CHILDREN WITH DISABILITIES AND COVID-19

This guidance has been produced for UNICEF's East Asia and the Pacific Regional Office and UNICEF Australia. **This document is intended for frontline workers, including UNICEF partners, health personnel, social workers, teachers, help line staff and community volunteers engaged in the COVID-19 response.** It is recommended that this document is read in conjunction with the Minimum Care Package, CBM's Disability Inclusion in COVID-19 Preparedness and Response guidance note[1],UNICEF's EAPR Child Protection Emergency Preparedness and Response to COVID-19 and the global Technical Note: Protection of Children during the Coronavirus Pandemic[2].

If not designed properly, COVID-19 responses can have unintended consequences for caregivers and children with disabilities, such as restricting their access to vital support services or increasing their risk of acquiring the infection due to close interaction with caregivers. This is concerning, as many people with disabilities have an elevated risk of serious illness and death if infected with COVID-19, due to pre-existing health conditions associated with their disability.[3] Life during COVID-19 can be more stressful, which can have a significant impact on children's and their caregivers' wellbeing beyond the disease itself.

In terms of planning COVID-19 responses, there are several considerations related to children with disabilities:

- **Lack of access to health information or services.** Children with disabilities and their carers may not receive accessible, age-appropriate information about the spread and prevention of COVID-19. If they contract COVID-19, children with disabilities face additional barriers accessing timely and appropriate health care. Additionally, services for children and caregivers with disabilities may be cancelled, and there may be limited access to medication and other essential goods. There are concerning examples of medical guidelines and practices that may discriminate against people with disabilities by permitting de-prioritisation of treatment when health systems have reached capacity.[4]

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[1] Disability Inclusion in COVID-19 Preparedness and Response, CBM Australia (April 2020). Weblink: https://did4all.com.au/Resources/CBM%20Guidance%20note%20Disability%20Inclusion%20in%20the%20COVID-19%20Response_FINAL-v1.pdf

[2] The first version of this guidance was developed in mid-March 2020 by the Global Alliance for Child Protection in Humanitarian Action to support child protection actors in the response to COVID-19 and is available in multiple languages at https://alliancecpha.org/en/COVD19. Technical Note: Protection of Children during the Coronavirus Pandemic

[3]The impacts of COVID-19 on people with disabilities: a rapid review, Jessie Meaney-Davis, Harri Lee and Nick Corby (April 2020). Weblink: http://www.sddirect.org.uk/media/1909/disability-inclusion-helpdesk-query-35-covid-19-rapid-evidence-review.pdf

[4] Idem

- **Increased stigma.** Stigma attached to COVID-19 is likely to compound the stigma attached to disability, particularly for those who are unable to maintain social distancing from their carers or support workers.
- **Lack of access to education.** With the move to distance learning, there is a risk of children with disabilities losing access to educational resources (such as teacher's aides in the classroom), and to inclusive teaching methodologies. Children with disabilities are more likely to come from families living in poverty, who may be unable to afford internet, IT equipment to access e-learning, or other resources that the school usually provides, or asks for to continue access to education. Children with disabilities may face increased difficulties in returning to school, when school closures end, and if they do return to school, they may face additional challenges in catching up with the annual curriculum. When children return to school, dedicated support should be made available. If the learning gap persists and increases, it may become very difficult to close the gap over time.
- **Neglect and lack of care**. Children with disabilities may lose disability-specific care when their caregivers die, are hospitalised, fall ill, or are quarantined. Children who are themselves hospitalised or quarantined may also be deprived of this support. Quarantine, isolation and medical facilities may not be designed to be easily and safely accessible by children with different types of disabilities, they may lack equipment, trained personnel and capacity to effectively support children with disabilities. Measures put in place to control the disease such as a school closure, may also leave children without parental care during the day (as their parents are at work). Children with disabilities who are left without care and supervision are more likely to incur injuries and accidents. Given that there is stigma associated with disability, the traditional care support systems that may step up in the absence of parental care may not occur. Adequate alternative care options, especially family-based, may be less available for unaccompanied and separated children who have disabilities. Children with disabilities living in residential care facilities may be significantly impacted by the disruption of regular services, shortage of staff, lack of protective equipment and insufficient dedicated care and support.
- **Increased exposure to violence, including sexual violence, physical and emotional abuse.** Children with disabilities, and especially girls, are disproportionately more at risk of violence and sexual abuse. This may result from disruption of parental care and supervision, including while children are online, caregivers and other adult family members becoming increasingly distressed, a sense of support and belonging to a community being undermined and the use of dysfunctional coping mechanisms to cope with the challenging environment (i.e. alcohol, etc.). Children living in psychiatric and social care institutes and other residential facilities are especially vulnerable as cases of violence, sexual abuse and exploitation of children confined in these premises are likely to go undetected, especially if visits are restricted or banned. In general, children with disabilities affected by neglect, abuse and violations are less likely to report the abuse. During lockdown and containment, there are even less chances that a case of abuse is quickly identified and supported.
- **Inaccessible interventions.** Mainstream interventions often fail to consider the specific situations of children with disabilities. A lack of accessible information or inaccurate and misleading communication may result in increased fears and difficulties in accessing

needed services. Ensure that child friendly and accessible information[5] is available to children and caregivers with disabilities. Responsive measures and services, such as mental health and psychosocial support, often reach children through schools, from which children and adolescents with disabilities may be excluded, or are not provided in disability-accessible formats (e.g. child help line).

- **Mental health and psychosocial distress.** Children and caregivers with disabilities are at increased risk of experiencing protracted stress (toxic stress) and developing mental health conditions. Fears, worries and a sense of isolation may be acute among children and adolescents with disabilities while confined at home. Caregivers may feel overwhelmed, disoriented, powerless and scared of not being able to protect themselves and their children against the disease. As parents are increasingly distressed, their capacity to take care of their children, especially if their child has a disability, is compromised. The disruption of pre-existing Mental Health and Psychosocial Support, MHPSS, services may lead to progressively increased tension, malaise and vulnerability within the family.

Strategic priority 1: Public health response to reduce novel coronavirus transmission and mortality

Actors in this space should consider the following when preparing to respond to COVID-19 for children and caregivers with disabilities, to address their needs with a holistic and coordinated approach:

- Review and, if necessary, strengthen the existing case management system to understand how to respond to any identified COVID-19 cases with disability and train frontline staff in disability inclusion how to respond to such cases amongst frontline staff.
- Review and, if necessary, strengthen or establish referral/coordination mechanisms between different services (including disability support, health and social welfare) and ensure frontline staff are aware of these procedures. This may involve sensitisation/briefing/training sessions by child protection professionals and disability experts to other sectoral teams to enable referral to protection services.
- Identify and prepare for creative and accessible measures to deliver services: social platforms, TV/radio channels, etc. Ensure that accessibility is considered in all approaches, i.e. large print, sign language interpreters, clear and simple languages and images[6].
- As well as making all public communication accessible and inclusive, work with the disability movement, including organisations of people with disabilities (OPDs) and disability service providers, to provide communication to children with disabilities and their families (see UNICEF COVID-19 guidance for disability inclusive communication[7]),

[5] It is recommended to produce Risk Communication and Community Engagement material and other supportive resources (such as tips and messages for children, adolescents and caregivers) in different formats, keeping into account different types of disabilities. You may utilise CBM's Guidance on Adapting Digital Tools for accessibility. Weblink: https://www.cbm.org/fileadmin/user_upload/Publications/CBM-Digital-Accessibility-Toolkit.pdf

[6] As mentioned earlier, you can refer to the CBM guidance (see above)

[7] Risk Communication & Community Engagement for COVID-19 – Engaging with Children and Adults with Disabilities, UNICEF. Weblink: https://www.unicef.org/disabilities/files/COVID-19_engagement_children_and_adults_with_disabilities_final.pdf

emphasising the elevated risks of children with disabilities to be infected or develop serious illness.

- Prevent de-prioritisation of treatment of children with disabilities, particularly when health systems have reached capacity, and advocate for continuity of critical protection, MHPSS and other key services, especially for the most vulnerable groups, including children and caregivers with disabilities.

Strategic priority 2: Continuity of health, education and social services; assessing and responding to the immediate secondary impacts of the COVID-19 response

Inclusion of persons with disabilities in COVID-19 response needs to be deliberate and purposeful. If not explicitly included in planning from the start, such as budgeting and resource allocation, there is a risk that children with disabilities will be excluded from prevention and response measures, despite facing heightened risks.

- Map disability-inclusive and accessible resources for children and caregivers with disabilities and their families to guide intersectoral response.
- Advocate for disability-inclusive and accessible mainstream services (e.g. health, social protection, mental health and psychosocial support, child protection) and education measures for children with disabilities and their families.
- Identify and deliver protection services for children left without a care provider, due to the hospitalisation, quarantining or death of the parent or care provider (working with health and social services at the sub-national level) and children at risk or suffering from harm/violence. Work closely with other sectors, especially health and education, to make sure frontline teams are familiar and use existing referral pathways. Ensure adequate monitoring of identified and supported cases takes place.
- Identify and deliver disability-appropriate care of children with disability who may be in quarantine, or have been diagnosed with COVID-19.
- Support disability-inclusive and accessible age and sex-sensitive mental health and psychosocial support services for affected children, their caregivers and communities according to context. Experience from other countries or previous health emergencies can inspire creative interventions in a situation where traditional MHPSS services may not be appropriate.
- Provide support to education actors to ensure that distance learning platforms are safe and accessible to children with disabilities; teachers are trained on supporting children with disabilities remotely, including guiding the caretakers on how to best support their child; reasonable accommodation provision in educational settings are translated to the home environment, and that any special education programmes are included in measures to ensure continuity of education.
- Ensure that additional effort is included to ensure children with disabilities can return to education after school closures end.
- Ensure that any programmes to prevent and respond to gender-based violence are inclusive of women and girls with disabilities (e.g. ensuring that information and reporting channels are available in multiple and accessible formats).
- Ensure that monitoring and evaluation measures are accessible and disability-inclusive by using the Washington Group / UNICEF Child Functioning module.[8]

[8] Child Functioning, Washington Group on Disability Statistics. Weblink: http://www.washingtongroup-disability.com/washington-group-question-sets/child-disability/