**Disabilities Studies**

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Children with disabilities living in residential care are an extremely vulnerable faction of the society. Their education as well as the special mental and emotional upbringing they require is all completely dependent on caregivers linked to them precisely on professional basis. Without express familial support or unconditional love in the safety of a home, the already objectively exposed child is at an even greater risk of manhandling, neglect or abuse. This assignment will focus on this client group, the life-altering adversities they are at risk of facing and on the social advocacy that can alleviate their social situation. There are several disability theories that relate with the specific issues that children with disabilities living in residential care face. Theoretical context and social relevance have to be understood in order to move on to real life applications of these ideas. The assignment covers this front as well.

It is a commonly understood fact that caregivers in an institution housing children around the clock are expected to provide fixated and constant attention to their residents. The likelier outcome of this situation is also a generally understood vice of the world we live in as trauma while in residential care is dismally prevalent. Children with disabilities, when living under institutionalized care, need care which is even more patient, determined and steady. Each child will need to grow under the influence of care that caters to their personal needs as a young and impressionable human. Disability is one of the major drivers of institutionalization of children (Berens, 2015) and is therefore likely to be a factor when discussing institutionalized children in general. Residential care for children with disabilities is a hefty yet sensitive responsibility. There is a range of issues that children in residential care can suffer from. Lack of fundamental care can produce mental health issues which have the capability of persisting later in life. Educational impairment is another hurdle which has to be deliberately faced and overcome with reference to children with disabilities in residential care. There generally are difficulties involving attention spans or social interactions in children in residential care which become even more apparent with disabilities. Reading skills and prior academic knowledge are insufficient which translate into educational complications. (González-García, 2017) The stress and emotional burden that arises from strained intellectual progress is one of the problems that can create problems later in adult life as well. When understood in context with the anxiety directly induced by life with disabilities, the additional frustration that life in residential care can bring must not be underestimated. Another one of the most haunting realities for children with disabilities in residential care is the increased risk of child sex abuse. In more than a few cases, residential care units designed to safeguard children with disabilities can also be grounds which provide molesters access to vulnerable children. (Euser, 2016) A 2007 UNICEF report adequately quoted a disability rights activist who claimed that good institutions for children with disabilities simply did not exist. (UNICEF, 2009) In the midst of a scenario so unbelievably tilted against these children, there should be greater discourse on what has led to shortcomings this profound.

Different theories have emerged over time to explain the personal and social implications of disability. Traditional views described disability as a personal tragedy and sought for medical solutions. The common discourse on disability was that the flaws of the body or mind should be regarded as defects which needed fixing. Much of this was because of the positivist theory focused on the orthodox bias towards regarding disabled people as victims of physical or mental suffering. Even though it was an understood idea that it was a subjective experience which varied in disabled people, changing the predominant ideas around disability took activism and relentless advocacy for change. (Oliver, 1988) The functionalist theory of disability gave disabled people the sick role disregarding that most disabled people tend to live without believing something was ‘wrong’ with them. When putting the sick role in comparison with what was considered ‘normal’, this theory only created bias and prejudice. The social model of disability then emerged as an eye-opening replacement of the medical model. The social constructivism theory has focused on learning disability through the experiences of disabled people. The critical theory came after this theory and truly laid the groundwork for declaring the problems faced by disabled people to be social rather than individual triumphs over suffering. As disabled people themselves took control of the narrative around disability, it was soon regarded as a social issue and the rights of disabled people became a significant topic of discussion with regards to human rights. It has since become official that disabled people experience social injustice with regards to access to health care, education, employment and political participation. There are severe and widespread problems of snatching personal autonomy from people with disabilities. This comes in addition to the usual disregard of respect or dignity that people with disabilities tend to face regularly. The document released by the Convention on the Rights of Persons with Disabilities (CRPD) is the most recent official declaration of disability rights as a human rights issue. (Mégret, 2008) The social model of disability reinvented the sociological conversation around disability and turned it into a social rights movement. Recent rejection of the social model looks for a theory that solidifies the need for political action but is complete with strategies. (Gabel, 2004)

Defining what advocacy precisely means to the person shouldering the responsibility of representing children with disabilities living in residential care is significant. Advocacy should ideally mean giving voice to the vulnerable children, so their problems and the issues faced by them are transported to a wider audience. It must incite empathy and discourse around the things that are wrong with the care given to the children one is advocating for. To get children’s disagreements across and to ensure that their demands are taken into account when making decisions that concern those children must all come under advocacy. (Oliver C. K., 2006) United Nations conventions on the Rights of the Child and subsequent governmental acts on state levels have all been legislative measures to ensure advocacy for children under care or children with disabilities. Children are traditionally excluded from the decisions that affect their everyday lives and recent policymaking has ensured that advocacy especially focused on disabled children is ensured. Other than expressly making sure someone’s voice is heard, advocacy also includes the concept of action against injustice. In the quest for social justice regarding children with disability living in residential care, everything from speaking up for the children to demanding and taking action comes under advocacy. (Pithouse, 2007)

Inclusion should be the focus of advocating for children with disabilities living in residential care. Person centered planning originated from the theorist Wolfsenberger and has since risen to become one of the most discussed methodology of representing vulnerable people with disabilities. This works by focusing on the individual struggles faced by persons with disabilities and eventually devising strategies to improve each situation. (Keenan, 2008) Advocating for children with disabilities in itself is a complicated concept. Children normally excluded from the social distribution of personal autonomy, when disabled, are at an even greater risk of exploitation. Advocacy has to focus on voicing the needs of those children. If a disability impairs or modifies the mode of communication of the special child, advocating for them should be inclusive of their method of communication so it does not categorically exclude children not capable of voicing their thoughts and concerns with normal language skills. When devising a strategy, one of the most important factors which should be considered is time spent between the child and their advocate. In order to build a relationship of trust and understanding, it is crucial that enough time is provided. (Knight, 2007)

In conclusion, it is crucial to understand that children with disabilities living in residential care without family or a stable home are especially vulnerable and in need of special and focused care. There are numerous problems that children in the system continually face but are not equipped to overturn. Many theorists over the years have tried to explain disability and its social connection and implications. These theories can be given a practical angle by applying these to the client group of choice in this assignment. Advocacy that works towards inclusion is a regularly reiterated solution.

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