# **INCLUDED,** EVERY STEP OF THE WAY

Upholding the rights of migrant and displaced children with disabilities



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**Suggested citation:** United Nations Children's Fund, *Included, Every Step of the Way: Protecting the rights of migrant and displaced children with disabilities,* UNICEF, New York, 2023.

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Upholding the rights of migrant and displaced children with disabilities

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This report was made possible through core funding to UNICEF and a generous grant from the Department of Foreign Affairs and Trade of the Government of Australia.

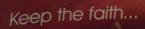
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**Children with disabilities** commonly face high barriers to accessing their rights: to get the health care they need, to go to school, to be protected from violence and exploitation. Across dimensions, they are not afforded the same opportunities as their peers without disabilities. But what if children with disabilities are also on the move – as migrants, refugees or internally displaced persons?

This brief examines how migration and displacement shape the lives of children with disabilities. While data on children with disabilities and children on the move are limited, the available evidence leaves no doubt that across contexts – from humanitarian settings to host communities in high-income countries – their rights are being violated when it comes to key elements of their well-being.

## THE PROMISE OF CHILDHOOD:

Are we including children with disabilities who have left home?

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# Millions of children, serious deprivations

Globally, there are nearly 240 million children with disabilities – or 1 in 10 children worldwide.<sup>1</sup> And in 2021, there were an estimated 36.5 million children displaced by conflict, violence or other crises – or 1 in 65 children. Refugee and asylum-seeking children accounted for 13.7 million, and 22.8 million were displaced within their own countries due to conflict and violence.<sup>2</sup> Millions more have been forced from home by disasters; that same year, there were 7.3 million new displacements of children due primarily to weather-related events such as storms and floods.<sup>3</sup>

When viewed together, these numbers suggest there is a sizeable population of children with disabilities who are on the move. However, because of a scarcity of data that can be broken down by both migratory and disability status, there is no reliable estimate of the actual number of children facing this potentially complex reality.

Children with disabilities and children on the move represent highly diverse populations living in a wide variety of circumstances that determine their experiences, needs and vulnerabilities. Disability is an evolving concept, and **children with disabilities** include those with long-term physical, mental, intellectual or sensory impairments that, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.<sup>4</sup> **Children on the move** refers to any child who has been directly or indirectly affected by migration or displacement (see box, Key terms).

#### A right to be seen

When it comes to upholding the rights of children with disabilities and children on the move, there is much these young populations have in common. They often face high barriers to accessing adequate health care, enough food, proper sanitation and clean water, and quality education.<sup>7</sup> Many live in households grappling with multidimensional poverty. Their risks of being exposed to child protection violations, such as gender-based violence, are heightened. Isolation or discrimination are often a part of daily life. When children with disabilities are also migrants or displaced persons, the already severe deprivations and barriers they encounter on a day-to-day basis may be exacerbated.

Like every child around the globe, children with disabilities and children on the move have a right to life, survival and development. In addition to being protected by the Convention on the Rights of the Child, their rights are

#### Key terms

**Disability** involves aspects of body function and structure (impairments), capacity (measured by the ability to carry out basic activities without the benefit of assistance in any form) and performance (measured by the ability to carry out these same basic activities using available assistive technologies and assistance). Per the Convention on the Rights of Persons with Disabilities, disability stems from the interaction between certain conditions or impairments and an unaccommodating environment that hinders an individual's full and effective participation in society on an equal basis with others.<sup>5</sup>

**Children on the move** describes children who have been directly or indirectly affected by migration or displacement, either internationally across borders or within the same country. The umbrella term includes child migrants, refugees and asylumseekers, internally displaced children, children indirectly affected by migration (such as children 'left behind' due to migration of parent(s)), children affected by migration, stateless children and child victims of cross-border trafficking.<sup>6</sup>

secured by international frameworks such as the 2030 Agenda for Sustainable Development, which includes several targets related to children with disabilities and to migrants; the Convention on the Rights of Persons with Disabilities; the Charter on Inclusion of Persons with Disabilities in Humanitarian Action; and the Global Compact for Migration and the Global Compact on Refugees, both of which emphasize the need to employ a disability-sensitive and age-sensitive approach. These frameworks also highlight that disaggregated data are needed to uphold the rights of every child.

Though children with disabilities who are on the move are included in many rights frameworks, they are among the most marginalized young populations in the world. And there is still much we do not know about this group. Why? Because they are largely left out of data collection efforts and overlooked by policymakers – leaving their stories untold, their rights unprotected and their futures uncertain.

This publication aims to shed light on the deprivations of these children and ensure their distinct needs are included in policies and programmes. It asks key questions about their growth, development, safety and security and where the evidence base falls short. Until we generate high-quality, reliable data on children with disabilities who are on the move, we will be unable to adequately understand their situation, develop appropriate policy responses and track improvements to their well-being.

## **Defining parameters**

This brief is based on a literature review conducted in the first half of 2022. It found that evidence on the intersection of child migration and disability is limited and larger-scale studies and intersectional analyses that focus specifically on this population are scarce. Thus, broad inclusion criteria were used when selecting sources, including academic articles and reports (in English only) from UN agencies, nongovernmental organizations (NGOs), and other civil society organizations working to protect the rights of persons with disabilities in a range of migration contexts. Where evidence on children was not available, studies that focused on adult migrants with disabilities were included.

Sources include larger quantitative studies based on survey data from multiple countries, smaller qualitative studies based on interviews and/or focus group discussions, rapidly collected data from humanitarian settings and mixed-method approaches. Cited references often reflect evidence (statistics, studies, experiences and anecdotal evidence) collected in individual countries – these are helpful in terms of highlighting where inclusivity can be strengthened or improved in particular contexts. The literature review was guided by the definition of persons with disabilities in the Convention on the Rights of Persons with Disabilities, though some sources employed narrower definitions focused on impairments or conditions.

A number of sources were included to capture a specific aspect of child migration or disability, such as access to education. For complementary studies related to children with disabilities, evidence was primarily cited from UNICEF's recent comprehensive report, *Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities.* 

Given the limited available data and research on this young population, the information presented here should not be seen as a definitive analysis of the experiences of children with disabilities who are on the move. Rather, it is meant to spark further investigation, deeper analysis and concerted efforts to pave the way to stronger data and stronger protections that are both disabilityand migration-inclusive.



## PROTECTING THE PATH TO WELL-BEING

There are many dimensions to a child's well-being. These encompass health, including access to proper care, food and water, sanitation and hygiene (WASH); education; protection from violence, exploitation and abuse; and freedom from stigma and discrimination. The following sections put forward key questions to ask when examining these dimensions through the lenses of both disability and migration, examine what the data tell us about the experiences of children in regard to these questions and highlight where more evidence is needed.

## Proper care, brighter futures

All children deserve a childhood guided by regular, quality care, fuelled by proper nourishment and food and protected by clean water and sanitation. For every child – no matter the specifics of their circumstances – these building blocks of stable growth and development are fundamental to realizing their full potential.

#### **Key questions**

- Do children with disabilities face disruptions to their health care once they migrate or have been displaced?
- To what extent are health systems and services in migration and displacement settings built to include children with disabilities?
- What environmental factors impede children with disabilities' access to health services across migration and displacement contexts?
- Does access to health care for children with disabilities vary by setting: for instance, humanitarian contexts vs. host communities?
- Do children on the move with disabilities experience intensified food insecurity?
- Does migration and displacement impact children with disabilities' access to WASH?

Children on the move – regardless of disability status – frequently see their right to basic health care compromised: They may miss out on vital immunizations, health records may be lost or destroyed and access to public health and social welfare programmes is often limited. For children on the move with disabilities, some environments may exacerbate these challenges or present additional barriers to primary care, specialized care and psychosocial support. The migration and displacement journey itself can aggravate existing impairments or lead to new ones. Children with disabilities fleeing conflict, violence and disasters – the most common drivers of movement – may lose their assistive devices or experience disrupted access to health services; children with and without disabilities are at risk of injury or trauma and are unlikely to have access to medical care, which can result in physical, mental and/or sensory impairments.<sup>11</sup>

Children with disabilities may also be at risk of being 'left behind' – in scenarios, for instance, where family members fear their child may not survive the migration journey.<sup>12</sup> Such children may face a new set of barriers to health care, grappling simultaneously with healthcare systems damaged by crisis or disasters and broken social and support networks.<sup>13</sup>

Children on the move may also be affected by mental health issues as a consequence of their or their parents' movement. Hardships such as conflictor disaster-related trauma, difficult or dangerous journeys, acclimation to a new culture and language, financial insecurity or separation from families can exacerbate existing mental health conditions or trigger new ones. These experiences can lead to post-traumatic stress disorder (PTSD), anxiety, depression and other emotional and behavioural challenges among migrant and refugee children and children 'left behind'.<sup>14</sup>

Evidence shows that large numbers of children with various functional difficulties, such as children with difficulties communicating, concentrating or learning, also have signs of anxiety or depression.<sup>15</sup> If they are also on the move, these mental health challenges may be exacerbated.

Coverage of basic immunization against vaccine-preventable childhood diseases is significantly lower for children with multiple disabilities<sup>8</sup>

Children on the move from poorer households often have less access to health care and lower vaccination rates than their native-born peers<sup>9</sup>

Children account for more than two in five of the world's forcibly displaced people<sup>10</sup> More than 4 in 10 children on the move who experienced the war in the former Yugoslavia developed mood and anxiety disorders, while 1 in 3 suffered from PTSD<sup>16</sup>

#### The complexity of crisis

Children with disabilities in humanitarian settings may face barriers to accessible, high-quality services that respond to their specific needs. Like all children, those with disabilities need basic care alongside any necessary specialized care and/or mental health and psychosocial support. But in these settings, limited resources, lack of inclusive planning, stigma, discrimination and misconceptions about the needs of persons with disabilities can mean children do not receive the care they need.<sup>17</sup>

In camps, health clinics may be inaccessible for persons with disabilities – they can be far from homes, on rough terrain and overcrowded with long lines — and persons with disabilities, including children, may not be given priority treatment.<sup>18</sup> Disability-specific services often fall outside the basic bundle of care offered in camps, and shortages of assistive technology–e.g., wheelchairs, prosthetic equipment and technical aids – are common.<sup>19</sup> Supply issues present a double burden for persons with mobility impairments: Without access to mobility aids, they may be unable to reach health clinics and obtain necessary medications.<sup>20</sup>

Considering that, on average, a growing body may require a new prosthesis every six months,<sup>21</sup> limited access to assistive technology particularly impacts children. Less information is available on children with mental disabilities in displacement settings, but some evidence finds that there are even fewer specialized services available to this group compared to children with physical or sensory disabilities.<sup>22</sup>

A UNICEF study found that among 3,922 migrants and refugees aged 14 to 24, nearly 1 in 2 had not seen a doctor when needed<sup>23</sup>

#### **Deprived of care**

Experiences among children with disabilities who have migrated or been displaced to non-emergency settings may be similarly complex. Navigating health systems in host communities, both parents and children with disabilities themselves can struggle with communication barriers – such as poor translation services, lack of intercultural communication skills among health-care workers and materials in inaccessible formats (e.g., not available in Braille, no knowledge of sign language) – that can limit their care-seeking choices.<sup>24</sup> Migrant and refugee caregivers of children with disabilities may experience these barriers acutely with, for instance, different cultures adhering to different concepts of or beliefs about disability.<sup>25</sup>



Complex welfare systems can also pose a challenge. Parents and caregivers may not be able to access information pertaining to disability-specific health services or understand the often complicated bureaucratic procedures to access these rights.<sup>26</sup> In general, irregular migrants – persons who move outside the laws, regulations or international agreements governing the entry into or exit from the State of origin, transit or destination<sup>27</sup> – may choose not to engage with these welfare systems at all, fearing detection and deportation, a choice that has also been seen among irregular migrants with disabilities.<sup>28</sup>

In urban settings, whether in low- or middle-income countries, migrant and displaced children with disabilities may encounter a distinct set of barriers to accessing health care as services may be more limited than those in refugee or displacement camps. Many displaced urban populations lack proper legal documents and may also be more dispersed compared to persons in camp settings, leaving children with disabilities without the care they need.<sup>29</sup> Migrant and displaced children living in informal or slum settings may not have access to any health services whatsoever, let alone disability-specific care.<sup>30</sup>

Children on the move may face a range of mental health challenges, but families facing severe economic hardship due to migration and displacement may not have the resources or time to prioritize mental health.<sup>31</sup> Even when mental health services are free, lack of knowledge or

cultural taboos around mental health may make migrant and refugee families hesitant to access care.<sup>32</sup>

Little is known about access to health services for migrant children with disabilities in detention centres and reception facilities. However, it is well documented that these ordeals can exacerbate and/or lead to major mental health challenges – including PTSD, anxiety and depression – and harm children's long-term cognitive and physical development.<sup>33</sup> More research is needed to capture how this rights violation impacts children with disabilities.

#### Invest in better data to reflect...

...the number of children with specific types of impairments and their health needs across migration contexts

...the barriers and facilitators to accessing health services, including mental health and psychosocial support, for children with disabilities on the move, especially in humanitarian environments, urban settings and detention and reception facilities

...the intersecting challenges and barriers that children with disabilities encounter in accessing adequate nutrition due to migration or displacement

...the barriers and facilitators to accessing safe WASH facilities for children with disabilities who are on the move

### Focus on food

Children with disabilities endure disproportionately high rates of malnutrition,<sup>34</sup> and malnutrition itself can lead to new impairments.<sup>35</sup> Children who have difficulties with fine motor skills, playing and walking are especially at risk: They are more than twice as likely to be underweight than children with no functional difficulties.<sup>36</sup>

Food insecurity in low-resourced humanitarian settings is likely to further exacerbate these inequities.<sup>37</sup> An estimated 80 per cent of persons displaced by conflict live in countries where hunger and malnutrition are acute – armed conflict, food insecurity and the threat of famine are often closely connected.<sup>38</sup> Similarly, high rates

of malnutrition and diarrhoea are common among migrant and displaced children living in urban slums and informal settlements.<sup>39</sup>

While research on malnutrition among children with disabilities on the move is scarce, compounding challenges raise the risk that they will experience serious food deprivation at some point. In refugee or displacement camps, for instance, children with disabilities are rarely prioritized in food distribution systems.<sup>40</sup> Moreover, children with mobility impairments may lose assistive devices during displacement and have limited access to mobility aids in camp settings, making it even harder to reach the places where food is given out.<sup>41</sup>



### **Focus on WASH**

Children with disabilities have less access to WASH services than children without disabilities and too often miss out on this critical frontline protection against diarrhoeal and respiratory diseases. Discrimination against children with disabilities can create barriers to services such as communal water sources; even when WASH services are nearby, some impairments can impede a child's ability to accessing facilities with privacy, dignity and security.<sup>42</sup>

Refugee and displacement camps often have inadequate WASH facilities and clean water sources, leading to a higher prevalence of diarrhoeal diseases than in host communities.<sup>43</sup> In conflict areas, children are nearly 20 times more likely to die from diarrhoeal diseases than from conflict itself.<sup>44</sup> The physical layout and infrastructure in camps can further limit access to WASH for children with disabilities, as latrines, bathing areas and water points are often far away and/or physically inaccessible.<sup>45</sup> Displaced women and girls are often deprived of adequate access to menstrual hygiene materials and may have to share sanitation facilities with males, multiple households and strangers.<sup>46</sup> As difficulties managing menstruation among girls with disabilities have been linked to absences from social activities, school or work, it is likely that displaced girls with disabilities will face similar disruptions to their lives.<sup>47</sup>

Children on the move with disabilities in urban settings are likely to face similar barriers to accessing WASH services, especially those who settle in urban slums and informal settlements with overcrowded conditions where the WASH infrastructure is limited.<sup>48</sup>

Children with disabilities' inequitable access to safe water for drinking, sanitation and hygiene has become further compounded by the adverse effects of climate change, which are predicted to expose hundreds of millions of people to increased water stress.<sup>49</sup>



## Learning and thriving

All children have the right to inclusive, accessible, highquality pre-primary, primary and secondary education. Children with disabilities not only have the same rights to education as other children but also the right to "effective individualized support measures... provided in environments that maximize academic and social development, consistent with the goal of full inclusion".<sup>50</sup>

#### **Key questions**

- Do children with disabilities on the move have equitable access to the classroom?
- Are they provided with the "effective individualized support" required to uphold their right to full inclusion?
- How do environmental factors/barriers impact their right to go school and receive highquality education?

53% of children of primary school age with difficulties communicating are out of school, compared to 34% of children with walking difficulties, 24% of children with seeing difficulties and 13% of children without functional difficulties<sup>52</sup>

Too often, children on the move and children with disabilities are missing from the classroom; when these identities intersect, children may fall even further behind.<sup>51</sup> It is important to reiterate that children with disabilities are a heterogeneous group with diverse learning needs and experiences: As a result of their environment – whether they are on the move or not – children with functional difficulties in various domains can have widely varying educational outcomes.

Of the 10 million school-age refugee children worldwide, roughly half (48%) are not in school<sup>53</sup>

#### Needs unmet

In the aftermath of crises that drive children from home, such as disasters, school records may be unavailable, lost or destroyed. This can delay enrolment in new schools and also pose challenges for teachers, who depend on assessments to create educational plans for children with learning difficulties.<sup>54</sup>

In resource-poor humanitarian settings, children with disabilities may not have access to inclusive classrooms. Those requiring targeted supports may not be identified, leaving their learning needs largely unaddressed. They may also be undercounted, as seen in many displacement settings.<sup>55</sup>When they are not properly identified by the data, the needs of these children remain invisible to educators, donors, practitioners and policymakers.

#### Not included but isolated

In some cases, children on the move are excluded from mainstream education systems in host communities and rely on NGO-led education centres. But these centres are not always accommodating to every learner as they may be located in inaccessible facilities and lack trained teachers and adequate materials. Personal choices related to financial pressures may play an additional role, with some families choosing to pay school fees for children without disabilities rather than those with disabilities.<sup>56</sup> Stigma and discrimination may also be a factor: In some societies, for instance, misleading negative beliefs about children with disabilities suggest they are unable to learn or less deserving of an education.

In many refugee and displacement camps, limited resources mean education services are mostly NGO-led and relatively basic. Children with disabilities may experience overcrowded classrooms led by teachers untrained to respond to their learning needs. Interpretations of inclusive education may fall short, limited, for instance, to ensuring buildings are physically accessible to students with mobility impairments – an approach that fails to consider the individualized learning needs of different groups of children.<sup>57</sup>

Children with disabilities on the move may also be sent to segregated schools, leading to feelings of isolation and being viewed as different by community members, reinforcing exclusion, stigma and discriminatory attitudes. In other scenarios, children with difficulties communicating who live in camp settings have reportedly been excluded from any type of education.<sup>58</sup> In urban environments, children on the move with disabilities face similar obstacles accessing education as they do when it comes to health services (see p. 10): As persons who have been displaced tend to be more dispersed in urban settings than in camp settings, they are often more vulnerable to stigma, discrimination and xenophobia from host communities.<sup>59</sup> Schools in urban settings may be particularly inaccessible for migrant students with disabilities as they can be located far away and with limited affordable transportation options, as seen in refugee contexts.<sup>60</sup> While urban areas may have inclusive legal environments, gaps between policy and practice are common.<sup>61</sup>

Regardless of education level, children with disabilities are more likely to be out of school than children without disabilities. Out-of-school rates increase during secondary school and are higher among children with multiple disabilities; rates are highest among children with severe disabilities<sup>62</sup>

Only 37% of young refugees are enrolled in secondary school and only 6% attend university<sup>63</sup>

#### Missing out on a quality education

Even in host communities where children on the move with disabilities can access formal education systems, many are not receiving a quality education. A range of barriers may stand in the way: large class sizes, inaccessible facilities, inadequate learning materials, lack of support services and reasonable accommodations, limited funding, untrained teachers, language barriers, stigma and discrimination and financial pressures for families to cover school fees. Considering that migrant or displaced children may additionally be navigating a new culture and language, this lack of inclusive quality education can amount to serious disadvantages at school.<sup>64</sup> Moreover, parents who do not speak the host language can struggle to navigate the school system, communicate with teachers and find a school to meet their child's needs.<sup>65</sup>

Discrepancies in definitions of migration, disability and learning needs render data in this area difficult to compare. For instance, a review of 'Special Education Needs (SEN)' data across several European countries showed huge variation ranging from 1.1 per cent to 20.5 per cent of migrant children officially identified as having SEN - with some countries employing ad hoc or arbitrary identification processes.66 Untrained teachers may be unable to distinguish between students learning a new language and those with learning disabilities, leading to either under- or over-identification of migrant children in need of special education services. The study flagged the added complication that there is no commonly agreed definition in Europe as to which children are included in the term SEN, acknowledging that "children with 'SEN' are a very broad group, which includes many different types of needs".67

Teachers across a range of host communities have also reported feeling ill equipped to support migrant and refugee children impacted by trauma and other mental health issues. While these teachers may be able to refer students to mental health specialists, in practice this can be difficult. For instance, teachers requesting specialized mental health support for asylum-seeking children who experienced trauma cited particularly long wait-times to access these services compared to mental health services for other students.<sup>68</sup>

#### Invest in better data to reflect...

...more accurate estimates of children on the move with disabilities who are in and out of school based on standardized definitions and methodology

...how school experiences and educational outcomes vary by type of disability among children who have migrated or been displaced, disaggregated by age and sex

...how the educational experiences and needs of children with disabilities who have left home are impacted by cultural norms and language barriers

...the effectiveness of strategies, programmes and policies to meet the educational needs of children on the move with disabilities





## Out of harm's way

Living a life free of violence, exploitation and abuse is vital to a child's well-being. These serious rights violations can take many forms, and the impacts on children who experience them often reach well beyond childhood.

#### **Key questions**

- Do children with disabilities on the move face heightened risks of child protection violations? How does risk vary by migration or displacement setting?
- Is there evidence that certain disabilities lead to higher risk?
- How easily can children with disabilities access child protection services after they leave home? What social, environmental and legal barriers may stand in the way?
- Do programmes and policies include and respond to the needs of migrant and displaced children with disabilities?
- When considering these questions, are there differences by gender?

Children with disabilities are twice as likely to be beaten as children without disabilities, with those with difficulties controlling their behaviour most at risk<sup>69</sup> Children on the move, particularly girls, are at heightened risk of genderbased violence. Since the beginning of the COVID-19 pandemic: 73% of refugee and displaced women and girls reported an increase in domestic violence, 51% reported an increase in sexual violence and 32% reported an increase in early and forced marriage across several humanitarian and postconflict settings in Africa<sup>70, 71, 72</sup>

Children with disabilities and children on the move are often intensely vulnerable to a range of protection risks, including violence, exploitation and abuse. Moreover, in many cases, they are excluded from or unable to access child protection services and programmes.

#### **Risk multiplier**

Migration and displacement themselves can amplify the pronounced child protection risks that many children with disabilities face. Changes to their usual support systems – such as loss of assistive devices or medicine, separation from family or death of a parent or caregiver – can expose children with disabilities to a greater risk of exploitation.<sup>73</sup> Women and girls with disabilities who require support from caregivers or family members may face acute risks of gender-based violence,<sup>74</sup> while those who acquire new impairments during displacement may be ostracized by their families and communities, putting them at risk of violence, exploitation and abuse.<sup>75</sup>

Displaced women, girls and boys may be targets for violence in both refugee and displacement camps and urban areas. It is well documented that displaced women and girls face heightened risks of gender-based violence in camp settings, in part due to inequalities that can be increased during displacement, insecure housing structures, breakdowns in social networks and limited access to services. While evidence is limited on children with disabilities in these situations, women with disabilities have reported higher levels of intimate partner violence and/or sexual non-partner violence compared to women without disabilities.<sup>76</sup> More data and evidence are needed to better understand the extent to which children with disabilities.

The breakdown in support and community networks that results from migration or displacement can also play a role, with evidence of children with disabilities experiencing higher levels of violence from strangers after displacement.<sup>77</sup> Protective community networks can be especially challenging to rebuild in urban areas, putting displaced girls with disabilities at risk of violence both inside and outside the home as they may be more dependent on caregivers and have less outside support from community members.<sup>78</sup>

#### Nowhere to turn

Children with disabilities who are on the move may also find it challenging to report crimes committed against them. Newly displaced girls may have limited community support networks and fewer people to trust in host communities. If they are feeling unsafe at home, in public or in school, they may be less likely to seek assistance or report incidents of abuse;<sup>79</sup> those with disabilities may be further limited by inaccessible public transportation systems to reach service providers.<sup>80</sup> Information and programming that is not accessible to girls with various types of impairments may create even higher barriers to protective services.<sup>81</sup>

Stigma and negative attitudes towards persons with disabilities complicate matters further. Children reporting abuse may be discredited, particularly girls with intellectual or mental disabilities.<sup>82</sup> In some cases, due to perceptions about their sexuality, family members and communities do not believe girls with disabilities who claim to be sexually abused.<sup>83</sup> Girls with disabilities who have experienced gender-based violence may also

be excluded from relevant services in humanitarian settings, often due to misperceptions about their ability to participate in programming.<sup>84</sup>

#### **Experiences of exploitation**

Children make up one in three trafficking victims globally and half of all trafficking victims in developing countries. Trafficking of children may take the form of sexual exploitation, forced labour or recruitment by armed forces. Many children travelling alone rely on smugglers – an industry intimately tied to trafficking networks – but the number doing so is unknown. Some traffickers specifically target persons with physical disabilities.<sup>85</sup> Women and girls with disabilities on the move may also face heightened risks of being trafficked due to intersecting forms of discrimination.<sup>86</sup> More evidence is needed to understand the extent to which children with disabilities are impacted by this very serious crime when they are on the move.

Children with disabilities may be more likely to be engaged in child labour than those without disabilities and to be exposed to hazardous working conditions. Data from 31 countries indicate that 16 per cent of children with learning difficulties are exposed to hazardous working conditions compared to 12 per cent of children without any functional difficulties.<sup>87</sup> Similarly, migrant and displaced children – often with scarce resources, limited social networks and community structures, and, in some cases, separated from their families – are also at heightened risk of engaging in child labour.<sup>88</sup> Little is known about the experiences of child labour among children with disabilities who are also on the move, a critical area needing deeper investigation.

#### Invest in better data to reflect...

...the prevalence of specific types of violence, exploitation and abuse among migrant and displaced children with disabilities in camps, urban environments and host communities

...the extent to which children with disabilities are affected by trafficking

...how common and how severe child protection violations are among children on the move with disabilities

# Freedom from stigma and discrimination

The associated impacts of stigma and discrimination have broad ripple effects on a child's well-being. Negative attitudes and behaviours such as xenophobia, harassment, marginalization and ostracization can manifest in many ways in a child's life. These crosscutting encounters may greatly inhibit a child's ability to harness their full potential.

#### **Key questions**

- Do stigma and negative attitudes prevent children with disabilities who are on the move from participating on equal terms in society?
- How does children with disabilities' exposure to stigma and discrimination differ by migration context?
- When children are on the move with disabilities, which key areas of their well-being are impacted by stigma and discrimination?

From accessing housing and health care to feeling comfortable and safe going to school, negative community

perceptions about children with disabilities can create barriers across nearly all areas of their lives. When children with disabilities are also on the move, they may face compounding levels of discrimination due to their migration status, race, ethnicity, gender and/or language ability or other status. When migration and displacement result in breakdowns in community networks, experiences of discrimination may be exacerbated as families try to meet their basic needs. If children on the move and children with disabilities are seen as different, they are likely to see their rights violated across dimensions.

A large proportion of children and young people with disabilities have personally felt discriminated against or harassed because of their disability or for other reasons<sup>89</sup>

Stigma, discrimination and xenophobia are commonly experienced by children on the move<sup>90</sup>

#### Alone and unsupported

All children on the move can experience stigma, discrimination, marginalization and xenophobia. This can be the result of differences in language, culture and race and/or public narratives that migrants and refugees are either "desperate invaders" or "poor victims" of crisis.<sup>91</sup> When migrants or displaced persons are also persons with disabilities, they may experience even greater levels of stigma and discrimination, which can lead to isolation.

A child's exposure to discrimination may range by type of disability: Children on the move with intellectual or psychosocial disabilities may be more likely to experience stigma and discrimination than those with physical disabilities.<sup>92</sup> And in urban environments, caregivers of girls on the move with psychosocial or other disabilities may feel uncomfortable letting them move around alone.<sup>93</sup> When children are isolated, it may be harder for them to access essential services, go to school or report protection issues.

For some children, stigma and discrimination can manifest as harms such as violence, exploitation and abuse: Children with disabilities living in refugee or displacement camps report suffering physical or verbal abuse from others in the community, and mothers of children with disabilities report harassment, stigmatization and ostracization.<sup>94</sup> Children on the move with disabilities may also encounter stigma and discrimination in schools and community centres and, as a result, choose to opt out of learning. In humanitarian contexts, children with disabilities have reported experiencing marginalization by families and communities, low expectations from parents and discrimination and bullying in educational settings.<sup>95</sup> These injustices can have long-term consequences for a child's prospects, with evidence that migrant children who face stigma and discrimination during their early school years experience lasting impacts on their behaviour and academic performance.<sup>96</sup>

#### Invest in better data to reflect...

...the specific attitudinal barriers faced by children with disabilities in different migration contexts

- ...how factors such as migration status, race, ethnicity, gender and/or language intersect to shape attitudes and beliefs about children with disabilities
- ...the short- and long-term impact of stigma and discrimination on the growth and development of children with disabilities who have left home
- ...how discriminatory attitudes and practices may prevent children on the move with disabilities from accessing their rights

### Focus on poverty

The majority of people in the world with disabilities experience poverty, and the proportion of children with disabilities is significantly higher in the poorest households.<sup>97</sup> Parents of children with disabilities are likely to incur extra expenses and take on increased caregiving responsibilities – particularly where community-based support services and adequate social protection measures are not in place – which can impede their ability to earn.<sup>98</sup> On the other hand, poverty can lead to disability due to socio-economic factors such as malnutrition, limited access to prenatal and maternal health care and limited access to health services for children.

Migration and displacement may compound the economic challenges facing children with disabilities

and their families. Conflict and disasters can result in major external shocks for households by disrupting access to basic services, such as food, shelter and health care, and fragmenting social networks, which can be important for finding employment. This can push families into poverty or drive poor families further into poverty.

Children with disabilities, particularly girls, may experience the highest levels, breadth and intensity of multidimensional poverty in post-conflict settings compared to other demographic groups.<sup>99</sup> Climate change-related migration and displacement are also closely linked with poverty and may intensify the economic vulnerabilities of families of children with disabilities.<sup>100</sup>



### Focus on climate change

The climate crisis will continue to lead to major changes in human mobility, including child migration and displacement. In 2021, for instance, disasters – primarily storms and floods – resulted in 23.7 million new internal displacements, including 7.3 million displacements of children.<sup>101</sup>

Emergencies and disasters pose heightened risks to children with disabilities. High poverty rates, inadequate housing and food insecurity among children with disabilities and their families can amplify their exposure to hazards and increase the risk of forced displacement.<sup>102</sup> Guidelines, programmes and disaster risk response strategies are often inaccessible to persons with disabilities, and both persons with disabilities and organizations of persons with disabilities are commonly excluded from the processes that develop disaster preparedness plans and design evacuation systems.<sup>103</sup> For instance, during emergencies, warning signs may not be provided in sign language or through audio messaging and children with disabilities may be unable to move away from danger due to inaccessible evacuation paths, absence of support or social exclusion.<sup>104</sup> Moreover, temporary shelters, schools, evacuation centres and medical facilities may be inaccessible.

Slow onset climate change, such as drought, is expected to limit food supplies, exacerbate malnutrition and reduce household incomes in the poorest regions of the world – places where children with disabilities and their families are disproportionately represented. While migration may be used as an adaptation strategy to climate change, it requires both economic resources and the ability to move – potentially leaving children with disabilities behind in a degraded environment with limited livelihood opportunities and fractured social support networks.<sup>105</sup>

Families on the move due to slow onset climate change often head to urban slums and informal settlements, where they may face adverse living situations and limited access to health services and WASH facilities.<sup>106</sup> These environmental challenges are likely to be even more acute for children with disabilities, who already face barriers to accessing essential services.

Though children with disabilities often experience serious deprivations due to climate change-related movement, their needs have so far been ignored by policy, funding and data considerations.<sup>107</sup>

## Focus on COVID-19

The world's most disadvantaged groups have disproportionately borne the brunt of the COVID-19 pandemic and its mitigation measures. While the specific impacts on children with disabilities on the move are unknown, COVID-19 has likely introduced new vulnerabilities to their lives and aggravated existing inequities.

Persons with disabilities face an increased risk of severe outcomes due to COVID-19 as they are more likely to have comorbidities and underlying health conditions.<sup>108</sup> Meanwhile, migrant and displaced families have contracted the virus at disproportionate rates; many of these populations live in informal settlements, displacement camps and reception centres where social distancing and proper handwashing have not been an option.<sup>109</sup> Persons with disabilities who are on the move may have missed out on lifesaving public health messages due, for instance, to language barriers in host communities and a lack of messages offered in accessible formats.<sup>110</sup>

Measures to control the virus's spread have also led to reduced access to routine health care and rehabilitation, which are essential for many children with disabilities.<sup>111</sup> Disability-specific support such as therapy may not translate into online sessions, or families may not have Internet access – particularly migrant and displaced families living in displacement camps, informal settlements and reception centres.<sup>112</sup> Many children on the move and children with disabilities have likewise been deprived of access to online learning due to a lack of Internet connectivity or of accessible online educational materials.<sup>113</sup> In at least half of countries surveyed by UNICEF, governments failed to adopt measures to facilitate learning for children with disabilities in response to the pandemic.<sup>114</sup> Moreover, as many children with disabilities live in economically vulnerable households, they are likely to feel the economic impacts of the pandemic more harshly – and thus face an increased risk of dropping out or falling further behind in school.<sup>115</sup>

Lockdowns have led to an increase in violence, exploitation and abuse of all kinds, including sexual violence – child protection violations that too many children with disabilities and children on the move already disproportionately face.<sup>116</sup> Children with disabilities, particularly those with developmental disabilities, may also be less resilient to the mental health effects of the pandemic related to increased social isolation, uncertainty and fear of illness.<sup>117</sup> Disruptions to child protection services have also been reported, with the greatest burden falling on the most vulnerable children and families.<sup>118</sup>

The pandemic's impacts on the most disadvantaged children must be noted with urgency – both to protect these children today and to prepare for future emergencies.





Improving data, driving investments, strengthening policy **Protecting the most** marginalized children demands a responsive and sustainable policy environment that leverages good data and evidence. These data must capture the complex realities of children with disabilities who leave home. They must clearly indicate how many children are in this situation, where they are and how they can be supported to thrive.

Breaking the cycle of invisibility related to children with disabilities on the move requires a threepronged approach: identifying where the data fall short, closing the gaps with proper data collection methods and standards, and ensuring decision makers include these children in policies and programming.

## Counted and protected

An effective policy environment hinges on the right evidence. These data must use standardized definitions and methodologies and be regularly collected. But as this brief notes throughout, data on migrant and displaced children with disabilities remain scarce. While there are many gaps in the evidence base, promising practices have been developed to guide efforts to improve these data.

There is much we do not know about children with disabilities who are on the move because of limited statistics, evidence and research.

Without accurate **national and global numbers on migrant and displaced children with disabilities**, the scale and scope of movement among children with disabilities will remain unknown.

High-quality, larger scale, quantitative and qualitative studies that identify and consider the needs of migrant and displaced children with disabilities must be prioritized.

Monitoring and evaluation data reflecting the extent to which programmes and interventions that support migrant and displaced children are disability-inclusive are needed. These data should capture a child's access to services, including both basic health care and rehabilitative and specialized care in camp settings.

To ensure every child receives a quality education, better data on the barriers migrant and displaced children with disabilities may face in accessing school and in progressing through education systems are necessary.

Comprehensive data on a wider range of protection risks faced by children with disabilities who are on the move – such as violence, exploitation and abuse – must be collected to inform legal and policy frameworks. This includes information on birth registration, the first step for every child to access their rights. Quantitative and qualitative **data on children in detention centres**, disaggregated by disability status, must be collected.

**The impact of climate change on children with disabilities** must be urgently prioritized as a research area.

Evidence that reflects the **experiences of children with disabilities who are 'left behind'** is needed to ensure these children's rights are also being upheld, even though they have not left home.

## There are promising tools and practices in place to guide efforts to address these gaps.

- UNICEF and the Washington Group on Disability Statistics have developed the Child Functioning Module, a data collection instrument that can be used in surveys to identify children with disabilities and to disaggregate the Sustainable Development Goals (SDGs) that apply to children. The module has been integrated into many UNICEF-supported Multiple Indicator Cluster Surveys, including some conducted in humanitarian settings.<sup>119</sup>
- The 'twin-track' approach to data collection on children with disabilities includes both mainstream and targeted indicators. It disaggregates mainstream indicators by disability status and captures data about services provided directly to children with disabilities.
  - In humanitarian settings, a key mainstream indicator might be the number of crisisaffected children attending schools, disaggregated by age, gender and disability status, and a key targeted indicator might be the number of mobility devices required for children with physical impairments.<sup>120</sup>

## Good practices in inclusive migration data collection

The Women's Refugee Commission has conducted several studies on displaced women and children with disabilities:<sup>121</sup>

- Partnered with the United Nations High Commissioner for Refugees (UNHCR), local NGOs and local organizations, and/or persons with disabilities to conduct field visits, identify study participants, carry out research and organize workshops
- Research designed to be accessible for all participants: Conducted in local languages with sign language interpretation as needed; home visits ensured individuals with disabilities unable to attend group sessions were included
- Smaller group consultations and participatory activities carried out with children, adolescent girls, youth and adults with disabilities
- Workshops organized to recognize protection concerns for displaced persons with disabilities,

identify strategies to promote accessibility and inclusion, and design action plans to facilitate disability inclusion across a range of sectors

The Nigeria Stability and Reconciliation Programme and Inclusive Friendship conducted a study of women with disabilities, including internally displaced women, in conflict-affected areas of Nigeria:<sup>122</sup>

- Women with disabilities from the communities studied included in research teams
- Prior to data collection, research teams trained to understand disabilities and ensure sensitivity and respect for participants
- Research designed to ensure full accessibility and inclusion of persons with disabilities (e.g., sign language interpreters, consent forms in Braille, necessary accommodations for focus groups and interviews)



More systematic investments in data collection must be matched with policies and programmes that simultaneously consider the full range of needs of children with disabilities on the move.

#### This means:

In every data collection effort, inclusivity should be front and centre. All stages of the process to generate better data about children on the move – from study design to methodological approaches – must be disability-inclusive.<sup>123</sup> At minimum, data must allow for disaggregation by age and migratory and disability status. These data must also be generated at regular intervals to keep pace with rapid shifts in migration patterns. Inclusivity in data also includes the involvement of organizations of persons with disabilities in data collection.

In every community, there should be disability-inclusive services. This includes access to:

- Health care and disability-specific care informed by a clear understanding of different types of impairments and the challenges specific to children on the move with disabilities, such as language and cultural barriers
- Social protection mechanisms to reduce poverty by addressing the deprivations faced by migrant and displaced families and the families of children with disabilities
- Child protection services to allow children to be free from violence, exploitation and abuse, sensitized to the harms children on the move with disabilities are likely to experience
- Mental health and psychosocial support attuned to the complex experiences of children with disabilities who leave home, and specifically for children with intellectual impairments and mental health disorders
- WASH services that ensure facilities are accessible to every child – in households, schools, health centres and other public facilities, and in camp settings, slums and informal settlements

In every school, environments should allow every child to learn. This means staff, administrators, facilities, learning materials and resources sensitized and equipped to meet the needs of children with disabilities who have migrated or been displaced.

In every society, lived experiences should be free from stigma and discrimination. A range of programming, policy and advocacy interventions are needed to shift negative attitudes about children on the move and children with disabilities. Key stakeholders must understand the impact of harmful norms and behaviours and develop skills to address them. Policies and legislation must ensure all children have the same opportunities in society.

The many ways in which the rights of children with disabilities and children on the move are being violated must end. Their stories must be heard, and policymakers must not only listen but also take action.

It is time for governments to be held accountable for their commitments to protect all children – only through quality data can we pinpoint where these promises are being kept and where we are falling short.

By upholding the rights of migrant and displaced children with disabilities, we are paving the way to a brighter and more just world that grants the same opportunities to all children, no matter who or where they are.

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