has shown that all children can be helped to find the means to express meaningful choices and preferences.¹⁰⁹



7 ENSURING A SUPPORTIVE ENVIRONMENT

Creating a more inclusive society for all, and for children with disabilities in particular, requires a number of preconditions that combine to provide a supportive environment for inclusion. These elements include:

- the presence of local governance structures that promote children's participation and the realization of children's rights;
- the introduction and development of laws and policies addressing disability issues;
- mechanisms to permit persons with disabilities and their families to influence disability-related policies;
- general and focused raising of awareness;
- appropriate budgetary allocations;
- adequate monitoring mechanisms to promote and assess progress.

Such a combined approach is critical to ensuring sustainable change and to establishing the most effective supportive environments for children at all stages of the life cycle.

Local governance

Good local governance pursues policy approaches guided by human rights and designed to promote the realization of fundamental rights and freedoms of all those living under the jurisdiction of the local government authorities. In this spirit, good local governance promotes the mainstreaming of children's rights in local plans, policies, institutions and budgets.

In this respect, the Child Friendly Cities initiative promotes the consideration of the rights of the child as a distinct point of attention in planning, policy-making and resource allocation, with children's voices informing the democratic process. Child Friendly Cities are classified as a "city, or any local system of governance, committed to fulfilling children's rights."¹¹⁰

These cities can be found throughout the world, with Bangkok, Buenos Aires, Chicago, Florence, Mexico City and Mumbai as examples.

A key feature of a Child Friendly City is that special attention is given to disadvantaged and marginalized children, including children with disabilities. In Canada, for example, the Society for Children and Youth of British Columbia is a fully fledged Child Friendly City programme that has given the issue of disability special attention.¹¹¹

A disability dimension can be introduced at city level in a variety of ways:

- by explicit incorporation of disability issues in local policy and planning;
- by the promotion of projects to change public attitudes and promote awareness of the rights of children with disabilities;
- by the creation of neighbourhood or district maps developed in consultation with children with disabilities – which can help provide local governments and other agencies with a means to promote their rights and address their needs.¹¹²

Laws and policies

Many countries include in their Constitution specific provisions referring to non-discrimination, but while gender, ethnicity, race and religious beliefs are often cited as grounds for protection, specific references to disability are less common. Since the 1980s, constitutional and legislative changes in favour of persons with disabilities have been enacted in a number of countries, including Austria, Brazil, China, Finland, Germany, Malawi, the Philippines, South Africa, Uganda, the United Kingdom and the United States. Research shows that, across regions, 39 states have adopted non-discrimination or equal opportunity legislation in the context of disability.¹¹³

These reforms have been based upon international human rights instruments, including the Convention on the Rights of the Child. They were also influenced by the 1993 UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities and the work of the Special Rapporteur on Disability. The new Convention on the Rights of Persons with Disabilities also requires a re-examination of legislation and policies in all member States.

A commitment to inclusive planning ensures that a disability dimension is clearly present in all policy development, implementation and monitoring. To this end, a useful toolkit has been developed and is available online.¹¹⁴

A good example of inclusive planning is provided by South Africa, where the promotion of inclusion for children with disabilities has been linked to broader developments such as the overall reform of the country's education system and curriculum, and to changes addressing the status of marginalized groups

BOX 7.1 Nicaragua: Coordination promotes the rights of children with disabilities

In 2002, 15 Local Commissions of Parents with Disabled Children were established in Nicaragua. Some 168 people from 42 organizations working at the municipal level took part, and 531 parents and family members in 19 municipalities were trained in detecting disabilities as well as in the education and rehabilitation needs of the children concerned. Comprehensive monitoring visits were carried out in these municipalities.

With financing from the Swedish International Development Cooperation Agency (SIDA), new early childhood education centres were established and existing centres restructured to operate with active participation from the local community. All of the centres received rehabilitation equipment, and parents and families received training in how to use it. The early childhood education centre model supported by this project was adopted by the ministries of Health, Education and the Family, and was replicated in other parts of the country.

Source:
'UNICEF Nicaragua 2002 Annual Report' (internal document), UNICEF, Managua, 2002.

in general. Similarly, explicit priority is given to children with disabilities as an integral element of Uganda's commitment to provide free primary education to four children in every family (see box 6.7 above). In Brazil, inclusion is part of wider efforts to address problems of poverty, marginalization and illiteracy. Some 5 million children have benefited from Bolsa Familia, a nationwide programme providing grants to the poorest families to send their children to school.¹¹⁵ This programme is being implemented along with a national initiative on inclusive education and is further strengthened by municipal level capacity-building efforts.¹¹⁶ The experience of Brazil will provide valuable knowledge about the ways in which the special needs of children with disabilities can best be addressed in such large-scale, multidimensional programmes.

These examples show that inclusive initiatives can potentially benefit excluded children collectively. Separate budgets for different excluded groups of children – children living on the street, working children and so on – can result in the inefficient distribution of resources and an overlap of provision.

Inclusion has also been linked to fundamental democratic processes, including participation in civil society and in voting and local decision-making.¹¹⁷ Non-governmental organizations and international organizations have the potential to act as catalysts at the national level, raising awareness of disability issues and bringing together diverse actors

such as government ministries, local authorities, development agencies and children with disabilities and their families. Box 7.1 provides an example of initiatives taken in this respect through UNICEF's cooperation in Nicaragua.

The rights of children with disabilities are often most effectively promoted when 'disability issues' do not come under the responsibility of a single ministry. The mainstreaming of disability issues into existing programmes and throughout established sectors, such as health, education and social welfare ministries, might still involve establishing a focal point for disability to ensure that children with disabilities are included in all programmes. Without this, disability issues are in danger of being submerged and overlooked.

One effective initiative has been to establish a national coordination committee that oversees disability issues in all ministries and at different administrative levels to ensure intersectoral coordination. Organizations of disabled persons should always be fully represented on an equal basis. In Turkey, for example, intersectoral coordination has been promoted through the establishment of a coordinating agency, the Administration of Disabled Persons.¹¹⁸ An alternative is represented by South Africa, where both the Office on the Rights of the Child, and the Office on the Status of Disabled Persons, which are responsible for the Integrated National Disability Strategy, are based in the President's Office.¹¹⁹

The development of national legislation and policy to address disability issues is an opportunity to ensure that public spaces, buildings, recreation areas and transport systems are conceived or modified in such a way that they can be used by all citizens and that government departments themselves take a lead in the employment of persons with disabilities. In this regard, a number of countries have made notable progress in modifying access to streets, buses, trains and some buildings for persons with disabilities.

Access is not only a matter concerning the physical environment but involves enabling children with disabilities to overcome barriers to communication and day-to-day interaction with others. For example, sign language has been given the status of mother tongue under Finland's new school legislation.¹²⁰ In Central and Southern Africa, Braille materials and the provision of trained sign language interpreters are made available by many governments in the region.¹²¹

As regards entry into the workforce for young persons with disabilities who have reached the age of access to employment, governments in many European and Asian countries have introduced legislation and regulations that require employers to reserve a certain quota of jobs for persons with disabilities. Other countries have introduced anti-discrimination laws that make it unlawful for employers to discriminate on

Box 7.2 Raising disability awareness in the Maldives

From 2001 to 2002, the UNICEF 'First Steps' Early Childhood campaign in the Maldives broadcast messages about infants and young children across radio and television three times a day, using local children and families as 'actors'. Each week there was a different message, and several spots focused on disability, including early detection, inclusion and positive perceptions of children with disabilities.¹ In one message, a new mother is shown simple ways to test whether her baby has a visual or auditory impairment. In another, a group of older children use a parachute to play a game with their younger siblings. Some of the children have a disability, some do not.

In 2004, an evaluation demonstrated a direct link between the campaign and changes in public attitudes and behaviours. It specifically emphasized that the "significant achievement" of the campaign was an increased awareness of children with disabilities, children who had previously been all but invisible in the Maldives. It stated: "Social acceptance of mentally and physically challenged children improved and even child-to-child interactions became increasingly positive following the campaign."

Source:

¹ 'UNICEF Maldives 2002 Annual Report' (internal document), UNICEF, Maldives; Kolucki, Barbara, 'High Praise for Disability- Inclusive Early Childhood Campaign in Maldives', *Disability World*, No. 26 (December 2004-February 2005), <www.disabilityworld.org/12-02_05/children/maldives.shtml>.

the basis of disability in recruitment, promotion, dismissal and other aspects of employment.¹²² This legislation often requires employers to make reasonable adjustments to ensure that the workplace is adapted to the needs of workers with disabilities.

"Nothing about us without us"

The effectiveness and relevance of disability-related policies depends on consulting and actively engaging persons with disabilities, including children and their families, in the policy process.

Organizations representing persons with disabilities have had a significant influence on national policy and legal environments. A recent WHO review of disability issues in 26 African countries found that at least 22 countries had at least one such organization. The majority of these organizations were involved in policy development in collaboration with the national government.¹²³ In South Africa, it was successful lobbying on the part of persons with disabilities that resulted in the inclusion of disability in the equality section of the country's Constitution. The initiation of

a successful pilot project for the inclusion of disabled children in regular schools in Lesotho was also due in large measure to the initiative of the national organization of persons with disabilities. Given the importance of these organizations, it is essential that all groups concerned with disability are represented, and that the needs of all and not just some children with disabilities are represented.

In countries where there are many organizations representing different groups of persons with disabilities, the creation of an umbrella group empowered to speak for all has proved to be a powerful vehicle for change. At the level of the UN, for example, such coordination is provided by the International Disability Council; the major international NGOs were also members of the ad hoc Committee that produced an agreed draft of the Convention on the Rights of Persons with Disabilities. These NGOs are also members of the Expert Committee that developed the Standard Rules and that continues to advise the Special Rapporteur on Disability.

Changing attitudes

The UN Special Rapporteur on Disability has been a critical advocate in favour of the rights of persons with disabilities, and has stressed that changing attitudes towards disability require ridding society of prejudice and discrimination and breaking down walls of superstition and ignorance. The media are one of the most powerful tools to effect this change and have been successful in changing public attitudes in many countries and regions (see box 7.2 for an example from the Maldives). The Special Rapporteur has been engaged in promoting a major media campaign in the Middle East and North Africa region to raise awareness and motivate change in relation to both the image that people have of persons with disabilities and the image that persons with disabilities have of themselves.

Just as raising awareness among the general public is important, so too is promoting the understanding of disability issues among professionals, including the police, judiciary, educationalists, health professionals and social workers at all levels of seniority. This is most effectively carried out by persons with disabilities and their families themselves. Initiatives of this kind help ensure that children and adults with disabilities are treated with equity in all aspects of civil society.

Budget allocations and priorities

The UN General Assembly Special Session on Children in 2002 called for the establishment of national goals for children incorporating targets for reducing disparities, including those between children with and without disabilities. Such a commitment requires clear budget allocations that permit these policies to be implemented effectively and promote equity at all levels.

Box 7.3 Monitoring human rights violations and abuse against persons with disabilities

In November 2000, the Special Rapporteur for Disability convened an expert seminar in Stockholm, in order to draft guidelines for identifying and reporting human rights violations against persons with disabilities.¹ The seminar established five distinct areas that must be monitored, as follows:

- National laws: these can appear to protect human rights but may come to be used in ways that create inequity and violate the human rights of persons with disabilities.
- Legal cases: these are just as important as the written laws of a country: regardless of what a law says, in reality what matters is how a law is interpreted and enforced.
- Government programmes, services and practices: these normally have the greatest impact on the daily lives of persons with disabilities and their families but it is often difficult to thoroughly review the effect of these programmes. The seminar recommended that special reporting manuals be made available to disability rights groups.
- Media representation of persons with disabilities: media events must be monitored to ensure they do not promote ideas and images that infringe upon the rights of persons with disabilities.
- Individual cases of abuse: documenting and reporting these cases raises awareness and support and makes it difficult for neglect and human rights violations to go unnoticed and unaddressed.

Source:

¹ *Measuring Progress from Rights on Paper to Rights in Reality*, from the report on the Almasa seminar, November 2000, <<http://unstats.un.org/unsd/disability/pdfs/ac.81-r2.pdf>>, accessed 17 August 2007.

Support is most effective when it is directed at encouraging new, inclusive approaches founded upon the family, the community and the rights of the child, including the right to express her or his views and influence decisions. It is important to acknowledge that support may sometimes be given to projects which, however well-intentioned, perpetuate exclusion. These include segregated special schools, sheltered workshops, projects to renovate and improve institutions, or others that distance persons with disabilities from their families and the local community.

Promoting inclusion also makes economic sense. It does away with the need for expensive parallel systems of service provision. Facilitating access to the world of work – including for children who, in

conformity with relevant international standards, are old enough to have access to employment – reduces the high cost to States in terms of benefit payments and the loss of potential productivity. It also maximizes the contribution that persons with disabilities make once they have a job in the form of tax and social insurance payments, and their contribution to the national economy by developing the consumer potential of persons with disabilities. Although there are few studies addressing this issue, the potential economic gains in this regard are substantial. A study presented to the World Bank, for example, conservatively estimated that for 36 countries of the Americas region, the productivity loss in 1993 due to exclusion of persons with disabilities from the labour market amounted to approximately US\$625 billion.¹²⁴

Monitoring

Irrespective of the degree of commitment of national governments to ensuring the rights of children with disabilities, it is important that national developments are promoted and monitored through national independent human rights institutions such as commissioners or a children's ombudsperson. Procedures must also be in place to assess human rights violations. These institutions may be effectively supported by the involvement of bodies such as national disability coordinating committees or organizations of persons with disabilities. The situation of children with disabilities is now being monitored country by country through a variety of mechanisms. States parties report on progress regarding the rights of children with disabilities in reporting to the Committee on the Rights of the Child, and these issues are addressed in the comments made by the Committee on those reports.¹²⁵ The CRC reporting process provides a rich basis for understanding the development of the rights of children with disabilities.¹²⁶

As discussed above, mechanisms are being established for monitoring the implementation of the new CRPD through the Committee on the Rights of Persons with Disabilities. Monitoring is also carried out and supported by a wide range of NGOs, including international disability NGOs such as Mental Disability Right International and Inclusion International. For its part, the Save the Children Alliance has developed a global database on good practices to promote the rights of children with disabilities and monitor violations of these rights.¹²⁷ Key areas for monitoring are identified in box 7.3.

International and regional partnerships

If countries and agencies are to achieve the goals set out in international commitments, including Education for All, the Millennium Development Goals and 'A World Fit for Children', children with disabilities must be fully and visibly included in their policies and programmes.



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Children's rights can be promoted through the regular reports of the UN system and other organizations, including on progress towards the Millennium Goals. The Convention on the Rights of Persons with Disabilities will provide important mechanisms to monitor progress towards the attainment of their rights.¹²⁸

Identifying common goals creates synergies that make international efforts more effective. The 1981 International Year of the Disabled represented a critical watershed moment in relation to children with disabilities, with interest being mobilized around disability issues in UNICEF and other international agencies, and international NGOs such as Rehabilitation International, stimulating a range of innovative efforts. Subsequently, following the end of the Decade of Disabled Persons (1983–1992), an inter-agency working group consisting of WHO, UNESCO, the International Labour Organization (ILO) and UNICEF was formed to consult on issues related to childhood disability. The working group came together to build joint technical capacity through the development of training materials, workshops, and guidelines with indicators for early detection, and by designing effective interventions, including promoting access to mainstream education and social services.

The governments of the Asia and Pacific region, which has by far the largest number of persons with disabilities in the world, joined forces with NGOs in declaring 1993–2002 and 2003–2012 as Asian and Pacific Decades of Disabled Persons, establishing mutual initiatives and targets, goals and timeframes.¹²⁹ These initiatives were developed within the work programme of the UN Economic and Social Commission for Asia and the Pacific (ESCAP), which provided leadership and coordination across the entire region.

Review of the work carried out under the Asian and Pacific Decades has shown that a great deal can be achieved by well-planned regional collaborative mechanisms including South–South cooperation to promote national commitment to disability action, mainstreaming of disability in national policies, establishing enabling legislation and enforcement mechanisms, and strengthening statistics on disability.¹³⁰ Close cooperation with bilateral agencies, including the Government of Japan and the Government of Thailand, was instrumental in achieving the gains that have been assessed in empowering persons with disabilities, with an increase in public awareness in addition to the areas mentioned above.¹³¹

Regionally relevant aims and targets have also been set by the African Decade of Persons with Disabilities (2001–2010),¹³² coordinated by the Pan African Federation of the Disabled and six major international organizations of persons with disabilities, by the Arab Decade for Persons with Disabilities (2004–2013),¹³³ and most recently by the adoption of a Program of Action for a Decade of the Americas for Persons with Disabilities (2006–2016).¹³⁴

Materials developed for the regional decades, and lessons learned from them, can provide firm foundations for new initiatives in the context of implementing the new UN Convention. At the same time, this treaty is likely to provide additional impetus and mechanisms to monitor and evaluate achievements against objectives and targets at the regional level.

The European Union (EU) designated 2003 as the European Year of People with Disabilities, with the aim of accelerating progress towards ensuring equal rights for persons with disabilities in its member States. The year was organized by the European Commission in collaboration with the European Disability Forum, an umbrella organization representing more than 37 million persons with disabilities in Europe. A major success of the year was the increased awareness and concern for disability issues among the European public. The year also provided further incentives for member States to look at new policy and legal developments towards achieving equal opportunities for persons with disabilities.¹³⁵

In the recognition that concerns of persons with disabilities are often not included in the policies or development projects of the EU, an initiative on Breaking the Cycle of Poverty and Disability in Development Cooperation was launched in late 2005 with support from the EU. The Make Development Inclusive project represents a partnership among 12 European organizations, with the objective of promoting, in a coordinated manner, the mainstreaming of disability issues in the development cooperation policies of the member States of the European Union, EU institutions and relevant NGOs. Particular focus is given to building the capacity of public institutions and NGOs working in the development field, including organizations representing persons with disabilities.¹³⁶

The development of much closer collaboration between the many international agencies working in this field presents a major challenge for the future. The needs of persons with disabilities cut across the mandates of different departments and agencies, at both national and international levels. In planning for the future, the voices of adults and children with disabilities and their families need to be much more clearly heard in the councils of the world.

Progress depends on the ability to think beyond traditional 'boxes'. This may mean thinking of disability in the wider context of other marginalized groups and joining forces to work for a more inclusive society. A challenge for both international and national agencies concerns the extent to which they can create opportunities or strengthen mechanisms for working together in a more holistic way to meet the needs of children, families, adults and communities. Where traditional administrative boundaries have been crossed in order to pool resources, persons with disabilities have benefited from an approach that recognizes that their needs do not correspond to the narrowly focused remits of departments such as health, education, social services, income support and employment.

At the local level, creative solutions to these problems have been found by the appointment of a key worker who supports the child particularly at points of transition between home and school and between childhood and adulthood. At the national level, bodies responsible for initiating and coordinating policy for persons with disabilities across the board have achieved a great deal in many countries. Supplementing previous international standards and commitments, the UN Convention on the Rights of Persons with Disabilities provides an ideal opportunity to develop more effective mechanisms to ensure that children with disabilities attain their full human rights in the years to come.

8 CONCLUSIONS

The inclusion of children with disabilities is not simply a charitable act. It is a process inspired by the promotion of human rights that benefits the entire population of a country and provides a clear statement of a government's commitment to *all* its citizens and to the principles of good governance. International human rights instruments, including the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities, provide critical policy imperatives, frameworks and guidance for the development of inclusive practices.

Inclusion represents the recognition of fundamental rights and freedoms of a group of children who have been historically among the most marginalized. It allows them to realize their full potential and frees them from the discrimination and prejudice that have kept them hidden and on the margins of society. Promoting inclusion requires mobilizing and increasing the capacity of those key individuals most influential and supportive for this process – especially the extended family, teachers, community members, health staff and other carers.

Reliable and objective statistics are important to assist planning and resource allocation and to place children with disabilities more clearly on the map. Although the statistical databases necessary for this purpose require time to develop, planning and programming must move forward. Denying or delaying services to children with disability on the grounds that more data are needed is not acceptable. Plans, policies and budgets should be designed to allow changes and modifications, as additional data are made available over time.

This *Innocenti Digest* has emphasized a number of principles for advancing inclusion: consulting and listening to children with disabilities and their families themselves; adopting a life-cycle and integrated approach that responds to the evolving capacities of the child, and working with parents, other family members, peers and communities – as well as with service providers, policy-makers and key leaders.

Specific strategies based on these principles include the planned shift of children with disabilities from segregated, institutionalized care and enabling them to be included within their families, local schools and communities, with all the required support systems and services.

A strong message from the World Conference on Special Needs Education held in Salamanca in 1994 was that child-centred schools are a training ground for societies that respect the differences and dignity of all human beings.¹³⁷ Developing educational systems and learning opportunities that are capable of

responding to the needs of all children is not only a matter of justice; it is also an essential investment in the future of every society that is committed to becoming or remaining democratic and participatory.¹³⁸

The movement towards developing truly inclusive societies is already underway in many parts of the world. It is gaining strength from the Millennium Declaration and the Millennium Development Goals, from other international commitments such as Education for All and 'A World Fit for Children', and above all from the Convention on the Rights of the Child and the new Convention on the Rights of Persons with Disabilities. With the necessary national and international commitment to establishing more just and inclusive societies, this momentum will decisively grow. Day by day, diversity is coming to be understood as a resource and more children and adults with disabilities are being given the opportunity to contribute to the life of their family, community and country.

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Conclusions

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UNITED NATIONS SYSTEM

Office of the United Nations High Commissioner for Human Rights (OHCHR)

8-14 Avenue de la Paix, CH 1211 Geneva 10, Switzerland
Tel: +41 22 917 9000; Fax: +41 22 917 9016
Email: InfoDesk@ohchr.org; Website: www.ohchr.org

OHCHR plays the leading role in the UN system on human rights issues, promotes international cooperation for human rights, undertakes preventive human rights action and carries out human rights field activities and operations. The website provides access to all comments on States parties reports by the Committee on the Rights of the Child.

United Nations Department of Economic and Social Affairs (UNDESA)

2 United Nations Plaza, New York, NY, USA
Tel: +1 212 963 1234; Fax: +1 212 963 1010
Email: esa@un.org; Websites: www.un.org/esa; www.un.org/esa/socdev/enable

The main objective of the Department's programme is to promote broad-based and sustainable development through a multidimensional and integrated approach to economic, social, environmental, population and gender related aspects of development. In relation to disabled people, the Secretariat for the Convention on the Rights of Persons with Disabilities within UNDESA Division for Social Policy and Development works to assist the promotion of effective measures for the prevention of disability and the realization of the goals of full participation of persons with disabilities in social life and of equality.

The UN Enable website (above) brings together a wide range of resources directly relevant to persons with disabilities, including the text of the Convention on the Rights of Persons with Disabilities and information concerning international and regional developments and resources.

United Nations Statistics Division – Human Functioning and Disability Section

Website: <http://unstats.un.org/unsd/demographic/sconcerns/disability>

An online database of statistics on human functioning and disability, with specific concentration on major concerns, citing sources of data, and providing a list of statistical products and databases.

International Classification of Functioning, Disability and Health (ICF)

Website: www.who.int/classifications/icf/site/icftemplate.cfm

The ICF is a WHO classification of health and health related topics that describe body function, structures, activities and participation. This database has a wealth of information on disabilities and proposes a new international definition of disability. It includes some resources focusing on children.

International Labour Organization (ILO)

4, route des Morillons; CH-1211 Geneva 22, Switzerland
Tel: +41 22 799 6111; Fax: +41 22 798 8685
Email: ilo@ilo.org; Website: www.ilo.org

By formulating international labour standards in the form of Conventions and Recommendations, the ILO seeks the promotion of social justice and internationally recognized human and labour rights. It provides guidance on the management of disability issues in the workplace through a Draft Code aimed at ensuring that persons with disabilities are treated equally and have equal opportunities at work. The code is intended to assist private and public sector employers, employers' organizations, workers' organizations and public sector agencies responsible for national policy.

United Nations Educational, Scientific and Cultural Organization (UNESCO)

7 Place de Fontenoy, 75007 Paris, France
Tel: +33 1 45 68 1813; Fax: +33 1 45 68 5626/28
Website: www.unesco.org/education

As a leading partner in the Education for All (EFA) initiative, UNESCO works to meet the challenge of providing quality education for all, together with other multilateral agencies, governments, bilateral agencies, civil society and NGOs. UNESCO's action in the field of inclusive education has been set within the 'inclusive education' framework adopted at the Salamanca Conference in 1994. The Inclusive Education branch of UNESCO has many materials, case studies, policies and numerous resources that pertain to the education of children with disabilities and special needs.

¹ The websites provided in this section are external sites.

United Nations High Commissioner for Refugees (UNHCR)

PO 2500, Geneva 2, CH 1211, Switzerland
Tel: +41 22739 8111
Website: www.unhcr.org

The Office of the United Nations High Commissioner for Refugees was established by the United Nations General Assembly in 1950. The agency is mandated to lead and coordinate international action to protect refugees and resolve refugee problems worldwide. Its primary purpose is to safeguard the rights and well-being of refugees. It strives to ensure that everyone can exercise the right to seek asylum and find safe refuge in another State, with the option to return home voluntarily, integrate locally or to resettle in a third country. UNHCR has worked to ensure the inclusion of children with disabilities in its fieldwork and has published detailed training materials on this subject for local facilitators.

World Health Organization (WHO)

CH 1211 Geneva 27, Switzerland
Tel: +41 22 791 2111; Fax: +41 22 791 3111
Email: info@who.org; Website: www.who.org
DAR webpage: www.who.int/ncd/disability/programme.htm

WHO provides worldwide guidance in the health field, sets global standards for health, cooperates with governments to strengthen health programmes and develops appropriate health technology, information and standards. Its programme on Disability and Rehabilitation (DAR) aims to enhance the quality of life and equality of opportunities for all persons with disabilities by promoting equal access to health and medical care, social services and rehabilitation services that can reduce limits on activity. DAR provides a forum for the international exchange of information and experiences, with the aim of identifying new ideas, successful country models and useful strategies, and to discuss their application in other settings. WHO has also developed an International Classification of Functioning, Disability and Health (ICF) – *see the site listed above*.

OTHER INTERNATIONAL AGENCIES

World Bank

Disability and Development Team, 1818 H Street, NW, Washington D.C., 20433, USA
Website: www.worldbank.org/disability

The World Bank's mission is to fight poverty with passion and professionalism for lasting results. In the area of disability, it is working to ensure full participation of persons with disabilities in its development work, and gives special attention to persons with disabilities in this section. This resource provides a wealth of data for statistics, policies, and publications with specific concentration on children in specific areas.

INTERNATIONAL AND REGIONAL NON-GOVERNMENTAL ORGANIZATIONS AND NETWORKS

Action on Disability and Development

Vallis House, 57 Vallis Road, Frome, Somerset BA11 3EG, UK
Website: www.add.org.uk

ADD works with a variety of groups, some established as cross-disability organizations and others who come together due to the experience of a common impairment or shared experience, for instance, people who are deaf, or women with disabilities. The organizations range from small groups at village or local level, to larger, representational national federations or unions, which are also linked into regional and international networks of people with disabilities. ADD supports groups of people with disabilities by building up their confidence in their own worth, abilities and rights; helping them take control of their lives; campaigning, advocating and lobbying for equal rights; helping them run more sustainable, democratic, efficient and inclusive organizations; supporting them to set up self-help initiatives to improve their standards of living.

AIFO (Associazione Italiana Amici di Raoul Follerau)

Via Borselli 4, I 40135 Bologna, Italy
Tel: +39 051 433402; Fax: +39 051 434046
Websites: www.aifo.it/English; www.aifo.it

The activities of AIFO are focused on supporting persons affected by leprosy and persons with disabilities through integrated development projects, with particular attention to the poorest and most vulnerable groups. AIFO also promotes development education in Europe for a better understanding of the causes underlying poverty and underdevelopment in connection with the North-South relationship. This organization provides various resources on children with disabilities and leprosy in some of the least developed areas of the world.

Amnesty International

Website: www.amnesty.org/

Amnesty International (AI) is a worldwide movement of people who campaign for internationally recognized human rights. AI's vision is of a world in which every person enjoys all of the human rights enshrined in the Universal Declaration of Human Rights and other international human rights standards. In pursuit of this vision, AI's mission is to undertake research and action focused on preventing and ending grave abuses of the rights to physical and mental integrity, freedom of conscience and expression, and freedom from discrimination, within the context of its work to promote all human rights. AI has a large database on various reports and articles that pertain to children with disabilities.

Better Care Network

Website: www.crin.org/bcn/index.asp

The Better Care Network brings together organizations and individuals concerned about children without adequate family care. BCN facilitates active information exchange, collaboration and advocacy on issues such as the prevention of separation and abandonment of children; the development of family and community based care options for children who cannot be cared for by their parents; and international and national standards for all forms of care for children without adequate family care. The website includes a dedicated section on children with disabilities and a list of resources with a special focus on the situation of children with disabilities in institutional care.

CBM (Christoffel Blindenmission)

Nibelungenstrasse 124, D 64625 Bensheim, Germany

Website: www.cbm.org

CBM Christian Blind Mission/Christoffel-Blindenmission is one of the leading international development agencies for persons with disabilities. It supports the provision of services to persons with visual disabilities as well as persons with other disabilities in more than 1,000 projects in 113 developing countries. CBM assists the world's poorest persons with disabilities and those at risk of disability regardless of their nationality, sex or religion.

Center for International Rehabilitation

333 East Huron Street, Suite 225; Chicago, IL 60611, USA

Tel: +1 312 926 0030; Fax: +1 312 926 7662

Email: info@cirnetwork.org; Website:

www.cirnetwork.org/index.cfm

The Center for International Rehabilitation is a not-for-profit organization that develops technologies and programmes to help persons with disabilities worldwide reach their full potential. The CIR conducts fieldwork, research, training and education around the globe. Research by the CIR tries to find solutions to daily problems encountered by persons with disabilities in some of the poorest countries in the world.

Danish Council for Disabled People (DSI)

Kloervej 10B, 2650 Hvidovre, Denmark

Websites: www.disability.dk; <http://www.handicap.dk/english>

DSI is active in Ghana, India, Kosovo, Malawi, Nepal, Nicaragua, Philippines, South Africa, Uganda and Zimbabwe. The website contains information on disability in developing countries to support NGOs, governments and others working in the field. The site is a dynamic library to which the newest documents and information are added.

DCDD (Dutch Coalition on Disability and Development)

PO Box 3356, NL 3502 GJ Utrecht, Netherlands

Website: www.dccd.nl

DCDD's mission is to improve the position of people with disabilities. DCDD takes the human rights perspective as its point of departure and works on these issues for people in developing countries and countries in Central and Eastern Europe. Means for DCDD are awareness raising and policy advocacy, primarily applied in the Netherlands and Europe.

Disability Awareness in Action

11 Belgrave Road, London SW1V 1RB, UK

Telephone: +44 207 834 0477; Fax: +44 207 821 9539

Email: info@daa.org.uk; Website: www.daa.org.uk

Disability Awareness in Action is a collaborative project between different organizations such as Disabled Peoples' International, IMPACT, Inclusion International and the World Federation of the Deaf. It was established to provide a network for the exchange of information and experience between people with disabilities and their representative organizations, to support the self-advocacy of people with disabilities and promote their human rights. DAA's efforts are particularly focused on people in developing countries.

Disabled Peoples' International

101-7 Evergreen Place, Winnipeg,
Manitoba R3L 2T3, Canada
Tel: +1 204 287 8010; Fax: +1 204 453 1367
Email: dpi@dpi.org; Website: www.dpi.org

DPI is a human rights organization with active membership in over 120 countries around the world, over half of which are developing nations. It is committed to ensuring that people with disabilities across the world are able to achieve full integration, self-determination and equalization of opportunity in structures and services that are at the heart of every community. Specifically, DPI is dedicated to the promotion and protection of the human rights of people with disabilities and the provision of information and training to facilitate their empowerment. The organization has also prepared a toolkit on implementing the Convention on the Rights of Persons with Disabilities. This useful guide is written from a consumer perspective. It is available at <http://www.icrpd.net/implementation/en/toolkit/section1.htm>.

European Agency for Development in Special Needs Education

Ostre Stationsvej 33, DK 5000, Odense C, Denmark
Tel: +45 64 410020; Fax: +45 64 41 2303
Email: Secretariat@european-agency.org; Website: www.european-agency.org

This is an independent, self-governing European agency established by the ministries of Education in European Union member countries to act as a platform for collaboration in the field of special needs education. It offers member countries a unique opportunity to exchange knowledge and experience in such a way that quality in special needs education is promoted. There is an extensive range of publications within and across EU countries.

European Disability Forum

Website: www.edf-feph.org/

The European Disability Forum exists to represent disabled people in dialogue with the European Union and other European authorities. Its mission is to promote equal opportunities for people with disabilities and to ensure that citizens with disabilities have full access to fundamental and human rights through their active involvement in policy development and implementation in the European Union. The membership includes the national councils of people with disabilities from the 27 European Union countries, plus Norway and Iceland, representing the national disability movements. In addition, there is a broad range of organizations representing different disability groups and campaign interests in Europe.

FIDIDA (Finnish Disabled People's International Development Association)
Aleksanderink 48 A5 krs, 00100 Helsinki, Finland
Website: www.fidida.fi

Finnish Disabled People's International Development Association, FIDIDA, was established in 1989 in Helsinki, Finland. It was formed by seven Finnish organizations for people with disabilities that, apart from their work within the disability sector in Finland, were interested in working with organizations for people with disabilities in developing countries. Today, these organizations have projects in Asia, Africa, South America and Eastern Europe. Since 2004, FIDIDA has cooperated with the Ministry for Foreign Affairs of Finland in the assessment of all new disability project applications by Finnish non-governmental organizations to the Ministry.

GLADNET Association (Global Applied Disability Research and Information Network on Employment and Training)

Box 66043, University of Calgary, Calgary, Alberta,
T2N 4T7, Canada
Tel: +1 403 228 2227; Fax: +1 403 228 2207
Email: info@gladnet.org; Website: www.gladnet.org

The GLADNET Association refers to the Global Applied Disability Research and Information Network. It is an international not-for-profit organization affiliated with the International Labour Organization's Disability and Work Programme. The Network brings together research centres, universities, enterprises, government departments, trade unions, and organizations of and for persons with disabilities. Their common goal is to advance competitive employment and training opportunities for persons with disabilities.

Handicap International

ERAC, 14 avenue Berthelot, 69631 Lyon,
Cedex 07, France
Email for UK contact point: co-ordinator@idddc.org.uk
Website: www.handicap-international.org

Handicap International is a major NGO with development projects in many countries. It is particularly concerned with support to persons with disabilities in conflict and emergency situations and with the campaign against landmines and unexploded ordnance.

Healthlink Worldwide

Cityside, 40 Adler Street, London E1 1EE, UK
Websites: www.healthlink.org.uk/index.html;
www.healthlink.org.uk; <http://www.healthlink.org.uk/projects/disability/articles02.html>

Healthlink works with over 50 partners worldwide, mobilizing innovative knowledge and communication processes; empowering people to voice their health needs and have those voices heard. In addition to disability, it focuses on HIV and AIDS, malaria and tuberculosis, community health, advocacy and information technology.

Inclusion International

The Rix Centre, University of East London, 4-6 University Way London E16 2RD, UK
Tel: +44 208 223 7709 ; Fax: +44 208 223 7411
Email: info@inclusion-international.org; Website: www.inclusion-international.org/

Inclusion International (II) is a global federation of family-based organizations advocating for the human rights of people with intellectual disabilities and their families worldwide. It represents over 200 member federations in 115 countries throughout five regions, Middle East and North Africa, Europe, Africa and the Indian Ocean, the Americas and Asia Pacific.

International Deaf Children's Society (IDCS)

15 Dufferin Street, London EC1Y 8UR, UK
Tel: +44 20 7490 8656
Website: www.ndcs.info

The IDCS is the international development wing of the National Deaf Children's society of the UK, and provides a resources library for search content. The website contains a long list of recent articles and papers, and a comprehensive search engine. It has information primarily on Europe but also some useful resources on Africa and East Asia.

International Disability and Development Consortium (IDDC)

c/o Handicap International, 5 Station Hill, Farnham, Surrey GU9 8AA, UK
Tel: +44 1252 821 429; Fax: +44 1252 821428
Email: co-ordinator@iddc.org.uk;
Website: www.iddc.org.uk

IDDC is a self-managing group currently consisting of 16 non-government organizations supporting disability and development work in over 100 countries globally. IDDC's aim is to more effectively and efficiently promote the rights of people with disabilities through collaboration and the sharing of information and expertise. To achieve this aim, IDDC believes development policy and practice should be inclusive.

International Save the Children Alliance

275-281 King Street, London, W6 9LZ, UK
Tel: +44 20 8748 2554; Fax: +44 20 8237 8000
Email: Webmaster@save-children-alliance.org;
Website: www.savethechildren.net/

The International Save the Children Alliance is the world's largest independent children's rights organization with 29 members working in over 120 countries. Save the Children works for a world that respects and values each child, that listens to every child, and where all children have hope and opportunity. Save the Children works to overcome barriers of entrenched attitudes and discrimination that face children with impairments, even in those areas where there is willingness to provide an education to all children.

Landmine Survivors Network

11 rue de Cornovan, 1201 Geneva, Switzerland
Tel.: +41 22 732 28 41
Website: www.landminesurvivors.org

LSN works across the globe to help survivors secure the services they need to help them reclaim their lives. Aiding people injured in landmine accidents helps them move from being victims to being survivors and fully participating citizens in their communities. First and foremost, LSN helps ensure that survivors have the medical care needed to regain and maintain their health.

Leonard Cheshire International

30 Millbank, London SW1P 4QD, UK
Website: www.lcint.org

LCI is a leading non-governmental organization with 60 years of achievement in promoting positive attitudes to disability and empowering persons with disabilities. LCI works with organizations for persons with disabilities, international organizations, national governments and local communities to change attitudes to ability and provide services to people around the world.

Light for the World

Darnautgasse 13/5, A 1120 Vienna, Austria
Tel: +43 1810 13006
Websites: www.light-for-the-world.org;
www.licht-fuer-die-welt.at (German)

Light for the World - Christoffel Development Cooperation is an Austrian non-governmental development organization committed to helping people who have eye diseases, are blind or have other disabilities in underprivileged regions, irrespective of gender, origin, ethnicity or religion.

Mental Disability Rights International

156 15th Street NW, Suite 1001 Washington, DC 20005, USA

Tel: +1 202 296 0800; Fax: +1 202 728 3053

Email: mdri@mdri.org; Website: www.mdri.org/

Established in 1993 as a joint project of the Bazelon Center for Mental Health Law and American University's Center for Human Rights and Humanitarian Law, MDRI documents conditions, publishes reports on human rights enforcement and promotes international oversight of the rights of people with mental disabilities. Drawing on the skills and experience of attorneys, mental health professionals, human rights advocates, people with mental disabilities and their family members, MDRI trains and supports advocates seeking legal and service system reform and assists governments to develop laws and policies to promote community integration and human rights enforcement for people with mental disabilities.

NAD (Norwegian Association for the Disabled)

PO Box 9217, Gronland, N0134, Norway

Websites: <http://www.atlas-alliansen.no/index.asp?id=26120> (English); www.atlas-alliansen.no

The Atlas Alliance is the umbrella organization for the development work of disabled people's organizations (DPOs) in Norway. It consists of 14 member organizations and two affiliated organizations.

Pan African Federation of the Disabled

Website: www.dpiafro.mr/index.htm

PAFOD is a continental organization of disabled peoples' organizations which constitutes 53 national assemblies organized within five subregional federations – WAFOD, SAFOD, CAFOD, EAFOD, NAFOD – representing West, South, Central, East and North Africa. Its mandate is to create a network of organizations for persons with disabilities across the continent. Through the training of leaders and the building of organizational capacities, PAFOD works toward the strengthening of human rights and the equalization of opportunities for persons living with disabilities.

RI (Rehabilitation International)

25 East 21 Street, New York, NY 10010, USA

Tel.: +1 212 420 1500; Fax: +1 212 505 0871

Email: RI@riglobal.org; Website: www.riglobal.org

Rehabilitation International (RI) is a worldwide network of persons with disabilities, service providers and government agencies working together to improve the quality of life for people with disabilities and their families. Founded in 1922, it now has more than 700 member organizations in over 80 nations.

Save the Children Fund (UK)

17 Grove Lane, London SE5 8 RD, UK

Tel: +44 20 7703 5400; Fax: +44 20 7703 2278

Email: enquiries@scfuk.org.uk; Website:

www.savethechildren.org.uk

SCF works in 70 countries, conducting research on children's issues, supporting practical projects that involve children and their families and advocating for changes to benefit children worldwide. SCF is very active in the promotion of the rights of children with disabilities. SCF is a member of the International Save the Children Alliance.

Sense (UK)

11-13 Clifton Terrace, Finsbury Park, London N4 3SR, UK

Tel: +44 845 0060

Website: www.sense.org.uk

Sense is the UK's largest organization for children and adults who are deaf-blind or have associated disabilities. It has a database of news articles, statistics and other various resources concentrating on issues specifically on children who are deaf-blind.

SHIA (Swedish Organization of Disabled Persons)

Box 4060, S 102 61 Stockholm, Sweden

Email: shia@shia.se; Websites: <http://www.shia.se/index.php?l=en&p=index> (English); www.shia.se

(sites currently under development)

SHIA is a major development organization fully committed to inclusion, with programmes and activities in many countries. It focuses on strengthening local and national organizations of persons with disabilities in developing countries.

Sightsavers International

Grosvenor Hall, Bolnore Road, Haywards Heath,

West Sussex RH16 4BX, UK

Website: www.sightsavers.org

Sightsavers works to combat blindness in developing countries, restoring sight through specialist treatment and eye care. It also supports people who are irreversibly blind by providing education, counselling and training, with particular attention to those living in poverty in some of the world's poorest countries.

World Vision

Opal Drive, Fox Mine, Milton Keynes, MK15 0ZR, UK

Tel: +44 1908 841 049

Website: www.worldvision.org.uk

World Vision works to make a serious and sustainable impact on poverty and its causes, especially as they affect children. It is committed to long-term change, which means connecting people. Its activities include access to inclusive education for children with disabilities and gender equality for women with disabilities.

ADDITIONAL RESOURCES

Child Rights Information Network (CRIN)

Website: www.crin.org

The Child Rights Information Network (CRIN) is a global network that disseminates information about the Convention on the Rights of the Child and child rights among non-governmental organizations, UN agencies, intergovernmental organizations, educational institutions and other child rights experts. The network is supported by and receives funding from UNICEF, Rädda Barnen, Save the Children UK and the International Save the Children Alliance. Extensive information, resources and publications are available on this website.

Enabling Education Network

Centre for Educational Inclusion and Support,
University of Manchester, M13 9PL, UK
Email: eenet@manchester.ac.uk;
Website: www.eenet.org.uk

EENET was initiated by Save the Children UK, in partnership with UK and international non-governmental organizations and research institutions. It is committed to prioritizing the needs of countries, organizations and individuals with limited access to basic information and resources. A regular newsletter is produced and the website contains a wide range of materials and resources on inclusive education and related issues throughout the world. An interactive CD presents a wide range of relevant information for diverse audiences, bringing together the main themes within inclusive education: parents, young people's voices, teacher education, policy development, classroom practice, and the use of images.

Roeher Institute

Kinsmen Building, York University, Toronto, Ontario,
M3J 1P3, Canada
Tel: +1 416 661 9611; Fax: +1 416 661 5701
Email: info@roeher.ca; Website: www.roeher.ca/

The Roeher Institute is a leading policy-research and development organization. Its task is to generate knowledge, information and skills to secure the inclusion, citizenship, human rights and equality of people with intellectual and other disabilities.

Source International Information Support Centre

Website: www.asksource.info/res_library/disability.htm

Source is a collaborative venture of the Centre for International Health and Development (formerly CICH), Healthlink Worldwide, Handicap International and the Exchange programme. The website has been formed from a merger of the resource centres of CICH and Healthlink Worldwide. It is designed to meet the information needs of individuals and organizations working in health, disability and development worldwide, including health workers, researchers and students, non-governmental and governmental organizations, and organizations for persons with disabilities. Source has a unique collection of around 25,000 health and disability information resources, including books, journals, manuals, reports, posters, CD-ROMs, websites and organizations. Many materials are from developing countries and include both published and unpublished literature.

World Institute on Disability

510 16th Street, Suite 100, Oakland, CA 94612, USA
Website: www.wid.org

The World Institute of Disability is a non-profit, research, public policy and advocacy centre, dedicated to promoting civil rights and full societal inclusion of persons with disabilities. WID focuses on four areas: employment and economic development; accessible health care and Personal Assistance Service; inclusive technology design; international disability development, including work on inclusive education in Eastern Europe.

Convention on the Rights of Persons with Disabilities and Optional Protocol to the Convention on the Rights of Persons with Disabilities

Convention on the Rights of Persons with Disabilities

Preamble

The States parties to the present Convention,

(a) *Recalling* the principles proclaimed in the Charter of the United Nations which recognize the inherent dignity and worth and the equal and inalienable rights of all members of the human family as the foundation of freedom, justice and peace in the world,

(b) *Recognizing* that the United Nations, in the Universal Declaration of Human Rights and in the International Covenants on Human Rights, has proclaimed and agreed that everyone is entitled to all the rights and freedoms set forth therein, without distinction of any kind,

(c) *Reaffirming* the universality, indivisibility, interdependence and interrelatedness of all human rights and fundamental freedoms and the need for persons with disabilities to be guaranteed their full enjoyment without discrimination,

(d) *Recalling* the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, the International Convention on the Elimination of All Forms of Racial Discrimination, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the Convention on the Rights of the Child, and the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families,

(e) *Recognizing* that disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others,

(f) *Recognizing* the importance of the principles and policy guidelines contained in the World Programme of Action concerning Disabled Persons and in the Standard Rules on the Equalization of Opportunities for Persons with Disabilities in influencing the promotion, formulation and evaluation of the policies,

plans, programmes and actions at the national, regional and international levels to further equalize opportunities for persons with disabilities,

(g) *Emphasizing* the importance of mainstreaming disability issues as an integral part of relevant strategies of sustainable development,

(h) *Recognizing also* that discrimination against any person on the basis of disability is a violation of the inherent dignity and worth of the human person,

(i) *Recognizing further* the diversity of persons with disabilities,

(j) *Recognizing* the need to promote and protect the human rights of all persons with disabilities, including those who require more intensive support,

(k) *Concerned that*, despite these various instruments and undertakings, persons with disabilities continue to face barriers in their participation as equal members of society and violations of their human rights in all parts of the world,

(l) *Recognizing* the importance of international cooperation for improving the living conditions of persons with disabilities in every country, particularly in developing countries,

(m) *Recognizing* the valued existing and potential contributions made by persons with disabilities to the overall well-being and diversity of their communities, and that the promotion of the full enjoyment by persons with disabilities of their human rights and fundamental freedoms and of full participation by persons with disabilities will result in their enhanced sense of belonging and in significant advances in the human, social and economic development of society and the eradication of poverty,

(n) *Recognizing* the importance for persons with disabilities of their individual autonomy and independence, including the freedom to make their own choices,

(o) *Considering* that persons with disabilities should have the opportunity to be actively involved in decision-making processes about policies and programmes, including those directly concerning them,

(p) *Concerned* about the difficult conditions faced by persons with disabilities who are subject to multiple or aggravated forms of discrimination on the basis of race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth, age or other status,

(q) *Recognizing* that women and girls with disabilities are often at greater risk, both within and outside the home of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation,

(r) *Recognizing* that children with disabilities should have full enjoyment of all human rights and fundamental freedoms on an equal basis with other children, and recalling obligations to that end undertaken by States parties to the Convention on the Rights of the Child,

(s) *Emphasizing* the need to incorporate a gender perspective in all efforts to promote the full enjoyment of human rights and fundamental freedoms by persons with disabilities,

(t) *Highlighting* the fact that the majority of persons with disabilities live in conditions of poverty, and in this regard recognizing the critical need to address the negative impact of poverty on persons with disabilities,

(u) *Bearing in mind* that conditions of peace and security based on full respect for the purposes and principles contained in the Charter of the United Nations and observance of applicable human rights instruments are indispensable for the full protection of persons with disabilities, in particular during armed conflicts and foreign occupation,

(v) *Recognizing* the importance of accessibility to the physical, social, economic and cultural environment, to health and education and to information and communication, in enabling persons with disabilities to fully enjoy all human rights and fundamental freedoms,

(w) *Realizing* that the individual, having duties to other individuals and to the community to which he or she belongs, is under a responsibility to strive for the promotion and observance of the rights recognized in the International Bill of Human Rights,

(x) *Convinced* that the family is the natural and fundamental group unit of society and is entitled to protection by society and the State, and that persons with disabilities and their family members should receive the necessary protection and assistance to enable families to contribute towards the full and equal enjoyment of the rights of persons with disabilities,

(y) *Convinced* that a comprehensive and integral international convention to promote and protect the rights and dignity of persons with disabilities will make a significant contribution to redressing the profound social disadvantage of persons with disabilities and promote their participation in the civil, political, economic, social and cultural spheres with equal opportunities, in both developing and developed countries,

Have agreed as follows:

Article 1 Purpose

The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

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.

Article 2 Definitions

For the purposes of the present Convention:

“Communication” includes languages, display of text, Braille, tactile communication, large print, accessible multimedia as well as written, audio, plain-language, human-reader and augmentative and alternative modes, means and formats of communication, including accessible information and communication technology;

“Language” includes spoken and signed languages and other forms of non spoken languages;

“Discrimination on the basis of disability” means any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation;

“Reasonable accommodation” means 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;

“Universal design” means the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. “Universal design” shall not exclude assistive devices for particular groups of persons with disabilities where this is needed.

Article 3 General principles

The principles of the present Convention shall be:

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

Article 4 General obligations

1. States parties undertake to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability. To this end, States parties undertake:

- (a) To adopt all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the present Convention;
- (b) To take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices that constitute discrimination against persons with disabilities;
- (c) To take into account the protection and promotion of the human rights of persons with disabilities in all policies and programmes;
- (d) To refrain from engaging in any act or practice that is inconsistent with the present Convention and to ensure that public authorities and institutions act in conformity with the present Convention;

(e) To take all appropriate measures to eliminate discrimination on the basis of disability by any person, organization or private enterprise;

(f) To undertake or promote research and development of universally designed goods, services, equipment and facilities, as defined in article 2 of the present Convention, which should require the minimum possible adaptation and the least cost to meet the specific needs of a person with disabilities, to promote their availability and use, and to promote universal design in the development of standards and guidelines;

(g) To undertake or promote research and development of, and to promote the availability and use of new technologies, including information and communications technologies, mobility aids, devices and assistive technologies, suitable for persons with disabilities, giving priority to technologies at an affordable cost;

(h) To provide accessible information to persons with disabilities about mobility aids, devices and assistive technologies, including new technologies, as well as other forms of assistance, support services and facilities;

(i) To promote the training of professionals and staff working with persons with disabilities in the rights recognized in this Convention so as to better provide the assistance and services guaranteed by those rights.

2. With regard to economic, social and cultural rights, each State party undertakes to take measures to the maximum of its available resources and, where needed, within the framework of international cooperation, with a view to achieving progressively the full realization of these rights, without prejudice to those obligations contained in the present Convention that are immediately applicable according to international law.

3. In the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, States parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations.

4. Nothing in the present Convention shall affect any provisions which are more conducive to the realization of the rights of persons with disabilities and which may be contained in the law of a State party or international law in force for that State. There shall be no restriction upon or derogation from any of the human rights and fundamental freedoms recognized or existing in any State party to the present Convention pursuant to law, conventions,

regulation or custom on the pretext that the present Convention does not recognize such rights or freedoms or that it recognizes them to a lesser extent.

5. The provisions of the present Convention shall extend to all parts of federal states without any limitations or exceptions.

Article 5 Equality and non-discrimination

1. States parties recognize that all persons are equal before and under the law and are entitled without any discrimination to the equal protection and equal benefit of the law.

2. States parties shall prohibit all discrimination on the basis of disability and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds.

3. In order to promote equality and eliminate discrimination, States parties shall take all appropriate steps to ensure that reasonable accommodation is provided.

4. Specific measures which are necessary to accelerate or achieve de facto equality of persons with disabilities shall not be considered discrimination under the terms of the present Convention.

Article 6 Women with disabilities

1. States parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.

2. States parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention.

Article 7 Children with disabilities

1. States parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.

2. In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration.

3. States parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right.

Article 8 Awareness-raising

1. States parties undertake to adopt immediate, effective and appropriate measures:

(a) To raise awareness throughout society, including at the family level, regarding persons with disabilities, and to foster respect for the rights and dignity of persons with disabilities;

(b) To combat stereotypes, prejudices and harmful practices relating to persons with disabilities, including those based on sex and age, in all areas of life;

(c) To promote awareness of the capabilities and contributions of persons with disabilities.

2. Measures to this end include:

(a) Initiating and maintaining effective public awareness campaigns designed:

(i) To nurture receptiveness to the rights of persons with disabilities;

(ii) To promote positive perceptions and greater social awareness towards persons with disabilities;

(iii) To promote recognition of the skills, merits and abilities of persons with disabilities, and of their contributions to the workplace and the labour market;

(b) Fostering at all levels of the education system, including in all children from an early age, an attitude of respect for the rights of persons with disabilities;

(c) Encouraging all organs of the media to portray persons with disabilities in a manner consistent with the purpose of the present Convention;

(d) Promoting awareness-training programmes regarding persons with disabilities and the rights of persons with disabilities.

Article 9 Accessibility

1. To enable persons with disabilities to live independently and participate fully in all aspects of life, States parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including 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. These measures, which shall include the identification and elimination of obstacles and barriers to accessibility, shall apply to, inter alia:

- (a) Buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces;
- (b) Information, communications and other services, including electronic services and emergency services.

2. States parties shall also take appropriate measures to:

- (a) Develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public;
- (b) Ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities;
- (c) Provide training for stakeholders on accessibility issues facing persons with disabilities;
- (d) Provide in buildings and other facilities open to the public signage in Braille and in easy to read and understand forms;
- (e) Provide forms of live assistance and intermediaries, including guides, readers and professional sign language interpreters, to facilitate accessibility to buildings and other facilities open to the public;
- (f) Promote other appropriate forms of assistance and support to persons with disabilities to ensure their access to information;
- (g) Promote access for persons with disabilities to new information and communications technologies and systems, including the Internet;
- (h) Promote the design, development, production and distribution of accessible information and communications technologies and systems at an early stage, so that these technologies and systems become accessible at minimum cost.

Article 10 **Right to life**

States parties reaffirm that every human being has the inherent right to life and shall take all necessary measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others.

Article 11 **Situations of risk and humanitarian emergencies**

States parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.

Article 12 **Equal recognition before the law**

1. States parties reaffirm that persons with disabilities have the right to recognition everywhere as persons before the law.
2. States parties shall recognize that persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life.
3. States parties shall take appropriate measures to provide access by persons with disabilities to the support they may require in exercising their legal capacity.
4. States parties shall ensure that all measures that relate to the exercise of legal capacity provide for appropriate and effective safeguards to prevent abuse in accordance with international human rights law. Such safeguards shall ensure that measures relating to the exercise of legal capacity respect the rights, will and preferences of the person, are free of conflict of interest and undue influence, are proportional and tailored to the person's circumstances, apply for the shortest time possible and are subject to regular review by a competent, independent and impartial authority or judicial body. The safeguards shall be proportional to the degree to which such measures affect the person's rights and interests.
5. Subject to the provisions of this article, States parties shall take all appropriate and effective measures to ensure the equal right of persons with disabilities to own or inherit property, to control their own financial affairs and to have equal access to bank loans, mortgages and other forms of financial credit, and shall ensure that persons with disabilities are not arbitrarily deprived of their property.

Article 13 **Access to justice**

1. States parties shall ensure effective access to justice for persons with disabilities on an equal basis with others, including through the provision of procedural and age-appropriate accommodations, in order to facilitate their effective role as direct and

indirect participants, including as witnesses, in all legal proceedings, including at investigative and other preliminary stages.

2. In order to help to ensure effective access to justice for persons with disabilities, States parties shall promote appropriate training for those working in the field of administration of justice, including police and prison staff.

Article 14

Liberty and security of the person

1. States parties shall ensure that persons with disabilities, on an equal basis with others:

(a) Enjoy the right to liberty and security of person;

(b) Are not deprived of their liberty unlawfully or arbitrarily, and that any deprivation of liberty is in conformity with the law, and that the existence of a disability shall in no case justify a deprivation of liberty.

2. States parties shall ensure that if persons with disabilities are deprived of their liberty through any process, they are, on an equal basis with others, entitled to guarantees in accordance with international human rights law and shall be treated in compliance with the objectives and principles of this Convention, including by provision of reasonable accommodation.

Article 15

Freedom from torture or cruel, inhuman or degrading treatment or punishment

1. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his or her free consent to medical or scientific experimentation.

2. States parties shall take all effective legislative, administrative, judicial or other measures to prevent persons with disabilities, on an equal basis with others, from being subjected to torture or cruel, inhuman or degrading treatment or punishment.

Article 16

Freedom from exploitation, violence and abuse

1. States parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects.

2. States parties shall also take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring, inter alia, appropriate forms of gender- and age-sensitive assistance and support for persons with disabilities and their families and caregivers, including through the provision of information and education on how to avoid, recognize and report instances of exploitation, violence and abuse. States parties shall ensure that protection services are age-, gender- and disability-sensitive.

3. In order to prevent the occurrence of all forms of exploitation, violence and abuse, States parties shall ensure that all facilities and programmes designed to serve persons with disabilities are effectively monitored by independent authorities.

4. States parties shall take all appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse, including through the provision of protection services. Such recovery and reintegration shall take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes into account gender- and age-specific needs.

5. States parties shall put in place effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate, prosecuted.

Article 17

Protecting the integrity of the person

Every person with disabilities has a right to respect for his or her physical and mental integrity on an equal basis with others.

Article 18

Liberty of movement and nationality

1. States parties shall recognize the rights of persons with disabilities to liberty of movement, to freedom to choose their residence and to a nationality, on an equal basis with others, including by ensuring that persons with disabilities:

(a) Have the right to acquire and change a nationality and are not deprived of their nationality arbitrarily or on the basis of disability;

(b) Are not deprived, on the basis of disability, of their ability to obtain, possess and utilize documentation of their nationality or other documentation of identification, or to utilize relevant processes such as immigration proceedings, that may be needed to facilitate exercise of the right to liberty of movement;

(c) Are free to leave any country, including their own;

(d) Are not deprived, arbitrarily or on the basis of disability, of the right to enter their own country.

2. Children with disabilities shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by their parents.

Article 19 **Living independently and being included in the community**

States parties to this Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

(a) Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;

(b) Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;

(c) Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.

Article 20 **Personal mobility**

States parties shall take effective measures to ensure personal mobility with the greatest possible independence for persons with disabilities, including by:

(a) Facilitating the personal mobility of persons with disabilities in the manner and at the time of their choice, and at affordable cost;

(b) Facilitating access by persons with disabilities to quality mobility aids, devices, assistive technologies and forms of live assistance and intermediaries, including by making them available at affordable cost;

(c) Providing training in mobility skills to persons with disabilities and to specialist staff working with persons with disabilities;

(d) Encouraging entities that produce mobility aids, devices and assistive technologies to take into account all aspects of mobility for persons with disabilities.

Article 21 **Freedom of expression and opinion, and access to information**

States parties shall take all appropriate measures to ensure that persons with disabilities can exercise the right to freedom of expression and opinion, including the freedom to seek, receive and impart information and ideas on an equal basis with others and through all forms of communication of their choice, as defined in article 2 of the present Convention, including by:

(a) Providing information intended for the general public to persons with disabilities in accessible formats and technologies appropriate to different kinds of disabilities in a timely manner and without additional cost;

(b) Accepting and facilitating the use of sign languages, Braille, augmentative and alternative communication, and all other accessible means, modes and formats of communication of their choice by persons with disabilities in official interactions;

(c) Urging private entities that provide services to the general public, including through the Internet, to provide information and services in accessible and usable formats for persons with disabilities;

(d) Encouraging the mass media, including providers of information through the Internet, to make their services accessible to persons with disabilities;

(e) Recognizing and promoting the use of sign languages.

Article 22 **Respect for privacy**

1. No person with disabilities, regardless of place of residence or living arrangements, shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence or other types of communication or to unlawful attacks on his or her honour and reputation. Persons with disabilities have the right to the protection of the law against such interference or attacks.

2. States parties shall protect the privacy of personal, health and rehabilitation information of persons with disabilities on an equal basis with others.

Article 23 **Respect for home and the family**

1. States parties shall take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others, so as to ensure that:

(a) The right of all persons with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent of the intending spouses is recognized;

(b) The rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided;

(c) Persons with disabilities, including children, retain their fertility on an equal basis with others.

2. States parties shall ensure the rights and responsibilities of persons with disabilities, with regard to guardianship, wardship, trusteeship, adoption of children or similar institutions, where these concepts exist in national legislation; in all cases the best interests of the child shall be paramount. States parties shall render appropriate assistance to persons with disabilities in the performance of their child-rearing responsibilities.

3. States parties shall ensure that children with disabilities have equal rights with respect to family life. With a view to realizing these rights, and to prevent concealment, abandonment, neglect and segregation of children with disabilities, States parties shall undertake to provide early and comprehensive information, services and support to children with disabilities and their families.

4. States parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. In no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents.

5. States parties shall, where the immediate family is unable to care for a child with disabilities, undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting.

Article 24 Education

1. States parties recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States parties shall ensure an inclusive education system at all levels and life long learning directed to:

(a) The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity;

(b) The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential;

(c) Enabling persons with disabilities to participate effectively in a free society.

2. In realizing this right, States parties shall ensure that:

(a) Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability;

(b) Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live;

(c) Reasonable accommodation of the individual's requirements is provided;

(d) Persons with disabilities receive the support required, within the general education system, to facilitate their effective education;

(e) Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.

3. States parties shall enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community. To this end, States parties shall take appropriate measures, including:

(a) Facilitating the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and mentoring;

(b) Facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community;

(c) Ensuring that the education of persons, and in particular children, who are blind, deaf or deafblind, is delivered in the most appropriate languages and modes and means of communication for the individual, and in environments which maximize academic and social development.

4. In order to help ensure the realization of this right, States parties shall take appropriate measures to employ teachers, including teachers with disabilities, who are qualified in sign language and/or Braille, and to train professionals and staff who work at all levels of education. Such training shall incorporate disability

awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities.

5. States parties shall ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others. To this end, States parties shall ensure that reasonable accommodation is provided to persons with disabilities.

Article 25 **Health**

States parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States parties shall:

- (a) Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;
- (b) Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;
- (c) Provide these health services as close as possible to people's own communities, including in rural areas;
- (d) Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care;
- (e) Prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner;
- (f) Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.

Article 26 **Habilitation and rehabilitation**

1. States parties shall take effective and appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life. To that end, States parties shall organize, strengthen and extend comprehensive habilitation and rehabilitation services and programmes, particularly in the areas of health, employment, education and social services, in such a way that these services and programmes:

(a) Begin at the earliest possible stage, and are based on the multidisciplinary assessment of individual needs and strengths;

(b) Support participation and inclusion in the community and all aspects of society, are voluntary, and are available to persons with disabilities as close as possible to their own communities, including in rural areas.

2. States parties shall promote the development of initial and continuing training for professionals and staff working in habilitation and rehabilitation services.

3. States parties shall promote the availability, knowledge and use of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation.

Article 27 **Work and employment**

1. States parties recognize the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities. States parties shall safeguard and promote the realization of the right to work, including for those who acquire a disability during the course of employment, by taking appropriate steps, including through legislation, to, inter alia:

(a) Prohibit discrimination on the basis of disability with regard to all matters concerning all forms of employment, including conditions of recruitment, hiring and employment, continuance of employment, career advancement and safe and healthy working conditions;

(b) Protect the rights of persons with disabilities, on an equal basis with others, to just and favourable conditions of work, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions, including protection from harassment, and the redress of grievances;

(c) Ensure that persons with disabilities are able to exercise their labour and trade union rights on an equal basis with others;

(d) Enable persons with disabilities to have effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training;

(e) Promote employment opportunities and career advancement for persons with disabilities in the labour market, as well as assistance in finding, obtaining, maintaining and returning to employment;

(f) Promote opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one's own business;

(g) Employ persons with disabilities in the public sector;

(h) Promote the employment of persons with disabilities in the private sector through appropriate policies and measures, which may include affirmative action programmes, incentives and other measures;

(i) Ensure that reasonable accommodation is provided to persons with disabilities in the workplace;

(j) Promote the acquisition by persons with disabilities of work experience in the open labour market;

(k) Promote vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities.

2. States parties shall ensure that persons with disabilities are not held in slavery or in servitude, and are protected, on an equal basis with others, from forced or compulsory labour.

Article 28 **Adequate standard of living and social protection**

1. States parties recognize the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability.

2. States parties recognize the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability, and shall take appropriate steps to safeguard and promote the realization of this right, including measures:

(a) To ensure equal access by persons with disabilities to clean water services, and to ensure access to appropriate and affordable services, devices and other assistance for disability-related needs;

(b) To ensure access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programmes and poverty reduction programmes;

(c) To ensure access by persons with disabilities and their families living in situations of poverty to assistance from the State with disability-related expenses, including adequate training, counselling, financial assistance and respite care;

(d) To ensure access by persons with disabilities to public housing programmes;

(e) To ensure equal access by persons with disabilities to retirement benefits and programmes.

Article 29 **Participation in political and public life**

States parties shall guarantee to persons with disabilities political rights and the opportunity to enjoy them on an equal basis with others, and shall undertake to:

(a) Ensure that persons with disabilities can effectively and fully participate in political and public life on an equal basis with others, directly or through freely chosen representatives, including the right and opportunity for persons with disabilities to vote and be elected, inter alia, by:

(i) Ensuring that voting procedures, facilities and materials are appropriate, accessible and easy to understand and use;

(ii) Protecting the right of persons with disabilities to vote by secret ballot in elections and public referendums without intimidation, and to stand for elections, to effectively hold office and perform all public functions at all levels of government, facilitating the use of assistive and new technologies where appropriate;

(iii) Guaranteeing the free expression of the will of persons with disabilities as electors and to this end, where necessary, at their request, allowing assistance in voting by a person of their own choice;

(b) Promote actively an environment in which persons with disabilities can effectively and fully participate in the conduct of public affairs, without discrimination and on an equal basis with others, and encourage their participation in public affairs, including:

(i) Participation in non-governmental organizations and associations concerned with the public and political life of the country, and in the activities and administration of political parties;

(ii) Forming and joining organizations of persons with disabilities to represent persons with disabilities at international, national, regional and local levels.

Article 30 **Participation in cultural life, recreation, leisure and sport**

1. States parties recognize the right of persons with disabilities to take part on an equal basis with others in cultural life, and shall take all appropriate measures to ensure that persons with disabilities:

(a) Enjoy access to cultural materials in accessible formats;

(b) Enjoy access to television programmes, films, theatre and other cultural activities, in accessible formats;

(c) Enjoy access to places for cultural performances or services, such as theatres, museums, cinemas, libraries and tourism services, and, as far as possible, enjoy access to monuments and sites of national cultural importance.

2. States parties shall take appropriate measures to enable persons with disabilities to have the opportunity to develop and utilize their creative, artistic and intellectual potential, not only for their own benefit, but also for the enrichment of society.

3. States parties shall take all appropriate steps, in accordance with international law, to ensure that laws protecting intellectual property rights do not constitute an unreasonable or discriminatory barrier to access by persons with disabilities to cultural materials.

4. Persons with disabilities shall be entitled, on an equal basis with others, to recognition and support of their specific cultural and linguistic identity, including sign languages and deaf culture.

5. With a view to enabling persons with disabilities to participate on an equal basis with others in recreational, leisure and sporting activities, States parties shall take appropriate measures:

(a) To encourage and promote the participation, to the fullest extent possible, of persons with disabilities in mainstream sporting activities at all levels;

(b) To ensure that persons with disabilities have an opportunity to organize, develop and participate in disability-specific sporting and recreational activities and, to this end, encourage the provision, on an equal basis with others, of appropriate instruction, training and resources;

(c) To ensure that persons with disabilities have access to sporting, recreational and tourism venues;

(d) To ensure that children with disabilities have equal access with other children to participation in play, recreation and leisure and sporting activities, including those activities in the school system;

(e) To ensure that persons with disabilities have access to services from those involved in the organization of recreational, tourism, leisure and sporting activities.

Article 31 **Statistics and data collection**

1. States parties undertake to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the present Convention. The process of collecting and maintaining this information shall:

(a) Comply with legally established safeguards, including legislation on data protection, to ensure confidentiality and respect for the privacy of persons with disabilities;

(b) Comply with internationally accepted norms to protect human rights and fundamental freedoms and ethical principles in the collection and use of statistics.

2. The information collected in accordance with this article shall be disaggregated, as appropriate, and used to help assess the implementation of States parties' obligations under the present Convention and to identify and address the barriers faced by persons with disabilities in exercising their rights.

3. States parties shall assume responsibility for the dissemination of these statistics and ensure their accessibility to persons with disabilities and others.

Article 32 **International cooperation**

1. States parties recognize the importance of international cooperation and its promotion, in support of national efforts for the realization of the purpose and objectives of the present Convention, and will undertake appropriate and effective measures in this regard, between and among States and, as appropriate, in partnership with relevant international and regional organizations and civil society, in particular organizations of persons with disabilities. Such measures could include, inter alia:

(a) Ensuring that international cooperation, including international development programmes, is inclusive of and accessible to persons with disabilities;

(b) Facilitating and supporting capacity-building, including through the exchange and sharing of information, experiences, training programmes and best practices;

(c) Facilitating cooperation in research and access to scientific and technical knowledge;

(d) Providing, as appropriate, technical and economic assistance, including by facilitating access to and sharing of accessible and assistive technologies, and through the transfer of technologies.

2. The provisions of this article are without prejudice to the obligations of each State party to fulfil its obligations under the present Convention.

Article 33 National implementation and monitoring

1. States parties, in accordance with their system of organization, shall designate one or more focal points within government for matters relating to the implementation of the present Convention, and shall give due consideration to the establishment or designation of a coordination mechanism within government to facilitate related action in different sectors and at different levels.

2. States parties shall, in accordance with their legal and administrative systems, maintain, strengthen, designate or establish within the State party, a framework, including one or more independent mechanisms, as appropriate, to promote, protect and monitor implementation of the present Convention. When designating or establishing such a mechanism, States parties shall take into account the principles relating to the status and functioning of national institutions for protection and promotion of human rights.

3. Civil society, in particular persons with disabilities and their representative organizations, shall be involved and participate fully in the monitoring process.

Article 34 Committee on the Rights of Persons with Disabilities

1. There shall be established a Committee on the Rights of Persons with Disabilities (hereafter referred to as 'the Committee'), which shall carry out the functions hereinafter provided.

2. The Committee shall consist, at the time of entry into force of the present Convention, of twelve experts. After an additional sixty ratifications or accessions to the Convention, the membership of the

Committee shall increase by six members, attaining a maximum number of eighteen members.

3. The members of the Committee shall serve in their personal capacity and shall be of high moral standing and recognized competence and experience in the field covered by the present Convention. When nominating their candidates, States parties are invited to give due consideration to the provision set out in article 4.3 of the present Convention.

4. The members of the Committee shall be elected by States parties, consideration being given to equitable geographical distribution, representation of the different forms of civilization and of the principal legal systems, balanced gender representation and participation of experts with disabilities.

5. The members of the Committee shall be elected by secret ballot from a list of persons nominated by the States parties from among their nationals at meetings of the Conference of States parties. At those meetings, for which two thirds of States parties shall constitute a quorum, the persons elected to the Committee shall be those who obtain the largest number of votes and an absolute majority of the votes of the representatives of States parties present and voting.

6. The initial election shall be held no later than six months after the date of entry into force of the present Convention. At least four months before the date of each election, the Secretary-General of the United Nations shall address a letter to the States parties inviting them to submit the nominations within two months. The Secretary-General shall subsequently prepare a list in alphabetical order of all persons thus nominated, indicating the State parties which have nominated them, and shall submit it to the States parties to the present Convention.

7. The members of the Committee shall be elected for a term of four years. They shall be eligible for re-election once. However, the term of six of the members elected at the first election shall expire at the end of two years; immediately after the first election, the names of these six members shall be chosen by lot by the chairperson of the meeting referred to in paragraph 5 of this article.

8. The election of the six additional members of the Committee shall be held on the occasion of regular elections, in accordance with the relevant provisions of this article.

9. If a member of the Committee dies or resigns or declares that for any other cause she or he can no longer perform her or his duties, the State party which nominated the member shall appoint another expert possessing the qualifications and meeting the requirements set out in the relevant provisions of this article, to serve for the remainder of the term.

10. The Committee shall establish its own rules of procedure.

11. The Secretary-General of the United Nations shall provide the necessary staff and facilities for the effective performance of the functions of the Committee under the present Convention, and shall convene its initial meeting.

12. With the approval of the General Assembly, the members of the Committee established under the present Convention shall receive emoluments from United Nations resources on such terms and conditions as the Assembly may decide, having regard to the importance of the Committee's responsibilities.

13. The members of the Committee shall be entitled to the facilities, privileges and immunities of experts on mission for the United Nations as laid down in the relevant sections of the Convention on the Privileges and Immunities of the United Nations.

Article 35 **Reports by States parties**

1. Each State party shall submit to the Committee, through the Secretary-General of the United Nations, a comprehensive report on measures taken to give effect to its obligations under the present Convention and on the progress made in that regard, within two years after the entry into force of the present Convention for the State party concerned.

2. Thereafter, States parties shall submit subsequent reports at least every four years and further whenever the Committee so requests.

3. The Committee shall decide any guidelines applicable to the content of the reports.

4. A State party which has submitted a comprehensive initial report to the Committee need not, in its subsequent reports, repeat information previously provided. When preparing reports to the Committee, States parties are invited to consider doing so in an open and transparent process and to give due consideration to the provision set out in article 4.3 of the present Convention.

5. Reports may indicate factors and difficulties affecting the degree of fulfilment of obligations under the present Convention.

Article 36 **Consideration of reports**

1. Each report shall be considered by the Committee, which shall make such suggestions and general recommendations on the report as it may consider appropriate and shall forward these to the State party concerned. The State party may respond with any information it chooses to the Committee. The Committee may request further information from States parties relevant to the implementation of the present Convention.

2. If a State party is significantly overdue in the submission of a report, the Committee may notify the State party concerned of the need to examine the implementation of the present Convention in that State party, on the basis of reliable information available to the Committee, if the relevant report is not submitted within three months following the notification. The Committee shall invite the State party concerned to participate in such examination. Should the State party respond by submitting the relevant report, the provisions of paragraph 1 of this article will apply.

3. The Secretary-General of the United Nations shall make available the reports to all States parties.

4. States parties shall make their reports widely available to the public in their own countries and facilitate access to the suggestions and general recommendations relating to these reports.

5. The Committee shall transmit, as it may consider appropriate, to the specialized agencies, funds and programmes of the United Nations, and other competent bodies, reports from States parties in order to address a request or indication of a need for technical advice or assistance contained therein, along with the Committee's observations and recommendations, if any, on these requests or indications.

Article 37 **Cooperation between States parties and the Committee**

1. Each State party shall cooperate with the Committee and assist its members in the fulfilment of their mandate.

2. In its relationship with States parties, the Committee shall give due consideration to ways and means of enhancing national capacities for the implementation of the present Convention, including through international cooperation.

Article 38
Relationship of the Committee with other bodies

In order to foster the effective implementation of the present Convention and to encourage international cooperation in the field covered by the present Convention:

(a) The specialized agencies and other United Nations organs shall be entitled to be represented at the consideration of the implementation of such provisions of the present Convention as fall within the scope of their mandate. The Committee may invite the specialized agencies and other competent bodies as it may consider appropriate to provide expert advice on the implementation of the Convention in areas falling within the scope of their respective mandates. The Committee may invite specialized agencies and other United Nations organs to submit reports on the implementation of the Convention in areas falling within the scope of their activities;

(b) The Committee, as it discharges its mandate, shall consult, as appropriate, other relevant bodies instituted by international human rights treaties, with a view to ensuring the consistency of their respective reporting guidelines, suggestions and general recommendations, and avoiding duplication and overlap in the performance of their functions.

Article 39
Report of the Committee

The Committee shall report every two years to the General Assembly and to the Economic and Social Council on its activities, and may make suggestions and general recommendations based on the examination of reports and information received from the States parties. Such suggestions and general recommendations shall be included in the report of the Committee together with comments, if any, from States parties.

Article 40
Conference of States parties

1. The States parties shall meet regularly in a Conference of States parties in order to consider any matter with regard to the implementation of the present Convention.

2. No later than six months after the entry into force of the present Convention, the Conference of the States parties shall be convened by the Secretary-General of the United Nations. The subsequent meetings shall be convened by the Secretary-General of the United Nations biennially or upon the decision of the Conference of States parties.

Article 41
Depositary

The Secretary-General of the United Nations shall be the depositary of the present Convention.

Article 42
Signature

The present Convention shall be open for signature by all States and by regional integration organizations at United Nations Headquarters in New York as of 30 March 2007.

Article 43
Consent to be bound

The present Convention shall be subject to ratification by signatory States and to formal confirmation by signatory regional integration organizations. It shall be open for accession by any State or regional integration organization which has not signed the Convention.

Article 44
Regional integration organizations

1. 'Regional integration organization' shall mean an organization constituted by sovereign States of a given region, to which its member States have transferred competence in respect of matters governed by this Convention. Such organizations shall declare, in their instruments of formal confirmation or accession, the extent of their competence with respect to matters governed by this Convention. Subsequently, they shall inform the depositary of any substantial modification in the extent of their competence.

2. References to 'States parties' in the present Convention shall apply to such organizations within the limits of their competence.

3. For the purposes of article 45, paragraph 1, and article 47, paragraphs 2 and 3, any instrument deposited by a regional integration organization shall not be counted.

4. Regional integration organizations, in matters within their competence, may exercise their right to vote in the Conference of States parties, with a number of votes equal to the number of their member States that are parties to this Convention. Such an organization shall not exercise its right to vote if any of its member States exercises its right, and vice versa.

Article 45
Entry into force

1. The present Convention shall enter into force on the thirtieth day after the deposit of the twentieth instrument of ratification or accession.
2. For each State or regional integration organization ratifying, formally confirming or acceding to the Convention after the deposit of the twentieth such instrument, the Convention shall enter into force on the thirtieth day after the deposit of its own such instrument.

Article 46
Reservations

1. Reservations incompatible with the object and purpose of the present Convention shall not be permitted.
2. Reservations may be withdrawn at any time.

Article 47
Amendments

1. Any State party may propose an amendment to the present Convention and submit it to the Secretary-General of the United Nations. The Secretary-General shall communicate any proposed amendments to States parties, with a request to be notified whether they favour a conference of States parties for the purpose of considering and deciding upon the proposals. In the event that, within four months from the date of such communication, at least one third of the States parties favour such a conference, the Secretary-General shall convene the conference under the auspices of the United Nations. Any amendment adopted by a majority of two thirds of the States parties present and voting shall be submitted by the Secretary-General to the General Assembly for approval and thereafter to all States parties for acceptance.
2. An amendment adopted and approved in accordance with paragraph 1 of this article shall enter into force on the thirtieth day after the number of instruments of acceptance deposited reaches two thirds of the number of States parties at the date of adoption of the amendment. Thereafter, the amendment shall enter into force for any State party on the thirtieth day following the deposit of its own instrument of acceptance. An amendment shall be binding only on those States parties which have accepted it.
3. If so decided by the Conference of States parties by consensus, an amendment adopted and approved in accordance with paragraph 1 of this article which relates exclusively to articles 34, 38, 39 and 40 shall

enter into force for all States parties on the thirtieth day after the number of instruments of acceptance deposited reaches two thirds of the number of States parties at the date of adoption of the amendment.

Article 48
Denunciation

A State party may denounce the present Convention by written notification to the Secretary-General of the United Nations. The denunciation shall become effective one year after the date of receipt of the notification by the Secretary-General.

Article 49
Accessible format

The text of the present Convention shall be made available in accessible formats.

Article 50
Authentic texts

The Arabic, Chinese, English, French, Russian and Spanish texts of the present Convention shall be equally authentic.

In witness thereof the undersigned plenipotentiaries, being duly authorized thereto by their respective Governments, have signed the present Convention.

Optional Protocol to the Convention on the Rights of Persons with Disabilities

The States parties to the present Protocol have agreed as follows:

Article 1

1. A State party to the present Protocol ('State party') recognizes the competence of the Committee on the Rights of Persons with Disabilities ('the Committee') to receive and consider communications from or on behalf of individuals or groups of individuals subject to its jurisdiction who claim to be victims of a violation by that State party of the provisions of the Convention.

2. No communication shall be received by the Committee if it concerns a State party to the Convention that is not a party to the present Protocol.

Article 2

The Committee shall consider a communication inadmissible when:

- (a) The communication is anonymous;
- (b) The communication constitutes an abuse of the right of submission of such communications or is incompatible with the provisions of the Convention;
- (c) The same matter has already been examined by the Committee or has been or is being examined under another procedure of international investigation or settlement;
- (d) All available domestic remedies have not been exhausted. This shall not be the rule where the application of the remedies is unreasonably prolonged or unlikely to bring effective relief;
- (e) It is manifestly ill-founded or not sufficiently substantiated; or when
- (f) The facts that are the subject of the communication occurred prior to the entry into force of the present Protocol for the State party concerned unless those facts continued after that date.

Article 3

Subject to the provisions of article 2 of the present Protocol, the Committee shall bring any communications submitted to it confidentially to the attention of the State party. Within six months, the receiving State shall submit to the Committee written explanations or statements clarifying the matter and the remedy, if any, that may have been taken by that State.

Article 4

1. At any time after the receipt of a communication and before a determination on the merits has been reached, the Committee may transmit to the State party concerned for its urgent consideration a request that the State party take such interim measures as may be necessary to avoid possible irreparable damage to the victim or victims of the alleged violation.

2. Where the Committee exercises its discretion under paragraph 1 of this article, this does not imply a determination on admissibility or on the merits of the communication.

Article 5

The Committee shall hold closed meetings when examining communications under the present Protocol. After examining a communication, the Committee shall forward its suggestions and recommendations, if any, to the State party concerned and to the petitioner.

Article 6

1. If the Committee receives reliable information indicating grave or systematic violations by a State party of rights set forth in the Convention, the Committee shall invite that State party to cooperate in the examination of the information and to this end submit observations with regard to the information concerned.

2. Taking into account any observations that may have been submitted by the State party concerned as well as any other reliable information available to it, the Committee may designate one or more of its members to conduct an inquiry and to report urgently to the Committee. Where warranted and with the consent of the State party, the inquiry may include a visit to its territory.

3. After examining the findings of such an inquiry, the Committee shall transmit these findings to the State party concerned together with any comments and recommendations.

4. The State party concerned shall, within six months of receiving the findings, comments and recommendations transmitted by the Committee, submit its observations to the Committee.

5. Such an inquiry shall be conducted confidentially and the cooperation of the State party shall be sought at all stages of the proceedings.

Article 7

1. The Committee may invite the State party concerned to include in its report under article 35 of the Convention details of any measures taken in response to an inquiry conducted under article 6 of the present Protocol.

2. The Committee may, if necessary, after the end of the period of six months referred to in article 6.4, invite the State party concerned to inform it of the measures taken in response to such an inquiry.

Article 8

Each State party may, at the time of signature or ratification of the present Protocol or accession thereto, declare that it does not recognize the competence of the Committee provided for in articles 6 and 7.

Article 9

The Secretary-General of the United Nations shall be the depositary of the present Protocol.

Article 10

The present Protocol shall be open for signature by signatory States and regional integration organizations of the Convention at United Nations Headquarters in New York as of 30 March 2007.

Article 11

The present Protocol shall be subject to ratification by signatory States of this Protocol which have ratified or acceded to the Convention. It shall be subject to formal confirmation by signatory regional integration organizations of this Protocol which have formally confirmed or acceded to the Convention. It shall be open for accession by any State or regional integration organization which has ratified, formally confirmed or acceded to the Convention and which has not signed the Protocol.

Article 12

1. 'Regional integration organization' shall mean an organization constituted by sovereign States of a given region, to which its member States have transferred competence in respect of matters governed by the Convention and this Protocol. Such organizations shall declare, in their instruments of formal confirmation or accession, the extent of their competence with respect to matters governed by the Convention and this Protocol. Subsequently, they shall inform the depositary of any substantial modification in the extent of their competence.

2. References to 'States parties' in the present Protocol shall apply to such organizations within the limits of their competence.

3. For the purposes of article 13, paragraph 1, and article 15, paragraph 2, any instrument deposited by a regional integration organization shall not be counted.

4. Regional integration organizations, in matters within their competence, may exercise their right to vote in the meeting of States parties, with a number of votes equal to the number of their member States that are parties to this Protocol. Such an organization shall not exercise its right to vote if any of its member States exercises its right, and vice versa.

Article 13

1. Subject to the entry into force of the Convention, the present Protocol shall enter into force on the thirtieth day after the deposit of the tenth instrument of ratification or accession.

2. For each State or regional integration organization ratifying, formally confirming or acceding to the Protocol after the deposit of the tenth such instrument, the Protocol shall enter into force on the thirtieth day after the deposit of its own such instrument.

Article 14

1. Reservations incompatible with the object and purpose of the present Protocol shall not be permitted.

2. Reservations may be withdrawn at any time.

Article 15

1. Any State party may propose an amendment to the present Protocol and submit it to the Secretary-General of the United Nations. The Secretary-General shall communicate any proposed amendments to States parties, with a request to be notified whether they favour a meeting of States parties for the purpose of considering and deciding upon the proposals. In the event that, within four months from the date of such communication, at least one third of the States parties favour such a meeting, the Secretary-General shall convene the meeting under the auspices of the United Nations. Any amendment adopted by a majority of two thirds of the States parties present and voting shall be submitted by the Secretary-General to the General Assembly for approval and thereafter to all States parties for acceptance.

2. An amendment adopted and approved in accordance with paragraph 1 of this article shall enter into force on the thirtieth day after the number of instruments of acceptance deposited reaches two thirds of the number of States parties at the date of adoption of the amendment. Thereafter, the amendment shall enter into force for any State party on the thirtieth day following the deposit of its own instrument of acceptance. An amendment shall be binding only on those States parties which have accepted it.

Article 16

A State party may denounce the present Protocol by written notification to the Secretary-General of the United Nations. The denunciation shall become effective one year after the date of receipt of the notification by the Secretary-General.

Article 17

The text of the present Protocol shall be made available in accessible formats.

Article 18

The Arabic, Chinese, English, French, Russian and Spanish texts of the present Protocol shall be equally authentic.

In witness thereof the undersigned plenipotentiaries, being duly authorized thereto by their respective Governments, have signed the present Protocol.

