Disability Rights International

**Action steps to protect children and adults with disabilities in the COVID-19 pandemic – especially in institutions and orphanages**

Disability Rights International (DRI) is dedicated to promoting the basic human rights of people with disabilities, including the right to grow up with a family and live in the community (DRI reports are posted at [www.DRIadvocacy.org](http://www.DRIadvocacy.org)). For over 25 years DRI has worked around the globe documenting the human rights concerns of children and adults living in institutions, including nursing homes, social care facilities, psychiatric hospitals, orphanages, shelters, residential care, or even congregate community treatment facilities.

And due to the COVID-19 pandemic, children and adults living in institutions face immediate, life-threatening dangers and urgent action needs to be taken now to protect their lives.

DRI is particularly concerned about children in any form of group care – orphanages, group homes, or other residential programs. This is why the UN Convention on the Rights of Persons with Disabilities (CRPD) guarantees to all children the right to live in the community with a family.

Given what DRI has already documented in dozens of countries - the close quarters where people are detained, the lack of opportunity for social distancing or quarantine, as well as inadequate staffing, habilitation and medical care - thousands of children and adults with disabilities are at immediate risk. The infection of any person placed in a facility or staff member means a high risk of death for anyone at that facility.

We have already seen this happen – the virus spreading like fire in a closed institution, filled with vulnerable people.

To protect against these extraordinary dangers, DRI urges governments to take the following **seven essential action steps**:

1. **Ensure equal access to care** – Persons with disabilities should not be denied medical care or triaged on the basis of stereotypes, assessments of quality of life, or judgments about a person’s relative “worth” based on the presence or absence of disabilities. Decisions about whether an individual is a candidate for treatment should be based on an individualized assessment of the patient based on the best available objective medical evidence.
2. **Support community living and remove children from group settings** – Maintain existing services and create emergency supports to allow for as much outplacement as possible. Children should
be reunited with their families - where possible and safe – or with kinship or foster care. Despite challenges faced by society as a whole, people with disabilities must continue to receive personal care and support services in the community. Any adult who can be safely returned to the community should be transferred immediately.

3. **Protect people in institutions** – Create an emergency plan to protect people who are institutionalized and people with disabilities living in the community. This should include social isolation, testing of institutional populations and care-givers, quarantine or removal of residents or staff who test positive, full access to medical services, and access to advocacy services and complaint mechanisms.

4. **Inform people with disabilities** – Provide accessible Information about safety, access to medical care, and advocacy support for all persons in congregate settings as well as people with disabilities in the community. The UN Special Rapporteur on Disability states that “[p]ublic advice campaigns and information from national health authorities must be made available to the public in sign language and accessible means, modes and formats, including accessible digital technology, captioning, relay services, text messages, easy-to-read and plain language.” Individual support and advocacy to obtain protection, care, and support services is also essential.

5. **Limit placement in congregate settings** – Create a moratorium on any new residential or group placement of children or adults in settings where they will be exposed to especially high risk. All children should receive emergency support to live in a family and any adult choosing to leave the institution should not be kept involuntarily.

6. **Consult** – Include people with disabilities through their representative organizations in all aspects of planning and implementation of emergency protection, medical care, and support programs.

7. **Promote Advocacy** – Ensure independent oversight and public reporting. In-person observation by independent authorities should be, to the extent possible, supplemented by contactless media, such as video cameras, complaint boxes, and telephone and online complaint mechanisms. Findings should be made public to inform people with disabilities, families, and the public about risks and dangers in the service system, including numbers and locations of people with COVID-19, deaths, any limitations of services, or any lack of medical care. Support for peer support by people with disabilities should be made available to combat isolation and promote advocacy.

**Additional information and resources:**


