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Review Article

# From ratification to realization: A child-specific assessment of UNCRPD implementation in Jamaica

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ABSTRACT

Raised by the shadows of slavery and colonialism, children with disabilities in Jamaica continue to face the inherited exclusion and inequality embedded in its national systems. This paper investigates the extent to which the rights outlined in the UN Convention on the Rights of Persons with Disabilities (UNCRPD) have been realized for children with disabilities over the past two decades. Focusing on education, healthcare, protection from violence, accessibility, and data collection, the study employs a framework-guided qualitative document analysis of academic and grey sources. The results reveal critical legal advancements alongside persistent challenges, including stigma, infrastructural gaps, urban-rural disparities, and poverty. Despite early political commitment, progress remains hindered by limited resources and fragmented implementation.

## 1. Introduction

Globally, the implementation of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) is far from straightforward, and evaluations of its implementation in local contexts, especially in the Global South, are still in need of research (Caldas de Almeida, 2019; Grech et al., 2023). This becomes particularly alarming when we consider that the majority of children with disabilities are located in the Global South (Olusanya et al., 2022) signalling a profound gap in the global understanding of disability (Grech, 2011). To further compound the issue, international conventions are not legally binding and hence member states do not have a legal obligation to adhere to implementation or reporting mechanisms (Lord & Stein, 2008). This then creates an environment where reporting can be sporadic. In the Jamaican context, the first and only country report on implementation, was not submitted until a decade after ratification (United Nations, 2022a,b). Moreover, domestic mechanisms to track and evaluate implementation are non-existent. Additionally, there is no obligation for States Parties to track or report on the Convention through a child-specific lens. In fact, the exact number of children with disabilities in the country remains unknown and an official definition of disability remains elusive (UN, 2022; UN, 2022).

This review is therefore guided by the question: To what extent has the rights stipulated under the UNCRPD been realized for children with disabilities in Jamaica? The question will be addressed by conducting a comprehensive qualitative document analysis of relevant policy documents, academic articles, research published by international development partners (IDPs), news articles, and other associated grey literature. The analysis will focus on five key rights: education, healthcare, freedom from exploitation, violence and abuse, accessibility, and data collection. This review fills a significant evidence gap in the monitoring of the UNCRPD by producing the first child-specific assessment of CRPD implementation in Jamaica. Unlike CRPD reports which emphasize broader governmental progress, this review brings together voices from civil society, the wider public and the IDP sphere to provide a comprehensive, child-centred assessment. Jamaica was selected as a focal case not only because it was the first State Party to ratify the CRPD, but also because its characteristics as a Small Island Developing State featuring constrained fiscal space, data shortages, and uneven access to services are common across the Caribbean and wider LMIC contexts. Additionally, the rights selected represent the areas where the most substantial data are available in the Jamaican context. The analysis contributes to broader debates on the visibility of children within CRPD processes and the challenges of operationalising disability rights in postcolonial settings. Additionally, it may also aid in mitigating the persistent data shortages, strengthening the evidence base for future policy and program development.

This paper is structured in the following manner. Firstly, the background provides an overview of Jamaica's history within the disability landscape, situating it within the global literature on rights fulfilment for children with disabilities. Secondly, the methods section outlines the document analysis approach utilized to assess progress on the key rights

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identified. Thirdly, the theoretical framework section establishes post-colonial theory and intersectionality as the guiding lens for the discussion. The results section follows and articulates areas of progress and persistent gaps across the five rights examined, as well as crosscutting themes. This is followed by a discussion that critically interrogates the historical and structural factors influencing the implementation gap and concludes with an outlook for the future.

## 2. Background

Jamaica's political commitment to upholding the rights of children with disabilities is admirable, being the first country in the world to sign and ratify the UNCRPD (UN, 2007; UN, 2007). Even before then, the country exemplified strong commitments to the rights of children with disabilities as evidenced through, the establishment of the Jamaica Council for Persons with Disabilities (JCPD) in 1972 which also became the administrators of the Early Stimulation Programme (ESP) in 1977 (JCPD, n.d.) an early intervention programme for young children (0-6 years) with various types of developmental disabilities (JIS, 2007). Additionally, Jamaica began training teachers in special education in 1976; just fourteen years after gaining its independence from Britain (Miller, 1987). The more recent development of the National Policy for Persons with Disabilities in 2000, seven years ahead of the ratification of the UNCRPD also signalled Jamaica's strong political stance on rights fulfilment. Indeed, such shifts in political ideology are particularly outstanding when juxtaposed against over three centuries of colonialism, slavery and an inherited legacy of exclusion from the plantation system (Morris, 2020).

Despite these ideological shifts, Jamaica's history continues to impact current perceptions regarding persons and children with disabilities. As Hunt-Kennedy (2020) elaborates, the plantation system asserted that Africans were inherently "imperfect," "deviant," or even "monstrous," positing Blackness itself as a disabling condition within colonial thought (Hunt-Kennedy, 2020). Post-emancipation, these deficit framings continued. Colonial architecture, particularly with the educational system, institutional design and legal terminology continued to treat persons with disabilities as burdens in need of welfare or a group to be segregated from the rest of society (Morris, 2020, 2022). These deficit framings continue to inform widespread levels of stigma and discrimination.

Additionally, though legal commitments remain strong, several barriers continue to hinder comprehensive implementation. For example, regional data from the Caribbean show that, although Jamaica, Trinidad and Tobago, and Barbados have ratified the CRPD and increasingly moved towards more inclusive educational policies, children with disabilities continue to face segregated provision, limited resources, inaccessible infrastructure and transport, and limited access to assistive technologies, particularly for children in poorer households and rural areas (Morris, 2018; Morris & Henderson, 2017). Similar patterns emerge in other LMICs; in South Africa White Paper 6 and related policies formally push for inclusive education, however implementation remains "symbolic," restricted by unclear policy mandates, politicised and insufficient resource allocation, weak school-level support, and enduring cultural beliefs that stigmatise disability especially in rural provinces (Chirowamhangu, 2024). Similarly, in India perceived differences between children with disabilities by peers, parents, teachers, and community members was found to be a main contributor to limited or delayed enrolment and the lack of inclusion in mainstream schools (Boniface et al., 2025).

Moreover, data on healthcare access in sub-Saharan Africa similarly highlight how poverty, distance, lack of transport, lack of trained health professionals, barriers to communication, and persistent stigma merge to remove children's access to essential health and rehabilitation services (Adugna et al., 2020). Additionally, studies of violence against children with disabilities in West Africa and broader LMIC contexts further highlight that the implementation of child protection laws does not necessarily translate into tangible reductions in violence. The data shows that harmful cultural beliefs, and persistent stigma leads families to hide or institutionalise children, further exposing them to heightened risks of abuse and neglect (Njelesani, 2019). In Jamaica, a similar reality exists, where a myriad of socio-economic factors continues to inhibit implementation efforts.

## 3. Methods

This study utilizes a qualitative document analysis (Atkinson & Coffey, 1997; Berg, 2007; Bowen, 2009; Hodder, 2000) which allows for the systematic assessment of a plethora of sources, both academic and grey literature. The study focused specifically on examining peer-reviewed articles, national policy documents and reports, United Nations publications, and other grey literature such as news stories. Within this approach, thematic analysis was employed to organise, code, and interpret the data (Braun & Clarke, 2006). The UNCRPD operated as the main organizing framework for the analysis. Five rights were chosen for assessment: the rights to education, healthcare, freedom from exploitation, violence and abuse, accessibility, and data collection. The UNCRPD further guided the establishment of inclusion and exclusion criteria for both academic and grey literature, guaranteeing that all documents analyzed were in accordance with the aim of answering the research question.

To ensure the credibility and relevance of the data, a literature search was first conducted across multiple databases, prioritising peer-viewed articles related to the five rights. Several academic databases, including Science Direct, JSTOR, and Google Scholar, were utilized. Key terms searched included: *"UNCRPD implementation in Jamaica", "Inclusive education for children with disabilities in Jamaica", "Healthcare access for children with disabilities in Jamaica", "violence against children with disabilities in Jamaica", "Data on children with disabilities in Jamaica "*. Thereafter, search for grey literature from the Government of Jamaica on UNCRPD implementation, reports from the Jamaica Council for Persons with Disabilities, UNICEF and other UN agency databases, relevant policy and legislative documents and news stories was conducted to develop a comprehensive dataset.

The study applied clear inclusion and exclusion criteria. The following criteria were established for both academic and grey literature: 1. data aligned to the specific subsections under each right, for example, Article 24 on Education, section (d), which states that *persons with disabilities receive the* support *required, within the general education system, to facilitate their effective education* led to a search for relevant data on support for children with disabilities within the general education system of Jamaica. This was done for all subsections of each article assessed. 2. Data published between 2007 and 2025; 3. Peer-reviewed journal articles 4. grey literature including government reports to the UN, IDP studies, news stories. On the other hand, studies focusing exclusively on the rights of persons with disabilities, publications focused exclusively on rights outside of those identified for review, and data that fell outside of the review period were excluded from the study.

### 3.1. Data analysis

The analysis employed a hybrid deductive–inductive thematic approach. Predefined categories derived from the UNCRPD were used to structure the initial analysis, while inductive coding was applied to identify cross-cutting themes that emerged across rights. From the initial search 150 documents were yielded, inclusive of academic and grey sources. This was further refined to 58 sources relevant to the five rights. Within each rights domain (e.g., education) and using the subsections of the UNCRPD article as a guide, predefined codes were developed according to the stipulations under each right. Where multiple stipulations under the same right overlapped in their underlying aim, they were condensed into a single overarching code to avoid conceptual

duplication, for example, parts (d) and (e) under the right to education were captured under the code of inclusive and individualized educational support. All related documents were then manually coded per right all related documents per right. This manual coding process led to the development of two themes per right, progress and challenges in alignment with the aims of the research question.

Following the right-by-right deductive analysis, an inductive thematic stage was conducted to identify cross-cutting patterns. The synthesized progress and gaps narratives were reread in full to support familiarization. Through this review, challenges impeding rights fulfilment that recurred across multiple rights were identified. These inductive themes were reviewed against the dataset to ensure that each was grounded in evidence across multiple rights and supported by illustrative examples from the documents. Six cross-cutting themes emerged: (1) gap between legislation and implementation (2) poverty (3) infrastructural inadequacies, and (4) stigma and discrimination (5) rural-urban disparities and (6) donor support.

The coding was conducted by a single researcher who is deeply familiar with the national context and dataset; the analysis was guided by a structured UNCRPD-based coding framework and supported by a reflexive approach to ensure rigor and transparency. Additionally, a qualitative thematic approach was chosen to generate nuanced insights into the lived experiences of children with disabilities, which could not be meaningfully captured through quantitative means. Coding was kept consistent across all documents by applying a deductive coding framework based on the five CRPD rights areas, ensuring that information was extracted systematically and uniformly from each source.

## 4. Theoretical framework

This study is situated in the broader field of critical disability studies (CDS), with a specific focus on post-colonial theory and intersectionality. Critical Disability theory may be understood as "an emancipatory and developing discourse" (Goodley, Liddiard, & Runswick Cole, 2018; Meekosha & Shuttleworth, 2009) utilized to explain the socio-political constructions of disability and highlight the impacts of these constructs have on oppressed people. As Mallett and Runswick-Cole (2014) note, CDS draws from feminist, postcolonial, queer, and other critical theories to examine how race, class, gender, and other aspects of identity shape experiences of disablement. This interdisciplinary orientation reflects CDS's broader commitment to situating disability within complex socio-political landscapes. In this vein, Goodley (2013) argues that "critical disability studies start with disability but never end with it": disability becomes a generative analytic space through which to rethink political, theoretical, and practical issues that extend well beyond the disability field itself.

This explanation readily creates the soil for theories and positions rooted in intersectionality. Originally posited by legal scholar, Kimberlé Crenshaw (1989), the term intersectionality recognizes that disability does not exist in isolation; rather, it intersects with varying dimensions of identity to produce complex understandings of privilege and oppression. Intersectional analyses thus reveal how ableism interacts with sexism, racism, coloniality, classism, and other systems of oppression, generating layered forms of exclusion and vulnerability (Garland-Thomson, 2002). Additionally, post-colonial theory addresses the effects of colonialism on cultures and societies and the associated responses (Ashcroft, 2017). Further developments led to an acknowledgement of the critical linkages that exist between post-colonial theory and disability studies. As noted by Krentz and also Barker and Murray, "disability studies and postcolonial studies have been seen as related through the fact that both approaches deal with questions of power, engaging as they do with questions of marginality, exclusion, discrimination and outright persecution" (Cleall, 2024).

These two theoretical perspectives are especially relevant regarding the subject of childhood disability in Jamaica: a reality deeply shaped by the legacies of colonialism, including the persistent levels of poverty, and deeply embedded levels of stigma and discrimination. Through a post-colonial and intersectional lens, these enduring structures highlight that the gap between legislative commitments and practical implementation cannot be fully understood as solely deficits rooted in the present. Rather, these socioeconomic barriers should also be understood within their historical contexts and given due weight and consideration. Additionally, the model also illuminates how multiple systems of power and oppression intersect to produce harm. By grounding this study in post-coloniality and intersectionality, the theoretical framing allows for a nuanced assessment of how the named rights are enabled or constrained for children with disabilities within Jamaica's specific socio-historical context.

## 5. Results

### 5.1. The right to education for children with disabilities in Jamaica

On the legislative front, Jamaica had long secured the right to free education for all children since the 1970s (Petgrave, 2011). Moreover, its mainstreaming efforts which began in the late 80s and 90s represented a deliberate and concretised move towards the goal of inclusion (UNESCO, 2021). This goal of inclusion also persisted in Educational Reform efforts in the early 2000s (Task Force on Educational Reform Jamaica, 2004). Such a political commitment set the precedence for the quick adoption of the CRPD in 2007 (Samms, 2017) and catalysed the development of several supporting instruments thereafter (Samms, 2017). This legal coverage continued to improve steadily with the approval of the Disabilities Act in 2014 which grounded key aspects of the CRPD in domestic legislation (Jamaica Information Service [JIS], 2022; [JIS], 2022; [JIS], 2022).

With regards to progress, the ESP assessment centre and multipurpose facility was upgraded increasing access to assessment and intervention services for children with disabilities (JIS, 2017). Additionally, approximately 400 schools were retrofitted with the requisite ramps, and 350 shadows introduced within the educational system (JIS, 2024). Special accommodations were also provided for children with disabilities who require additional support when sitting national examinations (UNESCO, 2021). Additionally, the Accessible Digital Textbooks for All (ADT) initiative was created aiming to integrate children with disabilities into mainstream education by converting Jamaican digital textbooks into accessible formats using Universal Design for Learning (UDL) principles (UNICEF, 2023; UNICEF, 2023). The country also developed a special needs curriculum and introduced sign language into the national curriculum over the period (UNESCO, 2021).

However, despite these advancements, the education system remains riddled with challenges. UNESCO emphasized that there was no evidence of inclusive education training in the country (UNESCO, 2021). Such sentiments were also echoed by children with disabilities themselves, "we do not have inclusive education in Jamaica. Inclusive education is where everyone despite their disability can understand what is being taught and an education system where everyone can be a part of the learning process" (Gayle-Geddes, 2020). The focus remains on special education, with most of the island's children with disabilities being educated in special schools, some within the general school setting and others in public, grant-aided or independent special education schools (UNESCO, 2021). To date, Jamaica has approximately 59 special schools as well as unit classrooms in regular schools. This lack of progress featured multiple times as a criticism from the UN, with the committee flagging the "slow progress towards achieving inclusive education, the prevalence of special schools and classes, and the greater barriers to education faced by children requiring higher levels of support" (UN, 2022; IDA, 2022). The agency also problematised the occurrence of mainstreaming efforts without the necessary support services and the delayed enrolment of children with disabilities (UN, 2022).

Other systematic factors that contributed to educational exclusion are infrastructural inadequacies. Evidence supporting this fact emerged

from the survey of 84 primary and secondary public schools, capturing data in rural and urban settings across all 14 parishes. The study found that 70.2% were not equipped with ramps to facilitate students with physical disabilities (Morris, 2011). Additionally, approximately 83.3% of the schools did not have proper bathroom facilities for accommodation and 96.4% of the schools lacked the requisite adaptive technologies to accommodate students with visual challenges. The majority also failed to provide the necessary materials in accessible formats such as Braille (Morris, 2011). Furthermore, most schools also lacked teachers specifically trained to work with students with disabilities (Morris, 2011). Additional evidence also highlighted that teachers displayed less positive attitudes toward some students with disabilities, particularly those who often had trouble passing exams, required necessary technological aids, or needed individualized academic attention. The concerns amounted to increased workload, insufficient knowledge and skills, and challenges in providing adequate attention to all students (Samms, 2017). Infrastructural inadequacies were also highlighted by the insufficient number of special schools (The Gleaner, 2019; The Gleaner, 2019; The Gleaner, 2019).

Other systemic factors such as widespread poverty, and discrimination also affected educational access. Stigma and discrimination within the educational system led to violence through persistent peer bullying. A UN report highlighted the experiences of a parent who shared, *"Kids get a lot of bullying … I am experiencing that with my child now."* A student similarly recounted, *"The bad experience is that the children annoy and bully me and say that I am stupid and won't pass my exams, but I found a friend that is a little similar to me and the good experience is that most teachers are my friends*." (Gayle-Geddes, 2020). The effects of the COVID-19 pandemic further exacerbated barriers to access. There were notable declines in braille literacy, limited access to learning materials (Jamaica Observer, 2021) and challenges with online learning. The need to create instructional videos for deaf students and an increased reliance on parents and caregivers to assist with learning goals posed a significant threat to the education of students (Jamaica Observer, 2021). Similarly, students with autism or multiple disabilities who were more reliant on in person instruction were also disadvantaged from this fall out (Jamaica Observer, 2021).

#### 5.1.1. *The right to healthcare for children with disabilities in Jamaica*

Early efforts of catering to the health needs of children with disabilities began in the 70s with the establishment of the ESP program (Ministry of Labour and Social Security, ). By the early 90s Jamaica established the Child and Family Clinic which became the primary contact for developmental disabilities (UNICEF, 2020). Children with disabilities accessed free health care through well-child clinics well in advance of the country's health reformation process and the adoption of the CRPD (UNICEF, 2020). This reformation process took place in the same period as the CRPD adoption and since 2008, Jamaica implemented universal access to healthcare (UNICEF, 2020). This access is legally enshrined in national law, legitimizing the specifications of the convention. The Disabilities Act further elaborates non-discrimination, access to the same quality and range of affordable healthcare services, and the provision of disability specific healthcare services as outlined in the CRPD (The Disabilities Act, 2022). This legislative grounding is further supported by several policies and national plans that protect the right to free and quality healthcare. All documents share a strategic focus on the need for early detection, prevention and intervention mechanisms (UNICEF, 2020).

Jamaica's primary healthcare system plays a key role in early identification and intervention with over 90% of births taking place in hospitals, allowing for critical health checks to start early (UNICEF, 2020). Additionally, every child receives a Child Health and Development Passport (CHDP) at birth, which includes critical developmental screening tools. Children with disabilities typically interact with the screening framework when they are taken to Well Child Clinics, where concerns about developmental progress may be voiced (UNICEF, 2020). In addition, various developmental and behavioural screening tools have also been introduced and adapted for cultural relevance (UNICEF, 2020). Additionally, there is evidence of support from IDPs that provided ad hoc support to strengthen screening and intervention services (Loop News, 2021). Additional initiatives around early identification efforts also came from coordination at the parish level, with programs offering behavioural therapy, training for parents and long-term follow up for students (JIS, 2021). However, challenges such as long-standing stigma and spiritual interpretations were highlighted as hinderances to acceptance and diagnosis (Samms-Vaughan, 2019; UNICEF, 2022). Additionally, the data shows that many Jamaicans were unaware of the importance and availability of screening services.

The provision of healthcare services as close as possible to communities including in rural areas, also remained a challenge. There are 23 public hospitals, one paediatric hospital, along with the Victoria Jubilee Hospital, and the Sir John Golding Rehabilitation Centre which cater to the needs of children with disabilities on the island. The problem however is that specialized services are all concentrated in the capital city, Kingston (UNICEF, 2020). To compound the issue, specialist physicians often straddle duties between the private and public sectors. The country faces a significant shortage of specialized healthcare professionals; the entire island being served by one paediatric infectious disease specialist, two developmental and behavioural paediatricians, two paediatric neurologists, four child psychiatrists and one rehabilitation medicine specialist (UNICEF, 2020). The issue of access was also intensified by associated costs. The University Hospital of the West Indies (UHWI) requests fees though comparatively less than those of private consultations (UNICEF, 2020). The cost of travel to Kingston, and other indirect costs would accrue as access to social safety net programmes remained reliant on registration with the Jamaica Council for Persons with Disabilities (JCPD) (JIS, 2022; JIS, 2022; JIS, 2022; JIS, 2023). The main cost associated with registration coming from obtaining a medical report, which varied according to the type of disability and specialized services required (JIS, 2022; JIS, 2022; JIS, 2022).

The COVID-19 pandemic also exacerbated challenges, evidence around stagnation in progress for many children emerged, "those with motor impairments experienced increased joint contractions and reduced mobility, particularly when parents faced challenges performing the exercises independently" (CBRJ, 2021). Other challenges included stigma around the topic of Sexual and Reproductive Health (SRH). The outcome being that many lacked fundamental knowledge about their bodies, resulting in an inability to efficiently articulate about bodily changes and or instances of abuse (WHO & UNFPA, 2009). Additionally, it was highlighted that informal means of education emphasized trust and compliance, and coupled with the desire to be accepted, children with disabilities were more vulnerable to predators (WHO & UNFPA, 2009).

Other challenges emerged around the Convention's requirement for health professionals to ensure equal quality of care, guided by informed consent, training, and ethical standards. Training provisions for paediatric residents amounted to 6 months at the clinic, representing their main and often only experience with the complexities of developmental disabilities (UNICEF, 2020). And although the Well Child Clinic Standards were established in 2018, they have not been put into practice (UNICEF, 2020). Moreover, caregivers often reported having negative experiences "children with disabilities, and especially if their respective caregiver also has a disability, have difficulty accessing services. When they do, whether from public or private sector facilities, parents and caregivers complain of poor service – health care provides who are unable to communicate with the client or with the caregiver, and health care providers who are not empathetic". (UNICEF, 2020). Additionally, SRH discourses were reportedly clouded by various myths, and many teenagers were assumed to not be sexually active (World Bank, 2016). Additionally, the healthcare system often lacked appropriate levels of sign language translators to facilitate adequate communication (World Bank, 2016).

To address these challenges, training of healthcare workers on the provision of services, in addition to public awareness campaigns also emerged (JIS, 2012). Ad hoc sign language trainings also took place and an introduction of braille health materials. Furthermore, adherence to the National Building Code further promoted accessibility, aligning with both international and local standards (UNICEF, 2018). Progress in SRH access included the development of a series of three manuals designed for young persons with intellectual disabilities utilising accessible language, clear visuals, and practical guidance to address SRH topics. Additionally, the national HIV-AIDS prevention and treatment programmes included sensitisation and accessible material for adolescents with disabilities as well (Ministry of Health and Wellness [MOHW], n. d.).

#### *5.1.2. The right to freedom from exploitation violence and abuse*

Jamaica's legislative framework features several protective stipulations; the Constitution guarantees the protection of all citizens, from torture, which is also supported by the Disabilities Act. Gender-based violence is also addressed through the Sexual Harassment Act (United Nations Office at Geneva, 2022) and the National Strategic Action Plan to Eliminate Gender-based Violence (UNHRC, 2020). Moreover, the GOJ reviewed and proposed amendments to the Sexual Offences Act, Offences Against the Person Act, Domestic Violence Act, and Child Care and Protection Act, to establish a more robust legislative framework to protect the most vulnerable. The amendments centred stricter consequences for crimes against children with disabilities and an improvement in justice mechanisms catered to their specific vulnerabilities (UNHRC, 2020).

Additionally, various initiatives to combat the violence epidemic remained apparent. Efforts such as educating adolescents on SRH (MOHW, n.d.) may be considered as aspects that can contribute to empowering children with disabilities around having a greater understanding of their bodies. Furthermore, the provision through legal aid clinics and the mobile justice units was curated to facilitate equitable access to legal resources (United Nations Office at Geneva, 2022). Special accommodations in court proceedings were also executed. This included the permitting of video-recorded witness statements and the provision of financial assistance for Sign Language interpreters. Furthermore, several court facilities were upgraded to improve physical accessibility (United Nations Office at Geneva, 2022). Along the legal vein, assistance for children seeking to file complaints against authorities were executed by the relevant agencies (United Nations Office at Geneva, 2022). The previously referenced information products developed for the Sexual Harassment and Domestic Violence Acts in accessible language also formed part of the country's efforts (UNDP, 2023).

However, despite these efforts, the issue of corporal punishment continued to inhibit complete protection (Thomas, 2024). In 2004, the Child Care and Protection Act banned corporal punishment in residential childcare institutions and in 2005, the Early Childhood Act prohibited corporal punishment in early childhood institutions as well, however it is still permitted in homes (UN, 2022; UN, 2022; The Gleaner, 2024). This inconsistency constitutes the violation of the fundamental right of all children to protection from all forms of cruel or degrading punishment (UN, 2022; UN, 2022). Reports from the island's Centre for Investigation of Sexual Offences and Child Abuse highlighted that many children in special education facilities faced sexual abuse at the hands of staff members, and the extent of abuse remained largely overlooked in overall crime statistics (Jamaica Gleaner, 2019). Reports from the centre highlighted offences such as rape, grievous sexual assault, gross indecency and buggery (Jamaica Gleaner, 2019). Professionals "in particular counsellors who work with children with disabilities, have indicated that they are more likely to be sexually abused as they are often unable to relate what has happened to them" (Jamaica Gleaner, 2019).

Violence against children with disabilities is also rooted in societal stigma and discrimination with reported instances of children being physically attacked due to their disability "the situation is so dire that JUTC personnel have to escort and "baby sit" the disabled students who wait for transportation at the Half-Way Tree Transport Centre" (The Gleaner, 2015). Additionally, due to stigmatisation, corporal punishment was still used by family members to force children to behave 'normally' (UNICEF, 2022). Moreover, a study highlighting the intersection of disability with caregiver practices and societal norms highlighted that physical violence was visibly higher in Jamaica compared to the global average, indicative of a sustained reliance on corporal punishment (Hendricks et al., 2014). Furthermore, approximately a quarter of Jamaican caregivers purported the necessity of physical punishment, reflective of broader cultural sentiments (Hendricks et al., 2014).

Another major gap highlighted was also the lack of precise statistics on violence against women and girls. This is because many women and girls with disabilities do not report experiences of sexual or domestic violence due to shame, fear of their abusers, or the lack of accessible reporting mechanisms (MESECVI, 2022). This sentiment was further echoed by the UN highlighting as a major concern for the country "the insufficient availability of information and statistical data on violence against women and girls with disabilities, as well as the limited number of complaints filed by them" (United Nations,2022). Further, the significant lack of the required number of shelters especially for girls with psychosocial or intellectual disabilities continued to act as a significant barrier (United Nations, 2022a,b) compounded by the inadequate level of training of actors within the child protection system regarding responses to all forms of abuse (United Nations, 2022a,b). In addition around how to access help and the lack of a dedicated strategy in place to combat these issues in the public and private spheres (United Nations, 2022a,b) further inhibited Jamaica's efforts.

#### *5.1.3. The right to accessibility for children with disabilities in Jamaica*

An overview of progress included the development of the Accessibility Checklist, aimed at identifying and reducing barriers to public facilities (JCPD, 2023). Additionally, initiatives like the ADT program demonstrates potential for inclusive digital learning environments by adding elements such as sign language videos and audio voice-over (UNICEF, 2023; UNICEF, 2023). Progress was also evident in isolated, ad hoc instances such as the inclusion of accessibility features in select transport centres (JIS, 2008) and schools (JIS, 2024). Moreover, the development of new schools with the necessary ramps in place (JIS, 2024), also signalled a move towards more inclusive building practices. With regards to encouraging access to new information, dedicated data sources remained sparse but tailored information products to help persons with disabilities including children with disabilities understand their rights and protections under the Sexual Harassment and Domestic Violence Acts were important steps forward "Ten Things to Know …" will be distributed and screened island wide. They include two braille booklets and four dramatized, subtitled videos, two of which are produced exclusively in Jamaica Sign Language (JSL)" (UNDP, 2023). Moreover, multiple reports cited ad hoc donations of braille machines and laptops to improve educational access (The Gleaner, 2022; The Gleaner, 2022; UNDP, 2022).

However, within the education sector, for example, only 23.8% of schools were equipped with ramps, and 83.3% lacked adequate bathroom facilities for students with disabilities (Morris, 2011). This lack of infrastructure significantly contributed to exclusion from the general education system. Although there have been ad hoc donations of braille machines and laptops, the availability of adaptive technologies like Job Access with Speech remained limited, with only 2.4% of schools equipped with such resources (UNDP, 2022). Transportation for students with disabilities was also riddled with significant deficiencies. Instances of specialized buses failing to adhere to schedules and leaving students stranded and unaccompanied, highlighted the inadequacy of accessible public transportation in the country (Radio Jamaica News, 2023). Similarly, the purchase of standard buses without disability-friendly features was criticized as a violation of accessibility rights (The Gleaner, 2023).

#### 5.1.4. Statistics and data collection

Article 31 of the UNCRP stipulates that State Parties should collect, disaggregate, and disseminate disability-related data, whilst ensuring that data collection processes comply with legally established safeguards, including data protection and privacy legislation (UNCRPD,2007). However, the CRPD does not specifically demand that data collection should be mandatory. In Jamaica, disability-related data are captured predominantly via instruments such as the National Census and the Jamaica Survey of Living Conditions (JSLC). Additionally, legal and policy frameworks, including the Disabilities Act (2014) and the National Policy for Persons with Disabilities, shape how disability is defined and recognized across these instruments but also excludes mandatory data collection, as this is seen as an infringement on autonomy and self-determination (United Nations, 2022a,b).

Other systems such as the Jamaica Crime Observatory, Crime and Violence Information System and the Jamaica Constabulary Force's Statistical Information Management Unit also collect data which may be disaggregated by sex, age, location and incident (UNHRC, 2020). More recent efforts aimed at capturing data on children with disabilities came from the multiple indicator cluster survey (MICS) in 2022 and was hailed as critical, "any data on anything to do with disabilities is critical because we don't have enough data. We rely heavily on the average scores given by the World Health Organization, Pan American Health Organization and the World Bank," (The Gleaner, 2022; The Gleaner, 2022).

However, there remains several challenges with the systems previously mentioned. For example, the Jamaica Crime Observatory, Crime and Violence Information System and the Jamaica Constabulary Force's Statistical Information Management Unit collect data which may be disaggregated by sex, age, location and incident. However, none of the systems collect data on or disaggregates it for children with disabilities (UNHRC, 2020). Additionally, even though the national census was adapted to become more disability sensitive, challenges in defining disability and inconsistencies in responses, such as difficulty determining the causes of disabilities, hinders data accuracy. These limitations inhibit a comprehensive analysis, with findings restrained to general activities and showcased at a parish level to ensure confidentiality (STATIN, 2013). The JSLC also fell short in filling the data gap as it is constrained by small sample sizes, which is insufficient for meaningful conclusions about persons and children with disabilities. Institutional data collection also remained inconsistent and relevant academic and research organizations, despite decades of assessments, lack robust digital systems, making it challenging to retrieve or disaggregate historical data (United Nations, 2022a,b).

Concerns were also raised by the UN highlighting the insufficient levels of data on violence and discrimination against girls with disabilities, impeding the design of targeted interventions (United Nations, 2022a,b). Apart from infrastructural challenges, many individuals with disabilities do not register for services, either due to a lack of awareness or barriers to access, further complicating efforts to collect reliable data (UNICEF, 2020).

#### 5.1.5. Cross-cutting themes

The first cross-cutting theme that emerged across all rights is the *gap between legislation and implementation.* Across four of the five rights Jamaica's legislative progress was evident, and significant work was done to domesticate the stipulations of the UNCRPD. Several rights were guaranteed prior to CRPD legislation but further cemented with the establishment of the Disabilities Act. The right to free education (Petgrave, 2011) for example as well as universal access to healthcare (UNICEF, 2020) are all enshrined into national law. Though some legislative pitfalls still exist such as the lack of a complete ban on corporal punishment (UN, 2022), or a lack of legislation on inclusive education (UNESCO, 2021) legislative progress has been consistent over the last 20 years. When assessed against actual outcomes, however, the picture of implementation remains largely fragmented with several challenges being reported across all sectors identified. A lack of inclusive educational practices (UN,2020), unsupportive infrastructure (Morris, 2011), and an inadequate number of healthcare professionals (UNICEF, 2020), are a just a few of the challenges elaborated earlier in the paper.

The second and arguably the most one of the important cross-cutting themes that sets the precedence for rights realization is *poverty***.** In general poverty leads to reduced household income due to disability related costs. Very often, there was a drastic reduction in the financial capacity of Jamaican women who resigned from their job to provide full-time care to their children. This implies chronic unemployment leading to a descent into poverty (UNICEF, 2022). This reduced financial capacity affected access to healthcare, and education, particularly as services are concentrated in urban spaces (UNICEF, 2022). Accessibility rights are also affected by infrastructural deficits, which were also the result of national poverty (International Disability Alliance, n.d.). Poverty also enables mistreatment, as mothers who have no other caregiving options, may opt to leave children with persons who utilise corporal punishment (UNICEF, 2022). Additionally, children who experience the most violence are often the poorest. And within the poorest brackets, children with disabilities are dominant (UNICEF, 2019). The ability to collect adequate development data was also heavily dependent on the availability of financial resources (OECD, 2020).

The review revealed that stigma and discrimination was prominent across 3 of the 5 rights assessed. The impacts of stigma and discrimination was widely documented across education, healthcare, and freedom from exploitation, violence and abuse. Its effects ranged from peer bullying in schools (UNESCO, 2021) to hindering timely diagnoses (Samms-Vaughan, 2019; UNICEF, 2022). There was also a noted intersection between freedom from violence and the other two rights; here it can be seen that stigma also led to violence within the educational system, whether emotional violence through bullying or other physical incidents (UNESCO, 2021) as well as to medical neglect.

Another cross-cutting challenge is the *rural-urban divide***,** and here it was evident across 3 of the 5 rights assessed. Across health and education, the centralization of critical services in the city created a damaging effect on access particularly for those living in rural Jamaica (UNICEF, 2020). So too were accessibility factors, such as access to public transportation through the GOJ bus system which was only available in the city. Though the number of accessible buses was insufficient, children with disabilities living in rural Jamaica were excluded entirely from this option (Morris,2020).

*Lack of adequate infrastructure* also featured prominently, being evident across all 5 rights assessed. In education, physical infrastructure remained a significant barrier from ramps to a lack of accessible signage (Morris, 2020). This also overlapped with a violation of accessibility rights. The same infrastructural challenges were also evident in healthcare with significant deficits in medical personnel and facilities (UNICEF, 2020). So too in violence response and prevention services where the limited number of shelters for children experiencing abuse equated to many victims, particularly girls with disabilities, being left without safe spaces to seek refuge (United Nations, 2022). In data collection, a lack of robust digital data systems to garner data on children with disabilities remained evident (The Gleaner, 2022; The Gleaner, 2022).

Another major finding was the level of *donor* support highlighted in the grey literature. In the education sector IDP involvement was notable, with investments in the creation of a special needs curriculum and the expansion of ESP services (UNICEF, 2023; UNICEF, 2023). These types of donations and involvement was also evident across the health sector. (WHO & UNFPA, 2009). Accessibility and violence prevention efforts also benefited from donor involvement particularly through the tailored information on the Sexual Harassment and Domestic Violence Acts (UNDP, 2023).

## 6. Discussion

This review assesses the extent to which the rights of children with disabilities in Jamaica has been realized in accordance with the stipulations of the UNCRPD. This assessment was driven by two main factors: firstly, the dearth of data that exists on children with disabilities globally, particularly in LMICs and secondly, the absence of a UNCRPD reporting mechanism that centre children with disabilities. This is the first paper to review the implementation of the UNCRPD through a child-specific lens in Jamaica and expands the overall body of scientific knowledge on children with disabilities in the Caribbean.

One of the most notable elements of progress emerging from the review is Jamaica's efforts towards the legal domestication of the CRPD. The gamut of legal development was extensive over the last two decades. Despite significant legislative developments, there remains a notable gap between legislative progress and implementation. This finding coincides with data from other contexts in the Caribbean (Morris, 2018) as well data from other LMICs (Abdugna et al., 2020) that indicate that legislative progress is not always directly tied to tangible changes in the lives of children with disabilities. Data from sub-Saharan African countries showed that children with disabilities faced significant challenges including "stigma and negative attitudes, poverty and insufficient resources, inadequate policy implementations, physical inaccessibility, lack of transportation, lack of privacy, and inadequately trained healthcare professionals to deal with disability" (Abduga et al., 2020). Such challenges are also reflected in the findings of this study. This gap between legislation and implementation when interpreted from a post-colonial lens may be regarded as neocolonial relics that still show the concentration of institutions and resources in urban areas, colonial architecture that inhibits access, and bureaucratic systems that limit implementation capacity. This means that institutions are not solely constrained by the law itself, but by historically produced structural inadequacies that are deeply embedded, creating the material foundations for continued domination (Grech, 2015).

Similarly, the fulfilment of the right to be free from violence, abuse and neglect should start with a complete ban on corporal punishment but must be understood as only a small step in ensuring violence free childhoods. Here the literature highlights once again that presuming legislative changes will lead to changes in violence meted out against children with disabilities would be ill-advised (Njelesani, 2019). As a cross-cutting finding, stigma and discrimination is critically wound-up with understandings of violence. Within this study, stigma and discrimination led to violence within the education system, to medical neglect, and to physical and emotional violence in familial and public spaces. Additionally, stigma and discrimination also had an impact on accessibility, particularly to adequate information on sexual and reproductive health. This is intricately tied to violence because it was identified as a factor that creates vulnerability to sexual violence. These findings are well aligned with the global literature; in educational systems, stigma has led to bullying and physical violence, in healthcare, superstitions have prevented access and led to parents keeping children from being properly diagnosed (Abdugna et al., 2020). Moreover, evidence from Uganda and Rwanda has shown where youths' access to healthcare services was affected by the personal beliefs of health practitioners. One participant in Uganda reported a case where a nurse would not provide HIV related services such as blood tests to a girl with a physical disability due to misconceptions that youth with physical disabilities were not sexually active (Bose & Heymann, 2020). From a post-colonial perspective, stigma and discrimination are also well-preserved relics of the colonial era. The deficit-oriented understandings and portrayal of children with disabilities comes directly from Jamaica's plantation system where not only was Blackness itself framed as a disabling condition, but disability was consistently created through violence. Moreover, these state inflicted impairments would then lead to the colonized being branded as less valuable, less worthy and generally well situated within the framework of "Other". Intersectionality also offers insights, highlighting the potent intersection between stigma and discrimination and violence, here it is shown how disability interacts with stigma leading to a multi-sectoral, deeply embedded systematic level of violence against children with disabilities.

This means that to realize violence free childhoods for children with disabilities, Jamaica must move beyond a focus on legislative protections and invest heavily in strategies that dismantle stigma and discrimination. For example, insights from other LMICs, suggest that caregiver engagement can be a key strategy for reducing stigma and improving healthcare access for children with disabilities. Studies show that making treatment more attractive and participatory through longer or group-based therapy sessions and by educating caregivers about their child's condition strengthens caregivers' motivation and reduces neglect, as both caregivers and children become active partners rather than passive recipients in the care process (Adugna et al., 2020).

The implementation gap is also fuelled by poverty which also emerged as a cross-cutting theme. Within the literature, disability is positioned as being inextricably linked to poverty as it aids in creating childhood disability and exacerbating it by reducing or removing household income (WHO & World Bank, 2011). Here we see poverty as a driver at the micro level, in terms of how a lack of sufficient household income creates a myriad of challenges for educational and healthcare access and ripens the conditions that often lead to violence. At the macro level, poverty also plays a significant role in overall accessibility as government investments in public infrastructure and adequate human resources across sectors will be affected by budgetary constraints. This corresponds with the global literature which highlights that disability spends in many LMICs are generally beneath 0.5% of GDP (Côte, 2021). Moreover, many countries remain constrained by massive debt burdens. In the case of Jamaica, just a decade ago the country was the fifth most heavily indebted developing country in the world (Bishop & Lindsay, 2024). This sustained level of national poverty has a direct impact on the manifestation of the other cross cutting findings, notably the prevalence of donor support on the island illuminates how implementation gaps are supported by IDPs. Infrastructural inadequacies may also be tied to resource constraints that inhibit the availability and accessibility of schools, healthcare facilities, transport systems amongst other public goods. These infrastructural inadequacies are also inextricably linked to the urban-rural divide that play a significant role in the accessibility of critical services for children with disabilities.

Assessed through a post-colonial lens, poverty may not only be seen as an enduring outcome of colonialism but its continued and significant impact on shaping the trajectories of children with disabilities may also be explained as a form of neocolonialism (Cleall, 2024). This then means that not only did the institution of slavery create disability through extreme forms of violence, but the effects of colonialism continue to disable children today, albeit through different means. Additionally, the level of donor support and involvement on the island may also be seen critically and tied to the creation of a system of dependency between countries of the Global South and the Global North. It may also be tied to neocolonial agendas that allow former colonial powers to still be involved in the affairs of the liberated. From an intersectional perspective, poverty operates as a structural condition through which disability, gender, and geographical marginalization intersect, producing compounded forms of exclusion for children with disabilities in access to education, healthcare, and protection from violence.

### 6.1. Outlook

Based on Jamaica's long-standing movement toward child protection reforms, a full prohibition of corporal punishment in all settings remains likely. However, poverty will remain a major structural constraint, especially in the aftermath of the recent Category 5 hurricane (UN, 2025) which has significantly reduced fiscal space and exacerbated infrastructural damage in the western region of the island. These disruptions will have disproportionate effects on children with disabilities,

further crippling access to schools, hospitals, and essential services. Like patterns observed across the Caribbean and other lower-middle-income contexts, the implementation of inclusive education in Jamaica is expected to progress slowly, as meaningful mainstreaming requires substantial financial investments in teacher training, adaptive technology, and accessible learning environments. Stigma and discrimination will also persist, though improvements may emerge if expanded public awareness efforts is prioritised. This along with the necessary legislative changes could prove to be pivotal in Jamaica's journey to address violence against children with disabilities on a systematic and structural level. Overall, Jamaica's experience suggests gradual policy reforms but continued structural barriers, with future efforts shaped by economic capacity, infrastructural recovery, evolving societal attitudes and political will.

### 6.2. Conclusion

The findings of this study emphasize that advancing the rights of children with disabilities in Jamaica requires not just policy expansion, but structural transformation. Assessed through the lens of post-colonialism and intersectionality the analysis revealed that while Jamaica has exhibited notable political commitment, and legislative progress, socio-cultural and economic barriers continue to impede the full realization of rights. The findings around infrastructural inadequacies, poverty, rural-urban disparities and stigma emphasize the need for the urgent focus on removing systemic obstacles that disable children in their everyday lives. At the same time Jamaica's efforts must be understood within the longer arc of its colonial inheritance, which established enduring patterns of structural inequality, underinvestment, and stigmatizing social norms that continue to shape institutional capacity and public attitudes. Taken together, these conditions underscore both the magnitude of the challenges facing Jamaica and the urgency of sustained, rights-based approaches to ensure that all children with disabilities can fully enjoy the protections articulated in the UNCRPD.

## Data availability statement

This study is based on a qualitative document analysis. No original datasets were generated or analyzed during the current study.

## Declaration of the use of AI assisted technologies

No generative AI tools were used in the writing, editing, or content development of this manuscript.

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## Ethics statement

Review and/or approval by an ethics committee was not needed for this study because this research consisted solely of a document analysis of publicly available materials and did not involve human participants or the collection of personal data.

## Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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