

Deinstitutionalisation of Palestinians with disability, orphans and elderly in the Gaza Strip

Literature Review - January 2024

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About Disability Under Siege

The Disability Under Siege Network+ Project is a co-created programme bringing together a community of researchers, educational practitioners, advocacy organisations and disability led groups in the UK and Middle East. It will contribute to research efforts by providing intellectual and logistical resources that local practitioners need to transform education provision for children with disabilities in conflict-affected countries.

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Abstract

This literature review provides understanding of the concept of deinstitutionalisation and addresses potential positive impacts and challenges associated with the deinstitutionalisation of people with disabilities in different contexts, mainly in Europe and the USA. It also culturally and critically surveys the existing Palestinian policies pertaining to community-based support for individuals with disabilities, children (mainly orphans) and the accessible Palestinian residential institutions providing family-based and community-based alternatives for these individuals in the Gaza Strip. and findings and conclusions are expected to contribute to the existing body of knowledge, direct Palestinian bodies concerned with policies, practices, and future research intended to enhance the performance quality of the residential centres in The Gaza Strip.

Introduction

Deinstitutionalisation refers to the process of planning and transition from institutional (residential centres) to community-based services or alternative care (e. g. kinship care, foster care, family-based care, Kafala). Institution is defined by the European Expert Group on the Transition from Institutional to Community-based Care:

as any residential care where residents are isolated from the broader community and/or compelled to live together; residents do not have sufficient control over their lives and over decisions which affect them; and the requirements of the organisation itself tend to take precedence over the residents' individual needs.(European Expert Group on the Transition from Institutional to Community-based Care, 2012, p. 10)

This review adopted a broad sense of deinstitutionalisation which includes persons with disabilities, orphans and elderly accommodated in residential centres. Persons with disabilities include all individuals with developmental disabilities (physical, learning, language or behaviour), persons with intellectual disabilities (impairment in adaptive functioning where individuals experience difficulties carrying out daily activities such as communication, socialization, and independent living), and persons with mental health problems. Children include mainly orphans, abandoned children and juvenile offenders. Elderly people refer to individuals who are 60 years old or more, living in different residential and care institutions. This 'macro-understanding' of deinstitutionalisation is based on the 'Common European Guidelines on the Transition from Institutional to Community-based Care. These Guidelines "aimed primarily at policy and decision makers in the European Union and the neighbouring



countries with responsibility for the provision of care and support services for children, people with disabilities and their families, people with mental health problems and older people” (European Expert Group on the Transition from Institutional to Community-based Care, 2012, p. 163).

Linguistically, the term ‘deinstitutionalisation’ does not have one equivalent term in Arabic. Surveying several related documents, reports, and academic articles written in Arabic as well as contextual bilingual dictionaries (e. g. Reverso Context) showed that several expressions were used in Arabic to refer to the same concept of deinstitutionalisation. Some used about 4 words that look like a brief definition to refer to it. Here are some of these examples given in Arabic and their literal translation in English:

- توفير الرعاية خارج المؤسسات : [The provision of care outside institutions]
- عملية إلغاء الرعاية المؤسسية [The process of cancelling institutional care]
- عملية إلغاء الإقامة في مؤسسات : [The process of cancelling stay in institutions]
- الرعاية في المؤسسات الإيوائية [care in residential institutions]
- الرعاية البديلة [Alternative care]

Culturally, this challenging translation could be due to cultural beliefs in the very conservative context of Gaza Strip which encourages family-based and community-based alternatives for these three types of individuals children (orphans), persons with disabilities, and older persons, which this review focused on. In the context of Palestine in general and in the Gaza Strip in particular, the family bond and attachment are of utmost priority to the vast majority of Palestinian families. This family bond and attachment promotes and adopts the practices of allowing these three types of individuals to live with their own families or alternative caring families (e. g. kinship care, foster care, family-based care, Kafala). These alternative families include parents, siblings, sons and daughters and aunts and uncles, grandparents, or other blood relatives who are willingly ready to which provide these three types of individuals with love, care, nurture, socialisation, safety, protection required for healthy, decent and happy life.

This family bond and attachment stems mainly from two influences. First, Palestinian families have been forced to live in prolonged crises, ongoing hardships, pressure and pain caused by being subjected to colonialism since Belfour Declaration in 1917 and the British mandate rule of Palestine which handed Palestine to Zionist Jews to establish the state of Israel. Facing brutal colonialism and its dire consequences on the daily life of Palestinian families brings them closer and intensely deepens this strong bond and attachment, especially at the times of



difficulties where such adversity can be the glue that brings Palestinians together and can be the stimulus to activate several cultural and patriotic values originated from religious beliefs.

The second influential factor is the cultural beliefs and teachings of Islam which dictate that every human being is equal and should be supported and treated kindly and humanely. Muslims believe that one should submit to the will of Allah by obeying and adhering to the teachings and commandments of Islam, consequently Muslims will be rewarded paradise in the Hereafter. These beliefs and principles play a crucial role in framing attitudes and practices towards disadvantaged people (Al-Aoufi et al., 2012). Islam gives special emphasis and high importance to supporting elderly (parents and grandparents), orphans and persons with disability. Caring for these people is believed to be part of the best worship and rewarded generously (highest level in Paradise) in Islam. Several rights and caring practices are prescribed for parents at their adult sons' and daughters as is clearly stated in several verses in the Holy Quran. Here is one of them:

And your Lord has decreed that you do not worship except Him, and to parents, good treatment. Whether one or both of them reach old age [while] with you, say not to them [so much as], "uff," and do not repel them but speak to them a noble word. (Chapter 17, Verse 23)

Similarly, in Islam, orphans are given bestowed numerous psycho-social, education and economic rights that ensure providing them with community care and quality life. It is worth mentioning that Prophet Mohammad (peace be upon him) experienced orphanhood from birth, and by the age of six, he lost his mother due to illness. From the age of six to eight, Prophet Mohammad (peace be upon him) was under the care and guardianship of his paternal grandfather until his grandfather passed away. Subsequently, he was placed in the care of his uncle. Both the Holy Quran and Prophet Mohammad (peace be upon him) instructed that it is duty upon everyone of the community to take good care, to love and to bring up orphan children who do not have parents or who do not have fathers. Here are some related Quranic verses:

- “And give to the orphans their properties and do not substitute the defective [of your own] for the good [of theirs]. And do not consume their properties into your own. Indeed, that is ever a great sin.” (Chapter 4, Verse 4)
- “And let those [executors and guardians] fear [injustice] as if they [themselves] had left weak offspring behind and feared for them. So let them fear Allah and speak words of appropriate justice.” (Chapter 4, Verse 9)



Concerning disability, Bazna and Hatab (2005) conducted an analysis of Quranic texts with the aim of comprehending the concept of disability within an Islamic framework, which included conditions such as blindness, deafness, lameness, and mental retardation. Their research revealed that the term 'disability' itself was not explicitly mentioned in the Quran. Instead, the Quran used the generic term 'disadvantaged people' to refer to those with special needs including all those with different types of disability, orphans and elderly. Moreover, the Quran emphasised society's civil responsibility in caring for and improving the conditions of such individuals, considering disadvantaged situations, characterised by the absence of certain physical, economic, or social attributes, to be a result of societal barriers (in Al-Aoufi et al., 2012).

Taking all these contextual factors into account, this report aims to review history and rationale for institutionalisation and deinstitutionalisation globally and also to critically review Palestinian policies and practices pertaining to institutionalised and deinstitutionalised individuals: disabled persons, children and elderly in the Gaza Strip.

Brief factual background

Before introducing contextual facts about these three types of Palestinian individuals (disabled persons, children and elderly) in the Gaza Strip, it should be noted that all the following facts were collected just few days before the Israeli brutal aggression on Gaza started in October 7, 2023 where thousands of children were orphaned, 1000s of children and adults were disabled and 1000s have been stressed, depressed and have become mentally ill. In about 48 days (from 7 Oct to 25 Nov, 2023 more than 15000 Palestinian civilians were killed including more than 6000 children and more than 4000 women were killed.

Children in Gaza: Almost half (47.5%) of the Palestinians living in the Gaza Strip (approximately 2.4 million ([Ministry of Interior](#), 4 January 2023) are children under 18 years, i. e. more than one million children in Gaza. There are 2.7% of these children are orphans ([Palestinian Central Bureau of Statistics mid 2021](#)). This means there are approximately 27,000 orphans in the Gaza Strip. This estimate of orphans is increasing regularly and will double or even triple due to the current and still ongoing brutal Israeli aggression on 1000s of civilian mothers and fathers in the Gaza Strip. In addition to these orphans, there were 1239 juvenile (children aged 12 - 18 years) who were in conflict with law and were institutionalised in Al Rabie Care Institution for Juvenile, the only care institution functioning in the Gaza Strip (Ministry of Social Development (MOSD), 2022a). It is likely that these children become law



offenders due to the psycho-socio-economic created by the prolonged siege imposed on Gaza Strip since 2007.

Palestinians with disability in Gaza: Currently there are about 130,000 (56% males and 44% females) Palestinians with disabilities in the Gaza Strip where only about half of them (approximately 64,000) were registered in the “Persons with Disabilities Data Management System”, a newly developed and still under development data base created by MOSD (Ministry of Social Development (MOSD), 2022b). Although, there is a lack of statistics of Palestinians disabled by Israeli Occupation forces during repeated wars and incursions on Gaza Strip, the number of these disabled Palestinians will increase sharply due to the tens of thousands of Palestinian civilians injured and disabled under the rubble of their concrete houses which were bombed by Israeli war planes. Table (1) shows the distribution of different types of disabilities in the Gaza Strip where about 47% of them are with physical mobility.(Ministry of Social Development (MOSD), 2022a)

Table (1) Numbers of different types of Disabilities in the Gaza Strip
(Ministry of Social Development (MOSD), 2022a)

Type of disability	Number	Percentage
Mobility	29,720	47%
Visual	9,713	15%
Hearing	7,180	11%
Learning difficulties	6,370	10%
Speech difficulties	5,894	9%
Others	4,759	8 %
Total	63,363	100%

Elderly in Gaza: The Palestinian society is a young society, where the percentage of young people is high and the percentage of the elderly, aged 60 years and above, is relatively low, only 6% of the population in the occupied Palestinian Territories (oPt), West bank and Gaza Strip. Gaza Strip about 107,000 elderly persons constituting 5% of the total population in Gaza Strip (Palestinian Central Bureau of Statistics (PCBS), 2023).

Palestinians with Mental Health problems in Gaza: It would be sufficient to briefly cite four findings of a recent world bank led report in collaboration with the Palestinian Central Bureau of Statistics (PCBS), International Security and Development Center (ISDC), and Zentrum Überleben, who successfully managed to collect the first national representative survey, titled The Palestinian Psychological Conditions Survey (World Bank Group et al., 2022):



- 71% of the adult population in the Gaza Strip exhibited symptoms consistent with depression according to the WHO-5 wellbeing index.
- About 7% of adults in Gaza screened positive for post-traumatic stress disorder (PTSD) based on their symptom score.
- 65% of Palestinians in Gaza have been exposed to a traumatic event in the previous 12 months).
- Adults in Gaza have higher risk of mental health problems and a lower level of life satisfaction (World Bank Group et al., 2022)

In brief, these mental health problems reflect the impact of more than 56 years of subjecting Palestinians in Gaza to military occupation measures, including restrictions on movements, economic exclusion, air and land blockade. (World Bank Group et al., 2022).

In 2022, about 5,000 cases were recorded and about 95,500 visits to 6-state run community mental health centers in the Gaza Strip. The number of home visits totaled 1,931, while the number of cases referred from community mental health centers to the psychological rehabilitation center reached 498 cases (Ministry of Health, 2023). Again, the number of Palestinians who need mental health treatment will increase abruptly due the killing, injuring and forcibly displacing more than one million Palestinians so far in the Gaza Strip.

As about 70% of the 2.4 million Palestinians living in the Gaza Strip are UNRWA registered refugees, more than 87,000 cases, were treated in centres and programmes of support run by the UN Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA) through the Agency's mental health and psychological support program. UNRWA (2022) [One third of Gaza Strip population in need of psychological and social support](#). 4 September 2022 Peace and Security.

These contextual intersectoral problems (due to political, economic, psycho-social social conditions) in Gaza led to the deterioration of the already worsening frustration, mental health and psychological situation of almost all the residents of Gaza Strip which has only one mental health hospital, with a capacity of 50 beds, to serve the five governorates in the Strip (2.4 million).

In brief, weather to institutionalise or deinstitutionalise these three types of these individuals, the truth to be understood in this context is that there will be rapid and ongoing increase of disabled and orphaned who will be in a bad need to community-based services or alternative. This contextual need stems from the impact of the Israeli occupation military policies and



practices as embodied in repeated ruthless aggressions and the prolonged blockade imposed on the Strip since 2007 (United Nations, 2022).

History and rationale for Deinstitutionalisation

For centuries, persons with disabilities have been housed in caring institutions that were once seen as the best way of taking care of and treating persons with additional support needs, and the intention was to provide care, food and shelter for them, while also keeping them out of the public eye (Human Rights Watch, 2010). Nevertheless, the process of Deinstitutionalisation commenced in most countries in the aftermath of World War II and reached its height between the 1960s and the 1990s (Kritsotaki et al., 2016). In this regard, a report published in 2007 estimated the number of residents living in residential services in 25 European countries at nearly 1.2 million people, including children and adults with psychosocial impairments (Mansell et al., 2007). Many of these institutionalised people were living in inadequate conditions and were exposed to neglect, abuse, and isolation from mainstream society. In the latter part of the 20th century (during the 1960s and 1970s), initially in North America and later in Europe (Mladenov & Petri, 2020), there was a growing understanding of the human rights violations in some institutional care, neglect, harm and death of children and adults in these institutions. An example of such violations and “horrors” were well-documented and cited in the Common European Guidelines on the Transition from Institutional to Community-based Care:

In one European country, a recent investigation conducted by a non-governmental organisation with the Prosecutor’s Office revealed that 238 children died in institutional care in a ten-year period. According to the report, 31 children died of starvation through systematic malnutrition, 84 from neglect, 13 due to poor hygiene, six in accidents such as hypothermia, drowning or suffocation, 36 died because they were bedridden and two deaths were caused by violence. It was also found that violence, binding and treatment with harmful drugs were widespread in institution for children in institutions for children (European Expert Group on the Transition from Institutional to Community-based Care, 2012, p. 43).

Such dire conditions of segregation and confinement which deprived residents of autonomy and control over their lives, subjecting them to degrading treatment, physical violence, sexual abuse, restraint, neglect, and overmedication in these residential institutions, gave rise to



human rights and disability rights movement and prompted a reevaluation of these systems that pushed for equal rights for persons with disabilities (Human Rights Watch, 2010).

Institutional care is often characterised by several common appalling practices. These include inflexible routines that do not consider individual preferences or needs, and limited or no interaction with people outside the institution. Children, in particular, may frequently experience transfers between different institutions, leading to the loss of connections with their parents and siblings. Children from minority backgrounds, such as the Roma, or those with a migrant heritage, often face the risk of losing touch with their native language, identity, or religion, making it less likely for them to reintegrate with their birth families. A national assessment of social services for children in one European Union member state found that up to 83% of children do not receive monthly visits from their family members (EEG, 2012).

The United Nations Committee on the Rights of the Child has expressed the insufficient educational opportunities provided to children in social care institutions (European Expert Group on the Transition from Institutional to Community-based Care, 2012). Furthermore, a report for the World Health Organization (WHO) has shed light on the lack of access to healthcare within institutions which can lead to untreated conditions like hydrocephalus, congenital heart disorders, cleft palates, and other significant health issues (European Expert Group on the Transition from Institutional to Community-based Care, 2012). Such critiques of residential institutions resonated with neoliberal and neoconservative criticisms of the 'nanny state' (Mladenov & Petri, 2020). Also, there was a partial convergence between disabled people's resistance to institutional living and the concept of 'normalization,' which aimed to integrate individuals with intellectual and psychosocial impairments into the societal mainstream. Several trends, ideas and principles emerged and evolved advocating human rights of institutionalised persons that go in line with honouring the United Nations Convention on the Rights of Persons with Disabilities (CRPD, 2006) which further reinforced the rights of persons with disabilities, including their right to live in the community. This legal approach was clearly stated in the UN CRPD Article 19 which emphasised the importance of “Living independently and being included in the community”.

These key evolving social ideas, perceptions, attitudes, trends, and human rights principles, in one way or another and in most cases, motivated most European countries to begin to reform their systems of care over the past fifty years (Mulheir, 2012). This reform adopted equal right approach that promoted the human rights of individuals with disability, especially those with



intellectual and mental disabilities. This legal framework (approach) aimed to ensure accessibility, non-discrimination, and inclusive services through promoting the social model of disability to improve the quality of life for individuals with disabilities by providing them with more autonomy, independence, and opportunities for community integration, (Chowdhury & Benson, 2011). This means that there was a change in the understanding of disability from focusing on individuals to inclusive and mainstream society in an enabling environment. Hence, the development of national legislation in line with international human rights instruments and establishing comprehensive disability rights legislation is fundamental for protecting the rights of individuals with disabilities.

To ensure provision of quality inclusive alternative care and support services to institutionalised individuals, the responsibility was shouldered to legislators, policy and decision makers, politicians, senior civil servants dealing with other policy areas such as health, housing, education, culture, employment and transport, including municipalities and regions responsible for local service provision and management. (EEG, 2012). To be successful, this complex process required long term planning based on legal policies and gradual implantation based on several contextual psycho-socio-economic and cultural factors. In this regard, Lemay, (2009) discussed the number of years that took Canada, America, Australia and England to reduce the number of beds for persons with developmental disabilities or to change their residential centres to community settings. In Canada, it took the provincial government of Ontario 25 years to desinstitutionalise 16 residential institutions that housed about 7000 persons with developmental disabilities, i. e. the denationalization plan started in 1987 and continued for 25-years. Similarly, it took the USA 32 years (1967 – 1999) to reduce institutional from 194,650 to 48,496 in 1999 (Taylor, 2001 in Lemay, 2009). In 26-year plan (1976 – 2002), institutional beds in England were decreased from over 51,000 to under 4,000 in 2002 (Emerson, 2004 in (Lemay, 2009). Australia has experienced a similar trend (Young, Ashman, Sigafos, & Grevell, 2001 in (Lemay, 2009).

This lengthy and challenging process has been under so much investigation in many countries, though not so much in low and middle-income countries, and has also been a significant topic for many researchers worldwide. The focus of most of these researchers has been more on persons with disabilities, particularly on those with mental health disabilities. To be more specific, few studies explored institutionalised persons with disabilities (Šiška & Beadle-Brown, 2023) and adults with learning disabilities (Cullen et al., 1995). However, many researchers focused their studies on persons with mental and intellectual abilities or mentally ill persons



(Ashworth et al., 2010; Chowdhury & Benson, 2011; Human Rights Watch, 2010; Lamb & Bachrach, 2001; Miettinen, 2012; Roebuck, 2021; Young et al., 1998), psychosocial disability (Austys et al., 2020; Kienzler et al., 2022), psychiatric patients and developmentally disabled (Bagnall & Eyal, 2016), and persons with developmental disabilities (Parish, 2005). On the other hand, several other studies also explored Deinstitutionalisation of disadvantaged children (Miseki & Cheney, 2018; van IJzendoorn et al., 2020), as well as elderly persons (elders) (Salime et al., 2022).

These varied studies that targeted these individuals with varied disabilities go in harmony with the *Common European Guidelines on the Transition from Institutional to Community-Based Care* which specified four groups of persons to be provided with deinstitutionalised care and services: “children, people with disabilities and their families, people with mental health problems; and older people.”(European Expert Group on the Transition from Institutional to Community-based Care, 2012).

Impact of Deinstitutionalisation

Many studies attempted to explore to what extent deinstitutionalisation or alternative care has impact on the life quality of these four types of people (persons with disability, psychiatric patients, children and elderly). The following part surveyed some of these studies which showed both positive impact and concerns of adopting and implementing deinstitutionalisation. According to Mansell & Beadle-Brown (2010), deinstitutionalisation in countries like Australia, England, Sweden, and the United States has not only changed the residential settings but also the way individuals with intellectual disabilities lead their lives. Chowdhury & Benson (2011) stated that the policy of deinstitutionalisation rested on the idea that relocating individuals with intellectual disabilities (ID) from institutions to community-based care settings would lead to an enhancement in their quality of life (QoL). To investigate whether this policy (assumption) has become a reality, many national, regional and international studies were conducted. Most of these recent studies addressed mainly persons with intellectual, mental and developmental disabilities of different ages, particularly adults and children.

To being with impact on **children**, van IJzendoorn et al.’s (2020) review of literature on **child** institutionalisation and deinstitutionalisation revealed robust adverse connections between **children's development** and residing in institutional care, particularly concerning physical growth, cognitive abilities, and attention. While there were noteworthy yet less prominent links between institutionalization and **socioemotional development** and mental well-being.



Transitioning from institutions to foster or family care was linked to substantial improvements in certain developmental aspects such as growth and cognition, though not in others like attention.

Another systematic review (McCarron et al., 2019) of 13 studies (8 quantitative studies, 2 qualitative, 2 mixed methods studies and one case study) found that deinstitutionalisation generally had a positive impact on **the quality of life of adult individuals with intellectual disabilities** in terms of improvements in social relationships, community participation, and personal well-being following the transition to community-based care. There was a substantial level of agreement between several qualitative studies reviewed that “observed improvements occur through improved well-being, freedom and independent decision-making, more careful consideration of housemate compatibility, increased family contact and social integration opportunities”(McCarron et al., 2019).

Large-scale review of research pertaining to Deinstitutionalisation and community living examined 68 studies published in English-language peer-reviewed journals. Involved adults with intellectual disability, these studies provided more evidence of the benefits of deinstitutionalisation and community living, that were embodied in improvement in the social and community integration and participation of persons with intellectual disabilities in activities outside the home, and stronger meaningful friendships and social relationships, which were important determinants of emotional and physical well-being. The improvement also included their adaptive skills, abilities and social competence. (Kozma et al., 2009).

Similar results were found in a quantitative review of 13 Australian studies on deinstitutionalisation and community living for persons with intellectual disabilities (Young et al., 1998). The review findings indicated that when individuals moved from institutional settings to community-based placements, they exhibited enhancements in their quality of life. These improvements encompassed greater participation in community activities and stronger social connections with family and friends. However, there were minimal to no changes observed in problem behavior, overall health, or mortality rates. According to Young et al., (1998) These results were consistent with similar research conducted in the USA and UK, endorsing the expansion of community-based services for individuals with intellectual disabilities.



Reviewing international literature on the impact of deinstitutionalisation on the quality of life of individuals with intellectual disability, an analysis of a total of 15 studies were examined. This review revealed a general improvement in the life quality of participants after transition to community living. This improvement was marked by a variety of indicators where 1,238 participants had increased opportunities of choice, greater involvement in a variety of leisure activities, increased interaction with staff and other residents, increased participation in outings, improvements in material well-being, and increased levels of dignity (Chowdhury & Benson, 2011, p. 261). However, many of these 15 studies observed that these improvements were most noticeable shortly after the move and tended to plateau after approximately a year. Furthermore, participants continued to face challenges in terms of integrating into the community, and there were indications that their healthcare needs might not be adequately addressed in community settings. The studies emphasised the crucial role played by service providers in sustaining the ongoing development of participants' QoL (Chowdhury & Benson, 2011). Concerning the costs and cost-effectiveness of deinstitutionalisation for adults with intellectual disabilities, May et al., (2019) conducted systematic review of two studies that showed conflicting results: one study found that deinstitutionalisation reduced costs, the second one found an increase in costs.

These generally encouraging impacts highlighted the potential benefits of deinstitutionalisation in **enhancing the well-being and inclusion** of persons with disabilities. These benefits are multi-faceted and extended to individuals, communities, and society as a whole. Individually, it enhanced quality of life through offering individuals with disabilities the opportunity to lead more fulfilling lives by enabling them to make choices about their living arrangements, employment, and social interactions. At community level, deinstitutionalisation promoted social inclusion by allowing individuals to live, work, and participate in their local communities, breaking down barriers and reducing stigma. Most importantly, deinstitutionalisation aligns with the principles of human rights, recognising the inherent dignity and worth of every individual, irrespective of their abilities.

Nevertheless, there are also several global studies that explored concerns and challenges that faced and still facing deinstitutionalisation in different contexts as expressed in some of the studies presented above (Chowdhury & Benson, 2011; May et al., 2019; Young et al., 1998), in addition to concerns raised in several international studies. Some of these concerns were



reported by Jones, et al (2016) in their study of some American families of individuals with intellectual and developmental disabilities (IDD). Consistent with previous research, Jones, et al.'s (2016) findings revealed that while the families may have initially opposed deinstitutionalisation, many of them reported satisfaction with community living in the long term. Yet, the narratives of family members in this current study shed light on the fact that the deinstitutionalisation process encompasses more than just achieving satisfaction as an outcome. Family members expressed six common themes regarding their desires and values throughout the deinstitutionalisation process: “(a) respect our relative’s history, (b) collaborate: make us feel like we are a part of the process, (c) provide quality care, (d) provide consistent care, (e) include my relative in the community, and (f) remember we are family.”(Jones & Gallus, 2016)

Several other serious concerns related to severely mentally ill persons were reported by Lamb & Bachrach (2001), who found out that initially, such severely mentally ill individuals who had been discharged from state hospitals after extended stays tended to be institutionalised to the point of passivity and to follow orders. Today, the majority of severely mentally ill individuals who reside within local communities rather than being institutionalised in state hospitals, has frequently presented complex clinical issues in terms of treatment and recovery. Many among this group have experienced homelessness and inappropriate imprisonment. These challenges have been central to the apprehensions surrounding deinstitutionalisation. Yet, these patients introduced novel obstacles for service planners and clinicians. For instance, the distressing side effects of medications, concerns about tardive dyskinesia, or a reluctance to acknowledge their illness may dissuade many severely ill individuals from adhering to psychoactive medication regimens. Moreover, outside of a hospital setting, clinicians encounter difficulties in prescribing and overseeing the very medications that facilitate these patients' remission and enable them to function within the community. Lamb & Bachrach (2001) observed that although “community mental health care is potentially more humane and more therapeutic than hospital care . . . , the central problem that now needs to be addressed is society’s obligation to provide adequate care and treatment—and, when necessary, asylum—to these individuals in the community.” (Lamb & Bachrach, 2001, p. 1044)

Additional concerns were found in a study conducted in Norway (Nottestad & Linaker, 1999) which indicated that deinstitutionalisation did not solve all mental health problems (behavioural disturbances, and psychiatric disorders and symptoms) among Norwegian people



with intellectual disabilities. In spite of total deinstitutionalisation and improved physical living conditions, psychiatric problems remained frequent, behavioural problems significantly increased, access to qualified help, such as psychologists and psychiatrists, had been substantially reduced. This indicated that most mental health problems among people with intellectual disability were not solved by reorganization or deinstitutionalisation, and such measures were no substitution for professional assistance.

To conclude, these global studies discussed above have shown some conflicting impacts, though most of them are in favour of alternative care and community-based services. Also, these studies demonstrate that the implementation and impact of deinstitutionalisation continues to be controversial (Taylor, 2001 in Lemay, 2009; Parish, 2005). This ongoing controversy is extended to academia— among researchers— as challenges were raised over the integrity of research and the conclusions drawn as pointed out by several researchers (Felce 2006; Taylor & Wyngaarden Krauss, 2006; Walsh & Kastner, 2006 in Lemay, 2009). Furthermore, there is still a lack of consensus on how to collect and interpret the available evidence concerning the extent, diversity, and lasting impact of institutional care on the growth and welfare of institutionalised people, especially in culturally different contexts. Such conflicting findings led to two conclusions. First the necessity of implementing deinstitutionalisation with great care “in low- and middle-income countries (LMICs) as the success of deinstitutionalisation practices in these contexts is “dependent on key factors including, a well-functioning family-based alternative care and social protection system, adequate funding and resources, and professional and other stakeholders' engagement and support.”(Frimpong-Manso et al., 2023). Additional key factors include cultural and patriotic beliefs and values dominant in the context these countries, including Palestine. Second, this lack of consensus on the impact of deinstitutionalisation has led to “disagreement as to whether policy should focus on eliminating, transforming, or improving institutions.” (van IJzendoorn et al., 2020).

Study questions

This study aimed to build deeper understanding of the extent (Palestinian children: orphaned, abandoned or juvenile offenders or children with disabilities, Palestinians with disabilities, including Palestinians with mental health problems and elderly), have been institutionalised and / or Deinstitutionalised in the Gaza Strip. In other words, to what extent these three types of Palestinians live or do not live in residential facilities that may or may not provide them with family care environment. To achieve this aim, this study attempted to answer these questions:



1. Are there Palestinian national policies and legislations related to deinstitutionalisation of these three types of Palestinian individuals (persons with disability, children and elderly)?
2. What are the existing residential institutions that provide care and services to these three groups of individuals in the Gaza Strip? In other words, to what extent these three types of Palestinian individuals are deinstitutionalised or institutionalised?

Methodology

To answer these two questions (above), a systematic desk literature review of academic and non-academic sources was conducted to identify and critically examine Palestinian written policies and legislations, strategic plans, related documents, academic articles and dissertations, reports (annual), news reports and information available on the websites and Facebook pages related to institutionalisation and deinstitutionalisation of persons with disabilities, orphans and elderly. This desk research scoped and critically reviewed this related data produced by numerous local and international NGOs caring for disabilities, orphans and elderly. It also examined governmental institutions, including Palestinian ministries (Ministry of Social Development (MOSD), Ministry of Health (MOF) and Ministry of Education (MOE)), and the Palestinian Central Bureau of Statistics (PCBS). Furthermore, it scoped online news agencies or newspapers that reported reliable information based on field visits and interviews of institutions caring for persons with disabilities. To find academic sources (data), several online full-text databases were surveyed, including the online library and dissertations database at the Islamic University of Gaza (IUG), ResearchGate (European academic and social network) and Almandumah, (a comprehensive online full-text database for Arabic scholarly output).

The related sources and documents reviewed were written in English and Arabic. In addition to covering related data in the Gaza Strip, these documents and sources covered several countries in different continents though mainly in Europe. The relevant data for this literature was critically reviewed by assessing the relevance of information to the key research questions in order to examine all relevant aspects of institutionalisation and deinstitutionalisation of care systems available in relation to PWD, children and elderly Palestinians in the Gaza Strip.

This study was undertaken in 6 months (May – October 2023) focusing only on the Gaza Strip of the Occupied Palestinian Territories (OPT). Although a comprehensive and extensive search



was conducted to find these informative documents, it was not possible to guarantee that all relevant published data has been found. Furthermore, some of the information available on the sources surveyed was insufficient and not up-to-date.

Palestinian national policies and legislations

At national level, the Palestinian National Authority (PNA) signed and ratified a number of international conventions related to promoting the rights of persons with disability, including the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2014. It also took a number of broad legislations and initial policies that indicate willingness to advancing the rights of persons with disabilities such as:

- Adopting Law No. (4) for the year 1999 on the rights of persons with disabilities by the Palestinian Legislative Council in 1999.
- Establishing the Supreme Council of the Affairs of Persons with Disabilities by a Presidential Decree in 2004 to oversee the slow implementation of Law No.4, and other legal provisions relating to disability.
- Preparing [A National Strategic Plan of the Disability Sector in the Occupied Palestinian Territories](#) for the Supreme Council of the Affairs of Persons with Disabilities by Development Studies Centre at Birzeit University in 2012. This strategic framework intended to provide suitable grounds and promote and coordinate joint actions and efforts made to improve the quality of life for persons with disabilities and integrate them in a community.
- Preparing the 2019 draft law by the Institute of Law at Birzeit University in collaboration with Ministry of Social Development (MOSD) which was submitted to the Presidential Office and since then it is still being discussed and debated as stated clearly and visually in the Timeline of the Disability Movement in the oPt (from 1992 to 2020) by Giacaman et al. (2021).

In spite of these legislations and policy steps outlined above, several legislative and policy gaps remain as frequently reported by several human right organisations and disability researchers, (Committee on the Rights of Persons with Disabilities- UNCRPD, 2019; Giacaman et al., 2021; Lee et al., 2019a; Sida, 2014). To illustrate this problem, Giacaman et al. (2021) highlighted several serious gaps included in the 1999 law in a detailed and analytic comparative study between the 1999 Palestinian Disability Law and the Draft 2019 Palestinian Disability Law.



Some of the several serious gaps included in the 1999 law included defining PWDs as individuals with permanent impairments, perceiving them on the basis of medical and charitable approaches and not in alignment to human rights approach, not covering all aspects of PWDs rights, and lack of specific objectives and mechanisms for enforcement and implementation of these rights. Additionally, the 1999 law did not consider the context of Israeli military occupation and colonisation, which have contributed to increasing disabilities, economic challenges, resource constraints, movement restrictions and land fragmentation which further hindered the implementation of disability-related programmes, particularly in the Gaza Strip (Giacaman et al., 2021). Furthermore, an initial report submitted by the PNA to the UN Convention on the Rights of Persons with Disabilities (CPRD) in 2019 stressed the “need at national level to formulate a new law relating to persons with disabilities that includes a revised definition of disability consistent with the international rights perspective.” Law No. (4) for the year 1999 has been under reviewing for years to prepare provisions for persons with disabilities that are compatible with those of international law (an initial report submitted by the State of Palestine,(Giacaman et al., 2021; Lee et al., 2019a)

Reviewing a detailed (92-page) legal report on rights of persons benefiting from mental health services in Palestine, the Independent Commission for Human Rights (ICHR) (ICHR, 2017) stressed several conclusions. Some of these conclusions confirmed the absence of specific legislation for the people who benefit from mental health services, that explains their rights and the duties of the responsible authorities in consistency with regional and international standards.

This absence of laws related to mental health care had also been emphasised in an assessment overview of the mental health system in Gaza. Using the World Health Organization’s Assessment Instrument for Mental Health Systems, Saymah et al. (2015, p. 1) summarised the main challenges related to mental health deinstitutionalisation in the Gaza Strip:

mental health legislation in support of deinstitutionalisation in Gaza is lacking. The integration of mental health into primary healthcare and general hospitals has not been fully achieved. Mental health in Gaza is underfunded, human rights protection of service users is absent, and human resources, service user advocacy, and mental health training are limited.



Concerning obtaining legislative data related to PWDs in Gaza, the *Ministry of Health's Strategic Plan for the Health Sector in the Southern Governorates (Gaza Strip) for 2021-2025* acknowledged the existence of Law No. 4 of 1999, to safeguard the rights of persons with disabilities in the Gaza Strip. However, it discussed several problems concerning this law's provisions which are only partially implemented due to limited resources allocated in the national budget to cater to the needs of people with disabilities. Here is a summary of some key challenges facing the implementation of this law in Gaza which echo most of the limitations discussed above at national level:

1. Resources and budget allocated for individuals with disabilities are limited and insufficient.
2. Responsibilities and guidelines among different government ministries lack clarity and effective enforcement. While the Ministry of Social Development (MOSD) is designated as responsible for disability care, progress in implementing relevant laws has been slow due to financial constraints.
3. Most sectors do not have disability-related policies, except for education, which has introduced inclusive measures in schools. Medical and rehabilitation services are primarily provided by civil society organizations.
4. There is a noticeable scarcity of professional and living services, with only a few centers operated by private and government sectors.
5. The law's provisions, like the requirement to allocate 5% of jobs in large institutions for persons with disabilities, are not effectively enforced, even within government institutions. (Ministry of Health, 2021)

Surveying the above documents (Palestinian legislations, policies, strategic plans and related studied (e. g. (Lee et al., 2019)) has shown that the concept of deinstitutionalisation was never mentioned in Palestinian legislations, policies, reports, strategic plans. However, the desk search found that the concept / word of deinstitutionalisation was mentioned only once in a recent report, titled *Disability in Gaza: barriers, policy and a mapping of interventions, Disability Inclusion Helpdesk Research Report No. 12*, funded by the UK Department for International Development. Although this report discussed thoroughly almost all existing barriers, policies and interventions concerning disability in the Gaza Strip, it mentioned the word deinstitutionalisation only once in the whole report to emphasise the importance of inclusion in this brief context:



- “Lack of legislation supporting deinstitutionalisation of mental healthcare provision and lack of integration of mental healthcare provision into primary healthcare and general hospitals;
- Lack of attention to disability inclusion in mental health services;” (Lee et al., 2019a, p. 5)

Palestinian residential institutions in Gaza

The frequent Israeli aggressions on the Gaza Strip over the past decade have caused numerous health, socio-economic consequences, including an increase of number of orphans, persons with disabilities, especially those with mental disabilities disabled persons as will be shown below. As a form of resilience, sumoud and resistance, Palestinians founded many multi-purpose charity institutions, societies and associations which are mostly non-governmental (i. e. NGOs) that are mainly funded by international NGOs and international funders. The goal of these institutions is the provision of special and varied care for the rights, needs and services for the increasing numbers of these three types of people: disabled, orphans and elderly.

These care and service-oriented institutions an approximately 264,000 Palestinians divided as follows:130,000 persons with disability, 107,000 elderly and 27,000 orphan children, according to a recent report by the Ministry of Social Development (MOSD) (Ministry of Social Development (MOSD), 2022a). These people are among more than 750,000 disadvantaged Palestinians who were electronically registered in the e-database of MOSD and who have been provided intersectoral institutionalised care services by more than 100 licensed institutions in the Gaza Strip (Ministry of Social Development (MOSD), 2022b). The vast majority of these institutions are charity non-governmental organisations with few international institutions that are located in all the five governorates in the Gaza Strip, though mainly in Gaza City. However, this desk research could not obtain a specific list or number of Palestinian licensed institutions caring for disabled, children and elderly in the Gaza Strip. All these institutions provide deinstitutionalised multisectoral services and care except only eight institutions that provide residential care, accommodation and shelter for approximately 426 Palestinians in the Gaza Strip as shown in Table (1).

This approximate number of deinstitutionalised individuals show that they are mainly children (328 orphans, abandoned and juvenile at odd with law) and about 100 elderly and persons with severe psychiatric problems.



Table (1) shows that five of these eight residential centres are affiliated to charitable NGOs and three are affiliated to two ministries: Ministry of Health and Ministry of Social Development. Below is brief description and information about these eight institutions, focusing mainly on the services and care each centre provides to specific type of people.

Table (1): Palestinian residential institutions in the Gaza Strip

#	Residential institution	Affiliation / NGO	Year	Location	Type of persons	Approx numbers	Website / Facebook
1.	The SOS Children's Villages in Rafah	NGO - non-profitable	2000	Rafah City	“Children who have lost their parents or cannot live with their biological family”	89 children in 12 houses	https://www.sos-palestine.org/
2.	The Mercy Association for Children	charity (NGO)	1993	Gaza City	Abandoned children of unknown parentage	15 children	https://www.facebook.com/Mabarra.org?locale=ar_AR
3.	Al-Amal [Hope] Institute for Orphans	charity (NGO)	1949	Gaza City	Orphans	100 orphans	https://www.al-amal.ps/en/
4.	El Wafa Elderly Nursing Home	charity (NGO)	1980	Al-Zahra Town, Central Gaza Strip	elderly people aged 60+	40 elderly people	http://en.elwafa.ps/elderly
5.	The Mabarret Phalestine Society	charity (NGO)	1994	Gaza City	people with cerebral palsy and	8 elderly patients	- https://mpalestine.ps/ - https://www.facebook.com/



					multiple disabilities		.com/mphalastine/
6.	Gaza Psychiatric Hospital	Ministry of Health	1978		psychiatric patients	40 -50 beds	No websites but basic information available on MoH Website: https://www.moh.gov.ps/porta/nafsea/
7.	Al Rabie [Spring] Care Institution for Juvenile	Ministry of Social Development (MOSD)	n.d.	Gaza City	Juvenile	38 Juvenile in 2017	No websites but basic information available on MOSD Website: https://www.mosa.gov.ps/centerdetails/53.html
8.	Beit Al Aman Shelter	Ministry of Social Development (MOSD)	2011	Gaza City	Female children with and without their mothers	86 female children	https://www.facebook.com/AlamanHouse/about?locale=ar_AR
						426	Approximate Total



Charity residential care (NGOs)

- 1) [The SOS Children's Villages in Rafah \(قرية الأطفال SOS رفح\)](#) was established in 2000 in Rafah City, in the south of the Gaza Strip near the Palestinian-Egyptian borders. It provides family-based care for children without parental care. Currently the village has 89 children staying in 12 houses: one house designated for the Aunties who support the SOS Mothers and look after the children when the mother is absent. SOS Children's Villages adopted its Austrian founder, Hermann Gmeiner's belief that every child deserves a mother or father, as well as brothers and sisters, a home, and a supportive community environment by providing safe, loving homes and happy childhoods. SOS Children's Villages in Rafah provides children with stable, secure and loving family-based care, quality health care, access to formal and non-formal education that support a child's development. It is worth mentioning that currently there are 2 SOS Children's Villages in the occupied Palestinian territories (oPt): one was established in 1968 in Bethlehem, the West Bank, and another one established in 2000 in Rafah, the Gaza Strip.

The SOS Children's Villages in Rafah has Arabic and English [website \(https://www.sos-palestine.org/where-we-work/\)](https://www.sos-palestine.org/where-we-work/) that contained up-to-to-date and detailed information about their work. Moreover, the website has 6 functioning and informative links (icons) to social media: Facebook, WhatsApp, YouTube, Twitter (X), Instagram, and LinkedIn.

- 2) [The Mercy Association for Children \(جمعية مبرة الرحمة للأطفال\)](#) is a leading charitable non-profit organization operating in the Gaza Strip. It was established in 1993 by a group of medical doctors (physicians) to care for (then) 12 babies of unknown parentage who were living in Gaza Strip hospitals at that time as there was no any institution to take care and shelter them. Since then, this care institution has been the only NGO specialised in caring for and embracing children of unknown parentage in Gaza ([Al-monitor: 22 Feb 2017](#)). In a news report in 2017, Moamen Barakat, the Director of this institution, clarified that there were 15 children whose parents were unknown, and the association provided all services to them, such as physical and psychological health care, and education so that they became able to take care of themselves after they complete university education" ([Al-monitor: 22 Feb 2017](#)). The total number of children cared for in this charity since its establishment in 1993 until 2017 was approximately 173 children. Among them are 152 children who were embraced by families from the Gaza Strip over the past years,



currently 15 children and young people remained in the institution and other newborn children died because they arrive at the organization sick or injured as a result of being left (abandoned) on the street. ([Maan News Agency](#), 28 Jan 2027). In a more recent report, the [MOSD \(2022\)](#) followed up 199 family fostered / embraced persons of unknown parentage in 2022.

- The Mercy Association for Children has no website but only Facebook page that shows activities without any factual information about its work of this NGO:

https://www.facebook.com/Mabarra.org/about?locale=ar_AR.

Concerning legislation, it is worth noting that Palestinian law of 2013 stipulates the protection and care of children of unknown and illegitimate parentage by providing foster families for these children within the conditions and standards stipulated in the foster family system of 2013. Hence, there is a tendency among some Palestinian families to foster these children in accordance with the law and stipulated principles ([Council of Ministers, Resolution No. \(10\) of 2013 regarding the foster family system for the year 2013](#)). All guiding information, documents required and the 6 forms to be completed to fostering a child by families are all available on the [website \(e-service\) of the Palestinian Cabinet \(Council of Ministers\)](#)

(Cabinet Resolution NO. 10 of 2013 of the Foster Family System of 2013. Available at: <http://muqtafi.birzeit.edu/pg/getleg.asp?id=16541>)

- 3) [Al-Amal \[Hope\] Institute for Orphans](#) was established in 1949 directly after Nakba to shelter orphan refugees initially in tents, and later over decades developed into a residence in the heart of Gaza City and currently houses 100 children / Orphans (68 boys, 32 girls) from the age of 5 to 18 years. It provides these orphans with residence (housing), psycho-socio care, cultural and sports care and education in private, government and UNRWA schools and come back to stay in the institute residence after school.

The number of orphans living in this institute has nearly 150, the highest number in the orphanage's history, since the Israeli physical and mental devastating aggression on the densely populated Gaza in 2014. This is reports on the rich bilingual website (<https://www.al-amal.ps/en/>) which offers the impact of the care this institute provides to these orphans. Here are some extracts of one orphan and homeless eight-year-old Aisha and also how such institutional care work under siege and under continued Israeli attacks:



Aisha arrived at Amal several years ago after her father died naturally and her brother was killed in an Israeli air strike. Her mother could no longer care for all the children. During the 2014 war, the orphanage sent all its children to live with relatives while the facility was temporarily opened up as a shelter for hundreds of displaced Gazans. Aisha returned to live with her mother, but shortly afterwards, her mother, too, died in an Israeli air strike.

Today, Aisha's mother comes to her only in dreams. She kisses and hugs her little girl, and then she disappears. Aisha wakes up, orphanage administrators say, and she draws rockets.

Aisha's story is not unusual in the besieged Gaza Strip, where a 51-day Israeli assault killed more than 2,200 Palestinians this summer and injured scores more. The 2014 war created more than 1,500 new orphans, in addition to tens of thousands already living in Gaza, says Abed Almajed Alkhodary, chairman of Amal's board of directors ([reported on Al-Amal Institute websites](#), 2016)

- 4) [El Wafa Elderly Nursing Home](#) (مركز الوفاء لرعاية المسنين) is affiliated with [El Wafa Charitable Society](#) (جمعية الوفاء الخيرية). Since its establishment in 1980, (540) elderly men and women without children have been housed and cared for life ([El Wafa Elderly Nursing Home Facebook page](#)). Its website (<http://www.elwafa.ps/elderly>), mainly in Arabic, specified the main goals of this Centre: providing safe shelter and services (living, health, social, rehabilitation, recreational) and providing various day services that serve the elderly and meet their needs, increasing community awareness and attention towards the elderly and their needs, strengthening social ties between the elderly, their families, and the local community and contributing to enacting laws and developing policies related to the rights of the Palestinian elderly (<http://www.elwafa.ps/elderly>). In addition to its well developed websites, the Centre has active Facebook webpage: <https://www.facebook.com/elwafaelderly>. Currently, El Wafa has 40 elderly people: 5 men and 25 women according to ([MOSD Report 2022](#)) and a [20-minute reporting and documentary video](#) on the reality of Elderly in the Gaza Strip which includes interviews with administrators and elderly persons.



5) [The Mabaret Phalestine Society](#) (جمعية مبرة فلسطين للرعاية) was founded in 1994 as the only organisation specialised in providing shelter (24-hour hosting) and care services for people with different disabilities, especially for people with cerebral palsy and multiple disabilities who lack a foster /caring family, especially those who were neglected due to family disintegration, the death of one of parents, or the presence of more than one disabled person in the same family. It has about 8 elderly patients in a situation of dependency and users of residence and shelter as reported by ([MOSD Report 2022](#)). It also provides day health care and early education for more than 100 children with multiple disabilities through its two affiliated centers: Hamad Bin Jassim Center for Integrated Rehabilitation Care and its affiliated Saja School for Special Education, providing educational services, physiotherapy, speech and psychological support for children in order to rehabilitate and integrate them into society. These services are provided by qualified and specialised staff in this field.

Additionally, [The Mabaret Phalestine Society](#) provides several day care programmes including:

- **Temporary residence** to receive cases with disabilities that need temporary residence due to social circumstances, such as the mother's illness, social events, or any urgent family circumstance, so that the residence period does not exceed two weeks / but can be renewable.
- **Alternative/custodial family program** targets persons with disabilities who lost their family completely as a result of the absence of the breadwinner.
- **Day care programme** cares for children with cerebral palsy and multiple disabilities daily for 6 hours, during which they receive the care and rehabilitation services they need, such as healthy nutrition, physiotherapy, occupational therapy, speech therapy, behavior modification, follow-up on seizure medications, psychological support for the child and the family, as well as special education and self-care services.
- **Home Care Programme** reaches people with cerebral palsy and multiple disabilities in their homes who cannot reach the center because of their health condition or the remoteness of their place of residence to enable them to obtain health and rehabilitation services that preserve their humanity and dignity. This service is provided upon the availability of necessary fund.



- **Rehabilitation Services Programme** supports medical service through providing physiotherapy, occupational therapy, speech therapy, swallowing and speech problems, special education and psychological support for all cases benefiting from the association's programs (housing, school, early childhood, daily care) as well as external cases that contribute to the development of motor and language performance, life activities and access to be as independent as possible.
- **Vocational Training Programme** trains and empowers persons with disabilities with the skills and professional vocational competencies (based on their interests, needs, desires and aspirations) to be self-dependent in the hope to gain income from working in sewing, housekeeping, painting, carpentry, ceramics and toy making,

Governmental residential /sheltering institutions

- 6) [Gaza Psychiatric Hospital \(مستشفى الطب النفسي\)](#) is the only center / hospital in the Gaza Strip for mentally ill people. It was allotted from a neighboring Eye Hospital in 1978 and is reserved for extremely difficult cases. Before its establishment, Palestinians psychiatric cases from Gaza were transferred to the Bethlehem Psychiatric Hospital in the West Bank and to Abbasiya Hospital in Egypt. Located in Gaza City, this government hospital is the only specialised hospital in the field of mental health in the Gaza Strip that provides psychiatric care to nearly 2.5 million Palestinians (half of them are children) living in the 5 governorates of Gaza Strip. With a limited capacity of about 40 beds (Moghari, 2021) and other sources 50 beds (Yaghi, 2021), poor infrastructure facilities and under-developed mental health services, and shortage of psychiatrists, mental health specialists and essential medicines for mental health illnesses in Gaza (Yaghi, 2021), it admitted 719 cases during the year 2022, According to the Annual Report (2022) of the Ministry of Health.

In addition to this residential hospital, there are 6-state run community mental health centers in the Gaza Strip: 2 in Gaza City and one in each of the other four governorates of the Gaza Strip: North Gaza, Deir al-Balah, Khan Younis and Rafah. According to the Annual Report (2022) of the Ministry of Health,

In 2022, a total of 24,785 cases were recorded with prevalence rate 11.3/1,000 population, while total of visits were 95,428 visit in community mental health clinics with an increase of 5% compared to the year 2021, The number of home visits totaled 1,931, in addition to 7669 cases of health education, while the number of cases



referred from community mental health centers to the psychological rehabilitation center reached 498 cases. (p31)

Most mental health medications and services in the Gaza Strip were provided by non-profit NGOs, among the most impactful ones is [Gaza Community Mental Health Programme \(GCMHP\)](#) which is a non-profit leading Palestinian NGO that contributes largely and professionally in improving the Palestinian community's mental health through its three centers located in 3 governorates in the Gaza Strip. It provides a variety of specialised services including telephone counselling service, enhancing professionals' capacities and other actors in the field of psychosocial work, and consultation, psychotherapy, occupational therapy.

- 7) [Al Rabie \[Spring\] Care Institution for Juvenile](#) provides accommodation, psycho-social support services and guidance to children (12 - 18 years) who are in conflict with law. It also provides them with food, shelter, clothing and counselling. The actual number of juveniles who entered Al Rabie Institution during the year 2016 was (452) juveniles, and (38) juveniles are still in the institution as reported in a study conducted in 2017 (Al-Agha, 2017).
- 8) Women: [Beit Al Aman Shelter](#) (Shelter Safe Centre) - (بيت الأمان للرعاية الاجتماعية للنساء) was established in 2011 and is affiliated with the Ministry of Social Development (MOSD). It is the only safe house/ center that shelters and protects women and young girls. Adopting human rights-based approach, it provides legal and psycho-social assistance to abused women to obtain their rights and preserve their dignity. Both this shelter institution's Facebook page and MOSD website were surveyed to find statistics about the number of female children who stayed in this shelter whether with their mothers or without but almost in vain. However, according to a master dissertation (Al-Agha, 2017), the number of women provided shelter during the year (2016) was (153) women and girls, and also (86) female children with them.

Review these eight residential and accommodation institutions showed that most of these institutions do not have updated websites or updated information on their Facebook pages. Hence, most of the data collected here was based on a variety of reliable sources: whatever data available on the websites of these institutions, related media news reports (based on field visits or interviews), and reports by the concerned ministry and dissertations conducted by master students enrolled at schools of education and mainly psychology and Counselling



(mental health) and Social Work Departments in Palestinian universities in Gaza, mainly accessible online on the Islamic University of Gaza (IUG) library.

Reflecting the dominant Islamic culture on the supreme holy care to be given to orphans as well as the patriotic and national obligation of Palestinians towards orphans, most of these studies focused on institutional orphans. Al-Bitar (2014) explored the level of impact of using a cognitive behavioral counseling programme (developed by her) to contribute in developing the self-efficiency of a sample of 30 orphan children housed in only one institution, namely Al-Amal [Hope] Institute for Orphans. Kollab, (2014) found that orphan adolescents in both residential and non-residential settings in Gaza Strip governorates lack a satisfactory level of psychological need fulfillment. However, there were significant positive differences in the level of the need for belonging, self-esteem, achievement, and curiosity in favour of orphans living in institutions. Similarly, another comparative study of a sample of (169) orphan children in both non-residential centres and orphan care institutions revealed higher level of psychological and social adjustment among orphans in care institutions in the Gaza Strip (Abu Shammala, 2002). In an evaluative and critical study, Al-Agha (2017) not only gave statistics, and detailed information about a residential institution caring for Juveniles, (Al Rabie [Spring] Care Institution for Juvenile) but he also explored its realities and prospects. His study identified some major obstacles facing this institution, including lack of unified Palestinian judicial system in the isolated and besieged oPt (the West Bank, Gaza Strip and East Jerusalem), the need to amend and update the Palestinian Juvenile Law of year 1938, and the lack of employing sufficient judges which caused prolonged delay in convening the court regularly and timely. At infrastructure level, there was a need to construct a building for young female juveniles at odds with the law. Al-Agha (2017) also shared the findings of this study in a conference on the Rights of Juvenile Offenders to Justice which was held at IUG in 2017 and also made it accessible at MOSD.

Conclusions and recommendations

To conclude, cultural, faith (spiritual) and patriotic provision of family-based care, kinship care, foster care, guardianship, Kafala, and community care is common to almost all families in Gaza as the small numbers of residential centres and the number of Palestinians identified have shown. These 426 of children, persons with disabilities and older persons hosted in eight centres are part of a large number of 264,000 deinstitutionalised (130,000 persons with disability, 107,000 elderly and 27,000 orphan children). This small number of institutionalised



individuals represent extremely difficult cases whether disabilities, orphans or elderly as discussed above.

These findings also implicate four conclusions that are directed to all Palestinian bodies concerned with both policies and practices, namely the Palestinian Council of Ministers (Cabinet), Ministries of Health, Social Development, Education, Labor and information and academic and research institutions to conduct more investigations on the performance quality of the residential centres in Gaza.

Legislations and policies: Based on this review, it is very clear that there is a paramount and compelling need to invest more efforts in updating and issuing legislations to support national policies and practices related to promoting family and community-based care or at least to objectively and systematically assess the performance of the few residential care institutions in Palestine. Such assessment should be directed to enhance a sustainable inclusive care to all persons with disabilities, especially those with mental and developmental disabilities as well as children and elderly.

Political instability: The ongoing and longstanding conflict presents instability that causes annually more and more physical and mental and developmental disabilities in Palestine in general and the Gaza Strip in particular. This reality implicates allocating more context based strategic and executive plans and strategies as well allocating priority in funding and implementing these plans. This planning and funding would meet the rapid increase in the needs to provide community care to thousands of Palestinians disabled and orphaned annually. This expected increase is most likely to become a reality (unfortunately and hope not) due to two main political factors: the ongoing chronic political conflict and the unprecedented escalation of Israeli violence and repeated wars assaults and incursions of the Gaza Strip (and almost on daily basis in the West Bank and Jerusalem). Supporting this pessimistic but realistic perspective, Biden, the US president, critically stated that the current Israeli government includes "some of the most extreme" ([Gritten, 2023](#)) members that he had ever seen, as far-right parties are increasing winning more votes in the last few years, leading to this extremist nationalist-religious government.

Cultural beliefs and values: It can be concluded that the cultural beliefs and values of the conservative and family attached community in Gaza would facilitate the acceptance of community-based care and family care environment. However, to reinforce and capitalise on



these beliefs and values, more context-based legislations and actions are needed: creating culture related legislations and policies to ensure successful implementation of these policies on the ground and conducting systematic intensive and extensive mass media awareness campaigns to combat stigma and misconceptions around disabilities, especially mental disability. These ongoing campaigns should make use of mass and social media, mosques, churches, schools, universities and families to make deep rooted and positive perceptions and attitudes that can be translated into community care practices.

Research on residential centres: This study has shown a lack of studies to assess and develop the quality of the services and community care provided in Palestinian residential institutions in Gaza. This requires conducting evidence-based research and longitudinal and follow-up studies to investigate the living conditions in these institutions and to understand the impact of these institutions on the life quality of those hosted in these residential care in the Gaza Strip. Additionally, evidence-based research is recommended to also ensure the delivery of quality community care to these three types of deinstitutionalised people living in the Gaza Strip. Furthermore, comparative studies of the life quality of those individuals deinstitutionalised and institutionalised should be carried out. Academic institutions and concerned ministries and NGOs should motivate academic researchers and postgraduate students and research centres to conduct such studies as part of the local universities strategic academic and research and course plans.

To conclude, a comprehensive disability legal framework is necessary to safeguard the rights of individuals with disabilities in community settings. Furthermore, developing context-based strategic plans directly based on the expected increase of persons with all types of disabilities and orphans. Both the related legislations and plans should be grounded on the cultural beliefs and values of the Palestinian community. More related research should be encouraged and conducted. All these laws, policies, plans and practices, and research should be consistently monitored and assessed to foster social inclusion and social justice and enhance the quality of life for all individuals with disabilities, orphans and elderly.

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