

**DISABILITY, ACCESS TO EDUCATION AND CHILD LABOUR:
EXPLORING THE LINKS**

**June Kane AM
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*Professor June Kane AM
Institute of Social Research
Swinburne University
Melbourne, Australia*

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ACRONYMS AND ABBREVIATIONS

ESCAP	(UN) Economic and Social Commission for the Asia-Pacific
ILO	International Labour Organization
ILO-EAST	The ILO's Education and Skills Training for Youth programme
ILO-IPEC	The ILO's International Programme on the Elimination of Child Labour
NFE	Non-formal education
NGO	Non-governmental organization
NPA	National Plan of Action
NTT	Nusa Tenggara Timur
Rp.	Indonesian Rupiah (currency)
SUSENAS	Social-Economic National Survey
UK	United Kingdom
UN	United Nations
UN ENABLE	United Nations programme on disability
UNESCO	United Nations Education, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
US	United States
WHO	World Health Organization

EXECUTIVE SUMMARY

Children with disabilities have both general and specific protection needs. The nature of their impairment, often combined with other known risk factors, often means that they are ‘vulnerable’ to a variety of violations of their rights, including low or no access to education, inadequate health access or services, violence in the family and community, and inappropriate services including for recreation and leisure. This study aims to explore whether children with disabilities are also vulnerable to exploitation in child labour.

In fact, the vulnerability of children with disabilities to entering child labour has become something of a ‘common wisdom’, often repeated in reports and statements from those working for children. There has, however, been no empirical basis for this assumption and the very few studies that have attempted to illustrate a link have been seriously flawed.

Between July and September 2010, therefore, the ILO’s Education and Skills Training for Youth (ILO-EAST) programme set out to explore the possible links between child labour, education and disability through a modest pilot project made up of a global literature review and analysis, and the collection of case studies in the Nusa Tenggara Timur (NTT) province of Indonesia. NTT is the far-eastern province of Indonesia and is known to most English speakers as ‘West Timor’.

The aim of the project was to throw light on the links between disability, access to education and child labour, and to propose recommendations for policy/strategy changes at the national, provincial and district levels, as well as for the technical support of the ILO in contributing to the elimination of child labour.

The exercise began with a desk review of extant global literature. This did not reveal any proven causal links between disability and child labour, although it did shed light on the relationships between disability and education and poverty, both of which have relevance to a child’s vulnerability to child labour. The global literature survey constitutes Part One of this study.

Global research strongly cautions that there is no reliably demonstrated causal link between disability and child labour. It confirms that, although children with disabilities may in many countries be severely disadvantaged in relation to educational access and social services, and may consequently manifest many of the factors commonly associated with ‘vulnerability’, there are potentially powerful forces at play that seem to mitigate against this vulnerability being translated into entry into child labour.

The first of these is the protective instinct of parents and family, coupled with fear of disability, shame or just misunderstanding about the capacity of a child with disabilities to learn and cope. This was confirmed by the field research in NTT, which showed that often parents of children with disabilities prefer to keep them at home, even when schooling is available. The field research also confirmed that public attitudes to disability are crucial in prompting protective behaviours by parents.

The global research also emphasizes that children who are not in school are not necessarily working or in child labour, suggesting that earlier studies using out-of-school statistics as a proxy for child labour are misleading. In fact, the majority of children who do not go to school, including those with disabilities, fall into the 'idle' category. For some children, this may mask the fact that they are performing household tasks, often onerous and unpaid, but the global research suggests that this is not the case for most 'idle' children. The field research confirmed this is the case of children with disabilities in NTT. The children really are 'idle'.

Global literature concludes that the most common 'occupation' for children with disabilities is begging. This, however, depends on a range of social and cultural factors also being in play – for example, public attitudes towards begging (negative, neutral or in some societies positive). The field research indicated that, in NTT, public attitudes towards begging are extremely negative. In conjunction with the fact that most children with disabilities are kept at home, this resulted in no children with disabilities being found begging.

Part Two of this study is an overview of the situation in Indonesia, and provides a series of tables and datasets relating to children with disabilities in NTT and the capital, Kupang.

The incidence of child labour in Indonesia has historically been low compared to other Asian countries. Of a total population of 35.7 million children between the ages of 10 and 17 in 2009, approximately 3.7 million, predominantly boys, were 'in employment'. Some 1.7 million children between the ages of 10 and 17 were in child labour, mostly children aged 15-17 working for more than 40 hours a week, which Indonesian law considers to constitute child labour. The number of 'idle' children was 6.7 million, or 11.4 per cent of the total child population. This is a significant number in a country where education is compulsory up to the age of 15.

The various tables provided in this section provide a very clear picture of the general situation of children with disabilities in NTT and in Kupang: most of the children miss out on regular schooling, are unskilled and do not work.

Part Three of the study outlines the methodology for the field research undertaken in NTT between June and September 2010. Given the exploratory nature of the research to be carried out, it was decided from the outset to use qualitative research methods, and a combination of sampling techniques was used.

Through quota sampling, 30 children were identified after a review of 329 profiles of children provided by teachers and social services respondents, and by categorizing the children according to the learning/illustrative points they presented. In-depth interviews with teachers, children and families subsequently led to a small number of additional children and families being approached for in-depth interviews, selected because they filled in some gaps that had been identified in the cases being considered. Ultimately, it was decided that the 15 case studies included in this study illustrated all the major issues identified during the research. The case studies constitute Part Four of this report.

Part Five of the study comprises 14 major conclusions drawn from the exercise, and offers 17 recommendations:

- Avoid listing ‘disability’ as an inevitable vulnerability factor in relation to child labour, child trafficking, sexual abuse and exploitation and violence against children;
- When undertaking research on the vulnerability of children with disabilities, do not treat ‘disability’ as if it were a single, homogenous, determinant factor;
- Develop and implement attitude- and behaviour-change programmes to influence public and family perceptions of disability, education and decent work for children with disabilities;
- Develop policies and programmes that increase the likelihood that children with disabilities will enter and remain in school;
- Recognize that there are different formats for delivering education and explore which options might be possible in NTT;
- In distinct areas develop ‘community hubs’ and provide regular visits by health personnel, teachers and trainers;
- Develop more facilities providing skills training tailored to children with disabilities, and explore other possible occupational areas;

- Ensure that all vocational training, regardless of where it is delivered, is safe and does not expose the child to hazard of any kind;
- Engage workers' associations and employers' representatives in developing apprenticeships, workplace mentoring and job placement for children with disabilities who have reached the minimum working age;
- Recognize that maximizing the learning (school and vocational) capacities of children with disabilities must be accompanied by policies, actions and systems that minimize the possibility that the child's new-found skills and labour are exploited;
- Ensure that children whose skills and/or expectations are raised learn about decent work, exploitation and how to mitigate risk;
- Parents' forums are a vital support to parents of children with disabilities and should be used to educate and inform parents and as a hub for technical services. Information and advice to parents of children with disabilities, however, should also reach all such parents, not only those who attend the forums;
- Explore the possibility of sourcing low-cost assistive aids and make these available to children who can benefit from them;
- Differentiate between 'disability' and 'sickness' in surveys and where possible differentiate among different types of impairment;
- Use the comprehensive data available, *inter alia*, to track the children;
- Engage adults with disabilities, especially those who have attained work skills but are unemployed, in developing plans for and training/mentoring adolescents with disabilities to find decent work;
- Repeat or develop this research further in areas where some of the determinant factors are different.

In Annex there is a list of relevant national and international instruments relating to the issues covered; the working draft of a Case Study Handbook used during the field research, and a selected bibliography.

PART ONE: THE ISSUES

1. Objectives and methodology of the review

Between July and September 2010, the ILO's Education and Skills Training for Youth (ILO-EAST) programme set out to explore the possible links between child labour, education and disability through a modest pilot project made up of a global literature review and analysis, and the collection of case studies in the Nusa Tenggara Timur (NTT) province of Indonesia. NTT is the far-eastern province of Indonesia and is known to most English speakers as 'West Timor'. Its capital is Kupang.

The aim of the project was to throw light on the links between disability, access to education and child labour, and to propose recommendations for policy/strategy changes at the national, provincial and district levels, as well as for the technical support of the ILO in contributing to the elimination of child labour.

It should be stressed from the outset that the project was not intended nor designed to be an exhaustive data collection exercise. This study and the preliminary conclusions drawn have been developed through a robust analysis of existing data, as well as field observation. However, as in all small-scale pilot undertakings, the conclusions that emerge should not be extended to other contexts or groups of children. The conclusions could profitably be tested, however, in other contexts with differing variables, in order to build up a thorough understanding of the links between disability, education and child labour.

The project began with the hypothesis: "Children with disabilities are comparatively experiencing lack of access to education, thus are more vulnerable to child labour than are non-disabled children".

This report brings together the results of a broad analysis of global literature on issues related to disability, education, poverty and child labour, and the results of fieldwork carried out in NTT by a team of local researchers under the general supervision of the international consultant who carried out the literature review.

Together, the international and local researchers developed a workplan to gain access to children to be surveyed using qualitative research methods including individual interviews, focus group sessions and interviews with proxies (parents and teachers) where children with disabilities were unavailable or unable to communicate their responses directly.

Initial discussions with local organizations of and working with people with disabilities, teachers in schools offering special classes or lessons for children with disabilities, social services personnel and other relevant stakeholders led the team to refine the profiles of the children to be targeted for the research. One of the early lessons to be learned as the field research began is that families of children with disabilities in NTT fall into two major categories: those who have sufficient resources (both financial and in terms of relevant information) to at least attempt to provide some form of education for their children (with disabilities); and those who either do not have the financial resources to do so, do not know the educational facilities that are available, or for a number of reasons prefer to keep their children (with disabilities) at home.

The team attempted to include as many children/families as possible from both groups in the initial review of cases. Children not in formal schooling were accessed through the good offices of the Ministry for Social Affairs in Kupang, which brings together the families of children with disabilities in forums for discussion and mutual support, and through the Catholic Sisters of Alma who visit out-of-school children in their homes. Additionally, the local team consulted with those running facilities for disadvantaged groups, such as refuges for children on the streets or separated from their families, and visited a number of distinct sites such as the refugee settlement near the West/East Timor border.

Given the limited geographical scope of the study, also, the local researchers were able to regularly survey sites where children might be observed, including market places, shopping centres and beachside entertainment venues. During visits to Kupang, the international researcher accompanied the local team on these observational visits. No children with disabilities were observed (except for the one child whose case study is included in this report), although some children were observed to be scavenging around bars frequented by tourists in town for the annual 'Sail Indonesia' event.

The research team found it particularly difficult to get access to the most vulnerable children – especially children who are “out-of-circulation”, ie those who remain at home and rarely leave the isolation of the family. In these cases, the researchers relied on referrals to families from other respondents or service-providers. There is more on the profiles of the children surveyed later in this report.

Provisional target groups of children, sample questions for the survey and other tools for the field assignment were assembled in a 'Case Study Handbook' to be used by the local researchers, and this was further refined with their input as they reported experiences in the field, and in

consultation with disability specialists within the ILO. The working draft of the Handbook, which was refined on a weekly basis through email correspondence among the team, is included in Annex II.

The selection of children/proxies for interview was reductive. After an initial review of almost 400 children, the team identified a number of emerging problems and issues, and reduced the number of children to be followed up according to how well their cases represented the issues identified. From the more in-depth interviews then carried out, the most representative case studies were selected for inclusion in this report.

Together, the international and local researchers, aided by a ‘number cruncher’ brought into the project towards the end of the work, also compiled broad statistical data on children with disabilities in NTT, included in Part Two of this report.

2. General introduction

Some 10 per cent of the world’s population, or 650 million people, are estimated to live with a disability – they are the world’s largest minority (UN ENABLE). An estimated 80 per cent of people with disabilities live in developing countries.

In Indonesia, an estimated 3 million people or about 1.38 per cent of the population, were classified as ‘disabled’ in the 2006 Social-Economic National Survey (SUSENAS). Just over half were female. The Ministry of Social Affairs in 2008 was quoted as estimating the numbers as much higher: 3.11 per cent of the population, or about 7.8 million people with disabilities, out of a population of 220 million. The World Health Organization (WHO) puts the estimate even higher at 10 per cent of the population. Data from 2005 put the number of school-aged children with a disability at 1.5 million.

Across the world, the challenges facing governments to ensure that people with disabilities enjoy the same human rights as non-disabled people are significant. In practice, this has come to focus on providing access to infrastructure and services, providing assistive aids and devices and trained support personnel, and ensuring independence and dignity, including by empowering people with disabilities to access appropriate education and training, and to enter the world of work.

For children, additionally, this has come to include the provision of ‘inclusive education’ that mainstreams children with disabilities into regular schools and, where this is not possible, providing ‘special schools’ and customized lessons and/or non-formal education (NFE).

Children with disabilities also have both general and specific protection needs. The nature of their impairment, often combined with other known risk factors, may see children with a disability becoming ‘vulnerable’ to a variety of violations of their rights. This study aims to explore whether one of these is exploitation in child labour.

All discussions of ‘disability’ begin with a consideration of the definition of disability, since it is an often contentious matter. For the purposes of this study, the approach used is to follow what is commonly known as the ‘social’ approach to disability, enshrined in the United Nations 2006 *Convention on the Rights of Persons with Disabilities*:

“...disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others”.

In other words, people born with or acquiring some sort of impairment are only ‘disabled’ when the attitudes they encounter and the environment in which they live do not take account of their capacities and provide all they need to ‘enable’ them to function fully according to those capacities. For this reason, the analysis and case studies in this report consider also, where possible, the broader family and community context of the children concerned.

3. What do we know about disability and child labour?

We know very little about the links between disability and child labour because, although ‘disability’ is regularly listed as a ‘vulnerability factor’ for child labour, in fact this has never been reliably demonstrated.

One recent study (CSID 2009) that set out to demonstrate a causal link between disability and child labour was sadly methodologically flawed. The report concluded that the children surveyed (in Bangladesh) had entered child labour as a direct result of an (unspecified) impairment, and extrapolated from this the conclusion that there is a causal link between disability and child labour. However, the children surveyed also demonstrated many other risk factors for child labour, including poverty, low or interrupted family income, low educational status of parents, large family size, and poor access and availability of relevant, quality education, but these were

not taken into account in analyzing the cause and effect relationship between the children's vulnerabilities and child labour. Sex and age, and the nature of the local child labour market are also factors to be taken into account when assessing vulnerability. The incidence of disability as a determinant was not isolated from these other vulnerability factors and as a result no direct causality could be demonstrated. In short, there were any number of reasons why the children surveyed had entered child labour; their impairment(s) may or may not have been a factor.

A working paper produced as input to this research project by ILO-IPEC's statistical section, SIMPOC, illustrates clearly how difficult it is to identify clear links between disability and child labour. This study (Allais, 2010) attempted to use data from two sample household surveys (Cameroon 2007 and Ecuador 2006) to determine whether children with disabilities were out of school and had taken up economic activity. The paper's provisional findings, however, are undermined by the very nature of the household survey process.

Firstly, the surveys use random sampling, so that the representational validity of any group of children with disabilities relative to the total population of children with disabilities cannot be demonstrated.¹ Secondly, both the Cameroon and the Ecuador surveys used questions that permitted non-relevant data to infiltrate the results. In questions related to 'reasons for never having attended/for not currently attending school', for example, the Cameroon survey (using a SIMPOC question) conflates 'sickness/injury/disability' into one option. Given that one of the principal reasons for absence from school globally is 'sickness' -- ranging, for example, from influenza, the common cold, chickenpox, mumps, measles, diarrhoea, even just 'not feeling well' to serious conditions such as malaria, meningitis, cholera, dengue fever etc -- any conclusions relating to 'disability' as a determinant for school absenteeism derived from the data generated by this question are unfortunately unreliable. The Ecuador survey similarly uses 'sickness/disability' as a single option in questions relating to non-attendance at school and, although the SIMPOC paper attempts to filter the data from this question by allocating answers to children identified as having disabilities, the fact that their responses still do not differentiate between their impairment and an unspecified 'sickness' as the reason for their absence from school means that causal links cannot be made (children with disabilities also get colds, flu, measles etc).

¹ The working paper itself quotes a 2008 UNICEF study emphasizing this fact: "Household surveys in general present a number of limitations in the identification of children with disabilities", Allais 2010, p.4. Disconcertingly, however, the working paper concludes that, as a result, children with disabilities must be under-represented in survey results. This is not necessarily true; rather they are *mis*-represented, especially given other survey question limitations outlined in this section.

In reality, there is a dearth of data and empirical evidence specifically linking disability and child labour in a causal relationship, and in particular a shortage of the kind of data that can be used as a basis for reliable conclusions.

It is not surprising, therefore, to learn that, in the global literature survey, research cautions that child labour causality often cannot be determined with any certainty (Elwan 1999, p.11). This same researcher (pp.iv-v) notes that higher disability rates are associated with higher illiteracy, poor nutritional status, lower inoculation and immunization coverage, lower birth weight, higher unemployment and lower occupational mobility – all considered as contributing to vulnerability - but concludes that “correlations between disability and age, education, income, ethnicity, living arrangements and gender cannot determine causality”.

The 2005 UN Secretary-General’s *Study on Violence against Children* (p.15) states that, because children with disabilities do not attend school, their working life begins earlier; however the latest *Global Report* of the Education for All initiative suggests that, although such children may not go to school, they are in fact more likely to remain idle and lacking in even basic education skills (Global Report 2010, p.61). This was borne out by the field research. It is not surprising, given the children’s lack of education and skills, that worldwide the most common ‘job’ for children with disabilities outside the home is begging, a worst form of child labour (SGSVAC 2005, p.15).

In relation to child labour in general, it is also important to recognize the crucial role of parents and other carers in making decisions about the use of the child’s time. It is generally the parents who decide whether or not to send a child to school (especially in the case of younger children) and usually the parents who decide that, for a variety of reasons, a child should begin work (including under conditions that constitute child labour) (Kane 2009, pp.186-188).

These decisions are based on the characteristics of the household (economic status, size of family, crisis event etc) but also on the characteristics of the child (age, educational profile, sex). Priyambada (2005, p.16) notes that the coefficient of the age of the child is positive and statistically significant in such decisions, and confirms that the older a child, the higher the probability s/he will be sent to work.

Male children are more likely to be sent to work than female children, and the sex of the head of household is also determinant, with female heads of household more likely to send a child to work (Priyambada 2005).

In relation to the likelihood that a child with disability will enter work/child labour, it can be presumed that the role of the parent as decision maker will be even more significant, particularly

where the child's impairment results in extreme dependency. An important factor in this regard will be the way the parent/carer perceives both disability and the learning/earning potential of the child.

Two other factors are crucial in determining use of the child's time: better-educated households are less likely to opt to send children to work (presumably because they are more likely to appreciate the long-term value of education), and household heads who work in the agricultural sector are more likely to send their children to work than those in non-agricultural sectors (Priyambada 2005).

Violence in the family is also relevant to understanding the decisions that families make in relation to children with disabilities. People with disabilities are three times as likely to be victims of family violence as their non-disabled peers (Groce 2004, p.24). Girls with disabilities in particular may experience violence in the family at higher rates than their non-disabled peers (UNESCO 2003, p.10). Significantly, the risk of violence may reinforce the stereotypical views held by some parents that disabled daughters are helpless and in need of protection, which translates into keeping these girls not only 'safe' but also isolated at home.

4. Child disability and education

We know more about the links between child disability and education. On average, people with a disability receive less education and are likely to leave school with fewer qualifications than non-disabled people (Elwan 1999, p.11). Globally, children with a disability account for one-third of all out-of-school children (UNESCO 2009, p.5).

Research suggests that families with children with severe disabilities "have often anticipated their early deaths, but not their possible survival" (Groce 2004, p.18) and researchers suggest that this often explains the lack of investment in education, so essential to a child's development and future. The same researcher suggests that a lack of schooling may also reflect the belief that children with a disability cannot learn, that they should not be put through the stress of trying to learn, or that the children are an embarrassment, evidence of bad blood, incest or divine disfavour (Groce 2004, p.18). For any of these reasons, children with disabilities may not only be kept out of school but may be confined to the home, rarely seen in public.

UNESCO underlines the 'double discrimination' faced by girls with a disability (UNESCO 2003, pp.2-3). Available literacy data suggest that girls with a disability fare less well than their disabled

male or non-disabled female counterparts. Girls with a disability that affects their mobility fare better than girls who are blind, deaf or have other impairments (UNESCO 2003, p.6). Vocational courses, additionally, to the extent that they exist, reflect gender stereotypes and result in girls with disabilities entering lower-paying jobs with fewer opportunities for advancement (UNESCO 2003, p.23).

Groce (2004, p.19) also notes that, where school fees or other barriers make universal education unavailable, some parents choose to devote all the family resources to educating non-disabled children, in the belief that they will be able to better support their siblings who have disabilities when they become adults.

The literature indicates that, that the higher the level of education of the head of household, the lower the incidence of child labour (Priyambada 2005, p.12). To this extent, there may be a link between the educational level of the parents and the likelihood that a child with disability is sent to school.

If children with a disability do complete an education, they are much less likely than their non-disabled counterparts to find employment. Rates of unemployment among adults with disabilities vary from country to country but, on average, are between 40 and 60 per cent higher than for the non-disabled population (Groce 2004, p.30). The data sets provided below (Tables 6-8) show that this is substantially true for the area covered by the field research.

UNICEF estimates that globally some 150 million children with disability have no access to school, recreation and social services, and are likely to remain illiterate and untrained -- and consequently to remain unemployed when they reach working age. This is an important factor in establishing the likely links between disability and child labour, since research has demonstrated that, among children who drop out of school, and in particular girls, the majority do not take up work (Priyambada 2005, p.20). This suggests that the need to work to earn an income is not the most important reason why children drop out of school and that the correlation between education and premature entry into work is not as direct as often presumed.

In reality, there is a third – often overlooked -- state into which out-of-school children who do not enter labour/work may find themselves: this is the state known as ‘idle’, that is the child remains at home (or on the streets) doing nothing at all.²

² The case study exercise outlined later in this report inquired as to whether children who were ‘idle’ at home might, in fact, be engaged in domestic tasks, since there is a perception that children who spend most of their time at home must be occupied by something. The case studies illustrate, however, that many children with disabilities

Data on children's activities show that a 'significant group' of children fall into the 'idle' category. In a number of countries, in fact, the proportion of idle children exceeds that of economically active children, often by a substantial margin (Biggieri 2003, p.1).

Idleness is more common among rural children than urban children in many countries but not all (Biggieri 2003, p.5). It is also more common for girls than boys, and is higher among the lower end of the 7-14 age spectrum.

Despite common perceptions, household chores constitute a major time burden for only a small proportion of idle children (Biggieri 2003, p.6). Household chores may be even less likely if the child has an impairment that obstructs their activity level, or if the expectations of parents are that the child is 'un-able' to accomplish anything.

Biggieri notes that 'idleness' is often dictated by the child's health (2003, p.9). This is at least partially supported by data that indicate that chronic illness and disability are more prevalent among idle children than among children attending school or economically active children.

While childhood disability may well constitute a vulnerability factor for school attendance, therefore, there are indications in global literature that disability may well be a 'protection' factor rather than a vulnerability factor in relation to child labour. The hypothesis to be tested, therefore, is rather under what circumstances 'disability' might become a protective factor in relation to child labour and under what conditions it might constitute a vulnerability factor.

5. Child disability and poverty

In developing and middle-income countries, people with disabilities and their families are more likely than the rest of the population to live in poverty (Elwan 1999, p.i). The World Bank estimates that, in developing countries, people with disabilities make up between 15 and 20 per cent of the poor. In developing countries, also, up to five per cent of children are either born with a disability or become disabled during their childhood (Elwan 1999 p.6, quoting WHO data).

Disability rates are higher in rural areas than in urban areas. Disability rates for women are higher than for men in developed countries and lower in developing countries; disability rates for

are indeed totally 'idle' and engage in no meaningful activity in the home, confirming the conclusions of Biggieri (2003, p.9).

male children are slightly higher than for female children (this may reflect the fact that girl babies with an impairment may be allowed to die rather than be helped to live) (Elwan 1999, p.9).

Elwan also notes that further analysis is needed before definitive statements can be made in relation to gender differentials in any particular developing country or region. However, it is possible to say that women with a disability are in general more disadvantaged than men with a disability. In developing countries, the indicators on income, education and employment levels of people with disabilities show consistent but not necessarily large gender differentials.

An undated ESCAP study notes that difficulties faced by girls with disabilities can start at birth and that, if the girls are allowed to survive, they can face discrimination within the family, receive less care and food, and be left out of family activities. They also have less access to health care and rehabilitation services and, for this reason alone, relative ratios between boys and girls with disability need to be treated with caution.

The correlation between disability and poverty, moreover, is complex. While disability can certainly cause poverty – reports from the UK, for example, indicate that raising a child with severe disability can cost three times as much as raising a non-disabled child – the extent of the causality is not easy to demonstrate. The same is true of the reverse relationship: poverty can also cause disability, when healthcare services are denied, or children are poorly nourished, but the exact correlation cannot be measured since so many other factors come into play, not least of which is the attitude of the parents and carers and their willingness to use scarce resources to benefit a child with disabilities.

If they reach adolescence and do enter employment, young people with disabilities are known often to work in more demanding or more risky physical labour environments. Adolescents and young workers are also known to be at increased risk of acquiring a disability as a result of work-related injuries and risk-taking behaviour including motor vehicle accidents, experimentation with drugs and unprotected sex (UNESCO 2007).

There is therefore a converse relationship to be considered: to what extent does child labour contribute to childhood disability, through workplace accidents or hazardous labour? The only way to estimate this is to examine the causes of the child's disability: is it congenital or acquired? If it is acquired, how was it acquired? Unfortunately, while data on children with disabilities frequently does differentiate between congenital and acquired disability, the source of acquired disability is generally not captured in surveys.

Another issue to consider in exploring potential links between disability and child labour is whether disability in the family – a parent or carer especially – might increase the vulnerability of the non-disabled child to entering work prematurely in order to contribute to family income. No research seems to have been done on this before the examples quoted in the case studies developed for this report.

Disability is clearly, therefore, part of the ‘mix’ of understanding vulnerability, education, child labour, youth and adult unemployment and idleness. However, while current research throws some light on these diverse issues, there is no reliable proof of the correlation among them.

6. Summary of main points of the literature review

On causal links between disability and child labour:

- Higher disability rates are associated with higher illiteracy, poor nutritional status, lower inoculation and immunization coverage, lower birth weight, higher unemployment and lower occupational mobility – all considered as contributing to vulnerability -- but correlations between disability and age, education, income, ethnicity, living arrangements and gender cannot determine causality.
- Children with disabilities may not go to school; however this does not necessarily mean that they are sent to work. They are in fact more likely to remain idle and lacking in even basic education skills. This is borne out both in the datasets on NTT and Kupang that follow and also by the field research carried out.
- It is generally the parents who decide whether or not to send a child to school and usually the parents who decide that, for a variety of reasons, a child should begin work (including under conditions that constitute child labour); the older a child, the higher the probability s/he will be sent to work.
- In relation to the likelihood that a child with disability will enter work/child labour, it can be presumed that the role of the parent as decision maker will be even more significant, particularly where the child’s impairment results in extreme dependency. An important factor in this regard will be the way the parent/carer perceives both disability and the learning/earning potential of the child. The field research undertaken confirmed that the perception of the parent(s) was a determinant factor in whether or not the child with disabilities even emerged from the home into the public arena.

- Male children are more likely to be sent to work than female children and the sex of the head of household is also determinant, with female heads of household more likely to send a child to work.
- Better-educated households are less likely to opt to send children to work, and household heads who work in the agricultural sector are more likely to send their children to work than those in non-agricultural sectors.
- Worldwide the most common ‘job’ for children with disabilities outside the home is begging, a worst form of child labour. This was not the case in NTT/Kupang, however, largely because begging is seen as a ‘shameful’ occupation for both children and adults, with or without disabilities.

On the links between disability and receiving an education:

- On average, people with a disability receive less education and are likely to leave school with fewer qualifications than non-disabled people; globally, children with a disability account for one-third of all out-of-school children.
- Research suggests that families with children with severe disabilities “have often anticipated their early deaths, but not their possible survival” and that this often explains the lack of investment in education. A lack of schooling may also reflect the belief that children with a disability cannot learn, that they should not be put through the stress of trying to learn, or that the children are an embarrassment, evidence of bad blood, incest or divine disfavour. For any of these reasons, children with disabilities may not only be kept out of school but may be confined to the home, rarely seen in public. This is confirmed by the field research undertaken, which showed that families of children with disabilities often did not look beyond the present situation of the child and avoided anticipating future challenges. Children with disabilities are also commonly kept at home.
- Girls with a disability fare less well than their disabled male or non-disabled female counterparts. Girls with a disability that affects their mobility fare better than girls who are blind, deaf or have other impairments. Vocational courses, additionally, to the extent that they exist, reflect gender stereotypes and result in girls with disabilities entering lower-paying jobs with fewer opportunities for advancement. The field research did confirm gender stereotyping in the (few) skills/vocational courses offered to children with disabilities: girls most commonly are engaged in cookery, dressmaking and beauty therapy, while boys are

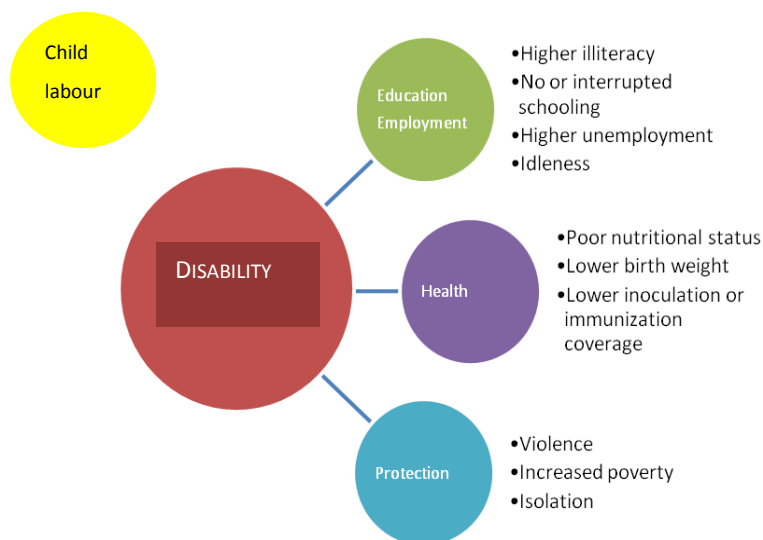
offered automotive classes and carpentry. However the nature and severity of the child's impairment is also a factor, and it should be remembered that in Kupang, for example, the child and parents are also involved in selecting the skills training the child takes.

- Where school fees or other barriers make universal education unavailable, some parents choose to devote all the family resources to educating non-disabled children, in the belief that they will be able to better support their siblings who have disabilities when they become adults.
- If children with a disability do complete an education, they are much less likely than their non-disabled counterparts to find employment. Rates of unemployment among adults with disabilities vary from country to country but, on average, are between 40 and 60 per cent higher than for the non-disabled population. The case studies in this report not only confirm this but also illustrate how parents and teachers – including those involved in offering vocational training – do not regularly consider whether there will be an employment outcome for the child after schooling is over.
- There is a third state into which out-of-school children who do not enter labour/work may find themselves: this is the state known as 'idle'. Data on children's activities show that a 'significant group' of children fall into the 'idle' category. In a number of countries, in fact, the proportion of idle children exceeds that of economically active children, often by a substantial margin. This is confirmed both statistically, in the datasets relating to NTT and Kupang, and also anecdotally through the case studies gathered.
- Despite common perceptions, household chores constitute a major time burden for only a small proportion of idle children. Household chores may be even less likely if the child has an impairment that obstructs their activity level, or if the expectations of parents are that the child is 'un-able' to accomplish anything. Parents and teachers in live-in schools questioned on this issue for the field research insisted that their children did not do housework, although a number conversely said that the children were encouraged to perform small tasks such as making their own bed, or keeping their own room clean.
- While childhood disability may well constitute a vulnerability factor for school attendance, therefore, there are indications that disability may well be a 'protection' factor rather than a vulnerability factor in relation to child labour.

On links between disability and poverty:

- In developing and middle-income countries, people with disabilities and their families are more likely than the rest of the population to live in poverty.
- Disability rates are higher in rural areas than in urban areas.
- Disability rates for women are higher than for men in developed countries and lower in developing countries; disability rates for male children are slightly higher than for female children.
- Women with a disability are in general more disadvantaged than men with a disability.
- Girls have less access to health care and rehabilitation services and, for this reason alone, relative ratios between boys and girls with disability need to be treated with caution.
- If they reach adolescence and do enter employment, young people with disabilities are known often to work in more demanding or more risky physical labour environments. Adolescents and young workers are also known to be at increased risk of acquiring a disability as a result of work-related injuries and risk-taking behaviour.

Diagram 1: Demonstrated links between disability and children’s right to education, health and protection



PART TWO: THE SITUATION IN INDONESIA

7. Child labour in Indonesia

The incidence of child labour in Indonesia has historically been low compared to other Asian countries, thanks to a large extent to a robust legal framework and leadership in this area.

Of a total population of 35.7 million children between the ages of 10 and 17 in 2009, approximately 3.7 million, or 10 per cent, were 'in employment' (ILO & Statistics Indonesia 2009). This figure rises to 4.3 million if children who help on the family farm are included, and 5.7 million if household tasks are included. The ratio of children 'in employment' is 144:100 boys to girls.

The 2009 data indicate that there were 1,679,100 children between the ages of 10 and 17 in child labour. The majority of these were children aged 15-17 working for more than 40 hours a week, which Indonesian law considers to constitute child labour.³ 320,100 were children aged 10-12 and 341,900 children aged 13-14 (excluding those engaged legitimately in 'light work'). The male:female ratio across the total was 126:100.

In this same data set, the number of 'idle' children is given as 6.7 million, or 11.4 per cent of the total child population. This is a significant number in a country where education is compulsory up to the age of 15.

Although the employment statistics in the 2009 survey relate to children between the ages of 10 and 17, some indication of younger children who are in child labour can be gleaned from data relating to the proportion of children who are in school but also 'working' (all forms of work are prohibited for children below the age of 13, and consequently any child below this age listed as 'working' is, in fact, in child labour). Of children in the 5-12 age group, 90.3 per cent of boys and 90.7 per cent of girls are shown as combining school and 'work'. It is likely that most of these children will be working at home or in family businesses, particularly in rural areas.

Approximately 57 per cent of children aged 5-17 in child work/labour are to be found in agriculture, including forestry, hunting and fisheries. Nineteen per cent are in wholesale and retail sales, restaurants and hotels. Around 10.4 per cent of the children undertake a range of

³ Indonesia's parameters for defining child labour, and its child labour laws, are in accordance with its international obligations under ILO Conventions No 138 on the Minimum Age for Work, and ILO Convention No.182 on the Worst Forms of Child Labour, with the exception that work exceeding 40 hours a week for any person below the age of 18 is also considered child labour, regardless of the conditions.

manufacturing jobs, while 5.4 per cent are in community, social or personal services. The sectors of the remaining 7.2 per cent of the children are grouped under ‘other’.

Most child labour is in the informal sector and many children work in small or family enterprises that are part of the supply chain for formal sector companies (Priyambada 2005, p.4). In cities, children are to be found selling newspapers, sweets and drinks, or become street singers or beggars at intersections and on public transport.

Notwithstanding Indonesia’s comparatively good record in relation to child labour within the region, therefore, child labour remains a significant problem.

8. Education in Indonesia

Indonesia has been implementing a *National Plan of Action: Education for All* since 2003; the NPA runs until 2015. The NPA coincides with a move towards decentralization of the education system, which began in the late 1990s, and which has resulted in increased discretionary funding for education at local levels. Nevertheless, in 2004, Indonesia’s spending on education was among the lowest of the developing nations in relation to GDP (Soedijarto 2009, p.5).

Participation in education in Indonesia has historically been high and in 2009 was estimated at around 80 per cent for all children below the age of 15 (the end of compulsory schooling and, since 1999, the legal minimum age for work). The US Department of Labour estimates that some 20 per cent of children fail to complete primary education (US DOL, 2010).

Children living in rural areas are less likely to attend school than their urban counterparts, regardless of their working status (ILO-IPEC 2008, p.5).

An undated UNESCO report (downloaded from the UNESCO website in 2010) on Indonesian public policies in education outlines legal provisions relating to education: the 2003 National Education System Act (No.20) stipulates that children in the basic education age bracket “shall have the right to basic education regardless of their backgrounds”. Children with special needs are to receive (unspecified) “equal attention” from the government.⁴

This has translated in recent years into 2,230 new special education schools. By 2007, 9,999 ‘learning places’ for children with ‘special needs’ had been created in all provinces, managed by

⁴ A list of the principal legal instruments relating to disability in Indonesia is included in Annex I.

2,574 schools. All together, more than 327,326 students were benefiting from these places in 2007.

In addition to state-provided facilities, a number of national and international child welfare or disability-related organizations also run inclusive education programmes and train teachers to provide inclusive education, defined as “a process that involves the transformation of schools and other centres of learning to cater for all children, including boys and girls, students from ethnic and linguistic minorities, rural populations, those affected by HIV and AIDS, and those with disabilities and difficulties in learning and to provide learning opportunities for all youth and adults as well” (UNESCO 2009, p.4). Typically in the case of children with disabilities, for example, this might include *inter alia* the building of access ramps, the provision or inclusion of the use of assistive aids, systems of reading such as Braille, or providing teaching and supervisory staff with specific skill sets to be able to provide services to children with disabilities. Despite this, UNESCO estimates that less than 4 per cent of total school-age children with disabilities attend special or integrated schools.

While inclusive education at start-up is often expensive, this is not the main obstacle to education for children with disabilities. In relation to children with visual impairments, for example, Mangunsong (undated, p.2) notes that “the main obstacle in inclusive education is the negative attitudes towards visually impaired children by the general public. They consider visually impaired children to be inferior or less capable than typical children”. The field work undertaken for this study demonstrated that this is also the case for children with other forms of impairment.

It is not only public attitudes towards children with disabilities that keep them out of school. Parents are also often reluctant to let a child with disability go to school (for diverse reasons already outlined) or to encourage them to return to school if they drop out.

Globally, the difference in school attendance rates at the primary level between children with disabilities and non-disabled children is almost 60 percentage points (UNESCO 2009).

9. The situation in NTT

Of the 38,650 people (children and adults) with disabilities included in the available data (2008), 8,557 had completed SD (Elementary school, 6-12 year-olds); 1,220 had completed SMP (Junior High school, 12-15 yrs); 888 SMA (Senior High, 15-18 year-olds); only 28 had attended D1/2 (1-

or 2-year college); 35 had completed D3 (3-year college); 41 had completed S1 (undergraduate) studies; and three S2/3 (masters). The vast majority – 27,878 – had no schooling at all. These low enrolment/completion rates for the population of people with disabilities as a whole are reflected in the data relating specifically to children with disabilities.

Data provided by the Ministry of Social Affairs in NTT reviewed for this study show that in 2008 there were 7,710 children with disability between the ages of 0 and 17 in NTT and 596 children with disability in Kupang, 528 of whom were below the minimum legal working age of 15:

Table 1: Children with disabilities by age in Kupang (2008)

0-4 years		5-6 years		7-12 years		13-15 years		16-17 years		TOTAL
M	F	M	F	M	F	M	F	M	F	M/F
54	29	32	30	139	94	93	57	39	29	596

Of the 596 under-18 year-olds, 473 were born with impairments; 102 had acquired impairments as a result of unspecified illnesses; four children were categorized as intellectually impaired/depressed; and 17 had acquired impairments as a result of (unspecified) accidents:

Table 2: Children with disabilities by type of impairment, cause of impairment and sex in Kupang (2008)

Type of impairment	Birth		Sickness		Depression		Accident		Total
	M	F	M	F	M	F	M	F	M/F
Physical	71	52	12	13	0	0	10	2	160
Vision	30	9	7	7	0	0	1	2	56
Hearing	15	8	8	3	0	0	0	0	34
Speech	46	49	2	2	0	0	1	0	100
Intellectual	29	20	8	2	0	1	0	0	60
Mental illness	0	1	2	4	3	0	0	0	10
Multiple	90	53	22	10	0	0	0	1	176
TOTAL	281	192	61	41	3	1	12	5	596

Regardless of the origin and nature of their impairment, in both NTT as a whole and Kupang specifically, the overwhelming majority of children with disabilities are ‘not working’. The

breakdown of statistics relating to the NTT as a whole show that no children under the age of six years were listed as ‘working’ in 2008.

Of children in the 7-12 years age group, 21 children were listed as working and, because of their age, must be considered to be in child labour.

Of these 21 children, 15 were boys; six were girls. Their disability profile is as follows:

Table 3: Boys and girls aged 7-12 years ‘working’ in NTT in 2008

Boys aged 7 – 12 years			
<i>Impairment</i>	<i>Severity</i>	<i>Educational status</i>	
Physical	Moderate	Never been to school	3
	Light	Never been to school	1
Visual	Moderate	Never been to school	1
	Light	Never been to school	2
Speech	Light	Never been to school	5
Multiple	Severe	Never been to school	1
	Moderate	In school	1
	Light	In school	1
Total			15
Total NTT pop. (male) in this age range = 1,908. Percentage in child labour:			0.78
Girls aged 7 – 12 years			
<i>Impairment</i>	<i>Severity</i>	<i>Educational status</i>	
Physical	Light	Never been to school	3
Speech	Severe	Never been to school	2
Multiple	Light	Never been to school	1
Total			6
Total NTT pop. (female) in this age range = 1,289. Percentage in child labour:			0.46

In the 13-15 years age group, 115 children are listed as ‘working’. Depending on the nature of this ‘work’, these children may or may not be in child labour, since children of this age may engage in ‘light work’ as long as this is not hazardous and does not interfere with schooling. There is insufficient data on the nature of the ‘work’ to be able to ascertain the child’s work/labour situation.

Table 4: Boys and girls aged 13-15 years 'working' in NTT IN 2008

Boys aged 13-15 years			
<i>Impairment</i>	<i>Severity</i>	<i>Educational status</i>	
Physical	Severe	Never been to school	2
	Severe	In school	1
	Moderate	Never been to school	1
	Moderate	In school	1
	Light	Never been to school	9
	Light	In school	2
Visual	Light	Never been to school	2
Hearing	Light	Never been to school	3
	Light	In school	1
Speech	Moderate	Never been to school	1
	Light	Never been to school	8
	Light	In school	2
Mental	Severe	Never been to school	1
	Moderate	Never been to school	1
	Light	Never been to school	4
	Light	In school	2
Intellectual	Severe	In school	1
	Moderate	Never been to school	1
	Light	Never been to school	1
Multiple	Moderate	Never been to school	1
	Light	Never been to school	2
Total			47
Total NTT pop. (male) in this age range = 945. Percentage:			4.98
Girls aged 13-15 years			
<i>Impairment</i>	<i>Severity</i>	<i>Educational status</i>	
Physical	Light	Never been to school	8
	Light	In school	2
Visual	Moderate	In school	1
	Light	In school	3
Hearing	Light	In school	1
Speech	Light	In school	1
Mental	Moderate	Never been to school	1

	Light	Never been to school	1
Intellectual	Light	Never been to school	1
Multiple	Light	Never been to school	2
Total			21
Total NTT pop. (female) in this age range = 691. Percentage:			3.04

Children in the 16-17 years age group have reached the minimum working age prescribed in Indonesian law and are able to work. Any work that is hazardous in nature, that falls under the category of ‘worst forms of child labour’ or that is for more than 40 hours per week, however, constitutes child labour. The conditions of work of the 127 children in this category in NTT are not specified.

Table 5: Boys and girls aged 16-17 years ‘working’ in the NTT in 2008

<i>Boys aged 16-17 years</i>			
<i>Impairment</i>	<i>Severity</i>	<i>Educational status</i>	
Physical	Severe	Never been to school	1
	Moderate	Never been to school	2
	Moderate	In school	3
	Light	Never been to school	10
Visual	Light	In school	14
	Moderate	Never been to school	1
	Light	Never been to school	3
	Light	In school	5
Hearing	Light	Never been to school	7
	Light	In school	4
Speech	Light	Never been to school	7
	Light	In school	2
Mental	Moderate	In school	1
	Light	In school	2
Multiple	Moderate	Never been to school	2
	Light	Never been to school	9
	Light	In school	2
Total			75
Total NTT pop. (male) in this age range = 532. Percentage:			14.1

<i>Girls aged 16-17 years</i>			
<i>Impairment</i>	<i>Severity</i>	<i>Educational status</i>	
Physical	Severe	Never been to school	1
	Moderate	Never been to school	4
	Light	Never been to school	6
	Light	In school	7
Visual	Moderate	Never been to school	1
	Moderate	In school	4
Hearing	Light	Never been to school	3
	Light	In school	2
Speech	Light	Never been to school	7
	Light	In school	4
Mental	Moderate	Never been to school	1
	Light	Never been to school	5
	Light	In school	2
Multiple	Light	Never been to school	4
	Light	In school	1
Total			52
Total NTT pop. (female) in this age range = 434. Percentage:			12

In Kupang, the numbers of children with disabilities identified as working in 2008 was low. However, since these figures are not available on an age-disaggregated basis, it is not possible to say whether the 11 children shown in the statistics are undertaking light work, working 'legitimately' (ie having attained the minimum working age), or in child labour:

Table 6: Children with disabilities by type of impairment, sex and working status in Kupang (2008)

Type of impairment	'Working'			'Not working'		
	M	F	Total	M	F	Total
Physical (limbs)	2	1	3	91	66	157
Vision	1	0	1	37	18	55
Hearing	2	0	2	21	11	32
Speech	4	1	5	45	50	95
Mental/intellectual	0	0	0	42	28	70

Multiple	0	0	0	112	64	176
			11			585

The low numbers of children 'working' may also reflect the low skills levels of children with disabilities in both Kupang and NTT as a whole:

Table 7: Children with disabilities by type of impairment, sex and skills status in NTT (2008)

Type of impairment	With skills			Without skills		
	M	F	Total	M	F	Total
Physical (limbs)	16	12	28	1495	1065	2560
Vision	5	11	16	374	297	671
Hearing	3	6	9	278	179	457
Speech	6	5	11	712	547	1259
Mental/intellectual	8	6	14	718	569	1287
Multiple	14	6	20	835	543	1378
TOTAL			98			7612

Table 8: Children with disabilities by type of impairment, sex and skills status in Kupang (2008)

Type of impairment	With skills			Without skills		
	M	F	Total	M	F	Total
Physical (limbs)	0	0	0	93	67	160
Vision	0	0	0	38	18	56
Hearing	0	1	1	23	10	33
Speech	2	0	2	47	51	98
Mental/intellectual	1	0	1	41	28	69
Multiple	2	0	2	110	64	174
TOTAL			6			590

Underlining the possibility that the large majority of children with disabilities in NTT/Kupang are in the 'idle' category, the data show that very few children with disabilities attend regular

schools. Only 41 of the 596 children with disabilities in Kupang in 2008 were ‘currently in school’; in NTT, only one in 10 children with disabilities was in school:

Table 9: Children with disabilities by type of impairment, sex and educational status in NTT (2008)

Type of impairment	Currently in school			Currently not in school		
	M	F	Total	M	F	Total
Physical (limbs)	201	142	343	1310	935	2245
Vision	65	44	109	314	264	578
Hearing	49	34	83	232	151	383
Speech	28	37	65	690	515	1205
Mental/intellectual	48	39	97	678	526	1204
Multiple	44	25	69	805	524	1329
TOTAL			766			6944

Table 10: Children with disabilities by type of impairment, sex and educational status in Kupang (2008)

Type of impairment	Currently in school			Currently not in school		
	M	F	Total	M	F	Total
Physical (limbs)	8	6	14	85	61	146
Vision	2	1	3	36	17	53
Hearing	2	2	4	21	9	30
Speech	1	4	5	48	47	95
Mental/intellectual	4	2	6	38	26	64
Multiple	6	3	9	106	61	167
TOTAL			41			555

Those that did attend school generally dropped out by Junior High. In Kupang, for example, of the 41 children ‘currently in school’, only two children were in Junior High school and 39 were in Elementary school.

The data suggest that the severity of the child’s impairment may be determinant in the child’s not attending school at all or completing only Elementary school. This holds true into Junior High school and, by Senior High (in both NTT as a whole and Kupang in particular), no children with

moderate or severe impairments are in school, indeed in Kupang no children with disabilities are in school at all at this level.

Table 11: Children with disabilities by severity of impairment, sex and educational attainment in NTT (2008)

Severity of impairment	No schooling			Elementary			Junior High			Senior High		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
Mild	2062	1447	3509	284	218	502	43	36	79	3	1	4
Moderate	1033	809	1842	82	57	139	13	10	23	0	0	0
Severe	934	659	1593	10	9	19	0	0	0	0	0	0
TOTAL (7710)			6944			660			102			4

Table 12: Children with disabilities by severity of impairment, sex and educational attainment in Kupang (2008)

Severity of impairment	No schooling			Elementary			Junior High			Senior High		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
Mild	174	123	297	15	16	31	1	0	1	0	0	0
Moderate	80	48	128	6	0	6	0	0	0	0	0	0
Severe	80	50	130	1	1	2	0	1	1	0	0	0
TOTAL (596)			555			39			2			0

Of the 227 children in NT and 11 children in Kupang categorized as ‘working’, 73 and three children respectively were also attending school. If they were below the age of 15 (or between the minimum working age and 18 working in hazardous conditions or for more than 40 hours a week), these children would be in child labour:⁵

⁵ Unfortunately it has proved not possible to cross-reference these two tables to the ages of the children concerned.

Table 13: Children with disabilities by type of impairment, sex and education/work status in NTT (2008)

Type of impairment	Working						Idle		
	Children out of school and in work			Combining school and work					
	M	F	Total	M	F	Total	M	F	Total
Physical (limbs)	29	22	51	21	9	30	1281	913	2194
Vision	9	2	11	5	9	14	305	262	567
Hearing	10	3	13	5	3	8	222	148	370
Speech	21	15	36	4	5	9	669	500	1169
Mental/intellectual	11	9	20	6	2	8	667	517	1184
Multiple	16	7	23	3	1	4	789	517	1306
TOTAL			154			73			6790

Table 14: Children with disabilities by type of impairment, sex and education/work status in Kupang (2008)

Type of impairment	Working						Idle		
	Children out of school and in work			Combining school and work					
	M	F	Total	M	F	Total	M	F	Total
Physical (limbs)	1	0	1	1	1	2	84	61	145
Vision	1	0	1	0	0	0	35	17	52
Hearing	2	0	2	0	0	0	19	9	28
Speech	3	1	4	1		1	45	46	91
Mental/intellectual	0	0	0	0	0	0	38	26	64
Multiple	0	0	0	0	0	0	106	61	167
TOTAL			8			3			547

These data paint a very clear picture of the general situation of children with disabilities in NTT and in Kupang. Most of the children miss out on regular schooling, are unskilled and do not work.

In Kupang, some children do receive an education through places in dedicated ‘learning centres’ or in tailored classes annexed to regular schools, however overwhelmingly children with disabilities in Kupang and in the NTT in general fall into the category of ‘idle’ children.⁶

⁶ The situation in rural areas of NTT was not studied for this research project, however it is likely that larger numbers of ‘idle’ children are in fact contributing to work on family farms or in family business. Most child labourers in NTT work in agriculture, predominantly on family farms in rural areas. Children are also found in labour in the construction sector.

PART THREE: RESULTS OF THE FIELD RESEARCH

10. Introduction

In the absence of any reliable research methodologies or studies on which to model the field work done for this exploration of the potential links between disability, access to education and child labour, the team was very aware that it was breaking new ground. As a result, valuable information was captured even if it was not directly related to the original terms of reference, which were themselves exploratory in nature, designed to underpin the study while allowing the lessons gathered and the realities on the ground to mould both the progress of the research and the final conclusions.

A number of lessons early in the field research were crucial:

The first was that access to children with disabilities was facilitated by the policy of universal education in Indonesia which means that, although the large majority of children with disabilities in NTT/Kupang are not registered at regular schools, they do have access to ‘learning places’ in learning centres or special classes annexed to schools. This is not the same as ‘inclusive education’, where children with disabilities are mainstreamed into regular school classes with dedicated support of assistive aids or processes. What it amounts to is largely skills-based learning provided in a limited number of centres. Since the learning places are government-subsidized, they attract children from a broad range of socio-economic backgrounds. The sample of children surveyed for this study was consequently large, covering some 80 per cent of all children with disabilities in Kupang.

Nevertheless, as in all studies and projects targeting children, it proved difficult to reach the ‘poorest of the poor’ families who do not participate in services provided by the state and who, in particular in this context, hide their children from what they see as social stigma related to their impairments.

The sample does, however, represent a broad spectrum of children with disabilities and, importantly, it allows us to throw light on a number of relevant issues related to children with disabilities, education and employment.

The researchers accessed information on children with disabilities through several different avenues:

- Through regular schools which had add-on services for children with disabilities (generally a single classroom dedicated to these children, irrespective of their age or impairment);

- Through dedicated ‘learning centres’ for children with disabilities;
- By visiting families receiving home visits from the carers working in the learning centres and/or schools;
- Through residential services for children with disabilities operated by the NTT Ministry of Social Affairs;
- Through the Forum for Parents of Children with Disabilities organized by the NTT Ministry of Social Affairs;
- By visits and interviews with a distinct group of children with disabilities, living with their families in refugee settlement areas for people displaced by the conflict in Timor Leste;
- By following up specific families and children discovered during discussions with these groups;
- By following up individual cases of children in child labour and/or with a disability observed during visits made to areas where child labourers were likely to be found (market places, construction sites, shopping centres, beach-side entertainment establishments).

These varied avenues of access allowed a broad spectrum of children with disabilities to be identified and surveyed.

Additionally, in order to ascertain whether children may be vulnerable to missing out on schooling and/or entering child labour because another member of the family, particularly a parent, has a disability, the research team sought out children in this category.

In all, basic information was collected on 329 children. Following discussions within the international/local team, these children were categorized into groups according to the specific ‘learning points’ they offered for the research (for example, whether they had received medical attention, whether they were entirely dependent on parental support, whether they were acquiring or had acquired skills that might equip them for future employment). This allowed the team, given limited time and resources, to avoid duplication in the selection of case studies.

Following this overview, approximately 30 children were identified for in-depth follow-up visits. These children were considered to provide useful case studies illustrating the trends that were emerging. At this point, also, some gaps were identified that required further analysis, for example there were no examples of children who were without disabilities themselves but had a family member with disabilities (this was to be included to explore the impact on the child of

disability within the family). The local researchers were asked to attempt to identify such cases for further consideration. The final series of 15 case studies was selected because of the important issues relating to education, family life, home-based work, potential for child labour and indications of future employment that arise from them.

The second, crucial lesson to be learned is that it is unworkable to consider children ‘with a disability’ as if they constitute a homogeneous group. The nature and severity of the child’s impairment is of fundamental importance to the way their parents and carers make decisions about their capacity (real or perceived), the likelihood that they will go to school and that educational facilities will be available to them, and the likelihood that they will find employment, whether premature (child labour) or legitimate.

In this regard, although there are many different classifications of disability, it was decided at the outset of this research to follow the classification used in the very comprehensive data sets compiled by the Indonesian Government, including at provincial level. For this reason, the simplified categories used are:

- Vision-impaired (mild, moderate, severe);
- Hearing-impaired (mild, moderate, severe);
- Speech-impaired (mild, moderate, severe);
- Physical disability (musculo-skeletal, circulatory, respiratory, nervous system); (mild, moderate, severe);
- Mental disability (mild, moderate, severe).

This latter category is the most problematic, since it ranges from acquired, often temporary conditions such as trauma or depression, to intellectual impairments sometimes called ‘slow learning’, through to congenital conditions such as chronic autism. While the case studies collected recorded more information on the nature of the ‘mental disability’, it was impossible to go beyond this broad-brush category in analysing the statistical data.

A final category used in the research and in the available data is self-explanatory:

- Multiple disabilities

This category reflects the fact that some children with disabilities may have impairments that belong to more than one category identified in the data. Although ‘multiple impairments’ is used as a distinct category in the available data, there is no breakdown of the nature of the impairments of the children concerned.

11. Methodology

Given the exploratory nature of the research to be carried out, it was decided from the outset to use qualitative research methods. This approach allows a wide range of descriptive information to be gathered. A combination of sampling techniques was used.

While it had originally been intended that the children to be surveyed would be identified through *purposive* sampling, ie according to the preselected criteria of disability and child labour involvement, this proved not to accurately reflect the situations of the children observed through the general overview. As a result, it was decided to use a combination of *quota* sampling (pre-decided quantity and characteristics of the child or the family) and *snowball* sampling (referrals through respondents interviewed).

The quota set – 30 children – was identified by first reviewing 329 profiles of children provided by teachers and social services respondents, and by categorizing the children according to the learning/illustrative points they presented. This was anticipated to provide approximately 20 case studies that would illustrate the major issues covered in the study. In-depth interviews with teachers, children and families subsequently led to a small number of children and families being approached for in-depth interviews also (this is known as ‘snowballing’), selected because they filled in some gaps that had been identified in the cases being considered. Ultimately, however, it was decided that the 15 case studies included in this study illustrated all the major issues identified during the research.

The international consultant, as team leader, met with the local researchers in Kupang, NTT, in July 2010 when a general survey of global literature on the issues to be studied had been largely completed. In preparation for the full team meetings, a draft ‘case study handbook’ had been prepared outlining the assignment, interview protocols and ethical issues to be taken into consideration, the data storage system to be used to permit confidentiality of the children’s and families’ data, and an outline questionnaire designed to prompt interviewees to begin to provide the information required to understand the issues and to identify potential case studies. The

methodology and approaches were refined at this stage to take into account the experience and knowledge of the local researchers.

In the course of this first round of team meetings, it became clear that guidance from the international consultant was also needed on the nature of child labour (as well as light work, worst forms of child labour, hazardous work, legitimate youth employment etc) to position the research within a child labour, rather than a child protection context. This, however, remained a challenge throughout the research, especially given the avenues open for accessing the children and their families. As a result, the local researchers visited the children and families interviewed in-depth several times, in particular to ensure that questions relating to the child's current or future participation in economic activity, and the parents' attitudes to this, were included.

The major challenge identified in these first meetings, however, was the fact that in Kupang and indeed in NTT in general, parents and carers of children with disabilities tend to keep them close to home if they are not in an educational facility (or even if they are, in out-of-school hours). This reflects not only the fact that many parents/carers are highly protective of their children with disabilities, but also that public attitudes to disability in Kupang are extremely negative, and parents themselves are not immune to this. Disability is variously seen as 'shameful', a sign of evil and something to be hidden away. This is an important observation, since it does indicate that parents and carers are also unlikely to put their children (with disabilities) into child labour outside the home, preferring to keep them out of the 'public eye'. In this context, therefore, disability might be said to be a protective factor against child labour, rather than a vulnerability factor.

As the research progressed, more questions were asked about how children with disabilities who are kept at home, or those who attend learning centres but have no social life outside school hours, spend their time. Additionally, the team attempted to investigate what the future employment prospects of children with disabilities who did attend learning centres/special classes might be.

A final question to be answered was whether children with disabilities who were in or out of learning, and whose families were not coping financially, might be exploited in begging, a form of child labour (often a worst form of child labour) commonly found in other parts of the world to involve large numbers of children with disabilities.

PART FOUR: CASE STUDIES

The field research undertaken in Kupang over approximately two months from July to September 2010 located only one child with disability engaged in child labour, of all the children surveyed.

This may be for a number of reasons: more children with disabilities and in child labour may exist but be hidden away so that, despite considerable effort (visiting market and retail areas at various times of day, for example), they could not be found. It may be that children with disabilities are in child labour in rural areas rather than the urban Kupang environment (and this might be considered for a follow-up investigation). It may also be that children with disabilities in Kupang are in general not exploited in child labour at all, but rather protected from it – as well as from a life ‘outside the home’ in general – because of parental and public perceptions of the causes of their impairment or their ability to function in the outside world.

During the research, additionally, no children with disabilities were observed to be exploited in begging. The researchers visited, at different times of the day and night, areas where children might traditionally be found begging: market places, commercial areas, beachside venues, outside fast-food outlets and gathering places such as outside churches. The local researchers confirmed that their only experience of children begging was ‘casual’ begging by children who would approach them in the street, for example when they were waiting to cross the road, and ask for money. These children were in general not obviously destitute and the incidents seemed to be opportunistic rather than systematic.

The case studies included here, therefore, are not of children with disabilities who are in child labour, but they illustrate a number of different issues considered to be of relevance to this exploration of potential links between disability, education and child labour. In some cases, additionally, the question is asked whether the use of the child’s time in household tasks or ‘casual work’ for neighbours and friends falls into strict definitions of child labour and, at the very least, warrants further monitoring.

The children whose stories are told here are identified only by numbers, since the data relating to their case is stored in a numeric system that protects their identity. Arbitrary acronyms have been allocated to a young woman and an elderly man encountered during visits that were outside the formal interview process.

Each case study is embedded in a section that describes the context in which the child lives or studies, for completeness and to avoid repetition. At the end of each case study is a recap of the issues and questions arising.

The overarching conclusion from all these case studies is that, even if these children are not in child labour, they all suffer disadvantages and deprivations that require urgent consideration and even more urgent action.

In addition, there are two case studies of children who have a parent with a disability. These case studies, like those of the children with disabilities, are not necessarily representative because the sampling technique was not rigorous and the sample size is small because of the difficulties of identifying children who fall into this category in Kupang. They are included here for illustrative purposes and to allow identification of issues for consideration.

Children living in the Alma residential centre

The Alma residential centre, run by Catholic sisters of Alma, is located in the Sikumana village area of Kupang. Three sisters manage the centre and there are three maids as well as a man who does general work around the centre.

At the time of the research, there were 24 children living in the Alma centre, all with disabilities, including speech impairments, physical disabilities, mental disabilities and autism. Fifteen of the children have mild impairments; seven have moderate disabilities and three children suffer severe forms of disability: one child can neither walk nor speak; one child has multiple severe impairments; a third child is severely traumatized.

Data was provided on 20 of the children and is provided here as indicative of the age ranges and gender distribution of the children:

<i>Age range:⁷</i>	<i>0 - 4</i>	<i>5 - 6</i>	<i>7 - 12</i>	<i>13 - 15</i>	<i>16 - 17</i>
<i>Male</i>	0	0	9	2	3

⁷ Throughout this study, the age ranges used are equivalent to the school system in Indonesia and are inclusive: 0 – 4 = not yet of school age; 5 – 6 = Pre-school; 7 – 12 = Elementary school; 13 – 15 = Junior High (15 is the legal minimum age for work); 16 – 17 = Senior High.

<i>Female</i>	0	0	3	2	1
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The children share 10 bedrooms (generally three or four to a room), and the sisters and maids sleep in the rooms also. Most of the children’s families do not pay fees to the centre; costs are covered through stipends from the government. However any costs for uniforms and books do have to be covered.

The children are given very basic education and skills training, but are taught together and so with little response to their individual needs. In general, the visit provided insight into a facility that focuses on ‘caring’ for the children rather than educating them. The skills taught seemed to be designed to ‘mitigate’ the unsocial impacts of the children’s impairments (for example, encouraging children with autism not to make too much noise). Nevertheless, the children seemed to be happy and were anxious to accompany the team members into the garden/yard.

Case study 1: In school and household tasks

01-3 is an 11 year-old girl suffering severe trauma since the death of her father, who committed suicide in her presence when she was just three years old. He was a farmer; her mother still sells vegetables in the market.

When 01-3 came to the centre, she was so traumatized that she was unable to communicate and would sit talking to herself and crying. The sisters began counselling her but there is no trained psychologist or therapist on the staff of the centre, and no funds to bring one in.

As 01-3’s condition began to improve, however, she was able to share a bedroom with two other girls and one sister. She still often sits alone, but will listen to her friends, although she does not talk back to them.

At the age of six, 01-3 started to go to the local public school. She walks there every day; there are no school fees.

Physically, 01-3 is healthy. She can take care of herself and does light housework. For one or two hours every afternoon, she sweeps, washes dishes, cleans her room and waters the plants. She is not exposed to sharp instruments and does not carry heavy loads. For the housework she does on behalf of the centre, she is not paid. It is seen as part of her recovery.

The trauma, however, continues and without proper treatment has reached a plateau. 01-3 will not express her feelings and often becomes angry without obvious cause. Although she will speak to the three sisters who take care of her, she will not communicate with others, although she plays with the younger children in the afternoons after school. She remembers her mother but becomes agitated when asked about her father.

The sisters cannot say what will happen to 01-3 in the future. They focus, they say, on helping her to recover from her trauma 'through spiritual guidance' and motivating her to survive and live with others. They send her to a regular school in the hope that she will learn, and say she is able to read and write. They say, though, that they cannot do anything to help her prepare her future and cannot predict what that will be. 01-3 says that she wants to become a sister of Alma.

Case study 2: Faith but no future plans

03-3 has been living in the Alma residential centre since she was a baby. She is 16 years old and was born with severe physical impairments. She is unable to walk or use her arms, although with the help of the maids she has been taught how to make her bed and dress herself.

03-3 is timid but talks readily to her house mother, one of the sisters. Although she has no psychological impairment and communicates well, she has never been to school and has received no skills training. She spends her time playing with her roommates and, where she can, likes to help the maids.

Effectively abandoned by her parents, 03-3 refuses to talk about them. She has no support outside the centre and her future remains a huge question mark. With no education and no skills, will 03-3 remain in the Alma centre indefinitely or will she be obliged to move out? If she does, where will she go?

Issues arising from the cases of 01-3 and 03-3⁸

- Clearly children with any kind of impairment, but particularly psychological disabilities, require specialist treatment in the short and long term. To be accessible to all children, this should be provided free of charge and readily accessible.

⁸ The issues identified through the case studies also include lessons learned from the global literature review, included according to the case studies to which they seem most relevant.

- In the absence of specialists, at the very least the teachers and carers in centres for children with disabilities should receive thorough, regular training in the issues the children face and how they should be handled.
- The fact that 01-3 is able to attend school is a good thing. However, the question should be asked whether her specialized needs are fully met in a regular school. It was not possible to ascertain whether the school has staff trained, or systems in place for inclusive education, or whether there is some way in which 01-3's particular needs are taken into account.
- It is not clear why 03-3 never attended school, since she is capable of learning. Her physical impairments and timidity mean that she would require specialist attention and assistive aids, neither of which has been provided.
- The housework that 01-3 undertakes should be monitored so that it does not become excessive and, in particular as she gets older, there should be safeguards (policies, training of supervisors) in place to ensure that it does not include exposure to hazards (climbing ladders, lifting heavy weights, extreme heat or cold, exposure to chemicals or sharp instruments etc).
- Since 01-3 walks to school, consideration should be given to any threats she may encounter en route including, as she gets older, soliciting.
- The future of both girls is uncertain. All residential centres, whether run by the church or the state, should be seen as just one stage in a child's life and a plan should be drawn up for each child to ensure that their future beyond the residential centre is mapped out. It may be that the future consists of a similar adult residence, or it may be that on leaving the centre a child returns to family, or is able to share suitable accommodation with others. Whatever the 'residence' option, there must also be thorough preparation to permit the child to survive financially. This may mean ongoing subsidies from the government or a charitable organization, but it should, wherever possible, also involve well planned, early actions to equip the child with a suitable means of earning a living, taking the child's impairment and capacities into account.

Children living with their families who receive visits from the Sisters of Alma

The Sisters of Alma, in addition to running the residential centre, make regular twice-weekly visits to a number of families in the district that have children with disabilities living at home.

The Sisters are not trained to provide medical treatment or counselling and their visits are social and supportive rather than therapeutic.

All together, 26 children receive visits. Their age ranges and the gender distribution of the children is as follows:

<i>Age range:</i>	<i>0 - 4</i>	<i>5 - 6</i>	<i>7 - 12</i>	<i>13 - 15</i>	<i>16 - 17</i>
<i>Male</i>	0	3	8	4	1
<i>Female</i>	0	1	6	2	1

Not surprisingly, most of the families have only one parent working, generally the father. The mothers stay at home to care for the child with disability and in each case the mother/child relationship is highly dependent.

Case study 3: Unable to pay for help

04-3 is a five year-old boy with Down’s syndrome. His mother explains that, when he was three months old, he developed a high fever and that, although she took him to the health centre, he has been “sickly” ever since. The child, who is not able to walk or play, requires specialist treatment that the family cannot afford.

The boy has never been sent to school because he is unable to communicate. His older sister, who is seven years old, does attend the neighbourhood school. He also has a younger brother who is 12 months old.

04-3’s father works long hours at a hotel in Kupang, so his mother takes him everywhere she goes. He is entirely dependent on her and the Sisters report that she is extremely patient with him. The mother, however, is not willing to talk about his future nor what would become of the child if she were no longer there to look after him.

Case study 4: Dropped out of the system

16-3 is an enigma. This 15 year-old boy was not born with impairments and attended school up to Grade 8 Senior High, dropping out when he was 12 years old. For reasons that no-one was able to explain, he then was idle for two years.

At the age of 14, according to his mother, he “developed a high fever” and subsequently lost the use of his hands and legs. His condition, however, was never properly diagnosed and he has received no treatment.

Unable to walk or look after himself, he is now completely dependent on his mother, although his cognitive faculties are good.

Case study 5: A high-risk case

17-3 is a child at risk of exploitation. Now aged 15, she has had a mild physical impairment since birth. Her parents sent her to Elementary school, which she completed, but she then dropped out of school and has since had neither education nor skills training.

Once a week the family receive a visit from the Sisters of Alma, who explain that they provide ‘treatment’ to the girl, although this is unspecified. Since the Sisters are not trained to administer therapy or medical assistance, the ‘treatment’ takes the form of counselling and spiritual support.

This young girl is able to look after herself and to help around the house. She does a whole range of household jobs: washing, ironing, cleaning and cooking. In addition to this, she seeks out casual work in the homes of neighbours and for this receives some money.

This child is consequently economically active. She has reached the legal age for work but the casual work she does is informal and uncontracted, so the payment she receives is token. The girl and her family were unable to provide any details that would enable the work to be classified as hazardous or safe.

This is clearly a grey area case, common to many children who take on ‘odd jobs’ that easily slide into exploitation. 17-3’s family say they have never asked her to go out and earn money, but they also say they cannot afford medical treatment or therapy for her.

This is an unsettling case where further investigation and intervention are clearly required.

Issues arising from the cases of 04-3, 16-3 and 17-3

- So many of the children surveyed have impairments that, in a developed economy, would be addressed through medical treatment and a range of support services. Some of the children, also, had physical impairments that seemed to be linked to complication during childbirth – ‘legs that do not work’ potentially linked to broken hip joints, for example. Early

intervention – pre-natal, during childbirth and post-natal, as well as treatment in early childhood for children with a range of impairments – are a child’s right and a state responsibility.

- Invariably, children with disabilities depend on their mothers, which means that most of the women are unable to go to work. This takes the entire family into a cycle of unemployment, poverty, lack of healthcare, and extreme dependency from which it is almost impossible to emerge.
- Children who drop out of school should be followed-up to find out why. Efforts should be made to encourage the child to re-enter school, if necessary changing the circumstances that led to the child’s (or parents’) decision. A number of children surveyed dropped out of school ‘because they could not learn’, but this may well mean that the child was in the wrong kind of class, expected to perform alongside non-disabled children, with the child’s impairment not being taken into account. Where a child simply does not fit into the available classes, consideration should be given to alternative forms of learning, including the provision of NFE.⁹
- Home visits are undoubtedly comforting to parents of children with disabilities, and especially mothers who may be isolated at home with a child who cannot go out (or who is not allowed to go out). However ‘therapy’ that consists of encouraging, heartfelt words is not the same as ‘therapy’ provided by a trained therapist who understands and can address the child’s impairment. There is clearly an urgent need for specialized, trained disability/rehabilitation specialists.
- Housework can easily become domestic labour as a child gets older and potentially stronger, and takes on more difficult (or hazardous) tasks. The fine line that must be drawn between ‘helping hands’ that are undoubtedly of value to the child who may feel disenfranchised in the household because of an impairment, and tasks that become exploitative because of their nature or the conditions of the work, must be drawn and monitored. One way to do this might be to help parents understand the tasks that are appropriate (and how they should be

⁹ It is also possible that there are children who drop out of school because they have impairments, especially learning impairments, that are never diagnosed. This present study did not attempt to look at the educational status of all children in Kupang/NTT to identify children who dropped out of school and then assess whether this may have been because of an undiagnosed ‘invisible’ impairment. The potential of this arising, however, serves to underline the importance of following up all cases where children drop out of school.

performed) and those which are not – for example lifting heavy weights, working with extreme heat or cold, climbing ladders etc.

- A number of the children surveyed do ‘casual work’ for neighbours. Parents told of children sweeping the yard, watering plants, running errands, but in reality seemed not to know exactly what their children might be asked to do. This may be a benign activity, providing a little ‘pocket money’ for a child to whom taking responsibility and helping others is an important element of self-worth, but it really should be monitored to ensure that the children are not simply being exploited. As with household work outlined above, helping parents to understand what is acceptable and what is not, and encouraging them to learn precisely what their children are doing, is one way to monitor these activities.

Children in the Penfui Learning Centre

Penfui Learning Centre was established in 2003/4 and opened in 2007. It is in an isolated, dry-as-a-bone site some 20 kilometres outside Kupang, on the road to the airport. There are chickens scrubbing around in the parched soil and bougainvillea struggling to put down roots. The Learning Centre, though, is a pleasant place, with solid painted buildings spread over the large site and children playing along the shady walkways.

Among the staff are teachers who have training in working with children with disabilities although the centre itself is not specially equipped with assistive aids or devices. The children are not taught Braille or sign language and the classes are not specifically tailored to their needs, although the subjects taught are selected because they are seen to be accessible and relevant to the needs of children with disabilities.

The Penfui Learning Centre has 165 students, only 11 of whom live on-site alongside a handful of teachers. The other children come every day in family cars, an indication that they are not from the poorest of poor families. The Centre is open to all and the catchment area is not restricted. The education children receive at the Learning Centre is free, and some children have government scholarships, however the costs of uniforms and school supplies are not covered and this limits the opportunity of children from the lowest socio-economic groups. All the children have impairments, ranging from mild to severe, and covering a broad spectrum of impairments.

Data was provided on 141 children:

<i>Age range:</i>	<i>0 - 4</i>	<i>5 - 6</i>	<i>7 - 12</i>	<i>13 - 15</i>	<i>16 - 17</i>
<i>Male</i>	1	5	47	18	21
<i>Female</i>	0	1	24	18	6

Penfui offers classes from pre-school to Senior High levels. In pre-school and Elementary, the children – who are divided into classes based on the nature of their impairment (making the planning of resources a challenge) – follow a basic curriculum of literacy, numeracy, art and lifeskills training. In Junior and Senior High, they additionally have a choice of vocational courses: automotive; carpentry; beautician training; dressmaking; computer/IT; acupuncture; cooking; and sign painting. The students and their parents choose their course of study in consultation with the teachers.

The skills they learn depend to a large extent on the nature and severity of their disability. Some, for example, may emerge with a Certificate in Automotive that is equivalent to a qualification earned by non-disabled children. Some may acquire only enough skills to allow them to do their own cooking at home. On general the students spend six hours a day combining school subjects, vocational theory and practical work. Once they reach 18, they may be taken on as an Assistant Teacher and transfer their skills to other students while gaining valuable work experience. The teachers advised, however, that they do not follow up what happens to skilled children when they leave the Centre and do not therefore know whether they find employment.

Case study 6: Beauty is not skin-deep

RX is 21 years old and has been at the Penfui Learning Centre since Elementary grade. Now she is an Assistant Teacher in the Beauticians' training course, having honed her skills in giving facial treatments, hairstyling, make-up and massage. For the work she does, she receives a small stipend from the government, part of which is paid to the school.

RX has been deaf since birth and was unable to speak until she learned basic oral skills at the school. She is still timid and often distracted when others are holding conversations around her, but responds to direct questions from her supervisors.

Her father is now retired, but her mother works as a civil servant on their home island, Rote. RX is the youngest of six children. She seems very happy with her current situation. The big

question mark hanging over her, though, is what she will do when it is someone else's turn to take up the assistant's position and she has to move on.

She says – and her teachers confirm – that she is unlikely to find regular work 'outside'. The reasons for this are not made clear: she has the requisite skills, will have acquired solid work experience in a learning environment, and is clearly an enthusiastic, presentable young woman.

RX might, however, be able to find casual work providing beautician services from her own home, and this may be a satisfactory solution given that she will also there have family support. Her long-term employment prospects, though, and with them her ability to fend for herself when her parents are no longer there to support her, remain unclear.

Case study 7: The boy outside the fast-food outlet

SO-06 is a student at the Penfui Learning Centre but entered this study because he was observed and then interviewed outside a fast-food outlet in downtown Kupang. He is a bright 14 year-old whose father died when the boy was seven years old, and whose mother sells cakes in front of their house. SO-06 has been unable to hear or speak since he was born and relies on his brother (present during the interviews) to communicate for him. He has never seen a doctor because his family is too poor to pay for treatment.

Like his nine year-old sister, SO-06 goes to school. Although there are no fees, SO-06's family has to find the money to pay for books, stationery and transport (they live four kilometres from the school). SO-06 likes going to school but feels that he has to help his mother, not only around the house but also to cover the costs of his education. This is why, every weeknight between 5pm and 8pm, he sits outside a fast-food outlet in the city and sells newspapers. He sells around 20 papers every evening, earning Rp.10,000 (a little more than US\$1).

At the end of the three hours' work, he goes home and begins his schoolwork. He says he always goes to bed late. It is impossible to gauge how much working three hours a night might interfere with SO-06's schooling. International standards suggest that 15 hours' work a week is excessive for a child who has not yet reached the minimum working age, and who is in school. Certainly if these hours of work are added to the chores SO-06 does to help his mother in the house, they constitute too much work and too little time for play for a child of this age. SO-06 may be considered to be in child labour, even if there is no-one clearly intending to exploit him. Additionally, there are always risks for children sitting outside commercial outlets after dark,

soliciting from strangers and, in SO-06's case especially, unable to call for help if ever it is needed.

Despite this, SO-06 has a vision for the future: with the help of his brother, he is able to express his hope that, by studying hard and at the same time working hard, he will be able to collect enough money to ensure his future as a businessman, like the ones in the fast-food outlet.

Issues arising from the cases of RX and SO-06

- The ultimate success of Penfui's vocational training efforts lies in the numbers of graduating children who find suitable, decent employment. This, however, cannot be measured because there is no follow-up of the children after they leave the centre. It is important, both for understanding of the challenges facing children leaving the centre but also for appropriate planning of skills training and evaluation of the nature and level of skills provided, to know whether the children are seen as 'employable' once they graduate.
- Penfui staff advise that they have not yet tried to build relationships with local employers with a view to placing the children. There are consequently no bridges being built that might lead to graduating children finding suitable work or apprenticeships.
- Despite a stipulation in Indonesian law that all employers with more than 100 employees must take on a person with disability, in practice this is rarely implemented or verified. In a small labour market like the Kupang market, it is additionally unlikely that many businesses would be large enough to be subject to this requirement. Many of the children graduating from Penfui, however, are employable and could function in a workplace with few extra requirements or modifications.
- Children with disabilities who acquire skills that allow them to work out of their own homes need to be protected from exploitation. Under- or no payment is only one of the challenges they will face with 'clients' who are also friends, family or neighbours.
- The case of SO-06, who is the only child identified who may be considered to be in child labour, also suggests that children with disabilities who make progress in school, whose expectations are raised and who consequently may search out opportunities to improve their situations should be counselled and monitored so that they do not seek ways of earning an income and put themselves into risky situations. As they approach the minimum working age especially, children who want to earn pocket money or help out the family should receive

guidance on what is acceptable and what is not, in terms of the hours they work, the importance of rest and play, the balance between school and working, and how to keep themselves safe from hazard and risk.

- Communication is an important element not only of employability but also of daily life for children with disabilities, yet none of the educational establishments surveyed taught forms of communication that might be usable outside the school environment. While RX can communicate with her teachers, for example, she is reluctant to use the ‘sounds’ she has learned in a broader environment. In another school visited, the teachers had included modified Indonesian sign language in the curriculum but stopped teaching it when parents complained that they could not understand what their children were signing! How simple it would have been to teach the parents to sign too.
- Across all the locations visited, and children surveyed, not a single child benefited from an assistive aid of some kind. It is not unrealistic to suggest that, for some of the children – like RX – the use of a hearing aid, for example, might mean the difference between going to school or staying at home idle, and between accessing skills and finding decent work, or remaining unskilled and unemployed. Assistive aids do not necessarily have to be expensive, sophisticated machines. On the rough terrain of even urban Kupang, for instance, a high-end motorized wheelchair would be of little value, but a walking frame or even a walking stick might provide a child with mild lower limb impairment with just enough support to be able to get around and become less dependent on family and carers.
- In the same vein, despite a great deal of demonstrated ‘good will’, there was little evidence of modified learning environments, adapted approaches to communication or disability-specific planning in the educational services provided to children with disabilities. Related to this is the fact that most of the staff in the educational facilities had not undergone specific training to work with children with disabilities.

Children whose parents are members of the Parents’ Forum

The Forum for Parents of Children with Disabilities is a support group organized regularly by the provincial Office of Social Affairs. The forum is funded through members’ contributions and receives no government funds. At a special meeting of the group, 20 parents and two teachers

shared their experiences of living with disability in the family. Follow-up interviews with selected families allowed further information to be gathered on the children.

Some of the parents send their children to school and report positive progress in the way the children relate to family and friends. Fifteen of the 66 children whose parents belong to the group had had some schooling (13 at Elementary level, one at Junior High level and one in pre-school). Sixty-two of the children live with both parents and three children with their mother. One child, a 17 year-old, is in residential care.

All the children have severe impairments across a range of different disabilities. Of the 66 children, 64 were born with congenital impairments; two others were diagnosed with impairments before their first birthday.

The teachers and parents seem to have a strong bond and readily discuss problems that arise. A major challenge is the lack of specialized medical and therapeutic care for the children.

Almost all the parents say their children perform light household tasks at home and explain that this is considered part of their development. They all insist that the children do this work voluntarily.

The forum organizers provided data on 66 children whose parents are forum members. As an indication of the age and gender breakdown, the data follows:

<i>Age range:</i>	<i>0 - 4</i>	<i>5 - 6</i>	<i>7 - 12</i>	<i>13 - 15</i>	<i>16 - 17</i>
<i>Male</i>	0	0	23	10	7
<i>Female</i>	0	1	20	3	2

Case study 8: Dreams of making dresses

Autistic since birth, 08-3 is now 13 years old and attends the state Junior High School at Penfui. 08-3's parents do not pay fees to send her to school but have to cover transport costs.

This young girl prefers to be silent but can communicate when necessary. She lives with her father, a civil servant, two sisters and her mother who does not work but dedicates herself to looking after 08-3 and guiding her through life.

In addition to learning basic skills at the school, 08-3 has been learning how to make clothes and the techniques required to become a beautician. At Penfui she takes dressmaking and beautician's classes twice a week for three hours.

08-3's mother encourages her to develop her dressmaking skills, and supervises her after school. She works at home for about two hours every day at the sewing machine but, her mother insists, this is a hobby and not a job. The clothes that 08-3 makes are practice pieces and are not sold. Her mother makes sure that she is not at risk of accidents by watching over her if she uses scissors or needles.

08-3 loves dressmaking and hopes that she will be able to earn a living from this as she gets older. Her mother says that she might be able to find work 'outside' in due course, but that dressmaking is something she could do from home, so that she can earn some money but also stay within the protection of the family.

Case study 9: Out and about

10-3 is a 13 year-old boy who was born with a learning difficulty. An only child, he did start school but dropped out at the age of nine because he was failing in his studies. He is not able to read or write. His parents, a farmer and a housewife, enrolled him in a learning group at the church, which he attends regularly, but he is not interested in learning to read or write.

10-3 contents himself with helping his mother, doing light housework for an hour a day. He carries the water and sweeps the yard.

Sometimes a neighbour will ask 10-3 to help water plants or clean the yard, and for this he is paid. These small tasks are irregular and not arduous; they constitute little more than 'helping hands' and do not fall into the category of child labour.

10-3's parents are not sure what will become of him. They have hopes that he will find some way to earn an income, although he has no skills other than menial household tasks.

Issues arising from the cases of 08-3 and 10-3

- Most of the parents in the forum think about the future and have vague hopes that their children will somehow earn a living. This may be a result of the positive attitudes generally promoted through the supportive environment of the forum. In practical terms, however,

few of them know what is needed to ensure that their children are equipped for the future and, if they are aware, do not know how to go about accessing the services and (especially) funds to make that happen.

- Working from home seems to be an option that many parents, teachers and indeed children think will be viable for the children in future. No consideration is given, though, to what will happen when one or both parents are no longer around and the child has become an adult with disability still essentially dependent on family support. Sometimes there is a suggestion that siblings may step in to the carer role, but this is by no means guaranteed. While they may not be at risk of entering child labour, therefore, some of the children may well be at risk of labour exploitation later in life.

Children living in the huts at Naibonat

The NTT Provincial Office of Social Affairs and the Office of Social Affairs of the city of Kupang administer a refugee settlement area in Naibonat that is home to a large number of families and individual children who escaped the conflict in Timor Leste in 1997.

There are two main areas: the 'Riang Hut' is home to some 60 children (43 male and 17 female at the time of the visit) who are all orphaned, from single-parent homes or separated from their families. These are non-disabled children who all receive scholarships to go to nearby schools. They are collected by the school bus for the morning or afternoon shifts.

The nearest health facility is five kilometres away, as is the nearest school.

In their time off, the children learn how to grow vegetables in the Riang Hut's market garden, and breed fish for their own consumption in a small fishpond. Although the produce of the market garden is sold, the children's work is essentially seen as a form of recreation and learning. It is not arduous but it is done in the summer heat when temperatures rise into the high-30s Celsius.

Nearby, life is very different for children who live with their families in the 'Permai Huts'. Here 111 families live in extreme poverty, sharing the accommodation provided by 37 huts. There are 70 children, all of whom are out of school. A local woman comes once a week to teach basic literacy and numeracy but admits she can achieve little with the one room provided to her, no equipment except a few posters and the endless struggle of the families to survive. There are

reports of alcohol abuse within this poor community and of the authorities having to deal with community members causing a nuisance in the settlement.

In these most difficult of circumstances, eight children live with severe disabilities. Two girls, aged five and nine, lost the use of their left legs when they were broken in a motorbike accident which also involved their parents (their father is unemployed but takes on casual work as a motorbike courier). The other six children were born with congenital impairments, mostly intellectual difficulties. One child had been unable to walk since birth but had never been examined to establish why. Four boys in the 16-17 age group are also included because they are all deaf, however they consider themselves to be non-disabled. Their story follows, along with that of their employer, YL.

<i>Age range:</i>	<i>0 - 4</i>	<i>5 - 6</i>	<i>7 - 12</i>	<i>13 - 15</i>	<i>16 - 17</i>
<i>Male</i>	0	0	2	1	4
<i>Female</i>	2	1	2	0	0

Case study 10: Overcoming disability and hardship

The story of YL is included here because it is an example of what can be achieved with will power, a set of usable skills and a desire to make a difference.

YL is 61 years old and, somewhere along the way, lost his left arm, so may be classified as a ‘person with disability’. He is originally from Flores but his wife is from Timor Leste and they settled there, crossing back to NTT when the fighting broke out in 1997. Now they live in the difficult environment of the Permai Hut, but YL is proud to be able to say that his only son is in East Java, studying to get a bachelor’s degree in technology.

During office hours, YL teaches children at the Riang Hut residential centre, but after hours he runs a small enterprise making concrete breeze blocks and pipes to fill orders he receives from builders in NTT. It is not an easy task because there is no running water. Water is drawn from a well that is only half-dug at the side of the workshop. Nevertheless, business is good enough and the orders keep coming.

Here this also becomes the story of the four 16 year-olds. These four young men, hearing and speech-impaired since birth, are YL’s staff members. He has trained them and supervises their

work. The conditions are hot but the boys have grown strong and very capable. They are paid on a percentage basis, and YL proudly shows the simple accounts he keeps. In time, this small enterprise may be passed on to the boys, perhaps when YL finally decides he has achieved enough.

Case study 11: Lost in a silent world

12-3 is a 13 year-old boy with two younger brothers, a nine year-old who is in Elementary school and a three year-old. His father is a retired army officer from Timor Leste and his mother is a housewife. They cultivate a small plot of land near their hut but this does not provide an income.

This young boy was born with a lower limb impairment that means he has never been able to walk. He has had no medical intervention because his parents cannot afford it. Because of his lack of mobility, he has never been sent to school. He has no activities inside or outside the home, although he likes playing with his parents and siblings.

12-3 is also unable to communicate except using limited sign language his parents have taught him. With this he is able to express basic feelings such as hunger and thirst.

A local teacher has said she will help him to learn to read and write, and some basic numeracy skills, but she has not yet begun because she has to fit these special classes in after her normal day-time teaching job.

12-3's parents think that it is the government's responsibility to support their son as he grows older.

Case study 12: Heavy tasks and poor conditions

The eldest of three brothers, 11-3 has been unable to speak or hear since he was born. He arrived from Timor Leste in 1998 with his father, a soldier, and his mother who takes care of the boy, and his one year-old and three year-old siblings.

All three children are often sick. The poor sanitation near their hut brings malaria, skin rashes and diarrhoea. With the nearest health centre some five kilometres away, the children rarely receive medical treatment.

11-3 is nine years old but has never been to school. His parents say they do not know where to send him, because the only school they know of is five kilometres away and is not for children

with disabilities. They have encouraged him to use signs to communicate with them and with his friends, and he understands when his parents talk to him.

For one or two hours each day, 11-3 helps around the house. He collects water from the well (a dangerous undertaking), looks after his younger brothers and goes to the kiosk to buy small items. Some of these tasks are hazardous for a nine year-old child, particularly if he lifts his infant brothers or goes to the well unsupervised.

Issues arising from the cases of YL, 12-3 and 11-3

- Community-based cottage industries which allow children with disabilities to learn a skill and earn a living are a valid alternative to home-based individual work. Additionally, they constitute a 'community' in which working children with disabilities might also be able to access ongoing literacy and numeracy classes (NFE), social skills, medical visits and where conditions can be more easily monitored.
- Where medical and educational facilities are too far away, or cannot be accessed by children with a disability, an alternative is to bring health personnel and teachers to the children. This needs to be funded, and an appropriate location needs to be provided. In some countries, 'community hubs' have been developed as multi-purpose buildings (often just one room) for visiting doctors/nurses, teachers and social workers, and to serve as a community gathering place.
- There are often expectations that government will provide for the future of children with disabilities when parents are no longer able to do so. This is a ticking time-bomb when plans and programmes are not in place to take on this responsibility.
- The tasks that children with disabilities perform around the home, or for neighbours, can be considered to be child labour when they fulfil the criteria specified in law: long hours, hazardous tasks etc and undertaken by a child below the minimum age for work or light work. Extreme care should be taken to ensure that the tasks performed by children with disabilities in the home or community do not become child labour.

Children who have a family member with disabilities

Case study 13: Sisters in a kiosk with their parents

AM-01 and DM-01 are sisters. AM-01 is 13 years old and goes to the nearby Junior High school; her 11 year-old sister, DM-01 goes to the same school and is in the Elementary class. They live in a small house with no running water. At the front of the house there is a small kiosk where their parents sell basic goods.

The children seem to be happy and healthy, and their mother lets them bring friends home to play. The children's mother is generally in charge of the kiosk, but their father helps out too. He has been severely sight-impaired since he was born and cannot find other work. From time to time he sells dusters around the town.

AM-01 and DM-01 help out in the kiosk when they get home from school. In the afternoon, when they return, they have a nap and then for two hours after lunch work in the kiosk. Only after that does school work begin.

Both of the children's parents believe that they have a right to an education and are aware that helping their parents should not be the children's main job. However they also admit that the girls' school uniforms and stationery for school are expensive and that the kiosk is the main source of their income.

Case study 14: Housework instead of homework

YD-03 is 16 years old now, but she dropped out of school when she was 10 years old and has been working in Kupang for two years. Her father is a farmer in West Flores and she has a sister who has a physical impairment and cannot walk.

YD-03 dropped out because her parents did not have any money to pay for transport to get her to the nearest school, seven kilometres away. She sees it as her job to earn money to support the family as well as she can, so she moved to Kupang to find work as a maid. The family she works for has five children, although two of them do not live at home so she 'only' has to look after the two adults and three children, one of whom is a four year-old infant. Her employers are both civil servants.

Every day, YD-03 does the cooking, washing, ironing, cleaning and baby-minding. She gets two hours' rest in the afternoon, once the housework is done. The Rp.250,000 (c US\$27.50) she earns a month is kept by her employer until she asks for it. When she has enough, she sends money to her parents so that they can pay for traditional medical treatment in the village.

YD-03 is in child domestic labour. Although she is now of working age, she began work before she had reached the legal age for work and, in any case, her conditions of work are exploitative. The hours are excessive and the tasks are onerous.

Case study 15: A household filled with music

In a small house built on land their father bought some years before, TT-02 and RT-02 live with their mother and father in a house filled with music. The living room has a keyboard, guitar and loudspeakers, and their father's voice is also part of the music.

TT-02 and RT-02's father has been blind since birth. He earns a living playing music at government or family functions, and also works as a masseur. He wants his children to go to school so that they can get a good job when they are older.

RT-02 is only five years old and not yet of school age, but his sister TT-02 is 11 and goes to a Catholic school nearby. She often walks to school but can take public transport if she needs to. She does not help around the house because her parents believe that children should be learning, not working, to build a better future.

Issues arising from the cases of AM-01, DM-01, YD-03, TT-02 and RT-02

- The different situations in which these children live and in particular their educational situation is striking. Clearly the presence of a person with disability in the family is not determinant in deciding whether these children go to school or enter child labour. The determining factor in the children's vulnerability to child labour is the financial status of their families. While AM-01 and DM-01 do go to school, for example, the poor financial status of their family means that they are also expected to help out in the family business. RT-02 and TT-02 do not work at all, even around the house, because their father believes they should be in school, and is able to earn enough money for them to do this. YD-03, on the other hand, works to help out her family and pay for treatment for her sister, and has become a victim of child labour.

PART FIVE: CONCLUSIONS AND RECOMMENDATIONS

Conclusion 1: ‘Disability’ is not a single, unified phenomenon and is not necessarily a vulnerability factor for child labour

It has become common to list ‘disability’ as a factor of vulnerability for children across a wide range of violations of their rights -- child labour, trafficking, sexual abuse and exploitation, violence -- but the truth is that, as with non-disabled children, some children will be more vulnerable as a result of their impairment but others will not. In fact, as the field research clearly showed, in a social context like that of Kupang, where disability is commonly seen as something to be hidden away, children are more likely **not** to end up in child labour as a result of their impairment but rather to be protected from it, in the isolation of their homes.

When children’s impairments are an element of research or reporting, and in particular when they are being considered in relation to calculating the vulnerability of the child to any violations of rights, it is important also that the nature and severity of the impairment are taken into account.

Recommendation 1.1: Avoid listing ‘disability’ as an inevitable vulnerability factor in relation to child labour, child trafficking, sexual abuse and exploitation and violence against children.

Action: ILO (especially IPEC), other UN agencies, NGOs and other child welfare organizations, governments, researchers, commentators, media.

Recommendation 1.2: When undertaking research on the vulnerability of children with disabilities, do not treat ‘disability’ as if it were a single, homogenous, determinant factor. Always take account of: the nature and severity of the impairment; family circumstances (economic, size, status of parents etc); family attitudes towards disability, education and work; other vulnerability factors present; social attitudes towards disability in the place where the child lives.

Action: ILO (especially IPEC), other UN agencies, NGOs and other child welfare organizations, governments, researchers.

Conclusion 2: Begging is not an inevitable result of the confluence of poverty and disability

As was illustrated quite clearly in the case of NTT, children with disabilities who want to earn money, or whose parents would like more money to be coming into the household, do not necessarily end up in begging. The social constructs around begging, and around childhood disability are determinant in this regard – in NTT, the stigma and fear commonly associated with childhood disability not only means that children are kept close to home but also effectively negates the potential ‘market’ for begging by children with disabilities. Although it is not possible in a single-location study like this to come to any definite conclusions on the link between childhood disability and exploitation in begging, especially in the light of studies in other countries that point to begging as a common outcome of poverty/exploitation/disability, it is possible to conclude that there are other factors that must be taken into account when assessing the likelihood that a child with disability will be exploited in begging. Public attitudes towards begging, parental perceptions of disability, and government policies towards begging will be crucial. Similarly, public and family perceptions of disability are crucial. Where public attitudes towards begging are negative, but attitudes to disability positive, children with disabilities are more likely to be protected from abuse and exploitation, including in child labour.

Recommendation 2.1: Develop and implement attitude- and behaviour-change programmes to influence public and family perceptions of disability, education and decent work for children with disabilities.

Action: NTT Province and Kota Kupang Offices of Social Affairs, with ILO support in development of materials.

Conclusion 3: Childhood disability is frequently a factor in a child not entering school or dropping out

Although children’s impairments may not be a factor in the likelihood that they will enter child labour, they are definitely an indicator that the child will never be sent to school or that, if they do enter school, they may drop out early.

There are a number of factors for this: in NTT, despite a number of schools accepting children with disabilities, the occasional charges and simply a lack of information on options means that some parents do not know where to send their children or feel they cannot afford it. Poverty,

even relative, is consequently a factor in the educational opportunities of children with disabilities in NTT, and lack of information is an important factor also.

Additionally, some parents judged that their children with disabilities would not be able to cope at school, and this is borne out by the children surveyed who dropped out of school because they were not performing well. There is therefore good reason to increase the number of places available to children with disabilities in educational programmes tailored to their needs, whether that is through inclusive schooling in mainstream schools or in 'special' schools classes. Clearly there is also an imperative to ensure that teachers are trained to meet the educational needs of all students, including those with disabilities.

Recommendation 3.1: Develop policies and programmes that increase the likelihood that children with disabilities will enter and remain in school.

Action: ILO, in partnership with Indonesian Ministry of Social Affairs and Ministry of Education.

Recommendation 3.2: Recognize that there are different formats for delivering education and explore which options might be possible in NTT.

Action: ILO, in partnership with Indonesian Ministry of Social Affairs and Ministry of Education. Relevant UN agencies (UNICEF, UNESCO) and NGOs and other child welfare groups working in this area might also be convened for this discussion.

Recommendation 3.3: In distinct areas (eg Naibonat or equivalent), develop 'community hubs' and provide regular visits by health personnel, teachers and trainers.

Action: ILO might pilot, in collaboration with the NTT Provincial and Kota Kupang Offices of Social Affairs.

Conclusion 4: Appropriate, tailored vocational training is a crucial element in equipping a child with disability to be self-supporting in the future

The field researchers were able to visit a number of vocational training set-ups that tended to offer the same vocational courses: ITT/computer training, automotive skills, furniture making, hairdressing and beautician courses, cookery and dressmaking, and massage therapy.

The ITT/computer classes the researchers observed consisted almost entirely of word processing for those children who were literate, and game-playing for those who were not. In this latter case, it was clear that the games had a therapeutic value – some of the children had lightning fast reactions, for example – but it might also be possible to identify games that have been specifically designed to develop skills in children with intellectual impairments.

The international researcher had some concerns about some of the skills being taught, in particular carpentry and furniture making. These arose from the conditions of the workshops visited, where glues were being used without masks, woodcutting instruments were being used without safety equipment (the supervisor advised that the children knew how to protect themselves but did not like wearing protective clothing), and where there were reports that some classes had been discontinued because the children had developed skin problems.

Carpentry is a valuable skill – and there are uses to which it might be put, for example manufacturing walking sticks and frames instead of stools and chairs – but it is vital that the children be protected from potential hazard at all times.

Recommendation 4.1: Develop more facilities providing skills training tailored to children with disabilities (ensuring, additionally, that there is systematic follow-up of graduating children and collaborative links with local employers, **and explore other possible occupational areas**, in consultation with employers and workers' groups in the area.

Action: ILO in partnership with the Indonesian Ministries of Education, Manpower and Transmigration, and Social Affairs. This might be considered at NTT provincial level in the first instance.

Recommendation 4.2: Ensure that all vocational training, regardless of where it is delivered, is safe and does not expose the child to hazard of any kind. Appropriate training in the use of protective equipment, and avoiding dangers, is vital in any vocational course. Additionally, all vocational training should be monitored to ensure that the children's labour is not exploited for commercial purposes.

Action: NTT Province and Kota Kupang Offices of Social Affairs. Indonesian national Labour Inspectorate might be consulted. Vocational service-providers should be fully involved in these discussions, rather than targeted as potential 'perpetrators'.

Conclusion 5: Vocational training is not enough, however: work placement is the next step

Indonesia has laws in place that reflect a desire to integrate people with disabilities into the workforce, but the statistics show clearly that this is not happening satisfactorily, even when the person with disability is skilled. Table 9 of the *Expose data PMKS penyandang cacat* shows that, in 2008, only 12,375 skilled people with disabilities (aged 0 – 61) were working, ie roughly one-third of skilled people with disabilities are unemployed. The figures relating to unskilled workers with disabilities are much worse, however: 56,990 working compared to 223,653 not working. The 30 per cent ‘unemployed’ rate for skilled people with disabilities is particularly disturbing in the light of the research that suggests that, once parents are no longer around to care for people with disabilities, they are pretty much left to fend for themselves.

It is very sad that most of the children with disabilities who do acquire usable skills do not anticipate being able to find work, except by operating a home-based service where possible. There are a number of steps that might be considered to address this problem, and these are explored in more detail in the recommendations below. In this regard it is important to note, also, that ‘entering the world of work’ (defined as paid employment or self-employment) is not the only way for people with disabilities to contribute to their own or family income. The ILO recognizes ‘livelihood’ as a viable ‘earning’ strategy (for example, contributing to the rearing of an animal on the family farm) (ILO 2008, p.8).

Recommendation 5.1: Engage workers’ associations and employers’ representatives in developing apprenticeships, workplace mentoring and job placement for children with disabilities who have reached the minimum working age.

Action: Collaborative efforts between ILO and labour authorities.

Recommendation 5.2: Recognize that maximizing the learning (school and vocational) capacities of children with disabilities must be accompanied by policies, actions and systems that minimize the possibility that the child’s new-found skills and labour are exploited.

Action: ILO, as part of broader child labour elimination programmes and discussions.

Recommendation 5.3: Ensure that children whose skills and/or expectations are raised learn about decent work, exploitation and how to mitigate risk

Raising a child's expectations of being able to earn money, and equipping the child to do that, also raises the potential that the child may be lured into or even willingly enter a work situation that is exploitative. Alongside education and vocational training therefore, there should be modules that help children to understand their rights as (future) workers, the nature of exploitation and how they can protect themselves from hazards and risk.

Conclusion 6: Support groups can make a huge difference to parents and children and are a relatively low-cost option

The experience of the Social Affairs Offices' Forum for Parents of Children with Disabilities shows how valuable a support group of this kind can be, not only for parents who may feel isolated in dealing with the challenges of raising a child with disability, but also as a clearing house for distribution of information and potentially, as discussed above, as a 'community hub' where other services – such as technical services focusing on helping children with hearing or speech impairments to communicate, for example -- might be made available.

Recommendation 6.1: Parents' forums are a vital support to parents of children with disabilities and should be used to educate and inform parents and as a hub for technical services. Information and advice to parents of children with disabilities, however, should also reach all such parents, not only those who attend the forums. In particular, parents should also understand the potential of housework in the home and for neighbours easily becoming excessive and exploitative of the child. The same is true of 'casual work' for friends and family. The parents should be empowered to 'draw the line' on such activities.

Action: NTT Province and Kota Kupang Offices of Social Affairs, with ILO support in development of materials.

Conclusion 7: Assistive aids can make an enormous difference and need not be expensive

As discussed in the body of this report, none of the children surveyed had access to assistive aids of any kind. Hearing aids, spectacles, walking frames and sticks, other mobility aids (not to mention assistive educational aids) are not provided. Expensive state-of-the-art aids are not the

only option; aids can be provided quite cheaply and, with some lateral thinking, even be produced by older children in vocational training classes (walking sticks, for example).

Recommendation 7.1: Explore the possibility of sourcing low-cost assistive aids and make these available to children who can benefit from them (or consider whether they can be manufactured in NTT, potentially even by children in vocational training).

Action: NTT Province and Kota Kupang Offices of Social Affairs.

Conclusion 8: Many childhood impairments could be ameliorated with prompt, early medical intervention

A number of parents explained that their children were not born with impairments but acquired them as the result of a ‘high fever’ (undisclosed illness). At least one child introduced to the researchers seemed to have lost the use of his legs as the result of poor birthing. Two girls had broken their legs in a motorbike accident and subsequently had not walked. These are all instances where prompt medical intervention might have meant the difference between a life of disability and a life free of impairment (or with only moderate impairment).

Conclusion 9: ‘Therapy’ for children and families often does not go beyond comforting and consoling, and does not include specialized therapeutic services

The families receiving visits from the Sisters of Alma clearly benefit from the comfort that these visits bring. However the visits are not ‘therapy’ as such. Professional counselling and therapeutic services for both children and families are still needed.

Conclusion 10: Data collection exercises require distinct categories relating to impairment

Data collection exercises, whether at national or local levels, and whether undertaken through household or other surveys, or census processes, often conflate disability and sickness.

Recommendation 10.1: Differentiate between ‘disability’ and ‘sickness’ in surveys and where possible differentiate among different types of impairment. ‘Disability’ should be a separate category to allow disability-specific analysis and, wherever possible, different types of impairment should be differentiated.

Action: SIMPOC, survey designers at local and national levels.

Conclusion 11: Comprehensive, reliable data are a valuable resource but are currently not used to plan programmes and services

The Office of Social Affairs of NTT and of Kota Kupang (as well as the central Ministry of Social Affairs) collects and maintains comprehensive datasets on children with disabilities, but they are not currently used to plan programmes and services for children and families because they are not regularly analyzed. They have many uses beyond just a collection of data, however. They could be used, for example, for tracking children in defined age groups (the age groups used in this report coincide with the Indonesian school system and minimum age for work, and might be used). This would allow for early warning if a child drops out of school, or of a child acquires an impairment post-infancy. They could also be used to put families with children in similar age groups in touch with each other, for support, and they could be used to plan resources and services according to the age of the child, including educational and vocational programmes and facilities.

Recommendation 11.1: Use the comprehensive data available, *inter alia*, to track the children (disaggregated by age) and assign social workers to each age group.

Action: NTT Provincial Office of Social Affairs. ILO might assist in this as a pilot undertaking to be potentially upscaled nationally at a later date.

Conclusion 12: Adults with disabilities can be a valuable resource to work with children with disabilities

Adults with disabilities who have acquired skills might reasonably be employed in transferring those skills to children and particularly adolescents with disabilities. This would provide employment for the adult and much-needed skills for the children. Additionally, it would provide an opportunity for adolescents who had overcome obstacles on the way to share their personal experiences with the children and encourage and support them. The adults might require additional training in order to function as trainers, but this would be relatively low-cost and very worthwhile. As the example of YL shows, adults with disability acting as role models, mentors and teachers to adolescents with disabilities can also develop into workshops that can compete in the marketplace and provide an income for both the adults and the working-age children.

Recommendation 12.1: Engage adults with disabilities, especially those who have attained work skills but are unemployed, in developing plans for and training/mentoring adolescents with disabilities to find decent work, potentially in customized classes and cottage industries under the direct supervision of the adults with disabilities.

Action: First-stage sharing of ideas on this issue: ILO and NTT Province and Kota Kupang Offices of Social Affairs.

Conclusion 13: Parents and carers are at the heart of the ‘solutions’ to many challenges facing children with disabilities; investing in education, training and information for parents and carers is a sound investment

So many of the parents surveyed lamented the fact that they did not know where to go, what to do or who to ask for help. There is a clear need for more, basic information for parents – even a small booklet might be useful. Additionally, however, it is necessary to address two major attitudinal challenges among parents: the first is believing that their child will not be able to cope at school and is better off at home; the second is thinking that their child’s impairment is somehow evil and that the child should be hidden away.

Conclusion 14: We have much more to learn!

This study has raised as many questions as it has provided answers – it was always intended as an ‘exploration’! There is much more to learn, hypotheses to test and new ideas to grow out of this preliminary work.

Recommendation 14.1: Repeat or develop this research further in areas where some of the determinant factors are different: less negative parental attitudes towards disability; more accepting public perceptions of disability and begging; rural areas where child labour is more frequent and often closer to the family, for example. Research on ‘idle’ children with disabilities, and how they spend their time, is also suggested.

Action: ILO.

ANNEX I: RELEVANT NATIONAL AND INTERNATIONAL FRAMEWORKS

National (Indonesia)

- Law No 4/1997 Concerning Disabled Persons
- Government Regulation 43/1998 Concerning Persons with Disability
- Presidential Decree 43/1998
- Law No 23/2002 on Child Protection
- Act of the Republic of Indonesia Number 20, 2003, on National Education System
- National Plan of Action: Indonesia's Education for All, 2003-2015
- National Action Plan for Disabled Persons 2004-2013

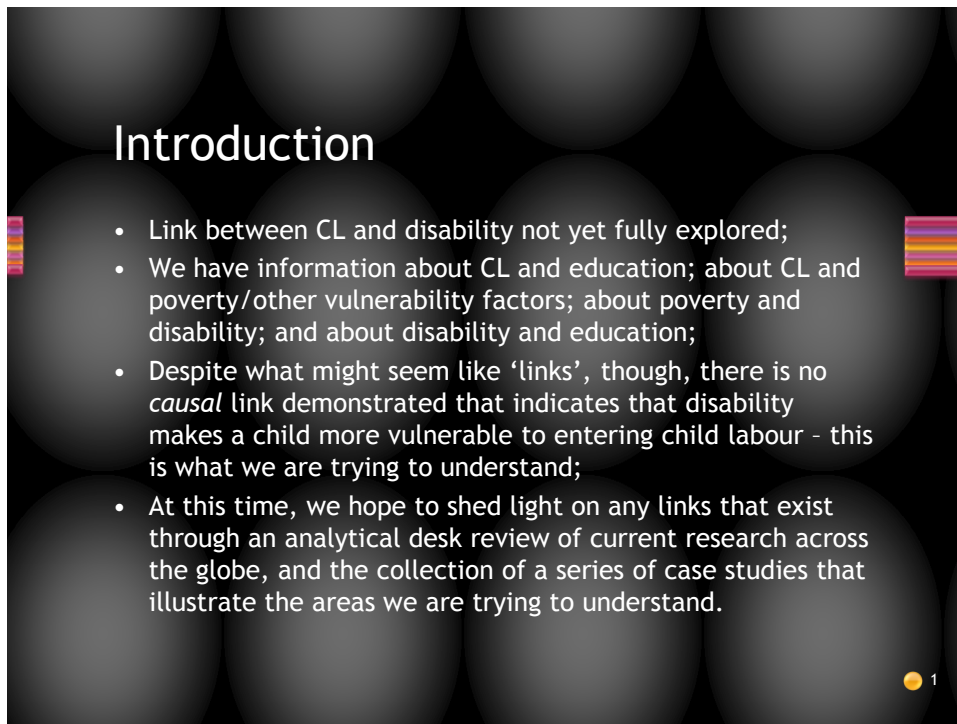
International

- 1971 Declaration on the Rights of Persons with Mental Retardation
- ILO Vocational Rehabilitation and Employment (Disabled Persons) Convention (1983), No.159 + Recommendation No.168
- 1989 UN Convention on the Rights of the Child
- World Declaration for Education for All (1990)
- UN Standard Rules of the Equalization of Opportunities for Persons with Disabilities (1993)
- 1994 UNESCO Salamanca Statement and Framework for Action for Special Needs Education
- Dakar Framework for Action, 2000
- UN Convention on the Rights of Persons with Disabilities (2006)
- General Assembly Resolution 63/150 of 18 December 2008, urging States to pay special attention to the gender-specific needs of persons with disabilities

ANNEX II: CASE STUDY HANDBOOK

Note: Working draft: To be used as basis for team discussions/methodology refinement

1. PowerPoint overview of the assignment (used as basis for first team meeting)



Two main tasks

PAINT A PICTURE OF CHILD LABOUR AND DISABILITY IN THE NTT

- This assignment is small-scale so we can only suggest a provisional picture, but this is a useful start;
- We have to 'paint a background' on which the case studies will stand as detailed examples and illustrations;
- To do this, we need to collect some statistics, broken down into meaningful categories;
- We need to gather NUMBERS, AGES, SEX of children in child labour in the NTT, and the SECTORS in which they work;
- We need NUMBERS of children in education in the NTT, their AGES and SEX, and an indication of how many DROP OUT and why;
- We also need to know what special facilities, aids or systems are available in the education sector for children with disabilities;

3

Two main tasks (continued)

- We need to gather data on the NUMBERS of children living with a disability in the NTT, their AGES, SEX and the NATURE of their impairment;
- We also need an idea of the facilities, services and systems that are available to them in the family and community, other than educational.
- To be able to triangulate the results, we need to know NUMBER of children with disability in education and at what LEVELS;
- And the NUMBER of children with disability known to be in child labour in the NTT and the SECTORS in which they work.

4

Two main tasks (continued 2)

IDENTIFY AND DOCUMENT CASE STUDIES TO ADD DETAIL TO OUR GENERAL KNOWLEDGE

- In addition to the detailed information we need relating to the individual children concerned, we need to collect information that puts each child in her/his daily context:
- Community profile: economic profile of the community, nature of labour market, social safety nets in place, access to education facilities; any other factors related to child protection or vulnerability;
- Family profile: size of family, economic status of family, whether both parents are living, any disability in family, employment status of parents and siblings, educational status of parents and siblings (or, in some cases, the carer *pro parentis*), patriarchal structures, family violence;
- Where possible, we need some idea of how family decisions are made in times of crisis or shock; this helps us understand how the decision is made to remove a child from school, send a child into child labour or otherwise use the child's time as part of coping strategies.
- NOTE: This is not a full-scale research project, so we will not be able to be comprehensive in this data gathering, however we must attempt to be indicative and reliable.

5

Approach

- The approach we are taking respects the international obligations that Indonesia has made:
- The *UN Convention on the Rights of the Child* protects the right of a child with disability to “enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community” - our work with children and their families and proxies will respect their dignity and wherever possible allow the child to participate in our work not as a subject of research but as a valued contributor to the results;
- What does this mean? It means that **we shall treat the children we survey, and their carers and representatives, with respect.**

6

RESPECT

- We shall not 'talk about them' but speak to them;
- We shall ask the child's permission to ask them questions, having explained simply and clearly why we wish to do that and what we shall do with the responses;
- We shall make sure that children, their carers and proxies, understand that all information collected will be confidential and that no names will be used in storing or using the data (and we shall be sure to do that by using the system to be set up);
- We shall avoid language that in any way may offend or distress the child, carers or proxies (words like handicap, disability, disadvantage, problem - this list to be discussed with colleagues working with children with disabilities);
- We shall avoid language that 'categorizes' the child as different, un-able or vulnerable.

7

PREPARATION

- Make sure the location of the interview is child-friendly and accessible to people with a disability;
- Break the ice by introducing yourself, telling something about yourself, and explaining why you are going to ask questions;
- Recognize that it may not be possible to write down answers during the meeting with the child (or carer or proxy). For this reason, use a recorder if you have one (and ask permission to use it), keep the meeting short and write down answers immediately afterwards, seeking a follow-up for clarification or expansion if needed;
- Do not make promises that you cannot keep, or offer incentives or gifts;
- Depending on the age of the child, consider using toys, drawings etc to illustrate what you mean;
- Do not discuss the findings of your interviews with anyone outside the project team and never use a child's identity when you are discussing your results.

8

CATEGORIZING DISABILITIES

- There are many different approaches to categorizing disabilities, and these will be respected in the drafting of the outcomes of our work,
- However, for the purposes of case study development, we shall use simple categories that allow us to draw reliable conclusions but also facilitate analysis. These are:

PHYSICAL IMPAIRMENT

- These may be severe or not severe, permanent or temporary.
- They involve the limbs (arms, legs, hands, feet) or other parts of the body excluding, for our purposes, the eyes).

VISION IMPAIRMENT

- This may be total or partial.
- This involves any impediment to normal vision, from blindness to partial vision that requires corrective aids.

9

CATEGORIES (continued)

HEARING IMPAIRMENT

- This may be total or partial.
- Total impairment means that a child is unable to hear at all (deafness);
- Partial impairment means that a child has some hearing but requires corrective aids to hear adequately.

SPEECH IMPAIRMENT

- This may be total or partial.
- Total impairment means that the child is unable to speak at all;
- Partial means either (i) that the child is able to make sounds but that these are not intelligible to a listener, or (ii) that the child has a speech impediment that hinders her/his speaking (for example a severe stutter).

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CATEGORIES (continued 2)

PSYCHOLOGICAL IMPAIRMENT

- This may be severe or moderate, permanent or temporary.
- An example of a severe psychological impairment is chronic retardation which hinders the child from learning or functioning socially;
- An example of a moderate psychological impairment is a learning disability that means that a child may be considered a 'slow learner' but is able to function normally in society;
- An example of a temporary impairment is trauma or depression that hinder the child's ability to function normally but can be treated and may disappear over time.

11

METHODOLOGY

- The proposed methodology will:
- Look at the statistical correlation between different groups of children with disability with recognized vulnerability criteria for child labour (desk review and analysis);
- Review the likelihood of children with and without disability becoming involved in child labour (desk review and analysis);
- Collect 20 case studies to illustrate some aspects of the nexus between disability, education and child labour.

12

CASE STUDIES

The aim is to collect 20 case studies focusing on the following situations (at least one case study per situation):

Child	Parent	Other
In child labour	With disability	
In child labour		Family member with disability
In child labour With disability		Informal sector (eg begging)
With disability		As a result of hazardous CL
In hazardous work With disability		At further risk

13

Child	Parent	Other
With disability In child labour		Disability linked to poverty Likely to remain poor
With disability In child labour		Disability linked to lack of care and facilities
With disability In child labour	Parent decision-making resulted in CL	
In child labour Potentially psychological disability		Dropped out of school because needs not met
With disability In school		Likely to drop out because needs not met

14

BUT...

- It may be that the cases cited do not cover, or adequately reflect, the realities that you are finding as you undertake the field research.
- Therefore please document any other cases that seem to you to represent the reality you are finding.
- Also please make notes if you discern trends appearing, and share these immediately with the team leader.
- If appropriate, the targeting of the respondents may be changed to take these trends into account, and they will certainly be fed into the final analysis.

15

Note: Please refer also to the notes you were given on international definitions of ‘child labour’, ‘worst forms of child labour’, ‘light work’ and ‘helping hands’. The minimum working age (mwa) in Indonesia is 15 (end of compulsory schooling). Light work can be undertaken from age 13. Indonesia has a list of ‘hazardous occupations’ and additionally considers any work over 40 hours a week as hazardous for people under the age of 18.

2. Methodology refinement following first discussions with local team

STATISTICAL OVERVIEW [Note: This task was later taken on as a more comprehensive data generation task by a data specialist recruited for this purpose]

1. Go through the database (2008) provided by the Ministry of Social Affairs and compile statistics on ALL children with disability in the NTT, according to the parameters below;
2. From these children, compile statistics on children with disability in Kupang, according to the parameters below;

Age range	M/F	Kind of disability	Education
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0 up to 5	M/F	Physical	Please note whether the child: <ul style="list-style-type: none"> • Is in school • Has dropped out of school • Has never been to school • Is working.
5 up to 7		Vision	
7 up to 13		Hearing	
13 up to 15		Speech	
15 up to 18		Psychological	

SELECT SAMPLE

3. Identify children for case studies, focusing especially on:

- Children with disability who are in child labour – aim is to find out how/when they entered CL, whether they have any education; their family situation. From observation, indicate whether the work they are doing is made more hazardous as a result of their disability;

[Market place, construction sites, harbour, street-based children, bars at beach, agriculture?]

- Children/young adults with disability who began in child labour (and have now reached mwa) – aim is to ascertain how/when they began work (entered CL), whether they ever had education, their family situation, whether the work they did put them at further risk.

[In work now but who began earlier; in almost any kind of work now – may find them via teachers or NGO workers or Social Affairs department]

- Non-disabled children or children with a disability who have a parent or family member with disability – aim is to ascertain whether that family member’s disability puts the child at risk of missing out on education/entering child labour.

[Again, may identify via teachers, Social Affairs department of NGO referrals]

- Children with a disability who are at home, “idle”. Aim is to ascertain why they are not in school, why they have not been put into child labour (ie the ‘protection’ elements), and how they spend their time. Do they do nothing? Do they help out with housework or family business? If yes, then what is the nature of the ‘help’, how many hours, is it in any way hazardous etc.

[May be able to identify via Social Affairs ministry, school and NGO personnel, word-of-mouth from neighbours, family members etc]

- Children in CL, in education or “idle” whose disability is a result of their being in child labour (generally through an accident, for example) – aim is to ascertain the circumstances that led to the disability, but also the circumstances that led to the child entering CL.

It may be necessary to interview older children (ie above the mwa) who have been in child labour when they were younger. Or their families, or organizations that can ‘tell their story’ as proxies.

In identifying these cases, many of the situations given in the ToR will be covered, so please keep cross-checking against them.

FOCUS GROUPS

Many of the respondents will be found by word of mouth/referral. Some groups that we know are likely to provide opportunities for focus group work are:

- Family Disability Forum (Forum Orantua Penyandang Cacat);
- Abandoned Children’s Refuge (Susteran Alma);
- Street Children’s Shelter (Rumah Singgah).

POTENTIAL FACT-FINDING VISITS

- Koranic schools;
- Churches or mosques;
- Boarding schools for abandoned children;
- Migrant or refugee children (ex-Timor Leste);

GENERAL BACKGROUND INFORMATION

4. Please make brief notes (bullet points are fine) with your own observations in relation to disability, education and child labour/work in NTT. These will be useful to me as I write up the report (for example, also, useful notes regarding changes in occupations as a result of climate change or changed practices).

BEFORE BEGINNING THE CASE STUDY ASSIGNMENT, PLEASE REFER TO THE ETHICAL GUIDELINES AND INTERVIEW GUIDELINES FOR VULNERABLE CHILDREN, TAKEN FROM THE ILO RESOURCE KIT ON CHILD TRAFFICKING, THAT WERE PROVIDED IN HARD COPY AND DISCUSSED IN OUR MEETINGS.

3. Data storage system

To ensure that each respondent’s confidentiality is respected, data gathered will be kept separately from the name and contact details of the respondent.

Although this is a basic system for separating information, when respected it is highly effective.

You should therefore assign a number to each respondent AND ONLY USE THAT NUMBER WHEN YOU COLLECT INFORMATION ABOUT THAT RESPONDENT.

A format to use for listing respondents follows. Each member of the team will be assigned a different number to identify their information.

Please write your number here:

Respondent identification format

<i>Name of child</i>	<i>Sex</i>	<i>Age</i>	<i>Contacted through:</i>	<i>Number*</i>

* Each number is made up of YOUR number + - + ordinal number. For example, if your number is '6', then the first child on your list would be numbered '6-1'. This is how you would then identify the child on the questionnaire and in any other documentation.

4. Questionnaire

Please note that, as in all qualitative research, this questionnaire is only a 'point of departure' for what should be a more in-depth interview with the child/carer/proxy.

Respondent's identification number	
Date and time of interview	
Place of interview	
People present	

About the child

Ask the child, the **carer or a proxy (eg teacher, NGO worker)**, depending on the circumstances. Gather any other useful, reliable information you can about the child and family circumstances from the carer or proxy.

1. How old are you?	
2. [Note the sex of the child]	
3. [Note the child's impairment]	
4. Do you have any brothers or sisters? [Note how many of each sex] [Note: any other family support to the parents? Eg from grandparents?]	

<p>5. Do your mother and father live with you?</p> <p>[Note: check whether this question may be distressing with the carer/proxy before asking it]</p> <p>[You may need to follow up tactfully – the question is to ascertain whether the child lives with one or both parents or someone else?]</p> <p>[Find a way to learn whether either parent or another family member has a disability]</p>	
Notes	

About education

Use these questions but try and get the child talking about education experiences, for example, if s/he doesn't go to school, whether the school is too far away, or whether a parent has said it's expensive etc.

6. Do you go to school?	
7. Do you like school? Which parts do you like?	
[If the child doesn't go to school]	
8. Did you go to school before?	
9. [Ascertain when the child dropped out]	
10. [Ascertain why the child dropped out]	
<p>Notes:</p> <p>Ask parent or teacher if they have to pay for education. If so, is it a strain on them? How do they cope?</p>	

About work/child labour

Again, use these questions but try to get the child talking about how s/he started work, what s/he does, and try to get some indication of the conditions of work, especially if any tools or hazards are involved, hours worked etc.

11. Do you go to work? [Relevant even if the child is still in school]	
12. What kind of work do you do?	
13. Do you like working? [Talk about what the child does]	
14. Do you remember when you started working? Who decided you would go to work?	
15. How often do you go to work?	
16. Do you know how long you spend there every day?	
17. If you don't go out to work, do you do any work at home? What do you do?	
Notes: Please note ANY other factors that you consider relevant to the child's educational/labour situation and their disability. If you speak to the parent: get some indication of their views on children working – do you get the impression that there is a risk the child would ever be sent to work?	

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