

# Legal frameworks, policies, programmes and practices for children and adolescents with disabilities in Latin American and Caribbean

Strengthening capacities to mainstream disabilities in UNICEF programming

## Executive Summary



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**Legal frameworks, policies, programmes and practices for children and adolescents with disabilities in Latin American and Caribbean**  
Strengthening capacities to mainstream disabilities in UNICEF programming: Executive Summary

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# **Executive Summary**

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This summary document provides the main elements of the complete regional study prepared for the UNICEF Latin America and Caribbean Regional Office. More detailed information, country experiences and tables, along with references and endnotes were not included in this version, but can be found in the main study document.



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*“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.”*

Innocenti Digest No.13, *Promoting the Rights of Children with Disabilities*, Florence, 2007.

## Introduction

### Background

*Children with disabilities are among the most marginalized and excluded members of society, often experiencing widespread violations of their rights as well as discrimination at all levels, including within their families and among their peers and communities. Children with disabilities are less likely to attend school, to have access to appropriate medical and social services, or to have the opportunity to participate in society. Additional layers of discrimination are often faced by children with disabilities based on other aspects of their identity, for example, their gender or minority status. Too often isolated within their societies and communities, children with disabilities also face a significantly increased risk of physical abuse. As reported by the Secretary-General, “the scale and severity of violations against their rights, in all regions of the world, constitute a hidden emergency”*

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) establishes obligations and responsibilities of State Parties to ensure the realisation of all human rights and fundamental freedoms for

children and adolescents with disabilities, and calls upon countries to place priority attention on these rights in national plans aimed at achieving child rights and mobilising national and international cooperation.

The CRPD emphasises that children and adolescents with a disability are subject to discrimination, and establishes their right to dignity, individual autonomy including the freedom to make one's own choices, and independence; non-discrimination; full and effective participation and inclusion in society; respect for difference and acceptance of persons with disabilities as part of human diversity and humanity; equality of opportunity; accessibility; equality between men and women; respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

In efforts to interpret the rights of children and adolescents with disabilities and design appropriate implementation strategies to guarantee established rights, it is important to establish linkages between the CRPD and CRC – building on their synergies and promoting a holistic approach across the life-cycle. The rights of children with disabilities are also recognised in the CRC: Article 2 prohibits discrimination on the grounds of disability, and Article 23 establishes obligations to provide services to children with disabilities to guarantee their fullest possible social integration and individual development.

It is critical that commitments and actions by countries and international cooperation agencies move forward to fulfil the CRPD. As stated in Article 32 and reinforced in a joint statement by the Inter-Agency Support Group for the CRPD, UN agencies are committed 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 as laid out in the Convention on the Rights of Persons with Disabilities”. Efforts to promote and support this most recent UN Convention coincide with mandates and commitments of UNICEF and partner agencies to achieve 2015 EFA and MDG goals, through supporting country actions to fulfil the CRC. New global and regional initiatives are now being discussed and/or underway to incorporate specific disability-related rights, both within the framework of the “Metas Educativas 2021” and as part of the post-2015 development agenda.

UNICEF leads efforts to support the fulfilment of CRC commitments, and now has an opportunity to join forces with other agencies, partners and country counterparts to achieve the new CRPD obligations. This opportunity coincides with UNICEF's renewed focus on guaranteeing the rights of those most excluded, including children and adolescents with disabilities. UNICEF's mission statement highlights this promise: “UNICEF is committed to ensuring special protection for the most disadvantaged children – victims of war, disasters, extreme poverty, all forms of violence and exploitation and those with disabilities”. UNICEF clearly has the tools, capacity and mandate to “regain” its role and involvement in disability programming.

### **Timing and opportunities for UNICEF and partners**

Thus this study comes at an opportune time for UNICEF to move forward with country and regional initiatives, linked to global efforts. This will require support for UNICEF COs in specific actions aimed at guaranteeing the rights of children and adolescents with disabilities, as an integral and cross-cutting part of UNICEF's programmes. Within UNICEF, efforts are underway to prepare for implementation of the new UNICEF Strategic Plan (2014-2017), based on assessments of past cooperation and the potential for building on new opportunities. These discussions have revealed that disability issues – including targets and specific rights-based components – were largely missing from global MDG planning and UNICEF MTSP designs. The time is ripe to fill that gap.

### **New setting, new information - clear commitments and mandates to address lingering gaps**

The current context – including the ideals and standards defined in the CRPD and the significant response by countries in the form of ratification – constitutes an important “thrust” favouring the placing of the rights of persons with disabilities on public and political agendas. Important follow-up efforts have been made by agencies, lead organisations of persons with disabilities and organisations of families with children with disabilities to undertake and support critical advocacy efforts and provide new information on the topic, in order to raise public awareness about the alarming situation faced by persons with disabilities – especially children and adolescents - and their families. These steps have been complemented by the production of new information on successful experiences and effective strategies for action. In addition, the launch of the WHO/ World Bank World Report on Disability (2011) provides a sound foundation upon which to build further actions. This movement on several fronts combines with UNICEF's emerging priority on mainstreaming disability within different programme areas, including the focus of the 2013 State of the World's Children on the situation of children and adolescents with disability.



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*“A society cannot be equitable unless all children are included, and children with disabilities cannot be included unless sound data collection and analysis render them visible.”*

UNICEF, *The State of the World's Children 2013, Executive Summary*, New York, 2013.

## Disability: Global and regional overview

### Prevalence estimates

#### Global situation

The magnitude of the challenge to guarantee rights of all children with disabilities is significant. Recent estimates indicate the presence of some one billion persons with disabilities worldwide – 15 per cent of the world's population – including about 106 million children aged 0-to-14 with “moderate or severe disability”. In 2005 UNICEF estimated the number of children under age 18 with disabilities at 150 million. “They face discrimination in every aspect of their lives. It arises not from the intrinsic nature of their disability, but rather from entrenched social exclusion resulting from rejection of difference, poverty, social isolation, prejudice, ignorance and lack of services and support”. Disability is often associated with poverty, affecting individuals and families.

#### Regional situation:

According to the World Bank, in 2009 there were at least 50 million persons with some form of disability in the Latin American and Caribbean (LAC) Region. More recent publications have estimated significantly higher numbers. Three specific examples highlight the range of estimates – all of which exceed the Bank figure. In the OAS technical secretariat's 2010 report for the Decade of the Americas for Persons with Disabilities

(2006-2016), estimates reach 102.9 million, or 11.4 per cent of the population for 34 countries of the Americas (including the USA and Canada). The 2012 Social Panorama Report for Latin America published by ECLAC/CEPAL estimates that 12 per cent of the LAC population (66 million people) may be living with at least one type of disability. Finally, in 2012 PAHO estimated that 140-to-180 million people are affected by disability in the Americas. Disability data collected during national censuses or specific disability studies in some countries demonstrate significant variations among and within countries due to the reasons cited above.

Recent efforts by ECLAC's Caribbean Office to report on CRPD implementation in the Caribbean sub-region generated basic information pertaining to disability prevalence in 12 countries and four territories, based on census data collected around the year 2000. A total of 340,365 persons reported that they had some kind of disability that limited their participation in activities, representing around 5.6 per cent of the total population. The percentage of women with disabilities was slightly higher than that of males (5.7 per cent vs. 5.5 per cent). In 2000 the UNICEF Caribbean Area Office helped to prepare a 13-country assessment of children and adolescents with disabilities in the English-speaking Caribbean and Suriname. A total of 42,085 children and adolescents were covered in the survey, which used the WHO Disability format. Of these, 935 children and adolescents aged 0-to-18 (2.22 per cent) were found to have moderate or severe disabilities. Children with impairments or mild developmental delays were not included – so the percentage represents children with obvious disabilities for whom intervention is essential. But it was estimated that four times as many children had special needs that were either less severe or not identified, but who required intervention to be able to develop to their full potential.

### Other factors related to disability prevalence

A recent ECLAC publication included an analysis of gender and age differences in relation to disability prevalence in six LAC countries. Disability prevalence among women tends to be higher than among men, which is consistent with global data. Efforts have been made to analyse the situation of indigenous persons with disabilities and the challenges they face to fulfil their rights as stipulated in the CRPD. The general lack of reliable data represents a significant challenge for providing indigenous persons with disabilities with a foundation for advocacy work and action. Statistics in seven countries (Brazil, Colombia, Costa Rica, Ecuador, Mexico, Panama and Uruguay) indicate that indigenous persons have a higher disability rate than the rest of the population. Brazil 2000 data indicated differences of disability prevalence by ethnic identity: 17.1 per cent for indigenous peoples and 15.4 per cent for Afro-descendant populations, compared to 13.8 per cent for other groups. In the first study on disability prevalence in Panama (PENDIS 2006), data revealed a range of characteristics related to disability prevalence: an estimated prevalence rate of 11.3 per cent; 12.4 per cent for females and 10.4 per cent for males; higher in rural areas than urban areas (13.6 per cent vs. 10.1 per cent); and above the national average in indigenous areas (13.5 per cent).

### Further efforts to better understand situation of children with disabilities

#### UNICEF's global involvement in childhood disability prevalence studies

To produce more child-focused information on disabilities, UNICEF has supported the gathering of specific data through its Multiple Indicator Cluster Surveys (MICS), and has incorporated the use of a ten-question checklist to screen for disability risk among children aged two to nine. Over four years of MICS application (2005-08) the disability module was administered to over 200,000 children in 20 countries and 19 languages. Between 14 and 35 per cent of children aged two to nine screened positive for risk of disability in most countries. For the MICS 3 process (2005-2006), three LAC countries participated in the screening: Belize, Jamaica and Suriname. A multi-partner effort is currently underway to design a revised module on child functioning and disability, in an effort to: "identify the sub-population of children that are at greater risk than the children of the same age of experiencing limited social participation due to functional limitations".

### Situation analysis linked to rights

In line with emerging country shifts from a traditional medical model to a more rights-based, social and/or biopsychosocial model, it has become more critical to mainstream disability components within all aspects of programming. This requires changes in how countries and agencies acquire and analyse disability prevalence data, and more specific studies of children with disabilities (along with the situation of their families). Article 31 of the CRPD requires that: "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".



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

Innocenti Digest No.13, *Promoting the Rights of Children with Disabilities*, Florence, 2007.

## Overview of global and regional disability commitments and trends

### Global and regional frameworks focusing on the rights of persons with disabilities

The CRPD represents a significant step toward recognising and addressing the discrimination and exclusion faced by persons with disabilities, particularly children. This global commitment, combined with regional efforts framed in the Inter-American Convention for the Elimination of All Forms of Discrimination against Persons with a Disability, provide an important foundation to guide actions in countries. International instruments and standards focusing on human rights and persons with disabilities are linked to other global rights conventions (such as the CRC and CEDAW) and other international commitments – Education for All (EFA), the Millennium Development Goals (MDGs) and the World Fit for Children (WFFC) – most of which recognise the importance of addressing the rights of children with disabilities as part of efforts to achieve specific social and economic development targets.

### Overview of key rights instruments

**CRPD Overview:** The CRPD is the first legally binding international instrument to set out the rights of persons with disabilities. Adopted by the UN General Assembly on 13 December 2006, the CRPD entered into

force on May 2008. As of 26 September 2013, the CRPD has been signed by 158 State Parties and ratified by 136. The Latin American and Caribbean region, particularly Mexico and Ecuador, played a critical role during the early stages of advocacy and mobilisation. During 2007, 25 of LAC's 35 countries signed the Convention; by 2013 some 80 per cent of LAC countries had done so, and most (66 per cent) had completed the ratification process.

The CRPD promotes and protects the civil, political, economic, cultural and social rights of persons with disabilities in its 50 Articles. As expressed in Article 1, it aims 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.” The general principles of the CRPD are stated in Article 3, which details the rights that persons with disabilities should enjoy, while Article 7 is dedicated to children with disabilities.

**Regional Framework: Inter-American Convention:** Nearly seven years before the adoption of the CRPD, LAC countries had begun to address the issues of disabilities and rights through the adoption in 1999 of the ‘Inter-American Convention on the Elimination of all Forms of Discrimination against Persons with Disabilities’, which entered into force in 2001. Five years later, in June 2006 the General Assembly of the Organisation of American States (OAS) declared 2006-2016 to be the Decade of the Americas for the Rights and Dignity of Persons with Disabilities. In mid-2007 a Programme of Action for the Decade was adopted by the OAS General Assembly and one year later a Technical Secretariat was established to provide coordination and technical assistance in support of governments’ efforts to adopt administrative, legislative and judicial measures and appropriate public policies.

The Inter-American Convention contains 14 articles, and is built on two other regional frameworks, along with the Charter of the OAS and other regional declarations. The OAS recognised the need for designing and adopting a Programme of Action for the Decade, based on the key elements framed in the Declaration adopted on June 6, 2006. The main components of the Programme of Action are: Promoting Social Awareness; Health; Education; Employment; Accessibility; Political Participation; Participation in Cultural, Artistic, Sports, and Recreational Activities; Welfare and Social Assistance; and International Cooperation.

### Trends and emerging priority areas influencing policy development and actions

Important trends and priority areas are emerging as key elements in discussions and planning to expand disability-related initiatives, in fulfilment of the CRPD and Inter-American Convention. Below is a brief introduction to UNICEF priority topics related to: disability and rights, interaction or synergy between the four rights conventions, poverty and disability, disability and gender, inclusive education (IE), and early intervention (ECD and disability).

**Disability and human rights:** Disability must be seen as a human rights issue, which is in line with the rights-based approach of the CRPD. The shift toward a rights-based social/bio-psycho-social model is profound, and responds to some of the key abuses indicated in the WHO/World Bank World Report on Disability: “People with disabilities experience inequalities which for children often mean denial of equal opportunity to benefit from appropriate health care and quality educational services.” The varying country-level definitions of what constitutes a disability hamper the creation of a common monitoring system to identify progress towards rights achievement and remaining gaps. UNICEF LAC utilises the CRPD wording that 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)

**Synergies among human rights frameworks:** A recent analysis for UNICEF on the synergies between the CRC, CRPD and CEDAW provides a more in-depth understanding of how the three human rights treaties are mutually reinforcing, and can more effectively strengthen advocacy and legislative and policy development related to children with disabilities. The analysis points out that each of the three treaties “contributes towards the goal of equity and inclusive development” and, together, they represent four fundamental values of human rights law relevant in the context of disability.

**Emerging policy shift from medical to social and “bio-psycho-social models”:** The adoption of the CRPD is promoting a profound change in the manner that governments, organisations of disabled persons (DPOs) and other civil society groups and cooperation entities address rights abuses and discrimination against children with disabilities. With a vision shift towards a social or “bio-psycho-social” model, more intense efforts within existing programmes can be made to concentrate on social barriers that prevent children from developing to their fullest potential and enjoying their rights (not only addressing the child’s

impairment). The World Report on Disability explains that the emerging bio-psycho-social model represents a compromise between medical and social models – reflecting understanding that functioning and disability are a dynamic interaction between health conditions and contextual factors.

### Linking rights-based disability actions with other global priorities:

Although numerous international commitments were made in recent decades to address the social implications of disability (exclusion, discrimination and stigmatisation), the charity-based methodology remained largely intact. Thus these efforts did very little to address the segregation by society of persons with disabilities or mobilise more effective action by governments and support by cooperation agencies. More recently, global commitments (CRC, EFA and MDGs) have helped to redirect attention, but have not succeeded in overcoming the perception and treatment received by children with disabilities and their families. Adoption of the CRPD opens up new opportunities to restart more aggressive efforts to place the new rights-based vision on public and political agendas. The information presented in the next four sections underscores some of the key justifications for action.

**Disability and Gender:** Despite the increased global focus on gender and human rights – especially pertaining to girls and their right to education – a more profound understanding of and commitment to the situation of women and girls with disabilities has not emerged. Those drafting the CRPD successfully included a specific Article dedicated to women and girls with disabilities – Article 6. For UNICEF and other partners, steps to guaranteeing “full development, advancement and empowerment of women” begin in the early years, with a “good start in life”. Creating a safe, supportive and inclusive family environment for young girls with disabilities is essential for implementing early intervention and building the foundation for life-long development and participation – as is also the case for boys. The complete cycle of quality and inclusive early, primary and secondary education provides crucial learning opportunities for acquiring knowledge, skills and experiences essential to prepare for life.

- **Disability, Poverty and the MDGs:** DFID estimates that two-thirds of people with moderate to severe disabilities live below the poverty line. Disability is often associated with poverty, affecting individuals and entire families. The World Bank estimates that people with disabilities may account for as many as 20 per cent of the world’s poorest – one in five. It is increasingly being recognised that disability is both a cause and a consequence of poverty, and should be addressed as an integral part of poverty-reduction and rights agendas. Considering the impact of a disability on families, it is easily understood how disability can affect some 25 per cent of the world’s population, and often exacerbates poverty.
- **Disability and inclusive education (IE):** As an integral part of EFA, the thrust for expanding IE approaches has been significant over the past decade. The justification for IE is clear. As highlighted by DFID: Children with disabilities remain one of the main groups being widely excluded from quality education. Disability is recognised as one of the least visible, yet most potent, factors in educational marginalisation. Global discussions led by UNESCO justified a move towards inclusive schools on several grounds: (1) Educational: The requirement for inclusive schools to educate all children together means that they have to develop ways of teaching that respond to individual differences and therefore benefit all children. (2) Social: Inclusive schools are able to change attitudes to difference by educating all children together, and form the basis for a just and non-discriminatory society. (3) Economic: It is likely to be less costly to establish and maintain schools that educate all children together than to set up a complex system of different types of school specialising in different groups of children.
- **Early child development for children with disabilities:** As expressed in a recent WHO/UNICEF document on early childhood development and disability: “Evidence-based research and multi-country experiences make a strong rationale for investing in ECD, especially for children at risk of developmental delay or with a disability.” Highlighted in this discussion paper are three specific rationales for greater investment in ECD and early intervention: (1) Human rights: Both the CRC and the CRPD state that all children with disabilities have the right to develop “to the maximum extent possible”. (2) Economic: Children with disabilities who receive good care and developmental opportunities during early childhood are more likely to become healthy and productive adults. This can potentially reduce the future costs. (3) Scientific: The first three years of a child’s life are a critical period characterised by rapid development, particularly of the brain, and thus provide the essential building blocks for future growth, development and progress.”



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*“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 governances.”*

Innocenti Digest No.13, *Promoting the Rights of Children with Disabilities*, Florence, 2007.

## Overview of legislation, policy and actions in LAC

In Latin America and the Caribbean the global and regional commitments stimulated national initiatives to design corresponding legislation, policies and programmes. Progress has been made towards adopting legislation focused on the rights of persons with disabilities. However, the UN notes that “violations of the human rights of persons with disabilities have not been systematically addressed in society.” Since most disability legislation and policies are based on the assumption that persons with disabilities are not able to exercise the same rights as non-disabled persons, the planned interventions were largely limited to rehabilitation and social services.

### State Parties’ obligations to adopt appropriate legislation, policies and programmes

Global and regional conventions focusing on the rights of persons with disabilities underline the obligation of State Parties to adopt legislation, policies, programmes and other measures aimed at promoting the rights of persons with disabilities. CRPD Article 4 clearly indicates the State Parties’ responsibilities to promote the full realisation of human rights and fundamental freedoms for all persons with disabilities (PWD), without discrimination of any kind. Adopting legislation and crafting new policies and programmes are some of the key obligations of State Parties.

For the LAC region, the main focus and objectives of the Inter-American Convention are to “prevent and eliminate all forms of discrimination against persons with disabilities and to promote their full integration into society”. The Convention stresses the importance of creating and/or strengthening the legal and policy framework needed to promote a rights-based approach.

## Application of international conventions and standards to domestic law in the LAC Region

Many countries in the LAC region started to draft legal and policy reforms before 2006, based on country efforts to comply with earlier international rights conventions and commitments and the Inter-American Convention. For many, the Standard Rules on the Equalization of Opportunities for Persons with Disabilities, adopted by the UN General Assembly in 1993, served as a foundation for significant changes at the country level.

Efforts in LAC to translate international conventions and standards related to disability into national laws and strengthen implementation processes utilised diverse approaches, and generally have been slow and complex. Many countries in the region have modified existing legislation, but more progress on sustainable policies, programmes and monitoring is required across the board. This section presents the results of assessments made at different stages of the search for and application of strategies and solutions in different countries.

### Review of past results focusing on the promotion of a rights-based approach

During the last decade international agencies recognised the importance of gaining a better understanding of country advances in the inclusion and participation of persons with disabilities in society and progress made in the use of international laws to ensure human rights of persons with disabilities. Two specific efforts were undertaken to assess the situation of rights and disabilities prior to CRPD adoption in 2006. The first was the 2004 Centre for International Rehabilitation (CIR) Regional Report of the Americas/ International Disability Rights Monitor (IDRM) undertaken in 24 LAC countries, with a focus on: legal protections, education, employment, accessibility and health and housing services for people with disabilities. The second effort was a study on 'Human Rights of People with Disability in Mesoamerica' undertaken by Japan's international cooperation arm (JICA), including eight country reports and a consolidated review of the sub-region. The results provide an important baseline, which can now be used for more in-depth, long-term monitoring and assessment of advances made.

- **CIR International Disability Rights Monitor:** Regional Report of the Americas: The IDRM report card highlights the extent to which rights protections were in place in each country at the time of the assessment. The report card covered six main issues: convention support, legal protections, education and employment, accessibility, health services and housing and communication. Based on responses, each country was assigned to one of the three categories established, indicating the overall level of inclusion of persons with disabilities: most inclusive, moderately inclusive, and least inclusive. The CIR results found that only five countries qualified for the highest rating: Brazil, Canada, Costa Rica, Jamaica and the United States. Ten countries achieved a "moderately inclusive" rating, while the remaining nine were classified as "least inclusive". One of the six assessment components focused on legislation and disability rights.
- **Human Rights of the People with Disability in Mesoamerica and the Dominican Republic:** An eight-country research initiative was undertaken by JICA for Central America, Mexico and the Dominican Republic, focusing on human rights of persons with disability. The study highlighted factors hindering progress on implementation of legislative measures and policies adopted over the last two decades, focusing on rights of persons with disability. This study focused on the findings for health and education, due to their direct impact on the rights of children with disabilities and their families. For Education, legislation in LAC sought to guarantee equality of opportunities based on the right to education, in line with EFA and Salamanca targets. Study results identified the following areas as factors hindering goal achievement. (1) limited participation of children with disability in regular education, (2) lack of accessibility of education centres, (3) invisibility of disability theme in curriculum, (4) limited technical aids and corresponding resources, (5) inadequate budgets for teaching children and adolescents with a disability and (6) limited participation of parents and persons with disabilities in the educational process.

## Emerging results of implementation of the CRPD and Inter-American Convention, including legislative reforms

### CRPD implementation in the Caribbean

The Caribbean is seeing a gradual increase in the numbers of countries ratifying the CRPD, indicating expanded commitment of States Parties to a rights-based approach to disability. However, only a few have ratified the Inter-American Convention or approved legislation aimed at addressing the rights and needs of persons with disabilities.

ECLAC's sub-regional office undertook an important initiative in 2010, with the aim of assessing the situation of rights fulfilment of persons with disabilities and a review of legislation, policies, programmes and other measures adopted in relation to CRPD implementation and compliance in the Caribbean. This action – aimed at identifying both advances and discrepancies in country-level processes – provides important insights and opportunities to strengthen sub-regional cooperation within and between countries.

Of the 23 countries examined, only eight had ratified the CRPD, five in the English-speaking Caribbean

(Barbados, Belize, Dominica, Jamaica and Saint Vincent & Grenadines), and three in the Spanish and French speaking group (Cuba, Dominican Republic and Haiti). Only the Dominican Republic had ratified the Inter-American Convention. Four Caribbean countries had a national policy on disability (Barbados, Guyana, Jamaica and Trinidad & Tobago) and four others were engaged in policy preparation (Aruba, British Virgin Islands, Cayman Islands and Dominica). Guyana, Jamaica and Trinidad and Tobago had national action plans for CRPD implementation; Barbados was preparing a plan. The plans included components related to children with disabilities and awareness-raising. Jamaica – the first Caribbean country to ratify the CRPD – incorporated a specific disability sector plan within its National Development Plan – Vision 2030 Jamaica.

Several countries (Aruba, British Virgin Islands, Cayman Islands and Guyana) have integrated disability elements into national constitutions, targeting protection against all types of discrimination. As of July 2010, Guyana was the only country that had enacted a comprehensive disability law. Even though Guyana has not ratified the CRPD, government actions – combined with DPO and civil society initiatives – have demonstrated a strong commitment to guarantee rights established in the CRPD. During the study period the Cayman Islands, Jamaica and Trinidad & Tobago had processes underway to develop national disability laws. Countries such as Aruba, the British Virgin Islands, Guyana, Jamaica and Trinidad & Tobago had distinct, disability-specific laws in education. All countries reported that a wide range of disabilities were covered in national laws, including: “physical disabilities, hearing impairment, visual impairment, intellectual disabilities and psychiatric problems”.

### CRPD Implementation in Latin America

Over the course of the past three decades, gradual advances have been made in Latin American countries to move from a traditional medical model towards a rights-based approach to disabilities and inclusion. Experiences and results gained through the implementation of these global and regional initiatives, beginning with the Year of Disabled Persons in 1981 and reinforced by the World Programme of Action (1982) and the UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993), now provide a solid base – framed within national constitutions, laws and policies – to move forward with implementing the CRPD and guaranteeing sustained results. Regional commitment to the CRPD is clear – reflected in near-unanimous ratification by Latin American countries.

### Considerations of Persons with Disabilities in National Constitutions

A review of references in national constitutions to persons with disabilities (PWDs) provides a first indication of the commitment and vision towards inclusion in Latin America. The 2010 ECLAC analysis identified 17 Latin American countries with at least one constitutional reference to persons with disabilities. At the time, the only countries lacking a specific article were: Chile, Costa Rica and Haiti, while those with the most such articles were Bolivia, Brazil and Ecuador.

The most frequent rights embodied in Latin America constitutions were in the economic area (income and social security combined with employment and work), followed by education and health. Adequate housing and political participation were the most limited – with a clear indication of the “invisibility” and lack of participation of persons with disability in the political arena. Constitutions of all participating countries stated that education is an inherent right of all citizens; Panama and Mexico explicitly prohibit discrimination based on disability. Status given to young children and adolescents with disabilities in national constitutions is difficult to assess; the 0-to-18 age group is often ignored within the more global priorities for economic and political rights. In addition, it appears that limited emphasis has been given by countries to CPRD Article 23, pertaining to respect for home and family services, which are so critical for assisting families to create an inclusive environment for a good start in life.

ECLAC’s mapping of legal rights for persons with disabilities illustrates important government efforts to address many of the key areas of international initiatives, reflecting a strong emphasis on: health, medical attention and prevention, rehabilitation and support services, education and accessibility. Most initiatives are directly tied to sector-based interventions benefitting from long-term international cooperation, training of personnel and budgetary allotments. Conversely, areas of limited priority or advances are often linked to areas of intervention that either require multi-sector initiatives between government and NGO partners or rely on the involvement and capacity of DPOs and organisations of families with children with disabilities.

ECLAC’s study of national legislative and policy advances in LAC provide a useful foundation for further monitoring of progress towards CRPD fulfilment. Future efforts should also monitor the impact of legislative measures on the daily lives and rights of persons with disabilities – across all stages of the life cycle. More recent information emerging from States Parties’ reports to the UN CRPD Committee, combined with DPO and civil society “shadow” reports, highlight lingering gaps between legal frameworks and actual benefits and guarantees for all persons with disabilities and their families. Without a doubt, accessibility is not equal for all (especially for rural dwellers and the poor), existing services are not always inclusive and culturally appropriate, family support and involvement is all too often limited, and participation is extremely restricted – especially for children and adolescents.



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

UNICEF, *The State of the World's Children 2013*, Executive Summary, New York, 2013.

## Strategies and programmes for meeting international and regional commitments

During recent years important shifts have been seen in the region in relation to structuring policies, programmes and specific interventions in relation to CRC and CRPD commitments. Numerous LAC countries have shown an interest in moving forward with a twin-track approach, which recognises that children with disabilities and their families have a combination of rights and needs – requiring access to quality mainstream health care, ECD services and education programmes, as well as specific interventions directly related to the child’s disability (early intervention, family support, inclusive education assistive devices, etc.). The life-cycle approach can serve as a helpful framework for programming, identifying required services and organising the roles of service providers to achieve a more holistic approach for children with developmental delays and/or disabilities and their families. This is especially critical during the early years, when timely early identification and family-based intervention play a decisive role. A continuum of direct health, early intervention and education services is required as children transition from home to ECD services, and then to and through the first grades of primary school. Systematic family support during this period helps create the child’s first learning and protective environment.

### Strategy and programme review – across the life-cycle

#### Early childhood development and early intervention

The early childhood years (prenatal to eight years of age) are critical for children’s growth and development and preparing the foundation for life-long learning. For young children with developmental delays and disabilities, this period is even more critical; timely intervention and family assistance can provide the support needed to

reduce the potential impact of a disability, while creating the conditions needed by the child to successfully achieve his or her full potential. In LAC there has been growing recognition of the importance of the early years, leading to increased preschool coverage, but the expansion of family and centre-based services and support for children under three remains limited. This is the period of the life-cycle when development occurs at an accelerated rate, and children are highly vulnerable to external factors. The most vulnerable children with developmental risks, delays and/or disabilities are all too often the most invisible, and lack access to already limited ECD services for children under four. Failure to provide timely, appropriate early intervention and support can increase the impact of delays or disabilities leading to lifetime consequences, increased poverty, abuse and exclusion.

**Early childhood – Health programmes and services:** Early detection of risks, developmental delays and disabilities in young children is critical to timely interventions and preparation of parents and other family members to assist in intervention plans. In the region, countries are gaining experience in some of the following key areas:

- **Newborn Screening:** One of the first opportunities to identify infants at risk is newborn screening (NBS) for specific metabolic and genetic disorders. Latin American countries have made increasing use of this early detection tool. NBS application in the region began in the mid-1970s, and has accelerated since.
- **Newborn Hearing Screening:** A number of Latin American countries have established hearing screening for newborns, in recognition of the significant impact that hearing loss can have on a child's long-term development. "...Congenital hearing loss is a common condition, affecting between 2 and 3 individuals per 1,000 live births. Children with undetected hearing loss can experience delays in their speech and language development", impacting heavily on learning, inclusion and participation.
- **Early detection, early intervention, family involvement:** Screening for developmental delays and disabilities during the early years represents a critical first step. Equally important is the implementation of a timely and appropriate early intervention plan, including the preparation and active participation of parents, other family members, local community members and health and education workers. Early identification actions – including screening and developmental monitoring – can be undertaken in a wide variety of opportunities: during regular child health visits, within ECD services, in hospital settings and at the community level as part of primary health care. Increased early identification actions are emerging as part of developmental monitoring in ECD services and during transitioning processes to the first grades of primary. In an increasing number of countries, specific screening for visual and hearing impairments are in place. Unfortunately, in LAC countries many children with disabilities, particularly those with a "mild-to-moderate" disability, are not identified until they reach school age – which is too late, and places the child at risk for exclusion from and within school, as well as for experiencing learning difficulties and school failure.
- **Support for parent/family involvement throughout process:** Parents and other family members are key partners in the early detection and intervention process, and require initial and on-going orientation on how to fulfil the rights and needs of their child. Particularly for young children, family involvement is essential. Parents have an obligation to provide a caring and supportive environment for the young child with a disability, and also have the right to receive the required assistance to help prepare them for providing a balanced approach within the family. Health, ECD and education staff can provide this support, but additional initiatives can stimulate more family-to-family support, especially during the early adjustment stages.

Inclusive early childhood education: "Children with disabilities should not be excluded from the general education system on the basis of disability and should have access to inclusive, quality and free primary and secondary education on an equal basis with others in the community in which they live" (CRPD Article 24). Children with developmental delays and disabilities should be seen as a priority group for access to inclusive ECD, pre-school and early primary schooling. Numerous national policies are incorporating a life-cycle approach based on early interventions and a stronger family focus. This approach will have a much greater impact on the child's life and be more cost-effective for both families and governments than long-term interventions at later stages. Additionally, in countries with significant diversity, greater awareness is emerging as to how a child's early development is influenced by local traditions, faith/religion, culture, and family structures. Recognising the importance of diversity and family involvement is critical; culturally appropriate support is required to strengthen families' ability to contribute positively to the child's development and early intervention.

As children transition through the early years and from setting to setting, further efforts are required by families and communities to provide a wider range of inclusive learning opportunities. Regional advances in expanding ECD learning spaces can be seen, but efforts to improve family competencies and practices in the home remain limited. Children most at-risk (those with a disability, from poor or indigenous families or living in remote rural areas) are often denied early learning opportunities, and the lack of timely intervention leads to more disabling conditions and exclusion. In an increasing number of countries, steps are being taken to initiate or expand centre-based inclusion at the ECD level. Sometimes these initiatives are linked with community-based rehabilitation (CBR) and family-based programmes.

ECD and transitioning – linked to combined health and education efforts: In an increasing number of LAC countries a continuation and/or “re-emergence” has occurred, whereby health and CBR services are placing an emphasis on early identification and intervention strategies for young children with disabilities. Sector leadership for such actions normally shifts from health to ECD and education services, as children transition into preschool and early primary. These and other regional experiences demonstrate that coordinated health and education efforts can achieve a more rights-based approach that builds on the strengths of each sector, links home/community-based interventions with centre-based services; and provides families with a continuous intervention plan to promote a more favourable environment for their child’s development.

The incorporation of active involvement by organisations of families with children with disabilities has contributed to a more active and caring support role for families. Linking early intervention and family support efforts to social assistance packages has proven to be an important strategy for addressing the economic factors that lead to increased family poverty and limited services. Past and present country experiences in the region – supported by Christian Blind Mission, Handicap International, Inclusion International, UNICEF and others – have strengthened the involvement of families in advocacy, intervention and monitoring processes. This was especially true in Central America, where significant actions took place during the International Decade of Disabled Persons (1983-1992).

**CBR – An Important Shift in Focus:** For the past three decades, numerous LAC countries have incorporated community-based rehabilitation strategies as part of their community-focused strategy to provide services and support for persons with disabilities. Eighteen LAC countries have engaged in CBR initiatives, some for many years. Since 2000 a gradual transition can be seen in terms of the proposed vision of CBR, reflecting a significant change in approach: from service delivery to inclusive community development. Recently launched WHO guidelines redefined CBR as: “a strategy within general community development for the rehabilitation, poverty reduction, equalization of opportunities and social inclusion of all people with disabilities”. This new approach to CBR can facilitate important advances across the life-cycle, including: expanding early detection processes in local communities to identify the most invisible children, strengthening family and community competencies to carry out early intervention for children with disabilities and create a supportive environment for inclusion, and supporting children’s learning processes.



## Inclusive Education

### Justification for IE action

Articles 28 and 29 of the CRC clearly seek to guarantee quality education for all and the right of all children to achieve their maximum potential.

Article 24 of the CRPD “affirms the right of people with disabilities to inclusive education, at all levels, without discrimination and on the basis of equality of opportunity” LAC countries have achieved advances towards EFA and the MDGs, however efforts have not benefitted all children equally and have not focused the required attention on those most excluded – children with disabilities and those facing other exclusion factors. Lack of data on the situation of children with disabilities increases their “invisibility” for the public, media and government education sector decision-makers, as well as cooperation agencies.

While many definitions of IE can be found in different contexts and country situations, the original imperative remains intact and, in 2008, UNESCO again proposed IE as a means to achieve high-quality education for all children and adolescents: Inclusive education is a process that involves the transformation of schools and other centres of learning so as to cater for all children – including boys and girls, students from ethnic minorities, those affected by HIV and AIDS, and those with disabilities and learning difficulties. Inclusive education is not a marginal issue, but is central to the achievement of high-quality education for all learners and the development of more inclusive societies.

### Challenges for IE implementation in LAC

Historically, strategies for reaching and including different excluded groups have too often been seen in isolation; with IE understood as only being applicable to children with disabilities. International cooperation often supports separate strategies, reinforcing parallel efforts, rather than taking advantage of similar, innovative child-focused models. This was seen in a global review of EFA–FTI country plans and initiatives, including in LAC, which revealed limited attention to mainstreaming of disability components and/or IE approaches in country plans.

Education services for children with disabilities in LAC are designed and undertaken using one of three approaches: segregation; integration; or inclusion. Government services rely on all three approaches, but the tendency is towards integration and inclusion. Although advances are being made towards inclusion, it is important to look beyond access – to ensure that students with disabilities enrolled in regular schools have what they need to ensure learning. Efforts have been made to make the gradual shift towards more inclusive strategies, with key agencies like UNESCO and OEI playing a leadership role by providing technical assistance, along with Spanish government cooperation in some countries. UNICEF is gradually resuming an active role. Bilateral cooperation has also been received from such agencies as USAID, GTZ and JICA. National foundations, NGOs, universities, DPOs and family organisations have also taken on an increased role in supporting the shift toward more inclusive strategies.

### Adolescents with disability

Challenges for adolescents with a disability: Adolescents with disabilities have the same needs and desires as their non-disabled peers – education, job training, employment and inclusion through participation in a range of social, cultural, religious and economic opportunities. But in many LAC countries adolescents are not provided with a complete cycle of education, some don’t enrol, many drop out of school and a large number are excluded from active participation in the economy. Those adolescents with a disability who are also members of indigenous peoples and minority populations of poor families often face multiple factors that increase risk and exclusion. This situation – combined with gender discrimination – can result in a significant increase in exclusion. Adolescents with disability are also at increased risk of being victims of violence, abuse and rape. Violence is often a cause of disability for adolescents and youth, and with a disability, adolescents and youth are at increased risk for being victims.

Adolescent participation in developing solution and promoting inclusion: For adolescents with disabilities, increased participation is a critical part of the learning and developmental process, and is essential to designing programmes that best respond to their needs (as is the case for all adolescents). Active participation and inclusion in sports and leisure activities represents an ideal opportunity. Sports for persons with disabilities have a long history in developed countries, the Paralympics and Special Olympics, with important results for those so often excluded. Studies have shown the importance of such actions, highlighting that involvement of persons with disabilities in sports results in significant change: “...by changing what communities think and feel about persons with disabilities and by changing what persons with disabilities think and feel about themselves”. Increasing the involvement of children and adolescents with disabilities can help to: reduce stigma, enhance socialisation, promote independence and participation, contribute to empowerment and foster greater inclusion. In LAC, gaps exist with regard to achieving the right to participation in sports, recreation and cultural activities (see CRPD, Article 30). However, several countries are addressing this lingering gap by expanding actions based on proven regional and international experiences.

## Cross-cutting issues and strategies – steps to implement laws and policies

### Child protection and inclusive social services

The development of inclusive social protection packages has expanded within LAC, with increased documentation and analysis of priorities and experiences gained. The use of social protection strategies has emerged as a critical focus for addressing and reducing poverty among the most vulnerable. As stated by UNICEF: “Social protection can be understood as a set of public actions which address not only income poverty and economic shocks, but also social vulnerability, thus taking into account the inter-relationship between exclusion and poverty”.

Children with disabilities and their families – especially those faced with multiple exclusion factors – require access to a significant range of social services. “Inclusive social protection recognises how the social dimensions of exclusion, including disability, can be potential barriers to security and essential social services. In this sense, social protection programmes can support families of children with disabilities, allowing them to overcome financial and social barriers to access basic and essential services”. Some of the options for mainstreaming disability components within existing social protection programmes include: utilising social transfers (such as conditional cash transfers); building on anti-discrimination legislation that focuses on other excluded groups; and supporting policy reform to strengthen decentralisation and local capacity. The LAC region has witnessed the emergence of related strategies; those best documented are: Brazil (Bolsa Familia); Mexico (Oportunidades); Chile (Chile Crece Contigo); Jamaica (PATH), and with more disability-related targeting in such countries as Panama (“Fami-Empresas”), Brazil (BPC in the School) and Ecuador (“Programa Joaquin Gallegos Lara”).

### Families – a key partner for guaranteeing rights for children with disabilities

Parents, siblings and other extended families members play a central role in the lives of children, especially for those with a disability and during the early years. The critical nature of family involvement is acknowledged in the two rights conventions under discussion in this document. The CRC recognises that the family: “should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community”. The CRPD confirms the role of the family stated in the Universal Declaration of Human Rights and the CRC, adding: “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.”

How parents react to the initial identification process and respond to the knowledge of having a child with a disability depends on many factors, including the support of health care providers during the first contact. How parents and other family members raise the child, and whether they construct a supportive family environment, is also influenced by multiple factors, such as: attitudes towards having a family member with a disability, extent and quality of guidance and encouragement for preparing the “surrounding” environment, family conditions and resources, and supports available to the child and family, throughout the life-cycle. In LAC, family support schemes through centre and community-based interventions have formed part of an integrated approach dating back to the early 1980s. In Central America, UNICEF’s involvement during the late 1980s and early ‘90s, followed by Inclusion International assistance, played an essential role in supporting the formation of organisations of parent/family groups, including strengthening these groups in six of seven countries. One example of this increased involvement by parents and families is the Association ‘Los Pipitos’ in Nicaragua.

As noted by Richler at the 2012 UN Expert Group Meeting on ‘Good Practices in Family Policy Making,’ there are three potential roles for organisations of families of children with disabilities, based on: the Empowerment Model, Service Model and Partnership Model. Agencies must begin to identify the most appropriate, viable options for the specific country context in which disability initiatives are being mainstreamed.

### Advocacy and Communication

#### Changing attitudes about inclusion and participation

Views and attitudes on the rights of children with disabilities – on the part of policy-makers, education and health staff, parents, faith-based groups, communities and international organisations – all have a strong influence on attention for and inclusion of children with disabilities. The mind-set of these crucial actors also impacts on how well and to what extent communities are prepared to reach and include these children. Thus it is critical to promote a shift toward better public understanding of disability and rights issues and the benefits of early intervention, education and health services. Positive attitudes that reflect a tolerant and understanding



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society and respect and value diversity are essential to implement national and local policies on all aspects of inclusive ECD, health and education, to guarantee the rights stipulated in the CRC and CRPD for all children. Communication plays a key role in promoting attitude change in the main environments that influence the lives and learning of all children: schools, communities and homes. In relation to education, as stated by communications, ECD and disability

expert Barbara Kolucki: “No matter how inclusive are our schools – if attitudes are not addressed – their presence [children with disabilities] can fulfil a “right” but still not help with their integration and contribution to civil society. In LAC, country-level experiences demonstrate a wealth of strategies to promote specific disability issues related to rights, services and inclusion, and to achieve expanded and more holistic services and actions for young children and adolescents with disabilities.

### Capacity-building and technical support

Key to guaranteeing the expansion and sustainability of all disability services across the life-cycle is the incorporation of decentralised, multi-sectoral capacity-building and support programmes for all staff and stakeholders. This should be an integral part of a more comprehensive planning, implementation and monitoring package. For example, a review of ECD and education studies highlights the importance of pre- and in-service training of teachers for advancing quality IE programmes for children with disabilities. Similarly, significant changes are required to prepare health and rehabilitation staff, in order to strengthen the emerging shift from a medical to social model approach. Training and better understanding is also required to prepare health and education staff to include, and work in partnership with, families. Only a few of the many staff training and capacity-building efforts in LAC are designed and managed as part of a more institutionalised and sustainable approach, with national coverage. However, a growing number of countries are advancing with innovative alternatives, strategies and partnership to strengthen local and national capacity for early intervention and inclusive education.

### Partnerships, Networking and Information Exchange

Importance of partnerships, networking and exchange: Efforts to guarantee all rights for children with disabilities require actions at multiple levels and the forging of new partnerships to ensure that States Parties meet their commitments, and civil society partners reinforce actions leading to inclusion. No single actor can achieve all that is required. The CRPD demands an expanded approach and partnership, in response to the emerging emphasis on the social model of disability. Thus it is important to address the potentially negative impact of attitudinal, environmental and institutional barriers faced by children with a disability that are often pervasive in societies. In addition, more sustainable supports are required to build on initiatives that are producing results and leading to inclusion. To accomplish these goals, greater human and financial resources must be committed to the partnerships with, families, children, DPOs, civil society groups, local services and other key stakeholders working on issues of early intervention and inclusive education services.

Regional and global initiatives: In LAC countries, networking and information exchange in the disability field are gaining increased importance as a form of support for national efforts. Strategies utilising multiple communication mechanisms (internet, email, direct communication) are assisting the organisation of more

systematic information exchange. One example is the increased number of websites developed to support specific target populations on a wide range of global and specific disability initiatives. The outreach capability of global information website sites (some in multiple languages) allows countries to benefit from a wealth of country-specific information and global learning processes. In addition, more established information networks can provide the basis and “stimulus” for designing similar networking and information dissemination strategies targeted to specific local needs.

### Management of data and dissemination of results

Progress has also been made in strengthening data collection, analysis and dissemination in the field of education – particularly linked to monitoring EFA, MDG and in LAC, the ‘Metas Educativas 2021’ goals and targets. OREALC/UNESCO has been coordinating with selected LAC countries to design and implement improved information systems on the educational and support needs of children with disabilities. But significant difficulties have been faced in gathering reliable statistics about this group, as well as children outside the school system. Existing disability surveys and/or screening processes are frequently limited and inaccurate, leading to underestimations of the number of children with disabilities. This is especially true for children under six and those with mild to moderate impairments.

### Accessibility

Background: For children with disabilities, ensuring all forms of accessibility is critical to supporting their opportunities to learn and develop. In the LAC region, children and adults with disabilities are confronted with numerous accessibility issues that hinder their participation, often impacting on families’ efforts to create an optimal environment for their children and make use of services that are available, but may not be accessible. To achieve the right to education and health, it is essential to provide accessible facilities and adequate mobility. Other dimensions of accessibility that must be considered are related to communication, methodology, instruments, programmes and attitudes. Throughout the education field the trend is toward going beyond modifications to physical structure to the emerging Universal Design for Learning (UDL). As with the application of child-friendly schools in LAC, key benefits include greater flexibility and adaptation of each student’s unique characteristics, age, gender, culture and psycho-emotional state to their learning experience

Assistive aids: Teachers and school staff may need to make accommodations for students with physical and sensory challenges, along with learning disabilities, to enhance the important abilities each student brings, and to “by-pass” impairments. The use of assistive, appropriate and innovative technologies can be critical to addressing four main functional areas: communication, manipulation, mobility and learning. In the LAC region, efforts are now being made to provide and expand the use of assistive aids.

Information and Communication Technologies (ICTs): With the significant changes and advances in computer technology and digital communications, new strategies that were once costly and no more than “dreams” are now available for use by students, teachers, ECD, health, and rehabilitation workers. Although different levels of ICT use are found among (and within) LAC countries, increasing benefits are seen for children and adolescents in their learning and interaction processes, including students with a disability. Globally and in LAC, countries face new challenges to ensure that education systems address existing inequalities and social diversity. The developing use of ICTs provides new opportunities for all children and adults (and their service providers) - especially for those with a disability. In addition to the expanded use of ICTs in the learning environment, new opportunities exist to use such technologies for decentralised, in-service training initiatives, in addition to expanding innovative support for service providers and family in dispersed and remote areas.



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*“Little will change in the lives of children with disability unless attitudes change. Ignorance about the nature and causes of impairments, invisibility of the children themselves, serious underestimation of their potential, and capacities, and other impediments to equal opportunity and treatment all conspire to keep children with disabilities silenced and marginalized”.*

UNICEF, *The State of the World's Children 2013, Executive Summary*, New York, 2013.

## Programming ideas for UNICEF

With the adoption of the CRPD and based on existing EFA and MDG achievement gaps, UNICEF and other UN agencies have become increasingly aware of the rights and development issues faced by persons with disabilities. Children with disabilities are often the most neglected and excluded. Efforts to mainstream disability issues within larger development initiatives have increased, building on past international commitments and experiences.

For UNICEF, the justification for expanding mainstreaming of actions for children with disabilities as an integral part of programming is found in the multiple international frameworks and internal institutional priorities that guide its work. In addition, UN agencies have a collective commitment to support country-level CRPD initiatives. The Inter-Agency Support Group for the CRPD adopted a common strategy and action plan for six areas of work: policies, programmes, capacity-building, research and access to knowledge and representation on the Committee on the Rights of Persons with Disabilities.

More recently, the new UNICEF Strategic Plan (2014-2017) – aimed at “advancing the rights of every child, especially the most disadvantaged” – includes a sharper equity focus that addresses rights abuses of children and adolescents with disabilities. The CRPD has sparked an important redirection of initiatives for UNICEF,

with a clearer commitment to address unmet rights of children with disabilities. Emerging country-level involvement reflects this change, but requires a more in-depth effort to build on lessons learned and establish more sustainable, mainstreamed interventions. The emerging emphasis on applying a Twin-Track approach to achieve CRPD goals offers an important programme strategy, combining efforts to mainstream a disability perspective in UNICEF's country programmes, while including more specific initiatives aimed at empowering and increasing the participation of children and adolescents with disability.

### Potential “entry points” for UNICEF programming on mainstreaming disability

Increasing UNICEF's involvement in promoting rights and guarantees for children with disabilities does not require the creation of additional programme areas or a significant increase in internal UNICEF specialised staffing – two concerns that are often raised in relation to reinvigorating UNICEF's participation in actions for children with disabilities. Both the present MTSP and the new UNICEF Strategic Plan (2014-2017) provide a solid foundation for mainstreaming disability actions as part of existing country programme priorities. With proposed attention given to strengthen UNICEF staff competencies for implementing a rights-based, equity focus, important opportunities exist to incorporate more specific training and information support components related to rights and disabilities.

Many emerging international and national cooperation plans show that progress is being made to mainstream actions for CRPD support within existing initiatives. For UNICEF, potential entry points and strategies are numerous for incorporating specific disability-related actions within existing programmes. Based on the different characteristics of each country programme, priorities and entry points for planning actions for the main target populations may vary. But increased mainstreaming of a disability perspective will provide the required flexibility to reach and include children with disabilities in all programme areas.

**Twin-Track Approach:** The twin-track approach is gaining importance with development agencies as the most effective way to incorporate disability interventions into the larger development and cooperation process. This approach involves mainstreaming disability elements into all development activities, as well as implementing specific projects to promote the empowerment of persons with disabilities and their families, especially children and adolescents.

**Entry points through Conventions and other international commitments:** Multiple frameworks exist for guiding country-level cooperation to address child rights, across the life-cycle. Including children with disabilities in programming can be undertaken through the use of one or more of these entry points, focusing on the achievement of EFA, MDG, CRC, CEDAW, CRPD goals and commitments. For example: the almost universal focus of UNICEF programme cooperation on achieving EFA goals can provide an entry point for supporting child-centred inclusive education strategies to reach all excluded children, including those with a disability. Similarly, promoting the CRC at municipal levels and monitoring achievements can include specific actions related to children with disabilities and their families. Global and UNICEF efforts to address the unmet rights of children with disabilities provide a foundation for restructuring the way that programming and actions are undertaken. DPOs and cooperation agencies are working toward a more 'disability-inclusive' development agenda post-2015 while, internally, important steps are being taken to mainstream disability components within the UNICEF Strategic Plan (2014-2017) to address “unfinished business” in the region and globally.

For reaching children with disabilities and special educational needs, planning and implementation of initiatives must take advantage of those frameworks earmarked specifically for children with disabilities, along with benefiting from actions to mainstream disability aspects within more global education and child rights-based frameworks (EFA, MDGs, CRC). All children can benefit from this combined strategy.

Summary of Guiding Points: Recommendations for moving forward	
World Report on Disability (WHO and World Bank)	State of the World's Children – Children with Disabilities (UNICEF)
<ul style="list-style-type: none"> <li>• Enable access to all mainstream policies, systems and services</li> <li>• Invest in specific programmes and services for people with disabilities</li> <li>• Adopt a national disability strategy and plan of action</li> <li>• Involve people with disabilities</li> <li>• Improve human resource capacity</li> <li>• Provide adequate funding and improve affordability</li> <li>• Increase public awareness and understanding of disability</li> <li>• Improve disability data collection</li> <li>• Strengthen and support research on disability</li> </ul>	<ul style="list-style-type: none"> <li>• Ratify and Implement the Conventions</li> <li>• Fight discrimination against children with disabilities</li> <li>• Dismantle barriers to inclusion</li> <li>• End institutionalisation</li> <li>• Support families</li> <li>• Move beyond minimum standards</li> <li>• Coordinate services to support children</li> <li>• Involve children with disabilities in making decisions</li> <li>• Global promise, local test (children with disabilities included in all development programmes).</li> </ul>

**Entry points based on the UNICEF Strategic Plan 2014-2017 and Present MTSP:** The approved UNICEF Strategic Plan (2014-2017) targets UNICEF's mission to promote the rights of every child, in all aspects of UNICEF's programming, especially for the most disadvantaged and excluded children and their families. This is the focus and desired impact of UNICEF's new Strategic Plan, with an equity strategy that translates this commitment into concrete actions for all UNICEF levels of action, prioritising country office actions. The seven key outcome areas of the new Strategic Plan (Health, HIV and AIDS, WASH, Nutrition, Education, Child Protection, and Social Inclusion) offer multiple entry points to address a range of rights and needs of children with disabilities and their families. For most national offices, a review and transitioning process will be required to shift from the present MTSP targets to the new strategic plan outcomes. The expanded version of the 2007 Matrix of the "UNICEF Programme Guidelines on Children with Disabilities" (reproduced in the main document) provides potential activities and entry points to mainstreaming disability components within the existing MTSP Focus Areas and the new Strategic plan.

**Life-cycle based entry points:** Numerous UNICEF Country Programmes are placing an increased emphasis on programming with a continuous life-cycle approach. This emerging change addresses a weakness of past cooperation tendencies that tended to focus on specific age groups, with limited consideration of how to "connect" the different stages of the life-cycle – whether in health, education, social protection or other programme areas. For children and adolescents with disability – providing early, timely and systematic support across all stages of the life-cycle and for critical transitions is essential to guarantee optimal development and inclusion. The mainstreaming of appropriate intervention strategies for children with developmental delays and disabilities within existing programme actions should consider both the key spaces and most influential actors at all stages of the life-cycle. For programme actions focusing on the inclusion of children and adolescents with disabilities, creating and strengthening the connections (bridging) between the different stages of the life-cycle is fundamental. This also includes preparing all "actors" that influence the development and inclusion of children, especially parents, extended family members, ECD and educational personnel. Efforts should also be made to prepare and take advantage of all service and learning spaces and opportunities, for development and inclusion: schools, health services, home (family setting), community and the media.

**Entry Points building on strategies at different operational and policy levels:** The development and implementation of sustainable policies and strategies for children with disabilities and their families require efforts at all policy and operational levels – including the home and community environment. UNICEF cooperation plans normally include multiple levels of interventions, reflecting the vision that local actions can serve as an important field testing and learning experience to "feed into" national policy development, advocacy and mobilisation, inter-sectoral coordination and capacity-building efforts. An expanded partnership among government, NGO, DPOs, civil society, media and other actors at all these levels is critical to addressing the multiple issues and commitments framed within the CRC, CEDAW, and CRPD. These expanded partnerships also require the active participation of children with disabilities and their families, along with other individuals within their home, learning, work and community spaces. The slogan "Nothing about us without us" expresses the profound change required.

## Conclusion and recommendations – reflections for country and regional actions

The main purpose of the longer document of which this is a summary is to provide UNICEF Country Offices in LAC with information and ideas to assist them in mainstreaming disability within existing programmes and future programming actions, although the contents may also be of assistance to partner agencies endeavouring to address the exclusion of children with a disability, and assist their families. The following summary of conclusions and recommendations are based on information and analysis from global and regional sources, including country studies undertaken during 2012. Other country examples were drawn from material prepared by UNICEF, ECLAC, other partner agencies and institutions. Finally, UNICEF's 2013 "World Report on Disability and the State of the World's Children – Children with Disabilities" provides recommendations for forward movement at the global level.

### Conclusions, by Topic: CRPD and Inter-American Convention (selected from main text)

#### Gap between legislation, policies, practices and inclusion:

Gaps remain between CRPD ratification and the required modification of countries' relevant legislation, policies and programmes to reflect a rights-based framework. Monitoring systems are often limited and lack enforcement mechanisms to penalise non-compliance in countries that have adopted legislation.

- An increase in services for children with disabilities does not always guarantee achievement of an inclusion agenda. The shift from a medical model to the broader bio-psychosocial model is not an easy task.
- Despite advances in the provision of services for children with disabilities, not all services are accessible to the most excluded. Even when services are free, transportation costs can lead to further exclusion
- Limited access to culturally appropriate information in different languages also impacts on the preparation, inclusion and participation of indigenous children with disabilities and their families.

#### Advocacy, communication and participation

- Communication plays a strategic role in public awareness efforts with positive characteristics that highlight "abilities" rather than "disabilities". However media often continues focusing on children's disabilities during fund-raising initiatives, reinforcing negative attitudes or a charity approach.
- An emerging participation of DPOs and organisations of families with children with disabilities was witnessed during the CRPD negotiation process. However, systematic participation of these groups in the design and monitoring of inclusive policies and services is often limited.
- The important message "Nothing About Us Without Us!" expresses the demand for more direct participation of persons with disabilities in CRPD decision making and implementation. However, limited progress has been made in guaranteeing the voice of young children and adolescents.

#### Programmes and services

- Country studies highlighted the importance of coordination among sectors to guarantee the expansion and inclusiveness of services for children with disabilities and their families. However, they noted a general absence of coordination among sectors and strategies adopting this approach.
- Progress has been made towards implementing inclusive education, but more targeted efforts are required to address "bottlenecks" preventing further advances: negative attitudes, reliance on special education, budget constraints, lack of teachers trained to implement IE and lack of educational aids.
- LAC's experience in CBR and early intervention were initiated in the late 1970s and early '80s, but implementation and expansion have fluctuated over the past 30 years. Advocates experienced persistent difficulties with incorporating the strategies in national sector policies and use.

#### Resource Development and Networking

- While some efforts are under way to improve the quality and quantity of human resources for CRPD implementation, country studies suggest that pre- and in-service training actions – especially in health – continue to focus on the 'medical model', while the education sector is moving more swiftly towards IE.
- Numerous information exchange and networking efforts are underway to support regional and country-disability efforts and should be utilised to promote country-to-country support.

## Data, Monitoring, Evaluation, Documentation and Reporting

- Disability prevalence estimates vary due to the range of definitions and instruments utilised in different countries. It has proven difficult to collect and analyse data related to institutional and community-based coverage of health, rehabilitation and education services for young children with disabilities.
- For education, complications are faced when attempting to identify how many children with disabilities are receiving special and/or inclusive education services – especially when data often include children classified “with special education needs”, which encompasses more than disabilities.
- Some of the factors hindering monitoring and evaluating of CRPD achievement include: data collection is inconsistent; service coverage data does not necessarily reflect the impact of interventions on learning and inclusion; and the perspective of children with disabilities and their families are all too often absent.

## Links with global and regional commitments

- CRPD links with CRC, CEDAW, EFA and MDGs: Country variations were observed in relation to which “priority” commitment is most closely linked to CRPD promotion. Inclusive education initiatives are linked with EFA, “Metas 2021” and Salamanca commitments. Disability and poverty reduction tends to be in line with MDGs, while child protection and disability issues are clearly related to the CRC. CRPD promotion continues to occur mainly within the “disability world” and be linked to related services, with insufficient progress toward mainstreaming advocacy and actions in other circles of influence.

## Cross-cutting Challenges and Focus

- Several countries identified challenges related to addressing multiple issues of disability across all stages of the life-cycle. This is particularly the case regarding limited services for infants and younger children with disabilities and adolescents. For male and female adolescents with a disability, issues of gender and sexuality are often ignored. Support for preparing families and staff to adequately assist the transitioning of children is another area of weakness.
- Many children and adolescents with disabilities face other factors leading to discrimination and exclusion, such as ethnicity, gender, immigration statuses and poverty. But, the range of programmes and services usually fails to adequately address these elements in a timely, integrated and systematic manner.
- A combination of country and international factors often heighten the limited visibility of children with disabilities, especially at specific stages of the life-cycle (such as early childhood) and in the health arena. International cooperation often adds to this “invisibility” by failing to include the topic of disability when preparing situation analyses and by placing limited priority on mainstreaming disability into cooperation plans.
- Indigenous and Afro-descendent children with disabilities face multiple discriminatory factors; they are usually from the poorest communities and located in geographic areas with severely limited access to services. Women and girls with disabilities are often more excluded and at-risk. Little information is available concerning attitudes and practices of indigenous populations/families with young children with disabilities, hindering the design of more appropriate family and community-based services and strategies.

## International Cooperation

- There does not appear to be a unified effort by the UN system to support countries in the six priority areas targeted by the UN Inter-agency Support Group for the CPRD. Mobilisation for international support of the Inter-American Convention is coordinated by the OAS, with no clear commitment of support by UN agencies.
- The lack of sustainable international cooperation and funding has undermined efforts to consolidate and expand experiences in such fields as CBR, early detection and intervention, and inclusive education. Combined with changes in staffing and priorities among government and international agencies, this often has a negative impact on the sustainable development of quality programme/project development and expansion.



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*“The ultimate proof of all global and national efforts will be local, the test being whether every child with a disability enjoys her or his rights – including access to services, support and opportunities – on a par with other children, even in the most deprived circumstances.”*

UNICEF, *The State of the World's Children 2013, Executive Summary*, New York, 2013.

## Recommendations by Topic (a selection from main text)

### Gap between ratification, legislative measures, policies and practices

#### CRPD and Inter-American Convention ratification

- In select Caribbean countries, explore with government counterparts and civil society partners the reasons why the CRPD and the Inter-American Convention have not been ratified and/or ratification has been delayed.

#### CRPD ratification and legislation reform, review and analysis for change

- Undertake a review of existing government legislation, programmes, actions and initiatives for children and adolescents in general, and those with a disability specifically, to identify compliance and/or gaps with the CRPD vision and human rights-based model.
- Support government actions to strengthen CRPD implementation, focusing on compliance with Article 33, which includes establishing an institution responsible for affirmative actions for implementation and a (CRPD) monitoring entity.
- Design and implement studies to identify the key factors blocking progress toward achieving all CRPD commitments, with participation by government and civil society.

- Document and disseminate country experiences in reviewing and modifying existing legislation to achieve alignment with the CRPD.

## **Advocacy, communication and expanding participation and leadership:**

### **Advocacy and communications**

- Conduct awareness-raising campaigns to increase understanding of the rights of persons with disabilities and to change attitudes towards persons with disabilities, recognising their rights and existing discrimination.
- Develop a support strategy and training tools for communication-for-development initiatives related to ECD and school, with a focus on preparing a more inclusive learning environment through the participation of all.
- Raise social awareness about the concepts of inclusion for children with disabilities, including gender issues and the important role of families, while continuing to mainstream disability components within education.
- Explore culturally appropriate and relevant mechanisms for disseminating information on disability to all population groups.
- Document, analyse and disseminate communication experiences in the region, focusing on CRPD promotion and implementation as part of a “country-to-country” information and technical exchange initiative in LAC.

### **Participation by civil society, DPOs, children with disabilities and their families**

- Create opportunities for the participation of children with disabilities and their families through government, NGO and DPO initiatives in actions that impact on their lives, including competency-building components for preparation of communication and life-skills required for increased participation.
- Encourage DPOs and civil society organisations to promote synergy among agencies, addressing issues of gender, ethnicity, children and disability, with the aim of improving coordinated advocacy and awareness.
- Strengthen DPOs, enabling them to incorporate a childhood disability agenda into their priorities.

### **Resources - external and internal**

- Advocate for resources to address the impact of disability on children, primarily in health and education, as the gaps detected are significant and require more than just improved programme management.
- Based on an analysis of strategies for mainstreaming disability components within regular services, identify the potential cost reduction of “mainstreaming” efforts, as opposed to expanding parallel “disability services”.
- Document technical and funding cooperation and donor trends. An analysis is required to review the results and impacts of cooperation on capacities and involvement of governments, DPOs and other organisations.
- Review shifts in budgetary allotments for implementation of CRPD components, emphasising how and to what extent current education and health budgets are covering the “mainstreaming” of disability components.

## **Programmes and services**

### **Health and Rehabilitation services**

- Expand the application of CBR strategies as part of national policies and decentralisation of rehabilitation services, to promote more inclusive environments for children with disabilities while providing the basis for expanded family-focused early intervention and rehabilitation services and follow-up to specific IE actions.
- Support the documentation and evaluation of CBR efforts and results achieved, to include CBR strategies as part of national policies – especially in relation to actions for young children and families and to reinforce school-based inclusive education.

- Review government policies and programmes – operating in coordination with NGOs and cooperation agencies – to purchase, produce and/or provide assistive aids and equipment for children and adolescents with disabilities to promote learning, participation and inclusion in homes, schools and communities.

### Early childhood and inclusion

- Provide the required guidelines, training and supervision for health and education staff in the attention of young children with disabilities and to explore ways to guarantee sustainability of inclusion processes, stressing a family focus, gender-sensitive approach and intercultural perspective.
- Advocate for and support country-level efforts and international cooperation to mainstream disability and family support components within ECD initiatives for young children under nine, including such components as: developmental monitoring, early detection, early intervention with a family/community-based focus and inclusion of children with developmental delays and/or disabilities in ECD services.
- Support country-level studies to better understand family and community child-rearing practices and attitudes among different indigenous groups or communities – with a gender perspective and focus on young children and adolescents with disabilities.

### Inclusive education (IE)

- Design strategies to address the multiple barriers to achieving IE for children with disabilities – including those related to gender discrimination, all forms of accessibility, social attitudes, and socio-economic factors.
- Promote coordination within the Education Ministry and between other sectors to guarantee a more comprehensive approach to fulfilling the right to IE for children with disabilities – starting from the early years and continuing across the life-cycle.
- Support policies, strategies, capacity-building actions and monitoring mechanisms required to create and maintain inclusive learning environments (school, home and community) – that are safe, accessible, gender-appropriate, child-friendly and participatory.
- Strengthen systematic actions to increase involvement and competencies of families of children with disabilities to assist in educational, inclusion and transitioning processes.
- Document country-level IE experiences addressing the many facets of quality learning and participation, including the use of assistive devices and ICT to support inclusive school and community-based learning.

### Other services and actions for/with adolescents with disability

- Design and/or expand the provision of educational opportunities for adolescents with disabilities, including the incorporation of life-skill and sex education curriculum, through education and health programmes.
- Provide learning and participatory opportunities for adolescents with disabilities, through the use of complementary school and community sports, recreation and cultural initiatives.
- Support the organisation and preparation of adolescents with disabilities to participate in planning, implementation, and monitoring components of the CRPD; in schools, communities, or within DPOs.

### Resource development, provision and networking

- Invest in human resource development, for the expansion of quality, inclusive programmes for health, education, rehabilitation, media, and social area, utilising national and external cooperation initiatives, including existing public-private-university-foundation experiences.
- Support the establishment of multi-sector resource and training centres to strengthen capacities of national and decentralised inclusive education, early intervention, CBR and other disability service initiatives, to respond to existing diversity and quality.

- **Provision of technical aids**

- Analyse national laws, management mechanisms and capacity to guarantee the provision of appropriate technical aids and supports, aimed at benefitting children with disabilities in school and for daily living.
- Design strategies that promote the utilisation of local resources to produce quality local aids that respond to the needs of children with disabilities and could be utilised in multiple situations – including emergencies and natural disasters.

### **Information and disability networks**

- Review and promote the increased use of diverse communication tools (including internet) to support: local/ decentralised services, on-going capacity-building efforts, and individual family assistance and orientation.
- Disseminate information on the location and characteristics of disability internet networks and regional organisations – especially those whose strategies are aligned with the CRPD, including information on issues related to children with a disability and their families.

### **Data, monitoring, evaluation, documentation and reporting**

#### **Better monitoring of CRPD and evaluation of strategies**

- Support national monitoring mechanisms and capacities, prioritising oversight of rights violations against children with disabilities. Entities responsible for overall coordination of disability services and CRPD actions should emphasise monitoring programmes and services that focus on children and adolescents (not just adults) to address rights violations against children with disabilities
- Civil society organisations should be encouraged to help create and participate in monitoring efforts, to advance CRPD implementation, and particularly to establish joint actions between DPOs and institutions mandated to coordinate CRPD implementation.

### **Information and data**

- Provide combined UN support for strengthening country capacity and systems to collect, process, analyse and disseminate information needed to conduct a participatory CRPD monitoring and evaluation process and corresponding reporting.
- Identify existing data collection systems for children, and ensure the inclusion of information on children and adolescents with disabilities, disaggregated by gender and age.

### **Links with CRC, CEDAW, EFA, MDGs, OAS Convention**

#### **Link between CRPD and OAS Convention**

- Mainstream international instruments that include disability components as part of child and human rights training and seminars, with the aim of expanding the understanding of the public sector and civil society of the need to modify services, programmes and actions to meet the needs of persons with disability.
- Disseminate information within the region and globally on country commitments to and actions of the Inter-American Convention, and links with the CRPD.

### **Cross-cutting challenges**

#### **Visibility of children with disabilities and their families**

- Increase the visibility of children and adolescents with disabilities and their families in national and international cooperation efforts. Actions should avoid the common use of a “charity” focus.

- Guarantee that issues related to childhood disabilities, rights and services – with a gender perspective – are included in situation analyses and incorporated within reports.

### **Support to families of children with disabilities:**

- Support family-centred approaches, with a gender focus, as part of health, education and rehabilitation services, including work with children with developmental delays and/or disabilities and their families, especially during the early years and during transitions.
- Provide information to families on their rights and those of their children and on how to provide a supportive environment, as well as how to prevent, recognise and report instances of exploitation, violence or abuse.
- Support the provision of training, information and peer support for families of children with disabilities, through strategies that include: family-friendly health, ECD, education and social services; involvement by DPOs and organisations of families with children with disabilities.

### **Life-cycle and gender perspective**

- Address disability using a life-cycle approach and gender perspective, so that programmes are delivered along a continuum and support transition periods, and thus meet the needs of each stage of the life-cycle and strengthen family involvement.
- Examine health and education policies and programmes to assess the presence of needed components across the life-cycle and during transitions periods, including actions to identify and strengthen the learning environments and actors involved with children with disabilities.

### **Diversity within disabilities - working with Indigenous and Afro-descendent populations**

- Support country studies and discussions with the aim of understanding the views of indigenous communities on disability and gender issues and to assist communities in the design of appropriate measures.
- Promote an exchange of technical information between countries to strengthen CRPD strategies that build on and respect the vision of indigenous populations.

### **International and national cooperation**

- Review policies and programme of international agencies to ensure they reflect visibility of and cooperation on children with disability, using a twin-track approach. Based on results, advocate for national and international cooperation agencies to incorporate rights-based approaches as part of cooperation plans.
- Review and document existing mechanisms of UN CRPD cooperation, to advance towards a more unified UN approach to assisting States Parties and local partners in CRPD implementation and monitoring actions.
- Ensure support for the rights and needs of families of children with disabilities, through the design and implementation of more family-friendly cooperation plans, policies and services, including capacity-building support for family organisations.
- Review the status of national and subnational funding for implementation of CRPD components related to children and adolescents with disabilities, in addition to analysing national fund-raising mechanisms and the short- and long-term impacts of these efforts.

### **UNICEF cooperation (recommendations from country reports)**

#### **Strengthen existing cooperation, by incorporating actions for children with disabilities in measures taken to fulfil CRC, CRPD, EFA and other commitments:**

- Review inter-sectoral health care models for children and adolescents, with a view toward strengthening inter-sectoral services and budget allotments aimed at specific actions to prevent disabilities and provide inclusive services for children with disabilities and their families.

- Support training for decision-makers and programme designers in health and education to update competencies on a human rights approach, grounded in declarations and conventions, including an emphasis on the paradigm shift from the medical to social model.
- Promote the mainstreaming of disability issues in actions and programmes supported by UNICEF within the framework of the CRC, CRPD, EFA goals and MDGs 2021.
- Support civil society efforts to participate in CRC and CRPD monitoring, including the possible creation of an observatory with a focus on gender, ethnicity, children with disabilities and other vulnerable groups.

### **Undertake initiatives to improve the level of awareness and commitment to the rights of children and adolescents with disabilities as part of UNICEF communications, promotion and protection of child rights:**

- Train media and university staff that train professionals and communicators on: the gender-sensitive human rights model, children and disability, and the international disability conventions and commitments.
- Support the design of communication strategies and media campaigns for the public, highlighting information about the principles and specific rights spelled out in the CRC, CEDAW and CRPD, focusing on children and adolescents with disabilities.
- Build on UNICEF's institutional advantage to increase the global focus on children with disabilities, utilising the CRC, CRPD and CEDAW and its General Comments.

### **Closing thoughts**

Awareness and action are increasing across the region to address the persistent situations of exclusion, rights abuses and discrimination against children and adolescents with disabilities and their families. The existence of clear international commitments framed within the CRC and CRPD, along with other development goals outlined in EFA and the MDGs, offer an opportune moment to make meaningful progress. However, past disability cooperation experience has demonstrated the difficulties of maintaining the sustainable, long-term cooperation plan needed to guarantee lasting change and full inclusion.

At the global level, UNICEF and other agencies have demonstrated significant institutional commitment. For UNICEF, efforts undertaken during the pre- and post- CRPD design and ratification process “reignited” involvement in the disability field, as reflected in the topic being selected for UNICEF’s 2013 State of the World’s Children report. But, translating this expressed desire into action, as an integral part of UNICEF’s country programming, will require both internal and external efforts. Internally, all staff will need to have a better understanding of the topic and of disability mainstreaming strategies to integrate concrete actions into Country Programme priorities. Externally, partnerships with other agencies, donors, government counterparts and civil society leaders will be essential to achieving sustainable results for children and adolescents with disabilities. Faced with these daunting tasks, it is vital to remember that: “The inclusion of children with disabilities is not a charitable act, but a matter of rights to which UNICEF is bound by both the CRC and our mandate.”



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