

Disability Sport: safeguarding in context

It's very important that everyone who will be responsible for, or in contact with, our members fully appreciates and understands the potential additional vulnerability of disabled children, young people and adults.

It is however, equally essential to avoid making assumptions about anybody's life experiences or support needs. Anybody can be additionally vulnerable at any point in their life journey (as a result of illness, bereavement, isolation or relationship breakdown, for example) and seldom will any one of us self-identify as vulnerable irrespective of whether we have a recognised disability. Being 'labelled' by others as vulnerable or at risk can feel both stigmatising and patronising, particularly where independence has been hard fought for and a person's level of achievement may be higher than that of non-disabled peers. An understanding of safe and appropriate practice and behaviours, alongside the research evidence in relation to safeguarding disabled people, serves to protect everyone involved in our sport. It is not necessary to understand everything about a person's specific disability, condition or sensory needs, but you should consider each individual's particular needs in the context of our sport and club activities.

Evidence from Research

- Disabled children are 3-4 times more likely to experience mistreatment or abused¹. Research by Sullivan and Knutson in 2000 demonstrated that overall 31% of the disabled young people studied had been abused compared to a prevalence rate of 9% for the non-disabled population. Serious case reviews have also consistently demonstrated this learning^{2 3}.
- Due to the increased vulnerability of disabled children demonstrated above, one would therefore expect there to be an over-representation of disabled children who are subjects of child protection plans. An NSPCC study demonstrated that disabled children were however under-represented in this area by over a third. This implies that indicators of potential abuse go unrecognised or are interpreted as being related to the child's disability not their life experiences⁴ and therefore disabled children are less likely to receive the support and protection that they need if they have experienced abuse.
- Despite the significant body of international research which shows that disabled children are more likely to be abused than their non-disabled peers, there is evidence that the abuse of disabled children often goes undetected and, even when suspected, may be under-reported⁵.
- Disabled adults are at a higher risk of getting physically and sexually abused than non-disabled adults. Individuals with mental health issues are about four times more likely to experience abuse and people with intellectual impairments are about one-and-a-half

¹ Sullivan, PM & Knutson, JF (2000): Maltreatment and Disabilities - a population based epidemiological study. *Child Abuse & Neglect*, 24(10), 1257-1273

² OFSTED (2011) *The voice of the child: learning lessons from serious case reviews*. Manchester: OFSTED

³ Brandon, M., Sidebotham, P., Bailey, S., Belderson, P., et al. (2012) *New Learning from Serious Case Reviews: A Two Year Report for 2009–2011*. London: Department for Education

⁴ Miller, D & Brown, J (2014). *'We have the right to be safe: protecting disabled children from abuse*. London: NSPCC

⁵ Taylor, J. et al (2014) *An Investigation into the Relationship between Professional Practice, Child Protection and Disability*. Edinburgh: The Scottish Government.

times more likely to get abused than non-disabled adults⁶. Hughes and colleagues (2012) found that disabled adults were 1.5 times as likely to be victims of violence. The odds ratio increased to 1.6 times for adults with intellectual disabilities and to 3.86 for adults with mental or psychiatric disabilities.

- Globally, at least 93 million children have moderate or severe disability. Disabled children are thought to have a substantially greater risk of being victims of violence than are their non-disabled peers. This large scale systematic review confirmed that disabled children are significantly more likely to be victims of violence than are their peers who are not disabled⁷.
- There is an ever increasing body of evidence that disabled adults may not only have been at increased risk of abuse during childhood (where their disability pre-existed in childhood), but that this increased vulnerability continues into adulthood because of many factors including social isolation, communication differences/difficulties, mental/physical health issues and dependency. The Ann Craft Trust works with disabled people, families and professionals to ensure that the voices and experiences of disabled people are heard and that the practices of all those who work with disabled people actively seek to promote independence and address risks. Their research, resources and guidance can be accessed on-line⁸.

Steps our clubs should take

- demonstrate respect for all members and prospective members irrespective of the nature of their disability
- promote inclusive practice and make members aware of our safeguarding policy and their rights to enjoy sport in a safe and supportive environment
- talk to your members (young people, disabled adults, parents and carers) when they join the club and listen - they're the experts, they'll tell you what support they need
- if necessary, seek additional advice and support from GBWR's Lead Safeguarding Officer or dedicated disability organisations
- work in partnership with existing sources of support and care provision (family, community or statutory providers)
- if you have members who are deaf, encourage a wider interest in using some basic sign language by other participants, the Club Welfare Officer and coaches. This will promote a wider sense of inclusion and reduce isolation

Personal and intimate care – whose responsibility is this?

It is helpful for clubs to have a personal/ and intimate care policy. If additional assistance is required, this should be discussed with the participant and their parent/carer as appropriate at the outset as part of an initial discussion about how the young person or adult's needs will be met.

It should be clear to everyone at the club, including the young person and their parents or carer, that sports coaches and other volunteers should not be involved in providing intimate care for young or disabled participants. This should always be the responsibility of the parents, carers or other identified care staff or volunteers.

⁶ Hughes, K., Bellis, M. A., Jones, L., Wood, S., Bates, G., Eckley, L., et al. (2012). Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies. *Lancet*, 379(9826), 1621-1629

⁷ Lund, EM & Vaughn-Jensen, JE (Sept 2012): *Victimisation of children with disabilities*. The Lancet, Volume 380, Issue 9845 (P8-14)

⁸ Ann Craft Trust. Resources/research accessed via: <http://www.anncrafttrust.org/publications.php>

Reasons for this include:

- it puts the person in a potentially vulnerable position
- there is a potential negative impact on the person's privacy and dignity
- sports staff are unlikely to be trained to carry out this role and it isn't their role
- it can impact on the level of adult supervision for the remainder of the group
- the staff member or volunteers may be vulnerable to others misinterpreting their behaviour or motivation, which may result in concerns or allegations arising
- it can reinforce the individual's sense of difference and lack of autonomy
- it models and may help to perpetuate poor practice

Indicators and signs of abuse

Like non-disabled people, individuals will often display behavioural signs if they experience abuse, such as:

- mood swings
- changes in demeanour
- fear of a particular individual

However, aspects of their disability or sensory needs may make it harder for these to be recognised.

These signs may be interpreted as linking to the person's disability and so the possibility of abuse may be overlooked or ignored, leaving them at risk and distressed.

Capacity and consent

As our sport expands participation across all disability groups it is increasingly important to be alert to issues of cognitive capacity which can increase the vulnerability of disabled people where they have a reduced ability to make informed decisions in the moment. Whilst this is a complex issue, it should not get in the way of staff and volunteers genuinely seeking to ensure that all participants are respectfully consulted in relation to participation in activities and/or sharing of information about them.

A young person aged 16 or older is presumed in law to have capacity to consent, unless there is evidence to the contrary. Children aged 12 or over may generally be expected to have sufficient understanding, and younger children may also have sufficient understanding. Capacity to consent is not simply based on age however, particularly where learning and communication differences and disabilities are identified. You should also consider a person's capacity to understand the consequences of giving or withholding their consent. They should not be treated as unable to make a decision until all practicable steps to help them have been taken.

When assessing a person's understanding you should explain the issues using their preferred mode of communication and language. This should be done in a way that is suitable for them, taking into account all you know about them from your contact with them, particularly their age, language and likely understanding.

It is important to try and ensure that they really understand the issues and are not just agreeing to what is proposed. If you are unsure whether they have the capacity to consent, then you should consult the GBWR Safeguarding Lead Officer or another professional advisor. The person's parent or carer, another professional working with them, or an advocate, where available, may be able to provide relevant information or advice.

The following criteria should be considered when assessing whether a person on a particular occasion has sufficient understanding to consent, or to refuse consent, to sharing of information about them or participating in specific activities:

- Can the person understand the question being asked of them?

- Are they taking an active part in the discussion?
- Can they rephrase the question in their own words?
- How would they explain it to their parent or carer?
- Do they have a reasonable understanding of what the risks or benefits of giving their consent or saying no?
- What do they say they think would happen if they agree the action being suggested?
- Can they appreciate and consider the alternatives, weighing up one aspect against another and express a clear and consistent personal view? Encourage them to say out loud, or write down, their view of the pros and cons. You could recheck these views later or at a later meeting.

NB: Consent issues in relation to adults at risk are addressed further in Appendix 9 of the GBWR 'Safe and Sound' safeguarding policy.

Individual safeguarding responsibilities

The recognised categories of child and adult abuse are outlined in our Safeguarding Policy. Our staff and volunteers do not need to be experts, they need to be open to the possibility of abuse and take responsibility for routinely challenging any inappropriate behaviour and reporting any concerns via the CWO or GBWR's Lead Officer.

All coaches, staff and volunteers within GBWR clubs should:

- undertake recognised safeguarding training and other learning opportunities appropriate to their role which raise awareness of how and why deaf and disabled individuals are additionally vulnerable to abuse, and what steps can be taken to address this
- consider the implications for coaching approaches:
 - use of language
 - appropriate communication methods
 - additional support and activity supervision levels
- promote safeguarding information to all club members (ensuring this is accessible for disabled young people and adults at risk)
- be clear about how the coach (and the disabled participant) should bring any concerns to the attention of the club welfare officer (CWO) or someone else with safeguarding responsibilities
- fully understand and work to the club's safeguarding policies and procedures
- be clear about expectations of their own and other people's behaviour, and about their responsibility to report concerns that arise
- ensure that all participants, including children and young people, are aware of behaviour that will not be tolerated (codes of conduct, anti-bullying policy, etc) and their rights to protection
- ensure appropriate supervision of the group both during activities and at other times, such as in changing rooms