ANNEX

Case Management and Children with Disabilities

- Children with disabilities refers to persons up to the age of 18 who have long-term physical, mental, intellectual, or sensory impairments that, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.[1]
- Conflict- related injuries: children can suffer both direct and indirect conflict- related injuries that may result in a child experiencing disabilities. become disabled.
- Direct injuries are those sustained by child during hostilities, for example while attempting to flee an incident or while playing with explosive items.
- Children can also be impacted indirectly, for example injuries or health conditions that have not received adequate medical treatment due to interruption of regular medical services.

Persons with disabilities are estimated to represent 16 per cent of the world's population.[2] In humanitarian contexts, they may form a much higher percentage. For Ukraine, there is no reliable disability disaggregated data, particularly concerning children.

Children with disabilities are among the most marginalized people in crisis-affected communities and are disproportionately affected by conflict and emergency situations. Studies indicate that they are three to four times more likely to be survivors of violence than children without disabilities.[3] They may experience being targeted because of their disability and they may not always understand what for example violence are or how they can protect themselves or even how to report. Children, with or without disabilities has often limited power in decision-making and their level of dependence of caregivers (or other trusted caregivers) make them additional vulnerable, in particular if the perpetrator is their caregiver or another family or community member.

Many of the child protection issues faced by children with disabilities are similar to those faced by any child, though in the case of children with disabilities, they may be magnified by the discrimination, misunderstandings and assumptions often associated with disability. Negative attitudes of families, service providers, peers and community members are the biggest barrier to children with disabilities accessing safe and effective case management services and assistance. This represents the key challenge to ensuring equitable services for this group in Ukraine, as global evidence suggests that families and communities, can be the most significant facilitator to service access for children with disabilities.

Children with disabilities are especially vulnerable in emergency situations due to the intersecting barriers to safety and protection. State authorities should ensure that children are not being separated from parents on the basis of a disability of either the child or one or both of the parents.[4] However, children with disabilities are often the first to be abandoned or separated from their families for long periods and frequently placed in institutions where they may be at risk of abuse, exploitation and neglect. Such facilities often have low standards of care and lack monitoring, due to

[1] United Nations Convention on the Rights of Persons with Disabilities, Article 1.
[2] Global report on health equity for persons with disabilities, WHO, 2022
[3] IASC Guidelines for Inclusion of Persons with Disabilities in Humanitarian Actions. IASC. 2019
[4] United Nations Convention on the Rights of Persons with Disabilities, Article 23 (4)

lack of sufficient resources.[5] In Ukraine, children with greater impairments face the largest brunt of increased dangers as they often remained in institutions in active conflict zones, while less impaired or non-disabled children from the same institution were moved.[6] Without proper care and support of caregivers or other adults, this may result in devastating long-term psychological and physical consequences for these children.

Children are at physical danger especially in areas with active hostilities, and in 2022 close to 800 children were reported being injured[7] (while actual figures may be considerably higher). Lack of health, rehabilitation and other support services may lead to serious and long-term consequences for injured children and heighten the risk of developing permanent physical and psychological impairments, thus depriving children of realizing their rights to for example accessing education and living independently and face the risk of entering the disability poverty cycle.

This Annex aims to provide some good practices for case management actors and clarify roles and responsibilities of key actors when Case Management Working Group (CMWG) members are providing case management services for children with disabilities, this includes coordination of cases with competent State authorities.

All case management actors should apply the **Guiding Principles** when working with children with disabilities.[8]

- Take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.
- In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration.
- Ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right.

Roles and responsibilities related to overall Case Management process

Once a child has been identified with a disability (including conflict-related injuries) which limits their ability to function physically or socially the child should be referred for case management services as to identify what targeted interventions are needed. The CMWG members should refer children with disabilities to the competent actors within the national child protection system (at local level) for the coordination or full hand over of the case. Depending on the competent State authority's capacity and/or the agreement of involvement, humanitarian case management actors may support the various case management steps.

[5] IASC Guidelines for Inclusion of Persons with Disabilities in Humanitarian Actions. IASC. 2019
[6] Left Behind in the War: Dangers Facing Children with Disabilities in Ukraine's Orphanages, Disability Rights International (DRI), 2022
[7] Ukraine Humanitarian Needs Overview (HNO) 2023
[8] Article 7, UN Convention on the Rights of Persons with Disabilities. 2006.

Service	Actors involved
Case management/social services	Service for Children's' Affairs (MOSP), Centers of Social Service (MOSP), CMWG members with expertise in case management for children with disabilities
Detection and diagnosis of disabilities	Ministry of Health (hospitals, health facilities etc.)
Rehabilitation services for persons with disability	Ministry of Social Policy
Treatment of injuries	Ministry of Health (hospitals, health facilities etc.)
Rehabilitation services for persons with injuries	

- See List of Organizations of persons with disabilities (OPDs) in Ukraine – which includes contact details of associations of parents of children with disabilities.
- See also Child Protection referral pathways that provides overview of various services and contact details of organizations and competent State authorities in the respective geographical locations.
- See also the other Annexes of the Guidance (Section 7) that provide relevant information for case workers on case management and child protection issues.

Some good practices for case management actors when involved:

- Support putting in place procedures to identify children with disabilities, and to refer them for appropriate services. This also includes children most at risk that may be kept isolated from the rest of the community. Each child has different needs and capacities. In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration.
- Ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right.
- Provide information to the child and their parents or other caregivers about available support in accordance with specific needs [e. g. mobility devices, legal, health, psychosocial support, mental health support (child psychologists who are trained in various child-centered therapies), cash assistance, education, etc.].
- Provide support to parents or other caregivers of children with disabilities of the importance of creating an environment which is non-discriminatory, inclusive, and accessible in order to reduce the disability associated with the child's impairment. It is important that to avoid that children should feel stigmatized or isolated.

- Those caring for children with disabilities should be provided with guidance on how to best support the child's development, and their legal rights. If needed, parents or other caregivers should also be supported to access psychosocial support.
- Analyse barriers that limit access to services and advocate for services to be inclusive of and accessible to children with disabilities. Involve children with disabilities and their families in identifying barriers that impede access to child protection interventions and child-friendly spaces. Invite them to suggest how barriers can be removed and access improved.
- Increase the capacity of caseworkers and volunteers to understand and apply a rights-based approach to disability along with in accessible communication; make them aware of the rights of children with disabilities and the risks they face.
- Choose locations for child protection activities that are physically accessible; where this is not possible, make necessary adjustments, for example, temporary ramps, high contrast signage for low vision, sign language interpretation etc.
- Identify partners who may be able to build capacity for inclusion of children with disabilities in programmes and mainstream services.