

The Murdoch Children's Research Institute (MCRI) appreciates the opportunity provided by Department of Foreign Affairs and Trade (DFAT) for consultation regarding the new International Disability Equity and Rights Strategy (the Strategy) and, as a child-focused organisation, urges DFAT to recognise the unique, urgent and intersectional needs of children and young people with disability, through their explicit participation and inclusion in development and implementation of the Strategy.

The prevalence of disability in childhood is substantial and increasing. Globally, an estimated one in ten children has a moderate to severe functional difficulty and 7.5% of children under the age of 5 have a developmental disability<sup>1</sup>. In our region, 8% and 11% of children aged 0-17 have a disability in East Asia and the Pacific, and South Asia respectively.<sup>2</sup>

Inclusion needs of children and young people living with disability are different to those of older adults and require focused attention within the Strategy, to promote equitable access to health, education and other opportunities and avoid compound disadvantage. Without additional targeted investment in their inclusion, children and young people living with disability are at increased risk of poorer educational and health outcomes and are at increased risk of trauma, neglect and abuse compared with their typically developing peers.<sup>1</sup> With recent events and crises (climate crisis, conflict, COVID 19 pandemic) amplifying inequalities, there is an urgency to address a high burden of unmet needs and the widening gap between the Sustainable Development Goals and the current reality for children and young people living with disability in our region<sup>3,4</sup>.

MCRI recommends the new strategy explicitly include children and young people, aligned with Australia's obligations as a signatory to the UN Convention on the Rights of the Child.<sup>5</sup> This would support dedicated child and adolescent focused initiatives as well as considering their intersectoral needs as a cross-cutting issue, within a life-course perspective across all programming.

We note that Australia's first disability inclusion strategy included a focus on children and young people as a guiding principle (*Development for All 2009-2014*), while the most recent strategy - *Development for All 2015-2020* - has narrowed this focus on inclusive education and skills. While inclusive education is critical and should remain a core focus within the strategy, addressing this alone is insufficient to holistically meet the needs of children and young people living with a disability. In particular, in line with the WHO, UNICEF & World Bank *Nurturing Care Framework for Early Child Development (NCF)*<sup>6</sup> and the 2016 *Lancet Early Childhood Development Series*<sup>7</sup>, MCRI calls for DFAT to recognise the unique needs of this population by ensuring that the strategy embeds an approach which is:

1. **Life-course** to disability equity – recognising the changing needs of children with disabilities from birth through adolescence to adulthood and the significance of the **impact of early life experiences** on lifelong health and wellbeing.
2. **Intersectoral and ecological** – addressing children and young people's needs linking to health and nutrition, education and social protection, in the context of family and community.

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1. Global report on children with developmental disabilities: from the margins to the mainstream. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2023 <https://www.who.int/publications/i/item/9789240080232>

2. Seen Counted Included, UNICEF <https://data.unicef.org/resources/children-with-disabilities-report-2021/>

3. Global report on health equity for persons with disabilities. Geneva: World Health Organization; 2022 <https://www.who.int/publications/i/item/9789240063600>

4. Milner KM, Zonji S, Yousafzai AK, Lule E, Goldfeld S. No time for business as usual: can systems thinking help us to accelerate recovery for early child development?. *BMJ Global Health*. 2023, 8(5) e012327.

5. The United Nations Convention on the Rights of the Child (UNCRC), 1989. <https://www.unicef.org.au/united-nations-convention-on-the-rights-of-the-child>

3. **Intersectional and transformative** – considering the urgent and unique needs of girls, young women and those with other intersecting identities, and addressing the root causes of disability exclusion: social norms, attitudes, stigma and discrimination.

We refer to the following key frameworks and documents that guide our recommendations for including children and young people with disability; The NCF<sup>6</sup>, *Rehabilitation 2030 Initiative a call for action* and *Rehabilitation in Health Systems: Guide for Action*.<sup>8,9</sup> In particular, we wish to draw attention to the recent *Global Report on Children with Developmental Disabilities: From the Margins to the Mainstream*<sup>1</sup> and highlight the following **key actions** from the report which inform the below recommendations for the meaningful inclusion of children with disabilities in the Strategy:

1. Prioritise the specific needs of children and young people with developmental disabilities
  - Commitment to the inclusion of children and young people through a dedicated child and youth focus as well as a key cross-cutting issue across all programming
  - Inclusion of the voices of children and young people and where appropriate their carers or advocates in the development of the Strategy
2. Invest in transforming care systems for children and young people with disabilities
  - Target investment for the implementation of programs that address early child development for children with disability, developmental difficulty or those at risk of developmental difficulty, including **early intervention and early identification services**.
  - Target investment in programming beyond health systems and services that promotes multisectoral coordination across all **domains of nurturing care**, including **family-centred services** that recognise the family as central to the lives and development of children and adolescents.
  - Explicit recognition and **targeted support of parents and caregivers** (for example, supporting caregiver wellbeing and building capacity to support and promote the health, development and participation of their child).
3. Promote the active participation of children and young people with disabilities and their families to improve outcomes and facilitate realisation of their human rights
  - Invest in strengthening participation by supporting programming that focuses on addressing barriers and supporting enabling environments to creating opportunities for participation. Specifically, programming should target: eliminating stigmatisation and segregation, promoting participation in health care and education, improving participation of families, parental and self-advocacy, supporting parents' mental health, and improving participation in communities, employment and the digital space.
4. Support the strengthening of monitoring, data generation and research for children and young people with disabilities
  - Target investment to improve and extend data collection at community, subnational, national and global levels
    - Strengthen routine data collected on outcomes of children and young people with disabilities
    - Improve routine monitoring and evaluation of policies and programs, disaggregating data by age, gender and geographical setting

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6. World Health Organization, United Nations Children's Fund, World Bank Group. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization; 2018 <https://nurturing-care.org/ncf-for-ecd>

7. Advancing Early Childhood Development: from Science to Scale, An Executive Summary for The Lancet's Series. The Lancet. 2016 <https://www.thelancet.com/series/ECD2016>

8. World Health Organisation. Rehabilitation 2030, A Call For Action. 2017 [https://cdn.who.int/media/docs/default-source/documents/health-topics/rehabilitation/callforaction2.pdf?sfvrsn=50299fc6\\_2&download=true](https://cdn.who.int/media/docs/default-source/documents/health-topics/rehabilitation/callforaction2.pdf?sfvrsn=50299fc6_2&download=true)

9. World Health Organisation. Rehabilitation in Health Systems: Guide for Action. 2019 <https://www.who.int/publications/i/item/9789241515986>

- Promote generation and evaluation of innovative local solutions
- Monitor inequalities across sectors
- Invest in research in which experts with lived experience, including children and young people with disabilities and their families are meaningfully involved in the knowledge generation.
- Invest in research that targets the following priorities:
  - Further understanding of the core determinants of health inequalities among people with disabilities in different contexts and how these can be addressed.
  - Approaches to improving attitudes toward disability
  - Strategies for early identification and early intervention including addressing barriers to accessing services and maximising effectiveness of interventions
  - Interventions for preventing mental health conditions and mental health care among children and young people with disabilities
  - Interventions and strategies addressing participation and the environmental factors that impact children and young people with disabilities
  - Best practices for increasing the skills of care professionals across sectors, and understanding how information systems can better monitor the performance of systems related to the health and wellbeing of children and young people with disability.
  - The benefits of individualised approaches to care including models for scaling up high-quality services, i.e., the implementation of family-centred care and services particularly in LMIC.
  - Improving evidence on the role of technology in increasing access and benefiting from interventions and services.

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