



# EDF recommendations on EU policies on children rights

December 2020

# About the European Disability Forum

The European Disability Forum (EDF) is an umbrella organisation that defends the interests of over 100 million persons with disabilities in the European Union. We are a unique platform which brings together representative organisations of persons with disabilities from across Europe. We are run by persons with disabilities and their families, and as such represent a strong, united voice of persons with disabilities in Europe.

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## EU's obligations under the UN Convention on the Rights of Persons with Disabilities

The UN Convention on the Rights of Persons with Disabilities ratified by the EU and all its Member States requires states parties to take measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children (article 7 CRPD), including freedom from violence (article 16 CRPD), the rights to living in the community (article 19 CRPD), respect for home and family (article 22) and access to inclusive education (article 24 CRPD). Children with disabilities have the right to express their views on all matters affecting them (article 7.3 CRPD).

States also have an obligation to recognise the multiple discrimination faced by girls with disabilities and must adopt measures to ensure their full and equal enjoyment of all human rights and fundamental freedoms (article 6 CRPD).

In 2015, the [UN CRPD Committee specifically recommended](#) that EU policies on children include a comprehensive rights-based strategy for boys and girls with disabilities and safeguards to protect their rights. The Committee also recommended that the EU takes the necessary measures, including through the use of the European Structural and Investment Funds and other relevant European Union funds, to develop support services for boys and girls with disabilities and their families in local communities, foster deinstitutionalisation, prevent any new institutionalisation and promote social inclusion and access to mainstream, inclusive, quality education for boys and girls with disabilities.

## Children with disabilities in the European Union

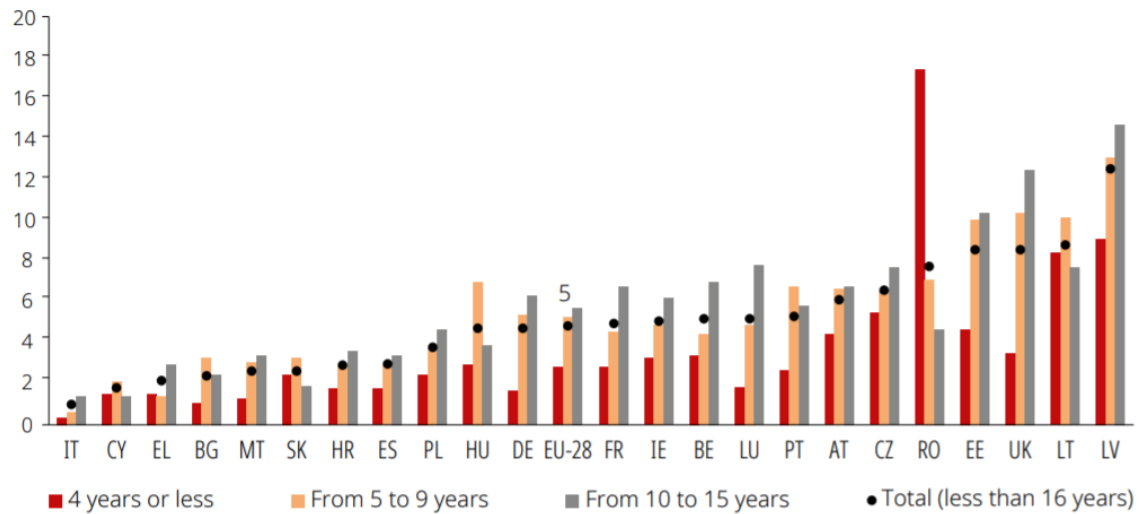
In most EU countries, children with disabilities continue to be disproportionately institutionalised, left without any education or segregated in special schools and are victims of violence and abuse, in and outside the family setting. Despite the disproportionate risks that they face, children with disabilities have been given very little consideration in national or European child rights legislation.

### Data

In 2019 the EU counted around 68 million children below 15 (Eurostat, 2020). There is **lack of data on the number of boys, girls and intersex children with disabilities** living in the EU.

Some of the existing data indicates that in 2017, **about 5% of EU families with children had a child or children with disabilities** (Eurostat, ilc\_hch13). This average hides significant diversity between EU countries, with less than 1 % of households in Italy, 8 % of households in Estonia and the United Kingdom, 9 % in Lithuania and 12 % in Latvia reporting having children with moderate or severe limitations (Eurostat, ilc\_hch13). This data does not include children with disabilities living in institutions.

Figure 6: Percentage of households with children who have moderate or severe limitations on their activities due to health problems, by age and country (EU-28, 2017)



Source: Eurostat, 2017 (ilc\_hch13).

NB: Data for Denmark, the Netherlands, Slovenia, Finland and Sweden is missing.

Other available data show that as much as 9.4% of girls and young women and 7.4% of boys and young men aged 16-24 had a disability (Eurostat, Health variables of EU-SILC, 2017).

## Consultation and participation

There is an overall lack of consultations with children with disabilities and organisations of persons with disabilities at national and EU levels.

As an example, the annual European Forum on the rights of the child organised by the European Commission does not sufficiently include children with disabilities and organisations of persons with disabilities in the design and participation of the event. The European Commission fails to ensure that the event is accessible to children and adults with disabilities. In 2020, despite request for sign language interpretation, no interpretation or live captioning was provided during this event. Deaf and hard of hearing children and adolescents were excluded from the event. In addition, European Commission's questionnaires were not accessible to all children with disabilities. This includes the questionnaire "The European Union Strategy on the Rights of the Child: Consultations with boys, girls and adolescents"<sup>1</sup> developed to consult children and adolescents in preparation of the Child Rights Strategy.

Under the CRPD, persons with disabilities and their representative organisations must be consulted on all policies and initiatives affecting their rights (article 4.3 CRPD). Regarding children, the Convention specifically states that "States Parties shall 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

<sup>1</sup> Centro Regionale per Accessibilità, [Note on the Accessibility of the questionnaire "The European Union Strategy on the Rights of the Child: Consultations with boys, girls and adolescents"](#)

their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realise that right” (article 7.3 CRPD). In 2015, the **CRPD Committee called on the EU to “ensure that boys and girls with disabilities and their representative organisations are consulted on all matters that affect them and that appropriate assistance, according to their disability and age, is provided.”**

Through organisations of persons with disabilities, children can with disabilities can be directly consulted through activities such as:

- **Child councils:** Children with disabilities can be brought together to be formally consulted on topics that affect them in the form of child councils. This consists of a process of outreach to children, who come together to discuss their needs and priorities on a number of different issues. The conclusions from the discussion can then used as the basis for advocacy positions used by organisations of persons with disabilities.
- **Peer discussions:** Discussions can also be held in a smaller and more informal format, with minimal intervention from adults. Similar to the child council format, peer discussions can be an occasion to bring children together to discuss a certain subject. The difference is that in this format children are more firmly in the driving seat when it comes to the direction the discussion will go in. In some cases, it can be more beneficial to separate girls from boys, in order to facilitate openness and confidence when it comes to delicate subjects such as violence. It is also crucial to enable communication between children (for instance by providing information in a sign language directly or/and ensuring interpreting services for deaf and deafblind children or where relevant providing communication support), and that peers are respectful of others who might need more time to express themselves and guarantee them the opportunity to make their thoughts heard.
- **Surveys:** Some children with disabilities might find it more comfortable to express themselves in writing rather than in person. In this case, online surveys can be used to understand what children with disabilities want to see policymakers doing. It is important to ensure that these surveys are accessible for children with disabilities. This is to say, the platform used should be compatible with assistive technology such as screen readers, security measures to access the survey should not prevent blind or partially sighted children from taking part, and questions should be made available in easy-to-read format including pictograms if needed. The child must always understand what the information is being used for, should be able to remain anonymous and should have their personal data protected in line with GDPR guidelines.
- **Direct consultations through interviews:** Alongside organisations of persons with disabilities, interviews can also be conducted in person to understand better what children feel they need from policymakers. Interviews in person can be beneficial because children are given the time to express themselves fully, without being influenced by their peers. It is important to always remember that these interviews must be done in a safe setting where the child with disabilities feels comfortable to express themselves, and that they

are not conducted in the presence of an adult who might try to influence what they say (such as a parent, a teacher, a carer or a worker in an institution). The child must always understand what the information is being used for and be clearly given the option to remain anonymous or to retract their statements at any time, even after the interview has been concluded.

**Likewise, families of children with disabilities must be consulted on matters that affect them.**

A crucial prerequisite for any meaningful participation and consultation is providing **accessible and easy to understand information**. This includes making information accessible via, for instance sign language, easy-to-read text or other means.

## **Child poverty**

There is a direct **correlation between households with children with disabilities and increased poverty levels**. There are multiple factors that increase the risk of poverty when a child has a disability. One of the most striking factors is the impact it has on household income and employment of other family members. Another is the extra cost of living linked to having a disability. For children who do not live in family settings the risks are even greater (see sub-section on institutionalisation).

### **1. Lower household income**

Households with children with disabilities are likely to see their income fall. When a child with disabilities has high support needs, family members will often take on the role of informal carers, particularly women. With a lack of affordable long-term care in the community and personal assistance, family members will typically take on this role full-time. This makes it extremely difficult to engage in paid work. A recent study in the UK claimed that 93% of parents of children with disabilities who don't work say they would like to but are restricted from doing so by a lack of childcare and flexibility<sup>2</sup>. This phenomenon is not specific to the context of the UK and is likely to exist in significant yet varying degrees throughout the 27 EU Member States.

Single-parent households, once again composed predominantly of women,<sup>3</sup> are even more at risk. A single parent bringing up a child with disabilities and acting as an informal carer might forego any income in the form of a salary, with reliance purely on social security, which is largely insufficient to protect households against poverty. Almost half (49%) of lone mothers and a third (32%) of lone fathers are at risk of poverty or social exclusion (EIGE, 2016).

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<sup>2</sup> (2018). Off Balance: Parents of disabled children and paid work. Working Families. UK. Available at: <https://www.workingfamilies.org.uk/wp-content/uploads/2018/07/WF-2018-Off-Balance-pages-FINAL.pdf>

<sup>3</sup> Women make up almost 85 % of all single-parent households in the EU (EIGE 2016).

## 2. Extra disability related cost and poverty

It is not only a household's income that is affected, but also their outgoings. In societies that remain largely inaccessible to persons with disabilities, the reality is that persons with disabilities and their families generally have to pay out of their own pockets to access specialised services and to compensate for not being able to make use of things most people take for granted. A study from Spain suggests that the main expenses tend to be medical treatment (29% of expenses) medicine (28.3%), technical aids (28%), transport and mobility (24.3%) and personal assistance (21.6%).<sup>4</sup>

Studies from Ireland suggest that the extra costs for households with a member who has a disability are significant, in order to reach the same standard of living as households with no persons with disabilities. Researchers indicate that having a person with high support needs in a household, costs on average 23.7% of a household's income, which equated to around 101.40€ per week at the time the study was conducted<sup>5</sup>. When a household member only has "some limitation", the loss is still estimated at an average of 20.3% household income, or 96.38€ per week<sup>6</sup>. A UK study suggests that families with children who have disabilities face average extra costs of £581 (659€) per month, and that for almost a quarter of families with children who have disabilities (24%), the extra costs amount to over £1,000 (1134€) per month<sup>7</sup>.

## Access to inclusive education

### 1. Barriers in accessing mainstream education

The right to inclusive education, enshrined in Article 24 of the CRPD, is a means not only for personal development, but also to give each person the necessary tools for the greatest level of autonomy possible later in life. Nevertheless, **access to inclusive education for learners with disabilities remains challenging**. Many children, especially with intellectual disabilities, are left without any education at all.<sup>8</sup>

EU figures show that **persons with disabilities in the EU are on average 10.1 percentage points more likely to be early school leavers than the general population<sup>9</sup>, and 10.5 percentage points less likely to complete tertiary education.<sup>10</sup>**

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<sup>4</sup> Available at: [https://www.cermi.es/sites/default/files/docs/novedades/Nota\\_OED\\_Especial\\_Pobreza.pdf](https://www.cermi.es/sites/default/files/docs/novedades/Nota_OED_Especial_Pobreza.pdf)

<sup>5</sup> Study conducted in 2008.

<sup>6</sup> Cullinan, J., Gannon, B. and Lyon, S. (2008). Estimating the Extra Cost of Living for People with Disabilities. *Health Economics* 20, pp 582–599.

<sup>7</sup> John, E., Thomas, G. and Touchet, A. (2019). *The Disability Price Tag 2019: Policy Report*.

<sup>8</sup> For example, in France see [marantree.org](http://marantree.org).

<sup>9</sup> Based on respondents aged 18-24. EU SILC 2017.

<sup>10</sup> Based on respondents aged 30-39. EU SILC 2017.

The rate at which children with disabilities are placed in segregated “special” schools varies from Member State to Member State. The European Agency Statistics on Inclusive education (2018) found that the following countries had the highest proportion of children in segregated schools: Belgium, Germany, Luxembourg, Finland, Latvia and Estonia. Other countries such as Italy, Malta and Portugal, opt for a more inclusive approach, with a higher percentage of learners with disabilities in mainstream schools.<sup>11</sup>

The **barriers to accessible, mainstream education are numerous** and depend on the system of education and how the policies and resources are arranged to enable inclusive education. For some children, there are issues of physical inaccessibility of the built environment in schools in their area. For others, the learning process in a mainstream setting becomes inaccessible owing to lack of tailored communication methods or linguistic barriers, for example to provide learning materials in Braille, or to ensure a sign language environment or/and sign language interpreting services to deaf and deafblind learners. In other cases, classroom assistants trained in supporting learners with disabilities will be needed but are not available. Modes of examination are often not adapted to ensure that learners of all levels are able to leave school with formal certification. When ensuring the access to mainstream education settings to learners with disabilities, it is important to take into account the different needs of every disability group and learner in question.

## 2. Impact of COVID-19 on education of children with disabilities

During the COVID-19 pandemic, children with disabilities came up against another barrier in accessing education. This was the challenge of adapting mainstream education to digital and distance-learning platforms in a way that was inclusive of learners with disabilities. Many children with disabilities saw their education halt completely, while their classmates without disabilities were able to continue learning. In many cases this is because the digital platforms were not accessible to children who are blind or partially sighted. In other cases, children who would have relied on the support of a specialised classroom assistant to ensure their learning were left without support, only able to continue learning if a parent or guardian was available to help. For many deaf children, distance education has meant a lack of access to a sign language environment as the majority of deaf children do not have family members who use sign language and/or sign language interpreting services. There was also a lack of online learning material adapted to the needs of learners with intellectual disabilities<sup>12</sup>, meaning teachers lacked distance learning activities to send to these children.

The need for digital learning likely to remain with us for the foreseeable future, and investment in accessible platforms, creation of adapted curricula and exercises, and solutions for classroom support from a distance need to be explored and invested in. It is also important to note that, while distance learning can open educational

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<sup>11</sup> European Agency Statistics on **Inclusive education** (2018): [https://www.european-agency.org/sites/default/files/easie\\_2018\\_dataset\\_cross-country\\_report.docx](https://www.european-agency.org/sites/default/files/easie_2018_dataset_cross-country_report.docx)

<sup>12</sup> [Lack of education for children with intellectual disabilities made worse in the Coronavirus emergency \(inclusion-europe.eu\)](https://www.inclusion-europe.eu)



opportunities for many learners with disabilities, it should never be foreseen as an alternative to creating inclusive mainstream school settings.

### 3. Situation in European Schools

Children with disabilities still face difficulties to access European schools of the EU institutions<sup>13</sup> because of discrimination, inaccessibility and failure to provide reasonable accommodation.

There have been a range of recommendations made to the European Schools regarding inclusive education in the past years, from the European Ombudsman,<sup>14</sup> the CRPD committee recommendations in 2015 and most recently in a report published by Human rights Watch and EDF "[Sink or Swim: Barriers for Children with Disabilities in the European School System](#)". This report stresses that children with disabilities continue to be discriminated against and excluded from European schools.

According to a report published in May 2020, during the 2018-2019 school year, out of a total of 27.176 students<sup>15</sup> 1.993 students were said to be receiving intensive support and **2 children with special educational needs were refused admission.**<sup>16</sup>

#### Access to leisure activities

It is important not to overlook that, when we talk about children's rights, we also refer to the right to simply be a child, to enjoy childhood and develop as a person. Article 3 of the CRPD, on General Principles talks about the "[r]espect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities."

Many children with disabilities however do not have access to leisure activities due to the lack of measures taken by EU governments to ensure accessibility and reasonable accommodation.

Access to leisure activities is a key part of personal discovery and growth. It is therefore of paramount importance that every effort possible be made to make leisure activities inclusive and available to children with disabilities. Wherever possible, these activities should be facilitated in such a way as to ensure that children partake in

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<sup>13</sup> European schools are intergovernmental schools principally designed for children of employees of the EU institutions. The European School Board is made up of representative of the EU member states and the European Commission.

<sup>14</sup> See for instance Letter from the European Ombudsman to Commissioner Oettinger concerning the United Nations Convention on the Rights of Persons with Disabilities ('UNCRPD') and the European Schools (SI/4/2018/EA)

<sup>15</sup> Facts and figures on the beginning of the 2018- 2019 school year in the European Schools, available at: <https://www.eursc.eu/Documents/2018-10-D-17-en-3.pdf>.

<sup>16</sup> Statistical Report on Educational Support and on the Integration of Pupils with Special Educational Needs into the European Schools in the Year 2018-2019 (May 2020), available at: <https://www.eursc.eu/Documents/2019-11-D-11-en-5.pdf>.

them alongside children without disabilities. In some cases, such as competitive sports clubs, activities might be disability-specific. However, even in these cases, activities should take place in mainstream sports settings to ensure that children with disabilities are not segregated from their peers without disabilities.

Part of ensuring the accessibility of leisure activities, means investing in the accessibility of the build environment. This means not only ensuring buildings hosting cultural and leisure facilities are accessible for persons with disabilities, but that children with disabilities and their families/guardians can reach them using accessible transport and streets free from barriers that hinder their movement.

Leisure and cultural activities should also embrace diversity and multilingualism, and it is crucial to promote leisure and cultural activities in national sign languages. In the case of deaf children, this should enable them to develop their cultural and linguistic identity, as established in Article 30 of the CRPD.

### **Institutionalisation: violation of the right to grow up in a family**

The UN Convention on the Rights of Persons with Disabilities (CRPD) recognises that the best interests of the child are the paramount consideration in all decisions affecting them (Article 7(2)), and places clear obligations on States to protect the right to family life (Article 23) and to live and be included in the community (Article 19). In the General Comment No. 5, the UN Committee on the Rights of Persons with Disabilities (CRPD Committee) states that “[f]or children, the core of the right to be included in the community entails a right to grow up in a family.” The CRPD Committee explains that “[l]arge or small group homes are especially dangerous for children, for whom there is no substitute for the need to grow up with a family. ‘Family-like’ institutions are still institutions and are no substitute for care by a family”. Yet **institutionalisation remains common for children with disabilities in the European Union.**<sup>17</sup>

For most children, placements in institutions and group homes are temporary emergency measures before they move on to a family setting. **For children with disabilities, however, the time spent in institutional settings is likely to be far longer, if not permanent.** Research suggests that children with disabilities are disproportionately more likely to be placed in institutional care than their non-disabled peers and appear far less likely to benefit from efforts to affect a transition from institutional to family-based care.<sup>18</sup>

Families of children with disabilities must be supported by all kinds of measures and services, so they can provide and properly care for all their children. Far more emphasis needs to be put on offering children with disabilities family-style care in the community, in line with their wishes, and without being coerced into living in isolated and/or grouped settings. As children grow up, attention also needs to be paid to offering opportunities in mainstream educational settings and to learning skills that

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<sup>17</sup> [One step forward, two steps back? | From institutions to living in the community \(deinstitutionalisation.com\)](#)

<sup>18</sup> Academic Network of European Disability Experts: <https://www.disability-europe.net/downloads/1040-task-year-4-2018-19-policy-theme-il-synthesis-report>

will help them reach the greatest amount of autonomy possible in adulthood. Placements for long-term care need to be based on the informed choice of the child, in consultation with the child's family and the competent services. Of course, taking the child's opinion into account plays an essential role in this respect and requires the implementation of specific communication techniques.

The lack of data on persons living in institutions in the EU means that we lack a detailed understanding of how many children with disabilities live in these settings. There is an urgent need to improve data collection on people living in institutional care and for this data to be disaggregated on the basis gender, age and type of disability.

## Violence

Children with disabilities are at higher risk of experiencing violence than children without disabilities. A 2013 UNICEF report on Children with Disabilities reported that they are **3.7 times more likely to experience any sort of violence; 3.6 times more likely to be victims of physical violence; and 2.9 times more likely to be victims of sexual violence.** Children with intellectual and psychosocial disabilities face an even higher risk with a risk of sexual violence, 4.6 times higher than that faced by children without disabilities.

Violence may include **physical and verbal violence, bullying and harassment, sexual violence.** In a 2015 report, the EU Fundamental Rights Agency stressed that children with disabilities are also exposed to **disability specific forms of violence**, “which are different to those experienced by children without disabilities, such as restraint, sexual abuse during daily hygiene routines, removal or control of communication aids, violence in the course of treatment, overmedication or withholding medication, and violence motivated by prejudice towards a person’s disability.”<sup>19</sup> Other abuse specifically faced by girls, young women and intersex children with disabilities is **forced sterilisation and forced contraception.**<sup>20</sup> These types of violence may take place in and outside home, including in institutions, schools and in the healthcare sector.

In addition to the higher risks to face violence, children with disabilities are **excluded from rights awareness campaigns and training** aimed at preventing violence. Such campaigns or trainings are also almost always inaccessible to children with disabilities. As a consequence, children with disabilities, and in particular girls and young women with disabilities<sup>21</sup> are not empowered to recognise risks situations and violence that may have faced.<sup>22</sup>

Children with disabilities may also be witnesses of domestic violence and femicide, that sometimes leave them orphans and impact their mental health. This includes the

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<sup>19</sup> FRA report on [Violence against children with disabilities: legislation, policies and programmes in the EU](#), page 84.

<sup>20</sup> See EDF report on [Ending forced sterilisation of women and girls with disabilities](#).

<sup>21</sup> [Violence against women - Inclusion Europe \(inclusion-europe.eu\)](#)

<sup>22</sup> FRA report, page 57.

children of women with disabilities who are a group more at risk of facing domestic violence.<sup>23</sup> Because of barriers in accessing support services for victims with disabilities and stereotypes on disability, children with disabilities witnesses of domestic violence and femicide may be less trusted by the police and receive less support as victims.

In 2015, the CRPD Committee expressed concerns about the multiple forms of violence faced by persons with disabilities and called the EU to “take the necessary measures to mainstream disability in all legislation, policies and strategies for combating violence, abuse and exploitation, and provide effective protection from violence, abuse and exploitation to all persons with all types of disabilities inside and outside of the home environment.” Immediate actions are needed to combat all forms of violence, and specifically disability-specific forms of violence faced by children, girls and boys, with disabilities.

## Mainstreaming

As highlighted in the sections above, children with disabilities are particularly at risk of being denied their basic human rights. Not only are they more at risk of institutionalisation, poverty, violence, segregation and denial of education, but our understanding of their wellbeing and needs is clouded by the fact that data collection on children with disabilities remains extremely poor in the EU.

Policies and initiatives that aim to support children therefore cannot overlook the specific needs of children with disabilities. To do so would equate to leaving behind those needing the most support. It is therefore of paramount importance that disability be mainstreamed into all policy actions focusing on children.

Attention must be paid to how new policies and initiatives will affect children with disabilities, and to understanding whether or not planned activities will actually serve the needs of this group. In order to develop policies that are effective and work for the benefit of children with disabilities, persons with disabilities and their representative organisations should be consulted at all stages of policy planning and development.

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<sup>23</sup> Women with disabilities are two to five times more likely to be victims of violence than other women. 34 % of women with a health problem or a disability have experienced physical or sexual violence by a partner in their lifetime. European Parliament resolution of 29 November 2018 on the situation of women with disabilities (2018/2685(RSP)).

## General objectives for children with disabilities

Our aim is that all children with disabilities:

- Are consulted and involved on matters that concern them, directly and through organisations of persons with disabilities;
- Are free from violence and abuse, including disability-specific forms of violence, and forced sterilisation and contraception;
- Can learn in inclusive, mainstream educational settings;
- Can take part in accessible leisure activities, explore their interests and enjoy their childhood on an equal basis with other children;
- Are given extra support, along with their families or guardians, to maintain a dignified standard of living and to avoid the risk of poverty and social exclusion;
- Are no longer placed in segregated institutional care and that children with disabilities currently in institutions are supported in moving towards community-based and/or family-based care in line with their needs and preferences; and families receive the support necessary to provide care for all their children;
- Are afforded the opportunities to develop their full potential, not just academically and professionally, but also regarding their hobbies and interests, and that they receive the support they need to develop as individuals.

## Recommendations

### Recommendations on the EU Strategy on the rights of the child (2021-2024)

The EU Strategy on the rights of the child (2021-24) gives the European Commission an important opportunity to ensure that the rights and needs of children with disabilities are explicitly acknowledged, addressed and fulfilled by the EU and all its Member States. The Strategy must ensure that the following points are explicitly included:

- **Reference and compliance with the UN Convention on the Rights of Persons with Disabilities (CRPD):** the Strategy must refer to the CRPD ratified by the EU and all member states. It must be CRPD compliant, advance the rights of children with disabilities and implement the 2015 recommendations of the CRPD Committee to the EU.
- **Data collection:** the EU and member states must urgently collect data on girls, boys and intersex children with disabilities, including those living in institutions. Where general data is collected, it should be disaggregated by disability, gender and age.
- **Consultation with children with disabilities:** in the preparation, design, implementation and monitoring of the strategy, the European Commission and EU Member States must involve children with disabilities and consult organisations of persons with disabilities. Children with disabilities must be invited and have access to all meetings and events organised for children in relation to their rights and children policies at EU and national level.
- **Access to inclusive education and recreational opportunities:** the Strategy must include actions to ensure access to inclusive education for all children with disabilities in the EU, including to the European schools and from pre-primary education onwards. Children with disabilities are children first and foremost and have the right to family life, social inclusion and the full range of leisure, recreation, sport and cultural activities just like other children. In all these actions, the EU must take specific measures if needed to ensure their full inclusion.
- **Ending child poverty:** the Strategy must address the specific difficulties faced by families with children with disabilities so they can grow up in decent and dignified living conditions. It should consider specific actions to combat poverty of families with children with disabilities, including measures to end discrimination by association in employment, and address the extra cost of living faced by persons and households with disabilities.
- **Living in the community:** the Strategy must include measures to ensure that children with disabilities can grow up in the community. This should include measures to develop support services for children with disabilities and their families in local communities, including early assessment, health care, (re)-

habilitation and other specific support measures, and foster deinstitutionalisation.

- **Protection against violence:** the Strategy must ensure that the actions on protecting children against violence specifically address the needs of children with disabilities and the specific issues faced by them, including abuse in institutions and in the family settings, bullying, and the forced sterilisation and contraception faced specifically by girls, adolescents and intersex children with disabilities. The Strategy should align itself with the Gender Equality Strategy and the Victims' Rights Strategy in calling the EU and its member states to ratify the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention).
- **Mainstreaming:** the intersectional discrimination and specific issues faced by children with disabilities, including girls with disabilities, LGBTI+ children with disabilities, Roma children with disabilities and refugee children with disabilities, should be included in all areas addressed by EU strategies, including external policies.

## Recommendations on the Child Guarantee for Vulnerable Children

In order to ensure that children who are at risk of poverty, social exclusion, or are otherwise disadvantaged, have access to essential services of good quality, the Child Guarantee for Vulnerable Children will need to pay special attention to children with disabilities. It should make direct reference to and respect the principles of the UN CRPD, signed and ratified by the EU and all Member States. It should do this in the following ways:

- **Affordable and inclusive childcare and long-term care:** The Child Guarantee should offer financial support to ensure affordable and inclusive childcare and early intervention and community-based support that meet the needs of children with disabilities. This is essential to enable the parents of children with disabilities to take up paid work. It is also a means to prevent the disproportionate impact on women, who are more likely to take on the role of informal carers. In line with the CRPD these services should never be in segregated settings cut off from the community.
- **Bring children with disabilities out of institutions:** Children with disabilities are overrepresented in institutional care and remain in institutions for longer than their counterparts without disabilities. This has a huge impact on their quality of life and possibilities to avoid poverty in the future. No form of investment from the Guarantee should therefore go towards placing children in institutional care. For children with disabilities who do not have the option to live with their family, emphasis should be put on offering community-based care in line with the child's preferences. Opportunities for family-based care and foster care should be increased.
- **Accessible and affordable housing:** Support needs to be given to house children with disabilities and their families in line with the CRPD. Priority

should be given to funding Housing First Initiatives to prevent homelessness of families with children with disabilities. These housing options should be in the community and allocated in line with the wishes and need of the families concerned. They should take into consideration the accessibility needs of persons with disabilities. Emphasis should go on supporting families to find a place to live and to remain together in order to avoid placing children in institutional care.

- **High quality education for all:** To give children with disabilities the best chance of escaping poverty, quality inclusive education is key. Investments should be made in making mainstream education accessible for learners with disabilities, including digital learning. This means we need to see investments in the accessibility of physical settings and digital tools used to teach. However, digital education should always be a choice for learners with disabilities and never be used as an excuse not to make mainstream schools accessible. It will also require funding training for teachers and classroom assistants in fully including learners with disabilities in the mainstream classroom setting, including hiring sign-language interpreters when needed.
- **Reaching out to families in rural communities:** Special attention should be paid to families and children living in rural areas, who have greater difficulties accessing support services that can meet the needs of persons with disabilities.
- **A Child Guarantee that mainstreams disability issues:** All actions foreseen in the Child Guarantee for Vulnerable Children should have a view of how they can also be applicable and beneficial to children with disabilities. The Guarantee should recognise that children with disabilities and their families are among the most likely to be poor, and that measures that are not tailored to their specific needs will fail in reaching those most in need of support.

## Contact

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