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Disability Inclusive Child Protection Systems Strengthening Resource

AUGUST 2025

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Contents

Acknowledgements

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Summary of this resource

This resource is a practical guide for improving disability inclusion in child protection systems within the framework of the UNICEF child protection systems strengthening (CPSS) approach. It is intended as a supplement to the 2021 UNICEF paper titled, 'Child Protection Systems Strengthening: Approach, benchmarks, interventions', and will be most useful to actors in the child protection sector, especially at the country level. It is centered around the two key questions asked by child protection actors: *Is our child protection system disability inclusive?* And, if not, *How do we make our child protection system disability inclusive?* There are four sections in this report: an introduction plus sections on the key concepts of disability inclusion, characteristics of disability-inclusive child protection systems, and on disability inclusion in high-impact child-protection interventions. These four sections are followed by annexes.

Section 1. Introduction

1.1 The UNICEF child protection systems strengthening (CPSS) approach

About CPSS

UNICEF envisions a world where **all** children in **all** contexts are free from **all** forms of violence, exploitation, abuse, neglect and harmful practices; and for over a decade, it has prioritized child protection systems strengthening (CPSS) as a key path towards that goal. CPSS involves strengthening the **components and actors** within child protection systems, and the **relationships** between them, to improve the systems' **capacity and effectiveness**. Child protection systems are designed to **serve all children**, and strengthening these systems will increase their ability to reach even the most marginalized and excluded children, leaving no child behind.[1] This makes CPSS a cost-effective and efficient approach, well suited for delivering prevention and response services at scale. CPSS also contributes to the long-term sustainability of child-protection interventions, and to national ownership. In comparison, issue-based child-protection programming can lead to a duplication of efforts and to the fragmentation of child protection systems; it may even drive exclusion in the long term.[2]

The CPSS approach

Drawing on a comprehensive evaluation of its CPSS work,[3] UNICEF defined a clear organizational approach to CPSS in 2021, in its main CPSS-related publication *Child Protection Systems Strengthening: Approach, benchmarks, interventions*.[4] The CPSS approach is based on a programme-impact pathway (*see Annex 1*) in which investments help strengthen the seven essential elements, or 'intermediate outcomes' (*see Figure 1*), of a functioning child-protection system, ultimately leading to the overall outcome of stronger national child-protection systems, with every child protected against violence and exploitation.

The CPSS approach also has a way to assess and measure a child protection system's progress towards these outcomes: It presents a **four-phase maturity model** (*see Figure 2*), in which the phase of maturity is identified based on the system's seven intermediate outcomes, and includes a practical benchmarking guide that describes the characteristics of each intermediate

FIGURE 1. Seven intermediate outcomes of CPSS[1]

1 Legal and policy framework

2 Governance and coordination structures

3 A continuum of services

4 Minimum standards and oversight mechanisms

5 Human, financial and infrastructure resources

6 Mechanisms for child participation and community engagement

7 Data collection and monitoring systems

outcome and its subdomains in the different maturity phases. This enables UNICEF, governments, partners and other stakeholders to identify areas that need more attention, and to plan investments and interventions accordingly. In addition, the approach provides guidance on high-impact interventions for CPSS, indicating which ones will work best in different national contexts.

Inclusion in UNICEF's CPSS approach

The CPSS approach enables UNICEF and its partners to provide more tailored support to national governments and stakeholders for **strengthening inclusive and effective child-protection systems** – based on a core programming strategy under the UNICEF Child Protection

Strategy 2021–2030.[5] An inclusive child-protection system is one that can be accessed by all individuals (e.g., children and parents) and by all groups (e.g., families and communities),[6] with particular attention given to reaching excluded and marginalized groups,[7] including children on the move and children with disabilities.[8] Similarly, the UNICEF Disability Inclusion Policy and Strategy (DIPAS) 2022–2030 prioritizes **disability-inclusive systems strengthening** as a core programming strategy for work by UNICEF on disability inclusion – emphasizing interventions such as increased funding for disability inclusion measures, referral and coordination mechanisms, capacity development of workers, and targeted support to key government ministries.[9] These strategies, along with a rights-based foundation,[10] inform disability inclusion in the CPSS approach.

Box 1. Child protection definitions

Child protection systems include formal and informal structures, functions and capacities assembled to prevent and respond to violence, abuse, neglect and exploitation of children. A child protection system has components (human resources, finance, laws and policies, governance, monitoring and data collection, protection and response services, care management) and different actors (children, families, communities, those working at the sub-national or national level, those working at the international level). Most important are the relationships and interactions between and among these components and actors – it is the outcomes of these interactions that comprise the system. [11]

Child protection services and the architecture established to deliver them are part of the child protection system, but are not the whole system in themselves. The types of services fall under the categories of Primary Prevention (universal services for all children), Secondary Prevention (early intervention for children with specific risk factors), and Tertiary Response (services for children experiencing harm or are at imminent risk, including the prevention of reoccurrence).[12]

The Social Service Workforce (SSW) are the paid and unpaid, governmental and non-governmental professionals and para-professionals who work to ensure the healthy development and well-being of children and families. They focus on preventative, responsive and promotive programmes to reduce inequalities and discrimination; facilitate access to services; and address violence, abuse, exploitation, neglect and family separation. SSW in a child protection system may include volunteers, community-based workers, and professional social workers, as well as staff from the United Nations and non-governmental organizations (NGOs).[13]

1.2 Protection of children with disabilities

About children with disabilities and their protection needs

Children with disabilities have the same rights as their peers without disabilities to protection from violence, exploitation, abuse, neglect and harmful practices; and to preventive support, redress and remedy. They should have the same access to child protection as their peers, within systems that are inclusive and effective. However, children with disabilities often face barriers to realizing these rights – such as services that are inaccessible,

FIGURE 2. Four-phase maturity model of CPSS[2]

PHASE 1
System Building

PHASE 2
System Enhancement

PHASE 3
System Integration

PHASE 4
System Maturity
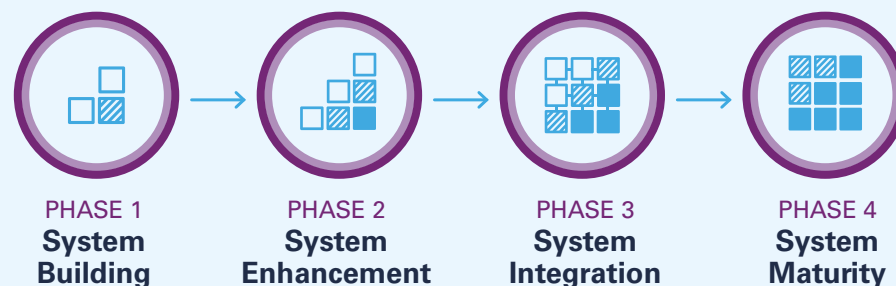
Box 2. Children with disabilities: Definitions and facts

✔ According to the human-rights based approach of the Convention on the Rights of Persons with Disabilities, children with disabilities are those with long-term impairments that interact with various barriers in their environment, preventing their full and equal participation in society.

✔ There are almost 240 million children with disabilities globally, and around 1 in 10 of the world's children is born with or acquires a disability during her/his lifetime.[14]

✔ Intersecting identities such as gender, migration status, caste, religion, ethnicity or sexual orientation further heighten the exclusion of children with disabilities.

Compared with their peers without disabilities, children with disabilities are:[15]

✔ 20 per cent less likely to have expectations of a better life;

✔ 24 per cent less likely to receive early stimulation and responsive care;

✔ 32 per cent more likely to experience severe corporal punishment;

✔ 41 per cent more likely to feel discriminated against;

✔ 49 per cent more likely to have never attended school;

✔ 51 per cent more likely to feel unhappy;

✔ 17 times more likely to be institutionalized than other children;[16]

✔ more likely to be separated from their families and/or abandoned;[17]

✔ more likely to experience neglect, abuse and/or violence in institutions;[18]

✔ more than twice as likely to experience violence, with around one third of all children with disabilities being survivors of violence;[19]

✔ in low-income and middle-income countries, more likely to have a heightened risk of violence;[20] and

✔ in the case of girls, three times as likely to experience sexual violence and twice as likely to experience other forms of gender-based violence (GBV).[21]

limited support for their parents, and restrictive policies. Attitudinal barriers in the form of stigma, discrimination or harmful beliefs about disability often lead to exclusion and negative interactions, which drive the decision-making underlying other barriers.[22] The cumulative effect of these barriers leaves children with disabilities in a precarious position – they are frequently at an increased risk of child protection violations or are disproportionately impacted by child protection concerns, yet they also have less access to child protection systems that are suitably inclusive and effective, thereby intensifying the potential for harm.

Protection needs in humanitarian situations

Children with disabilities face heightened protection risks and intensified impacts in humanitarian situations such as conflicts, public health emergencies and natural disasters, as well as migration and displacement. Pre-existing patterns of discrimination and exclusion are exacerbated, such as barriers to accessing services, exclusion from the community and limited support for families and caregivers. In emergency preparedness and evacuation plans, children with disabilities are frequently overlooked, which during a crisis may lead to separation from their families and usual support systems, again increasing protection risks. Children with disabilities may require more multisectoral responses to ensure that their protection needs are met, particularly during protracted crises.
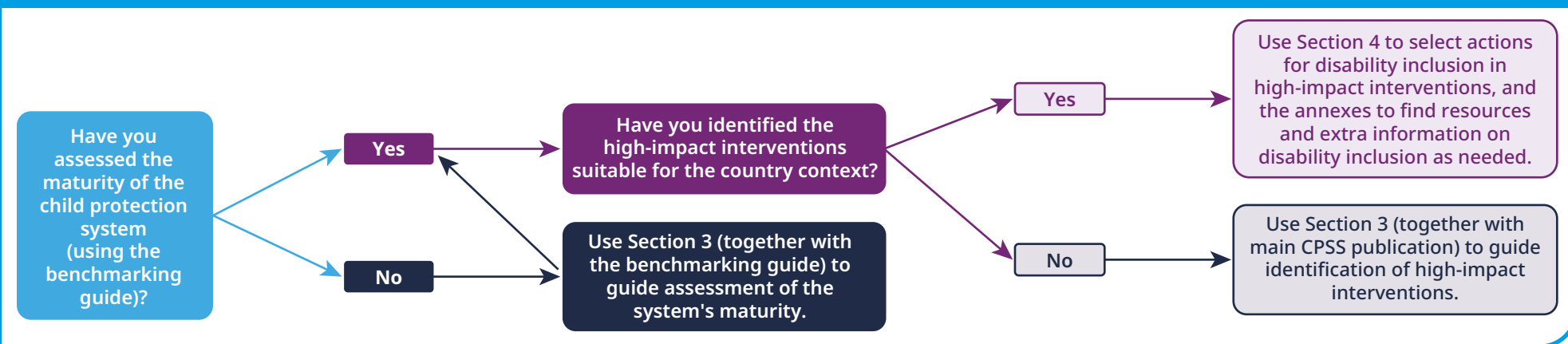
Entry points for disability inclusion in child protection

This is a challenging state of affairs, and demonstrates that targeted actions are needed to address these barriers to the protection of children with disabilities and to uphold their rights. It also reveals a multitude of entry points for improving disability inclusion in child protection systems and for meeting the protection needs of children with disabilities in all contexts. Diverse actors have roles to play in these targeted actions, including UNICEF

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and other United Nations agencies, governments, humanitarian actors, local civil society organizations, communities and families. Moreover, children with disabilities themselves can play roles as peer leaders and agents of change, while also being part of the child protection systems. The ultimate goal is to create strong child protection systems that are inclusive, effective and resilient, and that work for all children.

FIGURE 3. Decision tree for using the disability-inclusion CPSS resource

Have you assessed the maturity of the child protection system (using the benchmarking guide)?

Yes → Have you identified the high-impact interventions suitable for the country context?

No → Use Section 3 (together with the benchmarking guide) to guide assessment of the system's maturity.

Have you identified the high-impact interventions suitable for the country context?

Yes → Use Section 4 to select actions for disability inclusion in high-impact interventions, and the annexes to find resources and extra information on disability inclusion as needed.

No → Use Section 3 (together with main CPSS publication) to guide identification of high-impact interventions.

1.3   How to use this resource

This resource is centered around addressing the **two key questions** that are asked about child protection systems and disability inclusion:

1. **Is our child protection system disability inclusive** – How would we know this? What should we look for?

2. **How do we make our child protection system disability inclusive** – What should be done? Where, when and by whom?

Where it fits in: *Part of the CPSS approach and other child-protection programming*

Disability-inclusive CPSS is part of the overall UNICEF CPSS approach. This resource should thus be considered a supplement to the main CPSS publication, offering additional guidance on a topic that many people are less familiar with. It aligns with other child-protection guidance and frameworks, such as the Core Commitments for Children in Humanitarian Action and the

Minimum Standards for Child Protection in Humanitarian Action,[23] along with the overarching UNICEF strategies for child protection and disability inclusion.[24] Implementing the guidance from this resource will strengthen commitments and reporting regarding disability inclusion and child protection at the global and national levels.

Other UNICEF technical resources that align with this one include the Disability Inclusive Child Protection Competency Framework for the Social Service Workforce, the Disability Toolkit on Addressing Stigma and Discrimination Toward Children and Youth with Disabilities Through Social and Behaviour Change', and the Frontline Workers Training Package on Disability Inclusion.[25] Annex 2 provides the full list of resources.

When to use it: *any context, any stage*

This resource can be used across all stages of CPSS work, and is especially helpful when used from the very start of CPSS work planning because it is more effective and efficient to integrate disability early. It is suitable for child

protection systems in any phase of maturity, and in any country context. It is designed to be easy to use for finding information on specific topics and for referring to sections as needed. It can be used in its entirety all at once or progressively section by section, depending on the user's needs; an example is presented in the form of a decision tree for choosing how to use this resource (*see Figure 3*).

Who should use it: *UNICEF country offices, national governments, civil society child-protection actors and more*

This resource is useful for all who are involved in child protection work – they do not need to be disability-inclusion specialists or even have experience in working with children with disabilities; and they can be at any level of professional experience or in any type of role. Child-protection actors working at the country level, such as the UNICEF country office child-protection specialists and their civil society and government partners, will find this resource especially helpful for supporting CPSS assessments and benchmarking, as will regional and sub-national child-protection actors. The content is also useful to other sectors that interact with child protection work (e.g., social protection and education) or that otherwise seek to engage in disability-inclusion issues relating to child protection (e.g., academia).

What is in it: *Introduction, disability concepts, characteristics, interventions, annexes*

This resource is designed to be easy to navigate, using the navigation header at the top of each page. Users can review sections individually or review the resource as a whole.

✔ **Section 1**: introduction to UNICEF's approach to CPSS and disability inclusion, and to the resource itself;

✔ **Section 2**: the key concepts of disability inclusion most relevant to CPSS;

✔ **Section 3**: characteristics of disability-inclusive child protection systems, with a table arranged by the CPSS intermediate outcomes presenting the characteristics in question format alongside examples of achievement or progress towards them, and an optional quick-assessment function;

✔ **Section 4**: a discussion of disability inclusion in high impact interventions, including a table arranged by the CPSS intermediate outcomes presenting actions for disability inclusion, suggested country contexts, and examples of implementation from countries; and

✔ **The annexes**: State of Play and Programme-Impact Pathways, Resources for Implementing Disability Inclusion, Intermediate Concepts and Knowledge for Disability Inclusive Child Protection, and the Workshops Summary.

Section 2. Key concepts for disability inclusion

Table 1 summarizes key concepts for disability inclusion, focusing on those that appear repeatedly in the following sections on characteristics and interventions. Additional concepts and more in-depth information on disability-inclusive child protection are presented in Annex 3.

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TABLE 1. Key Concepts for disability inclusion

Concept	Definition	Explanation and examples
Accessibility	When persons with disabilities can access everything on an equal basis with others – physical and digital environments, services and systems, facilities and infrastructure, information and communications, and communities	Accessibility requires identifying and **addressing, mitigating or eliminating barriers**. Measures are diverse, and can be low cost or free (e.g., giving someone extra time to complete a task) and easy to implement (e.g., reading content out loud *and* providing a written document). **Planning** for accessibility from the start is cheaper, easier and faster than adding it later; and it helps create programmes and services that are **usable by all people**, including those with disabilities. For instance, a ramp for wheelchair users can also be used by parents with strollers, children on bicycles and by people with carts or wheelbarrows. Accessibility is a **precondition** for everything else in the lives of children with disabilities[a] – they cannot have a seat at the table if they cannot get to the table to begin with.
Awareness raising	Promoting positive perceptions of persons with disabilities and understanding their rights	The aim is to **combat stereotypes**, prejudice and harmful practices towards persons with disabilities, including those related to age and gender, and to advocate for the recognition of the **rights, capabilities and contributions** of persons with disabilities.[b] Approaches include targeted public campaigns, guiding media representation, training initiatives or programmes, and the fostering of attitudes of respect in the education system.
Barriers	Anything preventing the participation, inclusion and access of children with disabilities	Barriers may be visible or hidden. Children with disabilities, their families, community members and decision-makers may not be aware of barriers and the full extent of their impact. These barriers can take several forms: **attitudinal**: stigma, discrimination, stereotypes, bias, harmful assumptions; **communication**: no sign language option, videos without captions, information written down but not spoken; **physical/environmental**: inaccessible built spaces, buildings without ramps, rooms with poor lighting; **systemic/institutional**: discriminatory laws, exclusionary policies, biased systems.

Concept	Definition	Explanation and examples
Disability (children with disabilities)	Children with disabilities are those with long-term impairments that interact with various barriers in their environment, preventing their full and equal participation in society *(Convention on the Rights of Persons with Disabilities).*	**Impairments** are difficulties in body functions or structures that impact a child's **functioning**, such as walking, seeing, communicating, learning and understanding. Common impairment types include sensory, motor/physical, intellectual/cognitive, developmental, neurodiverse and psychosocial. Disability exists in the **interaction** between a child's impairments and functioning, and the barriers that prevent the child's participation. An environment with **more barriers is more disabling**, while an environment with **fewer barriers is less disabling**. This is the 'social model' of disability – it also recognizes that disability is an evolving concept, influenced by society.
Disability inclusion	When children with disabilities have their rights upheld and their perspectives considered, they can fully and meaningfully participate in environments and activities.[c]	In an **inclusive society**, children with disabilities will feel welcomed and involved, be treated with dignity and respect, have their perspectives heard, and have all their rights upheld. Examples of disability inclusion can be found in: **programming,** when children with disabilities are part of the planning, and consulted for their perspectives; **policies,** when measures aim to uphold the rights of children with disabilities; **services,** when barriers are identified and accessibility measures put into place; and in **communities**, when children with disabilities participate fully alongside their peers.
Organizations of persons with disabilities (OPDs) Also known as disabled people's organizations (DPOs), or as representative organizations	These organizations represent and promote the rights of people with disabilities. They are also led, directed and governed by people with disabilities themselves.[d]	OPDs are **diverse** in their activities, scope, resources, goals, capacity and size; and they may be independent or affiliated with larger national or international OPDs. OPDs may be formed based on **location**, **impairment type** and advocacy **cause** (e.g., community-based living), or on a **characteristic** (e.g., gender or age); and membership may be restricted accordingly. OPDs may permit family members to join as support persons. Engaging with OPDs helps ensure the **meaningful participation** of persons with disabilities and connections with **local or specific expertise** (e.g., for children with disabilities in residential institutions). It may be challenging to find OPDs **focused specifically on children with disabilities –** their rights, needs and perspectives. Engagement with groups and organizations of parents/families of children with disabilities may be helpful, as would building the capacity of such organizations in rights-based approaches and best practices for disability inclusion, and providing other support to empower their children as needed (*see Annex 3*).
Participation	When children with disabilities are included in environments and activities, especially when they are meaningfully involved in decision-making	Participation is closely **linked to inclusion**, and can be enabled by addressing barriers and accommodating support needs (e.g., children with disabilities living in the community, attending an inclusive school, playing with others, and having their needs met and voices heard). Participation **looks different for everyone**, so efforts to promote it should not be restricted to standard methods. It should also be meaningful, not just for show. Children with disabilities must have their perspectives **heard and considered equally** with those of others. The participation of children with disabilities in **decision-making, feedback and consultation** processes is important, especially on issues that affect their lives. They are often excluded from such processes, so targeted effort will be required to reach them (e.g., by providing information about a consultation via multiple and accessible formats to OPDs, children's clubs, schools and parent/family groups).

Concept	Definition	Explanation and examples
Stigma and discrimination	Exclusion, prejudice and denial based on harmful attitudes, perceptions and beliefs about disability and persons with disabilities	**Stigma** involves stereotypes, prejudice and unconscious bias; it can be in the form of self-stigma (i.e., internalized attitudes) or public stigma. **Discrimination** comprises behaviour and practices that are based on stigma (e.g., violence, segregation and exclusion). Both stigma and discrimination are rooted in **ableism**, a value system that assumes that children with disabilities have less value, are less able to contribute, or are less worthy of attention.[e] Stigma and discrimination are **attitudinal barriers**, but they also drive the decision-making that creates other barriers – in policies, systems, services, communications and built environments. Stigma and discrimination exist at **every level of society**, whether individual, interpersonal (family), community, organizational or governmental. Addressing them will require integrated, evidence-based, multi-level strategies. It will also require strengthening inclusive services and raising the demand for them.
Twin track approach	Delivering both mainstreamed and targeted actions for disability inclusion	**Track 1** integrates disability inclusion and children with disabilities into **mainstream** interventions and actions. For example, a service's onboarding training for new social workers could have a component on disability inclusion and supporting children with disabilities. **Track 2 targets** interventions and actions directly at disability inclusion or at children with disabilities, to deliver specialized supports or to address an identified gap (e.g., using online sessions to build the capacity of parents of children with disabilities). **Both tracks** support one another, are rights based, and have the ultimate aim of societal inclusion of children with disabilities. The balance between them should be tailored to the needs of each community.[c]

[a] United Nations, Committee on the Rights of Persons with Disabilities, Convention on the Rights of Persons with Disabilities: General Comment No. 2 – Article 9: Accessibility, Committee on the Rights of Persons with Disabilities, Geneva, 2014, <www.ohchr.org/en/documents/general-comments-and-recommendations/general-comment-no-2-article-9-accessibility-0>.

[b] United Nations, Convention on the Rights of Persons with Disabilities, Article 8, General Assembly, New York, 2006, <www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities>.

[c] United Nations, United Nations Disability Inclusion Strategy, Annex 1, United Nations, New York, 2019, <www.un.org/en/content/disabilitystrategy/assets/documentation/UN_Disability_Inclusion_Strategy_english.pdf>.

[d] United Nations, Committee on the Rights of Persons with Disabilities, Convention on the Rights of Persons with Disabilities: General Comment No. 7 on Article 4.3 and 33.3 – The participation of persons with disabilities in the implementation and monitoring of the Convention, Committee on the Rights of Persons with Disabilities, Geneva, 2018, <www.ohchr.org/en/documents/general-comments-and-recommendations/general-comment-no7-article-43-and-333-participation>.

[e] Wason, Armorer, Anita Schrader McMillan and Irena Šumi, *Social and Behavioural Change Interventions to Strengthen Disability-Inclusive Programming: A synthesis of the evidence*, United Nations Children's Fund, New York, 2020. <www.unicef.org/documents/social-and-behavioural-change-interventions-strengthen-disability-inclusive-programming>.

Section 3. Characteristics of disability inclusive child protection systems

Addressing key question 1 on CPSS and disability inclusion:
**Is our child protection system disability inclusive –
How would we know this? What should we look for?**

Table 2 focuses on characteristics of disability-inclusive child protection systems, helping the users identify them. It is arranged according to the seven intermediate outcomes of CPSS, with each outcome divided into subdomains. For each subdomain, there are three corresponding columns: The first presents disability-inclusive characteristics in question format, asking the user, "Does the child protection system have any of these disability-inclusive characteristics?" The second is an optional quick assessment through which users can record their responses to that question. And the third column presents examples of what having these disability inclusive characteristics, or making progress towards acquiring them, might look like in a child protection system.

Quick assessment (optional): The response options for each question on disability-inclusive characteristics ('no'; 'yes, a little'; 'yes, moderately'; and 'yes, a lot or completely') represent a scale ranging from less to more disability inclusivity. For each intermediate outcome, the user can add up the points based on the selected responses to see the general level of disability inclusion for that outcome; the totals for all seven intermediate outcomes are then added up to determine the general level of disability inclusion across the whole child protection system.

After gaining a clear picture of how disability inclusive their child protection system is, users will be able to identify the areas to focus on when developing future interventions (as outlined in section 4 of this resource). This optional

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assessment can also contribute to a general CPSS benchmarking assessment (using the main CPSS approach benchmarking tool), or to a targeted disability inclusion assessment.

Note: Table 2 *does not* provide a complete list of possible characteristics or of the mandatory requirements. Its presentation of multiple characteristics and of a diverse range of examples is simply meant to help all users find something relevant to their context. The table is also *not* a formal reporting or benchmarking tool, so there are no set criteria to fulfill when choosing a response, and no set scores that define levels of disability inclusion. Table 2 fits in with the CPSS benchmarking tool, so can be used alongside that tool or by itself.

TABLE 2. **Characteristics of Disability-Inclusive Child Protection Systems**

Intermediate outcome 1: Legal and policy framework			
SUBDOMAIN	**DOES THE CHILD PROTECTION SYSTEM HAVE ANY OF THESE DISABILITY-INCLUSIVE CHARACTERISTICS?**	**QUICK ASSESSMENT (optional)**	**EXAMPLES** **How having, or making progress towards having, these disability-inclusive characteristics could improve a child protection system**
1.1 Understanding and articulation of national child-protection systems	Does the articulation, description, or definition of the national child-protection system consider disability?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• Articulation of the child protection system recognizes children with disabilities as rights holders alongside other children. • Articulation of the child protection system recognizes that children with disabilities are particularly impacted by, or vulnerable to, child-protection concerns, yet often face barriers when trying to access child-protection systems and services; thus, extra effort is needed to reach them. • Articulation emphasizes the child protection system's obligation to meet the needs of all population groups, including the most marginalized; with children with disabilities and their families identified as some of the most marginalized. • Articulation outlines core values for the child protection system that support disability inclusion – diversity, inclusion, accessibility and equality. • Articulation encompasses the child protection system's relationships with other/allied systems that are particularly relevant for children with disabilities, including systems concerned with health, education, and disability support.
	Does system-strengthening work include efforts aimed at disability inclusion?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• The system strengthening benchmarking assessment involves disability actors, particularly OPDs, as well as disability-focused NGOs and organizations of parents/families of children with disabilities. • Plans for system strengthening include both mainstreamed and targeted disability-inclusion activities ('twin track' approach). • Financial resources allocated to system-strengthening work include a portion set aside for funding accessibility measures.
	Is disability visible in the mapping and assessment of the child protection system?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• The mapping and assessment of current child-protection systems include criteria related to disability inclusion. • An analysis of mapping and assessments reveals both mainstreamed and targeted disability-inclusive interventions and programming. across the system; it may also highlight entry points for improving disability inclusion.
	When the national child protection system drives child protection interventions in multi-sectoral responses, are these disability inclusive?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• National child protection system leaders are prepared for disability inclusion through awareness raising and capacity building. • Partnerships to support disability inclusion are established or strengthened with sectors that are particularly relevant for children with disabilities (e.g., social protection, education). • Child protection interventions are designed from the outset to include children with disabilities.

SUBDOMAIN	DOES THE CHILD PROTECTION SYSTEM HAVE ANY OF THESE DISABILITY-INCLUSIVE CHARACTERISTICS?	QUICK ASSESSMENT (optional)	EXAMPLES How having, or making progress towards having, these disability-inclusive characteristics could improve a child protection system
1.2 Legislation on child protection systems, and on implementation structures and mechanisms	Do the normative framework and legislation for the child protection system integrate disability inclusion?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• Legislation relevant to child protection specifically references children with disabilities and their main protection concerns. • The normative framework and legislation both emphasize a rights-based approach for all children, including children with disabilities, so the latter will have the same right to protection as all other children. • The national normative framework and legislation have standards on disability inclusion that are aligned with international frameworks – for instance, the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and Convention on the Rights of the Child (CRC). The standards for disability inclusion covers all components of the child protection system that children with disabilities will encounter.
	Are the implementation structures and mechanisms disability inclusive?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• The implementation structures and mechanisms follow the standards for disability inclusion, when these are provided in a country's normative framework and legislation. • The implementation structures and mechanisms have standard operating procedures (SOPs) that cover accessibility and disability-inclusion practices.
	Does the review of the child protection system's functioning and related legislation consider disability?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• Criteria developed for the review, evaluation and audit of the national child-protection system's functioning cover disability inclusion. • Regular reviews, evaluations and audits of the child protection system tracks progress in strengthening disability inclusion and the system's ability to meet the needs of children with disabilities. • Recommendations for revisions of legislation (based on reviews) include items related to disability inclusion. • Children with disabilities and their families can participate in the legislation review and revision processes alongside other community members.
		Total out of 7 for intermediate outcome 1 = ___ No ___ Yes, a little ___ Yes, moderately ___ Yes, a lot or completely	

Intermediate outcome 2: Governance and coordination structures

SUBDOMAIN	DOES THE CHILD PROTECTION SYSTEM HAVE ANY OF THESE DISABILITY-INCLUSIVE CHARACTERISTICS?	QUICK ASSESSMENT (optional)	EXAMPLES How having, or making progress towards having, these disability-inclusive characteristics could improve a child protection system
2.1 Lead ministries/ agencies responsible for strengthening child protection	Are the lead ministries/agencies engaged in and sensitized to disability inclusion in child protection?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• The lead ministry/agency in charge of national child-protection systems is either in charge of disability-focused systems or works closely with the lead disability ministry/agency, enabling the sharing of technical knowledge and collaboration. • The lead ministry/agency has a division, team or specialist focused on disability inclusion. • The lead ministry/agency's mandate and authority regarding child protection includes fulfilling protection responsibilities for children with disabilities (rather than segregating or excluding children with disabilities from the child protection system). • The lead ministry/agency's operations and management integrate disability inclusion and accessibility, and are aligned with international and national standards. • Formal communications regarding the lead ministry/agency's mandate and authority on child protection specifically notes that this includes the protection of children with disabilities.
	Does the human and financial resourcing by lead ministries/agencies consider disability inclusion?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• The lead ministry/agency in charge of national child-protection systems allocates financial and human resources to disability inclusion, and these allocations are visible in budgets and human resources data. • The allocation of financial and human resources to disability inclusion is consistent and well-informed, based on available evidence and needs assessments. • The lead ministry/agency uses a 'pooled fund' for ad hoc disability-inclusion measures. • The lead ministry/agency provides disability-inclusion training and capacity building for staff, tailored to their job functions, knowledge and expertise.
	Do the linkages between lead ministries/agencies and other national or sub-national bodies – e.g., memoranda of understanding (MOUs), national strategies – strengthen disability inclusion?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• The lead ministry/agency in charge of national child-protection systems promotes disability inclusion in its linkages with other national and sub-national bodies focused on child protection, through such activities as awareness raising and capacity building. • The lead ministry/agency builds linkages specifically with national and sub-national bodies focused on protection for children with disabilities. • Sub-national bodies share their locally relevant experience in disability-inclusive child protection with the lead ministry/agency. • The lead ministry/agency engages with other ministries/agencies in national strategies or action plans for disability inclusion, including through dedicated MOUs, partnerships and work plans.

SUBDOMAIN	DOES THE CHILD PROTECTION SYSTEM HAVE ANY OF THESE DISABILITY-INCLUSIVE CHARACTERISTICS?	QUICK ASSESSMENT (optional)	EXAMPLES How having, or making progress towards having, these disability-inclusive characteristics could improve a child protection system
2.2 National multi-sector coordination mechanisms	Is disability inclusion in the child protection system considered in the coordination mechanisms?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• When multiple issue-based coordination mechanisms transition into a single cohesive mechanism, the focus on children with disabilities, and on disability inclusion as a whole, is also carried over. • Disability inclusion in the child protection system is explicitly identified as a priority in each coordination mechanism's terms of reference (TOR). • Different ministries and sector actors involved in the protection of children with disabilities are invited to join the coordination mechanisms, such as those concerned with health, education and social protection. • The lead ministry/agency unifies and guides each coordination mechanism on the topic of disability-inclusive child protection.
	Is disability inclusion considered in the functioning and operations of the coordination mechanisms?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• The coordination mechanisms' TORs and SOPs outline measures for disability inclusion in their functioning and operations. • In reviewing the work of each coordination mechanism, the actual implementation of disability-inclusion measures is assessed based on the TOR and SOPs. • Stakeholders with disabilities (e.g., OPDs) participate in the coordination mechanisms through disability-inclusion measures, such as the provision of information in accessible formats.
2.3 Availability of intra- and inter-sectoral coordination mechanisms at the implementation level	Is disability inclusion considered in the intra- and inter-sectoral coordination mechanisms?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• In the intra- and inter-sectoral coordination mechanisms (for planning, programme implementation, monitoring and reviews), the SOPs identify disability inclusion as an area of accountability or as a cross-cutting consideration. • Intra- and inter-sectoral actors involved in the protection of children with disabilities at the implementation level are invited to join the coordination mechanisms (e.g., departments within lead ministries, divisions within agencies, and corresponding units across sectors). • The lead ministry/agency on child protection unifies and guides each coordination mechanism on the topic of disability-inclusive child-protection practices at the implementation level.
	Is disability inclusion considered in the functioning and operations of the intra- and inter-sectoral coordination mechanisms?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• The intra- and inter-sectoral coordination mechanisms' TORs and SOPs outline measures for disability inclusion in the mechanisms' functioning and operations. • In reviews of the mechanisms' work, the actual implementation of disability-inclusion measures is assessed based on the TORs and SOPs. • Disability-related stakeholders can participate in the mechanisms through disability inclusion measures such as the provision of information in accessible formats.
		Total out of 7 for intermediate outcome 2 = __ No __ Yes, a little __ Yes, moderately __ Yes, a lot or completely	

Intermediate outcome 3: A continuum of services

SUBDOMAIN	DOES THE CHILD PROTECTION SYSTEM HAVE ANY OF THESE DISABILITY-INCLUSIVE CHARACTERISTICS?	QUICK ASSESSMENT (optional)	EXAMPLES How having, or making progress towards having, these disability-inclusive characteristics could improve a child protection system
3.1 Modelling, testing and scaling of child protection services	Is disability inclusion part of the child protection services that are being modelled, tested or scaled, and/or are currently available?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• There are both mainstreamed and targeted (twin track approach) disability-inclusive interventions in the child protection services that are being modelled, tested or scaled, and/or are currently available. • Disability-inclusive interventions are in *both* response- and prevention-focused child protection services that are being modelled, tested and scaled. • Disability inclusion measures are piloted as part of the modelling and testing of child protection services. • The scaling up of the child protection services involves expanding disability-inclusion measures.
	Do investments in policy advocacy and capacity building involve disability inclusion?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• When partners are limiting or shifting their investments into policy advocacy and capacity building for child protection systems, disability inclusion retains some level of investment. • The partners making investments in the child protection systems include those that focus on children with disabilities or have disability-inclusion expertise. • Disability inclusion is part of institutional capacity building, as seen in SOPs.
	Do monitoring, audits and evaluations consider disability inclusion?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• Disability-related stakeholders are involved in monitoring, audit, and evaluation processes (e.g., OPDs, children with disabilities and their families who have used child protection services). • Criteria related to disability inclusion inform the monitoring, audit, and evaluation processes. • Feedback – including the results of monitoring, audits, and evaluations – informs the scaling of child protection services.
3.2 Availability of SOPs and/ or protocols for child-protection services, as outlined in statutory provisions	Do the SOPs/protocols integrate disability inclusion? (Also known as 'minimum operating procedures', 'standard procedures' and 'minimum quality standards'.)	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• SOPs for child-protection services integrate disability inclusion, in line with international standards (e.g., CRC, CRPD) and national legislation. • Disability-inclusive SOPs are being developed in partnership with local and national disability- and child-protection actors. • SOPs address key concerns regarding the protection of children with disabilities and disability inclusion in child-protection services (e.g., accessibility of services, complaint mechanisms). • SOPs are available and disseminated in accessible formats • Emergency preparedness plans and SOPs incorporate considerations for children with disabilities and their families (e.g., in evacuation plans, information dissemination, accessible digital service provision).
	Are disability inclusive SOPs/protocols effectively implemented?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• Implementation of disability inclusive SOPs/protocols is institutionalized through different aspects of child-protection services, including formal case-management systems. • Regular reviews and revisions of the SOPs include attention to specific disability-inclusive SOPs and to the mainstreaming of disability inclusion. • Comparing disability-inclusive SOPs to the actual implementation of child protection services is part of the regular reviews and revisions. • Disability-inclusive SOPs are revised to improve implementation, including better adaptation to emerging situations.

SUBDOMAIN	DOES THE CHILD PROTECTION SYSTEM HAVE ANY OF THESE DISABILITY-INCLUSIVE CHARACTERISTICS?	QUICK ASSESSMENT (optional)	EXAMPLES How having, or making progress towards having, these disability-inclusive characteristics could improve a child protection system
3.3 Availability of the child-protection case management and referral system	Is disability inclusion part of the child-protection case management and referral system?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• The standard child-protection case management and referral system integrates disability inclusion into its guiding resources: frameworks, strategic plans, policy documents and SOPs. • The SOPs for standard child-protection case management and referrals have specific requirements regarding disability inclusion. • The case management and referral system's approach to disability inclusion is aligned with international frameworks (e.g., CRPD, CRC), and with national legislation where relevant. • The case information management system enables the collection of data related to children with disabilities. • Training in the case management and referral system addresses disability inclusion and its importance.
	Is disability inclusion a consideration for the referral network and protocols?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• The referral network includes services targeted at children with disabilities and their families (e.g., occupational therapy, assistive technology providers, parent/family support). • There are two-way protocols for referrals between the child protection system and other systems often required by children with disabilities and their families (e.g., social protection). • Formal and informal support is part of the referral network, which may include, for example, OPDs, parent/family organizations, peer support, practical support (e.g., accessible transport) and respite care.
		Total out of 7 for intermediate outcome 3 = __ No __ Yes, a little __ Yes, moderately __ Yes, a lot or completely	

Intermediate outcome 4: Minimum standards and oversight mechanisms

SUBDOMAIN	DOES THE CHILD PROTECTION SYSTEM HAVE ANY OF THESE DISABILITY-INCLUSIVE CHARACTERISTICS?	QUICK ASSESSMENT (optional)	EXAMPLES How having, or making progress towards having, these disability-inclusive characteristics could improve a child protection system
4.1 Availability of independent accountability and oversight mechanisms for child protection	Do the accountability and oversight mechanisms consider disability inclusion?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• When accountability and oversight mechanisms for the child protection system exist, disability inclusion is considered. • Partners with expertise in the protection of children with disabilities, as well as experience in engaging with children with disabilities, are involved in establishing accountability and oversight mechanisms (e.g., OPDs, parent/family organizations, inclusive education professionals). • Children and adolescents with disabilities participate in the development of mechanisms, as appropriate for their ages. • The disability-inclusion aspects of the mechanisms are aligned with international frameworks (e.g., CRC, CRPD), as seen in the TORs. • Knowledge products regarding the mechanisms are available in accessible formats. • Accountability and oversight mechanisms for child protection that are specifically focused on children with disabilities are set up by independent bodies.
4.2 Monitoring and oversight of minimum standards for child protection services	Is disability inclusion part of the minimum standards for child protection services?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• There are minimum standards for all child protection services, with specific standards for the inclusion of children with disabilities and for disability inclusion as a whole. • Minimum standards for child protection services have been developed with the participation of, and inputs from, disability partners such as OPDs and parents' organizations. • The minimum standards are aligned with other relevant national and international standards for disability inclusion and child protection.
	Is the mechanism for the monitoring and oversight of minimum standards disability-inclusive?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• The mechanism for the monitoring and oversight of minimum standards includes criteria broadly related to disability inclusion and aligned with international frameworks. • Personnel are trained to carry out monitoring and oversight of disability inclusion implementation to ensure adherence to minimum standards. • The monitoring and oversight mechanism gauges whether the minimum standards relevant to disability inclusion have been enforced/upheld during implementation. • Reporting based on the monitoring of minimum standards is used to improve disability inclusion in child protection services.
		Total out of 7 for intermediate outcome 4 = ___ No ___ Yes, a little ___ Yes, moderately ___ Yes, a lot or completely	

Intermediate outcome 5: Human, financial and infrastructure resources

SUBDOMAIN	DOES THE CHILD PROTECTION SYSTEM HAVE ANY OF THESE DISABILITY-INCLUSIVE CHARACTERISTICS?	QUICK ASSESSMENT (optional)	EXAMPLES How having, or making progress towards having, these disability-inclusive characteristics could improve a child protection system
5.1 Availability of a qualified social service workforce (SSW) for child protection	Is disability inclusion part of the normative framework for the SSW?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• The normative framework for the SSW has a specific section on disability inclusion, or disability inclusion considerations are integrated throughout. • The normative framework has standards aimed at ensuring equitable opportunities for the development/ support of the SSW for children with disabilities. • The core competences of the SSW include those related to disability inclusion. • Disability inclusion is covered in the discussions surrounding the development of a normative framework for the SSW, as seen in meeting agendas or workshop topics.
	Is training on disability inclusion available to diverse SSWs?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• Training in disability inclusion is available to all SSWs – for personnel with different levels of experience and with different functions and roles, both management and client-facing. • There are minimum requirements for training in disability inclusion for the SSWs delivering targeted services to children with disabilities. • Basic training in disability inclusion is part of the on-boarding process for child-protection SSWs. • SSW licensing and accreditation systems recognize credentials from the disability sector, as well as credentials specifically related to working with children with disabilities. • Hiring processes require the recognition of workers' training in disability inclusion. • SSW training in social and behavioural change (SBC) covers the use of SBC to promote disability inclusion in child protection systems.
	Are SSW members with disabilities considered in the strategies for planning, developing and supporting the SSW?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• There is a dedicated strategy for recruiting SSW staff with disabilities, ranging from trainees to senior staff; the strategy includes developing a talent pool targeted for outreach. • Human resources personnel also receive basic training in disability inclusion, and may also receive more targeted training in applications of disability inclusion to their work. • Job advertisements attract applicants with disabilities by using disability-inclusive language, appearing in accessible formats, and highlighting disability-inclusive practices in the workplace. • The formal supervision system has policies that allow adaptations and reasonable accommodations for SSW members with disabilities. • The human resource information system for social service workers can record information on disability and reasonable accommodations as appropriate and as permitted.

SUBDOMAIN	DOES THE CHILD PROTECTION SYSTEM HAVE ANY OF THESE DISABILITY-INCLUSIVE CHARACTERISTICS?	QUICK ASSESSMENT (optional)	EXAMPLES How having, or making progress towards having, these disability-inclusive characteristics could improve a child protection system
5.2 Financing of child protection services	Is disability inclusion visible in budgets and in the tracking of expenditures?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• Budgets have separate, dedicated lines for disability-targeted items, such as the hiring of accessibility consultants or provision of reasonable accommodations for SSW staff. • Budgets use a labelling or tagging system to identify items related to disability inclusion, and may even use different tags to indicate the degree of focus on disability inclusion. • When dedicated budget lines or tagging are not available, yearly reviews are used to identify expenditures on disability inclusion. • Yearly reviews of budgets are analysed from a disability-inclusion perspective.
	Is disability inclusion a consideration in public finance tools and in the financing of child protection?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• Disability inclusion is mainstreamed into the public finance tools used to determine public financing for child protection systems. • There are public finance tools for improving disability inclusion in the child protection system, with a specific focus on analyses of yearly budgets. • Disability-inclusion considerations are part of costing exercises for financing child protection services. • National and sub-national budgets allocate funding to disability-inclusive child protection services.
		Total out of 7 for intermediate outcome 5 = __ No __ Yes, a little __ Yes, moderately __ Yes, a lot or completely	

Intermediate outcome 6: Mechanisms for child participation and community engagement

SUBDOMAIN	DOES THE CHILD PROTECTION SYSTEM HAVE ANY OF THESE DISABILITY-INCLUSIVE CHARACTERISTICS?	QUICK ASSESSMENT (optional)	EXAMPLES How having, or making progress towards having, these disability-inclusive characteristics could improve a child protection system
6.1 Child-friendly and gender-responsive legal procedures to ensure children's access to justice	Are there child-friendly legal procedures that integrate disability inclusion?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• Legal procedures that enable children to access justice have minimum standards for disability inclusion and accessibility, in line with international frameworks and national legislation. • The development of these legal procedures involved the participation of children with disabilities, OPDs, and other partners with expertise in justice and children with disabilities. • Guidance and training for justice and law enforcement personnel (to become child-friendly specialists) covers disability inclusion and the right of children with disabilities to justice. • There are specific procedures to address the known challenges experienced by children with disabilities when trying to access the justice system – such as inaccessible services and over-representation in detention. • The legal empowerment of children includes initiatives for children with disabilities, including children with communication, learning, cognitive, intellectual and neurodevelopmental disabilities. • Community and informal justice systems have made efforts to promote disability inclusion.
	Are child-friendly courts disability inclusive in their operations?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• Child-friendly courts are disability inclusive in their daily operations, as seen in SOPs that cover issues such as accessibility of the physical environment and of communication materials. • Court personnel are familiar with the SOPs concerning disability inclusion. • The on-boarding process for court personnel includes basic disability-inclusion training. • There are dedicated justice and court personnel who work with children with disabilities in child friendly courts, as is specified in their job descriptions. • Available legal aid is disability inclusive, and there may be legal aid targeted at children with disabilities.
6.2 Independent complaint mechanisms for children	Are there independent complaint mechanisms that are accessible to children with disabilities?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• Independent complaint mechanisms are available through multiple formats and channels, including accessible communication formats. • The complaints mechanisms offer pathways for complaints specifically related to disability, such as inaccessibility and disability-based discrimination. • The complaint mechanisms have SOPs that outline the requirements for achieving disability inclusivity and accessibility, specifying the key actions and responsible parties. • In humanitarian contexts, complaint mechanisms adhere to appropriate humanitarian standards for disability inclusion and accessibility (e.g., Core Commitments for Children in Humanitarian Action).

SUBDOMAIN	DOES THE CHILD PROTECTION SYSTEM HAVE ANY OF THESE DISABILITY-INCLUSIVE CHARACTERISTICS?	QUICK ASSESSMENT (optional)	EXAMPLES How having, or making progress towards having, these disability-inclusive characteristics could improve a child protection system
6.3 Child and adolescent empowerment	Are forums for children to express their views accessible and inclusive for children with disabilities?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• Forums where children express their views (on the child-protection services they received) require disability inclusion in their SOPs and TORs. • There are specific opportunities in the forums for children with disabilities to express their views – whether on disability-specific topics or on unrelated topics. These children should not be limited to expressing views related to their disabilities. • The forums connect with existing community structures, and with relevant organizations such as OPDs, to strengthen the protection of children with disabilities.
	Do the forums have government support for disability inclusion?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• Government support (financing and human resources) is directed towards enabling children with disabilities to access child-protection forums. • Government support is used to improve accessibility and disability inclusion in the forums. • Responses to issues raised by the forums are received from the government in child-friendly, accessible formats.
6.4 Existence of community-based mechanisms for child protection	Is disability inclusion considered in the community-based mechanisms for child protection?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• The community-based mechanisms for child protection implement both mainstreamed and targeted (twin track approach) disability-inclusive activities. • The mechanism incorporates technical knowledge regarding the protection needs of children with disabilities in the local context, whether informally held or formally communicated via resources. • The mechanism specializes in the protection needs of children with disabilities, and receives financial and technical support from the government to strengthen it.
	Are the community-based mechanisms disability inclusive in their operations?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• The community-based mechanisms for child protection operate according to their TORs and SOPs, which set out requirements for disability inclusion. • The disability-inclusion requirements in the mechanisms' TORs and SOPs are aligned with locally relevant frameworks and national legislation. • Accountability structures that monitor the mechanisms adhere to criteria based on disability inclusion.
		Total out of 7 for intermediate outcome 6 = __ No __ Yes, a little __ Yes, moderately __ Yes, a lot or completely	

Intermediate outcome 7: Data collection and monitoring systems

SUBDOMAIN	DOES THE CHILD PROTECTION SYSTEM HAVE ANY OF THESE DISABILITY-INCLUSIVE CHARACTERISTICS?	QUICK ASSESSMENT (optional)	EXAMPLES How having, or making progress towards having, these disability-inclusive characteristics could improve a child protection system
7.1 Administrative data systems that routinely generate quality child protection data	Do administrative data systems generate child protection data related to children with disabilities?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• Administrative data systems collect data that can be disaggregated for and/or are relevant for children with disabilities. • Child protection data are disaggregated by disability status whenever possible, along with age and child-protection factors. • Data aggregated from child-protection case management information systems can be analysed to determine the protection needs, risks and concerns of children with disabilities. • Globally recognized best practices and quality-assurance processes are followed, including the use of the Washington Group/UNICEF Child Functioning Module (CFM) to identify children with disabilities.
	Does analysis of child protection data to inform programming include attention to disability inclusion?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• Guidance on analysing child protection data to inform programmatic planning and monitoring addresses issues related to disability inclusion. • Analysis of the data to inform programming includes reviews of key indicators of disability-inclusive child protection systems. • Analysis of the data to inform programming includes estimations of the extent to which children with disabilities are reached, and the identification of potential gaps in child protection system coverage.
7.2 Surveys	Do surveys related to child protection collect data on children with disabilities?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• The standard child-protection survey formats and tools can collect data related to children with disabilities. • The same definitions of disability are used across data collection efforts for different child-protection topics, allowing comparisons of data. • Globally recognized best practices and quality-assurance processes are followed during data collection, including the use of the CFM to identify children with disabilities.

SUBDOMAIN	DOES THE CHILD PROTECTION SYSTEM HAVE ANY OF THESE DISABILITY-INCLUSIVE CHARACTERISTICS?	QUICK ASSESSMENT (optional)	EXAMPLES How having, or making progress towards having, these disability-inclusive characteristics could improve a child protection system
7.3 Data governance (coordination, oversight and secure management)	Do policies and legislation on data governance include considerations of data related to children with disabilities?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• Legislation on the collection, use and transfer of child-protection data is applied equally to all children's data without discrimination, including data on children with disabilities. • Policies and procedures for data confidentiality address the potentially sensitive nature of child-protection data related to children with disabilities. • Ethical protocols for data specifically consider children with disabilities. • Globally recognized best practices and quality-assurance processes are followed during data collection, including the use of the CFM.
	Do training and guidance for data governance include considerations of data related to children with disabilities?	☐ No ☐ Yes, a little ☐ Yes, moderately ☐ Yes, a lot or completely	• Training and guidance on data collection address specific issues related to children with disabilities, such as the impact of stigma and of different attitudes towards disability. • Existing resources are used for training and guidance on data related to children with disabilities, especially when the CFM is being used.
		Total out of 7 for intermediate outcome 7 = __ No __ Yes, a little __ Yes, moderately __ Yes, a lot or completely	

Overall Totals

SUBDOMAIN	DOES THE CHILD PROTECTION SYSTEM HAVE ANY OF THESE DISABILITY-INCLUSIVE CHARACTERISTICS?	QUICK ASSESSMENT (optional)	EXAMPLES How having, or making progress towards having, these disability-inclusive characteristics could improve a child protection system
		Total out of 41 for all 7 intermediate outcomes = __ No __ Yes, a little __ Yes, moderately __ Yes, a lot or completely	

Section 4. Disability inclusion in high-impact interventions

Addressing key question 2 on CPSS and disability inclusion:
How do we make our child protection system disability inclusive – What should be done? Where, when, and by whom?

Table 3 focuses on actions for disability inclusion that could be part of **priority high-impact interventions** for CPSS. The range of interventions identified are potentially the most impactful for strengthening child protection systems.[26] The table is arranged according to the seven CPSS intermediate outcomes, and for each intervention there are posited **country contexts** (comprising the combined socioeconomic, fiscal and governmental capacity, in addition to the humanitarian or development situation of a country),[27] as they influence the current level of maturity of the child protection system and, therefore, which interventions are likely to be well suited. Real **country examples** are provided for each intervention.

For users wanting to integrate disability-inclusion actions into new or existing high-impact interventions for CPSS, a context-specific assessment and plan is helpful. This can be developed by using the 'quick assessment' feature of Table 2 to identify where the most attention to disability inclusion is needed in the child protection system.

Note: Table 3 does *not* present a complete list of all possible disability-inclusive actions, nor are the actions listed mandatory. The numerous options given are meant to demonstrate a broad range of potential actions, to help all users find something relevant or adaptable to their context. Similarly, the priority high-impact interventions are *not* mandatory; users can select and apply those most relevant to their context.

TABLE 3. Disability inclusive actions in high-impact interventions

Intermediate outcome 1: Legal and policy framework			
PRIORITY HIGH-IMPACT INTERVENTIONS FOR CPSS	**ACTIONS TO MAKE THE INTERVENTIONS DISABILITY INCLUSIVE**	**COUNTRY CONTEXT**	**COUNTRY EXAMPLES**
1a. Advocate for and support child-protection-system mapping and assessments.	• Add criteria on disability inclusion to the mapping and assessment exercises (base criteria on the disability inclusive characteristics outlined in section 3). • Compare mapping and assessment results to disability inclusion standards or benchmarks (e.g., CRPD or national legislation). • Analyse mapping and assessment results to identify any gaps in disability inclusion. • Use mapping in combination with other information gathering, such as surveys, desk reviews, annual reports and other analysis to inform approaches. • Work with local partners to expand reach for mapping and assessments.	Low-income country Lower-middle income country Low national capacity Medium national capacity Development context Humanitarian context	**India, 2024** – UNICEF India's field office in West Bengal supported partner ActionAid in a survey of children across 4 districts, identifying 89 children with disabilities. In consideration of the vulnerabilities of children in tea gardens, 33 tea gardens were surveyed through the partner Indian Tea Association, identifying a further 85 children with disabilities. The survey findings were used to augment the child-protection programme's prevention and response approach; and the families of children with disabilities were prioritized by the implementing partner, which linked them to social-protection schemes under the Duare Sarkar initiative, implemented by the government of West Bengal.
1b. Advocate for and support the development of child-protection policies and legislation.	• Promote and raise awareness of the rights of children with disabilities and of their main protection concerns. • Add specific provisions on disability inclusion, children with disabilities, and their main protection concerns to legislation. • Use regional and international frameworks as guides (e.g., CRPD) for legislation and policies. • Involve children with disabilities in consultations for developing legislation and policies (e.g., disability advocates, children with disabilities supported by their families, OPDs).	Low-income country Lower-middle income country Upper-middle income country High-income country Low national capacity Medium national capacity Development context Humanitarian context	**Romania, 2022** – UNICEF provided technical assistance to the government's deinstitutionalization reform, including the development of legislation prohibiting the institutionalization of children with disabilities under 3 years of age. **Mozambique, 2023** – UNICEF strongly advocated for the inclusion of children with disabilities in national legislation and policies related to children and to persons with disabilities (National Action Plan for Children of 2024–2034 and the Law on Promotion and Protection of the Rights of People with Disabilities of 2024) – even after the initial drafting and during the parliamentary stage, working with NGOs and OPDs to gain a stronger combined voice.

PRIORITY HIGH-IMPACT INTERVENTIONS FOR CPSS	ACTIONS TO MAKE THE INTERVENTIONS DISABILITY INCLUSIVE	COUNTRY CONTEXT	COUNTRY EXAMPLES
1c. Support the development of comprehensive and inclusive CPSS strategies.	• In preparing CPSS strategies, promote and raise awareness of the right of children with disabilities to access child protection systems. • Add specific references to disability inclusion and children with disabilities to the CPSS strategy. • Use the child-protection-system mapping results relevant to disability inclusion to inform CPSS strategies, especially regarding identified gaps.	Lower-middle income country Upper-middle income country High-income country Medium national capacity Development context	**Mauritania, 2023** – UNICEF supported the development of Mauritania's National Community Health Program and of its National Social Protection Strategy, which aims to foster sensitivity towards children with disabilities; UNICEF also supported the development of links to the child protection system. **Malaysia, 2023** – UNICEF collaborated with Social Good Fund on a capacity-building workshop with 125 participants from civil society organizations and United Nations agencies. The objectives were to assist the participants in developing, analysing and refining their frameworks. Outcomes included strategic advocacy frameworks for child protection and disability inclusion, and finetuning the framework for strengthening Malaysia's social service workforce Social Worker System Strengthening framework.
1d. Advocate for balanced investments in, and the adaptation of, child protection systems in response to changing needs.	• Advocate for disability inclusion to be a priority for investments in child protection systems. • Advocate for disability inclusion to be part of planned adaptations of child protection systems. • Map and propose a range of investment options for disability inclusion.	Lower-middle income country Upper-middle income country High-income country Low national capacity Medium national capacity High national capacity Development context	**El Salvador, 2023** – UNICEF advocated for the enactment of national child protection laws, which enabled further investment in and expansion of the child protection system, including improved protection of children's rights in virtual environments, consideration of the rights of children with disabilities, and social-inclusion programs for adolescents in conflict with the law.

Intermediate outcome 2: Governance and coordination structures

PRIORITY HIGH-IMPACT INTERVENTIONS FOR CPSS	ACTIONS TO MAKE THE INTERVENTIONS DISABILITY INCLUSIVE	COUNTRY CONTEXT	COUNTRY EXAMPLES
2a. Support the establishment of a national-level coordination structure/mechanism.	• Recognize and promote the rights and needs of children with disabilities as stipulated in the coordination structure/mechanism mandate. • Advocate for disability inclusion in the SOPs and TORs for the coordination structure/mechanism. • Invite participation from national-level actors relevant to the protection of children with disabilities (e.g., national OPDs, national ministry for disability). • Provide information about the structure/mechanism and its operations, using multiple formats, including accessible formats. • Set up a disability-inclusion focal point in the structure/mechanism who can promote and support disability-inclusion efforts.	Low-income country Lower-middle income country Low national capacity Medium national capacity Development context Humanitarian context	**Slovakia, 2022** – UNICEF supported the efforts of the Ministry of Labour, Social Affairs, and Family (MoLSAF) to establish the Project Advisory Committee, which was made up of disability actors, including line ministries, civil society organizations, and parent organizations. The Committee provided guidance to and consulted with MoLSAF on the ongoing Technical Support Instrument project regarding the deinstitutionalization of children with disabilities. Additionally, UNICEF advocated for the appointment of a dedicated disability-inclusion focal point within MoLSAF to ensure the effective coordination of disability-inclusion efforts and initiatives. **Malaysia, 2023** – UNICEF undertook two nationwide stakeholder mapping analyses: one covering women- and girl-led organizations and networks, the other covering organizations for persons with disabilities. The goal was to strengthen joint advocacy and coordination, and to diversify and expand partnerships to promote the rights and protection of children with disabilities.
2b. Support the establishment of sub-national and local-level coordination mechanisms.	• Prioritize the rights and needs of children with disabilities under the coordination mechanism's mandate, giving consideration to local context. • Follow the example of national-level coordination mechanisms on disability inclusion in TORs and SOPs and/or align the mechanisms with national legislation. • Invite participation from sub-national and local actors relevant to the protection of children with disabilities (e.g., local OPDs, sub-national bodies). • Provide information about the mechanism and its operations, using multiple formats, including accessible formats. • Set up a disability focal point in the structure/mechanism who can promote and support disability-inclusion efforts.	Low-income country Lower-middle income country Upper-middle income country Low national capacity Medium national capacity Development context Humanitarian context	**Kenya, 2023** – UNICEF supported humanitarian child-protection coordination in eight counties, and advocated for the assessment of the longer rainy season to include an analysis of the effects on family separation and children with disabilities. This informed one of the priority actions proposed in the subsequent report, for the first time in Kenya. **Afghanistan, 2023** – Due to the challenging context, no formal coordination or referral systems are currently in place. Consequently, UNICEF and NGO child protection case-management providers informally coordinated their efforts in local areas by using WhatsApp chats and channels, as well as the Child Protection Action Network function, in 34 provinces and 220 districts. Despite the difficult operational environment, these informal networks enabled the continuation of life-saving case management services for vulnerable children, including those with disabilities.

PRIORITY HIGH-IMPACT INTERVENTIONS FOR CPSS	ACTIONS TO MAKE THE INTERVENTIONS DISABILITY INCLUSIVE	COUNTRY CONTEXT	COUNTRY EXAMPLES
2c. Support the strengthening of horizontal and vertical coordination at the national and sub-national levels, including cross-border coordination.	• Use mapping with disability-related criteria (taken from the disability-inclusive characteristics outlined in section 3) to identify national and sub-national actors relevant to the protection of children with disabilities, who could be brought into coordination mechanisms. • Provide technical support, such as guidance or training in disability-inclusive child protection, to build the knowledge and capacity of coordination mechanism decision-makers and members. • In reviewing the effectiveness of coordination structures, assess the structures' disability inclusion, especially compared with the TORs and SOPs. • Bring disability inclusion into the efforts to strengthen horizontal, vertical and cross-border coordination.	Low-income country Lower-middle income country Upper-middle income country Low national capacity Medium national capacity Development context Humanitarian context	**Global coordination, 2022** – UNICEF contributed advocacy and technical assistance to the adoption of the Kigali Declaration on Child Care and Protection Reform, which commits Commonwealth heads of government to upholding every child's right to care and protection, with a specific emphasis on children with disabilities. **Tanzania, 2023** – an internal UNICEF working group on disability was expanded to include government partners, to enable stronger coordination across various actors whose work involves disability inclusion.

Intermediate outcome 3: A continuum of services

PRIORITY HIGH-IMPACT INTERVENTIONS FOR CPSS	ACTIONS TO MAKE THE INTERVENTIONS DISABILITY INCLUSIVE	COUNTRY CONTEXT	COUNTRY EXAMPLES
3a. Fund child protection services.	• Fund universal child-protection services that aim to reach all children, including children with disabilities. • Fund child-protection services that use the twin track approach (i.e., with both targeted *and* mainstreamed disability interventions) to achieve disability inclusion. • Have specific guidance and regulations in place to ensure that interventions on both 'tracks' are of the same quality, and do not follow different standards. • Specifically refer to children with disabilities as programme 'participants' or 'beneficiaries' in funding proposals and planning documents for new child-protection services. • Allocate some of the funding to disability inclusion, such as improvements in physical accessibility at child protection service locations.	Low-income country Low national capacity Humanitarian context	**Lao People's Democratic Republic (Lao PDR), 2023** – UNICEF drew on its knowledge and partnerships to advocate for the addition of a provision for a 'Fund for Protection of the Rights and Interests of Children' to the Law on the Protection of the Rights and Interests of Children. It is a state fund for mobilizing and accumulating funds from various sources to ensure sufficient and sustainable budgets for the child protection system. This fund enabled the pilot of the 'Child Protection System Strengthening Through an Incentive-Based System Approach' project, in Xiengkhouang Province. The project integrates care and support for children with disabilities, including disability cash transfers. In 2023 it benefited 365 boys and 236 girls with disabilities.

PRIORITY HIGH-IMPACT INTERVENTIONS FOR CPSS	ACTIONS TO MAKE THE INTERVENTIONS DISABILITY INCLUSIVE	COUNTRY CONTEXT	COUNTRY EXAMPLES
3b. Support the modelling and testing of child protection services.	• Model and test both targeted and mainstreamed disability interventions (twin track approach) to identify the best fits for the child protection service. • As part of the modelling and testing, pilot different accessibility measures, such as the provision of communications materials in accessible formats. • Provide technical support and guidance on disability inclusive approaches to service coordinators during the modelling and testing. • Include criteria related to disability inclusion (taken from the disability-inclusive characteristics outlined in section 3) when reviewing and assessing the results of the modelling and testing.	Lower-middle income country Upper-middle income country Low national capacity Medium national capacity Development context Humanitarian context	**Greece, 2021** – UNICEF developed guidelines and tools for care facilities on ending institutionalization, with models designed specifically for children with disabilities currently in residential care. **Bhutan, 2021** – UNICEF built on existing national parenting education programmes to launch the Caring for Caregiver training package in three pilot districts, for the first time including social workers and caregivers of children with disabilities. The pilot for children with disabilities involved home-based interventions, including training and capacity building. The home-based approach was adopted due to COVID-19 restrictions; it was also more accessible. UNICEF partnered with a local organization to reach families.
3c. Support the development of SOPs for case management and referral systems.	• Advocate for the integration of disability inclusion into SOPs, ensuring alignment with the relevant national legislation and international frameworks (e.g., CRPD). • Share sample SOPs (e.g., from other national systems) that follow international frameworks, standards and best practices for disability inclusion. • Provide technical guidance on disability-inclusive case management and referrals for child protection, to ensure that their key aspects are included in the SOPs. • Review each section of the SOPs to check if disability inclusion measures are there or are needed (e.g., if the use of accessible formats is mentioned in the section on communications).	Low-income country Lower-middle income country Upper-middle income country Low national capacity Medium national capacity Development context Humanitarian context	**Angola, 2023** – UNICEF supported the national government's efforts to develop SOPs, training manuals and guidelines aimed at strengthening case management and collaboration among key sectors (e.g., education, health, social services, justice and interior) on handling cases of violence against children, including children with disabilities. These efforts are part of the reinforcement of the child protection system, aiming for an overall improvement of service provision, with a focus on ensuring non-discrimination and inclusion.

PRIORITY HIGH-IMPACT INTERVENTIONS FOR CPSS	ACTIONS TO MAKE THE INTERVENTIONS DISABILITY INCLUSIVE	COUNTRY CONTEXT	COUNTRY EXAMPLES
3d. Support the roll-out of case management and referral systems, and the expansion of services.	• Provide information about case management, referrals and services in multiple formats, including accessible formats. • Provide or support training in the implementation of case management and referral systems, with a component on disability inclusion targeted at case management workers. • Advocate for the use of case-information-management system tools that enable the collection of data related to children with disabilities, such as the Primero/CPIMS+ digital platform.[a] • Use mapping with criteria related to disability (based on the characteristics outlined in section 3) to identify gaps in disability-inclusive child protection services, and to identify potential candidates for the referral network. • Connect with services targeted at children with disabilities and their families (e.g., assistive technology providers), or that are frequently used by children with disabilities (e.g., for education support), so they may join the referral network. • Connect with other actors, including lesser-known ones (e.g., smaller local OPDs, informal parents groups, youth clubs), who may support the protection of children with disabilities and become part of the referral network.	Low income country Lower-middle income country Low national capacity Medium national capacity Development context Humanitarian context	**Burkina Faso, 2021** – UNICEF supported the revision of the case-management strategy and tools for child protection services in humanitarian and development contexts, to render them more disability inclusive, amongst other improvements. UNICEF then supported the roll-out of the new strategy and tools, and the initial implementation, which delivered services to 778 children with disabilities (including 329 girls).
3e. Support the strengthening of a range of services (welfare, health, education).	• Identify gaps in disability inclusion along a range of services by reviewing mapping results (with criteria related to disability), SOPs of the services, annual reports, etc. • Assign a focal point to coordinate work with other services on disability inclusion efforts – sharing cross-sectoral knowledge, resources and approaches. • Advocate for interoperability of data and registration systems (e.g., birth registration and health data) to support service provision, including data related to children with disabilities. • Partner with services in other sectors on integrated programming for the support and protection of children with disabilities (e.g., social protection for 'cash care, casework' programming). • Support a range of child-protection services and link to cross-sectoral services across the life course (e.g., early childhood intervention and early education).	Low income country Lower-middle income country Upper-middle income country Low national capacity Medium national capacity Development context Humanitarian context	**Ukraine, 2022** – UNICEF has supported early intervention services for children with disabilities or at risk. With UNICEF support, a national legal framework was amended to introduce early intervention as a national pilot; early intervention teams were established at the local level and trained by UNICEF. Early intervention is now an integral part of the service provision system for children with disabilities. **Poland, 2023–2024** – Spilno Hubs are integrated service centers that offer support tailored to the needs of refugees from the war in Ukraine and to the needs of local children and families, such as support in accessing public services, and mental health and psychosocial support. Many have targeted services for children with disabilities, such as therapeutic sessions, rehabilitation programs and speech therapy.

Intermediate outcome 4: Minimum standards and oversight mechanisms

PRIORITY HIGH-IMPACT INTERVENTIONS FOR CPSS	ACTIONS TO MAKE THE INTERVENTIONS DISABILITY INCLUSIVE	COUNTRY CONTEXT	COUNTRY EXAMPLES
4a. Support the development of policy frameworks for minimum standards and oversight mechanisms.	• Share sample policy frameworks (e.g., from other national systems) with a good standard of disability inclusion. • Use international frameworks (e.g., CRPD) and national legislation relevant to disability-inclusive child protection to guide the development of the policy frameworks. • Review existing minimum standards and oversight mechanisms to identify the current extent of disability inclusion and the gaps to be addressed. • Advocate for individual standards specifically addressing disability inclusion, whether spread throughout different sections (of the minimum standards) or in a section dedicated to disability inclusion.	Low-income country Lower-middle income country Upper-middle income country High-income country Low national capacity Medium national capacity High national capacity Development context Humanitarian context	**Kenya, 2022** – UNICEF partnered with the National Council for Persons with Disabilities, amongst other partners, to promote standards for disability inclusive care reform.
4b. Support the implementation and monitoring of minimum standards, and advocate for the establishment of oversight mechanisms.	• Provide technical support and guidance regarding disability inclusive child protection to build the competence of the social service workers implementing and monitoring minimum standards for disability inclusion. • Provide or support the training of the SSW in the implementation and monitoring of minimum standards, including the standards regarding disability inclusion. • Partner with actors relevant to disability-inclusive child protection (e.g., child-focused OPDs) to jointly advocate for the establishment of oversight mechanisms. • Have a disability-inclusion focal point (or specialist, if available) give targeted support to the social service workers leading the implementation and monitoring of minimum standards.	Low-income country Lower-middle income country Upper-middle income country High income country Low national capacity Medium national capacity High national capacity Development context Humanitarian context	**Chile, 2022** – UNICEF coordinated with national mechanisms on monitoring the situation of children and adolescents in residential care, focusing on those with disabilities. UNICEF also advocated for the safeguarding of these children's rights and for the fulfilment of the protection mandate.
4c. Support the implementation of independent oversight mechanisms.	• Involve actors relevant to disability-inclusive child protection (e.g., OPDs) when reviewing and collecting feedback on the implementation of the oversight mechanism. • Support the participation of children with disabilities in the ongoing implementation of oversight mechanisms (e.g., by using accessible, age-appropriate channels for feedback and communications). • Have a disability-inclusion focal point (or specialist, if available) give targeted support to the social service workers leading the implementation of the oversight mechanism. • Provide or support training for the SSW in the implementation of the oversight mechanism, including the aspects relevant to disability inclusion. • Set up a targeted section of the oversight mechanism for disability inclusion, or for children with disabilities, or for marginalized children more broadly – to gauge whether the child protection system is meeting these children's needs.	Lower-middle income country Upper-middle income country High-income country Low national capacity Medium national capacity High national capacity Development context Humanitarian context	**Europe and Central Asia, 2023** – The UNICEF Regional Office has a partnership with the European Network of Ombudspersons for Children, building the capacity of ombudspersons (as independent oversight mechanisms) through training and tools. UNICEF also engages with the Network at the country level.

Intermediate outcome 5: Human, financial and infrastructure resources

PRIORITY HIGH-IMPACT INTERVENTIONS FOR CPSS	ACTIONS TO MAKE THE INTERVENTIONS DISABILITY INCLUSIVE	COUNTRY CONTEXT	COUNTRY EXAMPLES
5a. Support training workshops for child-protection service providers.	• Map out existing training workshops available for child protection service providers to identify gaps in disability inclusion, as well as potential entry points. • Assess training needs for disability inclusion through consultations with service providers and assessments of the service's workforce. • Add a module or session on disability inclusion to an existing training workshop. • Conduct a training workshop specifically on disability inclusion. • Identify existing materials that can be used for a session or workshop on disability inclusion – e.g., the UNICEF training package on 'Disability Inclusion for Frontline Workers' and the UNICEF SBC Disability Toolkit on addressing stigma and discrimination.[b] • Connect with local actors who can support the development or delivery of locally relevant disability-inclusion training (e.g., OPDs, academic institutions, disability-focused NGOs). • Offer varied trainings on disability inclusion to suit different workforce needs – e.g., basic introduction for all, more advanced for decision-makers.	Low income country Lower-middle income country Upper-middle income country Low national capacity Medium national capacity Development context Humanitarian context	**State of Palestine, 2024** – As part of the routine training for the Prevention of Sexual Exploitation and Abuse (PSEA) Network of Implementing Partners Focal Points, UNICEF State of Palestine held a two-hour capacity-building session on disability inclusion. As a result, all the implementing partners learned about the increased risks of GBV and sexual exploitation and abuse (SEA) faced by girls and women with disabilities; they also learned how to address cases related to GBV and SEA against girls and women with disabilities. Further, the PSEA Network hotline started collecting disability-disaggregated data and offering referrals to disability-specific services, where relevant. **Montenegro, 2023** – Through its partnership with the European Union, UNICEF provided technical guidance to the Institute for Social and Child Protection, delivering accredited trainings to the SSW, from which 430 professionals gained increased skills and knowledge in areas such as the deinstitutionalization of children with disabilities.
5b. Support the development of a social-service work curriculum.	• Advocate for disability inclusion to be part of the MOU or partnership agreement with a university on developing a curriculum for social service workers. • Review the existing curriculum for gaps and entry points on disability inclusion (e.g., if the discussion on child rights includes the rights of children with disabilities). • Refer to the existing training, curriculum and other learning materials on disability inclusion to support the development or revision of a disability-inclusive SSW curriculum. • Involve local disability actors in the review, revision or development of the parts of the curriculum dealing with disability inclusion (e.g., OPDs, disability-focused NGOs, disability inclusion specialists from United Nations partners).	Low income country Lower-middle income country Upper-middle income country Low national capacity Medium national capacity High national capacity Development context	**Cambodia, 2021** – As part of UNICEF Cambodia's support for SSW strengthening, disability inclusion was integrated into the training curriculum, and modules were developed for newly assigned child-protection workers nationwide.

PRIORITY HIGH-IMPACT INTERVENTIONS FOR CPSS	ACTIONS TO MAKE THE INTERVENTIONS DISABILITY INCLUSIVE	COUNTRY CONTEXT	COUNTRY EXAMPLES
5c. Support comprehensive workforce-strengthening initiatives.	• Review workforce policies and guidance, noting gaps and entry points regarding disability inclusion (e.g., trainings in disability, accessibility for social service workers with disabilities). • Refer to international frameworks and standards, and to national legislation, to develop policies and guidance on disability inclusion *within* the workforce and as a focus of capacity building *for* the workforce. • Partner with professional associations of social service and tertiary education providers to promote disability inclusion as a key competency for the SSW. • Integrate targeted disability-inclusion skills into the relevant SSW-strengthening initiatives (e.g., digital accessibility for a digital skills strengthening initiative). • In human resources information-management systems, add the ability to record and disaggregate data on workers with disabilities as appropriate or required (e.g., on reasonable accommodations, to inform strategies and support). • Use or adapt existing guidance (e.g., from UNICEF) on the inclusion of social service workers with disabilities and on accessibility. • Connect with mechanisms and programs that promote disability inclusion *within* the workforce and as a competency *for* the workforce.	Low-income country Lower-middle income country Upper-middle income country High-income country Low national capacity Medium national capacity Development context Humanitarian context	**Sierra Leone, 2023** – UNICEF Sierra Leone engaged with community-based frontline workers to build their capacity to support child protection in their communities, many of which were not reached by professional social workers. This effort enabled the collection and integration of data on children with disabilities and on other marginalized children. **Chile, 2022** – UNICEF supported workforce development, focusing on training professionals involved in the new Child Protection System to ensure that they were qualified to meet the needs of higher-risk children, such as children with disabilities. **Namibia, 2024** – UNICEF Namibia engaged a young woman with disabilities through the United Nations Volunteer programme, to support advocacy for meaningful youth participation, in particular for youth with disabilities and youth from marginalized communities. The programme places skilled volunteers with disabilities: For instance, in 2023, 187 volunteers with disabilities served across the United Nations system, with a significant number assigned to UNICEF.[c]
5d. Support the monitoring of child-protection budgets and the development of budget briefs.	• Monitor spending on disability inclusion by using tags/labels or separate budget lines for disability-related items (e.g., accessibility measures) in child-protection budgets. • Analyse spending on disability-related items to inform the development of budget briefs. • Specifically describe in budget briefs how child-protection budgets will be used (or not) for disability inclusion. • Have disability-inclusion focal points who can work with budget decision-makers, participate in monitoring budgets, and contribute to the development of budget briefs.	Low-income country Lower-middle income country Upper-middle income country High-income country Low national capacity Medium national capacity High national capacity Development context Humanitarian context	**Angola, 2024** – UNICEF Angola launched three new thematic budget briefs, including its first Inclusion and Disability Budget Brief,[d] and its first Child Protection Budget Brief, at a major event attended by the Ministry of Finance, Ministry of Economy and Planning, sector ministries, civil society organizations (including OPDs), United Nations agencies, international financial institutions, embassies and universities. The briefs analysed allocations, trends and the implementation of interventions related to child protection and disability inclusion. The Inclusion and Disability Budget Brief noted that approximately US$33 million had been budgeted for inclusion, representing only 0.12 per cent of the General State Budget and about 0.04 per cent of the gross domestic product. The brief highlighted the urgent need to increase investment in this area.

PRIORITY HIGH-IMPACT INTERVENTIONS FOR CPSS	ACTIONS TO MAKE THE INTERVENTIONS DISABILITY INCLUSIVE	COUNTRY CONTEXT	COUNTRY EXAMPLES
5e. Support the costing and financing of child protection services.	• Use tags/labels or separate budget lines for disability-related items in the budget of child protection services. • Include information related to disability inclusion in the costing of child protection services; for instance, allocations for accessibility measures count as an input in activities-based costing. • Feature the themes of disability inclusion and children with disabilities in advocacy for the financing of child protection services (e.g., cost of inaction analysis, or return on investment). • Raise awareness of disability inclusion as a priority in the financing and costing of child protection services – noting that priority status does not have to mean high cost.	Low income country Lower-middle income country Upper-middle income country High-income country Low national capacity Medium national capacity High national capacity Development context Humanitarian context	**Zambia, 2024** – UNICEF collaborated with the Ministry of Community Development and Social Services to conduct a mapping of the SSW, and to develop an SSW Costing Tool to create costed plans. An economic evaluation of violence against children estimated the economic cost of not strengthening the SSW for Zambia at around 9.12 per cent of the gross domestic product. The evaluation noted that strengthening the SSW would bring cost savings to the government in the health, education and justice sectors; and that it would ensure the protection of more children, thereby helping them reach their full potential.

Intermediate outcome 6: Mechanisms for child participation and community engagement

PRIORITY HIGH-IMPACT INTERVENTIONS FOR CPSS	ACTIONS TO MAKE THE INTERVENTIONS DISABILITY INCLUSIVE	COUNTRY CONTEXT	COUNTRY EXAMPLES
6a. Support and promote community engagement forums/platforms.	• Review SOPs and TORs of existing community engagement forums/platforms, to identify gaps and entry points regarding disability inclusion (e.g., accessibility measures). • Refer to international frameworks and standards, and to national legislation, to develop or revise SOPs and TORs in order to make forums/platforms disability inclusive. • Partner with independent community engagement forums/ platforms (for child protection), to support strengthened disability inclusion (e.g., by promoting accessible communications). • Support existing community-led engagement forums/ platforms for children with disabilities and their families, including informal groups, to become more connected to the child protection system (e.g., through information sharing). • Support having targeted opportunities within the forums for children with disabilities to express their views, including on disability-specific topics.	Low-income country Lower-middle income country Low national capacity Medium national capacity Development context Humanitarian context	**Uganda, 2023** – The UNICEF Country Office has a Youth and Adolescent Reference Group for engagement with its programming. The group has a member with a disability who represents the voices and concerns of children with disabilities, so they may gain attention and inclusion in UNICEF activities. This representation was achieved through recruitment criteria for the group that specifically made disability inclusion a consideration. **Sudan, 2021** – UNICEF supported community dialogues for girls with disabilities, focusing on awareness raising and education regarding GBV and other harmful practices, such as female genital mutilation and child marriage.

PRIORITY HIGH-IMPACT INTERVENTIONS FOR CPSS	ACTIONS TO MAKE THE INTERVENTIONS DISABILITY INCLUSIVE	COUNTRY CONTEXT	COUNTRY EXAMPLES
6b. Advocate for and support the integration of community engagement with child protection systems.	• Determine if children with disabilities and their families participate in existing communities within child protection systems (e.g., by reviewing meeting minutes, SOPs, MOUs). • In advocating for community engagement, raise awareness of the need to reach all community members, including children with disabilities and their families. • In supporting community engagement, bring up disability inclusion from the start of processes (e.g., by requiring that SOPs be issued in multiple formats, including accessible formats). • Support the engagement of community members with children with disabilities and their families (e.g. extended family, neighbours, informal peer support, schools, OPDs).	Low-income country Lower-middle income country Low national capacity Medium national capacity Development context Humanitarian context	**Indonesia, 2023** – UNICEF advocated for the consideration of the perspectives of children with disabilities in the development of technical guidelines for the implementation of the new Ministerial Regulation to address violence in education settings. **Tajikistan, 2021** – UNICEF involved the Coalition of Associations of Parents of Children with Disabilities in the roll-out of a community mobilization campaign for the social inclusion of children with disabilities. The Coalition's network has a good rapport with the local authorities, hence it can support quality events with broad coverage.
6c. Support and promote platforms for children's and adolescents' empowerment through forums.	• Use mapping to identify local platforms/forums/ initiatives for children and adolescents (both with and without disabilities). The platforms/forums/ initiatives could be focused on child-protection issues or more general in scope. • Partner with existing local platforms/forums/initiatives that promote empowerment and strengthened self-efficacy for children and adolescents with disabilities, and that build their capacity to engage with child-protection issues (e.g., by raising awareness of their right to protection and services). • Partner with OPDs to build capacity for disability inclusion in mainstream platforms/forums/initiatives for children and adolescents. • Support existing local platforms/forums for children and adolescents to reach and include members with disabilities (e.g., through communications via channels accessible to children and adolescents with disabilities). • In supporting the development of new platforms/forums, ask children and adolescents with disabilities what they want and need. • When developing platforms, plan from the start for accessibility measures that will enable meaningful engagement (e.g., by securing funding at an early stage to pay for accessible transport, locating sign language interpreters. etc.).	Low-income country Lower-middle income country Upper-middle income country Low national capacity Medium national capacity Development context Humanitarian context	**Thailand, 2023** – UNICEF supported national platforms to promote child and adolescent empowerment and participation in community matters, focusing on national discussions about online safety and disability rights mechanisms. **Angola, 2023–2024** – UNICEF promoted platforms and the participation of children, adolescents and youth with disabilities, especially girls and young women. In 2023, UNICEF facilitated meetings and consultations among the Ministry of Economy and Planning, OPDs, parliamentarians, and youth to discuss the development of a national policy document. In 2024, UNICEF specifically promoted interaction between children and adolescents with disabilities and the Ministry of Finance, including the Minister, so that they could advocate for their rights.

PRIORITY HIGH-IMPACT INTERVENTIONS FOR CPSS	ACTIONS TO MAKE THE INTERVENTIONS DISABILITY INCLUSIVE	COUNTRY CONTEXT	COUNTRY EXAMPLES
6d. Advocate for and support the establishment of complaint mechanisms for children.	• When establishing a complaints mechanism, build disability inclusion into its operations from the start, through SOPs, TORs, job descriptions, and other governance processes. • When reviewing or evaluating an existing complaints mechanism, include criteria relating to disability inclusion (taken from the disability-inclusive characteristics outlined in section 3). • Add pathways and processes for complaints specifically related to disability or disability-based discrimination (e.g., refusal to provide reasonable accommodations). • When establishing or revising a complaints mechanism, get feedback from children with disabilities, their families, and their communities, especially those who have been involved with child-protection systems. • Support the creation of complaints mechanisms, and ensure that the information on them is made available through multiple formats, including accessible ones (e.g., phone calls, text messages, video calls, online chats).	Low-income country Lower-middle income country Upper-middle income country High-income country Low national capacity Medium national capacity High national capacity Development context Humanitarian context	**Lao PDR, 2023** – UNICEF had a phone helpline for COVID-19 response that was left unused, so it changed the helpline into a phone-based mechanism for the community-based programme focused on children with disabilities and their families. The phone line is now managed by a provincial team whose members are familiar with the community.

Intermediate outcome 7: Data collection and monitoring systems

PRIORITY HIGH-IMPACT INTERVENTIONS FOR CPSS	ACTIONS TO MAKE THE INTERVENTIONS DISABILITY INCLUSIVE	COUNTRY CONTEXT	COUNTRY EXAMPLES
7a. Support the strengthening of administrative data systems, including through the development of diagnostic tools and tools to support data collection, analysis and dissemination.	• Advocate for child-protection administrative data systems to collect data related to children with disabilities. The data should be disaggregated by disability, using proven quality methods, preferably the CFM. • In efforts to strengthen administrative data systems, identify entry points for disability inclusion. • When developing data tools, identify opportunities and entry points for disability inclusion from the start (e.g., by suggesting disability as one of the bases for disaggregation).	Low-income country Lower-middle income country Upper-middle income country High-income country Low national capacity Medium national capacity High national capacity Development context Humanitarian context	**Cambodia, 2023** – UNICEF facilitated the national roll-out of a disability identification system, in partnership with Ministry of Social Affairs, Veterans and Youth Rehabilitation. Although originally created for social protection, the system supports the planning and development of interventions across sectors, often benefitting children with disabilities. For example, in 2023, 25,646 children with disabilities were identified through the system.
7b. Promote and support the inclusion of survey modules on child protection in ongoing data collection plans and mechanisms, using standardized definitions that are in line with international standards or national legislation.	• Promote use of survey modules, and apply proven quality methods for collecting data related to children with disabilities (preferably the CFM); also, the accompanying guidance on terminology must be followed. • Look for opportunities to acquire cross-cutting data on children with disabilities and on child protection that are being generated by ongoing data-collection plans and mechanisms (e.g., by combining resources with another ministry collecting similar data). • When working with new and nonstandard modules, check definitions and other text for alignment with international standards and guidance relevant to children with disabilities (e.g., CRPD).	Low-income country Lower-middle income country Upper-middle income country High-income country Low national capacity Medium national capacity High national capacity Development context Humanitarian context	**Uganda, 2023** – UNICEF developed the Child Wellbeing Management Information System, which includes a helpline for GBV and violence against children. It also initiated the disaggregation of data by disability across all ages, in both the development and humanitarian contexts. This was achieved through data-collection tools that integrate disability.

PRIORITY HIGH-IMPACT INTERVENTIONS FOR CPSS	ACTIONS TO MAKE THE INTERVENTIONS DISABILITY INCLUSIVE	COUNTRY CONTEXT	COUNTRY EXAMPLES
7c. Support the strengthening of data governance, including the development and use of detailed and comprehensive data security and management protocols.	• Support and promote data governance aligned with best practices for collecting data related to children with disabilities, such as use of the CFM statistical tool and associated guidance (*see the Annexes*). • Align data security and privacy protocols with international standards and guidance relevant to rights for children with disabilities (e.g. CRPD, CRC). • When reviewing/evaluating existing data governance, look for protocols that specifically address data related to children with disabilities – or, more broadly, to disability inclusion – to identify gaps.	Low-income country Lower-middle income country Upper-middle income country High-income country Low national capacity Medium national capacity High national capacity Development context Humanitarian context	**Timor-Leste, 2024** – UNICEF conducted a workshop at the National Institute of Statistics Timor-Leste on how to collect accurate data on persons with disabilities, specifically focusing on the processes and protocols needed for national censuses and other surveys, and drawing on the CFM. **UNICEF HQ, 2022–2024** – the UNICEF Child Protection in Humanitarian Action Team worked with the Office of the United Nations High Commissioner for Refugees (UNHCR) and the Alliance for Child Protection in Humanitarian Action to develop a Child Protection Case Management Data Categorization Guidance. The purpose was to establish a standardized framework for organizing the information collected in the course of case management; the framework defines data categories and subcategories, and links each data element to consistent unified terminology. Specific data points related to children with disabilities were added, in alignment with the CFM; then the inter-agency standard case-management forms were updated accordingly.
7d. Support capacity building for data collection, management, analysis, dissemination and use.	• Support capacity building for disability-inclusive data by integrating it into the core guidance/training in the collection and use of child-protection data (e.g., as one of many online training modules). • Support capacity building for disability-inclusive child protection data, as part of the general disability-inclusion training. • Support quality data collection via Primero/CPIMS+, with an integrated form based on the CFM. • Partner with other actors for joint capacity building and knowledge sharing on disability-inclusive data (e.g., United Nations agencies, government ministries, national statistics bodies).	Low-income country Lower-middle income country Upper-middle income country High-income country Low national capacity Medium national capacity High national capacity Development context Humanitarian context	**Burundi, 2024** – in Kirundo Province, analysis of regional data on birth registration showed that parents of children with disabilities were not registering their children at birth due to the fear of stigma and discrimination, or of potential harm (especially for children with albinism). Capacity was built at the regional level for providing targeted information to address these concerns and other barriers, resulting in more parents registering their children, including children with disabilities.

[a] Primero is an open-source software platform that helps social service workers manage data and information. Primero modules include CPIMS+ (Child Protection Information Management System), developed for child-protection case workers and social service providers. Primero integrates forms to collect data related to children with disabilities. See: <www.primero.org>.

[b] United Nations Children's Fund, Disability Toolkit: Addressing stigma and discrimination toward children and youth with disabilities through SBC, <www.sbcguidance.org/do/addressing-stigma-and-discrimination-toward-children-and-youth-disabilities-through-sbc>, accessed 1 August 2024.

[c] United Nations Volunteers, 'UNV Annual Report 2023', UNV, Bonn, Germany, 2023, <www.unv.org/Annual-report/Annual-Report-2023>, accessed 1 July 2024.

[d] United Nations Children's Fund, *Análise sobre o Orçamento Geral do Estado 2024: Inclusão e Deficiência no OGE* (*An Analysis of the General State Budget 2024: Inclusion and Disability in the GSB*), Angola Inclusion and Disability Budget Brief, UNICEF, Luanda, 2024, <www.unicef.org/angola/media/4461/file/Defici%C3%AAncia e Inclus%C3%A3o_An%C3%A1liseOr%C3%A7amental_2024.pdf> accessed 1 August 2024.

Annexes

Annex 1. State of play and programme-impact pathways

This annex describes the 'state of play' for a hypothetical child protection system that demonstrates the programme-impact pathways of the child protection systems strengthening (CPSS) approach, and that has reached maturity (phase 4) with a strong level of disability inclusion.

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The national child protection system is well-articulated, and has integrated disability-inclusion considerations throughout its implementation structures and mechanisms; normative frameworks and legislation; and reviews, evaluations, and audits. It has relationships with other systems, including those relevant for children with disabilities, and leads multi-sectoral disability interventions, both targeted and mainstreamed.

The system's national, and intra- and inter-sectoral coordination mechanisms operate according to the terms of reference, which include guidance on disability-inclusive actions. Revisions of the mechanisms' work take place in coordination with stakeholders, including those focused on children with disabilities, and with attention given to disability-inclusion aspects.

The scale-up of prevention and response child-protection services takes place through national programmes, including targeted and mainstreamed disability interventions. The funding for child protection services includes budgeting for disability inclusion measures; and expenditure on disability is tracked accordingly. The social service workforce for child protection is well planned, developed, and supported – with scope for improving disability inclusion through training and capacity development.
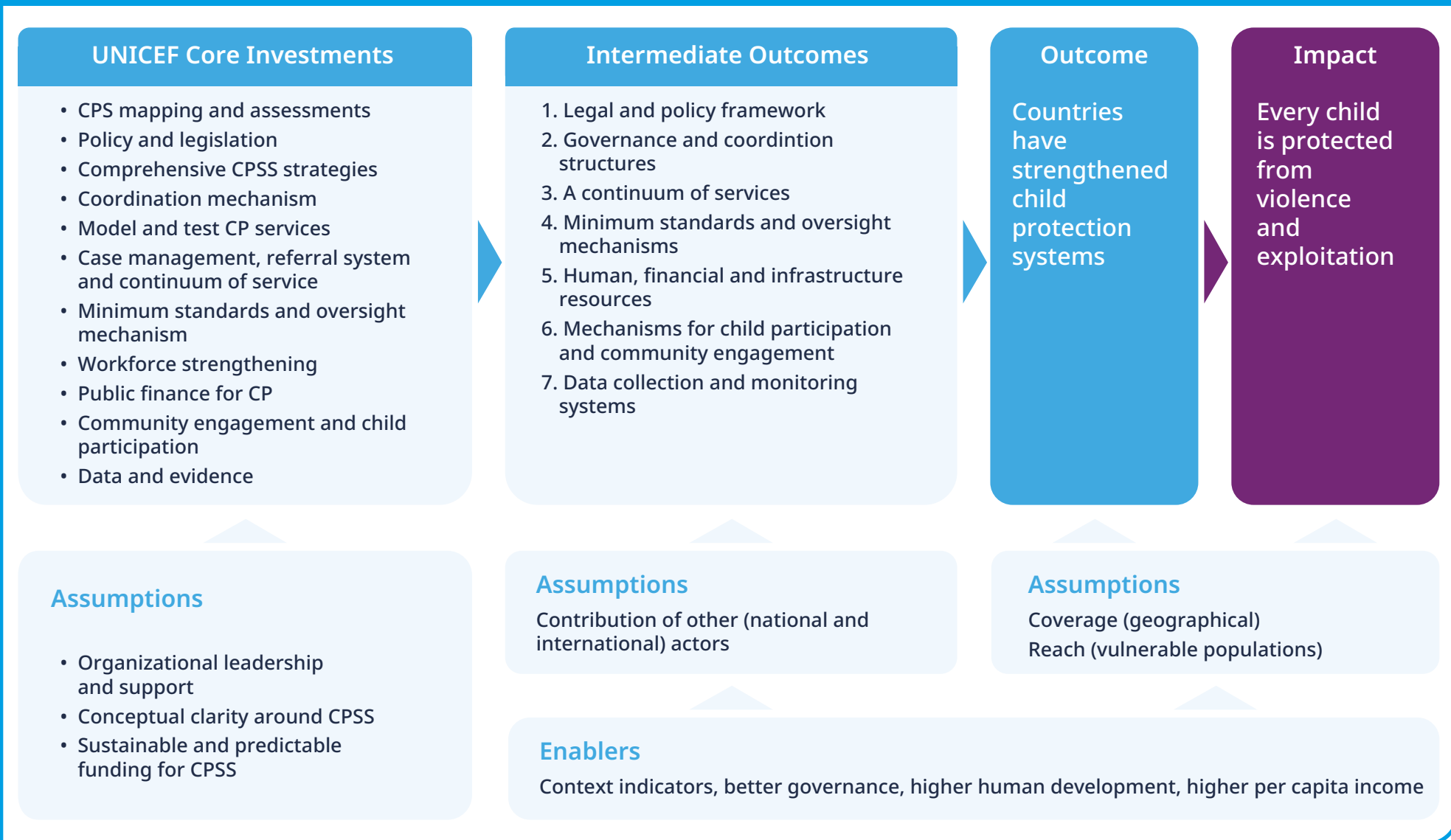
Periodic audits and evaluations of child-protection services include criteria relating to disability, with outcomes influencing service design. Regular monitoring and reporting of child-protection services ensures enforcement of national minimum standards, including those most relevant for children with disabilities.

National human rights institutions and independent oversight mechanisms for child protection are empowered to hold the government accountable regarding child-protection concerns, including those specifically related to children with disabilities. Children are also empowered to hold the child protection system accountable, by participating in forums where they give feedback and make complaints, including those that are disability-related.

The child protection system includes community-based mechanisms, such as organizations of persons with disabilities, as well as other avenues for supporting the participation of children with disabilities. Specialized courts for children in contact with the law have disability-inclusive procedures in line with international standards. Data collection across the system aligns with relevant standards and legislation, including the effective use of the Washington Group/UNICEF Child Functioning Module and data disaggregation by disability.

FIGURE 4. Programme-impact pathways of the CPSS approach [1]

UNICEF Core Investments

- CPS mapping and assessments
- Policy and legislation
- Comprehensive CPSS strategies
- Coordination mechanism
- Model and test CP services
- Case management, referral system and continuum of service
- Minimum standards and oversight mechanism
- Workforce strengthening
- Public finance for CP
- Community engagement and child participation
- Data and evidence

Intermediate Outcomes

1. Legal and policy framework
2. Governance and coordintion structures
3. A continuum of services
4. Minimum standards and oversight mechanisms
5. Human, financial and infrastructure resources
6. Mechanisms for child participation and community engagement
7. Data collection and monitoring systems

Outcome

Countries have strengthened child protection systems

Impact

Every child is protected from violence and exploitation

Assumptions

- Organizational leadership and support
- Conceptual clarity around CPSS
- Sustainable and predictable funding for CPSS

Assumptions

Contribution of other (national and international) actors

Assumptions

Coverage (geographical)

Reach (vulnerable populations)

Enablers

Context indicators, better governance, higher human development, higher per capita income

CP = child protection; CPS = child protection system; CPSS = child protection systems strengthening.

Annex 2. Resources for implementing disability inclusion

TABLE 4. Resources for implementing disability inclusion

UNICEF child protection systems strengthening (CPSS) approach			
TITLE	**AUTHOR, YEAR**	**SUMMARY**	**WEB LINK**
'Child Protection Systems Strengthening: Approaches, benchmarks and interventions[a]	UNICEF, 2021	A technical paper that outlines the approach of the United Nations Children's Fund (UNICEF) to child protection systems strengthening (CPSS), including guidance to help measure the maturity of child protection systems	https://www.unicef.org/documents/child-protection-systems-strengthening
Child Protection Systems Strengthening: Approaches, benchmarks and interventions (Agora course)[a]	UNICEF, 2023	Free online course for learning about UNICEF's CPSS approach, and how to apply it in various contexts	https://agora.unicef.org/course/info.php?id=35991
Measuring the Maturity of Child Protection Systems: A Guide on how to use the CPSS benchmarks[a]	UNICEF, 2022	Complements the CPSS paper, and assists in applying the CPSS benchmarks; includes a template for assessing CPSS benchmarks	https://www.unicef.org/documents/child-protection-systems-strengthening
Social service workforce			
TITLE	**AUTHOR, YEAR**	**SUMMARY**	**WEB LINK**
Disability Inclusive Child Protection Competency Framework for the Social Service Workforce	UNICEF, 2023	Outlines the competencies needed by the social service workforce for child protection to deliver their functions in disability-inclusive ways; includes examples of use	https://www.unicef.org/documents/disability-inclusive-child-protection-competency-framework-social-service-workforce
Frontline Workers Training Package on Disability Inclusion	UNICEF, 2024	Suitable for frontline workers of any type, a package that includes six video modules, facilitator materials, and focus briefs	https://www.unicef.org/disabilities
'Global Social Service Workforce Alliance: Resource database[a]	Multiple	Extensive database of social-service-workforce-related resources	https://www.socialserviceworkforce.org/resources/
Guidelines to Strengthen the Social Service Workforce for Child Protection[a]	UNICEF and Global Social Service Workforce Alliance, 2019	Outlines how to plan, develop and support the social service workforce for child protection	https://www.unicef.org/reports/guidelines-to-strengthen-social-service-workforce-for-child-protection-2019

Accessibility

TITLE	AUTHOR, YEAR	SUMMARY	WEB LINK
Toolkit on Accessibility	UNICEF, 2022	Covers programmes and operations, including checklists, tip sheets, examples and a glossary of terms	https://accessibilitytoolkit.unicef.org/

Alternative Care

TITLE	AUTHOR, YEAR	SUMMARY	WEB LINK
A better future is possible: Promoting family life for children with disabilities in residential care – Manual for professionals	International Social Service, 2016	Guidance on transitioning children with disabilities from residential care into family-based care	https://iss-ssi.org/storage/2023/04/ISS-ManualEnglish.pdf
Toolkit for Disability Inclusion in Care Reform: Changing the way we care	Better Care Network, 2021	Workshop package for building skills in disability awareness, etiquette, participation, self-advocacy and disability identification; aimed at family-strengthening and care-reform practitioners	https://bettercarenetwork.org/toolkit-for-disability-inclusion-in-care-reform

Data, monitoring, reporting

TITLE	AUTHOR, YEAR	SUMMARY	WEB LINK
Washington Group/UNICEF Child Functioning Module	UNICEF and Washington Group on Disability Statistics	Information on the module data tool, including manuals, training and background information	https://data.unicef.org/topic/child-disability/data-collection-tools/module-on-child-functioning/
Washington Group on Disability Statistics	Washington Group on Disability Statistics	Website for the Washington Group on Disability Statistics, with information on their other modules for collecting data related to persons with disabilities	https://www.washingtongroup-disability.com/

Facts and evidence

TITLE	AUTHOR, YEAR	SUMMARY	WEB LINK
UNICEF Fact Sheet: Children with Disabilities	UNICEF, 2022	Summary of the latest global evidence on children with disabilities, covering key programmatic areas	https://www.unicef.org/reports/unicef-fact-sheet
Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities	UNICEF, 2021	Compendium of the latest available data on children with disabilities, covering over 60 indicators of child well-being; includes the first-ever global and regional estimates of children with disabilities	https://data.unicef.org/resources/children-with-disabilities-report-2021/

Gender-based violence

TITLE	AUTHOR, YEAR	SUMMARY	WEB LINK
Gender-Based Violence Against Children and Youth with Disabilities Toolkit: A Toolkit for Child Protection Actors	Women's Refugee Commission, Childfund International, 2016	Toolkit for child protection, GBV prevention and response, and youth engagement; designed for humanitarian and development staff	https://www.womensrefugeecommission.org/research-resources/youth-disabilities-toolkit/
Women and Young Persons with Disabilities: Guidelines for providing rights-based and gender-responsive services to address gender-based violence and sexual and reproductive health and rights	UNFPA and Women Enabled International, 2018	Guidance on providing inclusive and accessible services for GBV and sexual and reproductive health and rights for women and young persons with disabilities (for all settings, including low-, middle- and high-resource settings, as well as humanitarian emergency settings)	https://www.unfpa.org/featured-publication/women-and-young-persons-disabilities

Human rights

TITLE	AUTHOR, YEAR	SUMMARY	WEB LINK
Committee on the Rights of the Child	OHCHR	Website of the Committee on the Rights of the Child, which monitors the implementation of the Convention on the Rights of the Child; includes the text of the treaty, general comments, reports, statements and guidance	https://www.ohchr.org/en/treaty-bodies/crc
Committee on the Rights of Persons with Disabilities	OHCHR	Website of Committee on the Rights of Persons with Disabilities, which monitors the implementation of the Convention on the Rights of Persons with Disabilities; includes text of treaty, General Comments, reports, statements, and guidance	https://www.ohchr.org/en/treaty-bodies/crpd

Humanitarian and emergency contexts

TITLE	AUTHOR, YEAR	SUMMARY	WEB LINK
Assistance to Victims of Landmines and Explosive Remnants of War: Guidance on child-focused victim assistance	UNICEF, 2014	Includes specific attention to children with existing disabilities, and to children who acquire new or additional disabilities due to explosive remnants of war	https://www.unicef.org/documents/assistance-victims-land-mines-and-explosive-remnants-war
Minimum Standards for Child Protection in Humanitarian Action, 2nd ed.[a]	Alliance for Child Protection in Humanitarian Action, 2019	Handbook for humanitarian actors on protecting children effectively; and on improving the quality, accountability, and coordination of child protection programming; with four pillars of standards, each including key actions for disability inclusion	https://alliancecpha.org/en/cpms-child-protection-minimum-standards

TITLE	AUTHOR, YEAR	SUMMARY	WEB LINK
'Core Commitments for Children in Humanitarian Action' (CCCs)[a]	UNICEF, 2020	A guide to principled, timely, quality and child-centred humanitarian response and advocacy (see the Sectoral Commitment on Child Protection and the Cross-sectoral Commitment on Disabilities)	https://www.corecommitments.unicef.org/
Disability-Inclusive Humanitarian Action Toolkit (accompanies *Guidance: Including children with disabilities in humanitarian action*).	UNICEF, 2022	Practical operational tools for implementation, including: tip sheets, short guides, checklists and Agora online course; and covering such topics as accountability, budgeting, work with OPDs and cluster/interagency coordination	https://www.unicef.org/documents/disability-inclusive-humanitarian-action-toolkit Child Protection: https://www.unicef.org/documents/essential-actions-disability-inclusive-humanitarian-action-checklist-child-protection
Guidance: Including children with disabilities in humanitarian action (accompanied by the Disability-Inclusive Humanitarian Action Toolkit)	UNICEF, 2017	Guidance booklets on thematic areas: child protection, WASH, education, health and nutrition; and a general guide for inclusivity in emergencies	https://sites.unicef.org/disability/emergencies/ Child Protection: https://www.unicef.org/disabilities/documents/inclusive-humanitarian-action-child-protection
Guidance on Strengthening Disability Inclusion in Humanitarian Response Plans	UNICEF and partners, 2017– 2020	Detailed guidance for humanitarian situations, with annexes on conducting interviews, tools and resources, data and indicators	https://www.unicef.org/documents/guidance-strengthening-disability-inclusion-humanitarian-response-plans
Guidelines: Inclusion of persons with disabilities in humanitarian action	IASC, 2019	Actions that will enable humanitarian actors to identify and respond to persons with disabilities who are most at risk of being left behind in humanitarian settings	https://interagencystandingcommittee.org/iasc-guidelines-on-inclusion-of-persons-with-disabilities-in-humanitarian-action-2019

Justice system and access to justice

TITLE	AUTHOR, YEAR	SUMMARY	WEB LINK
International Principles and Guidelines on Access to Justice for Persons with Disabilities	OHCHR, 2020	Practical tool that helps national governments design and implement disability-inclusive justice systems; includes references to children	https://www.ohchr.org/en/special-procedures/sr-disability/international-principles-and-guidelines-access-justice-persons-disabilities

Participation and consultation

TITLE	AUTHOR, YEAR	SUMMARY	WEB LINK
International Disability Alliance	International Disability Alliance	Website of the leading international umbrella organization of OPDs, featuring information about member organizations, major events, international disability rights issues	https://www.internationaldisabilityalliance.org/

TITLE	AUTHOR, YEAR	SUMMARY	WEB LINK
Take Us Seriously! Engaging children with disabilities in decisions affecting their lives	UNICEF, 2013	Guidance on creating opportunities for children with disabilities to exercise their right to be heard and taken seriously	https://www.unicef.org/documents/take-us-seriously
'UNDIS Guidelines: Consulting Persons with Disabilities'	United Nations, 2021	Practical guide for United Nations staff on why, when and how to consult with persons with disabilities and with OPDs in the course of United Nations activities; also on how to partner with OPDs	https://www.un.org/en/disabilitystrategy/resources

Safeguarding			
TITLE	AUTHOR, YEAR	SUMMARY	WEB LINK
Disability-Inclusive Child Safeguarding Guidelines	Able Child Africa and Save the Children, 2021	Safeguarding for children with disabilities, including prevention, reporting, response; with tools including accessibility checklist, language, developing policies and processes	https://resourcecentre.savethechildren.net/document/disability-inclusive-child-safeguarding-guidelines/

Stigma and discrimination			
TITLE	AUTHOR, YEAR	SUMMARY	WEB LINK
Disability Toolkit: Addressing stigma and discrimination toward children and youth with disabilities through SBC	UNICEF, 2024	Practical guidance on SBC interventions to address stigma and discrimination against disability, with seven thematic modules and a user guide	https://www.sbcguidance.org/do/addressing-stigma-and-discrimination-toward-children-and-youth-disabilities-through-sbc

Violence against children			
TITLE	AUTHOR, YEAR	SUMMARY	WEB LINK
Caring for Child Survivors of Sexual Abuse Guidelines, Resource package, 2nd ed.	UNICEF and IRC, 2023	Guidance on care for children and families affected by sexual abuse in humanitarian settings, with improved focus on intersectionality that includes children with disabilities.	https://www.unicef.org/reports/caring-child-survivors-sexual-abuse-resource-package

GBV = gender-based violence; IASC = Inter-Agency Standing Committee; IRC = International Rescue Committee; OHCHR = Office of the United Nations High Commissioner for Human Rights; OPDs = organizations of persons with disabilities; SBC = social and behaviour change; UNDIS = United Nations Disability Inclusion Strategy; UNICEF = United Nations Children's Fund; UNFPA = United Nations Population Fund; WASH = water, sanitation and hygiene.

[a] This does not specifically focus on disability inclusion.

Annex 3. Intermediate concepts and knowledge for disability-inclusive child protection

Adapted from the Disability Inclusive Child Protection Competency Framework for the Social Service Workforce

TABLE 5. Intermediate concepts and knowledge for disability inclusive child protection

Additional disability inclusion concepts	
CONCEPT	**EXPLANATION AND EXAMPLES**
Accessible communication formats	• These are methods and types of communication that address barriers for diverse persons with disabilities and enable their participation. **Communication** includes all **languages** (spoken, signed, tactile), text display, large print, Braille, multimedia; written, audio, plain-language, human-reader; **augmentative and alternative communication** (AAC) that adds to/replaces voice, software, digital products. • They address specific barriers, for example: Barrier is **hearing**: video captions, sign language, writing; Barrier is **seeing**: screen reader software, Braille, radio; Barrier is **comprehension**: Easy Read (simple, straightforward language), pictures with text; Barrier is **speaking**: pointing at words/letters on AAC board or device.
Assistive technology (AT)	• AT comprises services and products that enhance the functioning of persons with disabilities and enable their participation. • It includes a **range of products**, from wheelchairs, prostheses, hearing aids and incontinence pads to eyeglasses, white canes and technology-like screen readers. • **Assistive services** are needed to support the use of assistive products, and they can range from rehabilitation to assessment, fitting, training, maintenance and repair services.
Data collection	• Collecting accurate and comparable data on children with disabilities is challenging due to **stigma and discrimination**, and to **inaccessible** approaches. Many children are not counted due to stigmatizing language, diagnosis-based questions or yes/no response options. • Reliable data on children with disabilities makes them **more visible** to decision-makers, and contributes to an **evidence base** that can inform systems, policies and programmes. • To address this challenge, the United Nations Children's Fund (UNICEF) and the Washington Group on Disability Statistics[a] co-developed the **Child Functioning Module** (CFM). It has questions about functioning in different domains (e.g., hearing, vision, learning, emotions), answered on a scale. It is designed for household surveys, to estimate the proportion of children with disabilities in a population; and it can be used with other tools. Extensive **guidance** is available.[b]

Working with children with disabilities

CONCEPT	EXPLANATION AND EXAMPLES
Disability-related language and terminology	• Respectful language and terminology contribute to empowerment, participation, and inclusion. • The language in the Convention on the Rights of Persons with Disabilities (CRPD) is person-first, as in 'children with disabilities', not disability-first, as in 'disabled child'. • Use factual language such as 'he has cerebral palsy', not negative language such as 'she suffers from cerebral palsy', and not unclear or confusing terms, such as 'handicapable' or 'differently abled'. • 'Special needs' is often considered exclusionary, as well as inaccurate. All children have needs, though they may meet those needs in different ways or need support to do so. • Outdated or discriminatory language is particularly prevalent for intellectual disabilities and mental health conditions. Use 'persons with intellectual disabilities' and 'persons with psychosocial disabilities'. • 'Neurodiversity' is often used to describe conditions like autism, attention deficit disorder and dyslexia. • Language preferences may vary across cultures, communities and individuals. For example, some prefer identity-first language. If unsure, ask the child, and respect that child's individual preferences.
Finding and including children with disabilities	• Children with disabilities may not be visible in the community due to barriers that prevent their participation, such as the lack of accessible transport or inaccessibility in existing systems and services. • Some children with disabilities are deliberately isolated due to the family's shame or embarrassment about the disability, or as an attempt at protection against community stigma, discrimination or abuse. • Some children with disabilities may not be identified as such due to varying cultural understandings of what disability is; specific data collection methods may help address this, such as the CFM. • Due to the above factors, some children with disabilities are not registered at birth, which renders them invisible in official records and statistics, and makes their access to services difficult. • To help locate children with disabilities, engage with existing community structures and organizations, including organizations of persons with disabilities (OPDs), and even with current service-using families, as they may be aware of other families of children with disabilities.
Identifying disabilities in children	• Disabilities may be present from birth (congenital), become apparent at any point during childhood, or be the result of an injury or illness. They may be identified in medical or health-care settings (e.g., during prenatal scans, at birth through direct observation, during routine check-ups); in educational settings (e.g., when a teacher notices a child having difficulty with learning to read and write); or by family members at home. • Some children may not have their disability formally identified due to barriers such as stigma and discrimination in the family or community, a lack of services, or low resource settings. This may also cause the child and her/his family to miss out on appropriate services and support, which can exacerbate aspects of the child's disability and further restrict the child's participation in society. Such children may come to the attention of child-protection services, in which case the child should receive disability-specific services alongside protection services.

Protection of children with disabilities	
CONCEPT	**EXPLANATION AND EXAMPLES**
Common barriers to protection for children with disabilities, and their impacts	• **Attitudinal barriers** (e.g., stigma, ableism, stereotyping) prevent or delay the reporting of concerns, deprioritize the child's needs, cause disclosures by child to be viewed as 'unreliable'; contribute to an unconscious bias on the part of practitioners and the community; and can be internalized by child, preventing the child from exercising her/his rights. • **Communication barriers** prevent engagement with services and workers, and may prevent practitioners from receiving and understanding information at any level (promotive, preventive, response). • **Environmental barriers** prevent access to in-person services; they also prevent access to community infrastructure and services that could otherwise contribute to the protection system. • **Policy/system barriers** may permit harmful approaches that would not be accepted for children without disabilities, and do not allow for accessibility and reasonable accommodations. This is particularly the case for children with psychosocial disabilities, intellectual disabilities, or neurodiversity issues such as autism. • Policies can also be a significant barrier if they do not allow for adaptations and accommodations to meet the needs of children with disabilities (e.g., a policy that does not permit an adult to accompany a child to an interview or does not allow the reasonable accommodation of a sign language interpreter).
Disability-specific child protection concerns	• Abuse or neglect can occur in the form of the deliberate denial or removal of assistive devices, support for daily living, reasonable accommodations, or medications and other treatments. • Children with disabilities face higher rates of unnecessary family separation, due to the lack of community-based support and services, discriminatory social norms, and/or lack of information for families. • Residential institutions, where children with disabilities are overrepresented, are known to carry high risks of physical and emotional neglect, abuse and violence – with lasting impacts. • Highly isolated children with disabilities are less likely to have any abuse, violence or neglect noticed, identified or addressed; and they are less likely to receive appropriate prevention or early intervention services. • Children with disabilities may be targeted for labour or sexual exploitation due to the belief that they are easier to control, will not report abusers, are unable to seek help, or will not be impacted by exploitative activities. • Children with disabilities, especially highly visible ones, may be targeted for child begging schemes, as they are perceived to elicit pity and thus receive more money. • Children with disabilities who have high support needs are more vulnerable to neglect, especially when the family or caregivers do not have sufficient support or resources to meet the child's needs. • Children with disabilities are often denied accessible and inclusive information about sexual and reproductive health, relationships and sexuality, placing them at higher risk of sexual abuse, violence and exploitation; and girls with disabilities, in particular, may experience forced sterilization or abortion.
Identifying protection concerns	• Barriers may prevent prompt identification of protection concerns for some children with disabilities. • Practitioners should consider what accessibility measures and reasonable accommodations may be used to address the barriers, such as the use of a support person or accessible communication formats. • Practitioners may need to spend more time with the child, perform extended or repeated assessments, apply multiple methods, or seek assistance from specialist colleagues.

CONCEPT	EXPLANATION AND EXAMPLES
Impact of disability on child protection concerns	• Children with disabilities often face higher levels of violence, abuse, exploitation and neglect, due to barriers such as societal stigma and discrimination; isolation; inaccessible protection services; and the lack of appropriate support to help them identify, communicate, or take self-defensive actions. • Research shows that, compared with children without disabilities, children with disabilities are more likely to experience violence; face higher amounts of all forms of violence (physical, emotional, sexual and neglect); experience more bullying from peers; and are more likely to be mistreated by adults. • Children with disabilities may have unique vulnerabilities and risk factors, and can face protection concerns specifically related to their disability, functional needs or accessibility requirements.
Safeguarding	• Safeguarding aims to ensure that an organization, its staff and its policies are safe for children. Ensuring that children with disabilities are considered in an organization's safeguarding policies and practices creates an environment that includes, values and protects children with disabilities. • Key actions to ensure that children with disabilities are considered include: providing accessible options for reporting, providing information about policies in accessible formats, identifying disability-specific risks, integrating safeguarding into disability-related training for practitioners, and engaging with OPDs when developing policies.
Parents, caregivers, and families of children with disabilities	
CONCEPT	EXPLANATION AND EXAMPLES
Parents/families of children with disability organizations or groups	• Some parents or family members of children with disabilities may belong to groups or organizations, which vary in formality, structure, purpose, membership and size. The typical purposes of these groups and organizations are: • **Parent support** – They draw on first-hand experience to offer peer-to-peer counseling, help parents navigate child- and social-protection systems and to access services, and support the parents' engagement in the community. • **Participation and advocacy** – They represent the interests of their children with disabilities, often collecting qualitative data to inform their advocacy, and can be a powerful voice in policy discussions. • **Campaigning** – They raise public awareness and foster a positive understanding of children with disabilities, and challenge harmful norms and practices. • These groups have valuable life experiences and insights. Partnering with them is effective for the family-based approaches required in child protection, and is a way to centre the needs of children with disabilities. They also provide appropriate support and capacity building in technical areas, rights-based approaches, and best practices for disability inclusion – to strengthen the groups' capacity for advocacy and engagement, including the promotion of participation by children with disabilities themselves.

CONCEPT	EXPLANATION AND EXAMPLES
Common challenges and barriers for parents and caregivers of children with disabilities	• When barriers prevent children with disabilities from participating in their community, they remain at home with their parent or caregiver, who then is unable to engage in employment or further education outside the home. This can exacerbate and entrench poverty and overall social exclusion for the family. • Due to gendered social norms, the adult at home is often the mother or another female caregiver, which can exacerbate gender inequality and drive intra-household inequality. • Some children with disabilities may require assistive technology and devices, medication, therapies, or other supports. These may be so costly that parents are unable to afford them, especially if they do not have access to social protection, health insurance or other assistive schemes; or such items and support may not be available at all, especially in low-resource or humanitarian contexts. • Parents may not recognize or be informed that their child has a disability, due to their limited access to health care and screening and/or to information about the disability; or they may be informed that their child has a disability, but are not given any resources or support to assist them in caring for their child. • Without appropriate caregiving support, parents may experience isolation, burnout, and poor mental health and psychosocial well-being. • Some parents of children with disabilities may also have a disability themselves, which may compound marginalization. Ensuring inclusion and accessibility for these parents is essential, and they may also need to be connected to appropriate support services for themselves.
Common protection concerns relating to parents and caregivers of children with disabilities	• Particularly in communities where negative beliefs about disability dominate, parents may carry the same negative beliefs about their own child, which can lead to their child being isolated from the community or possibly exposed to abuse, neglect or violence. • Parents of children with disabilities who have complex or high-support needs may feel overwhelmed and unable to adequately care for their child, especially if there are barriers preventing them from accessing support (e.g., if they are unable to afford a specialist service, or the service is not accessible for their child). In some cases, this may heighten the risks of abuse, neglect or violence. • Parents of children with disabilities may believe or be told that their child would be better cared for in an institution, due to the barriers and challenges they are facing at home or in the community. This is particularly prevalent in settings where resources have been directed to 'specialist' institutions for children with disabilities, instead of to community-based support for families.
Common protection concerns relating to other children in the family	• In families where parents are facing barriers and challenges in caring for their child with disabilities, other children in the family will have experiences such as: • becoming parentified, i.e., taking on the age-inappropriate responsibilities of a parent or caregiver, including primary care of other siblings or household management; • receiving less attention and support from parents, possibly to the extent of emotional neglect; • receiving less of the household's resources, possibly to the extent of neglect; • looking outside the home for attention, support and resources, thereby exposing themselves to potential exploitation; and • having their own protection needs go unnoticed.

[a] The Washington Group on Disability Statistics is a group of international experts (including staff from national statistical agencies, United Nations agencies, NGOs and OPDs, as well as researchers) working to address statistical challenges to collecting quality data on disability. See: <https://www.washingtongroup-disability.com/>.

[b] United Nations Children's Fund, 'Module on Child Functioning: Questionnaires', UNICEF, New York, 2022, <https://data.unicef.org/resources/module-child-functioning>, accessed 1 July 2024.

[c] Centre for Excellence in Universal Design, 'The 7 Principles', n.p., n.d, <https://universaldesign.ie/about-universal-design/the-7-principles>, accessed 1 July 2024.

[d] United Nations Children's Fund, *UNICEF Disability Inclusion Policy and Strategy (DIPAS) 2022–2030*, UNICEF, New York, 2022, <www.unicef.org/unicef-disability-inclusion-policy-and-strategy-dipas-2022-2030>. See Part 6. A. 'Programmatic approaches', 4. 'Innovation'; and B. 'A whole organization approach', 1. 'Accessibility and reasonable accommodation' and 4. 'Supply'.

Annex 4. Workshops Summary

Workshop dates: 6 February, 14 February, 20 February, 22 February and 27 February 2024.

Internal UNICEF workshops were held to support the development of the Disability Inclusive Child Protection System Strengthening resource. As the resource is intended to be used at the country-office level, it is important to get feedback and inputs from the people with that experience and expertise. The call for nominations of participants was sent out to child-protection regional advisers and to the disability-inclusion regional network. A short questionnaire gave information on the participants and their professional backgrounds, to ensure a range of perspectives and experiences relating to child protection, disability inclusion, children with disabilities, and child protection systems strengthening (CPSS). A draft of the resource was sent in advance, and a general agenda was available for each workshop, though it did not have to be followed strictly.

Final participants list

Facilitator: Lucy Marie Richardson.

Supporting facilitator in Workshop 2: Timothy Williams

Allet Sibanda, Zimbabwe; Aune Victor, Namibia; Bilal Sougou, Burkina Faso; Dora Giusti, China; Emmanuel Nyarko-Tetteh, Ghana; Esther Ruiz, UNICEF WCARO (UNICEF, West and Central Africa Regional Office); Houqi Zhang, China; Irene Ayot, Uganda; Juliet Muzondo, Mozambique; Khamsay Iemsouthi, Lao People's Democratic Republic; Maria Chiara Zeri, Angola ; Monisha Priyaa Balasuframaniam, Malaysia; Neha Naidu, Sierra Leone; Nicolas Sauvage, Madagascar; Oleksandra Churkina, Poland; Sami Hashemi, Afghanistan; Susan Momanyi, Kenya; Teresa Fedao, Angola; Tinatini Tsertsvadze, Slovakia; Victoria Mgonela, Tanzania; and Vivekkumar Singh, UNICEF ROSA (UNICEF Regional Office South Asia) .

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Quotes from participants

"You know this issue of rights-based access to services. It's not a reality for most of the children with disabilities, and because of the lack of that, then they are further exposed to child protection risks."

Allet, Zimbabwe

"[Bringing together parents of children with disabilities and without disabilities] has a lot of impact on people, not in numbers, but in terms of the impact on parents."

Nicolas, Madagascar

"Inclusion, I think for a long time it's something we talk about without thinking a bit of what does it exactly mean for it to be meaningful to the different beneficiaries we work with and also within recognizing the challenges [of limited human and financial resources]."

Irene, Uganda

"But it's also if you focus too much on the cross-sectoral, then it diverts the whole focus, it becomes everyone's business and no one ends up doing anything about it."

Tina, Slovakia

"[The] Ministry should have disability focal points because you really do need, like, one person at least, who dedicates their time and their thinking also to this issue."

Tina, Slovakia

"We are not there yet, but at least we are making some progress."

Victoria, Tanzania

"... Parents said that because of these weekly calls, basically they did not give up and they didn't give up on their children because it really supported them ..."

[online/phone mental health and psychosocial support for parents of children with disabilities during the Ukraine conflict]
Oleksandra, Poland

"I know you have the different categories [of social service workers], but sometimes paraprofessionals or volunteers, that's the only people we have. So there is no later link with somebody that is professional ... nobody is going to arrive except those people from the community that works as volunteers."

Esther, WCARO

Summary of key points

Rights and challenges of children with disabilities (CWDs)

✔ CWDs are less likely to have their rights upheld due to barriers, so we need **dedicated effort** to protect these children.

✔ CWDs can be **left out of both** initiatives for children and initiatives for persons with disabilities.

✔ There are compounding, reinforcing and intersecting **marginalizations/identities** (e.g., migration, gender).

✔ Sometimes **organizations of persons with disabilities (OPDs) do not represent or include CWDs** (only adults with disabilities), so the concerns and priorities of CWDs are not heard.

• In the experience of some country offices (COs) – for instance, in Slovakia – parent organizations are better partners for UNICEF programming, and for centreing the rights and interests of CWDs.

• In consulting with OPDs and CWDs, one needs to think of the underrepresented.

✔ There may be differences among cultures and countries, but there should be **one approach** to working with CWDs (i.e., **rights-based**).

How to work on disability-inclusive CPSS

✔ The **'how'** of disability inclusion in CPSS is more important than the theory.

✔ There is a gap between **policy and reality** (e.g., the Uganda CO requesting disability in programme documents, but often people rush or forget).

• There are reminders, make it easy to remind people, also make it easy to do.

✔ One needs to be planning with CWDs (and addressing barriers) in mind from the **very start**.

✔ There is a role for **data and research** in systems strengthening.

✔ **Feedback channels** and accountability mechanisms are needed.

✔ Child protection and disability services should be in the **same government ministry**, even if they apply to different sectors; this will provide an opportunity for UNICEF to advocate and connect with the same government contacts.

✔ Put disability-inclusive CPSS on the agenda in **existing forums and mechanisms** for child protection, disability inclusion and national systems (e.g., the European Union's rights network annual meeting).

✔ Disability inclusion should be systemic, not a '**one off**' effort or a role solely for individual '**champions'.**

✔ UNICEF COs can integrate disability inclusion throughout the Country Programme Document.

Financial and human resources

✔ **The lack of financial and human resources** restricts the advancement of disability inclusion in child protection (CP) systems and in CP system-strengthening efforts, especially when they are viewed as an 'extra'.

✔ **Operationalizing policies and strategies** is challenging in the real world of limited resources, few services, inaccessibility, stigma and discrimination.

✔ Disability inclusion is challenging in the context of **limited human and financial resources.**

✔ Disability inclusion work is **possible in any income context.**

✔ Skills and resources for CP **social services workforce (SSW) training and capacity building** for disability inclusion are needed to support a stronger CP system.

• Integrate disability inclusion training into **existing** SSW training, as this will help streamline resources.

System strengthening / maturity phase

✔ Disability inclusion should be seen as **part of CPSS work** and not separate

✔ Make clear that disability inclusion can take place at **any maturity phase**

✔ Can build disability inclusion **into** the CP system **while** it is being developed / strengthened

Exclusion and inaccessibility

Exclusion and inaccessibility both impact CWDs and their ability to access CP systems; this, in turn, impacts the CP systems, themselves.

✔ How **stigma and discrimination** against CWDs can impact every aspect of their daily lives:

• for example, no birth registration, and thus no access to education or health services;

• increased risk of CP violations and subsequent need for CP systems and services; and

• more exclusionary decision-making and policies.

✔ **Compounding and intersecting** forms of stigma and discrimination for CWDs with other marginalized identities can become a 'double challenge' or more in some contexts:

• seen with **migrants and refugees** with disabilities; combining culture, language, religion, ethnicity, nationality and displacement with disability.

✔ **In spite of assumptions** about disability-inclusive CP systems, high income does not equal disability inclusion.

✔ **Humanitarian settings** can impact disability and how CP systems can operate – e.g., malnutrition combined with a lack of health care causing or exacerbating impairments (WCARO).

✔ **Early identification** of disability makes a difference, along with the provision of **information and interventions** to support the child and parents, address stigma and lack of understanding, and support inclusion and community access

✔ The lack of **legal identities/birth registrations** of CWDs for whatever reason (displacement, weak systems, stigma) will hinder the ability to access CP systems.

✔ **An inaccessible environment and infrastructure** will have a negative impact. For example, Namibia's inaccessible street crossings compromise a child's general safety and protection, and will hinder the child's access to CP systems.

✔ **The lack of access to assistive technology** and related support services will impact CWD access to the community and to basic social services.

Endnotes

The **country examples** in section 4 are sourced from country office annual reporting during 2021–2023, internal UNICEF newsletters distributed by the Child Protection Programme team and the Disability Inclusion team for Child Protection and Disability Inclusion 2022–2024, on the workshops held to develop this resource, and on direct submissions from colleagues during the review of this resource.

1   United Nations Children's Fund, *Child Protection Systems Strengthening: Approach, benchmarks, interventions*, UNICEF, New York, 2021, pp16-17 <www.unicef.org/documents/child-protection-systems-strengthening>; and United Nations Children's Fund, 'Child Protection Systems Strengthening: Advocacy Brief' (internal document), UNICEF, New York, 2022, pp1-2.

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7   For example, marginalized groups could include children who are: from national, ethnic, religious or linguistic minorities; of diverse sexual orientations, gender identities/expressions and sex characteristics (SOGIESC); deprived of liberty; without parental care; in street situations; and who are on the move in the context of migration.

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<www.unicef.org/emergencies/core-commitments-children>; Alliance for Child Protection in Humanitarian Action, *Minimum Standards for Child Protection in Humanitarian Action*, 2nd ed., ACPHA, New York, April 2020, <https://alliancecpha.org/en/CPMS_home>.

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