

Misean Cara's Children with Disabilities Framework

*A Holistic Approach towards Care, Inclusion and
Empowerment of Children with Disabilities*

Guidance Document 1: The Framework



misean cara
Mission Support from Ireland

Table of Contents

List of Acronyms	3
Foreword: Background to the development of the CWD Framework	4
1. The Mísean Cara Children with Disabilities (CWD) Framework	6
2. Purpose of the Framework	8
3. Using the Framework	9
4. Six Dimensions of Inclusion and Belonging	9
A. Direct Support for the Child in the Home	9
B. Family Support	10
C. Inclusive Education	10
D. Access to Services	11
E. Inclusive Communities	12
F. Inclusive Societies	12
5. Core Principles of the Framework	13
Principle 1. Global Standards	13
Principle 2. Rights and a Social Model	13
Principle 3. Safeguarding and Child Protection	13
Principle 4. Inclusion and Belonging	13
Principle 5. Gender and Intersectionality	14
Principle 6. Voice and Lived Experience	14
Principle 7. Equality and Equity	14
Principle 8. Community-Based Inclusive Development (CBID)	14
Principle 9. Uniqueness and Best Interests of the Child	14
6. The CWD Self-Assessment Tool (SAT) and Toolkit	15
7. Application of the Framework to Wider Development Programmes	15
8. Summary of the Key Steps for Using the CWD Framework	17

List of Acronyms

ADHD	Attention Deficit Hyperactivity Disorder
ADLs	Activities for Daily Living
ASD	Autism Spectrum Disorder
CBID	Community-Based Inclusive Development
CBR	Community-Based Rehabilitation
CCC	Catholic Care for Children
CRC	(UN) Convention on the Rights of the Child
CRPD	(UN) Convention on the Rights of Persons with Disabilities
CWD	Children with Disabilities
HI	Hearing Impairment
MADI	Missionary Approach to Development Interventions
MO	Member Organisation (of Misean Cara)
NGO	Non-Governmental Organisation
OT	Occupational Therapy
PWD	Person with Disabilities
RA	Reasonable Accommodation
SLT	Speech and Language Therapy
UD	Universal Design
VI	Visual Impairment
WHO	World Health Organisation

Foreword: Background to the development of the CWD Framework

The Misean Cara Children with Disabilities (CWD) Framework, as outlined in this document, emerged from the implementation of a three-year Children with Disabilities Programme funded by the GHR Foundation from July 2023 to August 2026. The programme initially included nine existing disability projects of five Misean Cara member organisations (MOs) in four countries: Kenya, Uganda, Zambia and South Africa. All of these projects are primarily funded by Irish Aid.

One of the key aims of the programme was to develop a CWD toolkit to guide and support the future CWD work of Misean Cara members. This framework, in conjunction with the CWD Self-Assessment Tool, forms the core of the toolkit, to which other guidance documents and tools are being added over time.

Following initial field assessments of the projects in late 2023, a composite analysis of the strengths, gaps and opportunities across the projects was developed in early 2024. This analysis informed the subsequent development of the CWD Programme Strategy, including five objectives based on:

- **Capacity strengthening** to optimise the delivery of high quality CWD projects
- Seeking to address some of the **key gaps and issues** in the disability sector (such as disability prevention, safeguarding and elimination of stigma) in relation to services and support for CWD and their families
- Learning **from the successes and challenges** of current delivery models and approaches, including in-centre, outreach and family support models
- **Influencing and collaborating** with other organisations and individuals working in the childcare and disability sectors
- Specific collaboration with **Catholic Care for Children (CCC)**¹ on its programmes to transition children from institutional care to family homes under the global care reform agenda.

The framework has evolved further since then, based on feedback and discussions during subsequent project visits, country level meetings and staff discussions in Misean Cara.

Nature and Level of Impairments

The framework recognises the broad **spectrum of impairments** that exist (across the entire range of physical, sensory, mental and intellectual impairments) and the various **levels** of impairment that can also exist (e.g. mild, moderate, severe or profound) across this range. The nature and level of supports, services and interventions required to support children (and adults) with disabilities in adopting a social approach towards disability is therefore very broad also.

The framework also recognises that a significant number of Misean Cara members are very experienced in the delivery of services (particularly in education or healthcare) with those service centres often serving as a base for their projects, but many MOs also have much experience in other forms of development work, and are well versed on issues such as community-based approaches, family support and care and support for children.

MOs as a collective are seeking to address disability in a wide variety of contexts across the full range of livelihoods and climate resilience, education / training, healthcare and emergency interventions

¹ The Catholic Care for Children (CCC) programme on care reform / de-institutionalisation currently operates in six countries, including overlaps with the Misean Cara CWD Programme in Kenya, Uganda and Zambia, and has a CCC International co-ordination office in Rome.

across more than 50 countries. For all of these reasons, disability can be a very complex issue to address, and for those intending to work on disability for the first time, it can often be very difficult to know where to start. The framework is intended to support MOs in addressing these issues.

Some specific examples of good practice and significant issues encountered during field visits and assessments are reflected in the various framework guidance documents that accompany this core paper.

CWD Projects

The nine projects that participated in the CWD Programme from 2023 to 2026 and that contributed to the development of this framework were as follows:

Table 1: Projects participating in the CWD Programme 2023-2026

Organisation	Project	Location	Country
Daughters of Charity of St. Vincent De Paul (DCSVP)	Kisima Intellectual Disability Centre	Thigio	Kenya
	St. Louise Centre for Children with Special Needs	Kiio, Kitui	Kenya
Franciscan Missionaries of St Joseph (FMSJ)	St. Francis Rehabilitation Centre	Malindi	Kenya
Sisters of the Sacred Heart of Jesus and Mary (SSHJM)	Children in Need (CHIN) Project	Mukono	Uganda
	Women and Children First (WACFO) Project	Pabo, Amuru	Uganda
	Bauleni Special Needs Project (BNSP)	Lusaka	Zambia
	Integrated Rural Development (IDP) Project	Mbala, Northern Province	Zambia
Franciscan Missionaries of the Divine Motherhood (FMDM):	Little Assisi Project	N'Gombe, Lusaka	Zambia
Missionary Sisters of the Assumption (MSA)	Enkuthazweni Project	Port Alfred, Eastern Cape	South Africa

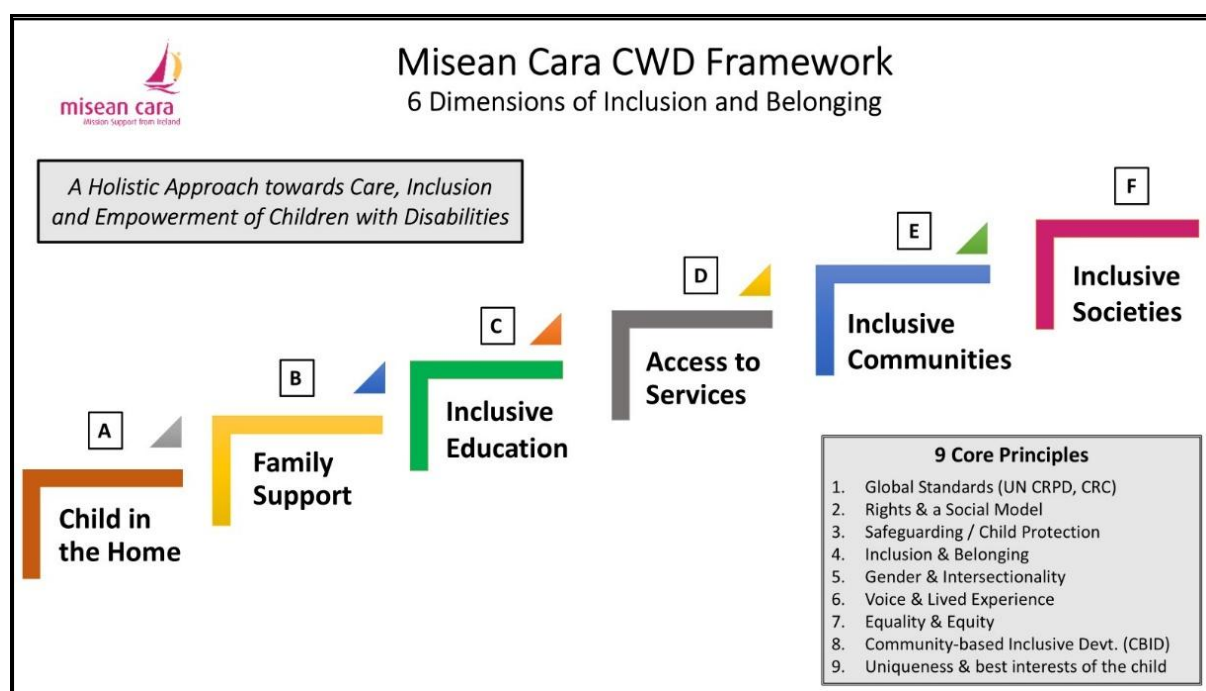
1. The Misesan Cara Children with Disabilities (CWD) Framework

The Misesan Cara Children with Disabilities (CWD) Framework, as outlined in this document, has been developed to guide and support Misesan Cara members (MOs) and other agencies in commencing or developing their work to support children with disabilities (CWDs), either through disability-specific interventions, or through mainstreaming or integration of disability inclusion initiatives within broader development programmes (e.g. within livelihoods / climate resilience, education, healthcare and / or human rights projects).

The framework, as illustrated in Figures 1-4 below, outlines a **holistic approach** towards care, inclusion and empowerment of children with disabilities, through the application of **nine key principles** and the consideration of **six dimensions of inclusion and belonging**.

The overall framework is presented in Figure 1, below:

Figure 1: The Misesan Cara Children with Disabilities Framework



The six dimensions range from the experience of the individual child in the home right up to societal level attitudes, responses and supports for CWDs in that country and beyond. They are grouped naturally into three pairs of related dimensions, as reflected in Figures 2-4, below.

Figure 2 illustrates key issues for consideration at child and family levels in the home (Dimensions A and B).

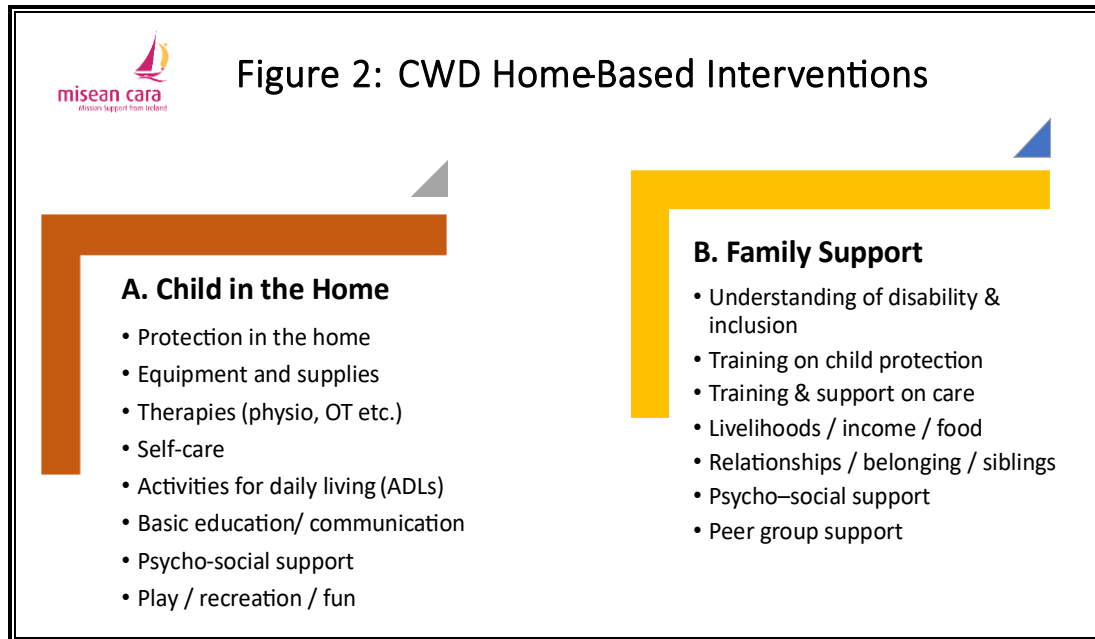


Figure 3 below illustrates key issues for consideration under inclusive education and access to other services (Dimensions C and D).

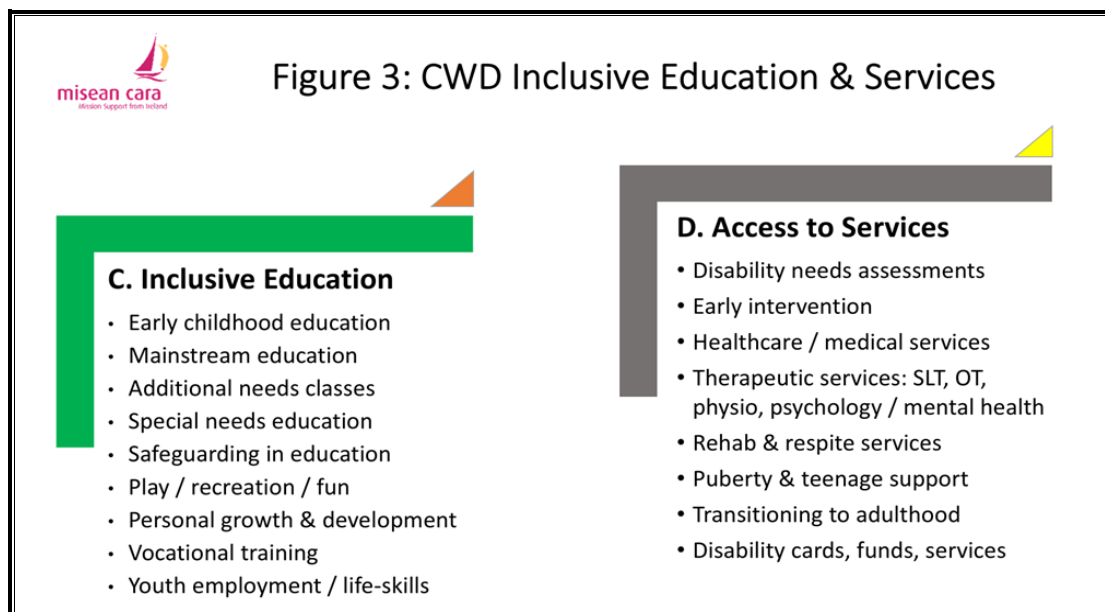
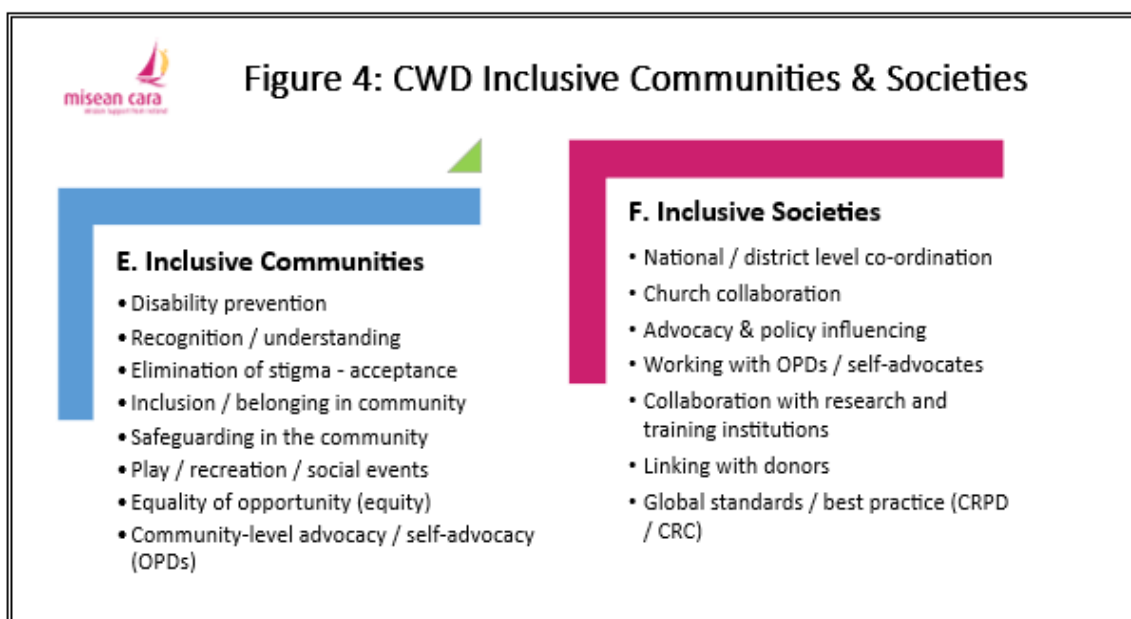


Figure 4 illustrates key issues to be considered for the development of inclusive communities and societies at a wider level (Dimensions E and F).



The themes or issues referred to under each of the six dimensions may be used as **checklists** or **prompts** as areas for consideration either in improving current disability interventions, or in planning for new or additional activities. More detailed guidance on each of those themes / dimensions is provided in the related CWD guidance papers, as follows:

- CWD Framework Guidance Document 3: Home-Based Interventions
- CWD Framework Guidance Document 4: Inclusive Education and Access to Services
- CWD Framework Guidance Document 5: Inclusive Communities and Societies

2. Purpose of the Framework

The **purpose** of the CWD framework is three-fold:

1. To provide a **broad understanding** of disability concepts, issues and potential interventions under a **social model** and in line with global best practice, UNCRPD in particular
2. To promote the importance of adopting a **holistic approach** towards disability inclusion and empowerment
3. To encourage and guide members to increase their level of work on disability on a **gradual basis**, by:
 - Identifying **existing strengths and gaps** from a disability perspective in current disability-specific interventions or within broader development programmes
 - Immediately addressing any critical or 'red flag' issues that are identified, such as:
 - Actual or potential safeguarding concerns for children with disabilities, or
 - Clear instances of discrimination against children with disabilities
 - Building on **existing strengths** and addressing **identified gaps** on an incremental basis
 - Establishing **new disability-specific projects**, components or interventions, as appropriate to the needs of CWDs

All of these changes should be made with particular reference to the **existing development interventions** of the members and the local context, and with a particular focus on **capacity strengthening, learning and collaboration** with other stakeholders in the sector.

The framework is designed to complement a Community-Based Inclusive Development (CBID) approach towards inclusion and empowerment of CWDs. The framework outlines the **issues** ('the what') to be considered in implementing a holistic approach towards inclusion and belonging while the CBID approach provides the **process** or means ('the how') through which a fully inclusive approach can be achieved. The CBID approach is fully outlined in CWD Framework Guidance Document 5: Inclusive Communities and Societies.

In addition to the guidance on the six dimensions of inclusion and belonging and the core principles of the framework, a **CWD Self-Assessment Tool (SAT)** has also been developed to guide and support members on identifying those strengths and gaps in the first instance, and on identifying potential opportunities for future action.

3. Using the Framework

While MOs and project teams are encouraged to take a holistic view of disability inclusion and empowerment, they are not expected to be in a position to address all aspects of the framework from the beginning. Rather, they should adopt an incremental approach towards improving their interventions, with a particular emphasis on capacity strengthening, learning and collaboration.

The list of potential interventions under each of the six sections (dimensions) of the framework are intended to act as **checklists or prompts** on potential areas for consideration when seeking to develop new or improved initiatives, or in assessing the appropriateness and quality of current interventions. While most of the items on each checklist are highly relevant to the adoption of a holistic approach to inclusion and empowerment, not all items on each list will be relevant to each situation. The degree of relevance of a particular item on a list may depend on the particular needs and circumstances of an individual child, including the nature and level of their specific impairments and the specific context in which they are living.

4. Six Dimensions of Inclusion and Belonging

The key issues to be considered in relation to each of the six dimensions are outlined below. More detailed information on each of the dimensions is provided in Guidance Document 3 (Home-based Interventions); Guidance Document 4 (Inclusive Education and Services); and Guidance Document 5 (Inclusive Communities and Societies).

A) Direct Support for the Child in the Home

Given the particular vulnerability of children with disabilities, the most critical aspect to consider in terms of the welfare of the child in the home, is personal safety and child protection. Depending on the specific needs of the child, the possibility of providing equipment such as a wheelchair or walking frame, as recommended by a physio or occupational therapist, should be considered. Consideration should also be given to ensuring that the child has access to appropriate medical supplies and drugs.

Where available, the specific services of physios, occupational therapists or speech and language services are sometimes provided in a school, health centre or other central location. Children with severe impairments and mobility issues living in remote locations may not be able to access these services. Hence, it is important to consider how basic physio and supports on self-care and activities

for daily living such as chewing, eating, dressing, cleaning, toileting, movement, motor skills, communication and cognitive development can be provided in the home. The Kairos Programme of the Sacred Heart Sisters (SSHJM) on home-based education² provides a detailed manual on how to provide these services in the home, often through training of community-level volunteers and carers.

The provision of psychological support through counselling for CWDs in the home is also important, given that many children with disabilities are likely to suffer also from mental health issues. Regardless of the nature of their impairments, and as for all children, it is very important to provide opportunities for play, recreation and fun activities for CWDs to engage with in with their siblings and other children.

B) Family Support

In a context where there are often low levels of education and a high level of stigma and discrimination against disability, the first step in supporting parents and carers for CWDs is in developing their understanding of disability, the origins of impairments, and how to cope with these impairments to support their children. Parents also need to be briefed on the vulnerabilities of their children and how to protect them from harm and exploitation. Training of parents and carers on basic care for their children is essential, including physio techniques, self-care and activities for daily living, as described in the previous section.

Families of CWDs are likely to be under additional economic pressures because of the care requirements of their CWDs, so it is vital to provide economic support for these families through inclusion in wider livelihoods programmes, or through provision of specific economic supports for groups of parents and carers in their own right through income generation schemes, agriculture projects, savings and credit schemes or opportunities for employment.

The requirements of caring for a CWD in the family may cause particular stresses and challenges for all members of the family, including siblings. Counselling and psychological support may be required to support the development and maintenance of positive relationships throughout the family. Peer support groups are particularly beneficial for parents and carers in providing them with the space to share their experiences with others who are in a similar situation. These peer groups can sometimes focus on economic activities also.

C) Inclusive Education

Much of the early education may focus on social and relationship skills, communication, personal care and activities for daily living, cognition in terms of learning and remembering, and motor skills development, as outlined in the previous sections above. There are three basic types of formal education that may apply for children with disabilities, depending on the nature and level of their particular impairments and their individual aptitudes and capabilities:

- Inclusion in a mainstream class in a mainstream school
- Inclusion in a class for additional needs in a mainstream school; or
- Enrolment in a special needs school.

There is currently a global movement towards inclusion of children in mainstream schools, wherever possible. Enabling children to attend their local school has advantages in terms of allowing children to live at home with their families and to avoid the often-considerable challenge of providing daily transportation. It also enables CWDs to play and socialise with their non-disabled peers in the local

² The Kairos Programme: Home School Based Education, Sacred Heart Sisters of Jesus and Mary (SSHJM), updated version (2016), based on experiences in Zambia, Uganda and the Philippines.

community. However, given that access to specific supports such as special needs teachers and special needs assistants (SNAs), OTs, SLTs and child psychologists is already limited in the clustered environment of special schools or through local health centres, the availability of these resources is likely to be much more limited in local mainstream schools, particularly those in remote locations.

Decisions on the most appropriate form of education for each CWD should be based on a formal assessment of each child including the initial disability needs assessment and a learning needs assessment at the start of the primary education process. A key principle is that each child should be placed in the educational setting that is most appropriate for them as an individual, and with appropriate supports being provided for them in accordance with their individual needs. Co-location of special schools or classes and mainstream schools is particularly advantageous in terms of promoting interaction between CWDs and non-disabled children. Children with special needs may be provided with individualised education plans (IEPs) and potentially behaviour support plans (BSPs) also. Further information and examples on Inclusive education are provided in *CWD Guidance Paper 4: Inclusive Education and Access to Services*.

It is essential to have strong safeguarding processes and systems in place in any educational environment, particularly in a context where there is a mix of CWDs and non-disabled children. Consideration should also be given to the provision of specially adapted play areas and equipment for children with special needs. The provision of a multi-sensory room or sensory area can be highly beneficial for neurodiverse children who often suffer from sensory overload. The educational process should also focus on personal growth and development of each child, including their particular interests and special abilities.

Some disability schools and projects provide specific vocational education training for youths with disabilities (usually from the age of 16 upwards) within which these youths can obtain formal certification and practical skills in areas such tailoring, hairdressing, catering, carpentry, metalwork and agriculture often alongside their non-disabled peers. Skills to prepare for employment or self-employment are also included in these courses.

D) Access to Services

In addition to education, it is essential for CWDs to have access to a range of disability services in accordance with their specific needs. Services may be provided for CWDs in a number of different ways, through:

- In-centre support in disability, health, education and / or rehabilitation centres
- Outreach services, including direct support in the home (see Section 4A above); outreach services at village or community level; or outreach at local schools or health centres.
- Linkages with and referrals to hospitals, specialist medical services and other service providers.

In addition to a medical diagnosis, every CWD should have access to a disability needs assessment conducted by a multi-disciplinary team (MDT) of relevant specialists (e.g. medical specialists, child psychologist, OT, SLT, social worker) in early childhood. If not done at that point, efforts should be made to organise an assessment at a later stage. The disability needs assessment will inform that nature of early interventions that are very important for all children with disabilities. The types of interventions have already been described in Section 4A above.

In addition to medical treatments, access to an appropriate range of therapeutic services including SLT, OT and psychology is very important and can be transformative in nature for individual children. Full-time services are difficult to access in many countries because of the scarcity of qualified personnel

and very high cost of services in the private sector. Project teams may therefore need to seek creative solutions through sharing of specialist resources across a number of projects / centres on a part-time basis; provision of basic training for staff in physio, OT or SLT skills; or linking to universities and training centres on student placements.

Some CWDs with severe impairments may need access to short or medium-term rehabilitation centres, but care should be taken to ensure that these services are provided as a temporary measure and are not seen by families as an alternative home of the child. Respite services are important in providing breaks for both CWDs themselves from the family home, and for parents and carers to take a break also from providing intensive supports for their children. Specific information and supports should be provided for CWDs during puberty and teenage years, and in particular to protect girls from potential abuse as their bodies develop. Support for transitioning to adulthood for CWDs may include, vocational training, preparation for employment, life-skills, independent living and potentially assisted decision-making also.

Families and children may need support to ensure that they are registered to access specific government disability grants, schemes and services (e.g. formal disability registration cards).

E) Inclusive Communities

One of the issues of greatest concern from a disability perspective is the very high rate of severe impairments found particularly in remote rural areas where maternity services are often poor or inaccessible for expectant mothers. It is believed that a majority these impairments are not solely due to genetic factors but may be due to a combination of genetic and environmental factors in many cases. Good ante-natal advice and care are essential for disability prevention, as are the use of supplements, good nutrition, safe deliveries by qualified midwives in medical centres, and immunisation programmes in post-natal and early childhood situations. Prevention of disease in early childhood and prevention of accidents and violence in the home are other key considerations. More detailed information on disability prevention is contained in the *CWD Guidance Paper on Disability Prevention*.

Given the high level of stigma and discrimination associated with disability, one of the key issues to be addressed at community level in the first instance is an awareness and understanding of disability, leading to a greater level of acceptance of CWDs in the community. A six-stage process from awareness to understanding to acceptance to inclusion to belonging to empowerment is outlined in *CWD Guidance Paper 5: Inclusive Communities and Societies*. Safeguarding at community level is of similar concern for CWDs as in the home and in education services. Active participation of CWDs in community and social events, on an equal basis with other children, and participation in play activities with non-disabled children is also of key importance. Support for community level advocacy and self-advocacy on behalf of CWDs is also important.

A Community-based Inclusive Development (CBID) approach is described below under Principle 8 in Section 5 below, and in more detail in *CWD Guidance Paper No 5*. The specific Community-Based Rehabilitation (CBR) approach initially introduced by the World Health Organisation (WHO) is also described in the same document.

F) Inclusive Societies

Broader level networking, collaboration and influencing is also a key part of a holistic approach towards inclusion and empowerment of CWDs. Before adopting such an approach, it is useful to undertake a landscape assessment of the various policies and agencies within the disability sector, including government policies and strategies; donor agencies; key service providers; faith-based organisations

in the sector; organisations of persons with disabilities (OPDs); disability networks and disability training and research institutions.

Potential areas of work at national or district levels include collaboration on advocacy issues within networks and with like-minded agencies; national or district level co-ordination with government agencies or service providers; collaboration with other church agencies; working with OPD and self-advocates on policy issues, community approaches and research; linking with specific donor agencies on disability; and working with training and research institutions on capacity strengthening and research and learning projects.

National level interventions are ultimately aimed at ensuring the implementation of key international frameworks, including the UN conventions: CRPD and CRC.

5. Core Principles of the Framework

The nine core principles of the framework, as outlined initially in Figure 1, and how they apply to the framework, are summarised briefly below. These principles are explained in more detail in *CWD Framework Guidance Document 2: Core Principles*.

Principle 1. Global Standards

Global Misesan Cara's Disability Policy and the CWD Framework is directed by the UN Convention on the Rights of Persons with Disabilities (2006). Article 7 of UNCRPD refers specifically to children with disabilities, and most other articles in the convention apply equally to children as to adults. The other key global reference for the framework is the UN Convention on the Rights of the Child (1989).

Principle 2. Rights and a Social Model

The framework reflects Misesan Cara's commitment to a rights-based approach and to the social model of disability, on which CRPD is based. The social model makes a clear distinction between medical impairments and disabilities, with the environmental and attitudinal **barriers in society** being seen as the key disabling factors for children (and adults) with disabilities.

Principle 3. Safeguarding and Child Protection

Safeguarding and child protection is of fundamental importance in a context where many children with disabilities are amongst the most vulnerable people in society. In implementing best practice in safeguarding measures, particular attention is required to identify specific risks or potential risks for CWDs in relation to their individual impairments and contexts. Specific prevention measures should be developed to reduce or eliminate these risks, and response and reporting process should also be tailored to allow for the specific impairments and contexts of CWDs (e.g. in communication). Detailed advice on safeguarding is provided in the *Misesan Cara Guidance Paper: Safeguarding Considerations for Children with Disabilities*.

Principle 4. Inclusion and Belonging

One of the key principles of CRPD is '*full and effective participation and inclusion in society*'.³ Social stigma related to disability is a major barrier to inclusion. Inclusion applies not just to equitable access in accordance with the needs of each child to education, training and healthcare, but also to all community and social activities and events, including specific opportunities for play, recreation and

³ UN CRPD Article 3 (c)

self-expression. Specific concepts and measures such as *reasonable accommodation* (RA) and *universal design* (UD) that are designed to promote full inclusion and participation by persons with disabilities, including CWDs, are described in *CWD Framework Guidance Paper No. 2: Core Principles*.

Principle 5. Gender and Intersectionality

Interventions to support CWDs must factor in and address the reality that girls are at greater risk of exploitation and abuse than boys and are more vulnerable to exclusion and discrimination. CWD interventions must also factor in and address the potential **compounding effect** of various forms of discrimination and exclusion due to identity and circumstances, including disability, gender, poverty, ethnic group, religious minority and remoteness of location, among others.

Principle 6. Voice and Lived Experience

It is essential that the lived experience of persons with disabilities is brought to bear in the design and implementation of initiatives to support those PWDs, including children with disabilities. UN CRPD asserts that CWDs have the right to express their views freely on all matters affecting them, with their views being given due weight in accordance with their age and maturity, on an equal basis with other children.⁴ The voices of parents and carers are also an important consideration.

Principle 7. Equality and Equity

All project developers and managers should ensure that any proposed or ongoing interventions in projects do not discriminate in any form against CWDs and should consider the specific measures that may be necessary to ensure that CWDs can be accommodated and supported on an equal basis with non-disabled children in the project. Equity, defined as equality of opportunity, goes beyond basic inclusion and participation of CWDs in a project, to ensure that they can fully participate and thrive in activities and social situations alongside their non-disabled peers.

Principle 8. Community-Based Inclusive Development (CBID)

A community-based inclusive development approach goes beyond the provision of services and supports for CWDs to addressing the root causes of exclusion and the promotion of social inclusion and empowerment of CWDs and their families within their local communities. A CBID approach recognises the importance of addressing disability in all types of long-term development and humanitarian response initiatives, not just in disability-specific projects or initiatives (see Section 7 below on the application of the CWD Framework to wider development programming). The lived experience of persons with disabilities, including CWDs and their families or carers, disability activists and organisations of persons with disabilities (OPDs) should be at the heart of a CBID approach. The CBID process is described in *Guidance Paper No. 5: Inclusive Communities and Societies*.

Principle 9. Uniqueness and Best Interests of the Child

Many of the barriers and challenges facing children with disabilities may be common to a great number of them (e.g. stigma, lack of access to services) but it is essential to recognise that every child with is unique in terms of their physical characteristics, attributes, personalities, needs, beliefs, capabilities, aspirations, and the family, community and societal contexts in which they are living, among many other factors. Hence, when working to support CWDs, it is essential to focus on the specific individual needs, talents and aspirations of each individual child and not to automatically apply 'one-size-fits-all' solutions.

⁴ Article 7 of CRPD

CRPD states explicitly that *'in all actions concerning children with disabilities, the best interests of the child shall be a primary consideration.'*⁵ In some cases, the best interests of the child may not automatically coincide with the best interests of the family, community or the project, so it is important to give primacy to the interests of the child.

6. The CWD Self-Assessment Tool (SAT) and Toolkit

This CWD Framework should be used in conjunction with the CWD Self-Assessment Tool (SAT) that is presented separately in an Excel Workbook. The SAT is intended to assist project teams to undertake a basic internal assessment of their disability context and capacity before designing their disability Initiatives. There are 10 sections in the SAT.

The first four sections relate to mostly quantitative information on the organisation itself; the CWDs that are already within the project or are planned to be included in a new project; the existing disability capacity of the organisation; and current disability interventions:

- Section A: Basic Organisational Data
- Section B: Children with Disabilities
- Section C: Existing Disability Capacity
- Section D: Current Disability-related Interventions

The next five sections relate to more qualitative assessments on specific issues:

- Section E: Universal Design
- Section F: Safeguarding
- Section G: Inclusion & Lived Experience
- Section H: Wider engagement with other organisations / agencies
- Section I: Assessment against the Six Dimensions of the CWD Framework

Based on the information provided and assessments made in the previous nine sections, the final Section (J) asks the project team to identify the key overall strengths and gaps in the project from a CWD perspective. The team is then asked to identify key **priorities** for capacity strengthening, learning and linkages, with the ultimate aim of improving existing disability interventions or developing new initiatives that will benefit CWDs in the best possible ways.

7. Application of the Framework to Wider Development Programmes

Misean Cara members and other development organisations are engaged in a wide variety of project initiatives that are designed to empower local communities and individuals, and to enable adults and children to fulfil their rights across a broad range of issues, including education, health, sustainable livelihoods, human rights and emergency assistance. The starting point for the use of the framework will depend on the nature and context of these current interventions:

- In each case, consideration should be given to both CWDs (and their families) who are **already within the project**, and also to other CWDs (and their families) in the community

⁵ Article 7 (2) of CRPD.

who may be **currently excluded** and are therefore in need of specific measures to support their full inclusion in the project.

- **Livelihoods projects** may be based on a combination of food security, income-generation, employment, access to land and resources and / or credit and savings schemes. The starting point for the application of the framework to in these projects is **family support**, as these projects are already focussed on supporting families. The project may need to consider additional support measures at family level, in order to achieve full inclusion, and other measures such as a specific peer group support as outlined in *CWD Framework Guidance Document 3: Home-based Interventions*.
- **Education Projects:** The starting point for application of the framework to existing education projects is obviously in **inclusive education**, be it though support for CWDs in mainstream classes, additional needs classes or special schools, as appropriate to the needs of each child. More detailed guidance on the approaches to be taken here may be found in *Guidance Paper No. 4: Inclusive Education and Access to Services*. Additional direct support to the child in the home and family support may be needed to ensure that these CWDs have full access to and inclusion in an appropriate form of education that meets their specific needs.
- **Health Projects:** The starting point for using the framework in health projects is in **access to services**, with a particular emphasis on access to appropriate medical interventions and / or rehabilitative or therapeutic services e.g. physiotherapy, speech and language therapy (SLT) or occupational therapy (OT). Following a full medical diagnosis and disability needs assessment (See Figure 3 above) access to services may be provided or obtained through direct in-centre services within the project; outreach support at family, school or village levels; and referral or linkages to specialist medical centres or hospitals. Support for referrals might, for example, include financial support to families to meet the cost of transport to medical centres.
- **Human Rights Projects:** There are two primary factors to be considered in promoting the inclusion of CWD rights within an existing human rights project. The first is how CWDs and their families can be supported to ensure that they can fully participate in the existing rights project (e.g. a land rights or gender rights programme). This may include CWD families that are already within the project, or those on the outside who need additional supports to be fully included. The other factor is the possibility of establishing a specific disability rights component to support CWDs or a new CWD rights project.
- **Emergency Interventions:** Inclusion of CWDs should be considered at all phases of emergency programming, including disaster risk reduction, emergency preparedness, response and recovery situations. Family support is the starting point for many of these considerations, but specific considerations for direct support to children need to be factored in also e.g. transport for children with mobility issues.

8. Summary of the Key Steps for Using the CWD Framework

The following are the key steps to be used when applying the CWD framework:

1. Develop an awareness and **understanding** of the necessity for a holistic perspective and approach towards care, inclusion and empowerment of CWDs:
 - Develop a basic understanding of the diversity & complexity of disability: the nature and levels of impairments, the social approach and the rights approach
 - Develop a basic understanding of the six dimensions of the holistic approach
 - Develop a basic understanding of the nine principles of the framework
2. Analyse the **strengths and gaps** of your current interventions:
 - Use the Self-Assessment Tool (SAT) in the context of the CWD Framework to develop a plan of action
 - Frame your initial plan based on the current activities of your development work / projects
3. Identify the **CWDs and their families to be supported**, either those currently within the project or currently outside it.
 - Identify the specific needs of those CWDs and their families in a local community context.
4. Address any **critical issues** (red flags) identified as a priority:
 - Address any specific **safeguarding** issues or risks identified for CWDs
 - Address areas of obvious **discrimination** or exclusion
5. Take **incremental steps** to build on what you have:
 - Focus on capacity strengthening, learning, collaboration and piloting
 - Focus on changes that will make a practical difference for CWDs
 - For example, better physical access; a sensory room or space; training for staff on disability; an adapted play area
 - Consult with CWDs on their needs, interests and aspirations.
6. Develop **new initiatives**, for example:
 - A new 'furthest-behind' CWD target group e.g. children with intellectual impairments
 - A new disability-specific project
 - A new dimension to the project: refer to the six dimensions in the framework (e.g. if working on education à add a family support dimension)
 - Developing a mainstreaming approach to disability, or a new disability strategy.
7. Work gradually towards a **holistic approach** over time: the six dimensions:
 - Child; family; education; services; community; society
 - Use the framework as a series of checklists or prompts for possible action.
 - Remember that you can't do it all at once
 - Remember that we are aiming for 15% of programming resources to be ultimately allocated to the 15% of the population that are living with a disability: the '*15% for the 15%*'⁶

⁶ As referred to under Commitment 2 from the 2025 Global Disability Summit.

8. Make **connections** and **collaborate** at all levels:
- Work on inclusion with local communities and connect with local health / education / social service providers; local govt agencies, leaders and CBOs, local PWD representatives and OPDs.
 - Link to specialist medical and disability centres for referrals and support, as necessary referrals. Look for potential areas of collaboration with these centres.
 - Collaborate, share with and learn from with other NGOs / OPDs / other organisations
 - Link with disability training centres and universities on training, collaboration, research and learning
 - Link and collaborate with Government agencies and services working at a broader level
 - Link with like-minded organisations on networking and advocacy on policy and practice issues at local and national levels (potentially global level also)
 - Place the lived experience of CWDs / PWDs / OPDs and carers at the **centre** of the approach.
9. Prioritise the acquisition of or develop appropriate **technical specialist capacity** or support to transform the lives of the children:
- These include child psychologists, SLTs, OTs, physios, social workers, community workers, counsellors, special needs teachers and special needs assistants (SNAs)
 - Invest in the training of specialists within your organisation, where possible to do so
 - In the absence of fully trained specialists, use creative ways to improve skills sets of staff in relation to these themes through, for example:
 - Provision of initial basic training from specialist agencies or training centres for a range of staff (e.g. basic training on neurodiversity)
 - Sharing of specialist resources across a number of projects
 - Linking with training centres / universities to make students available
 - Training of community volunteers to provide basic services in the home, where needed.



misean cara
Mission Support from Ireland

Misean Cara

4th Floor, Callaghan House
13-16 Dame Street, Dublin 2
DO2 HX67, Ireland

Tel: +353 (0) 1 405 5028
Email: info@miseancara.ie

Connect with Us:

Facebook: [/MiseanCaralreland](https://www.facebook.com/MiseanCaralreland)
X: [@miseancara](https://twitter.com/miseancara)
LinkedIn: [Misean Cara](https://www.linkedin.com/company/misean-cara)
Instagram: [@miseancara](https://www.instagram.com/miseancara)
Bluesky: [@miseancara.bsky.social](https://bsky.app/profile/miseancara.bsky.social)
www.miseancara.ie

©2026 Misean Cara
Design by Whitenoise

Cover Photo: Nyokabi Kahura



Irish Aid
An Roinn Gnóthaí Eachtracha agus Trádála
Department of Foreign Affairs and Trade



Misean Cara gratefully acknowledges Irish Aid and GHR Foundation for their support of the Children with Disabilities Programme.