



Disability-inclusive child **safeguarding** **guidelines**





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Foreword

Children with disabilities have the right to be safeguarded, to be heard and to be included in decisions that affect them.

Even today, children with disabilities are experiencing disturbing levels of inequality and less protection than other children in development and humanitarian work. Many children with disabilities do not think that they have the same rights as children without disabilities.

Development and humanitarian workers can leave children with disabilities exposed to neglect, abuse and harm while delivering programmes if key warning signs are missed, and individual barriers are not understood.

That is why taking a focused approach to the protection of children with disabilities is crucial.

Children with disabilities are among the most at risk and disadvantaged in their communities. For example, children like me who are deaf face many issues communicating with or understanding those who do not use or understand sign language. Therefore, in many situations, our preferences, feelings and opinions are not taken into consideration, simply because we have a disability. This makes us less safe.

We urgently need to instil the message that safeguarding children means safeguarding **all** children, including children with disabilities. If this is understood early on and measures are taken to protect us fully, children with disabilities will grow up to feel part of society instead of an add-on, trying to fit in.

We are often forgotten about. But I have the right to be included. I should not be an add-on or afterthought.

Safeguarding children with disabilities is fundamentally about realising the rights of children with disabilities. When we say all children have the right to feel protected, this can only be true if children with disabilities are included.

As we all live in one world, we must understand the needs of each other and accept our differences. This commitment to inclusion must also be considered in safeguarding practices to ensure we, too, will be supported, inspired and able to realise our rights. Always remember that each decision you make, the projects you support and ideas you have, are likely to touch us.

I encourage everyone who works in the development and humanitarian sectors to use these guidelines to ensure children with disabilities are empowered, protected and safeguarded so that they can fulfil their rights and reach their full potential.



Enas Yousif,
UNICEF Sudan Youth Advocate



Acknowledgements

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The team would like to thank the youths and children with disabilities from around Rwanda who shared their opinions and views in order to kick-start these guidelines. We want to thank the practitioners at Uwezo Youth Empowerment led by Bahati Omar, Issa Katarwa, Flavia Mutesi and Simon Pierre Muhire, and the team at Save the Children International in Rwanda led by Marcel Sibomana and Aimable Rukundo for their support in the organisation and facilitation of consultations.

Thank you to the Foreign, Commonwealth and Development Office's Safeguarding Unit, Save the Children International's Child Safeguarding, Child Protection and Disability Teams and Able Child Africa's Programmes Team for reviewing the guidelines and providing input and comments.

Thank you to the many organisations and individuals who contributed evidence and feedback and participated in the sector roundtable: Abilis Foundation; ADD International; CBM; Chance for Childhood; ChildHope; Deaf Child Worldwide; Federation of Disability Organisations in Malawi; Foreign, Commonwealth & Development Office; Humanity & Inclusion; International Disability Alliance; Inclusion International; Leonard Cheshire; The Leprosy Mission England and Wales; Sightsavers UK; Uganda Society for Disabled Children; UNICEF; Uwezo Youth Empowerment; World Vision UK; and Zambia Association of Parents of Children with Disabilities.

Review and feedback

Due to the COVID-19 crisis, the testing phase of the guidelines has been delayed. We initially intended that testing would be conducted in 2020 and the results would be fed into Version 1 of these guidelines. Able Child Africa and Save the Children still intend to test the guidelines. We expect to engage a range of organisations in testing, and plan to publish a revised version based on results. We also plan to provide children and youth with disabilities with a further opportunity to critique the guidelines through a participatory workshop as soon as restrictions allow.

The decision regarding the next revision will be taken by Able Child Africa and Save the Children International in the next few years. Any updates on the revision process will be made available on the Able Child Africa website.

We welcome feedback and suggestions for the improvement of this publication at any time. For these and any enquiries email: info@ablechildafrica.org. All comments received will be considered in future revisions.

Accessibility

To ensure as many people as possible can use these guidelines, the following design features have been incorporated to improve accessibility:

- Accessible fonts have been used, including typography, styling, colour and contrast
- Alternative text (alt-text) has been attributed to all non-decorative images and figures
- Compatibility with screen readers has been assured

Upon publication, the intention is to produce easy-to-read formats for persons with intellectual disabilities. This statement was prepared on 31 March 2021.

Glossary

Ableism

is the unfair treatment, discrimination and social prejudice of persons with disabilities. Ableism is rooted in the assumption and belief that persons with disabilities are inferior to persons without disabilities.

Accessibility

ensures that persons with disabilities access, on an equal basis with others, the physical environment, transportation, information and communications, including information and communications technologies and systems, and other facilities and services open or provided to the public, both in urban and in rural areas.¹ Accessibility takes into consideration the removal of barriers for everyone and is not based on individual requests but instead makes the environment, information and technology accessible for all people.

Accessible information

is information that is receivable, understandable and user-friendly to persons with disabilities.

Assent

is the expression of willingness or agreement to participate, share information or have one's information shared in part or in full even when the legal age of consent has yet to be attained.

Best interests of a child

is the primary consideration in all decisions and actions that affect children.² It is a principle used to determine what will be best for a child in a particular circumstance.

Child

refers to every human being below eighteen years.³

Child abuse

consists of all forms of physical or mental violence, injury, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.⁴

Child protection

is the systems, measures and structures to prevent and respond to abuse, neglect, exploitation and violence affecting children in their families and communities.⁵

Child protection systems

are the collection of interlinking elements or components in society (at family, community, subnational and national levels) that are organised around the common goal of preventing, responding to and mitigating the effects of violence, abuse, neglect and exploitation of children.⁶

Child Safeguarding

is a set of policies, procedures and practices which mitigate and manage risk to ensure no child is harmed in the course of delivering organisational programmes or activities, and for effectively reporting and responding if harm does occur.

Communication

refers to the way a person understands and is understood by others.

Communications support

refers to support that is needed to enable effective, accurate dialogue between individuals or groups of people.

Concern

refers to a feeling or worry that a child or adult may be at risk of harm or may have been harmed, by the organisation's staff, associates, programmes or operations.⁷

Disability inclusion

is the process that ensures that all persons with disabilities enjoy their full and fundamental rights and freedoms to fully and effectively participate with and within their families, communities, and societies without barriers and on an equal basis as those without disabilities.

Disability-inclusive child safeguarding

refers to child safeguarding systems that are effective for children with disabilities.

Discrimination on the basis of disability

means any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, direct and indirect, including denial of reasonable accommodation.⁸

Do no harm

is to prevent or mitigate exposing persons of concern to additional risks through one's actions.⁹ This principle is to ensure actors understand the context in which they are working, understand the interaction between the intervention and the context, and act upon that understanding to avoid negative impacts and maximise positive impacts.¹⁰

Functioning

relates to a biopsychosocial model of disability, which is based on both the social and medical model of disability, and recognises that the interaction between a person's conditions, environmental factors, and personal factors will determine an individual's ability to perform.¹¹

Harm

is the result of the exploitation, violence, abuse and neglect of children. Harm can take many forms, including impacts on children's physical, emotional and behavioural development, their general health, their family and social relationships, their self-esteem, their educational attainment, and their aspirations.¹²

Impairment

is any loss or abnormality of a psychological, physiological or anatomical structure or function.¹³

Incidents reports

are relevant information about a child safeguarding concern that have been gathered and corroborated. These reports provide a detailed description of the events based on all available information gathered (including all interviewees, direct observations, and on-site activities, written documentation and other means) and indicate which child safeguarding provisions were breached, if any. It should be an overall assessment summarising the events, the action(s) taken, the main conclusions regarding the alleged violations and any recommendations for action.¹⁴

Informed consent

is the free and voluntary act of giving permission to participate, share information or have one's information shared. To fully consent, a child, and where applicable, their parents or legal guardian(s), have to clearly comprehend all the relevant facts, details of the information enquired, expectations of their involvement, their right to withdraw from participation whenever they choose, and their right not be coerced by circumstances or individuals (including parents or legal guardians).

Intersectionality

in this context, explains how multiple forms of discrimination – based on gender, race, ethnicity, sexuality, disability and class, etc. – overlap and interact with one another to shape how different individuals and groups experience discrimination.¹⁵

Language

includes spoken languages, signed and other forms of non-spoken languages.¹⁶

Mainstreaming

ensures issues are an integral part of relevant strategies of sustainable development.

Practitioner

for the purpose of these guidelines, refers to any person involved with the work of the organisation or any individual who interacts with or cares for children as a result of an organisation's work. This can include organisational leaders, project staff, communications staff, social workers, teachers, case workers, community mobilisers, advisors, volunteers, enumerators or in some cases, parents, caregivers, mentors, etc.

Prevalence

is a statistical concept referring to the number of cases present in a particular population at a given time.

Reasonable accommodation

means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.¹⁷

Sexual exploitation

means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.¹⁸

Sexual harassment

means any form of unwanted verbal, non-verbal, or physical conduct of a sexual nature with the purpose or effect of violating the dignity of a person, in particular when creating an intimidating, hostile, degrading, humiliating or offensive environment.¹⁹

Sexual violenceⁱ

is any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.²⁰

Survivor-centred approach

is an approach that seeks to empower the survivor by prioritising their rights, requirements and wishes and ensuring that survivors have access to appropriate, accessible and good quality services.²¹

Survivor-led

is an approach that acknowledges that survivors are more than their experience of sexual exploitation, abuse and harassment. Rather, they are experts able to inform and lead change.²² A survivor-led approach is a key aspect of an overarching survivor-centred approach, which seeks to meaningfully consider a survivor's preference when determining best interests of an individual in a particular circumstance.²³

ⁱ The CRC does not define "sexual violence", but includes "sexual abuse" in its definition of "violence" in Article 19 and specifically addresses protection from sexual exploitation and sexual abuse in Article 34

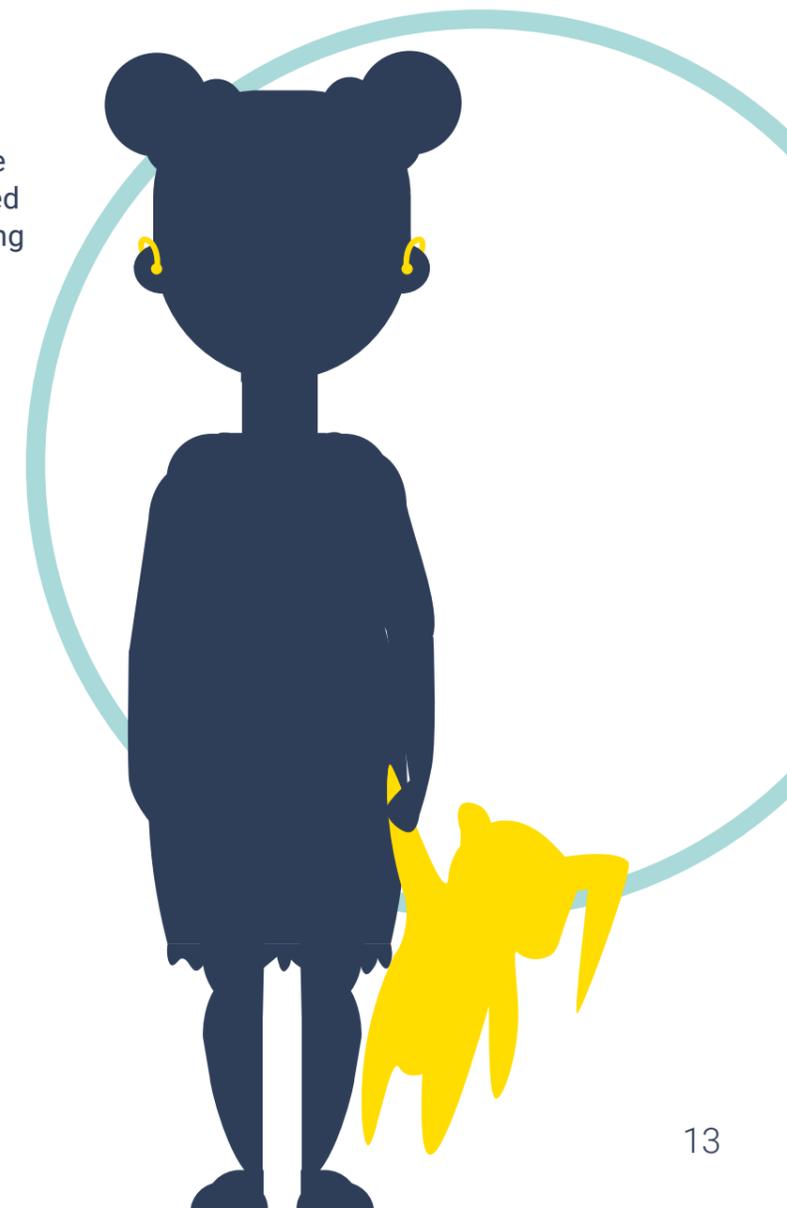
ⁱⁱ In Rwanda, youth is defined as a person between 16 and 30 which means when we describe 'youth' that have been consulted as part of the development of these guidelines individuals will be within this age range.

Universal design

is the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialised design. Universal design should not exclude assistive devices for particular groups of persons with disabilities where this is needed.²⁴

Youthⁱⁱ

is a period of transition from the dependence of childhood to adulthood's independence. For statistical purposes, the UN defines "youth" as the 15–24-year-old age group.²⁵



Abbreviations

CBR	Community-based rehabilitation	OPDs	Organisations of persons with disabilities
CHS	Core Humanitarian Standard	PPE	Personal protective equipment
DFID (now FCDO)	Department for International Development	PSG	Parent Support Group
EU	European Union	RECU	Reach, enter, circulate and use
FCDO (formerly known as DFID)	Foreign, Commonwealth & Development Office	SEAH	Sexual exploitation, abuse and harassment
GDPR	General Data Protection Regulation	SDGs	Sustainable Development Goals
IASC	Inter-Agency Standing Committee	UN	United Nations
I/NGO	International or national non-governmental organisation	UN Women	The United Nations Entity for Gender Equality and the Empowerment of Women
MEAL	Monitoring, evaluation, accountability and learning	UNCRC	United Nations Convention on the Rights of the Child
OHCHR	United Nations Office of the High Commissioner for Human Rights	UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
		UNESCO	United Nations Educational, Scientific and Cultural Organization
		WASH	Water, sanitation and hygiene
		WHO	World Health Organization



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1. An overview of the guidelines

Child safeguarding is a set of policies, procedures and practices which mitigate and manage risk to ensure no child is harmed in the course of delivering organisational programmes or activities, and for effectively reporting and responding if harm does occur.

Disability-inclusive child safeguarding means that this approach, as applied by organisations, is equally effective for keeping children with disabilities safe as it is in keeping children without disabilities safe.

In recent years, development and humanitarian actors have deepened their understanding of risk and have developed a more nuanced understanding of how to protect the people they work with. The result has been a renewed effort to improve and strengthen child safeguarding approaches.

At the same time, the inclusion and empowerment of children, youth and adults with disabilities is now widely accepted as best practice for mainstream programming. This is based on a recognition that these groups are some of the most disadvantaged and that a disability-inclusive society is a benefit to all.²⁶

However, an increase in disability mainstreaming poses additional risks for children with disabilities who are being included in programmes that do not effectively safeguard them, which is likely to cause them harm.

As such, there is a need to address shortfalls in many organisations' ability to safeguard children with disabilities and to design effective disability-inclusive child safeguarding practices that address the specific risks and barriers children with disabilities experience.

These guidelines, developed by Able Child Africa and Save the Children International, seek to address this gap and provide practical advice for organisations and practitioners to ensure all children are safeguarded.

1.1 Who the guidelines are for

These guidelines are for international development and humanitarian actors working with children, or representatives of organisations of persons with disabilities (OPDs) working in development and humanitarian contexts.

The guidelines are written to ensure relevance for disability-focused organisations and the disability movement, who may have strong systems for disability inclusion but are in the inception phase or improving their child safeguarding systems. They also have relevance for child rights organisations or development and humanitarian actors who may already have robust child safeguarding systems but are only beginning to mainstream disability in their work.

The guidelines can be used by staff involved in organisational and programme-level planning, including senior leadership, mid-level managers, or individuals whose roles are specific to child safeguarding such as safeguarding managers, advisers and leaders.

They are also intended for frontline staff active in the project cycle, including project coordinators, consultants and volunteers.

Therefore, the guidelines are relevant to all readers, but some chapters will be particularly relevant for certain roles.

1.2 What the guidelines include

These guidelines aim to provide practical guidance on how to ensure that work carried out by organisations is safe for children with disabilities.

They are not intended to replace broader child safeguarding guidelines or existing organisational safeguarding procedures. Instead, they aim to complement existing thinking and provide tangible recommendations for disability-inclusive child safeguarding that can be integrated into existing systems or serve as guidance for setting up inclusive systems from the start.ⁱⁱⁱ

The guidelines are not intended as specialist advice to be used only by disability experts. Instead, they are intended to contribute to the wider conversations on improving child safeguarding systems and practices and to offer practical solutions for safe programme implementation.

These guidelines also recognise that disability-inclusive child safeguarding will benefit **all** children as they take into consideration individual requirements and abilities.

Chapter 1 of the guidelines sets the scene, presents the rationale behind the guidelines and introduces the topic. **Chapters 2 and 3** provide the reader with

an understanding of these guidelines' two main concepts, disability inclusion and child safeguarding. **Chapter 4** outlines the reasons why children with disabilities need specific attention when it comes to child safeguarding, rather than only being safeguarded through usual practices.

Chapters 5 to 9 of the guidelines move beyond theory and concepts and introduce practical implications and recommendations. **Chapter 5** specifically focuses on building disability-inclusive child safeguarding into an organisation's culture and systems and provides key advice and recommendations on how to do this.

Chapters 6 to 9 cover the four of the five key stages of the child safeguarding cycle: empowerment, prevention, reporting and responding. They provide detailed advice on good practice and practical recommendations for actions at each of these stages.

1.3 The process of developing the guidelines

Able Child Africa and Save the Children International developed these guidelines using a consultative, inclusive and participatory methodology. The guidelines reflect the input of more than 57 individuals, including children and youth with disabilities, alongside practitioners from safeguarding, child-protection, disability and development sectors.

The principal consideration when developing these guidelines was ensuring that they directly reflect the voice and experiences of children with disabilities. Considering this, Able Child Africa, Save the Children International and Rwanda and Uwezo Youth Empowerment started this process by conducting a series of participatory workshops with 15 children

ⁱⁱⁱ For a review of existing safeguarding standards used by the international development community and how they include children with disabilities please see [Appendix 1](#)

with disabilities (9 females and 6 males, aged 9 to 17) and 21 youth with disabilities (11 females and 10 males, aged 18 to 30) in Rwanda. These consultations included children and youth with physical, visual, hearing, neurological, intellectual and multiple disabilities and individuals with albinism. Children were accompanied by a parent or caregiver, who provided additional input. These consultations collected feedback on current gaps in child safeguarding for children with disabilities and their preferences on how to make systems more disability inclusive.

An early sector-wide call for evidence was conducted, and a total of 11 submissions were received from a range of development actors, including OPDS, INGOs and UN Agencies. Following this, a Technical

Reference Group was set up consisting of 21 members from OPDs, NGOs and INGOs, with members contributing written feedback to draft copies of the guidelines, in addition to providing input during a roundtable discussion in December 2020. The Technical Reference Group was selected based on practical experience of working with children with disabilities and represented a range of focuses, including humanitarian actors and child-focused, disability-focused and mainstream development organisations. All contributors are listed on the acknowledgements page.

Due to limitations resulting from the COVID-19 pandemic, the testing phase of the guidelines has been delayed. It was initially intended that testing would be

conducted in 2020, with results feeding into Version 1 of these guidelines. Able Child Africa and Save the Children International still intend to test the guidelines along with members from the Technical Reference Group, in addition to children and youth with disabilities. Testing with the Technical Reference Group will be completed via an online survey, through written feedback, and additional remote consultations. Further consultations will also take place with children and youth with disabilities through participatory workshops to ensure their input also feeds into the updated version.

1.4 Framing the guidelines

Several assumptions frame the way these guidelines have been approached.

Embedded in a rights-based approach

These guidelines are fundamentally about realising the rights of children with disabilities. These guidelines approach child safeguarding, and how it applies to children with disabilities, through a human rights perspective and are guided by the **UN Convention on the Rights of the Child (UNCRC)**, and the **UN Convention on the Rights of Persons with Disabilities (UNCRPD)**. Applying a human rights lens means that the approaches outlined in these guidelines are primarily informed by compliance with international human rights law instead of donor standards, contractual obligations or the associated risks for organisations. In practice, this means that the barriers children with disabilities face, the realities of their experiences and, crucially, their self-autonomy drive considerations of best practice for disability-inclusive child safeguarding.

A catalyst for further work

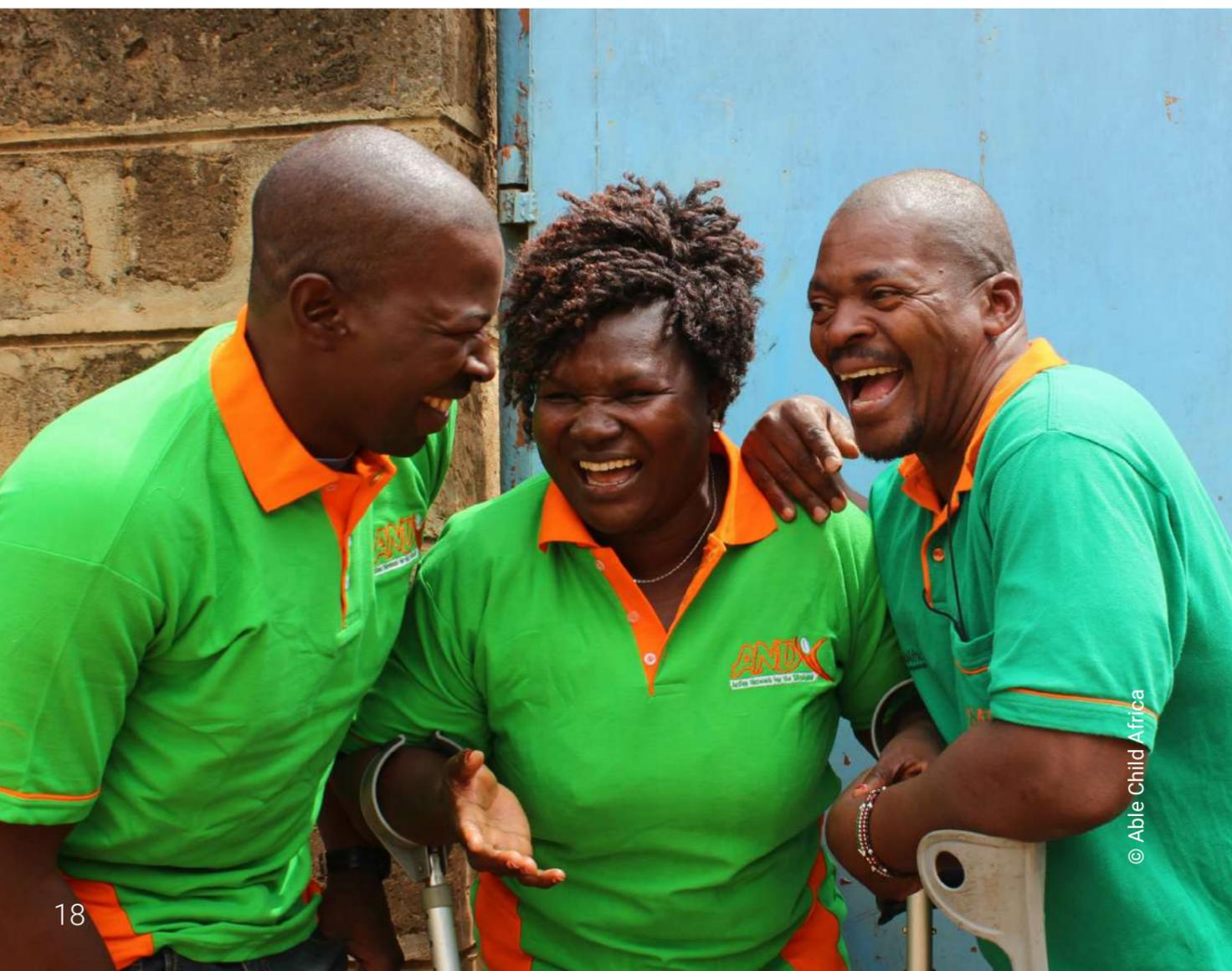
These guidelines are not intended to provide a definitive assessment of what constitutes best practice for safeguarding children with disabilities. As the international community has only just begun to ask how child safeguarding applies to disability-inclusive development, there is undoubtedly a wealth of untapped knowledge and experience alongside a need for continued learning in this area. This will be supported mainly by the increasingly prominent role that representative organisations of persons with disabilities (OPDs) are playing as lead development and humanitarian actors. These guidelines encourage comment or feedback and are intended to be a catalyst for deeper conversations and deliberation in the area of disability-inclusive child safeguarding.

An incentive not a deterrent

These guidelines are practical as opposed to theoretical and recognise the constraints organisations experience. This is particularly important for OPDs, which are often small and medium-sized organisations with limited capacity to adopt robust policies and procedures. The approaches outlined provide a set of reasonable, low-cost, low-tech approaches to encourage organisations to work with children with disabilities. Safeguarding children with disabilities requires organisations to try new approaches, openly discuss failings and learn from their experiences and these guidelines are intended to assist organisations on this journey.

A contribution to overall child safeguarding strengthening

Finally, although these guidelines focus on children with disabilities, they are not



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intended as specialist advice to be used by disability experts only. The approaches outlined are primarily about treating children as individuals and recognising their unique safeguarding requirements. If child safeguarding approaches are inclusive for children with disabilities, they are more likely to be inclusive for children without disabilities.

1.5 How to use the guidelines

The guidelines are intended to be used as a reference document that individuals can use as and when required. We do not expect individuals to read the whole document but instead, refer to different chapters when specific information is required.

These guidelines are designed so users can find the information they need quickly when reading electronically. For example:

- Each title on the contents page contains a clickable link that will take the reader to the section they need.
- On each page, a home button will take the reader back to the contents page or to the start of the chapter.
- The start of each chapter outlines what is covered and who the target audience is.

There are several practical tools throughout the document. These can be pulled out and used by practitioners. A list of all the tools can be found on the contents page.

Five of these tools are organisational and practitioner checklists ([see Appendix 4](#)). These have been designed as tools to be used alongside the guidelines to support the adoption of disability-inclusive child

safeguarding and should not be used in isolation or as a checkbox exercise.

The reader may find that there are slight repetitions of information and approaches between chapters. This is because it is important to highlight that similar approaches can address problems or risks at each stage of the child safeguarding cycle.

When reading these guidelines, please remember:

- Although the focus of these guidelines is on children, many of the recommendations and good practice apply equally to adults.
- Children with disabilities are first and foremost children with individual personalities, preferences and requirements to which organisations will need to respond for safe programme implementation.
- These guidelines focus on children with disabilities in general but also refer to and provide recommendations for specific types of disabilities, including psychosocial disabilities.
- Recommended adaptations relating to a specific type of disability should be read as suggestions and not seen as the only possible adaptations.
- Children with disabilities are not a homogenous group, and neither are children who share the same type of disability. Children can have the same diagnosis, impairment or limited function and still require widely different adaptations and accommodations.
- Since many disabilities will go undetected, all organisations should assume that there are children with disabilities in their programmes, even if undisclosed or unobserved.

2. Understanding Disability

Who?

- Practitioners new to disability and inclusion
- Senior leadership members who want to improve disability inclusion

What?

- Defines disability
- Explains the main types of disability models
- Explains the five core principles of disability-inclusive programming

2.1 What is disability?

When talking about children with disabilities, we first need to understand what we mean by disability. The **UN Convention on the Rights of Persons with Disabilities (UNCPRD)** describes persons with disabilities as “those who have long-term physical, mental, intellectual, or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others”.²⁷

When breaking this definition down, we need to understand both what an **impairment** is and what **barriers** are in order to understand disability.

Impairment types

According to the World Health Organization, impairments are “problems in body function and structure such as significant deviation or loss”.²⁸ In this way, impairments are understood as an attribute of the individual. Impairments can be long-term or short-term, and are preferably diagnosed by skilled professionals. Impairments are often categorised into physical, intellectual, psychosocial, sensory and neurological, and each category often includes a broad range of conditions or diagnosis.

Intellectual impairments are those where a person may require more time and support to understand information, to learn or to communicate. Some conditions which may mean that a person has an intellectual disability are Down syndrome or Autism Spectrum Disorder.

Neurological impairments are those affecting the spinal cord and brain functions and include, but are not limited to, spinal cord injury, spina bifida, hydrocephalus and cerebral palsy.

Physical impairments include, but are not limited to, missing or deformation of limb or bodily structure, short stature, speech impediment and restricted mobility of the physical body.

Psychosocial impairments are those linked to mental health, cognitive conditions or disturbance in behaviour that are perceived as socially unacceptable. They include but are not limited to people who have received a mental health-related diagnosis or who self-identify as having a psychosocial disability due to high levels of distress, for instance.

Sensory impairments are those affecting people's senses. They include visual impairments, blind, partially sighted, low vision, hearing impairments, D/deaf, mild, moderate or profound hearing loss or hard of hearing, deafblind, and hypersensitivity.

Remember

Legal categorisation and grouping of impairments vary from country to country. Organisations will need to agree on a common understanding of types of disabilities when working with international partners to streamline the way children with disabilities are identified and safeguarded.

Barriers to inclusion

Barriers are the things that hinder a person with an impairment from participating in society on an equal basis with others and has nothing to do with a person's body or function. Barriers are also categorised, most commonly into **attitudinal, environmental, institutional, communication and financial**.

Attitudinal barriers are negative beliefs, stereotypes or perceptions about a person with disabilities, usually from society or culture. These attitudes create prejudice, discrimination and harm toward persons with disabilities and prevent the realisation of their human rights. Examples include a belief that children with disabilities do not have the same right to be free from harm as their peers.

Environmental barriers include physical obstacles in the natural and physical environment. Examples include steps leading into a health centre, a steep hill

leading to a school, a bus without a drop-down platform or a toilet without railings to hold on to.

Communication barriers are those arising when a person's preferred way of communicating, sharing and understanding information does not match how information is normally delivered. Examples include websites with images that do not include alternative text (alt-text), the information in only one format (visual or auditory), or when a person is given information and not supported to understand the context or have the opportunity to ask questions.

Institutional barriers are restrictions established through policy, legislation and formal structures. Examples include legislation that prohibits equality before the law; right to education, leisure and sport; and policies that do not subsidise the cost of assistive devices, personal assistance or rehabilitation.

Financial barriers are the extra costs that a person with disabilities has to cover in order to participate in day-to-day life. Examples include medicines or assistive devices, services such as rehabilitation or sign language interpretation, and support personnel such as a carer, guide or education aide.

The social model of disability: a human rights-based approach

The social model of disability understands that an individual's disability results from societal barriers to their inclusion, such as inaccessible buildings, non-supportive legislation or discriminatory attitudes. These barriers are often interlinked and reinforce each other. The social model recognises that impairments can cause real challenges but suggests they are not the critical disabling factor.



Figure 1: Illustration presenting disability being caused by environmental, institutional and attitudinal barriers

The social model differs from the medical model of disability, which considers an individual's impairment as the most important cause of an individual's inability to participate fully in society. It also differs from the charity model of disability, which depicts persons with disabilities as victims in need of 'help'.

In practice, the social model calls for the removal of barriers as experienced by each individual child. It includes working with children with disabilities to look for ways in which a child's social environment (physical and otherwise) can be improved or modified to ensure full enjoyment of equal rights and freedoms. It does not focus on medical solutions aimed to 'fix' the child other than to support the child to access their right to the highest attainable standard of health.

Applying the social model of disability does not require in-depth knowledge about different impairments but rather calls for an understanding of the types of barriers persons with disabilities face, how they experience them and how to remove them. This is done by putting in place **enablers** where the barriers used to be. This can be done by anyone and with any limitation to resources as it is often about attitudes and creative solutions.

The social model of disability is closely linked to the human rights-based model which, in addition to removal of barriers, acknowledges that persons with disabilities will require a range of disability-related support to enjoy their rights on an equal basis with others. A rights-based model also focuses on the agency of persons with disabilities, recognising them as active decision makers in matters that affect them.

Charity model

Attitude / focus

"She cannot do anything herself!"

Solution

"We should help her and do things for her."



Medical model

Attitude / focus

"Her impairment is the problem!"

Solution

"We should cure her."

Social model

Attitude / focus

"Society is the problem!"

Solution

"We should break down barriers and challenge stereotypes."

Rights-based model

Attitude / focus

"Society and Ableism is the problem."

Solution

"She has agency and should be supported to demand equal participation."

Figure 2: Illustration presenting the differences between the models of disability.

2.2 Disability inclusion principles

There are three core principles to inclusive programming that are essential to understand how to implement effective safeguarding for children with disabilities:

Participation and agency

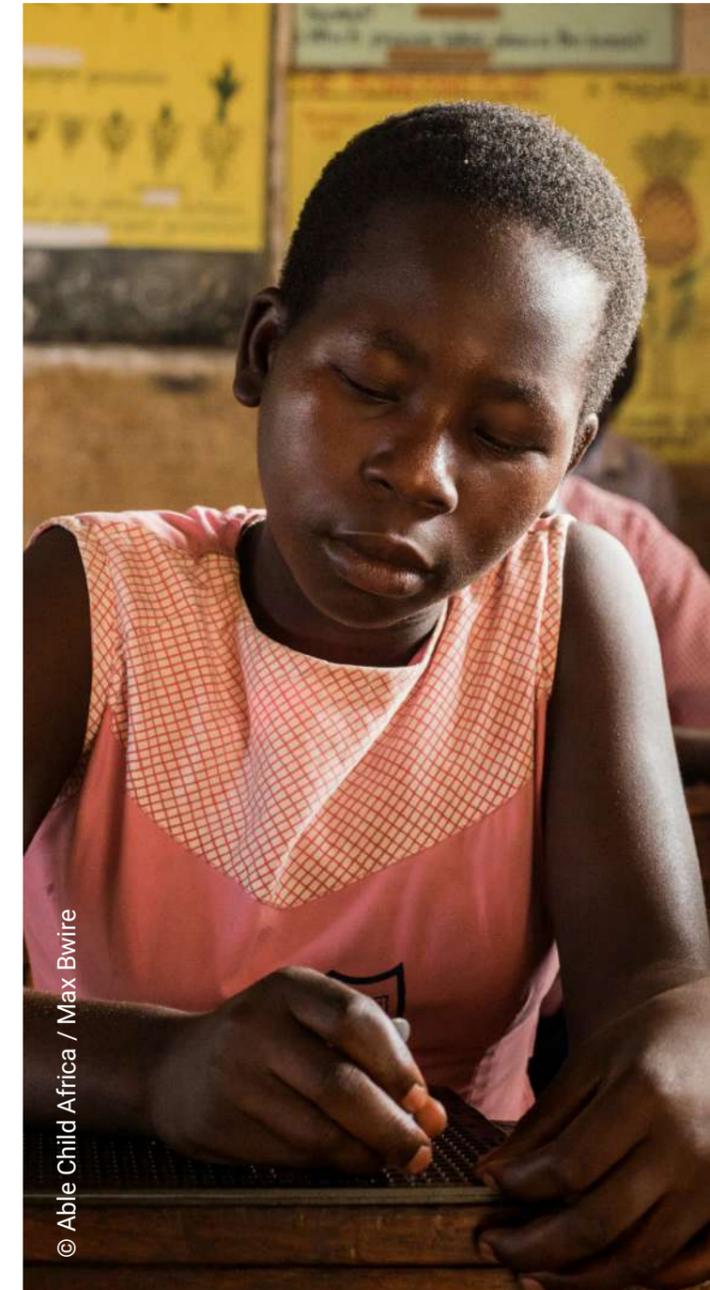
Adults and children with disabilities themselves are the real experts on disability inclusion. Persons without disabilities should not guess or assume things about the daily experience of any adult or child with disabilities or make decisions on their behalf.

This means that everyone has a responsibility to create the space and opportunity for adults and children with disabilities themselves to describe barriers they experience, determine the support they require and demand change to ensure the full realisation of their rights.

The Disability Rights Movement demands **"Nothing about Us, without Us"**²⁹ which calls for adults and children with disabilities' effective leadership and involvement in all things that concern them. This is true also when it comes to disability-inclusive child safeguarding systems.

Twin-track approach

To ensure the inclusion of all persons with disabilities, we need to take a twin-track approach. The first is to make sure disability inclusion is incorporated into any programme or activity so that persons with disabilities can benefit. The second is with targeted programmes and activities specifically designed to empower,



support and benefit persons with disabilities. This approach often directly responds to the fact that persons with disabilities have been the subject of long-term systematic disadvantage, discrimination and exclusion and attempts to reverse its effects.

Equity as a means to equality

Disability-inclusive programming should seek to ensure that all adults and children with disabilities are able to enjoy their rights and fundamental freedoms on an **equal basis** with those without disabilities. To do this, the focus should be on equivalent experience and quality as opposed to simply considering access.

Equity recognises that adults and children with disabilities may require **different or**

additional support and services not only to gain access, but to fully enjoy their equal rights and freedom. Equality cannot be reached if equity is not considered as the means to achieve this.

For example, in education, **equality** is about consistency, and treating everybody the same. **Equity, on the other hand** would take into consideration the learning style of each individual learner.

2.3 Enablers for disability inclusion

In all delivery involving the implementation of disability-inclusive child safeguarding, the focus should be on removing barriers and replacing them with enablers to ensure equal access and participation.

Some key strategies to remove barriers and apply enablers are: **Universal Design, Accessibility, Reasonable Accommodation** and **Legal Capacity**, which are all central concepts in the UNCRPD and crucial to delivering safer, more disability-inclusive programmes that protect children with disabilities.³⁰

Universal design means the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialised design. Universal design shall not exclude assistive devices for particular groups of persons with disabilities where this is needed.³¹ **Universal design is governed by agreed international building and design standards and is something that is designed to be used by all from the beginning.**

- It can include:**
- A phone application that has accessibility features built-in in a way that is compatible with all smartphones.
 - Water access points designed and built with levelled entrances without thresholds and taps built at hip height so that children, persons of short stature or those using a wheelchair can all use them.

- A classroom lesson plan that from the offset considers presenting information in different ways, and provides students with options for how they engage in their learning, so that children with disabilities can participate in the way that works best for them.

Accessibility means taking the appropriate measures to ensure access, on an equal basis with others, to the physical environment, transportation, information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public³². Accessibility takes into consideration the removal of barriers for everyone and is something that should be ensured across society by various actors and especially throughout the project cycle.

- It can include:**
- Booking sign language interpreters or speech-to-text interpreters to join a community event, and/or booking conference rooms with a hearing loop. 
 - Booking an accessible venue for a child consultation focus group discussion that does not have steps, thresholds, steep slopes and high noise levels or platforms without railings. 
 - Printing materials in regular print, large print, braille and easy-to-read formats ahead of a conference for those who require it. 

Reasonable accommodation is the necessary and appropriate modification or adjustment not imposing a disproportionate or undue burden, where needed in a particular case, to ensure for persons with disabilities the enjoyment

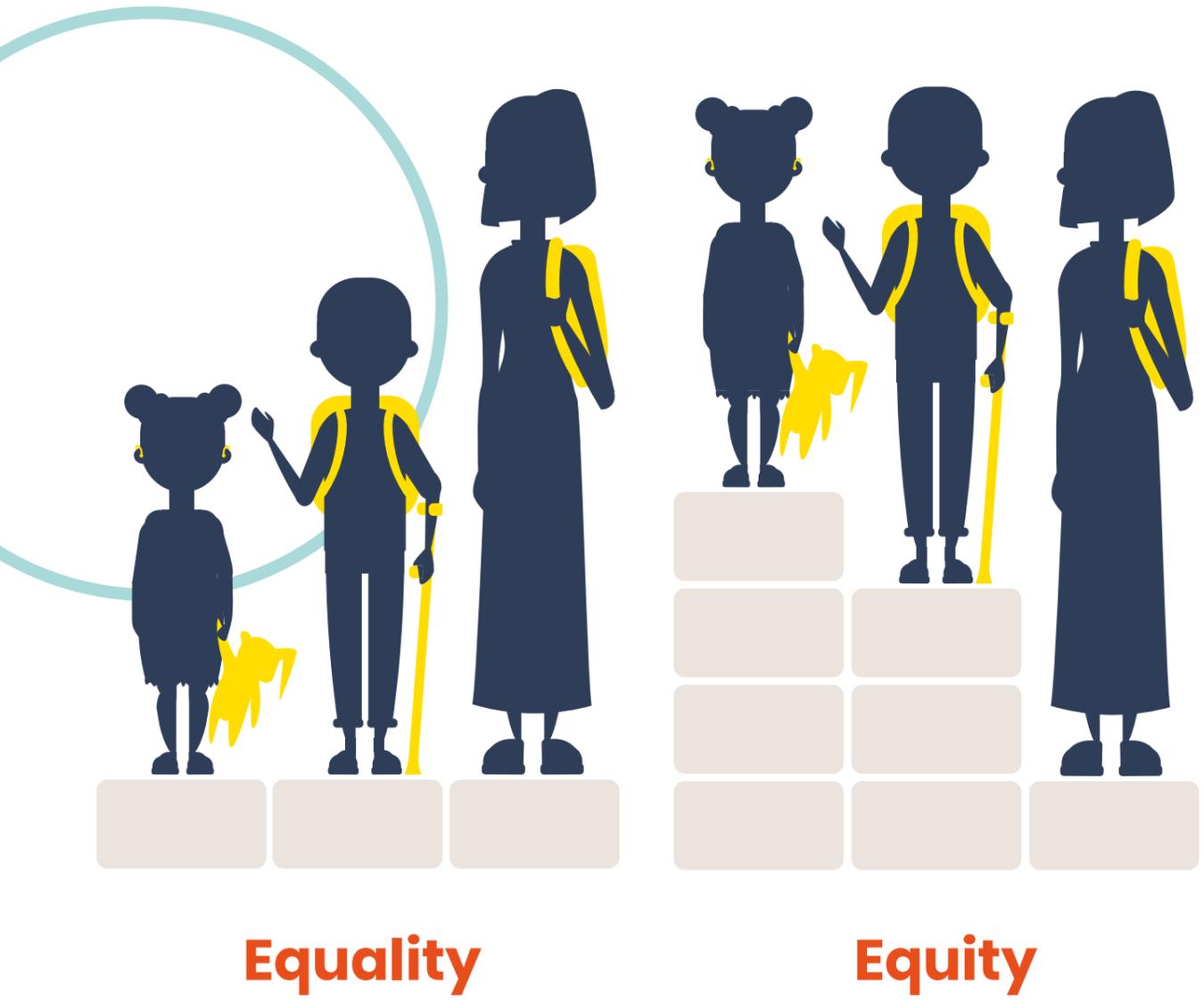
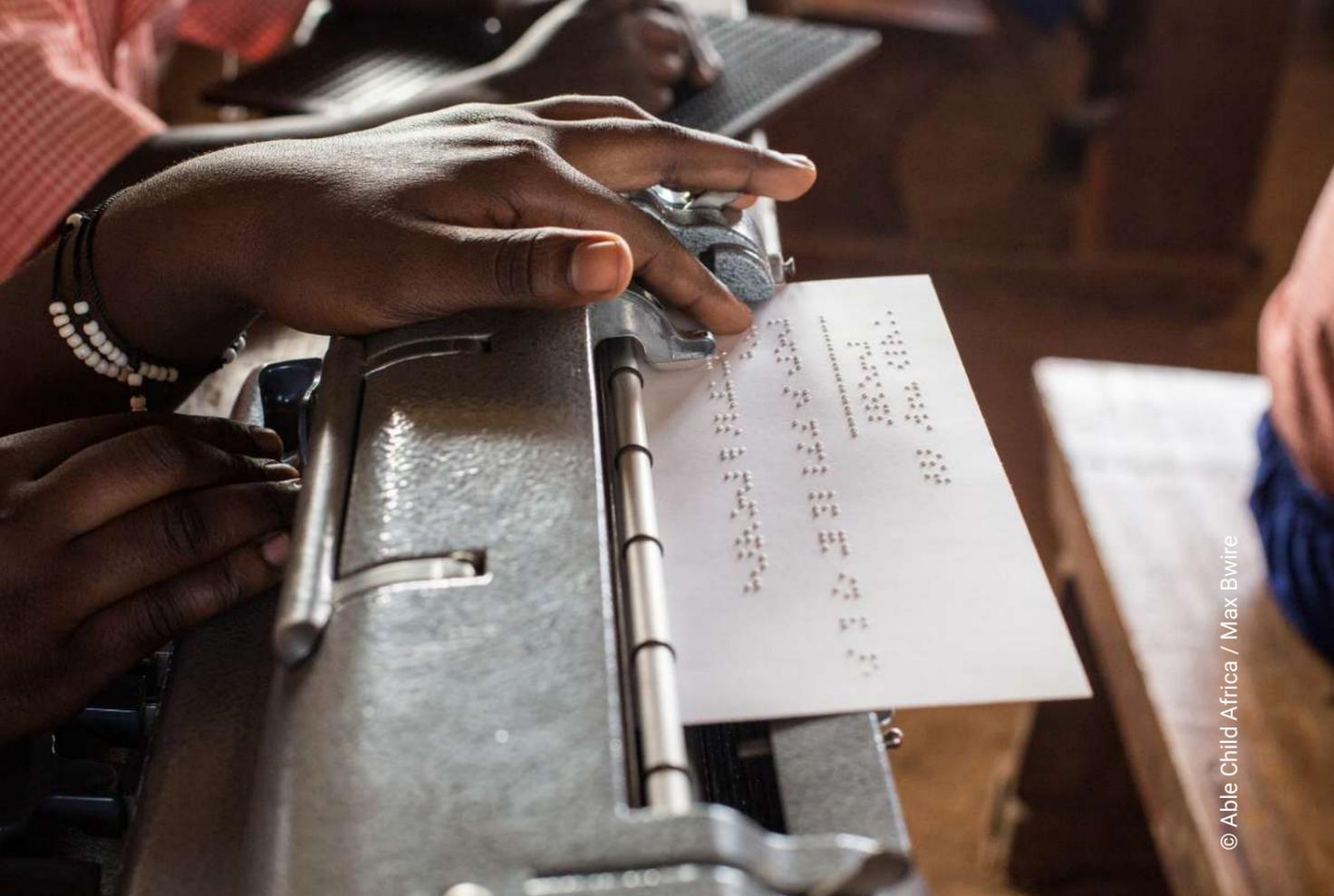


Figure 3: Illustrative example of the difference between equality and equity.



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or exercise on an equal basis with others of all human rights and fundamental freedoms.³³ Reasonable accommodation is thus a modification or adjustment provided on a case-by-case basis once a person's requirements are identified and not ingrained in the system from the outset like Universal Design or Accessibility.

It can include:

- Provision of an accessible vehicle or additional transport costs to make sure everyone can join a meeting.
- Permission to take short and frequent breaks during a conference to avoid individuals becoming fatigued.
- Paying for a sign or tactile sign language interpreter, guide or personal assistant.



Legal capacity – Article 12 of the UNCRPD on equal recognition before the law establishes that all persons with disabilities, including children, have the right to legal person and legal capacity simply by virtue of being human beings.³⁴ Legal capacity is the ability to hold rights and duties (legal standing) and to exercise those rights and duties (legal agency).³⁵

Legal capacity is different from mental capacity, which refers to the decision-making skills of a person, which vary from one person to another and may be different for a given person depending on many factors, including environmental and social.

This means that an adult or child with disabilities' perceived or actual mental capacity must not be used as justification for denying legal capacity (legal standing

or legal agency) and is not a reason to take away a person's right to make their own decisions. Instead, every person, including persons with disabilities should have as much support as they require to use their right to legal capacity.

This can include:

- Accepting supported or substituted decision-making alternatives for persons who require assistance in making decisions or communicating decisions to others.

- Facilitating additional time to allow persons more time to understand the process and make decisions.
- Provision of key information in easy-to-read, large font and braille formats, suited to individual requirements, or the provision of communications support such as sign or tactile sign language interpreters and speech-to-text interpreters.

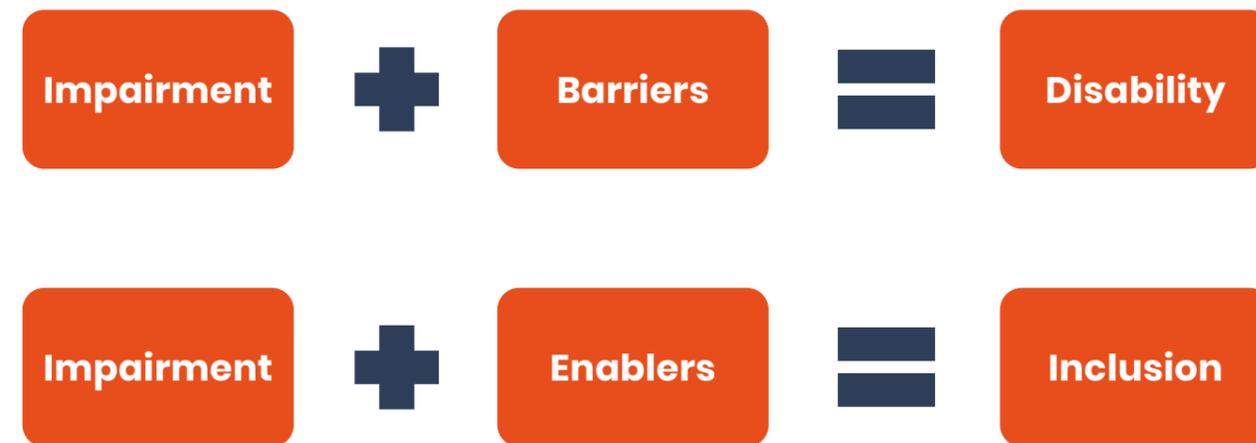


Figure 4: Illustration of the difference between disability and inclusion.

These guidelines recognise that the full inclusion of children with disabilities in child safeguarding practice is only achieved by considering how society and individuals react to a child's impairment and understanding how barriers may put them at further risk. These guidelines will help organisations break down these barriers during child safeguarding practice and safeguard children with disabilities better.

3. Understanding child safeguarding

Who?

- All readers
- Practitioners new to child safeguarding
- Disability experts
- Senior leadership members who want to improve child safeguarding

What?

- Defines child safeguarding
- Explains the standards and principles of child safeguarding
- Explains how child safeguarding differs from child protection

All organisations working with children are responsible for ensuring that their programmes are safe for children and that children are protected from harm while in their care. This includes children with disabilities.

Children who come into contact with the organisation or are impacted by its activities must be safeguarded from intentional and unintentional actions or failings that place them at risk of or actually result in physical abuse, emotional abuse, neglect, exploitation, sexual exploitation, sexual abuse and sexual harassment and any other harm. This includes organisational programmes, humanitarian responses, communications and campaigns.

Safe programming and high-quality programming are closely intertwined. Safe programming can improve quality, and high-quality programmes can improve safety. In the long term, a programme that does not prioritise children's safety and well-being is unlikely to be effective and should not be implemented.

3.1 Child Safeguarding and child protection

Child safeguarding and child protection are closely interlinked, and although various organisations define them in different ways, they are not the same.^{iv}

For these guidelines, which only focus on child safeguarding, a clear distinction between these two concepts has been made. The main difference between child protection and child safeguarding is that child protection is what keeps the world safe for children and child safeguarding is about keeping an organisation, its staff and activities, safe for children.

For the purpose of these guidelines, **Child protection** means the measures and structures that exist in communities, services and institutions to prevent and respond to abuse, neglect, exploitation and violence affecting children on a global scale and in every country, culture and society.

And for the purpose of these guidelines, **Child safeguarding** means the set of policies, procedures and practices that mitigate and manage risk to ensure no child is harmed in the course of delivering organisational programmes or activities, and for effectively reporting and responding if harm does occur. It includes practices that protect children from deliberate or unintentional harm and reduce the risk of or actual harm that may result from organisational activities or the behaviours of its staff, partners, volunteers and others who work for or represent the organisation. Child safeguarding focuses on the protection from child abuse and other risk factors, introduced through an organisation's programming.

Making this clear distinction ensures that organisations can identify, respond to and mitigate **the harm they do**, as opposed to focusing on broader child protection considerations. For adults and children with disabilities, this is critical as much of the harm inflicted on them by organisations is persistently and systematically overlooked.



Child safeguarding systems are an organisation's methodology for making actionable child safeguarding policies, procedures, and practices to promote safe organisational operations and programming for children.

And child protection systems are the collection of interlinking elements or components in society (at family, community, subnational and national levels) that are organised around the common goal of preventing, responding to and mitigating the effects of violence, abuse, neglect and exploitation of children.

Some examples of where these two systems meet include:

- Designing a hybrid reporting mechanism that exists in communities for reporting child protection incidents that is also used for reporting child safeguarding concerns linked to an organisation's work.
- Delivering child safeguarding awareness training that is applicable within global, national and community-level child protection legislative frameworks, and including local child protection officials in training.
- Referring a child who has reported a child safeguarding concern to victim support services within the community.

In line with the do no harm principle, organisations should also ensure that their child safeguarding systems do not undermine local child protection.³⁶ Similarly, if local child protection systems are not robust or child-rights focused it is important they do not undermine an organisations' own child safeguarding system. Ideally, organisations should aim to strengthen local child protection systems where possible but also learn

^{iv} Please see [Appendix 2](#) which provides and outline of how key organisations differentiate between child protection and child safeguarding.

from them when they prove to be effective. **Here are two examples of how child protection and child safeguarding can impact each other:**

- Social workers can strengthen an organisation's child safeguarding system by sharing information and conducting training on an alternative communication tool they have used successfully for interviewing children with disabilities who are non-verbal.
- In some countries, a child reporting sexual abuse could be charged with a crime, targeted, attacked or put at risk of an honour killing. Organisations **must** therefore manage the child safeguarding concern independently to not cause further harm to the child.

Formal and informal child protection systems will vary in the extent to which child rights and disability rights are embedded, and in some cases, informal community-based systems, which are less visible, will work better for children with disabilities.

3.2 Child safeguarding standards

There have been a number of standards developed for child safeguarding including:

- Keeping Children Safe's 2002 Child Safeguarding Standards
- Keeping Children Safe's 2014 Understanding Child Safeguarding: A facilitator's guide
- The UK Government Safeguarding Guidelines for Disabled Children
- The UNICEF 2018 Child Safeguarding Toolkit for Business
- The Alliance for Child Protection in Humanitarian Action's 2019 Minimum Standards for Child Protection in Humanitarian Action (CPMS)

Appendix 1 details the different existing standards, their purpose and their limitations in regard to providing practical guidance relating to children with disabilities.

These guidelines are anchored in the safeguarding benchmarks outlined in the Core Humanitarian Standard (CHS) on Quality and Accountability.³⁷

The CHS results from an extensive consultation involving several bilateral development agencies alongside large global organisations, including Save the Children. Although primarily intended for the humanitarian sector, any organisation, such as development actors or rights-based organisations, can use the CHS. The CHS has been recognised as a key tool to improve safeguarding practice by a number of UN agencies, donors and NGOs at the World Humanitarian Summit in 2016.³⁸

The CHS outline nine standards that organisations can use to improve delivery quality and effectiveness. CHS 3 and 5 directly relate to safeguarding.

CHS 3: Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action.

CHS 3 states that organisations must:

- Identify and act upon potential or actual unintended negative effects in a timely and systematic manner, including in the areas of:
 - a. people's safety, security, dignity and rights
 - b. sexual exploitation and abuse by staff

CHS 3 makes clear that organisations must ensure:

- Policies, strategies and guidance are designed to:
 - a. prevent programmes having any negative effects, such as, for example, exploitation, abuse or discrimination by staff against communities and people affected by crisis;
 - b. strengthen local capacities
- Systems are in place to safeguard any personal information collected from communities and people affected by crisis that could put them at risk.

CHS 5: Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.

CHS 5 states that organisations must ensure:

- An organisational culture in which complaints are taken seriously and acted upon according to defined policies and processes has been established.
- Communities and people affected by crisis are fully aware of the expected behaviour of humanitarian staff, including organisational commitments made on the prevention of sexual exploitation and abuse.
- Complaints that do not fall within the scope of the organisation are referred to a relevant party in a manner consistent with good practice.

3.3 The child safeguarding cycle

Organisations often structure their child safeguarding work into a safeguarding cycle. This cycle is the same for safeguarding children with and without disabilities; the main difference being that organisations need to ensure the accessibility of each stage of the cycle for children with disabilities.

5 There are five stages of a child safeguarding cycle, which are:

1. Empower

- Ensure all staff, partners, volunteers, and organisation representatives are aware of what is meant by child abuse, including sexual exploitation and harassment. Ensure they know the policies, Codes of Conduct and procedures they must adhere to for the safeguarding of children.
- Ensure children and their families are aware of their rights and the standards of behaviour they can expect from staff or representatives.
- Ensure children and their families understand how they can raise a concern.
- Ensure there is a general level of awareness in the community of the child safeguarding cycle and how to report.
- Co-develop awareness materials with children and communities for maximum effectiveness.

2. Prevent

- Ensure recruitment processes have background checks in place and include questions on child safeguarding.

- Ensure that staff or representatives proactively identify, record and analyse potential risks to children during organisational activities.
- Create mitigation strategies based on identified risks and continuously monitor and adjust preventative practices based on feedback from children, communities and accountability mechanisms.
- Work with implementers to ensure integration of safeguards within programmes and activities ensuring that safeguarding awareness-raising, policies and procedures are referred to throughout.
- Provide staff and organisation representatives with specialist training to ensure that they can recognise and mitigate child abuse risk.
- Ensure that policies and procedures are adhered to at all times (i.e. in/out of work and online).

3. Report

- Ensure all staff, organisation representatives, children, parents, caregivers and community members are clear what should be reported, making it clear that a breach of policy or the behavioural code of conduct is an incident that should be reported.
- Ensure all staff, organisation representatives, children, parents, caregivers and community members are clear when and how to report child safeguarding concerns and what will happen next.
- Co-develop multiple confidential reporting mechanisms with children and the community to ensure the mechanisms are appropriate, effective and child-friendly.

4. Respond

- Ensure that children are listened to, and action is taken to support, safeguard and protect children where safeguarding concerns arise due to the organisation's work.
- Seek prosecution of severe offenders in line with the relevant local legislation and where this does not cause further harm to the child.
- Ensure anonymity, to the extent possible, of the person who made the report is protected during the response.
- Ensure organisations have mapped local child protection services to know what/when authorities need to be engaged during referrals.
- Ensure procedures for responding to concerns are child-centred and mobilised swiftly to deliver survivor-care.
- Ensure staff and volunteers who are involved in responses are trained in receiving disclosures and allegations from children and communicate in a child-friendly and disability-inclusive manner while conducting investigations.
- Ensure responses are clearly documented for accountability.

5. Learn

- Ensure accountability systems are in place and that child safeguarding processes are monitored and reviewed for learning and improvement.
- Involve children and communities in any reviews, seeking their feedback and implementing changes based on it.
- Directly engage with organisations of persons with disabilities (OPDs) to help share information with parents and communities.

The child safeguarding cycle needs to be implemented at both an organisational and programmatic level.

Organisational level:

- Continuously assess and improve child safeguarding policies and procedures; build capacities across the organisation.
- Ensure accountability, buy-in, leadership and appropriate resourcing for child safeguarding across the organisation. (See chapter 5)

Programmatic level:

- Put policies and quality standards of child safeguarding in practice during delivery.
- Assess and respond to context-specific child safeguarding risks.
- Design projects within child safeguarding systems and empower and train project staff, stakeholders and communities in child safeguarding. (See chapter 6, chapter 7, chapter 8 and chapter 9)



Figure 5: Safeguarding cycle

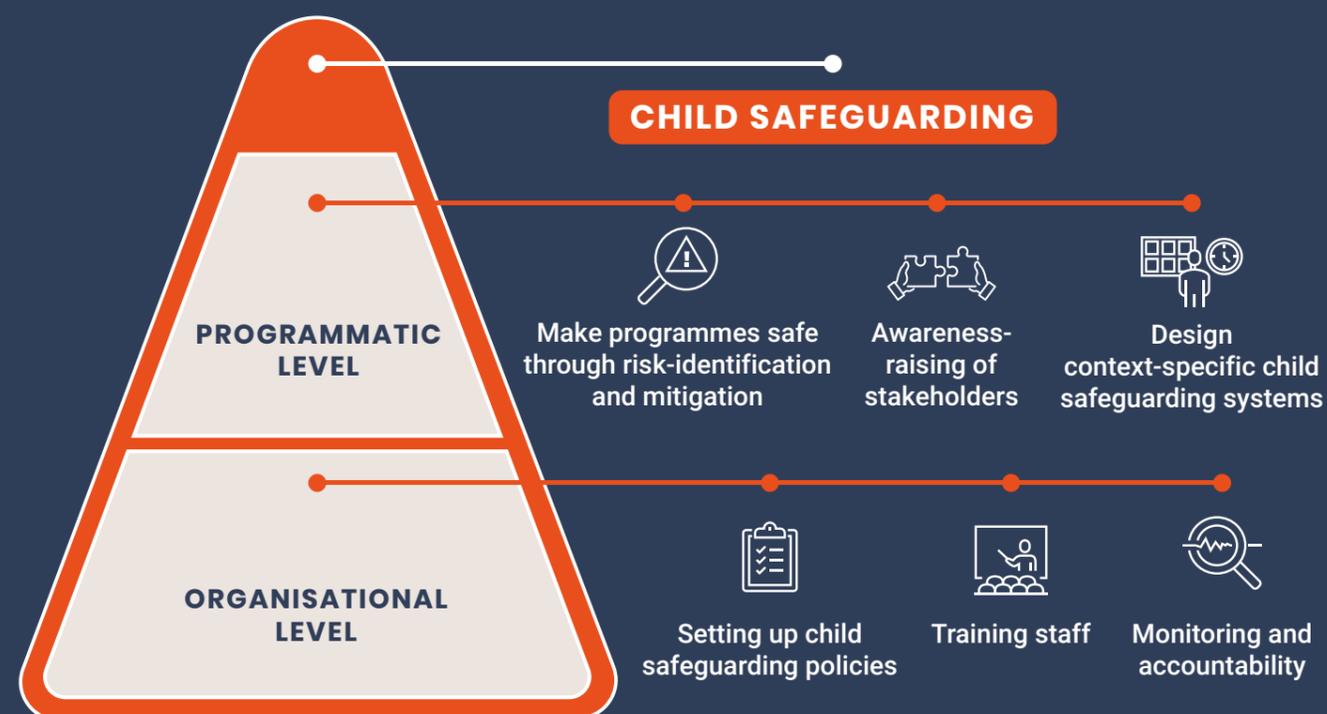


Figure 6: Organisation and programmatic levels of child safeguarding

3.4 Child safeguarding principles

These guidelines adopt the following general principles for child safeguarding:

- All children have equal rights, and **all** children should be safeguarded from harm.
- Everyone who works with or comes into contact with children has a responsibility to safeguard them.
- Organisations have a responsibility to protect all children from both intentional and unintentional harm.^{vii}
- All child safeguarding work should be undertaken with the best interest of the child as the deciding factor. This means understanding the specific implications of decisions and interventions for the individual child within their own context.³⁹
- All child safeguarding should adopt a survivor-centred approach, which means honestly communicating with, listening to and being led by survivors of abuse.⁴⁰
- All organisations should commit to the do no harm principle, which for child safeguarding means avoiding exposing children to additional risk or weakening existing routes to safety through delivery.⁴¹



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4. Why disability-inclusive child safeguarding?

Who?

- All readers
- Any staff (including volunteers) who engage with communities, families or other stakeholders or plan, facilitate, attend or evaluate activities where children are present

What?

- Why child safeguarding must be disability-inclusive
- Specific risks for children with disabilities
- Impact of ableism on organisations, people and society
- How generic child safeguarding systems fail children with disabilities

Disability-inclusive child safeguarding refers to child safeguarding systems that include children with disabilities by recognising and mitigating the specific and different risks they experience, encouraging and enabling reports of safeguarding concerns that involve them and responding to these concerns in a disability-inclusive way.

4.1 Specific risks of harm and abuse for children with disabilities

Among the world's one billion persons with disabilities, an estimated 93 to 150 million are children.⁴² Eighty percent of these children with disabilities live in low to middle-income countries.⁴³ Organisations working in development and humanitarian action are also most likely to work in these countries.

We know that children with disabilities are some of the most marginalised children in the world. Children with disabilities are systematically stigmatised, discriminated against and treated with less dignity

than children without disabilities, causing detrimental effects that can last into adulthood. The intersection of disability, gender, age, socio-economic status, religion and ethnicity often further marginalise children with disabilities.

Children with disabilities are often deprived of appropriate care, education, health care, play, recreation and participation in their communities, and are at much higher risk of violence, abuse, exploitation and infanticide.

Children with disabilities compared with children without disabilities are:

- More likely to live in **poverty**⁴⁴
- Three times more likely to be **underweight**⁴⁵
- Two times more likely to experience **stunting** and **wasting**⁴⁶
- Three to four times more likely to be **victims of violence**⁴⁷
- More likely to have a **mental health condition** or **psychosocial disability**⁴⁸

Children with disabilities are also less likely to be in systems that can offer safety or access to protection systems, such as in schools.



There is an increased risk of sexual exploitation, abuse and harassment (SEAH) for children with disabilities. For example:

- Children with intellectual disabilities are 4.6 times more likely to experience sexual violence than children without disabilities.⁴⁹

Girls with disabilities experience further risk with:

- Being four times more likely to be sexually assaulted.⁵⁰
- An estimated 40%–70% of girls with disabilities being sexually abused before they reach 18 years of age.⁵¹

The intersectionality of gender, age and disability puts girls with disabilities at greater risk of SEAH.

Girls with disabilities will experience discrimination and disadvantage on account of their disability, age and gender. As such, they are more likely to be discriminated against and discounted.

Girls with disabilities are also more susceptible to social exclusion and poverty. They are less likely to receive food in the home, are more likely to be excluded from education or employment and are less likely to receive health care or assistive devices. This increased vulnerability means they are more susceptible to sexual abuse and exploitation.

It will be important to identify and combat the compounding disadvantage girls with disabilities experience to safeguard them fully from sexual exploitation, abuse and harassment.

- 75% of children with disabilities **never attend school** in some countries.⁵²
- 20% of **out-of-school children** are children with disabilities.⁵³
- Children with disabilities are **17 times more likely** to be **institutionalised**.⁵⁴
- Once in institutions, children with disabilities become **disproportionately vulnerable to abuse**. Children in institutions are at a greater risk of all forms of abuse than those raised in families, and children with disabilities are **one hundred times more likely to die in an institution** compared with other residents.^{55,56}
- Specialist child protection, gender-based violence and mental health and psychosocial support services **may not be tailored to the requirements of children with disabilities**.

Often, the underlying reason why children with disabilities are at higher risk is linked to the deep-rooted stigma and discrimination they experience. Discriminatory attitudes may be the misconception that children with disabilities are in some way different, that their lives have less worth than the lives of children without disabilities, or that they do not feel, experience or understand the same things as children without disabilities. Such attitudes often originate from ignorance, misinformation or traditional belief systems and provide justification and permission for children with disabilities to be abused or for their abuse to be discounted.

4.2 The impact of ableism on organisational culture and child safeguarding systems

When we look at organisational culture and practices, we must recognise that all organisations consist of individuals who are products of social norms and customs. These norms and customs form our

unconscious bias and may include harmful assumptions and attitudes about disability that result in discrimination and the unfair treatment of persons with disabilities. This is called **ableism**.

Below are some examples of how unconscious bias and attitudes of individuals in an organisation can translate to organisational practises that can increase the risk of harm or actual harm that children with disabilities experience.

Attitudes in society	Consequence in organisational culture	Risk for child
Children with disabilities are not like children without disabilities.	'We do not work with children with disabilities', 'We do not know how', 'We have no expertise in regard to these children', 'Our work does not relate to them', 'This is just for 'normal' children'.	Causes emotional distress and harm to be considered as different just because of one's disability (even when the difference is overtly positive).
Children with disabilities require a lot of support.	'We cannot include them', 'We cannot support them', 'They are not able to participate', 'It is too difficult', 'We cannot afford to support them'.	Creates exclusion from programmes and reduces independence and autonomy by removing opportunities for personal growth.
Children with disabilities can hurt themselves.	'They cannot take part in the activity', 'We cannot take the risk', 'We could be liable if they hurt themselves'.	Creates exclusion from programmes and reduces autonomy and choice, denying children with disabilities the same opportunities.
Children with disabilities cannot learn.	'Investing in them is not worth it', 'They would not understand so there is no point', 'It is better to only work with their parents', 'This activity is not adapted for them, so we cannot include them', 'We do not have time and resources to include them'.	Creates exclusion from programmes, limits access to important information, causes psychological harm and denies opportunities for trying, learning and developing new skills. Also reinforces dependency and ignorance.
Children with disabilities are less of a person.	'They are not a priority for our advocacy', 'We do not think it will help', 'They are never going to be independent, so why should we bother?', 'There are so many children without disabilities who require our support first'.	Creates exclusion from programmes, causes psychological harm and limits independence and personal growth. Can result in them not being fed, schooled or taken care of.

Attitudes in society	Consequence in organisational culture	Risk for child
Children who do not use a verbal language cannot communicate.	'We cannot consult them', 'It is impossible to understand them', 'We do not value their opinions', 'It is easier to not include them in the activity', 'There is no point in strengthening their self-advocacy skills'.	Creates exclusion from programmes and child safeguarding reporting routes. Removes choice and autonomy, causing psychological harm and hinders cognitive and social development, leaving children to suffer in silence.
Children with disabilities do not understand or do not care.	'They do not need to know', 'We do not share information with them', 'We rely on parents to explain things to them', 'We do not ask for their opinions', 'We do not investigate alleged harm or abuse', 'We do not report harm or abuse done to them'.	Creates exclusion from programmes and causes psychological harm. Can expose children to and reinforce trauma and danger.
Children with disabilities do not feel pain.	'I did not know we had to report it', 'The child could not share what happened, so we did not investigate', 'It did not seem so bad'.	Poses an extreme risk of abuse and causes physical and emotional trauma. Creates distrust and fear while ignoring the concern.
Children with disabilities often make false or unclear allegations of abuse.	'I did not understand what had happened', 'It did not sound true', 'The child does not know what they are communicating', 'The child often says these things', 'The family/carer/support person said it is not true'.	Poses an extreme risk of abuse and causes physical and emotional trauma. Creates distrust and fear while ignoring the concern. Exacerbates vulnerability as abuser may assume the child will not be believed.

Attitudinal barriers such as these can serve to protect and enable the abusers. These harmful social norms and assumptions relating to disability provide a cover for perpetrators, allowing them to abuse with impunity. As a result, this may encourage perpetrators to target children with disabilities.

To combat ableism, organisations must uncover the underlying assumptions and attitudes relating to disability. They must also consider how these harmful attitudes can manifest themselves in organisational practices and increase the risk of violence, abuse, neglect, and exploitation for children with disabilities.

4.3 How child safeguarding systems fail children with disabilities

Organisational child safeguarding systems can fail to respond to the unique requirements of children with disabilities. Many organisations do not make the necessary additions, modifications and adaptations to existing safeguarding procedures to safeguard children with disabilities effectively. Below are some critical oversights and omissions within standard child safeguarding procedures that can exclude children with disabilities and put them at further risk of harm and abuse.

Awareness raising:

- Staff within support organisations, as well as people from the communities where they work, may be unaware that children with disabilities have rights or indeed face barriers that relate to child safeguarding.
- Children with disabilities themselves are less likely to know they have the right to be safe from harm, especially when interacting with an organisation, its staff and its programmes.
- Children with disabilities or their families are less likely to be aware of child safeguarding procedures, including what to expect and where to turn if they need to raise an issue. This may be due to inaccessible information or unfamiliarity with where this information is available.
- Staff responsible for informing, preventing, reporting and responding are not aware of disability-inclusive protocols and good practices.

"A girl who is deaf is more likely to be sexually abused since she might not understand what abuse is and how she can protect herself."
- Rose (child in Rwanda)

"Most of the organisations do not think about children with disabilities, yet they are the most forgotten!"
- Diane (youth in Rwanda)

Preventing:

- Children with disabilities may not have had the opportunity to receive the same information as children without disabilities on their rights and what is acceptable or not.
- Information received by children with disabilities is often inaccessible.
- As many girls with disabilities have limited or no access to education, girls with disabilities receive disproportionately low levels of sexual education and, as a result, are less equipped to recognise and resist sexual exploitation, abuse and harassment.
- Children with disabilities may not feel comfortable asking for something that makes them feel safe and protected. They may also not have the communication skills or vocabulary to indicate when something does not feel right. This is especially true if they are used to having someone else with them all the time or have someone who speaks and acts on their behalf.

- Staff may not be aware of good practice and the practical adjustments needed to remove barriers, which can cause harm during activities or other types of engagement.

“The organiser should make sure the road is safe for us to travel!”
– Robert (child in Rwanda)

“Sometimes the ‘Mentors’ could be the one who is abusing the child, especially those children with hearing or visual impairments.”
– Kalisa (youth in Rwanda)

Reporting:

- Children with disabilities may not have the confidence, communication skills or autonomy to describe what is happening to them when using standard reporting mechanisms.
- Children with disabilities may be more isolated, overprotected and less likely to interact with children without disabilities and adults (even if they attend activities or interact with organisations). This results in fewer opportunities to report a concern.
- Children with disabilities may not be able to access available reporting mechanisms.
- Children with disabilities may have been subjected to abuse their entire lives, reinforcing the view that the abuse and neglect they are experiencing is normal.

- Children with disabilities may have learnt to be compliant and not make a fuss, deterring them from communicating that something is wrong for fear of being told off or punished.
- Children with disabilities are often perceived as unreliable or non-credible sources of information, resulting in reports being disregarded.
- Injuries or a difference in behaviour may be wrongly interpreted due to a child’s specific type of disability, leading to people who witness or suspect abuse failing to report.
- Reporting mechanisms may not be compatible with a child’s cognitive, physical or emotional function.

“People in high posts are mostly likely to take advantage of children with disabilities. In case she is having a visual impairment, she will not even be able to remember the person for reporting!”
– Seth (youth in Rwanda)

“Reporting by calling the toll-free number or calling the staff members is not enough because some children with visual impairments cannot be able to use the phone for calling”
– Gloria (youth in Rwanda)

Responding:

- Children with disabilities may use a different form of communication than the one used by the person assigned to follow up and talk to the child.
- The individual or individuals who receive a report or conduct an investigation may use terminology or display attitudes that make a child with disabilities feel uncomfortable.
- The location where reports can be made may be far away, unsafe or inaccessible for children with disabilities.
- Children with disabilities may, due to their level of functioning, be unable to identify or remember the person who harms them.
- Children with disabilities may not be able to answer questions without a support person or family member present, which can cause discomfort or a feeling of not being safe. This may also breach an organisation’s confidentiality protocol.
- Children with disabilities may have had previous experiences of adults letting them down. As a result, they may find it hard to trust the person collecting information and supporting their case.



“It is better for the facilitator to know some sign language to know if the interpreter is communicating everything. The interpreter may deviate from what the facilitator is saying and even what the other children are saying!”
– Otis (youth in Rwanda)

“If someone calls me using bad words, you are not considering me as a human being, rather as a thing! Instead of using my proper name, you call me ‘the short one’ or ‘the tall one’, [even though] you know my name!”
– Greta (youth in Rwanda)

Remember

It is not the disability itself that increases vulnerability to abuse, but rather the environments in which children with disabilities find themselves. In other words, organisations create situations where children with disabilities are at increased risk, and it is their responsibility to remove and combat these barriers.

5. Leadership and strategy: Planning for disability-inclusive child safeguarding

Many organisations will feel they do not have the capacity or resource to safeguard children with disabilities effectively. However, disability-inclusive child safeguarding does not need to be expensive, and some strategies exist for delivering disability-inclusive child

safeguarding for small and/or under-resourced organisations.

Below is a list of commonly perceived organisational barriers to implementing disability-inclusive child safeguarding and suggested solutions.

<p>Who?</p> <ul style="list-style-type: none"> ● Board members and trustees ● Senior leadership members ● HR managers ● Finance managers ● Programme managers ● Disability experts/focal points ● Child safeguarding experts/focal points 	<p>What?</p> <ul style="list-style-type: none"> ● How to plan successful disability-inclusive child safeguarding ● Recommendations on how to incorporate disability-inclusive child safeguarding into roles and responsibilities ● Recommendations on how to develop policies and procedures ● Recruitment ● Developing a learning culture around safeguarding children with disabilities ● Recommended time and resource requirements
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5.1 Committing to disability-inclusive child safeguarding

The first thing an organisation must do to safeguard children with disabilities effectively is build its internal systems to define, promote and hold itself accountable to safeguarding all children, including children with disabilities.

Safeguarding children with disabilities must be understood as a fundamental responsibility of an organisation instead of an optional add-on. If an organisation is committed to child safeguarding, it must also be committed to disability-inclusive child safeguarding. It is not acceptable for

organisations to claim they do not have the capacity or expertise to safeguard children with disabilities. The requirement to safeguard children with disabilities must be actively embedded in an organisation's culture by senior leadership and be something on which all staff members hold leadership to account.

Organisations should not expect that this will happen spontaneously or as part of an organisation's natural development. Ensuring an organisation effectively safeguards children with disabilities will require strong leadership, a willingness to ask tough questions, openness to failure and a commitment to dedicate the time and resources required to implement disability-inclusive child safeguarding.

SOLUTION FOR LEADERS

"We do not have a staff member solely responsible for child safeguarding so we do not all have time to do this work."

"Our organisation does not have anyone with any expertise in disability-inclusive child safeguarding."

"We do not have enough funding available to focus on disability-inclusive child safeguarding."

- Embed a message that disability-inclusive child safeguarding is not the responsibility of one person, that it is a **collective responsibility**.
- **Actively equip all staff** with relevant knowledge so that each person knows to ensure all child safeguarding processes are disability-inclusive.
- Smaller organisations can **merge child safeguarding and disability inclusion roles** into one role, which can be added to other responsibilities (not a dedicated role).
- Take advantage of the many **external resources** which will build knowledge for all staff; take ownership of openly learning more as a leader to set an example.
- Evaluate **existing disability inclusion and child safeguarding expertise** among Board members and volunteers and support them in deepening this knowledge and taking on a champion role.
- Ensure disability-inclusive child safeguarding is mentioned as standard in **job postings** to start building expertise in the organisation; this may take time.
- Make the case **at an organisational level and to donors** to include more budget for accessibility and reasonable accommodation or repurpose existing funds. Emphasise the crucial importance of keeping children with disabilities safe in the projects they fund and are associated with.
- Allocate **small amounts for changes** to demonstrate commitment; many changes can also be made at no cost (see chapter 5.5).
- There are many **free resources and trainings** available online; these should be utilised and regularly shared with staff.

SOLUTION FOR LEADERS

“We do not have enough time to add disability-inclusive child safeguarding to all policies and procedures.”

- There are **plenty of small but effective changes** that will not take too much time (see chapter 5.5).
- Incorporate elements of disability-inclusive child safeguarding **into existing training** or other time spent on staff capacity building and look for free online training that staff can fit into their schedules.
- Remember that taking some time to implement and explain changes now **will save time in the long run**. It will be easier to embed a culture of disability-inclusive child safeguarding now so that it is included as standard instead of having to explain it repeatedly. It also saves the time it takes to deal with a safeguarding concern by preventing the likelihood of a concern occurring at all.

“We already have a Disability Inclusion Lead and a Child Safeguarding Lead, so this overcomplicates matters.”

- Make it clear that this is not an add-on or just for one person but an essential consideration that will be mainstreamed throughout all policies and procedures.
- Ensure all designated safeguarding staff are making their work disability-inclusive and that disability inclusion staff are maintaining and improving child safeguarding procedures.
- Leaders should encourage staff to think about this as a shared responsibility and to work collaboratively across specialisms.



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5.2 Disability-inclusive Child Safeguarding policy and procedures

The first step in ensuring work effectively safeguards children with disabilities is to ensure organisations have established a common understanding of what disability-inclusive child safeguarding means. This will need to include clarity on the difference between child safeguarding and child protection (see chapter 3.1).

Understanding of what is meant by disability-inclusive child safeguarding will be framed by the local context, social norms and beliefs related to disability. Therefore, while a consensus can be reached more formally through policy development, training or workshops, often the best way of ensuring all staff and volunteers within an organisation have a true understanding of disability-inclusive child safeguarding is to create a space for open discussions that can uncover hidden assumptions or prejudices and break down barriers to children with disabilities’ safety in day-to-day work.

Key issues to raise when reaching a ‘common understanding’ of disability-inclusive child safeguarding

Question	Response
What different terms are there to be aware of?	<p>Child safeguarding means to protect all children from harms and abuses that can arise as a result of an organisation’s programming and operations.</p> <p>Inclusive child safeguarding means that safeguarding is inclusive of all children, regardless of their identity. It includes different gender identities, ethnicities, religious and indigenous identities, sexual orientations, citizen or refugee status, disability, age and any other form of identity, even when some of these are restricted in national law.</p> <p>Disability-inclusive child safeguarding means implementing child safeguarding systems that include children with disabilities.</p>
If a certain category of disability is not recognised as a disability in local law, do we still need to include them?	<p>Yes. Disability-inclusive child safeguarding work and policies do not rely on national or international categorisations of disability but look to ensure that child safeguarding systems are UNCRPD-compliant.</p>

Question	Response
Is disability-inclusive child safeguarding only for children with disabilities?	No. Disability-inclusive child safeguarding is for all children but specifically recognises and makes provisions for effectively safeguarding children with disabilities.
Is it okay to not include some very complex disabilities if we do not have the skills?	No. If a person has multiple disabilities or a particularly complex disability, they are not omitted from child safeguarding practices. However, it may lead to an organisation asking for external support to understand how to effectively safeguard such groups better.
Are there any situations when disability-inclusive child safeguarding would not be a concern in our work?	No. It is an obligation to safeguard all children that come into contact with an organisation. Disability is not always visible, and projects will likely include at least one child with disabilities, even if not identified.
If we are not a disability-focused organisation, is disability-inclusive child safeguarding relevant for us?	Yes. Safeguarding children with disabilities is the responsibility of all organisations.
If we haven't budgeted for or can't afford disability-inclusive child safeguarding, do we still have to do it?	Yes. Organisations are still obligated to safeguard children with disabilities to the same standards as any other child.
We don't work with any children with disabilities in our projects, so is disability-inclusive child safeguarding relevant for us?	Yes. Since many disabilities will go undetected, all organisations should assume that there are children with disabilities, even if undisclosed or unobserved.

5.3 Defining roles and responsibilities

Within the development and humanitarian aid sector, disability inclusion is often viewed as a separate and specialised role. Organisations must begin to understand disability-inclusive child safeguarding as the responsibility of all those who design, implement and evaluate projects or those who oversee safeguarding systems. This will ensure disability-inclusive practices are embedded in child safeguarding practices.

Child safeguarding is universally viewed as both an individual and collective responsibility. In effect, it is everyone's responsibility to safeguard children at every stage of the safeguarding cycle. It is, therefore, the responsibility of everyone to see that children with disabilities are effectively safeguarded.

Within some organisations, lines of responsibility can interlap such as staff members tasked with safeguarding children and staff members tasked with disability inclusion, this can cause confusion.^{viii} To counter this, all staff's general duties to safeguard and empower children with disabilities could be included as clauses in a Code of Conduct for all staff to adhere to.

While it is important that the responsibility for disability-inclusive child safeguarding is mainstreamed, **organisations should:**

- Ensure safeguarding children with disabilities is explicitly included in the job descriptions and performance objectives of all staff and in terms of reference with consultants.
- Provide clarity on who is responsible at different levels for monitoring and evaluating the organisation's effectiveness in safeguarding children with disabilities.

- Encourage staff to engage and coordinate with disability inclusion specialists, including organisations of persons with disabilities (OPDs), to improve organisational disability-inclusive child safeguarding practices.
- Ensure the child safeguarding focal point on the Board of Trustees is effectively overseeing the organisation's responsibility to include children with disabilities in child safeguarding policies and practices at a governance level and provide training where needed.
- Have robust systems in place to ensure the proper supervision of all individuals working directly with children, particularly individuals external to the organisation such as volunteers and consultants.
- In larger organisations, map out how disability/inclusion experts in the organisation work together with child-safeguarding specialists to ensure the safeguarding approach is disability-inclusive.

How to merge disability-inclusive child safeguarding into existing child safeguarding roles and responsibilities

It is crucial that disability-inclusive child safeguarding is an explicit part of individual and collective roles.

This should include:

- ✓ Ensuring that children with disabilities are explicitly included in the Child Safeguarding Policy and Code of Conduct.
- ✓ Adaptation of existing training or provision of additional awareness training for staff, volunteers, consultants and stakeholders on

^{viii} Although some organisations have roles that combine child safeguarding and child protection, these guidelines will only refer to child safeguarding, so as not to confuse the two areas.

disability-inclusive child safeguarding (see chapter 6).

- ✓ Systematic follow-up in regular project meetings, planning sessions and budget reviews to ensure prevention measures are being implemented correctly.
- ✓ Ensure project stakeholders and communities are aware of disability-accessible options for reporting safeguarding concerns.
- ✓ Working with other staff responsible for safeguarding to learn from and improve disability-inclusive child safeguarding policies and procedures based on real experiences.

Responsibilities of Project Managers, Officers and Coordinators

These individuals should:

- ✓ Identify specific risks for children with disabilities during project activities, and plan mitigation strategies (see chapter 7).
- ✓ Budget for inclusive and accessible safeguarding for children with disabilities in project design (see chapter 7.3).
- ✓ Ensure project stakeholders and communities you work with are aware of disability-accessible options for reporting child safeguarding concerns.
- ✓ Listen to and report all child safeguarding concerns involving children with disabilities in line with the organisation’s response protocols.
- ✓ Use systems that monitor and evaluate the effectiveness of disability-inclusive child safeguarding practices used in programmes or projects to identify and promote good practices and dispose of ineffective ones.
- ✓ Work together with OPDs to respond appropriately to reported concerns

involving children with disabilities and support OPDs to strengthen their child safeguarding systems and appropriately respond to concerns within their own programmes.

Responsibilities of monitoring, evaluation, accountability and learning (MEAL) staff

These individuals should:

- Identify specific risks for children with disabilities during MEAL activities and plan mitigation strategies.
- Design feedback mechanisms and data collection methodologies which include children with disabilities.
- Use the UNICEF Child Functioning Module (CFM) to identify and include children with disabilities in assessment, monitoring, accountability and evaluation processes.
- Train and raise awareness on safeguarding children with disabilities with all MEAL staff, including short-term data collectors and volunteers (see chapter 6.3).

Volunteers or consultants

These individuals should:

- Read, sign and adhere to the Child Safeguarding Policy and Code of Conduct outlined in the Child Safeguarding Policy as it relates to children with disabilities.
- Attend disability-inclusive child safeguarding training prior to any work involving children with disabilities.

Public fundraising & communication staff

These individuals should:

- Communicate about children with disabilities in a way that protects their identity (i.e. avoiding giving specific location advice alongside their disability type) (see chapter 7.1).
- Communicate about children with disabilities in a way that empowers them, promoting use of disability-

inclusive language and minimising the potential exploitative effects communications and public campaigns can have even when unintentional.

- Obtain informed consent/assent from children with disabilities for any materials, data or other information collected about them, using an adaptable consent/assent system that is tailored for individual children to ensure their adequate understanding (see chapter 7.1).

5.4 Recruitment and induction

Most organisations who have strong child safeguarding systems include child safeguarding in recruitment and induction processes. The table below shows how

existing practices can be strengthened to ensure effective child safeguarding for children with disabilities during recruitment and induction.

Common existing practice	Revision for disability inclusion
Including a statement on the obligation of child safeguarding in the job advertisement or terms of reference.	Specifically mention children with disabilities (and other marginalised groups).
Sharing the Child Safeguarding Policy and Code of Conduct Policy with candidates, and referring to them in interviews.	Include a question around safeguarding children with disabilities, exploring considerations for children with different disability types.
Conducting a reference check and systematic police clearance checks before a person is hired.	When asking about previous contact with children, ask specifically about children with disabilities.
Ensuring all employees conduct necessary child safeguarding training within a fixed time of their starting the job, in addition to refresher training.	Include a disability inclusion complement as part of the organisation’s mandatory induction components.



Recruitment of women with disabilities as a strategy for safeguarding girls with disabilities against sexual exploitation, abuse and harassment (SEAH)

Organisations should make efforts to:

- Employ women with disabilities as representatives and leaders within the organisation.
- Offer professional development and training to women with disabilities to ensure their voices are included in

the design and implementation of safeguarding systems.

- Train women with disabilities to receive and respond to safeguarding concerns to encourage girls with disabilities to report sexual exploitation, abuse and harassment.
- Involve women with disabilities in the design and delivery of training or materials on the risk of sexual exploitation, abuse and harassment for children, including the specific risks girls with disabilities face.

Organisations should also think about how best to mainstream awareness-raising on disability inclusion and disability-inclusive child safeguarding in regular staff training, such as:

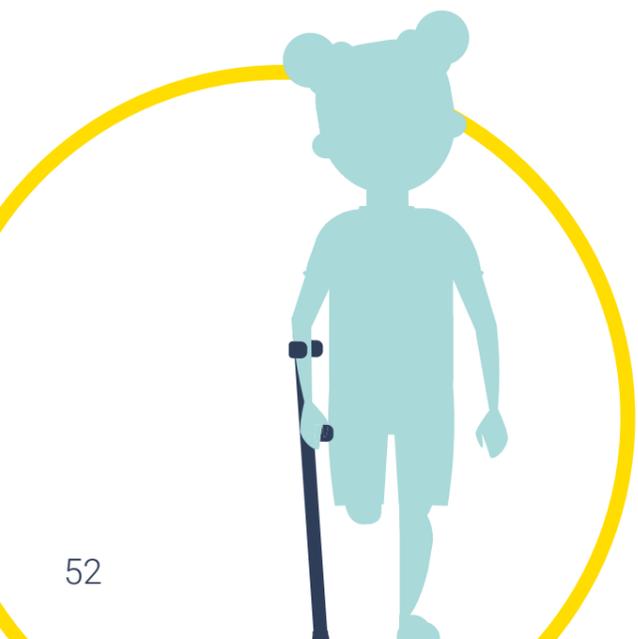
- ✓ General induction
- ✓ Annual staff child safeguarding training
- ✓ General disability awareness training
- ✓ An all-staff organisational seminar
- ✓ Staff away-days
- ✓ Board meetings or strategy days

5.5 Policies and procedures

Most child safeguarding policies and procedures fail to include children with disabilities. Policies and procedures should not make generic statements around non-discrimination, inclusion or even disability inclusion. Instead, specific commitments, responsibilities and approaches should be explicitly written to ensure children with disabilities are included across child safeguarding systems.

An organisation should conduct a review of its Child Safeguarding Policy to ensure children with disabilities are included. Children with disabilities should be listened to and consulted in this review and in the development of child safeguarding policies and procedures to ensure it responds to the risks they experience.

To the right are some guiding questions to support this review. This chart can also be used as a checklist when developing new policies.



Tool 1. Disability-inclusive Child Safeguarding Policy audit

Frameworks and definitions	Does your Child Safeguarding Policy reflect the principles of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the United National Convention of the Rights of the Child (UNCRC)? (i.e. Equality, Non-discrimination, Best Interests of the Child, etc.)	Y / N
	Does your Child Safeguarding Policy consider the following descriptions and definitions? a. Child/children with disabilities b. Universal Design c. Accessibility d. Reasonable accommodation	Y / N
	Does your policy explicitly recognise the increased risk for children with disabilities, specifically the increased risk of sexual exploitation, abuse and sexual harassment (SEAH)?	Y / N
Roles and responsibilities	Do you have a named/assigned representative on your Board of Trustees for child safeguarding who is also aware of and responsible for disability-inclusive child safeguarding?	Y / N
	Does your Child Safeguarding Policy outline an expectation for all staff working or communicating about children with disabilities to have completed disability awareness training and disability-inclusive child safeguarding training?	Y / N
	Do those with specific child safeguarding roles also oversee the safeguarding of children with disabilities (including reviewing and evaluating adherence)?	Y / N
	Does your Child Safeguarding Policy specifically outline an expectation for volunteers, consultants and donors working or visiting children to be trained on disability rights and disability-inclusive aspects of safeguarding?	Y / N
Communication and confidentiality	Does your organisation's Child Safeguarding Policy or Behavioural Code of Conduct consider confidentiality implications when using personal assistants or communications support, such as sign language interpreters?	Y / N
	Does your organisation share its Child Safeguarding Policy with children with disabilities and their families?	Y / N
	Does your organisation have child-friendly disability-accessible versions of your Child Safeguarding Policy?	Y / N

Behavioural Code of Conduct	Does the Code of Conduct recognise the possibility that children with disabilities sometimes require: <ul style="list-style-type: none"> ● Physical touch for personal assistance or support? ● Additional time spent with practitioners or professionals (such as rehabilitation or counselling)? ● Some time alone with a practitioner to preserve their dignity (e.g. for personal care or to be taken care of after a seizure)? 	Y / N
	Does your Code of Conduct address how a 'two-adult rule' will be implemented when working with children who have personal care requirements? ^{ix} For example , practitioners should work with the child with disabilities and their parents to discuss how the two-adult rule will work, document this consultation process and collect informed consent/ assent.	Y / N
	Does your Code of Conduct proactively challenge the stigma and discrimination that children with disabilities often face? Is it empowering rather than a potential opportunity to perpetuate stereotypes and stigma against children with disabilities?	Y / N
	Was your Code of Conduct designed in collaboration with any children with disabilities, or has it been shared with them for their input?	Y / N
Risk assessment ^x	Does your Child Safeguarding Policy require children with disabilities to be involved in risk assessments?	Y / N
	Does your Child Safeguarding Policy require specific risks for children with disabilities to be identified and mitigated?	Y / N

5.6 Time and resources

Organisations should apply the principles of **universal design, accessibility and reasonable accommodation** when planning for budget and resource allocation for disability-inclusive child safeguarding. These principles are explained in detail in [chapter 2.3](#).

For smaller organisations or organisations with little or no previous experience in

disability-inclusive practices, this section outlines some reasonable, low-cost and simple approaches that can considerably improve an organisation's safeguarding practices for children with disabilities.

Leaders must make realistic and practical changes that consider their organisation's available capacity, requirements and resources. It is acceptable, in the short run, to make minimal changes that reflect these considerations. Still, all organisations must

take steps to ensure that they are confident that children with disabilities are fully safeguarded in their work.

Two commitments that are relatively low cost that all leaders can make are:

1. Provide time for staff to understand disability inclusion fully and how it relates to child safeguarding.
2. Dedicate time for discussing concerns or gaps and be willing to learn and adapt.

Examples of the types of considerations to make in terms of staff resource and budgeting are as follows:

Staff resource

At a minimum, staff resource allocation should include:

- ✓ Engaging meaningfully with disability-inclusive child safeguarding. This could include reading these guidelines and some of the resources listed.
- ✓ Identifying a staff member responsible for ensuring children with disabilities are safeguarded (this could be a part of an existing role, e.g. Head of Programmes).
- ✓ Reviewing annual/multi-year organisational budgets to ensure funds, where available, are committed to safeguarding children with disabilities effectively.
- ✓ Including aspects of disability rights and disability-inclusive approaches to child safeguarding in regular staff training.

Staff resources allocation should also **ideally** include:

- Annual staff training on disability rights and disability-inclusive approaches to child safeguarding.
- Appointment of skilled disability-inclusion personnel.

- Reasonable accommodation and accessibility of child safeguarding training sessions and safeguarding procedures, such as accessible venues and locations, sign language interpreters, video conferencing, audio description and captioning services.
- Consultancy costs for external support required to set up and design disability-inclusive safeguarding procedures and tools.

Budget

At a minimum, budget allocation should include:

- Individuals whose job it is to ensure child safeguarding policies and processes are disability-inclusive. Ideally, those responsible for child safeguarding would also be responsible for disability-inclusive safeguarding to avoid creating parallel roles and separating responsibilities.
- Basic adaptations and modifications to facilitate reasonable accommodation of children with disabilities.

Budget allocation should also ideally include:

- Designing and printing child safeguarding policies and related safeguarding tools or information in accessible and disability-friendly formats.
- Costs to facilitate staff training and recruitment of skilled disability inclusion personnel.

Leaders should also be proactive at advocating upwardly and outwardly to promote the adoption of disability-inclusive child safeguarding at every level inside and outside an organisation. This includes its Board of Trustees and external bodies such as donors.

^{ix} For an in-depth detailed explanation of how to create and review a disability-inclusive code of conduct, see RSH Inclusive Safeguarding Code of Conduct in [appendix 3: Disability-inclusive tools](#).

^x For an in-depth detailed explanation of how to assess child-safeguarding risks [see chapter 7.1](#)

Donors, in particular, have specific interpretations of value for money, with some rejecting applications with higher costs for fewer participant numbers despite a project being disability-inclusive. Instead of hiding or avoiding costs for disability-inclusive child safeguarding, leaders should instead actively encourage donors to prioritise budget for child safeguarding and promote the equitable and rights-based arguments for effectively budgeting for children with disabilities.

If organisations create sufficient space for disability-inclusive child safeguarding to be considered, it is likely that central office staff, downstream partners and communities will themselves offer

effective and innovative suggestions on how best to safeguard children with disabilities in the work they deliver.

5.7 Applying a learning culture to safeguard children with disabilities

Many organisations are still working out **how** to fulfil the obligations of disability-inclusive child safeguarding. The complexity and sensitivity of safeguarding children with disabilities, coupled with limited capacity for some smaller OPDs, can lead to a culture of fear and avoidance, especially when the repercussions of failure are so high.

OPDs

Learning from and working with organisations of persons with disabilities (OPDs)

Learning from and working with OPDs is a key approach organisations should use to strengthen their child safeguarding systems for children with disabilities.

However, it is important to recognise that not all OPDs work with children with disabilities, and it should not be presumed that all OPDs have a strong understanding of child rights or best practices for child safeguarding.

It should also not be assumed that OPDs have the available capacity or resources to provide other organisations with ongoing support or advice in this area. In fact, purely extractive relationships with OPDs can put a strain on the organisation and diminish an OPD's ability to deliver its own organisational objectives.

Any mapping exercises to identify OPDs should factor in the nature of an OPD's work, in addition to their capacity, available resources, and exposure to child rights or child safeguarding.

Nonetheless, the value and importance of engaging with OPDs should not be overlooked. Instead, organisations seeking to work with OPDs should provide fair compensation for consultations and cover the associated costs of the partnership alongside offering capacity-building support where requested.

Supporting OPDs in this way will create enduring and mutually beneficial partnerships that will protect children with disabilities in the long run.



A transparent culture of talking about challenges and failure and celebrating good practice is, therefore, crucial to enable organisations to safeguard children with disabilities effectively. Staff need to feel confident to discuss areas for improvement, drive internal change and generate evidence of good practice across the sector.

Organisations should promote the following messages when incorporating disability-inclusion into their child safeguarding systems:

- We are committed to safeguarding children with disabilities effectively and supporting our partners to do the same.
- We are committed to identifying gaps in our delivery of safeguarding children with disabilities and working to develop effective procedures to eliminate them.

- We recognise the increased risk of abuse of children with disabilities and particularly of the increased risk of sexual exploitation, abuse and harassment for children with disabilities and are committed to mitigating these risks.
- We are committed to identifying and learning from how we could have safeguarded children with disabilities better to improve next time.
- We recognise that a one size fits all approach to safeguarding children with disabilities does not work. We, therefore, encourage innovation and creative solutions.
- We are committed to sharing our gaps, lessons learnt and successes relating to safeguarding children with disabilities, both internally and externally, to ensure children with disabilities are better protected across the sector.

Organisations can use [Tool 7 in Appendix 4](#), an organisational self-assessment checklist, as a reference tool to support the implementation of the guidelines and identify practical changes to organisational policies, procedures, quality standards, practices and training to embed disability-inclusive child safeguarding.

6. Empowerment: Increasing awareness and understanding of disability-inclusive child safeguarding

Who?

- Child safeguarding experts
- Senior leadership members
- Child safeguarding focal points
- Staff responsible for training and community awareness
- Programme managers
- Disability advocates
- Children with disabilities

What?

- How to increase awareness of disability-inclusive child safeguarding and disability rights
- How to design training sessions or activities that increase awareness of disability rights with staff, stakeholders and children with disabilities
- Recognising signs of abuse
- Appropriate language

Disability-inclusive child safeguarding is a relatively new concept that many international development practitioners, civil society organisations and project stakeholders will not have encountered yet. The first step in ensuring work effectively safeguards children with disabilities is to ensure all practitioners have a common understanding of what disability-inclusive child safeguarding means (see [chapter 5.2](#)).

Once this common understanding has been established all practitioners and project stakeholders must receive awareness-raising training on why children with disabilities should be safeguarded and the additional risks they experience. Without this, practitioners will be unable to embed disability-inclusive child safeguarding systems into organisational practice, and delivery staff and project stakeholders will be ill-equipped to participate in these systems meaningfully.

6.1 Increasing awareness of disability-inclusive child safeguarding: who and what

Awareness-raising should be tailored to different roles within an organisation, and any information provided should include practical examples of how each role relates to safeguarding children with disabilities.

Awareness-raising should be done with the following groups:

- Leadership, staff, partners, consultants and representatives of the organisation
- Children with and without disabilities and their parents or caregivers engaged in the work of the organisation
- Communities where the organisation operates

- Stakeholders involved in the work conducted by the organisation, e.g. teachers, local officials and health workers

The purpose of raising awareness of disability-inclusive child safeguarding is to:

- **Educate** individuals on the risk of harm children with disabilities face and the rights they have to be free from harm and abuse.
- **Encourage** buy-in and commitment from all individuals on the concept of disability-inclusive child safeguarding within existing child safeguarding systems.
- **Explain** to all individuals the expectations for safeguarding children with disabilities within their role and how they do this effectively.
- **Inform** children, including those with disabilities, parents and communities, of the standards of behaviour they should expect from practitioners.
- **Check understanding** to make sure children with disabilities and parents understand the information provided, in particular, understanding how to use the mechanisms available to them for raising a concern and what they can expect once a concern has been raised.

Disability-inclusive child safeguarding awareness-raising should at a minimum include:

1. Establishing a common understanding.
2. Disability rights (using the UNCRPD and UNCRC frameworks), dispelling myths and reducing stigmatisation.
3. Specific abuse and risks for children with disabilities.
4. Signs of abuse for children with disabilities.

5. Considerations for raising awareness of children with disabilities.
6. The risks of harmful language.

Remember

Before individuals interact with any children, they should receive training on how to safeguard children with disabilities alongside or as part of general child safeguarding training.

Children with disabilities, children without disabilities and the adults around them should also receive full awareness-raising about the child safeguarding systems deployed within the organisation. This should include information about how to raise a concern, to whom they should report and what to expect once a report has been made. For more information on reporting and responding, see [chapter 8](#) and [chapter 9](#).

6.2 Increasing awareness about disability rights

When setting up disability-inclusive child safeguarding systems, the starting point is to ensure that everyone understands that children with disabilities have the same rights as children without disabilities.

Article 2 in the UNCRC calls for the “full enjoyment of their rights by **all** children without discrimination of any kind, including the child’s or parents’ disability”. That means that all articles in the UNCRC apply to **all** children, including children with disabilities. **Article 23** specifically focuses

on the rights of children with disabilities. It includes the right to “enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child’s active participation in the community”.

Similarly, children with disabilities are also specifically recognised in the General Principles of the UNCRPD, **Article 3**, especially in Principle 8 of “respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities”.

Article 7 of the UNCRPD further calls for children with disabilities’ enjoyment of “all human rights and fundamental freedoms on an equal basis with other children” and that in all actions concerning them, the “best interests” of the child shall be a primary consideration and that “children with disabilities have the right to express their views freely on all matters affecting them on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realise that right”.

Article 12 in the UNCRPD reaffirms that all persons with disabilities, including children have the right to legal person and legal capacity simply by the virtue of being human beings.⁵⁷ Legal capacity is the ability to hold rights and duties (legal standing) and to exercise those rights and duties (legal agency). When applying legal capacity to decision-making, a person, adult or child with disabilities’ freedom to make their own decisions cannot be removed or substituted with justification of reduced mental capacity.

In addition to these specific articles, there are several articles in the UNCRC and UNCRPD which relate to child safeguarding and should be considered when raising awareness. Some examples are;

- **non-discrimination**
(UNCRC Art 2, UNCRPD Art 3 & 5)
- **best interest of the child**
(UNCRC Art 3, CRPD Art 3 & 7)
- **the right to life, survival and development**
(UNCRC Art 6, UNCRPD Art 3 & 10)
- **the right to adequate standard of living and social protection**
(UNCRC Art 27, UNCRPD Art 28)
- **respect for the views of the child**
(UNCRC Art 12, UNCRPD Art 3, 7 & 21)
- **accessibility**
(UNCRPD Art 3 & 9)
- **respect for difference and acceptance of persons with disabilities as part of human diversity and humanity**
(UNCRPD Art 3)
- **full and effective participation and inclusion** (UNCRPD Art 3, 19 & 30)
- **rights of personal mobility**
(UNCRPD Art 20).^{xi}

Any staff responsible for providing training on disability-inclusive child safeguarding should have a good understanding of the rights of children with disabilities outlined in the UNCRC and the UNCRPD and should refer to both Conventions when talking about disability-inclusive child safeguarding. Organisations need to affirmatively apply a rights-based approach by practical application to its work.

It is also important to consider how international legal frameworks for child rights like these are implemented at a local level. The extent to which commitments to child rights are translated into legislation



Girls with disabilities’ right to be safe from harm

All stakeholders should understand that girls with disabilities are protected from harm through the following legal frameworks:

Girls with disabilities, like all children, are protected by the Convention on the Rights of the Child.⁵⁸

Under the Convention on the Rights of Persons with Disabilities (CRPD) Article 6 on Women with Disabilities,

the intersectionality of gender and disability is recognised:

“States Parties recognise that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.”⁵⁹

Similarly, under the Convention on the Elimination of All Forms of Discrimination Against Women, there is a recognition that gender-based violence is shaped by intersecting dimensions of inequality, including disability.⁶⁰

and systems in schools, communities and services will impact how effectively practitioners can safeguard children in practice. Organisations and practitioners must separate the legal requirement governments have to protect children, and the obligation organisations have to keep children safe.

Dispelling myths

Dispelling common myths relating to children with disabilities should be one of the first sessions included in training.

As mentioned in [chapter 4](#), children with disabilities tend to be more at risk due to harmful myths around their disabilities, abilities, experiences and rights. Practitioners should actively work to dispel any myths and challenge unconscious bias, ableism and discrimination that can present risk and harm to children with disabilities.



Disability myth-busting exercise

This is a myth-busting exercise that can be conducted with staff, partners, consultants and communities you work with.

It can be handed out as a worksheet for people to complete (with the implications removed) before being discussed in a group or one-on-one.

It is important when conducting myth-based exercises that practitioners ask individuals to identify their own assumptions and beliefs around persons and in particular children with disabilities.

This will allow a more open discussion around harmful myths and practices that can lead to child safeguarding risks.

Where possible, myth-based exercises are best conducted together with representative organisations of persons with disabilities (OPDs) who know the context, culture and personal impact of such beliefs.

On the right are some examples of myths and how to address them in awareness-raising activities.

Tool 2. Myth-busting cheat sheet

Common myths	T / F	Implication on child safeguarding	Reality
Children with disabilities cannot communicate abuse that happens to them, so it will be impossible to identify or charge a perpetrator.		This can mean that when a child with disabilities is harmed or abused, there is no investigation.	<i>Most children with disabilities are able to communicate in some way, and it is the responsibility of practitioners to find a way to help them communicate.</i>
Disability is contagious, or that touching a person with disabilities brings bad luck.		This can mean children with disabilities do not receive support, medical attention, get to play and are neglected or treated differently in some way.	<i>Disability is not contagious. Some diseases that can cause disabilities are contagious, but persons with disabilities are not contagious just because they have a disability. If a child with disabilities requires support or medical attention, they have the same right to this as any other child.</i>
A child with disabilities (or their condition) is a demon/ curse caused by family wrongdoing.		This can lead to the child being shunned, abandoned or harmed.	<i>Disability can be genetic or a result of illness, accidents, or complications at birth. Children with disabilities deserve the same love and care as children without disabilities. Mothers who give birth to children with disabilities are not being punished but instead require support from their communities to ensure they can care for their child.</i>
Having unprotected sex with a person with albinism or a girl with disabilities will cure HIV.		This can lead to high incidents of sexual abuse, violence and exploitation, and underage pregnancy of girls with disabilities.	<i>Sex with a girl with disabilities will not cure HIV. It is illegal to have sexual intercourse without consent. Sexual activity with children (individuals under the age of 18) is prohibited regardless of the age of majority or age of consent locally. Mistaken belief regarding the age of a child is not a defence. (IASC Principles 2019).</i>



Common myths	T / F	Implication on child safeguarding	Reality
Sexual abuse of children with intellectual disabilities is not as harmful as they are not aware of what is happening to them.		This can lead to high incidents of sexual abuse, violence and exploitation, and underage pregnancy of girls with disabilities.	Children with intellectual disabilities can experience harm and abuse as acutely as children without disabilities. The psychological harm may even be more severe if they cannot express or make sense of what they have experienced. It is illegal to have sexual intercourse with anyone without consent. Sexual activity with children (individuals under the age of 18) is prohibited regardless of the age of majority or age of consent locally. ⁶¹ Mistaken belief regarding the age of a child is not a defence. (IASC Principles 2019). ⁶²
Girls and boys with disabilities are at little risk of abuse from caregivers/ support workers who are good people.		This heroism of caregivers and support workers can embolden and protect perpetrators of abuse, who work closely with a child with disabilities.	Girls and boys with disabilities are most likely to be abused by someone they know or by someone who cares for them.
Children with disabilities are more likely to get confused or make false allegations of abuse.		This can mean that when a child with disabilities is harmed or abused, or there is suspicion of such harm, there is no investigation.	Children with disabilities are not more likely to make false accusations than children without disabilities. Any safeguarding concern or abuse claim reported by any child should be taken seriously, investigated and responded to.

Common myths	T / F	Implication on child safeguarding	Reality
Most children with disabilities who beg are part of a wider organised network of beggars and should be ignored as it is only perpetuating this practice.		This can mean children with disabilities who are being exploited and who are at risk are ignored.	Many children with disabilities are being exploited, forced and also abused by adults or older children to beg. Some are doing it to support their families as their parents or caregivers have no other means to survive. They are also highly dependent on adults allowing begging and therefore at high risk of harm and abuse. Children with disabilities who are begging deserve to be protected by adults.
Children with disabilities are not as competent as children without disabilities and can only do menial tasks.		This can lead to child labour, early child marriage, serfdom or other forms of exploitation. It can also lead to children not receiving an education.	Children with disabilities, including children with intellectual disabilities, have as much potential as any other child. They can learn new skills and have regular jobs. All children with disabilities have the right to education, employment support and skills development.
The body parts of persons with albinism have magical powers and can bring fortune and luck.		This can lead to the abduction, mutilation and murder of children with albinism.	There are no magical attributes to persons with albinism. They are just as human as anyone else, and the reason their skin is lighter is because they are missing the skin pigment called melanin, which protects the skin. This does not make them different in any other way than the colour of their skin. Since melanin is needed for the eye to work fully, some persons with albinism can also have reduced vision.



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6.3 Increasing awareness on risks of abuse for children with disabilities

As outlined in the UNCRC, child abuse consists of all forms of physical or mental violence, injury, neglect or negligent treatment, and maltreatment or exploitation, including sexual abuse.⁶³

Disability complicates and compounds this risk for children with disabilities and the abuse they experience. In many cases, the discrimination, disregard and disdain

children with disabilities experience can directly lead to serious incidents of abuse. The next section looks at different types of abuse and places them together with risks identified by children and young persons with disabilities themselves.

Physical abuse is the non-accidental^{xii} use of physical force that deliberately or inadvertently causes a risk of or actual injury to a child. This may include hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing non-accidental physical harm to a child.^{xiii} Physical abuse can also be more subtle and can include physical

intrusion into a child’s physical space by another person that violates the right a child has to have autonomy of their own body. This may include forcibly steering, moving or lifting a child without their approval. Physical harm can also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness or temporary, permanent injury or disability of a child.

Children reflected:

Many children with disabilities felt they experienced a greater risk of physical abuse from peers, parents, caregivers and teachers. They described how people regularly become frustrated with manifestations of their disabilities, such as their inability to carry objects or their difficulty understanding what is being communicated to them.

“Sometimes they beat the children with mental disability”

– David (child in Rwanda)

“A child with physical impairment who cannot carry himself a plate of meal easily, he can be beaten in case he breaks it!”

– Aurore (child in Rwanda)

Neglect includes but is not limited to failing to provide adequate food, sufficient or appropriate clothing and shelter. Neglect is also failing to prevent harm; failing to ensure adequate supervision; failing to ensure access to appropriate medical care

or treatment or providing inappropriate medical treatment (e.g. administering medication when not authorised); failing to provide a safe physical environment (e.g. exposure to violence, unsafe programming location, unsafe sleeping practices, releasing a child to an unauthorised adult, access to weapons or harmful objects, failing to child-proof a space that children will occupy etc.). Neglect can also be when staff, partners, contractors, suppliers and sub-grantees of an organisation fail to apply minimum requirements as set out in mandatory procedures.

Children reflected:

Every child consulted reported experiencing some form of neglect due to their disability. Many children felt they were being overlooked by adults and teachers and being made to feel invisible due to stigma linked to their disability. The majority of older children with disabilities noted the unsafe environments they find themselves in during project activities, describing trip hazards and inaccessible toilets or water stations. They also expressed that training approaches, tools and materials were usually inaccessible with no efforts to provide sign language interpreters and copies of materials in large print or braille.

“Mostly we are treated differently because many people do not pay attention to [us] during the activities”

– Maurice (youth in Rwanda)

^{xii} Non-accidental physical abuse refers deliberate and intentional actions such as hitting, shaking, burning etc. as opposed to accidental physical harm such as bumping into someone or accidentally dropping something on somebody.

^{xiii} The process of developing these guidelines included consultation with children and youth with disabilities in Rwanda.

“The place might be having holes or water channels that a person with vision impairment cannot see and fall into. Or you are in a room that organisers have not oriented you about, then you get difficulties knowing where things you need are, like the toilet. You may also hit yourself on things in the room, or on the wall.”

– Gladys (child in Rwanda)

abuse as if they were an everyday reality. They reflected that they were commonly referred to by their disability type, e.g. ‘the blind one’ by their families, teachers, practitioners and caregivers. Children and youths with disabilities shared that they were regularly bullied by peers and by adults because they look, walk, talk or behave differently from others. Many explained that this led to a sense of worthlessness which directly impacted their ability to live full and happy lives.

“Families shout at them and tell them they are stupid.”

– Paul (child in Rwanda)

“During meetings, children with disabilities are denied a chance to give out their opinions because facilitators don’t value their views due to their disabilities.”

– Remy (youth in Rwanda)

“A facilitator can say: ‘Look at them...!’ If you have a visual impairment this can make us feel really bad.”

– Rita (child in Rwanda)

“During lunch time, other children refuse to sit on the same table with you because you have an albinism.”

– Vincent (child in Rwanda)

“When the whole group is sharing their opinion, they skip us thinking that we are not able to share our views.”

– Winny (child in Rwanda)

Emotional abuse involves doing harm to a child’s emotional, intellectual, mental or psychological development. This may occur as an isolated event or on an ongoing basis. Emotional abuse includes any humiliating or degrading treatment (e.g. name-calling, belittling, threats, yelling/screaming/cursing, teasing, constant criticism, persistent shaming) failure to meet a child’s emotional requirements, and rejecting, ignoring, terrorising, isolating or confining a child.

Children reflected:

Emotional abuse is perhaps the most pervasive form of abuse that children with disabilities described. Children with disabilities told stories of emotional

“Children sometimes at school don’t want to play with us because they think we cannot play like them and even when teacher tells them to play with, they do but when they leave, they kick us out.”

– Gakuru (child in Rwanda)

Sexual abuse is the involvement, inducement or coercion of a child to engage in any unlawful sexual activity, the exploitative use of children in prostitution or other unlawful sexual practices and the exploitative use of children in pornographic performances and materials.⁶⁴ The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images or activities,

encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for sexual abuse (including via the internet). It applies whether or not the child is aware of what is happening.

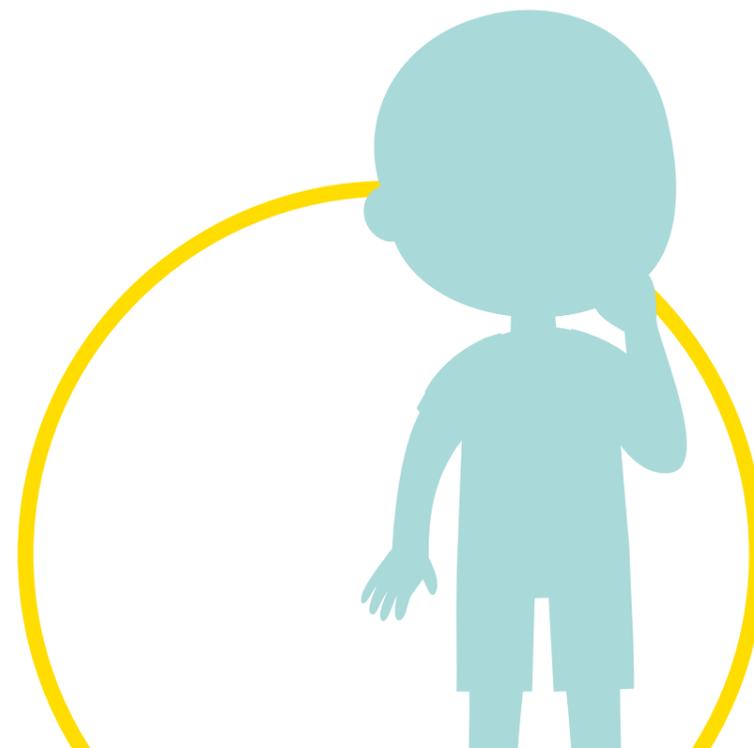
Girls are at higher risk than boys, but boys also experience sexual abuse. Adult males do not solely perpetrate sexual abuse. Women can also commit acts of sexual abuse, as can other children.

Children reflected:

Primarily, children with disabilities felt they were at increased risk of sexual violence and abuse as perpetrators may feel empowered by assuming a child with disabilities cannot report the abuse easily. Children with visual impairments talked of their inability to physically describe perpetrators of sexual abuse and it was reflected that some perpetrators may wrongly believe that children with some disabilities might not be able to remember the abuse and therefore target them. Children with physical disabilities talked of their inability to run away from perpetrators of sexual abuse, and children with hearing impairments talked about their inability to shout out and ask for help. Several children with disabilities talked about the specific risk of carers or medical professionals sexually assaulting them due to the close and personal nature of the care provided.

“Staff thinking that they will not be able to describe them can abuse those children with vision impairment”.

– Yves (youth in Rwanda)



“Children with mental disabilities, mainly girls, can be raped because they think the girl will not remember them to report it.”

– Immaculee (youth in Rwanda)

“If a girl who is deaf has to go to dangerous places like passing in a forest or a place with no people, she may be raped because [the abuser] is aware that she will not be able to cry.”

– Jacky (youth in Rwanda)

“Deaf children can be abused by sign language interpreters.”

– Jacky (youth in Rwanda)

“A student can abuse somebody with a disability and run away since he knows that the girl will not be able to run after him.”

– Jean Baptiste (youth in Rwanda)

“The person who is supposed to care for children can be the abuser!”

– Pascal (youth in Rwanda)

Exploitation is an umbrella term used to describe the abuse of children who are forced, tricked, coerced or trafficked into exploitative activities. It includes child exploitation, modern slavery, trafficking of children and children forced or recruited into armed conflict. Child sexual exploitation is a form of child sexual abuse. It occurs when an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur with the use of technology. Child sexual abuse and exploitation also includes child early and forced marriage.

Children reflected:
The main way children with disabilities talked about exploitation was of their disability being used by those who care for them to make money, usually through begging. Girls with disabilities reflected that they were more likely to be forced into marriage by their parents at an early age, to lessen the burden and to try and make money from the marriage. Children with disabilities also reflected that they were more likely to be taken out of school early and made to work as an investment in their education was deemed pointless.

“The parents can use them as a beggar on the street.”

– Francois (child in Rwanda)

6.4 Recognising signs of abuse for children with disabilities

When raising awareness of disability-inclusive child safeguarding with staff, partners, consultants and other organisational representatives, it is important to discuss how signs of abuse may differ among and between children with disabilities. This is especially important as generally accepted signs of abuse can, but may not necessarily be, an indication of harm in children with disabilities. Here are some examples of what to look for when organisations interact with children with disabilities and family members or adults in their immediate environment.

Signs that can be observed by a change in appearance or behaviour:

- A change in the way children with disabilities react to or interact with personal assistants, support workers or interpreters.
- Children with disabilities who require assistance to go to the toilet suddenly refuse or appear fearful to use the toilet.
- Regression or delay in development, behaviour management or skills. Often excused by the nature of the disability and can be an indication of a lack of care and encouragement.
- Excessive bruises or new bruises in places where the child is not touched for support purposes. Bruises on children with physical impairments must not be ignored just because they may fall down or injure themselves more often or get sores due to immobility.
- Non-attendance at school or frequent absence of a child explained by their disability or medical requirements can easily mask neglect, abuse or exploitation.

- A child who excessively apologises for their disability may indicate verbal and emotional abuse.
- Children with disabilities appearing untidier, unkept or malnourished in comparison with their siblings may indicate neglect.
- Children with disabilities, including children with intellectual disabilities, may display behaviour that is aggressive or challenging for others. This type of behaviour may be a means of communication for a child who feels frustrated and whose requirements are not being met.
- A child not using assistive devices or not knowing how to use their available devices, can be an indication of neglect.

Remember

Children with disabilities may experience a lack of continuity in their care, leading to an increased risk of behavioural, physical or emotional changes going unnoticed.

Signs that can be observed in the interaction between child and responsible adult can include:

- Responsible adults or peers not letting a child respond to questions with the justification that ‘the child cannot speak’ or ‘the child cannot express themselves well’.
- Unjustified force feeding, especially where a child with disabilities seems distressed. Sometimes **hunger** or **a lack of understanding on the child’s part** is used as justifications.

- Unjustified or excessive physical restraint, especially where a child with disabilities seems in pain or is distressed. Justifications can include 'they will hurt themselves or others' or 'they will break things'.
- Inappropriate, unnecessary, or rough handling when assisting with mobility or moving a child around.
- Unjustified or repetitive restriction of liberty including inappropriate locking of doors under the guise of 'protecting privacy' or removing batteries out of an electric wheelchair solely for the convenience of staff.
- Providing insufficient time for a child with difficulty seeing, moving or swallowing to eat and drink.

- Disregard of prescribed or recommended physical care, e.g., occupational and physiotherapy or correct use of equipment such as walking aids, which, when administered or used incorrectly, may cause injury or pain.
- Misuse of medication, perhaps leading to sedation or heavy tranquillisation to make moving or caring for the child easier.
- Misappropriation/misuse of children with disabilities' finances, including welfare payments or resources a responsible adult may have access to as a result of their child's disability.

- Children with some disabilities experience incontinence without being distressed.
- Many parents of children with disabilities are very protective of their children, which may mean they remove their children from public situations or limit their contact with others. This is usually due to fear for the child's safety as opposed to an indication of abuse.

Remember

As with all child safeguarding, if you are suspicious, you must report it. All concerns, suspicions or known incidents that put children at risk of or actually result in harm or abuse must be reported even if an individual is not sure that a violation has taken place.

Signs observed in children that generally indicate abuse but may not for children with disabilities:

- Children with physical disabilities may have more bruises due to falling or have bruises in unexpected places due to using different limbs for mobility support. Practitioners should look for new, or unexplained bruises and marks.
- Children with limited or no mobility are more likely to sustain fractures with minimal force and injuries sustained through contact may therefore not be an indication of excessive force.
- Children may be quieter than their peers if they have hearing, intellectual or psychosocial disabilities without it being a child safeguarding concern.
- Children with disabilities, including children with intellectual disabilities, may seem more withdrawn, or their behaviour may seem more erratic without it being a child safeguarding concern.
- Children with Tourette's Syndrome may pronounce explicit or unusual words or phrases without it being a child safeguarding concern.





Recognising signs of sexual exploitation, abuse and harassment (SEAH) with children with disabilities.

Disclosure of child sexual exploitation, abuse and harassment is often initiated following a physical complaint or a change in behaviour rather than a direct report.

However, children with disabilities may not be able to communicate physical complaints easily, and changes in behaviour may be harder to identify. Therefore, it is crucial staff are aware of particular signs to recognise and respond to sexual exploitation, abuse and harassment for children with disabilities. These include:

- Personal assistance used as a justification for inappropriately or excessively touching a child with disabilities.
- Personal assistance used as a justification to spend lengthy amounts of time, or time alone, with a child with disabilities.

- Unnecessary assistance toileting or getting dressed that is different from a child with disabilities' personal care requirements or care plan.
- A girl with disabilities becomes pregnant following interaction with organisation staff or volunteers.

It is important to emphasise that grooming can happen with caretakers responsible for protecting children with disabilities. This can include:

- Those responsible for personal assistance or personal care for children with disabilities making concerted efforts to ensure colleagues and communities see them as a 'good person' and convince others that concerning behaviour is harmless and part of their role.
- Individuals making concerted efforts to befriend or become familiar with adults who serve as gatekeepers of children with disabilities to gain access to these children who may be perceived as 'easy' targets.

6.5 Increasing awareness on the risks of harmful language

For many years, the global disability movement has highlighted the harm of using derogatory language to refer to or describe persons with disabilities, and there is a strong link between the way people talk about persons with disabilities and the way they treat them. Understanding what is considered harmful

language should form a core part of any awareness training with staff, partners and key stakeholders.

We easily recognise and avoid offensive terms such as 'retard' or 'cripple'. It is harder, however, to be aware of language choices that unintentionally 'other' children with disabilities. Many children with disabilities we consulted talked about being referred to by their disability type, e.g. 'the deaf child' instead of their name, or being referred to as the 'one with

disabilities'. In many cultures, children with disabilities are given names that literally translate to a description of their disability.

Organisations need to understand that language itself can cause harm and be a form of emotional abuse. Inappropriate language can shame, belittle or intimidate children with disabilities and is a form of bullying and emotional abuse. This is particularly true for children with disabilities whose life-long self-esteem and self-worth may be determined by how they are characterised and described by others.

The language used by organisations and practitioners is directly linked to their ability to safeguard and 'do no harm'. Organisations should work with persons with disabilities to distinguish correct terminology and to apply a respectful and dignified treatment in all interactions with children with disabilities.

Understanding what is deemed inappropriate/appropriate language is informed by local context, social norms and, as such, is continually changing. Raising awareness of language will

"If someone calls me using bad words, you are not considering me as a human being, rather as a thing! Instead of using my proper name, you call me 'the short one' or 'the tall one', [even though] you know my name!"

– Greta (youth in Rwanda)

create a space for open discussion on why particular language and terminology should or should not be used. Organisations of persons with disabilities (OPDs) should be consulted to understand what language is deemed unacceptable in the context where organisations work.

To avoid the use of negative and harmful terminology across all work, leadership, staff, partners, consultants and others representing the organisation should be provided with awareness training on appropriate and dignified terminology and communication.



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Tool 3.

Applying appropriate language when talking about disability

Avoid	Use	Why
(The) handicapped, (the) disabled	A child with disabilities/ children with disabilities	Put the person first. A disability is something someone has, not what they are. Note some people or OPDs identify as 'disabled'. Ask people what they prefer.
Able-bodied children	Children without disabilities	Using 'able-bodied' implies that those with disabilities are not able.
Non-disabled	Without disability/ disabilities	Using non-disabled contradicts person first language. It is outdated and linked to the former use of disabled.
Normal, not normal	A child with or without disabilities/ children with or without disabilities	A child with disabilities is not abnormal.
The deaf/ blind etc. child	The name of the child	Refer to a child by their preferred name not by their disability.
Afflicted by, suffers from, victim of	Has [name of condition or impairment]	If a person has disability, it does not make them weak, a victim or someone to feel sorry for.
Confined to a wheelchair, wheelchair-bound, wheelchair user	Person using a wheelchair	A person who uses a wheelchair is not bound by the chair; they use it to enable them to be more mobile.
Differently-abled, people of all abilities, special needs, special child	A child with disabilities/ children with disabilities	Made-up words or euphemisms can be patronising and are incorrect. They fail to make visible the specific distinction that is the disability, or imply that children with disabilities are separate or different from children without disabilities. This can further exclude them.

Avoid	Use	Why
Disabled toilets	Accessible toilets	The focus should be on the societal responsibility of accessibility as opposed to the label 'disabled'.
Mentally handicapped, mentally defective, retarded, subnormal, mentally retarded	Child with intellectual disabilities or cognitive or developmental disabilities	These phrases are deemed offensive as they suggest there is something abnormal or deficient.
Cripple, invalid	A child with physical disabilities/ children with physical disabilities	These are generic terms that are incorrect or suggest illness.
Spastic	Child/ren with cerebral palsy or a neurological condition	This is incorrect and has negative connotations in everyday use.
Mental, mental problem, mental patient, insane, mad	Child/ren with a mental health condition or child/ren with psychosocial disabilities (if identifying as such)	Persons with mental health conditions are not medical patients. 'Insane' and 'mad' have negative connotations in everyday use.
Deaf and dumb, deaf mute	Child with a hearing impairment; D/deaf, user of sign language, mild, moderate or profound hearing loss, hard of hearing	These phrases are deeply offensive as they suggest that a person is unable to communicate in any form. The word 'dumb' also implies a person has low intelligence.
The blind	Child with visual impairment; blind children; blind and partially sighted children	Persons with visual impairments are not a homogeneous group. Blind and partially sighted is often used as a collective phrase but includes different degrees of vision.
Dwarf, midget	Child with short stature	This is incorrect and has negative connotations in everyday use.

6.6 Increasing awareness of child safeguarding with children with disabilities

The best way to safeguard children with disabilities is to inform them of their rights. If a child with disabilities is educated on their right to be protected, they are better equipped to report abuse.

Children with disabilities are more likely to be out of education or left out of activities that inform them of their rights. As a result, many children with disabilities are unaware they have the same rights as children without disabilities and are more likely to endure bullying, neglect and violence without recognising it as abuse.

To ensure children with disabilities understand their rights and know what to expect from organisational child safeguarding systems, organisations should plan and consider budgeting for:

- Training children with disabilities on their rights.
- Setting up and running peer-to-peer support and child-led learning sessions, such as inclusive child rights clubs.
- Consultation sessions with children with disabilities during the design of safeguarding procedures. These can be in mixed groups of children with and without disabilities where it is safe to do so.
- Inclusive information on how children with disabilities can report harm they experience or child-led stakeholder training sessions that enable children with disabilities to self-advocate for better safeguarding structures with practitioners.
- Rights-based materials to be in child-friendly, illustrative and accessible

formats, including in braille, large print, soft-copy and child-friendly versions.

Guidance on raising awareness with children with disabilities on an organisation's safeguarding **reporting** and **responding** process can be found in [chapter 8.3](#) and [chapter 9.3](#).

Organisations should avoid delivering generic, pre-existing training when working with children with disabilities. Deaf Child Worldwide describes how 'off the shelf' training being delivered through a sign language interpreter is insufficient as many children with hearing impairments will have big gaps in their knowledge on the underlying concepts of child safeguarding or will not be fluent in sign language.

There are some specific considerations for practitioners when conducting awareness-raising on child rights and child safeguarding for children with disabilities. Practitioners should:

- ✓ **Use national legal frameworks as a basis for child and disability rights alongside international frameworks such as the UNCRC and UNCRPD.** Many children with disabilities do not think that other people's rights apply to them. Using national frameworks outlining child rights and disability rights (alongside UNCRC and UNCRPD) will help them to understand that they have rights, too, as enshrined in national and international law.
- ✓ **Ensure that where comparisons are made between children with and without disabilities, such as siblings and friends, it is made clear that they all enjoy the same rights.** Many children with disabilities believe that they have fewer rights than children without disabilities due to their disability.
- ✓ **Provide opportunities for children**



Educating children with disabilities on their sexual and reproductive rights is fundamental in safeguarding them against sexual exploitation abuse and harassment (SEAH).

Children with disabilities, particularly girls with disabilities, receive disproportionately low levels of sexual education and, as a result, are poorly equipped to recognise, report and resist sexual exploitation abuse and harassment.

Therefore, organisations must:

- ✓ Ensure children with disabilities are provided with information on their sexual rights and, where possible, with disability-inclusive sexual and reproductive health education.
- ✓ Ensure children with disabilities have understood what sexual abuse is and are aware of the accessible reporting safeguarding mechanisms available to them.
- ✓ Ensure children with disabilities know reports of sexual exploitation abuse and harassment will be listened to and believed.
- ✓ Ensure the myth that persons with disabilities are not sexually active is challenged in awareness-raising.

with disabilities to describe their own experiences of feeling unsafe.

Often, examples of abuse provided in sessions are not specific to children with disabilities, making it more difficult for them to identify with the example or link it to their own experiences.

- ✓ **Spend time discussing neglect and emotional abuse concerning discrimination, prejudice and intolerance that children with disabilities experience, and spend time discussing what healthy, inclusive programming looks like.** Many children with disabilities will experience exclusion, neglect and emotional abuse as part of their daily lives but will not recognise it as abuse unless provided with an opportunity to do so.



A case study

In Tanzania, a girl with a visual impairment named Esther took part in a Child Rights Club organised by a non-governmental organisation (NGO) alongside her peers in her school's assembly hall. In one of the sessions, staff taught the children about their rights. One aim of this session was to understand how the club's children would feel best protected during activities. Following the session, Esther approached the NGO's Project Coordinator and

explained that because the Child Rights Club took place after school, she was scared that she would be less able to find her way home since it was becoming too dark for her to see her surroundings well enough. With this feedback, the Project Coordinator rearranged for the Child Rights Club sessions to take place earlier in the day to ensure that Esther could get home safely.

6.7 Activities for increasing awareness on disability-inclusive child safeguarding

Although usual awareness-raising approaches such as training, events and sharing materials are generally useful, some specific approaches have proven effective when raising awareness on disability-inclusive child safeguarding. These are listed below:

Disability-inclusive child safeguarding mentoring (Able Child Africa and ADD International)

For:

Implementation staff

How:

Identify a focal point in each country or programme to whom staff and implementers can turn for advice on safeguarding children with disabilities. These designated focal points will usually provide the initial training for staff and then follow up in regular meetings, other training and one-to-one meetings with staff, volunteers and key stakeholders.

Why:

Disability-inclusive child safeguarding can feel complicated and unconscious bias and prejudice are tough barriers to overcome. Changing attitudes and practices on how to safeguard children with disabilities most effectively is, therefore, not something that can occur in one or two sessions. A mentoring system provides ongoing support and guidance alongside one-to-one conversations that address context-specific concerns.



A 'mentor' approach works well for safeguarding against sexual exploitation, abuse and harassment (SEAH) for children with disabilities.

How:

- Employ or identify adults with disabilities as inclusive safeguarding focal points.
- Employ women with disabilities as inclusive safeguarding focal points for girls with disabilities.

Why:

- Having adults with disabilities in these roles can challenge harmful stigma that leads to an increased

risk of sexual exploitation, abuse, and harassment of children with disabilities and having women with disabilities in these roles can challenge harmful stigma relating specifically to women with disabilities.

- Understanding sexual exploitation, abuse and harassment for children with disabilities may take time. Children with disabilities will need someone they can relate to, ask questions and trust to feel comfortable reporting sexual exploitation, abuse and harassment.

Good/bad touch information sessions

(World Vision India and Humanity and Inclusion)

For:

Children with disabilities

How:

Sessions should begin with asking children with disabilities to provide examples of 'good' and 'bad' touch. Children should be asked to explain why they feel some touch is good and some touch is bad.

Facilitators should then describe examples of bad touch, ask children with disabilities to do the same and then explain why some touch is bad.

This can also be done as a 'My body' drawing exercise where children identify body parts that can or cannot be touched in different contexts. Practitioners should be provided with a clear set of guidance that considers how and when a child with disabilities may be touched for personal support requirements. There should be clear guidance on what to do when a child discloses a concern during a group activity. This must be considered and planned for before implementation.

Why:

Children with disabilities tend to be touched and initiate touch more than children without disabilities due to reduced levels of functioning and the requirement of personal support or communication support. Therefore, differentiating between good and bad touch is crucial for children to recognise when they have been touched inappropriately. This is not about advising practitioners to avoid touch at all costs. Many children with disabilities will require physical contact for their own safety and dignity.

Peer-to-peer awareness-raising

(Save the Children, Able Child Africa, The Leprosy Mission)

For:

Older children with disabilities

How:

Sessions on topics including child and disability rights and the importance of disability-inclusive child safeguarding are run by older children or youth with disabilities themselves. This can be done in school as part of disability-inclusive child rights clubs or during workshops where certain sessions are run by children or youth with disabilities.

Why:

Peer-to-peer training ensures that children with disabilities are not excluded from any information presented to them. It allows the information to be presented in ways sensitive to their own experiences, from peers who have lived experience of disability. It also provides the children with role models who share similar attributes.

Joint Sessions for children with disabilities and their parents

(Save the Children, Uwezo Youth Empowerment Rwanda and Able Child Africa)

For:

Children with disabilities and their parents

How:

A common approach is to invite parents to join sessions that are running for their children with disabilities. It is important to ensure parents are not present for the whole session; instead, parents can have side sessions or breakout sessions to give them space to talk through their concerns and ask questions. Alternatively, one-to-one sessions with parents and their children can be organised at home. Focused resources or information materials can also be provided to parents of children with disabilities as required.

Why:

Providing parents with the same information as their children ensures they, too, can be empowered to demand the rights for their children. Parents may have come to expect a lower standard of care for their child. Some of the parents who participated in the consultation for these guidelines expressed feeling unable to question or criticise activities their children participated in. They felt it was inappropriate to ask for additional measures to be taken to ensure their child's safety.

Drama and storytelling

(Save the Children and Able Child Africa)

Who:

Older children with disabilities

How:

Ask children or youth with disabilities to tell stories or create short performances about a time when they have felt unsafe or threatened and how the situation was dealt with. Group members should then be asked to identify the abuse in the story and help identify the appropriate follow-up. This can be done either with the children with disabilities only or in a group with and without disabilities. If in a mixed group, facilitators must ensure that children with disabilities are given an equal opportunity to contribute, for example, by giving them a specific role such as 'the Director'.

Why:

Drama and storytelling is an accessible way of presenting information to children with disabilities as it offers different modes of communication for children with different communication requirements. It allows children to draw more tangible links between their lives and what they see in front of them. It makes the subject matter more real and less frightening and usually uncovers experiences specific to children with disabilities that practitioners would not have otherwise considered.



A case study

During a child safeguarding training in Rwanda, a group of children with disabilities were asked to role-play a time they felt unsafe and how they might go about responding to it.

During their role-play, they depicted serious abuse inflicted by a practitioner to a girl with a visual impairment. The group decided the abuse should be reported to the police and a guide accompanied the girl to ensure she got to the police safely. However, when they got there, they showed the police laughing at her and calling her names.

From this activity, it is clear children with disabilities don't always see the police as an effective reporting route, as they feared being disbelieved and ridiculed.

It also led to a conversation about children with disabilities having the right to report a concern to NGO staff. They had not realised this as they thought they could not complain to the organisation who was providing them with assistance. The facilitator explained that any reports by children or youth with disabilities would be welcomed and believed, and that appropriate action would be taken to help them feel safe.

Practitioners can use the practitioners' self-assessment checklist (see [Empowerment checklist in Appendix 4](#)) to support the adoption of practices relating to improving understanding of disability-inclusive child safeguarding. This has been designed as a tool to be used alongside [chapter 6](#) in the guidelines to support the adoption of disability-inclusive child safeguarding and should not be used in isolation as a checkbox exercise.

7. Prevention: Mitigating child safeguarding risks for children with disabilities

Who?

- Child safeguarding experts
- Disability experts
- Child safeguarding focal points
- Programme managers
- Any staff (including volunteers) who engages with communities, families or other stakeholder or plans, facilitates, attends or evaluates activities where children are present

What?

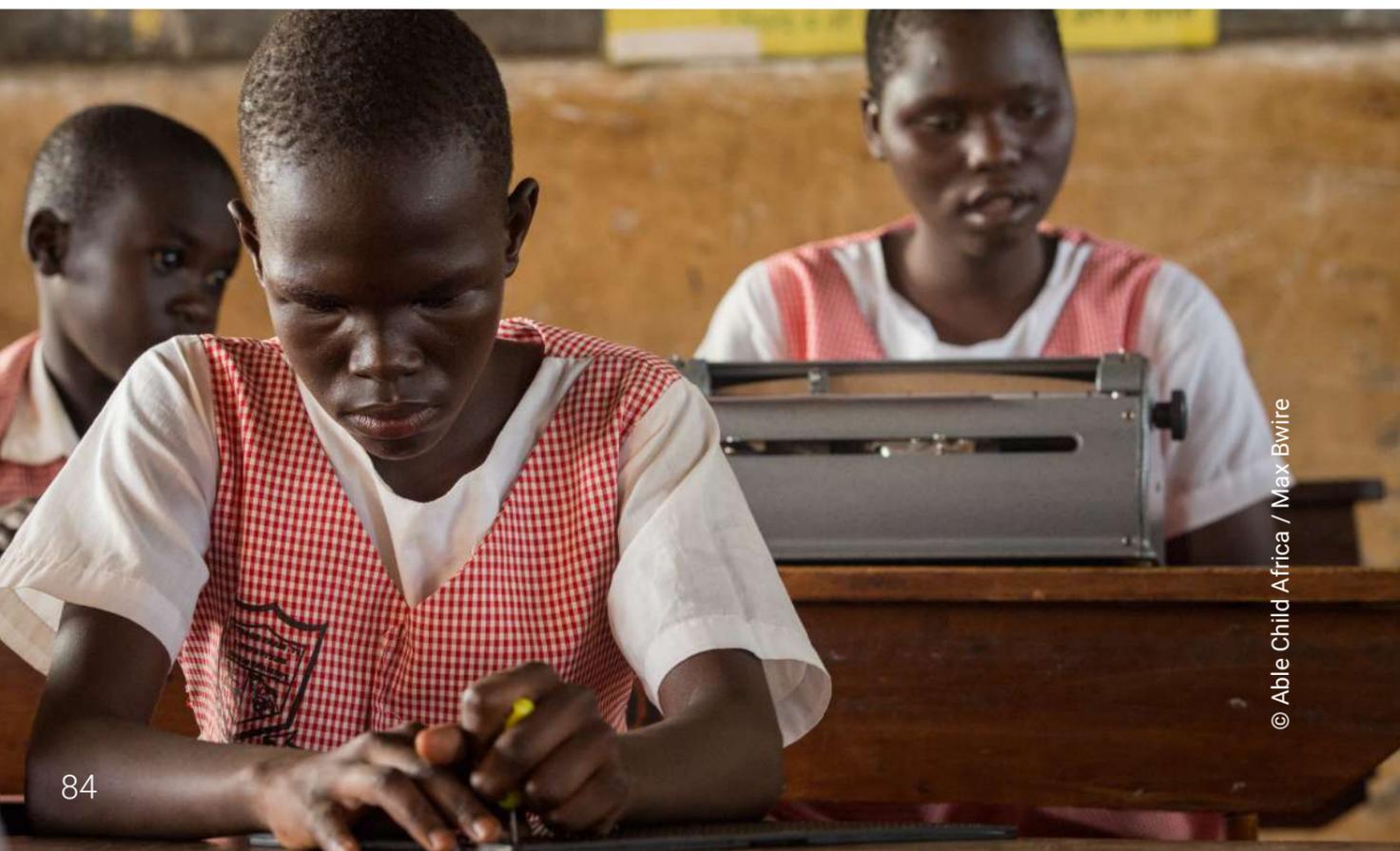
- Collecting informed consent/ assent
- How to plan, implement, close and evaluate activities safely for children with disabilities
- Conducting a disability-inclusive child safeguarding risk assessment
- Staff risks
- Making physical spaces safe
- Financial risks and mitigations
- Medical emergencies

Safe programming for children with disabilities is about creating conditions where all children can safely participate in programme activities. Ensuring programmes are safe for children with disabilities does not reduce cost-effectiveness. In fact, investing resources upfront to ensure children with disabilities are safe can avoid the need for expensive interventions when things go wrong.

Safe programming is not about mitigating all risks. For programmes working with children with disabilities, attempting to mitigate all risks may mean the programme will not go ahead or will not include children with disabilities. It is essential we identify, monitor and build into our programme design risks children with disabilities experience, recognising that in some cases minimising rather than eradicating risk or accepting inherent risk will be appropriate.

In summary, safe programming for children with disabilities means:

- Integrating disability-inclusive child safeguarding through systematically embedding a disability-inclusive safety 'lens' in programme design to prevent it being seen as an add-on.
- Effectively managing risk for children with disabilities, assessing and minimising the specific risks they experience and planning and budgeting to offset these risks.
- Identifying knowledge gaps in disability-inclusive child safeguarding and seeking expertise for support during planning and implementation.
- Actively looking at ways in which a project can contribute to a safer and more inclusive environment for children with disabilities.
- Being prepared not to implement a



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programme where safeguarding risks for children with disabilities have not been appropriately minimised, and inherent risks to children with disabilities are unacceptable.

- Keeping the safety and well-being of children with disabilities under constant review through regular consultations and accessible opportunities for feedback with children with disabilities.⁶⁵
- Taking a proactive approach to ensure considerations for their safety are embedded in every aspect of the project cycle, fully resourced and properly financed.
- Assessing how programme design may exclude children with disabilities, and planning for safe and inclusive practices or environments.
- Including an evaluation of disability-inclusive preventative practices into monitoring, evaluation, accountability and learning systems and evaluating efficacy of those practices to identify where gaps may exist and make changes when ineffective.

This chapter will provide guidance on identifying child safeguarding risks in a disability-inclusive way, and provide practical mitigation approaches to these risks.

7.1 Preparing for risks relating to informed consent or assent

The right to consent and assent

All children, including children with disabilities, have the right to decide by themselves, and through their parents or legal guardians, what, how and when to

participate, share information and/or have their information shared in relation to any aspect of an organisation's work.

Crucially, children with disabilities have a right to decide that they do or do not want to participate in activities or share information and practitioners should seek to understand their preference and respect their decisions.

As outlined in Article 12 of the UNCRC a child with disabilities' perceived or actual mental capacity must not be used as justification for denying their legal capacity or their right to decide how and when to participate or how and when information that concerns them is shared (see chapter 2.3)

Failing to provide a child with disabilities with an opportunity to make decisions regarding their participation or how their information is used is a denial of their rights and can put a child at increased risk and can cause distress, which is a form of emotional abuse. Therefore, children with disabilities must be given the opportunity to communicate decisions through, informed consent, assent or a refusal to participate.

This can include, but is not limited to, decisions to:

- Take part in any activity.
- Take part in interviews.
- Take part in images or videos.
- Have their name, age, location and/or other information collected or documented.
- Be touched or helped.
- Have a medical examination.

Understanding consent and assent for children with disabilities

Informed consent

Informed consent is the free and voluntary act of giving permission to participate, share information or have one's information shared. To fully consent, a child, and where applicable, their parents or legal guardian(s), have to clearly comprehend all the relevant facts, details of the information enquired, expectations of their involvement, their right to withdraw from participation whenever they choose, and their right not be coerced by circumstances or individuals (including parents or legal guardians).

Legally, informed consent must be obtained from all individuals that are of legal age to consent, which in most jurisdictions is 18 years of age. In some jurisdictions, children can be of legal age before they turn 18. Accordingly, informed consent must be obtained from all children of legal age of consent and where applicable, from their parent or guardian as established by law. As standard of practice, informed consent should be obtained directly from all children who are old enough to expressly give their consent.

Assent

Assent is the expression of willingness or agreement to participate, share information or have one's information shared in part or in full even when the legal age of consent has yet to be attained. It relies on the existence of dissent, i.e. that a child can object to or decline to take part. Assent applies in both instances where: a) the child fully understands all the facts and

comprehends the information provided, expectations of their involvement, potential risks and benefits involved; and b) children who may not fully understand these facets.

Assent recognises the emerging developmental capacities of children irrespective of whether they can fully provide informed consent or not. However, assent cannot substitute informed consent for children of legal age of consent, regardless of the status of their evolving mental capacities. Even in cases where a child has undoubtedly expressed assent, informed consent about their participation must still be secured from their parent or legal guardian established by law.

Remember

If a child gives neither their informed consent nor assent, this should be respected, despite the fact that a parent or legal guardian has given their informed consent for the child's participation.⁶⁶

Barriers to obtaining informed consent/assent with children with disabilities

Obtaining informed consent or assent is often overlooked or poorly executed when it comes to children with disabilities. Here are some examples of why:

- Some children with disabilities will communicate in ways that require informed consent or assent to be explained in different ways. For

example, some children with disabilities may not be able to hear descriptions or explanations or see the information or examples on forms.

- Some children with intellectual disabilities may require more support understanding the concept of participation, information sharing and data collection as well as what it means to give informed consent/assent.
- Many adults (parents, caregivers or family members) are used to speaking on behalf of children with disabilities. They may be quick to give informed consent on behalf of the child without seeking to understand the child's preference.
- Many practitioners mistakenly think it is acceptable to offer and/or accept 'substitute decision-making' when they make assumptions or are told about a child's mental capacity and thus denying the child their right of personal and free choice.⁶⁷ (See chapter 2.3)
- There is a unique power imbalance which may mean children with disabilities feel unable to turn down requests to participate as they may worry this will threaten the provision of key support they receive from an organisation on which they rely.

Risks relating to informed consent and assent

Children with disabilities are at increased risks of being shamed, offended or hurt as a result of the way information has been shared about them.

Children with disabilities are at particular risk as they are usually selected for communication pieces due to their

perceived vulnerabilities and assumed victimhood and are rarely asked to provide informed consent/assent in regard to their participation or the information being shared about them. This means it is more likely that pictures, images, videos or stories that demean, humiliate and misrepresent children with disabilities will be collected and shared without their approval.

Just like children without disabilities, children with disabilities have the right to not only be asked to give their informed consent and/or assent but also to have their personal data used in a way that follows strict data protection principles. This includes ensuring that data is only used for its specified purpose, is accurate and up to date, not kept longer than needed, stored safely, and protects identity where necessary.

However, data protection has additional importance for children with disabilities for two reasons.

1. Identifying children with disabilities.

Children with disabilities can be more easily identifiable and recognised than children without disabilities as their type of disability can sometimes be accompanied by an identifiable characteristic. For example, if a story about a child in a wheelchair was shared where the child's name was omitted, but a village or school was mentioned, that child becomes immediately and easily identifiable as the only child using a wheelchair in that locality.

This can in turn increase the risk of the child experiencing bullying or lead community members to put pressure on the family to share any benefits they have received or, more worryingly,

enables potential perpetrators of abuse to locate children with disabilities.

2. **Misrepresenting children with disabilities.** A child's functioning may change over time, or their self-identification as a person with disabilities may alter as they reach adolescence or adulthood. Therefore, data being shared where they are presented as having a disability long after it was collected may be inaccurate, causing distress or emotional harm.

"I feel bad when am walking and people take pictures of me and they are not telling me why they are taking my picture."

– Angelique (child in Rwanda)

Obtaining informed consent and assent

There are approaches organisations can use to obtain informed consent/assent from children with disabilities that protect their dignity, ensure their privacy and respects their rights. These include:

- Design consent/assent forms that will be accessible to children with disabilities, which:
 - Uses smileys (happy/sad) at the end of each question.
 - Uses pictorial examples.
 - Uses minimal text or easy

read formats.

- Can be accessed online or compatible with screen readers or audio text software.
- Are available in different formats, including braille and large print.
- Obtain informed consent/assent using audio or videorecording if it is more accessible than a paper form.
- Prepare visual examples of proposed activities or web pages, tweets, Facebook or Instagram posts, to demonstrate how information will be shared.
- Ask an independent adult to witness the child providing informed consent/assent and have them sign to confirm consent was given freely and voluntarily.
- 'Include a section on all records of the consent/assent forms to explain exactly how informed consent/ assent was obtained and why it was deemed appropriate to collect it in that way.
- Use parents or other family members, carers or others close to the child to assist with explaining the activities and participation proposed or what information will be collected, how it will be used, the concept of consent/assent and the right to decline.
- Ensure enough time is given to children with disabilities to ask questions to ensure that they have fully understood what is being asked.
- Ensure informed consent/assent is obtained in a space that is familiar, quiet and free from distractions.
- Explain how images on webpages or platforms such as Twitter, Facebook or Instagram can be stolen and reused in years to come in ways that have not been agreed upon.

Remember

- When obtaining informed consent/assent, check your own data consent regulations as well as government and other relevant regulations in the jurisdiction or institution you are delivering a programme in and remember the UNCRPD.
- If it is unclear whether free, voluntary and informed consent and assent has been obtained, it is unlikely that you have it, and alternative approaches will need to be used.

- Destroy any material the child is not happy with.
- Only use the images that empower children with disabilities and demonstrates their agency and individuality. Do not photograph children in compromising circumstances. (e.g., no photos of children with disabilities crawling on the floor, in pain or suffering)
- Proactively collect information where children with disabilities are portrayed in ways that reflect how they see themselves as opposed to how others see them.
- Ensure captions or descriptions of images or video images are confirmed by the child and do not describe the child in a way which they did not agree with or in a way that is exaggerated (for example, overemphasising victimhood and heroism).
- Ensure images of children with disabilities do not have any personally identifiable information visible in them (e.g. name of school or school uniform) that can be used alongside their disability type to make them easily locatable.
- Use generic descriptions to describe disability types. E.g. instead of 'an eight-year-old girl in a wheelchair', the description could be 'a young girl with a physical disability'.

Remember

Children with disabilities deserve to have their stories told too.

Respectful collection and use of data and information

Even when informed consent/assent has been obtained, respectful and dignified use of data and information of the child is crucial to ensure effective child safeguarding. Here are some mitigating measures that can be used:

- Before taking a photo or video, ask the child where they would like to sit or stand and if there is anything they would like in the image with them. Encourage the child to take ownership of the images collected.
- After taking the photo or video, or collecting the case study, show the child exactly what will be shared and only use images or stories which the child has felt positive about and agreed to be used.

A case study

A Kenyan girl with a physical disability who uses a wheelchair was asked to have her picture taken. The data collector, without thinking, took a picture of the girl looking uncomfortable in a wheelchair that was too small for her.

The child was distressed and embarrassed by this photo and instead wanted a photo

where she had pulled herself out of her chair, supported herself on a railing and was standing upright, smiling.

This was the image the girl wanted to project of herself, the way she saw herself and wanted others to see her. Having the option to do so, made her feel proud and protected her dignity.

7.2 Assessing disability-inclusive child safeguarding risk

Throughout the project cycle and before undertaking any event or activity that engages children with disabilities, a disability-inclusive child safeguarding risk assessment should be carried out. This is a standard child safeguarding risk assessment that also takes specific consideration of the risks relating to

children with disabilities. This allows careful identification of potential risks that could cause harm to a child with disabilities by the organisation (including through any activities delivered), its staff, consultants, partners and other representatives. Organisations should integrate or incorporate these identified risks of children with disabilities into existing risk assessment templates to foster a disability-inclusive child safeguarding culture and not see it as an add-on.

What A disability-inclusive child safeguarding risk assessment is a child safeguarding risk assessment that includes a set of pre-identified considerations, enabling practitioners to carefully examine the ways in which their work can cause harm to children with disabilities. A risk assessment itself is not sufficient to fully safeguard children with disabilities, but it does set the framework for identifying where further action is needed to safeguard children including those with disabilities effectively.

Who The ownership of the tool, or the person overseeing it, is likely to differ in each organisation. In some instances, it might be the responsibility of the programme lead; in others, it may be



the safeguarding officer, focal point or a disability expert. Either way, it is important that organisations clearly identify who should oversee, ensure implementation and follow up on the risks and mitigation measures identified.

Key project stakeholders should also be involved in designing and implementing risk assessments to ensure they are context-specific. These stakeholders should include children with disabilities, their parents and representative organisations of persons with disabilities (OPDs). During this process, power relations should be observed and mitigated. If a child with disabilities has been invited to participate in a risk assessment with adults they don't know, they may not feel comfortable criticising plans or offering suggestions. This is especially relevant when staff travel internationally to conduct risk assessments. Children with disabilities should contribute to risk assessments together with peers or adults they know in an environment in which they are comfortable.

When Disability-inclusive child safeguarding risk assessments should be conducted during project design, at the start of projects and then again before each activity. Children should be involved at every stage, including monitoring and evaluation activities. Since many disabilities will go undetected, any activity, regardless of the assumption of children with disabilities attending or not, must be planned by conducting a disability-inclusive child safeguarding risk assessment.

Risk management is an ongoing process; therefore, assessments need to be followed up and revisited throughout a project cycle to check that mitigation measures are in place. All risk assessments should also be conducted

with enough time to implement mitigations, which may require more time for risks specific to children with disabilities due to the additional precautions relating to accessibility and inclusion.

This initial risk assessment is also a prime opportunity to set up a referral pathway for safeguarding concerns. Referral pathways need to be designed following consultation with children and key stakeholders and need to be in place as early as possible, so reporting channels can become operational before the project begins (see [chapter 9.6](#) for guidance on referrals).

How

- Each risk identified should be scored both in terms of likelihood and potential impact.
- Each risk should be addressed with mitigation, after which the risk should be scored again.
- Mitigations should be multifaceted; they should consider different disability types and be detailed in terms of what steps are to be taken and by whom (guidance of mitigation strategies is provided in [chapters 7.3–7.6](#)).
- Mitigation should be linked to budgeting.

Although child safeguarding professionals often categorise risks within three areas of risks (staff and personnel, programme and processes, physical space), disability professionals often address risks within the categorisation of barriers (attitudinal, environmental, financial, institutional and communication). A disability-inclusive child safeguarding risk assessment must therefore be a combination of the two.

Examples of risks deriving from staff and personnel

Attitudinal Barriers

During the planning and before an activity:

- Children with disabilities are not identified before delivery, which means necessary adjustments and modifications are not made to empower them and minimise the risk they experience.
- Children with disabilities are not consulted before activities to ensure risk assessments and activity preparations consider their requirements.

During an activity:

- Children with disabilities do not actively participate in an activity.
- Children feel humiliated or offended by an organiser's/facilitator's use of language or attitudes.
- Children experience bullying and ridicule from other children, community members or project participants.
- Children with disabilities do not understand the activity or the instructions.
- Children with disabilities feel segregated from children without disabilities or feel like they are treated differently from children without disabilities.

After an activity:

- Children with disabilities are not given the opportunity to feedback.
- Children with disabilities are not given follow-up information on how their input has been utilised, leading to distrust or feeling used.

Mitigations for attitudinal risks can be found in [chapter 7.3](#)

Institutional Barriers

During the planning and before an activity:

- There is no clear responsibility or designated focal point for safeguarding children with disabilities.
- Vetting procedures and due diligence for adults selected to support children with disabilities are overlooked.

During an activity:

- Children with disabilities are not supported to the extent they require during activities (absence of interpreters, personal assistants or carers).

After an activity:

- Feedback on support mechanisms is not obtained from participants.

Mitigations for institutional risks can be found in [chapters 7.3](#) and [7.5](#)

Examples of risks arising from programmes and processes

Communication Barriers

During the planning and before an activity:

- Free, voluntary and informed consent/assent is not obtained or is obtained wrongfully from children with disabilities.
- Accessibility requirements and reasonable accommodation for each child is not identified before the event.

During an activity:

- Children with disabilities cannot actively participate because communication formats are not accommodating to their preferred way of communications.
- Children with disabilities are left out of receiving and using information or materials because they do not exist in accessible formats.
- Children with disabilities cannot participate in an activity because the modality is not adapted to their individual abilities.

After an activity:

- Children with disabilities are portrayed as victims without power or agency.
- Communications about children with disabilities are shared without informed consent/assent.

Mitigations for communication risks can be found in [chapter 7.1](#)

Examples of risks arising from programmes and processes

Medical Barriers

During planning and before an activity :

- Organisers are unaware of children with medical risks participating in an activity.
- There is no response plan in place for children with disabilities who have complex medical requirements.

During an activity:

- Activities exacerbate complex medical conditions some children with disabilities experience, putting them at further risk.
- Staff are unaware of how to respond to a medical emergency.

After an activity:

- No follow-up after an emergency is conducted with the child and their family.

Mitigations for medical risks can be found in [chapter 7.6](#)

Financial Barriers

During the planning and before an activity:

- Children with disabilities and their caregivers cannot reach an activity due to inaccessible transport and expensive travel costs.
- Children with disabilities cannot attend an activity because their caregiver or support person requires remuneration that is not covered by the project.

During an activity:

- Participants with a hearing impairment cannot participate because sign language interpretation is not provided or budgeted for.
- Children cannot use materials or take part in exercises because budget was not included to design accessible formats or make adaptations.
- Children with disabilities do not get their nutritional requirements met as the budget only allows one food option and no feeding support.

After an Activity

- Children with disabilities cannot provide feedback as accessible feedback mechanisms have not been budgeted for.

Mitigations for financial risks can be found in [chapter 7.5](#)

Examples of risks arising from physical space

Environmental Barriers

During the planning and before an activity:

- The venue is not checked for accessibility.
- There is no collection of information about participants' accessibility requirements.
- The noise level or resonance in the venue is too distracting for children with hearing impairment
- The venue is poorly lit, limiting the ability of children with visual impairments to see their surroundings or the presentations.
- The venue is too bright for children with albinism whose eyes are sensitive to sunlight.
- The building is not wheelchair accessible.
- There is only enough space in the room for participants, but not their personal assistants, carers or parents.
- The event is located in an area with heavy traffic or too far away and difficult for children with disabilities to access safely.
- There are trip hazards, including uneven floors or steps, which make it difficult for children with disabilities to move around safely.
- There are no accessible toilet facilities, or accessible toilets are far away from the activity and unsafe for children to access.
- The entrance is hidden or dangerous to access.
- The venue is laid out confusingly where children with visual impairments may get lost or feel unsafe.

During an activity:

- Children are not oriented to the venue and space at the beginning of an event.
- Children with disabilities are harmed, become distressed or get lost during the event

After an activity:

- Feedback on the accessibility is not collected.

Mitigations for environmental risks can be found in [chapter 7.4](#)

7.3 Ensuring activities are safe for children with disabilities

During delivery, many practitioners can unknowingly make decisions or run activities in a way that discriminates against children with disabilities. This can cause them emotional harm or put them at further risk. Below are some practical examples of how risks deriving from staff and personnel, their attitudes, behaviours and language can be mitigated. Many of these mitigation measures have been suggested by children and youth with disabilities themselves during consultations for these guidelines. These are not exhaustive lists and should be evaluated and considered on a case-by-case basis.

Mitigating risks at the beginning of an activity or event

- Consider doing a pre-event survey to ask children with disabilities and their parents about the format, accessibility and support required for their full participation in the event.
- Try to select a venue with accessible toilets as close to the room as possible, with short distances reducing the likelihood of child safeguarding incidences.
- Ensure everyone feels they are treated equally when entering the activity (e.g. shaking hands with everyone, asking everyone's name or showing an interest in every child).
- As part of the introduction, the organisers could share some 'ground rules' for the activity. This could be a natural opportunity to inform other

- attendees on the rights of children with disabilities, while also emphasising that discriminatory language and behaviour is unacceptable.
- If the activity is in a formal venue, the organisers should ensure that catering staff or venue support staff are briefed on the support and accessibility requirements of all the children attending and the importance of treating everyone equally.
- If an activity requires travel, ensure that a clear transport plan is put in place so that children with disabilities have appropriate, accessible, and safe means of transport.
- Make sure that a safeguarding referral pathway has been accessibly designed with the involvement of organisations of persons with disabilities (OPDs).



Mitigating risks during an activity or event

- All information and materials shared must be in child-friendly and accessible formats for different types of disabilities.
- Everyone should call individuals by their name in a way that is preferable to them. Do not refer to them by their disability type.
- Do not wave in the face of a child with disabilities or pull and grab them to get their attention unless this was agreed with them as a way of communicating before delivery.
- Do not place children with disabilities into separate activity groups, rooms or spaces during delivery just because they are children with disabilities. Activities need to be mixed, equal and inclusive to avoid reinforcing a sense of 'otherness' unless otherwise agreed for methodological or child safeguarding purposes.
- Ensure children with disabilities are called upon to contribute as much as children without disabilities.
- Do not refer to or single out children with disabilities as examples of vulnerability.

Remember

Discriminatory, derogatory and harmful language, actions or behaviours are usually unintentional. Practitioners should try to educate and politely correct people to develop their awareness in an understanding way.

- Do not promote a narrative of victimhood, overwhelming suffering or exaggerated praise of children with disabilities, as this could demean or humiliate them.
- Ensure regular breaks as children with disabilities may tire more easily (lip-reading or sign language interpreting, for example, can be demanding).
- Ensure children with disabilities are selected as leaders or spokespersons as much as children without disabilities.
- If an activity cannot include all children, then modify the activity's design so that children with disabilities can participate.
- Check with children with disabilities during the event to make sure they are still included (remember that due to different communication abilities, children with disabilities may not be able to make themselves heard in workshop formats).
- If a caregiver accompanies a child, there need to be specific instructions to the caregiver on attending the sessions and what is expected of them. The facilitator should consider the risk of involving them in the sessions as some caregivers may victimise or limit a child's ability to engage freely.
- If any attendees, organisers or facilitators discriminate against other group members or reinforce stereotypes, speak to them individually and challenge the behaviour.
- If someone is repeatedly or purposefully using unacceptable language or behaving inappropriately with children with disabilities, this is a child safeguarding incident and must be reported as such.

Mitigating risks after the activity or event

- Ensure children with disabilities have the support or supervision required to return home after the event. For example, if an activity has overrun there may not be enough light for a child with low vision to avoid hazards.
- Ensure there is an appropriate sign-out procedure for children with disabilities. This may require having an older sibling, parent or support worker picking a child up and to provide assistance. This will need to be pre-agreed and signed off by parents and caregivers.
- Ensure the feedback sessions ask children with disabilities how they felt they were treated, if they felt safe and what facilitators could do better next time. This learning should be applied to the delivery of the next activity.
- Make sure everyone feels they are treated equally when leaving the activity (e.g., shaking hands with everyone, saying goodbye to everyone).
- Ensure all take-home materials are equally distributed and that children with disabilities have accessible versions of any materials provided.



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7.4 Making the physical space safe for children with disabilities

Children with disabilities have the right to access safe physical environments on an equal basis with others. Practitioners should ensure that appropriate measures are taken both to identify and eliminate environmental risks in the physical space. Practitioners should assess, select and modify environments to be barrier-free, accessible and user-friendly. Choosing spaces with universal design and accessibility features is key when mitigating risks in the physical space (see chapter 2.3).

Identifying and eliminating environmental barriers should be a continuous process, recognising that new or unforeseen barriers may be uncovered at any time. However, risks deriving from physical space are best mitigated during the planning phase on a project and activity.

Identifying environmental barriers and physical risks

Consultations with children with disabilities themselves are one of the most effective strategies to identify barriers and solutions to inaccessible and unsafe physical environments. Using a child-centred approach, consultations with children with disabilities will help to identify the existing and possible environmental barriers that are unique to their experience.

There are various approaches to conducting consultations with children with disabilities to assess environmental barriers and physical risks. These include:

- **Environment check.** This is usually conducted with adults, guides or older children and consists of a child with disabilities moving around an environment identifying hazards, places that make them feel safe/unsafe or aspects of the environment that exclude them. A checklist can be provided, or it can be an open-ended conversation with the facilitator leading the check.
- **Environment mapping.** This is a drawing exercise that may be more appropriate for children with difficulties moving around. Individually or in groups, children with disabilities can draw an environment that is either imaginary or that they are familiar with and identify hazards, places that make them feel safe/unsafe or aspects of the environment that exclude them. Colours, stickers or smiley/sad faces can be used for children with disabilities to identify places they like and dislike and prompt conversations about why they feel safe or unsafe in different locations. Children with visual impairments can take part with a facilitator describing the drawing and asking questions. Tactile versions of this activity can also be done using materials or Lego, etc.
- **Photographing hazards and safe spaces.** This activity is done with cameras and allows children with disabilities to identify hazards or 'safe spaces' visually. It is usually done without adults and in an enclosed space or an environment already known to the children. Once photographs are collected, a focus group discussion can reveal why the photographs represent safe/unsafe spaces.

Remember

The language 'safe/unsafe' can be unclear. It may be useful to talk about spaces that make children with disabilities feel 'happy/unhappy', or use visual scales with levels of comfort indicated with smileys/sad faces. You can also use a facilitated discussion to understand why spaces make them feel a certain way.

Consultations with children can be triangulated with other forms of assessments or consultations. These include:

- **Accessibility audit:** These are easy and quick ways of assessing the accessibility of a physical environment. Accessibility audits can be conducted by anyone and ask a series of questions about several accessibility requirements for a range of impairment types. These audits are limited in their use as they are based on a standardised set of questions and do not consider individual experiences. They should be conducted alongside the child-led consultations listed above.

Most accessibility audits are based on the principle of reach, enter, circulate and use (RECU), meaning everyone can easily reach buildings, public spaces, communications, transportations and services; enter buildings and other spaces; circulate inside buildings and other places; use services and all communication materials. It is recommended to include checklists for accessibility based on RECU principles into procurement guidelines and supply chain procedures.

- **Representative organisations of persons with disabilities (OPDs):** Local

OPDs (particularly those who work with children with disabilities) may have pre-existing accessibility audit tools, checklists or lists of pre-approved venues that have been deemed safe and accessible for children with disabilities. OPD representatives can be involved in the consultations with children with disabilities to help think about the environmental barriers the children experience or conduct the accessibility audits alongside other practitioners.

- **Parents and caregivers of children with disabilities.** Parents and caregivers of children with disabilities are well placed to identify potential hazards and the modifications required to make a space safe for children with disabilities. Practitioners can work with individual parents or caregivers or contact local parent support groups (PSGs) for parents and caregivers of children with disabilities, or parent-led OPDs. Parents and caregivers can be included in audits, assist with child-led consultations or take part in focus groups.

Removing environmental barriers and mitigating risk in the physical space across disability types

Identifying environmental barriers for those with physical disabilities is usually as far as practitioners go when considering the safety or accessibility of the physical environment. However, a safe physical environment will look and feel different to children of varying ages and with different types of disabilities. Therefore, it is important to include children of different



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ages and with different types of disabilities in the child consultation of assessing risks. Below is a list of possible, although not exhaustive, questions to ask when creating a 'barrier-free' and safe physical environment for children with disabilities, based on different disability types.

Mitigating risks for children with physical disabilities

- Is the building or space accessible for children who use any mobility equipment? This includes ensuring venues have ramps (minimising the presence of steps), widened doorways (enabling mobility equipment such as wheelchairs to pass), safety bars/railings and handles on both sides, and non-slippery floors.
- Will children require assistive technology to access the building or space? This includes verifying with the child or their parents or caregivers

if they have the assistive devices necessary to access the space, enabling them to bring these devices (such as wheelchairs, crutches, prosthetics) as required.

- Is the internal set-up of the building/space inclusive for children who use any mobility equipment? This includes ensuring there are wide enough spaces between furniture (desks, chairs) to enable children with physical disabilities to move as freely around the room as others.
- Is the building or space free from hazards that may lead to accidents? This includes potholes, uneven floors and slippery floors that cause instability for children using crutches or wheelchairs.
- Will the building or space uphold the dignity of children with physical disabilities? Are the toilets accessible, with ramps, handrails and enough room for a wheelchair?
- If using a building with stairs, can a child with difficulties moving access all floors and levels with lifts or elevators?

Are the lifts or elevators operating without disruptions?

- Is there a safe way to evacuate children with physical disabilities from a building if there is a fire and the lifts or elevators stop working (for example, evacuation wheelchairs)?

Remember

Not all children with physical disabilities use crutches or wheelchairs. Some may have paralysis, shorter or uneven limbs, use prosthetics or be of short stature or other body types and functions that mean they may move around differently from children using wheelchairs or crutches.

Mitigating risks for children with visual impairments

- Is printed safety information and messages, such as posters on walls, available in alternative formats such as texts in braille, large print or audio and provided before the event or activity?
- Does the space have plenty of natural light to increase visibility?
- If using an indoor space, are there curtains or blinds to control the level of illumination at different times of the day and avoid glare?
- Does the space contain non-reflective surfaces to avoid any glare from overhead lighting?
- Is it possible for furniture, electrical cables and other items to be arranged so that they do not become a trip hazard?
- Is it possible to adapt the space to include visual and tactile symbols

or signs that will provide cues for a child's orientation and mobility?

Once a child is oriented, is it possible for the environment to remain the same throughout?

- Do emergency exit or escape routes have edges on steps marked in a different colour and texture? Are there handrails on the escape routes and stairs? And does a child have an appointed buddy in case of an emergency?
- Does the space have limited visual clutter that could create visual distractions?

Remember

Children with visual impairments will require differing support levels depending on their level of sight loss or deafblindness. Children who are partially sighted may or may not read braille but prefer large print or audio copies to access information.

Mitigating risks for children with hearing impairments

- Does the building or space have adequate lighting to enable children to follow conversations as clearly as possible, such as seeing lip patterns, facial expressions, hand gestures and sign language?
- Does the room have soft furnishings that will absorb sound to dampen echoes and reverberations?
- Have chairs and tables been assembled in a way that will ensure people in a room or space can easily face each other, such as in a circle or semicircle

(to avoid a person speaking with their back to a child with a hearing impairment)?

- Is the room or space set up in a way that will ensure speakers are not standing in front of a window (since it is not possible to see a person's face clearly if the light source is directly behind them)?
- Is the room equipped with a hearing loop for children using a hearing aid and, if so, has it been confirmed to work and made clear to organisers how to operate it and avoid auditory disturbances?
- Does the environment have limited visual and auditory distractions, such as colourful displays, people frequently walking in and out of the room, doors opening and closing, excessive background noise, road traffic?
- Is the building or space away from loud noises that would prevent children dependent on a quiet environment from hearing?
- A child with a hearing impairment may not be aware of a fire alarm if they are in a room on their own (such as the toilets or a bedroom). Has an appropriate system been installed to alert the child in an emergency, such as a flashing light, vibrating equipment or an appointed buddy?

Remember

Children with hearing impairments will require differing support levels depending on their level of hearing loss or deafblindness. Not all will communicate using sign language; they may use one or multiple methods of communication. Some may wear hearing aids, but some may not.

Mitigating risks for children with intellectual or neurological disabilities

- Is it possible to minimise distractions that may overwhelm a child's senses and cause them to lose focus? Examples include smells, uncomfortable furniture, noises from mobile phones, people frequently walking in and out of the room, room temperature (particularly if the room is too hot), bright colours and excessive patterns.
- Can less obvious noise distractions such as lights buzzing and humming sounds from extractor fans be avoided?
- Does the room have soft furnishings that could absorb sound to dampen echoes and reverberations that may disturb some children?
- Is it possible to provide alternative lighting to different individuals, such as table lamps in addition to or instead of overhead lights, depending on individuals' differing sensitivities to light?
- Have checks been made to ensure there are no flashing or flickering lights?
- Could colour coding be used to mark out hazards and escape routes as colour is usually more easily recognised as a sign of danger?

Remember

Intellectual and neurological disabilities are large groups of impairments, and no two children will have identical requirements or experiences even if they have the same type of impairment or diagnosis. It is important to discuss accessibility requirements and health-related risks with the child and their family before any activity to provide the best mitigation approach possible.

Mitigating risks for children with psychosocial disabilities

- Is there a 'breakout' area or a place where children can relax if feeling overwhelmed?
- Is the venue easy to travel to, avoiding stressful commutes for children who feel anxious when travelling?
- Can efforts be made to avoid strangers or adults unknown to the children in the environment that may make a child feel nervous or anxious?

Remember

When working with children with multiple or complex disabilities, a combination of the factors above will need to be considered to ensure the environment is safe.

Mandatory mitigation measures for all activities and events

Once assessments have been conducted, and an environment has been assessed, selected and modified according to the considerations listed above, there are three steps all practitioners should follow:

- 1. Familiarising children with disabilities with their environment.** Organisers should include an activity at the start of any training where children with disabilities (and others) are shown or walked around the environment. Potential hazards should be identified; children should be taken to the accessible toilets, breakout rooms or places where they will eat or get water. Children with visual impairments or deafblindness should be helped to move around the room's layout or have it described to orient themselves.
- 2. Last-minute modifications.** Once children with disabilities have been familiarised with the environment, they should be allowed to request last-minute adjustments (reasonable accommodations). These may include changing the room's layout to create more space for mobility, opening curtains to improve visibility or closing doors or windows to remove noises.
- 3. Collecting feedback.** At the end of each day or the end of each activity, practitioners should request feedback from children with disabilities on the accessibility of the physical environment. Based on this feedback, modifications can be made for the next day or the next activity planned.

7.5 Preparing for financial risks during programme implementation

Unless specific costs relating to mitigating risks for children with disabilities have been considered, it is unlikely that projects will effectively safeguard them. In the project cycle, the earlier costs for risk mitigation are identified, alongside costs for awareness-raising, reporting and responding, the less expensive it will be, and the more likely risks will be mitigated. It is hard to know detailed costs before a full risk assessment is completed. However, Mobility International recommends allowing 3%–5% of the total programmatic costs allocated to disability inclusion and 2%–3% of the total administrative costs (reasonable accommodation for staff and accessible communication, etc.). It may be difficult to separate specific budget lines that

make an activity accessible (chapter 2.3) or safeguard children with disabilities, as budgets that facilitate inclusion will likely address both.

Removing financial barriers and risks through inclusive budgeting

As mentioned in [chapter 5.6](#), [chapter 6.5](#) and [chapter 6.6](#), it is important to allocate resources, staff time and provide training to ensure that children with disabilities are effectively safeguarded. This also applies to prevention and child safeguarding risk mitigation in project planning. Once a full risk assessment for a project has been completed, and mitigation activities for each risk have been identified, it is essential to ensure these are fully costed.

Common costs which should be taken into consideration include:



Budgeting for support personnel:

- Costs for sign language interpreters, palantypist (speech to text reporter) or other communication support. Note: it is good practice to have two sign language interpreters for an activity that exceeds one hour to ensure regular breaks.
- Costs for children with disabilities' carers, e.g. transport, food, refreshments, etc. (e.g. where the activity requires a child to travel outside of a familiar environment).
- Costs for attendance of parents or caregivers of children with disabilities (some children with disabilities may communicate most effectively with their parents or caregivers).
- Costs for sighted guides and other personal assistants.
- Costs for identifying accessible victim-support services
- Costs to recruit women with disabilities to represent gender and disability perspectives, challenge harmful social norms and tackle power imbalances to prevent sexual exploitation, abuse and harassment (SEAH).



Budgeting for awareness raising:

- Costs for conducting disability-inclusive child safeguarding awareness-raising training with project staff, volunteers, consultants and key project stakeholders throughout the delivery chain.
- Costs for conducting a workshop on disability-inclusive child safeguarding procedures and referral mapping (see [chapter 9.6](#) for more detail).
- Costs for printing and distributing child safeguarding policies and procedures,

flowcharts and reporting information, and ensuring these are in accessible formats.



Budgeting for Accessible Venues:

- Costs for accessible venue hire (ramps, handrails, non-slippery flooring, accessible toilets, good lighting, etc.).
- Costs for portable ramps where it is not possible to change the venue for an activity.
- Costs for facilitating accessibility audits conducted by children with disabilities to enable children with disabilities to self-identify required modifications.
- Costs for infrastructure modifications to ensure buildings and their facilities are safe, especially in places where the project is encouraging a child with disabilities' attendance in an environment that is inaccessible.



Budget for Travelling:

- Costs for accessible transport options, such as wheelchair-accessible vehicles.
- Costs for accessible accommodation, e.g. ramps, handrails, accessible toilets, a portable vibrating pad or flashing light system to alert children with a hearing impairment of any fire or other alarms.
- Costs for transport, food and accommodation for carers or personal assistants.
- Costs for transport to facilitate home visits and engagement with community-based stakeholders to identify and support children with disabilities.



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Budgeting for medical care and assistance:

- Costs for formal medical assessments for children with disabilities (some children with disabilities may never have had a formal medical assessment, which is needed to inform them what medical interventions are required, if any).
- Costs for access to medical care when a child with disabilities in your project is more likely to experience medical complications (see chapter 7.6 for more detail).
- Costs for providing assistive devices or other supports for children with disabilities during an activity or event.



Budgeting for Materials:

- Costs for providing braille, large font and pictorial formats for printed materials.
- Costs for the staff or expertise to convert written material into braille or sign language.
- Costs for adding subtitles, sign language and visual graphics to videos.
- Costs for purchasing braille machines (if this investment proves to be more cost effective).
- Costs for more creative materials for children with disabilities, e.g. using pictorial formats for visual impairments, role-play for learning disabilities.
- Costs for ensuring digital information is compatible with software programmes that increase accessibility, such as screen readers (speech converters that verbalise the text on screens), where images must include alt-text.

A case study

John is 16, living in Musanze district in Rwanda. He lives with his mother and is the eldest of three siblings. John was born with a physical disability; he uses crutches. If someone doesn't know him well, it can take some time to understand what he is saying, but he listens very well. John likes to sing along to local songs common on radio stations. He can make people laugh as his happiness is infectious.

John hasn't been to school for some time. He left when the school authority told his parents that they do not have a toilet that is accessible for him. The school is nearby, a short distance of 200m from John's home. John always tells his mother that he wants to go to school.

A project helped the school fix the inaccessibility of the toilet, solving John's exclusion from attending school. He also received new crutches and all the assistive devices that support him to go to school, and scholastic materials. John always asks his mother when school is starting. He dreams of becoming an executive secretary of his village (local leader).

Some parents do not think their children can study in the same schools as their friends without disabilities. John's mother was very happy to hear about the project and her son's opportunity to go back to school. She is also happy with the mentor who has been advising John, saying: "I was worried with the education of my children, you can imagine having such a child who is always requesting what you cannot afford!".

7.6 Planning for complex medical requirements

Some children with disabilities can have complex medical requirements as a result of underlying conditions. Complex medical requirements can present as an emergency during an activity and therefore need to be considered in activity planning. For example, a child with disabilities may be more likely to experience seizures or breathing difficulties while participating in activities.

When working with children with disabilities, practitioners must identify medical risk through consultation with families, modify activities accordingly and plan for appropriate medical responses that may be required during delivery. A lack of planning or awareness of a child's medical requirements is negligent and is a type of abuse many children with disabilities commonly experience.

Encourage disclosure of medical condition upon invitation and preparation of an activity

Before an activity, all children with complex medical requirements must be identified.

- Identification of children with complex medical requirements should be included as part of an overall risk assessment (see chapter 7.2) and identification process during planning.
- Identification of complex medical requirements should occur with enough time to plan for the appropriate medical responses and should not happen immediately before an activity.

- Organisers should ensure the parents of children with disabilities are involved in the identification process alongside other key duty bearers (such as teachers, carers or other professionals close to the child) and children themselves.

Remember

Many children with disabilities may not have been medically diagnosed. Practitioners may need to listen to a description of the discomfort, pain or other feelings a child experiences and ask what considerations and modifications they need to be effectively safeguarded.

Assessing risk of an activity and identifying mitigation measures

Once a child with complex medical requirements has been identified, activities must be modified to ensure they do not exacerbate or worsen the medical condition and put the child at further risk.

- Organisers should describe a planned activity well before delivery to the parent of the child and other involved professionals, and provide opportunities to suggest mitigations and modifications
- Activities that can trigger a medical emergency should be avoided or modified in a way that removes the trigger
- If the child already has a documented or informal emergency care plan, this should be accommodated for in activity

planning. However, many children with complex medical requirements will not have an emergency care plan in place. In such cases, the organisers will need to work with parents and caregivers to design one to have in place ahead of the activity.

- Emergency care plans should include the following:
 - Contact information for medical professionals, hospitals or medical providers who can be contacted in an emergency. These individuals should be made aware they are part of a referral plan.
 - A list of likely scenarios and step-by-step guidance on actions to be taken by those present.
 - Where possible, have staff members or venue staff present who have first aid/health & safety training or have carers/parents/professionals present who can provide medical care.
- Practitioners must include budget for mitigating the risk of complex medical requirements and responding to concerns in line with the emergency care plan. This may include additional, travel and, in some cases, medical fees for professionals who can be contacted in an emergency.
- Organisers should be made aware that:
 - Strenuous activities can exacerbate breathing difficulties
 - Flickering lights can cause fits or seizures
 - Dehydration or low blood sugar (e.g. a lack of refreshments) can cause seizures

When a medical emergency happens

Practitioners should trigger the emergency care plan in place, first aid should be administered, and an ambulance should be called if necessary. It is important to respect the child's dignity while not causing a scene or panic among other children. Children with disabilities or complex medical requirements must be guaranteed the same privacy and dignity as any other child.



Practitioners can use the practitioners' self-assessment checklist (see [Prevention checklist in Appendix 4](#)) to support the adoption of practices relating to designing safe programmes for children with disabilities. This has been designed as a tool to be used alongside [chapter 7](#) in the guidelines to support the adoption of disability-inclusive child safeguarding and should not be used in isolation as a checkbox exercise.

8. Reporting: Making reporting mechanisms work for children with disabilities

Who?

- Child safeguarding experts
- Disability experts
- Child safeguarding focal points
- Any staff (including volunteers) who engage with communities, families or other stakeholders or plan, facilitate, attend or evaluate activities where children are present

What?

- Encouraging reporting of safeguarding concerns
- Common barriers to reporting
- How to inform children with disabilities about reporting mechanisms
- Where, when and to whom should children with disabilities report?
- Adapting reporting mechanisms to overcome accessibility barriers

Low reported numbers of child safeguarding concerns involving children with disabilities does not mean they are not experiencing safeguarding violations, but that we are not hearing about them. It suggests that staff or community members are not aware or incentivised to report concerns involving children with disabilities or that reporting mechanisms are inaccessible or inappropriate, causing abuse of children with disabilities to continue unnoticed.

Awareness-raising on disability rights as well as encouraging reporting from people around children with disabilities are important first steps in ensuring concerns involving children with disabilities are reported. To provide appropriate and accessible reporting mechanisms for children with disabilities to report any harm they have been subjected to is a crucial next step to close current gaps in child safeguarding practices.

When setting up disability-inclusive child safeguarding reporting structures, practitioners must be assured that organisations can respond to the violations in a way that is appropriate and accessible for children with disabilities (See [chapter 9](#)).

8.1 Encouraging people to reporting child safeguarding concerns

Reporting child safeguarding concerns is not the job of children with disabilities. In fact, children themselves are unlikely to report cases of serious abuse they have experienced. All children, including children with disabilities, will depend on a network of duty bearers whose responsibility it is to report child safeguarding concerns to the organisation.

Proactively encouraging community members, parents, friends and siblings to report child safeguarding concerns they may suspect or are informed of will mitigate the risk of abuse and allow organisations to respond appropriately. Organisations will need to make efforts to identify and target those close to children with disabilities who are likely to suspect, be informed of or witness abuse of children with disabilities and include them in their child safeguarding awareness training. This includes parents/caregivers, family and communities linked to children with disabilities. (See [chapter 8.4](#)).

Removing barriers to people close to children with disabilities reporting child safeguarding concerns

To encourage the reporting of child safeguarding concerns involving children with disabilities, organisations must be aware of the specific barriers or challenges that may prevent people close to children with disabilities reporting child safeguarding concerns.

It is crucial to first and foremost challenge assumptions and stigma relating to disability as this may prevent people closest to children with disabilities or other people from reporting child safeguarding concerns involving a child with disabilities. Parents/caregivers, professionals and community members will need to understand disability rights, know signs of abuse in children with disabilities and recognise their duty to report it. As with any child safeguarding reporting mechanisms, practitioners should identify cultural norms that may



Children with disabilities are unlikely to report sexual exploitation, abuse or harassment (SEAH)

Children, including children with disabilities, rarely report sexual abuse immediately after the incident occurs. Disclosures of child sexual abuse are primarily made by others who witness or suspect abuse.

Therefore, to ensure sexual exploitation, abuse or harassment of children with disabilities is reported to practitioners, it is crucial community members, parents and other stakeholders should be provided with training on the specific risk of sexual exploitation, abuse or harassment for children with disabilities alongside an emphasis on being alert to and reporting sexual abuse.

prevent or encourage information sharing between different groups. (For guidance on awareness-raising, see [chapter 6](#).)

Beyond a potential lack of awareness, there are other barriers which may prevent or discourage parents/caregivers, professionals and community members from reporting child safeguarding concerns, especially when it comes to children with disabilities. Barriers and suggested approaches to mitigate them include:

Barrier: Fear of losing services or support

What:

Families of children with disabilities are more likely to be living in poverty and have greater challenges to meet basic needs and reduced access to possible specialised support they require to care for their child with disabilities. For many families, organisations and projects that include children with disabilities will be critical and perhaps provide essential support the family would otherwise be unable to access. As such, there may be fear that reporting a child safeguarding concern may lead to the loss of vital services provided by organisations during project delivery. This fear may be held by families of children with disabilities and friends, community members and even local professionals working with children with disabilities.

Mitigations:

Organisations must ensure it is clearly communicated that reporting child safeguarding concerns will not lead to punitive action or directly result in the loss of individual services or support for children with disabilities, their families or wider community.

Barrier: Parents and caregivers may experience stigma and isolation

What:

Children with disabilities and their families may experience isolation within their community due to underlying

discrimination and stigma relating to disability. The exclusion may limit their knowledge of where to go for help or dissuade them from reporting a child safeguarding concern due to a lack of confidence or fear of humiliation. Parents and caregivers may also have disabilities which pose further barriers to their reporting. Additionally, as families of children with disabilities are more likely to be living in poverty, it is less likely that parents, caregivers or siblings will be able to travel long distances to report child safeguarding concerns or afford phone credit or internet data to do it remotely.

Mitigations:

Practitioners must be sensitised and consider the relative isolation that families of children with disabilities may experience in the communities where child safeguarding reporting mechanisms are set up during delivery. Accessible and local reporting mechanisms that families of children with disabilities can access should be provided based on feedback and consultations with those families themselves.

Barrier: Empathy for the suspected perpetrator

What:

The people who may suspect, hear about or witness the abuse of children with disabilities may also have empathy for the challenges that duty bearers or practitioners may experience when working with children with disabilities. They may feel that these individuals 'are doing their best', and be reluctant to

report child safeguarding concerns as a result.

Mitigations:

A rights-based approach to communicating the importance of safeguarding children with disabilities is key, underlining that all children, including children with disabilities, have a right to be safeguarded during delivery, despite what challenges may exist. The do no harm principle should also be emphasised to reassure individuals that reporting will not necessarily focus on punishing struggling duty bearers or practitioners. Organisations should also provide an option to raise a concern anonymously in their reporting mechanism.

Barrier: Assumption that reporting will lead to nothing

What:

Individuals may be 'put off' reporting due to the assumption that child safeguarding concerns relating to a child with disabilities will not be taken seriously or that because there are limited support options for children with disabilities, there is no point reporting the concern as the child will not receive the support required.

Mitigations:

Child safeguarding flowcharts and information shared with communities must make it clear that any report concerning children with disabilities will be taken seriously and that appropriate follow-up and support will be provided. Organisations must ensure that effective and appropriate referrals for children

with disabilities have been identified prior to delivery and communicate this to stakeholders in their projects (see chapter 9.4).

Barrier: Assumption that reporting mechanisms for children with disabilities exist elsewhere

What:

Children with disabilities are usually considered the responsibility of specially trained professionals or local officials who have the specific remit for working with and supporting children with disabilities (such as local Disability Officers, OPDs and specialised NGOs and rehabilitation centres). As such, parents/caregivers, community members or other people who suspect, are informed of, or witness a child safeguarding concern relating to children with disabilities may assume that the concern is already being dealt with by such stakeholders and therefore decide not to report. Community members may also believe that there are separate, disability-focused reporting systems for concerns relating to children with disabilities and that they should not submit reports through general mechanisms.

Mitigations:

It must be made clear that reporting mechanisms are there for all child safeguarding concerns relating to any child. It is the responsibility of everyone, not just those specifically trained to work with children with disabilities, to report child safeguarding concerns without exceptions.

Remember

The most significant barriers to reporting child safeguarding concerns relating to children with disabilities are stigma, lack of knowledge on disability rights and low awareness of the signs of abuse. To ensure reporting mechanisms capture concerns relating to children with disabilities, organisations must work with communities, duty bearers and peers of children with disabilities to increase awareness of disability rights and disability-inclusive child safeguarding (see chapter 6).

Informing those who come into contact with children with disabilities about reporting systems

Organisations will need to ensure that those who regularly come into contact with children with disabilities are aware of available reporting systems. These are the individuals most likely to suspect, be informed of or witness any child safeguarding concerns relating to children with disabilities, and extra efforts to engage them in the reporting mechanisms should be made.

The people with whom children with disabilities come into contact may be different from children without disabilities. Children without disabilities may come into contact with a teacher regularly, whereas a child with disabilities may come

into contact with a medical professional more often. To identify these individuals, a communication mapping exercise can be done with children with disabilities to find whom they come into contact with the most (see chapter 8.3). Once a network of key individuals has been identified, activities to increase awareness of reporting mechanisms and its importance can be conducted with the group to ensure they understand their responsibility to report child safeguarding concerns relating to children with disabilities.

It is important to have multiple places where reporting mechanisms are publicised to ensure that a diverse and wide range of community members and duty bearers are informed how and where they can report a child safeguarding concern.

8.2 The need for adapted reporting systems for children with disabilities

All children have a right to report any abuse, harm or dissatisfaction they experience. Although child safeguarding reports from children are less common than reports from those who suspect, are informed of or witness child safeguarding concerns, children with disabilities must be given the opportunity and encouraged to report any child safeguarding concerns they have.

Many existing reporting mechanisms do not consider universal design or accessibility and can therefore exclude children with disabilities. Children with disabilities are usually unaware of child safeguarding reporting mechanisms, unable to reach places where reports can be made and unable to communicate effectively through the reporting formats

available to them. This often leads to child safeguarding incidents involving children with disabilities going unnoticed, allowing poor and unsafe practices to continue with impunity.

Barriers that children with disabilities experience are compounded through the intersectionality of their gender, age or socio-economic background. As such, when designing reporting mechanisms, organisations must make efforts to overcome the multi-layered systematic disadvantages children with disabilities experience.

The best way to ensure child safeguarding reporting systems and mechanisms are disability-inclusive is to include children with disabilities in the design. When making decisions on how, to whom and where children will report, children with disabilities should be consulted and asked to provide suggestions and feedback to ensure their experiences are considered. Similarly, organisations must consult with children with disabilities on how they best receive important information and provide accessible formats for when sharing instructions relating to child safeguarding reporting systems. Some examples of these are provided in [chapter 8.3](#).

Organisations can also capitalise on local child protection reporting systems where they already exist for children with disabilities and are aligned with the child rights and disability rights frameworks. Many communities, schools or children with disabilities themselves will have come up with creative ways of identifying or reporting abuse and child safeguarding concerns using community-based approaches that work for children with different disabilities. Organisations can learn from these reporting systems and incorporate them into their organisational child safeguarding reporting process.

8.3 Ensuring children with disabilities are informed of reporting mechanisms

Children with disabilities must be aware of their rights under international and domestic law(s). This will provide a foundation for making children with disabilities aware of when they should be reporting something (for more detail on ensuring children with disabilities aware of their rights, [see chapter 6.6](#)). However, once a child is aware of their rights and can recognise abuse, they must also be informed of **how** and **where** to report it.

Unless specific efforts are made, many children with disabilities will likely be unaware of safeguarding reporting mechanisms. For example, children with visual impairments would not be aware of reporting mechanisms that have only been publicised through visual formats, e.g. posters and leaflets. Or children with disabilities who do not access school will not be aware of reporting mechanisms that have only been communicated at schools.

Practitioners should think of an effective, inclusive child safeguarding reporting mechanism like an electrical circuit. If any of the mechanism's components fails, the circuit breaks, the information will not flow, and the reporting mechanism itself will not work.

REPORTING MECHANISMS AS CIRCUIT BREAKERS

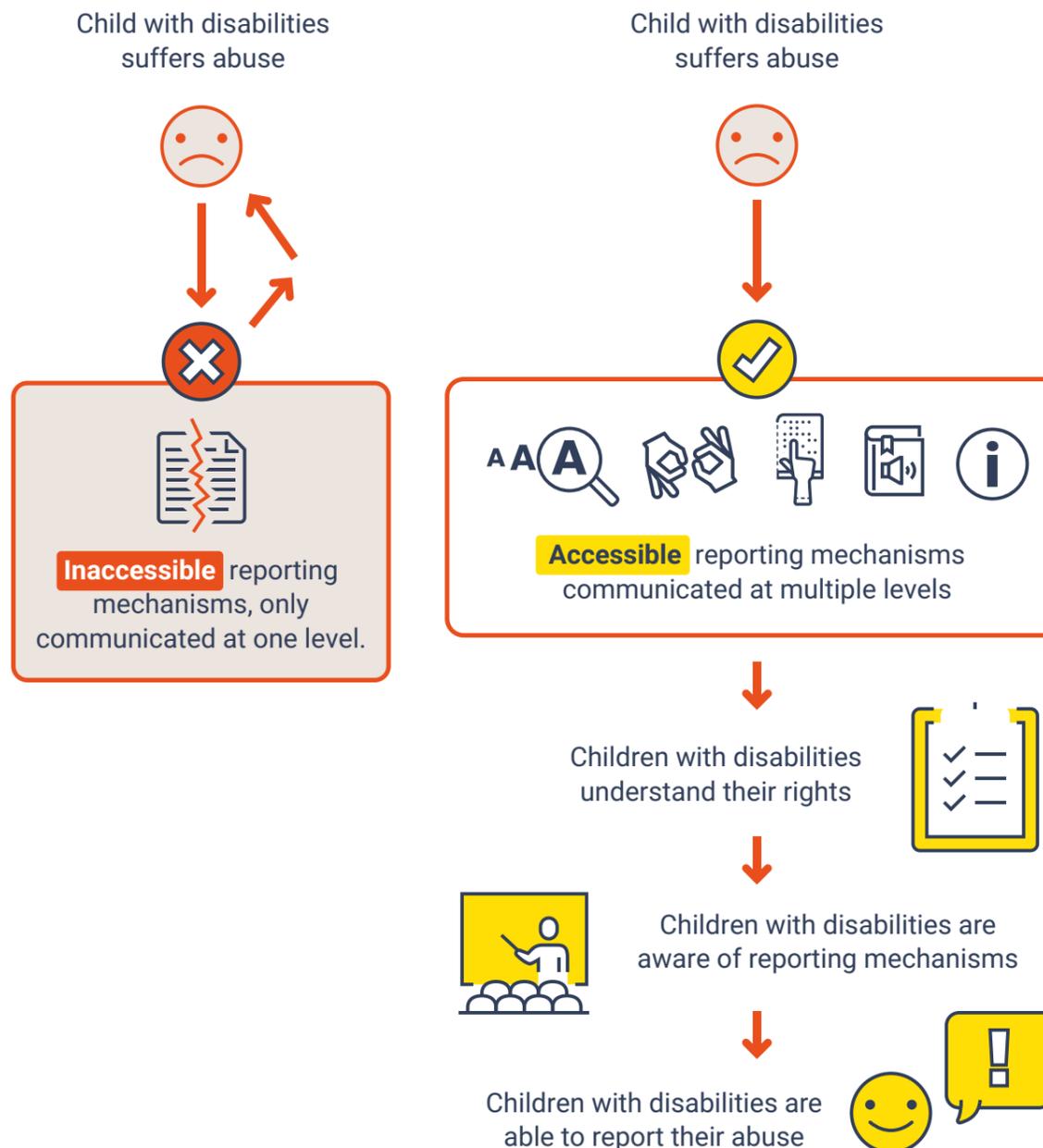


Figure 7

An effective reporting mechanism requires children with disabilities to recognise abuse and child safeguarding concerns, and needs well-functioning reporting channels they can access to make disclosures. However, if children with disabilities are not made aware of reporting channels available to them, they will be unable to report, and as a result, child safeguarding concerns and abuse may go undetected.



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Barriers children with disabilities experience when accessing information

When designing approaches to increase awareness on available child safeguarding reporting mechanisms, organisations must consider the different barriers children with disabilities experience accessing certain information.

Some of the common barriers children with disabilities experience are:

Communication:

Children with disabilities may require information to be provided in different formats. For example, information shared visually (such as posters, leaflets, etc.) will be inaccessible for children with visual

impairments, whereas young children with disabilities or children with intellectual disabilities may prefer information to be presented in pictures or images (see chapter 6.6).

Consulting with children with disabilities will be crucial in understanding how best to share information on reporting (see chapter 7.5 and chapter 8.5).

Attitudinal:

Discriminatory attitudes towards children with disabilities can hinder information sharing and limit the opportunities for children with disabilities to access information about child safeguarding reporting. For example, some practitioners may believe that child safeguarding

reporting mechanisms are not for children with disabilities or believe that children with disabilities will not understand the information and therefore do not attempt to share it with them. **Organisations must ensure that all stakeholders have received disability-inclusive child safeguarding and disability-rights awareness training (see chapter 6.3).**

Environmental:

It is crucial to share information across spaces that children with disabilities can physically access. The physical environment represents varying levels of accessibility and safety for children with disabilities, which can limit what reporting information is accessed. For example, child safeguarding posters with contact numbers could be located in inaccessible parts of buildings or posted at adult eye-level where children cannot see them. How often children with disabilities visit certain locations will also impact the location of information and reporting channels. For example, if information is only provided at schools, how will children with disabilities **not** attending school access information on how to report? **Consulting with children with disabilities is crucial in understanding where best to share information on reporting and to locate reporting channels (see chapter 7.5 and chapter 8.4).**

Institutional:

If budgets and policies do not make provision for universal design, accessibility and reasonable accommodation, information about how to report and reporting channels will be under-resourced and inappropriately designed, which can limit the awareness among children with disabilities and others. For example,

organisations may not provide sufficient time or resources to remove various barriers experienced and identified by children with disabilities or people around them. **Organisations must look inwards at their own systems to ensure institutional barriers to equitable information and reporting channels are removed (see chapter 5).**

Although the above examples provide some indication, the best way to identify barriers to how, to whom and where to report is to consult children with disabilities themselves to understand how experiences vary. See more about how to consult children in chapter 8.3 and chapter 8.4.

Approaches to sharing information on reporting child safeguarding concerns with children with disabilities

There are several approaches organisations can use to ensure information is shared about child safeguarding reporting mechanisms in ways that are accessible to children with different disabilities. These include:

- Map out the barriers that children with different disabilities experience in accessing safeguarding information. Do this together with children with disabilities and identify enablers together.
- Communicate child safeguarding procedures or flow charts with accessible formats designed for children with different disabilities, including in braille, large print, soft-copy, image-based diagrams (using images of children with disabilities) and videos (including subtitles).

- Use leaflets, posters, picture diagrams and information booklets that explain the child safeguarding reporting locations and channels and place these in community centres or places that children with disabilities visit frequently. Visual information is particularly important for children with hearing impairments who are unable to access audio information.
- Inform children with disabilities of reporting mechanisms through play, games or drama. This could be appropriate for young children with disabilities and may offer insights into feedback or concerns children have with existing reporting mechanisms.
- Publicise child safeguarding awareness information in multiple locations and in places children with disabilities frequently access.
- Ensure visual information is provided at appropriate heights for young children with disabilities or children who use wheelchairs to look at.
- Use media channels, including TV, radio and social media to share information on child safeguarding reporting mechanisms. These may be appropriate for children with disabilities who spend much of their time at home or for children with visual impairments who cannot access information provided visually.
- Work with existing child disability-rights groups or set up new groups as part of project design to help children with disabilities identify their rights and understand where to report child safeguarding concerns.

Remember

Organisations should create a feedback loop where children with disabilities are informed and given the opportunity to provide feedback on accessibility and encouraged to provide advice to remove reporting barriers.

What should be included when informing children with disabilities of child safeguarding reporting mechanisms

Some specific information should be included or discussed when informing children with disabilities of the organisation's child safeguarding reporting mechanisms:

- **Clarity on the issue of privacy during reporting.** Many reporting channels are designed for a child to access independently, which may discourage some children with disabilities from reporting as they may require support from someone else. Children with disabilities need to know that they are allowed to have someone to support them to report, or report alone, if they prefer. They should also be offered support by an independent person if they wish.
- **Confidentiality, what it means and what level of confidentiality children can expect when they want to report a child safeguarding concern.** This is particularly important as children with disabilities may use someone to support them in reporting or the organisation may need to disclose information to support staff or interpreters (see chapter 9.3).

- **How to feedback on accessibility.** Organisations can be aware of barriers children with disabilities experience within the reporting mechanisms. Reassure children with disabilities that feedback is welcome, and that providing feedback will not result in any negative repercussions

8.4 Whom children with disabilities share child safeguarding concerns with

All children have a right to report abuse and child safeguarding concerns that they experience. Child safeguarding concerns reported by children directly are less common than reports from those who suspect, are informed of or witness child safeguarding concerns. Nevertheless, children with disabilities should be given the opportunity and encouraged to report any child safeguarding concern they experience.

This means it is very important to ensure that the **people that children share child safeguarding concerns with or confide in** when something is wrong know how to report and how not to impose further barriers to reporting.

Identifying appropriate organisation representatives for children with disabilities to report to

Children with disabilities, like all children, should be encouraged to report child safeguarding concerns directly to representatives of an organisation through

the formal channels made available. This will ensure that child safeguarding concerns are reported to and received by professionals trained in child safeguarding.

When identifying representatives within an organisation to receive child safeguarding reports, there are certain attributes, skills or experiences organisations will need to consider to encourage reporting from children with disabilities. These include:

- Have they received training on disability rights and disability-inclusive child safeguarding?

Individuals who receive child safeguarding reports will need to understand disability rights and have some knowledge of the stigma and risk of harm children with disabilities may face.

- Are they able to communicate with children with disabilities?

Individuals who can use sign language, for example, or have experience working with children with differently preferred modes of communication are more likely to receive child safeguarding reports from children with related disabilities.

- Are they known to children with disabilities, and have they formed a relationship with them?

Individuals with whom children with disabilities feel comfortable or come into regular contact with are key in encouraging reporting of child safeguarding concerns. This is particularly important for children with disabilities who may have had little contact with adults outside of their home.

- Are persons with disabilities represented among those identified and tasked with to receive child safeguarding reports?

Individuals with disabilities themselves may encourage reporting of child safeguarding concerns from children with disabilities, as the children with disabilities may believe that the adult will relate to them better and understand their experiences first-hand.

- Are women with disabilities represented among those identified and tasked with receiving child safeguarding reports?

Women with disabilities may help to encourage reporting of child safeguarding concerns from girls with disabilities, as girls may feel more comfortable and may be more likely to trust women with personal experience of disabilities. Employing women with disabilities will also challenge harmful gender stereotypes, unconscious bias and tackle power imbalances.

- What are the existing power dynamics between those identified and tasked to receive child safeguarding reports and children engaged in the organisation's work? For example, is the child dependent on this individual for communication or personal assistance?

It may be inappropriate to task individuals on whom children with disabilities rely for personal care to receive child safeguarding reports. Children with disabilities may be worried they will lose the support on which they are reliant if they complain about

or to the individual in question. These individuals should receive training on receiving child safeguarding reports, but other individuals should also be identified to receive child safeguarding reports from children with disabilities.

Remember

It is important that children with disabilities have multiple individuals representing the organisation they can report to and that these options are clearly communicated to them.

Consulting with children with disabilities on who they want to confide in and trust

Children with disabilities are best placed to know who they can reach, who they trust, and who they can communicate effectively and safely with. Organisations should therefore consult directly with children with disabilities to better understand who they confide in and who they may tell about a child safeguarding concern. Depending on the ages of children and accessibility requirements, various consultation methodologies, such as interviews, focus groups and surveys can be used to gain an understanding of whom children with disabilities feel most comfortable confiding in and sharing a child safeguarding concern with. However, one methodology that has proven effective when working with children with disabilities is the use of Communication Maps:

Tool 4. Communication maps

How to conduct communication mapping

Communication maps allow children to make connections between different people they come into contact with and explain what type of relationship they have with them. It is an exercise to support children in demonstrating who they feel comfortable communicating child safeguarding concerns to. Children with disabilities may feel more comfortable confiding in people near them rather than formally designated representatives of an organisation.

Start by helping the child draw a picture or representation of themselves in the centre of a piece of paper (support them to do so if requested).

Then ask the child who the main people in their life are. Try to get the child to think about different groups of people like friends, teachers, organisational staff, project volunteers, and other service providers such as healthcare workers, not just their family members. Use pre-prepared pictures or symbols if possible.

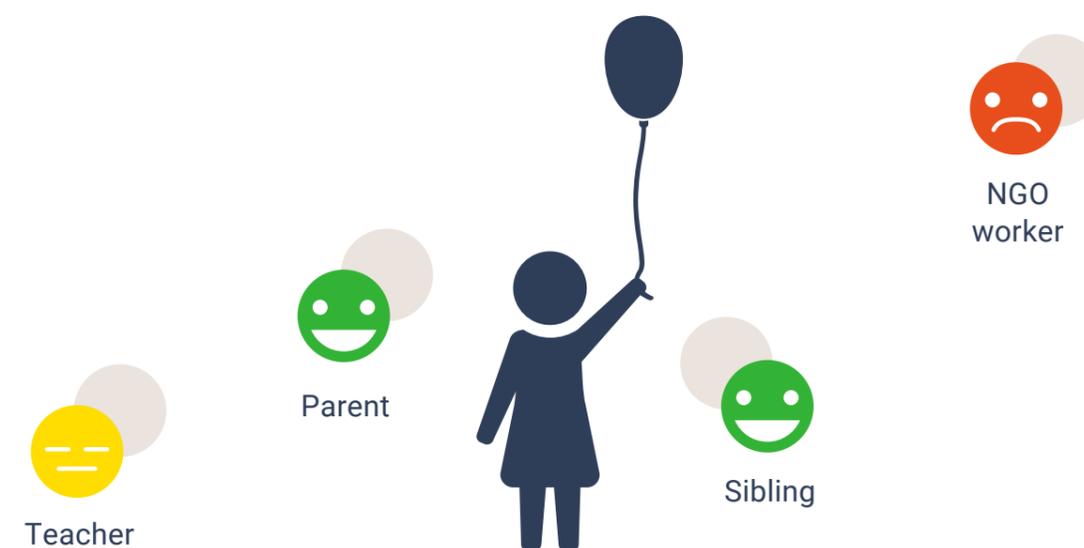


Figure 8: Example communication map showing both how often the child sees the person (shown by proximity to the child figure) and how comfortable they are with the person (shown by the red, amber and green faces or happy, sad or neutral faces). This is just a guide and different drawing tools can be used.

Tool 7. Continued Communication Maps

For every person the child identifies in their life, the facilitator should ask these questions:

1. How often do you see this person?
2. How comfortable are you with this person? (For younger children: How happy are you with this person?)
3. Is there anything that makes you uncomfortable with this person?
4. What things can you share with this person?

The facilitator can then help the child by placing the different people in relation to the child on the piece of paper based on the reaction the child has. The closer to the child, the more often the child interacts with them. Smileys represent the level of comfort the child indicates with the person in question.

When working with children with visual impairments, facilitators can describe the activity, asking the children to imagine the people they come into contact with, or they can use tactile communication maps attached to bulletin boards. For children with hearing impairments, images, symbols and colours can be used to indicate people and comfort levels.

When working with younger children with disabilities, one idea is to use a matching exercise with picture cards to get feedback on organisational staff or representatives. For example, children could be asked to select pictures of people they recognise or feel comfortable with.

It is useful to conduct this exercise together with a community mapping exercise (see [Tool 5](#)).

Organisations must therefore raise awareness and provide support for these individuals, so they understand the importance of reporting child safeguarding concerns shared by or relating to children with disabilities through the formal reporting channels and to representatives of the organisation.

Once organisations have identified these individuals, they should:

- Ensure these individuals understand that any child safeguarding concerns that they have been made aware of, must be reported to organisational representatives as soon as possible.
- Provide these individuals with guidance on the child safeguarding reporting mechanisms available (see [chapter 8.1](#)).
- Provide follow-up support and counselling to individuals distressed or troubled by child safeguarding concerns that they have been made aware of.

If community members who are confided to by children or who learn about a child safeguarding concern are not given proper support and guidance, there may be a failure to respond timely and appropriately, risking traumatising the child further.

Below is a list of individuals children with disabilities are most likely to confide in or share any child safeguarding concerns with. The benefits, alongside risks and suggested mitigations, have been outlined.

In all the examples, a key risk is that individuals may not recognise some concerns raised as a child safeguarding concern as they have not received any sensitisation or training on child or disability rights or may themselves have ingrained stigma around disability. Where possible, organisations must include these individuals in disability rights and child safeguarding awareness activities to encourage that all concerns are formally reported to the organisation through established channels and its representatives.

Understanding who children with disabilities are likely to share child safeguarding concerns with

Beyond the common deterrents felt by all children in reporting child safeguarding concerns directly to organisational staff (they can sometimes be viewed as being linked to perpetrators of abuse), children with disabilities may feel even less inclined to report to organisational staff.

This is because children with disabilities may be frightened of the potential loss of specific support they rely on, they may have less access to relevant

representatives of the organisation, or they may be unable to communicate effectively with staff or other representatives of the organisation.

Therefore, it is more likely that children with disabilities will share their experiences of harm by organisations with those they can easily communicate with or who understand their disability. This could include family, friends, local officials or community members, or otherwise outlined by children in Communication Maps or other exercises.

If child safeguarding systems do not identify these individuals and encourage them to formally report child safeguarding concerns, many will likely go unreported.



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Parents or Caregivers

Benefits: Parents and caregivers will know children with disabilities best. They will understand their requirements, recognise behavioural change and communicate with them better than most. They will be in contact with the child regularly. They will usually have a close bond to the child, and their child will usually trust them and feel comfortable with them.

Risks: Children with disabilities are more likely to be abused by those who care for them, which can make the parent or caregiver hesitant to report child safeguarding concerns to the organisation for fear that other abuse will be discovered. Parents or caregivers may also be frightened to follow up with reported concerns as this may threaten the support they currently receive for their child.

Mitigation: Always work with parents and caregivers as well as engaging with their children to raise awareness of child abuse, disability rights and child safeguarding. Ensure parents are reassured that organisations will not make a decision to remove vital support as a result of any reports made, while being honest that programme funding may be threatened if serious allegations have been made.

Siblings

Benefits: Siblings, like parents, will know children with disabilities best. They will understand their individual requirement, recognise behavioural changes and communicate with them better than most. Siblings of children with disabilities can have a unique relationship as they can sometimes play the role

of carer and friend. Some siblings of children who communicate non-verbally may have developed their own way of communicating with their sibling. They will be in contact with the child regularly, perhaps more so than the parents. They will usually have a close bond to the child, and a child with disabilities will usually trust their siblings and feel safe with them.

Risks: Siblings of children with disabilities may also be victims of abuse or be abusing their sibling with disabilities, and therefore worried about reporting a child safeguarding concern to an organisation for fear of getting into trouble.

Mitigation: Always work with the family to understand if there are siblings with whom children with disabilities can communicate easily or confide in. Include these siblings in awareness-raising sessions on child and disability rights, abuse and child safeguarding.

Friends

Benefits: Friends will know a child with disabilities well. They will recognise behavioural changes and be able to communicate with them. Friends and peers of children who communicate non-verbally often develop their own way of communicating with their friend. Children with disabilities may feel more comfortable talking to their friends about any abuse they have experienced and asking them for their advice or help in accessing formal reporting channels.

Risks: Confiding in other children can sometimes put that child at risk and they may find the experience distressing.

Mitigation: Work within children's clubs, schools, child-friendly spaces and other

places where children interact to raise awareness on child and disability rights, abuse and child safeguarding. Provide follow-up support for children who may themselves report child safeguarding reports to organisations.

Youth with Disabilities

Benefits: Youth with disabilities have a lived experience of disability and understand the risks of being a child with disabilities in that context. Children with disabilities may feel more comfortable talking to youth as they can easily relate to them. Youth with disabilities may also be able to communicate using sign language or other methods. Youth with disabilities will usually have a good understanding of disability rights and have networks or contacts that can facilitate formal reporting child safeguarding concerns to. Youth with disabilities will also live locally and may be able to visit families regularly to build meaningful relationships.

Risks: Youth with disabilities may find it more challenging to use existing reporting channels themselves. Reporting can also activate their own trauma and create severe distress.

Mitigation: Work with youth groups, Organisations of persons with disabilities (OPDs), schools, youth-friendly spaces, civil society and other places where young people interact to raise awareness on child and disability rights, abuse and child safeguarding. Provide travel subsistence for youth with disabilities to attend outreach events.

Other parents of children with disabilities from parent support groups

Benefits: Members of parent support groups (PSGs) will understand the individual requirements and experiences of children with disabilities. They may also be able to communicate with children with different disabilities better than most if their own child communicates in a similar way. They will live locally and will interact with the child and their family more easily. They will usually be active members of the community who understand or have received some training on disability rights and child protection, with awareness of the organisation's work in the community and how to report child safeguarding concerns.

Risks: PSG members may feel protective of the children with disabilities of their PSG peers. They may also be worried that support may be removed due to a child safeguarding report and therefore be less willing to report concerns.

Mitigation: Work with PSGs, other parents networks and parent OPDs, to raise awareness on child and disability rights, abuse and child safeguarding. Ensure parents are reassured that organisations will not make a decision to remove vital support as a result of any reports made, while being honest that programme funding may be threatened if serious allegations have been made.

Local Disability Officers (or the equivalent)

Benefits: Disability Officers (or their equivalent) will usually be active members of local government who are often known and trusted by persons with disabilities and their families. These individuals usually understand or have received some training on disability rights, child abuse and child safeguarding and are aware of the organisations operating in the area and their reporting mechanisms.

Risks: Disability Officers may have a large jurisdiction and travel into communities rarely. They may also be extremely busy and overstretched, unable to take the time to listen and follow up with concerns raised. Disability Officers may also believe child safeguarding is not within their remit and assume the police or child protection services handle it, rather than reporting back to an organisation. Disability Officers may not believe the child with disabilities or may assume that the NGO does not want to receive complaints or that programmes will be affected if reports are made.

Mitigation: Collaborate with Disability Officers and community leaders to raise awareness of child and disability rights, abuse and child safeguarding in communities, and run specific training for officials. Explain to Disability Officers that reports are welcome and that organisations will make efforts to ensure programmes continue in spite of reports made.

Health and rehabilitation professionals (including community-led services)

Benefits: Health and rehabilitation professionals and community volunteers may know children with disabilities well through regular appointments and at times, be the only person the family or child meets regularly. During appointments, they may have the opportunity to recognise changes in children and may be able to speak or communicate with children with disabilities privately.

Risks: Health and rehabilitation professionals or community volunteers may see children with disabilities rarely if families are unable to afford care and services. They may also empathise with organisational staff or representatives, especially if attached to the organisation or its work, or worry that reporting a child safeguarding concern may remove this vital support for the child.

Mitigation: Include health and rehabilitation service providers in awareness-raising on child and disability rights, abuse and child safeguarding and include them in community events on disability-inclusive safeguarding.



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8.5 Where and when children with disabilities report

Creating safe spaces where children with disabilities feel encouraged, safe and able to report child safeguarding concerns and incidents without discrimination is fundamental to creating an effective disability-inclusive child safeguarding reporting mechanism.

Barriers that children experience will play a major role in **when** and **where** a child with disabilities chooses to disclose a concern. How barriers are experienced will be different for each child; therefore, **children with disabilities must be provided with different and multiple occasions to report to ensure all children can safely and effectively access a confidential reporting mechanism.**

Providing accessible spaces for children with disabilities to report will also enable more reports to be disclosed and

facilitate timely reporting. This allows practitioners to respond to child safeguarding concerns more efficiently.

Understanding who children with disabilities are likely to share child safeguarding concerns with

Organisations must understand which environments and locations children with disabilities have safe access to, places where there are people they trust and where they feel safe and comfortable. Such mapping should be done together with children with disabilities and is fundamental to ensuring child safeguarding reporting mechanisms are located appropriately.

One way to work with children with disabilities to map out these spaces is to use community mapping.

Tool 5. Community maps

Community maps are a useful tool to help children with disabilities explain where they want to report. Community maps involve children identifying places they frequently access and feel comfortable or safe in.

How to conduct community mapping

Start by helping the child draw a picture or representation of themselves (or support them to do so if requested) in the centre of a piece of paper.

Then ask the child about the places or environments they visit or have access to. Try to get them to think about their day and where they spend most of their time, not just places they know or would like to visit. Use pre-prepared pictures or symbols if possible (e.g., home, school, church). For every place the child with disabilities identifies, the facilitator should ask four key questions:

1. How much time do you spend in this place?
2. How far is this place from your home?
3. Who else is usually in this place?
4. How safe do you feel in this place?



Figure 9

The facilitator can then help the child by plotting the different places on the piece of paper based on the reaction the child has. The closer to the child the more safe the child feels at the place and the colours shown indicate the frequency of visits.

This exercise can be conducted alongside the communications map activity (see [chapter 8.4](#)).

When working with children with visual impairments, facilitators can describe the activity, asking the child to imagine the places they visit or use tactile materials on a bulletin board. For children with hearing impairments, images, symbols and colours can represent places, frequency of visits and distances.

When working with younger children with disabilities, one idea is to use a matching exercise with picture cards to get feedback on environments children know and recognise. For example, children could be asked to select pictures of places they recognise, or they feel safe in.

Figure 9: Example community map showing the places the child has access to, places the child feels safe in, how far the places are (shown by proximity to the child figure) and how regularly the child visits the place (shown by the red, amber and green colours). This is just a suggestion and different drawing tools can be used.

Where children with disabilities can report

When identifying **spaces** where children with disabilities will report, practitioners should consider the following:

- Are children with disabilities able to physically access the space to report safely?
- Is there accessible transport available to this space? (see [chapter 7.6](#)).
- Are there individuals who can communicate effectively with children with disabilities in this space?
- Are the individuals that the children identified as feeling comfortable reporting to (see [chapter 8.3](#)) available in this space?
- Is there any risk that children with disabilities may be discriminated against or embarrassed in this space?
- Can confidentiality for children with disabilities be ensured in this space?
- Can children with disabilities be given privacy, even from family members or carers, in this space?
- Can children access existing spaces that are appropriate and safe or must new spaces be created for them to report safely?
- Are there accessibility costs associated with the selected space? (see [chapter 7.3](#)).

When children with disabilities can report

Some children with disabilities do not regularly access everyday spaces or may not attend project activities as often as children without disabilities. Practitioners should, therefore, provide children with disabilities suitable occasions to make a report.

Practitioners should consider:

- Do children with disabilities attend the events or activities where reporting channels are made available (regular project activities, church or school)?
- How often are children with disabilities realistically accessing the spaces identified for reporting? For example, if it is a school, how often are children with disabilities actually attending school?
- Are there reasons related to accessibility or medical conditions that may reduce or increase the frequency children with disabilities visit certain spaces?
- Are children with disabilities leaving events early or coming late (perhaps due to travel requirements) and therefore missing reporting opportunities?

Remember

Many children with disabilities may know the name of, and be able to talk about, everyday spaces that people visit. This does not mean they can access them easily or regularly.

Some examples of where and when children with disabilities feel able to access reporting mechanisms **include:**

Where
In the spaces where project activities take place.

When
Before, during or after the activity.
Or during the next follow-up activity.

Benefits
Project activities may provide the only opportunities where accommodations for accessibility (transport, venues, and communication) are made for children with disabilities to report child safeguarding concerns.

To consider
How many times are children with disabilities attending project-based activities or the space where they take place? If children with disabilities only attend one activity and this is where the child experiences harm, it is unlikely they will report the concern then and there. Reporting must therefore be made available in follow up activities or in other spaces to ensure there are more opportunities to report.

Where
At home.

When
After project activities; during regular intervals in the project.

Benefits
Children with disabilities may be unable to travel to places where reporting channels are located. Supporting children with disabilities to report at home brings the reporting mechanism to them. Children

with disabilities may feel more comfortable at home around family they trust or who can help them to communicate their disclosure. Individuals who can communicate effectively with the individual child or understand their requirements could conduct home visits or the child could use a phone or report online from home.

To consider
How long after the activity is this opportunity to report being provided?
How is it done, through telephone, internet, home visits? Ideally it should not be the person who led the activity who manages the follow up reporting channels.

Where
In accessible spaces near the homes of children with disabilities during community awareness-raising activities (usually identified by a child with disabilities).

When
Continually or regularly available.

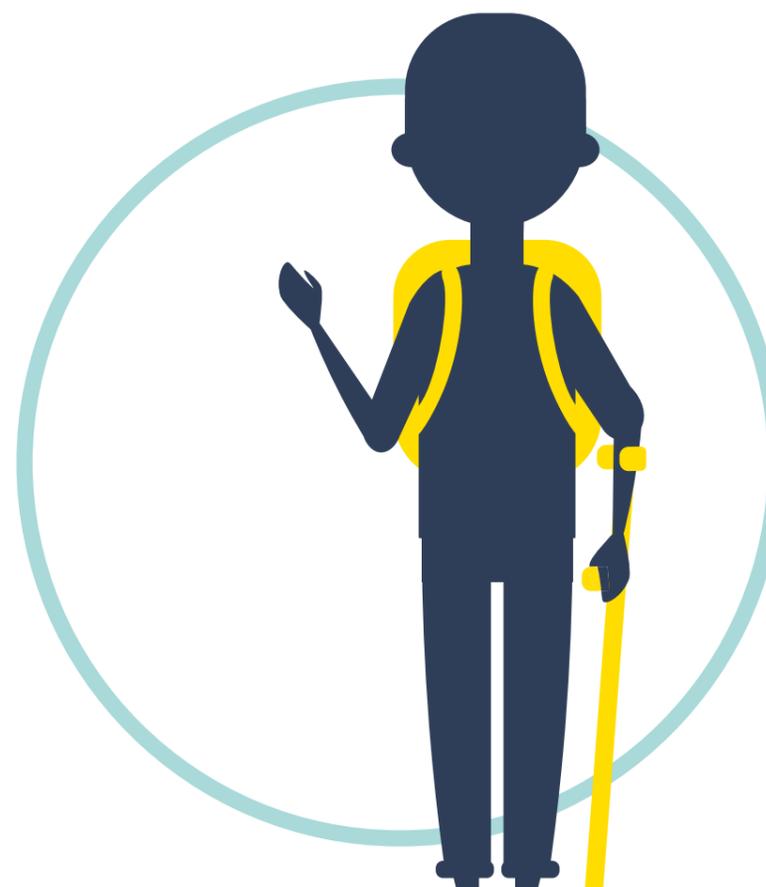
Benefits
Children with disabilities are less likely to access other common reporting spaces such as schools, churches or community hubs, and so opportunities to report must be set up close to them to increase the likelihood of reporting child safeguarding concerns.

To consider
Practitioners should pick locations in communities where children with disabilities have indicated they feel safe and can easily access. Outreach activities will need to take place in multiple locations, including remote areas where children with disabilities live.

8.6 Formats children with disabilities can use to report

The format through which children with different disabilities report child safeguarding concerns must be relative to the type of barriers they experience. Organisations must question the accessibility of reporting for different reporting channels and consider the requirements and preferences on formats that children with disabilities require to ensure they are inclusive.

A reporting format well-suited to one child with disabilities may be entirely inaccessible to another. For example, reporting over the phone may be ideal for children with physical disabilities who are unable to travel to submit a report but impossible for children who are non-verbal. It is likely that practitioners will need to adopt multiple formats within each channel to ensure all children can access at least some reporting channel.



Organisations will also need to test the reporting formats in practice and be ready to adapt them if they are not working effectively. Feedback on how reporting formats are working must be sought from children with disabilities themselves while reviewing child safeguarding concerns data, to understand barriers to access and use reporting channels that need to be addressed.

Barriers to reporting formats and suggested adjustments

In addition to ensuring that formats are child-friendly, practitioners should ask themselves three key questions when considering which reporting formats are the most appropriate for the children with disabilities they are working with:

1. What are the specific communication, accessibility and emotional requirements of the children with disabilities in our work?
2. Without any adjustments, how accessible and user-friendly are existing reporting formats based on their requirements?
3. What types of adaptations or modifications are required to ensure all children with disabilities can report safely?

When answering these questions, it is useful to understand the types of barriers children with different disability types may experience. Below is a list of examples of barriers commonly experienced by different disabilities types and how they relate to different format enabling them to be used. Some alternative approaches are outlined.

Remember

Those responsible for designing disability-inclusive reporting channels should work closely with MEAL teams or those responsible for designing feedback and reporting mechanisms so that accessible and disability-inclusive child safeguarding reporting channels are available in organisational MEAL practices.

The list is not exhaustive, and it takes a broad view of barriers some children with disabilities may face. Practitioners must consult directly with children with disabilities involved in their work and allow them to explain the barriers they experience and their preferred reporting formats. This will make reporting mechanisms more context-specific and build ownership of child safeguarding mechanisms.

Tool 6. Examples of adjustments to overcome barriers to reporting

VISUAL IMPAIRMENT

Example Barriers to Reporting

- Unable to read written information that describes reporting formats/mechanisms or fill in written reports.
- Unable to locate feedback/complaints boxes or find an adult they trust to help report their concern.
- Unable to describe what the perpetrator looked like in order to include identification in the report.

Formats to Avoid

- Formats that are far away.
- Formats in small prints.
- Written formats that require information to be read.
- Formats that focus or rely on visual descriptions of events, locations or images.

Adjustments

- If the child can write in braille, provide access to a braille embosser. This also requires a person that can read braille to respond to the report.
- Make sure printed materials detailing information such as phone numbers to helpdesks or hotlines are available in large print, braille and in audible formats.
- Embed speech-to-text software on webpages containing relevant information.
- Have a voice recorder available in ways that do not compromise confidentiality.

HEARING IMPAIRMENT

Example Barriers to Reporting

- Challenges in communicating (both in terms of understanding others and/or being understood).
- Unaware of reporting formats due to information being shared verbally.
- Lacking the verbal language or vocabulary to convey or describe their feelings or what has happened to them.

Formats to Avoid

- Formats that rely on verbal communication, particularly in situations where no communication support is available.
- Formats that require children to understand technical or complex language (dependent on individual language development).
- Formats that require children to convey specific details, such as what was said or heard during an incident.

Adjustments

- Provision of facilitators or interpreters who are skilled in using the child's preferred method of communication.
- Use of a combination of communication methods, such as sign language, gestures, lip-reading, fingerspelling, facial expression, speech, drawing and pictures.
- Video calling and text/SMS options where remote formats already exist.

PHYSICAL DISABILITY

Example Barriers to Reporting

- Unable to physically access reporting formats due to the distance or the building being inaccessible, or due to the high positioning of the phone/feedback box.
- Reliant on others to move from place to place.
- Reliant on another person to write for them.

Formats to Avoid

- Formats that are far away.
- Feedback and complaints boxes that are high up (difficult for children using wheelchairs and children in general).
- Formats that require children to write or have carers write for them.

Adjustments

- Ensure buildings or spaces where children can make a report are accessible, with ramps, no thresholds, railings, wide corridors and doorways, etc.
- Offer voice-recording as a method to enable a child to communicate their report verbally.
- Adopt online/virtual methods that are accessible using mobile phones, such as helpdesks/hotlines.

INTELLECTUAL DISABILITY

Example Barriers to Reporting

- Unable to understand or retain information related to their experience.
- Unable to interpret what happened to them in order to describe or sequence events when telling someone of their experience.
- Likely to find the reporting process distressing.
- Unable to recognise that they are being abused.

Formats to Avoid

- Formats that require children to recall details of an incident a while after it took place.
- Formats that require children to provide a detailed description or sequence of events.
- Formal or intimidating reporting formats.

Adjustments

- Use simple jargon-free language that is appropriate for the child.
- Use a trusted adult or friend whom the child feels comfortable with or can best communicate with.
- Use drawing, play or drama/role play to collect information about the incident.

PSYCHOSOCIAL DISABILITY

Example Barriers to Reporting

- Find the reporting process frightening or distressing.
- Assume that their complaint will not be believed.
- May blame themselves for an incident and so be hesitant to report.
- Limited reading and writing skills due to being out of school for periods of time.

Formats to Avoid

- Formal or intimidating reporting formats.
- Formats that require a child to travel to a place that makes them feel unsafe or uncomfortable.
- Formats that are text heavy or require written accounts of an incident.

Adjustments

- Encourage a trusted friend or sibling whom the child feels comfortable with to help report an incident.
- Use drawing, play or drama to collect information about the incident.
- Use community-based formats in available spaces that the child feels safe and comfortable in.

NEUROLOGICAL DISABILITY

Example Barriers to Reporting

- No or very limited means of communicating through speech or writing.
- Unable to understand or retain information related to their experience.

Formats to Avoid

- Written or verbal reporting formats.
- Formats that cannot be accessed from a child's home.
- Formats that are not flexible, such as a predetermined list of questions or set criteria of information to collect.

Adjustments

- Facilitate alternative methods of communication. For example, children may be able to blink or use other signs to communicate.
- The child may be able to respond to a set of images or word mats to portray different types of situations.

MULTIPLE/COMPLEX DISABILITIES

Example Barriers to Reporting

- A combination of barriers may be applicable to children with multiple and/or complex disabilities.

Formats to Avoid

- Formats that are not flexible and require a predetermined set of information to be collected.

Adjustments

- A combination of adaptations and formats must be offered to ensure the reporting formats are accessible and user-friendly to the child.



Preferred reporting formats

Considering that the availability of multiple reporting formats is beneficial for all children, it is also useful to consider the accessibility and user-friendliness of different formats.

Below is a list of commonly used formats and how they may not be suitable for children with different disability types.

WRITTEN

Description

Information is communicated in writing to alert an individual of child safeguarding concerns or incidents.

Examples

- Email
- Text/SMS messaging
- Letters/notes
- Feedback desks (including online)
- Complaints boxes
- Written Reports
- Surveys
- Websites

Not Ideal for

- Children with visual impairments may not be able to read and write using regular print; children who are deaf may struggle with written language.
- Children with intellectual disabilities may not understand text or be able to formulate sentences.
- Children with psychosocial disabilities may be stressed by documents and questions
- Children with some physical disabilities may not be able to write.

VERBAL/ORAL

Description

Information is communicated verbally to alert an individual of child safeguarding concerns or incidents.

Examples

- Face to face
- Telephone calls
- Hotlines
- Audio recording
- Child rights clubs (peer to peer)

Not Ideal for

- May not be suitable for children with hearing impairments
- May not be suitable for children with intellectual disabilities who do not communicate verbally

VISUAL

Description

Information is communicated using visual tools to alert an individual of child safeguarding concerns or incidents.

Examples

- Videos
- Photographs
- Drawings
- Play and games
- Role play (demonstration)

Not Ideal for

- May not be suitable for children with visual impairments

While standard reporting channels use formats that may work for some children with disabilities, adjustments or modifications may be necessary to improve their accessibility. Where standard reporting formats cannot be adapted or children require alternative options, separate accessible reporting channels will need to be designed specifically for children with disabilities.

Below are some examples of reporting channels that have been recommended and used by children with disabilities. Through consultation with children with disabilities, they can be adapted and modified to suit individual requirements.

so children do not have to travel far to reach one. Children with disabilities can ask friends or siblings to help them if they require assistance writing or travelling to the complaint box. Online versions of complaint boxes can be a practical alternative for children with internet access.

Channel: Disability-inclusive child rights clubs or child-to-child activities.

Format type: Verbal

How:

Establish inclusive child-to-child activities, such as child rights clubs, buddying systems or children's councils to encourage children to share their experiences in an environment with other children. Identify an adult focal point who has been made aware of reporting mechanisms and duty of report, to whom the children in the group, with permission, can raise any child safeguarding concerns. The groups can also be used to educate children with disabilities on their rights ([see chapter 6.7](#)).

Channel: Accessible complaint boxes in different locations within communities.

Format type: Written

How:

Accessible complaint boxes can be placed in localities where a project is taking place. The boxes will need to be positioned low down and reachable for children using wheelchairs. Boxes will need to be placed in various locations

Channel: Video and audio disclosures to toll-free numbers.

Format type: Verbal and visual

How:

Set up a toll-free number or online messaging system where children can send in videos or audio recordings to report a child safeguarding concern or incident. This is particularly useful for children with visual impairments who struggle to write but have access to a phone or the internet, or for children with hearing impairments who use sign language or texting to communicate. Phones can be provided to a community child safeguarding officer or a local youth with disabilities who can provide the equipment to children as required.

Format: Online helpdesks or other online reporting systems.

Format type: Written

How:

Virtual formats of reporting can be extremely beneficial to children with disabilities. Create online feedback or report forms with embedded accessibility tools for ease of access, such as the ability to alter the page contrast, font size and text-to-speech software. Live chat boxes that allow a child to speak directly with a staff member virtually could particularly benefit children who are afraid to report an incident or concern without face-to-face contact.

Format: Home visits.

Format type: Visual and verbal

How:

Regular visits to the homes of children with disabilities who may spend more time indoors than children without disabilities to ensure they have external contact and an opportunity to disclose any child safeguarding concern. Usually, a trained individual who the child knows well and can communicate with them is well placed for this.

What to avoid when designing disability-inclusive child safeguarding reporting formats

Practitioners should not:

- Make assumptions based on what they think will work best for children with disabilities by only offering them certain reporting formats. **Ask children with disabilities what their preferences are.**
- Only provide one option for reporting. **Provide multiple reporting formats for various preferences.**
- Be rigid in the design of reporting formats. **Ensure there is space for flexibility and adaptation.**
- Keep relying on a reporting format that children with disabilities are not using. If an organisation is not receiving any reports, it means the format is not working. **Adapt reporting formats if reporting numbers are consistently low.**



Setting up reporting mechanisms that encourage children with disabilities to report sexual exploitation, abuse and harassment

When setting up reporting mechanisms for children with disabilities, organisations must:

- ✓ Provide opportunities for children with disabilities to report away from staff or employees they spend prolonged amounts of time with who provide them with personal care or assistance.
- ✓ Recognise the stigma associated with reporting sexual and gender-based violence, including stigma relating to harmful gender norms which may discourage boys with disabilities from reporting.
- ✓ Work with girls with disabilities and organisations of women with disabilities to design appropriate and inclusive reporting mechanisms for girls with disabilities.
- ✓ Provide opportunities for children with disabilities to report to persons

with disabilities employed and trained by the organisation. Provide opportunities for children with disabilities to report to persons with disabilities employed and trained by the organisation.

- ✓ Ensure women with disabilities are also trained to receive safeguarding reports as these women may better understand their experience, and girls with disabilities may be more likely to report to them.

Remember

Children, including children with disabilities, rarely report sexual abuse immediately after the event. As such, accessible and disability-friendly reporting mechanisms should be available beyond the scope of an organisation's work.

Remember

There may be budget implications of ensuring reporting mechanisms are accessible and appropriate for children with disabilities. Consider these costs when developing budgets, such as braille, large print, speech to text and other software, and sign language interpreters.

Practitioners can use the practitioners' self-assessment checklist (see [Reporting checklist in Appendix 4](#)) to support the adoption of practices relating to making reporting mechanisms work for children with disabilities. This has been designed as a tool to be used alongside [chapter 8](#) in the guidelines to support the adoption of disability-inclusive child safeguarding and should not be used in isolation as a checkbox exercise.

9. Responding: Ensuring response procedures for child safeguarding are disability-inclusive

Who?

- Child safeguarding experts
- Disability experts
- Child safeguarding focal points
- Staff who have the mandate to respond to reported child safeguarding concerns

What?

- Introduction to appropriate and accessible response mechanisms
- How to address inclusion barriers in the response process
- Principles for taking a 'survivor-centred' approach
- Key principles for responding to reports
- Investigating a child safeguarding concern or incident
- Mapping referral services

Once a report has been made, children with disabilities have a right to the support necessary to recover and rebuild their lives. Organisations are responsible for responding to all child safeguarding concerns, and have a duty to see that all reports are taken seriously and that their response is sensitive to the individual requirements, best interests and preferences of each child, including children with disabilities.

9.1 A right to an appropriate response

A response involving children with disabilities is fundamentally about ensuring they can access their right to be heard, access justice services and feel safe on the same basis as children

without disabilities. A failure to treat child safeguarding reports concerning children with disabilities with the same formality, diligence and urgency as incidents involving children without disabilities is a violation of their rights.

A useful question for practitioners to ask themselves when responding to a child safeguarding concern involving a child with disabilities is, **'Would I respond in this way if I was dealing with a child without disabilities?'** If the answer is 'No', practitioners should demonstrate that the child with disabilities has been treated equitably and that assumptions, discrimination or unconscious bias relating to a child's disability have not affected the response.

Ensuring that an organisation's response procedures are disability-inclusive takes

planning and is not something that can only be considered once a child safeguarding report has been made.

Organisations and practitioners must, ahead of time, make a commitment to disability-inclusive responses in their child safeguarding systems and make the necessary provisions to carry it out.

9.2 Taking a survivor-centred approach with children with disabilities

Ensuring responses to child safeguarding incidents are survivor-centred means ensuring that a survivor's best interests are the principal consideration when responding to a child safeguarding incident. It is an approach that seeks to empower the survivor by prioritising their rights, requirements and wishes and ensuring that they have access to appropriate, accessible and good quality services that work for them.

A key aspect of a survivor-centred approach is identifying the 'best interest' of an individual, and this will require organisations to listen to survivors, understand what makes them feel safe and consider the individual child's requirements for safety and accessibility.

Therefore, adopting a survivor-centred approach when responding to child safeguarding concerns involving children with disabilities requires specific considerations and adjustments to ensure there are opportunities for children with disabilities to express their preferences and for individuals responsible and involved in the response process to meaningfully consider these.

Understanding how experiences of trauma may differ for children with disabilities

To effectively 'do no harm', organisations need to recognise that some standard child safeguarding responses may, in fact, be harmful to some children with disabilities. To ensure child safeguarding responses involving children with disabilities are survivor-centred, individuals who are leading investigations must be aware of the increased vulnerability of children with disabilities and the specific ways in which they may experience trauma or distress.

For example:

- Children who experience communication barriers may feel confused and frustrated, and they may have difficulty expressing how they feel or are unable to understand what decisions have been made or why.



- Children with intellectual disabilities may feel a sense of panic or feel upset by the situation as they may not understand what is happening or be alarmed by strangers speaking to them and the formality of investigation.
- Children with disabilities are also more likely to experience negative psychological effects. Organisations will need to consider how child safeguarding responses are designed not to intensify mental health conditions or reduce psychosocial wellbeing.

Principles of a survivor-centred approach in relation to children with disabilities

A survivor-centred approach builds a supportive environment where a survivor is treated with dignity and without discrimination, participates in decision-making, provides informed consent/assent on the possible use and disclosure of their information, and is kept informed at every stage of the response. Where the survivor is a child, the best interests of the child will be the priority, alongside ensuring that the preferences and perspective of the child have been fully considered.

In ensuring a response does no harm, organisations should be guided by a set of seven key principles of a survivor-centred approach to child safeguarding.⁶⁸ These principles are relevant when responding to any child safeguarding report, not just those relating to children with disabilities. However, in adhering to these principles, there are some additional considerations that practitioners must bear in mind when working with children with disabilities.



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7 The seven principles are;



Do-no-harm:

Avoiding additional harm during responses



Confidentiality:

Ensuring a child's identity and details are kept safe



Non-discrimination:

Treating child safeguarding reports equitably during responses



Safety:

Guaranteeing the physical safety of the child



Best interests:

Considering what is best for the child based on individual requirements



Information:

Providing survivors with timely and accurate information



Self-autonomy:

Giving survivors opportunities to make decisions on responses concerning them

These principles are relevant when responding to a child safeguarding concern involving any child, not just a child with disabilities. However, in adhering to these principles, there are some additional considerations that organisations must bear in mind when working with children with disabilities. These include:

Safety: guaranteeing the physical safety of the child

Organisations should put in place a response strategy that considers the specific safety requirements of children with disabilities, **including:**

- Planning how children with disabilities will physically relocate, with consideration of their accessibility requirements, if relocation has been determined to be in the best interests of the child.
- Assessing physical environments children with disabilities are relocated

to, to identify potential hazards or accessibility barriers.

- Considering whether any potential limits to a child's movement may limit access to vital support linked to their disability.
- Identifying hospitals or clinics that can provide the specialised medical care a child may require.
- Providing additional costs for carers, assistive devices or sign language interpreters to ensure children with disabilities can be made safe.

Do-no-harm: avoiding additional harm during responses

When working with children with disabilities, **organisations should also consider:**

- Working with disability-focused organisations or OPDs who have familiarity with, and understand how best to support, children with disabilities who have experienced abuse.
- Understanding how a response can strengthen pre-existing support networks for children with disabilities and ensure the organisation's child safeguarding response does not undermine any existing systems.
- Identifying key contacts of trusted individuals or organisations that the organisation can call upon to minimise delays that prevent children with disabilities from safely accessing the support they require.

Remember

Organisations should ensure engagement with OPDs also considers the capacity and resources of individual OPDs to avoid doing harm to that organisation itself. In some cases organisations may want to support and build the capacity of OPDs to work with children with disabilities where this is something new.

Best interests: considering what is best for the child based on individual requirements

In addition to considerations for immediate safety, child safeguarding measures must also prevent re-victimisation and re-traumatisation. Examples of responses that **may not be** in the best interests of children with disabilities **include:**

- Sending a child with disabilities to a medical centre outside of the community to protect their confidentiality or remove them from danger. This may instead lead to a lack of accommodation for the child as professionals do not know the child and their specific requirements.
- Removing a child from a project location to protect them from alleged perpetrators may mean removing them from programmes tailored to accommodate their specific requirements or deprive them of an established support network that understands how best to care for them.

Confidentiality: ensuring a child's identity and details are kept safe

Organisations will need to consider how the type of disability and associated requirements for support may complicate confidentiality when implementing a response that involves a child with disabilities. **Considerations include:**

- Ingrained stigma or assumptions relating to disability may mean that confidentiality of cases involving children with disabilities is considered less important or unnecessary.
- Organisations involved in responding to child safeguarding reports may not understand that children with disabilities have the same right to confidentiality and dignity as any other child.
- Children with disabilities may require individuals unlinked to the project to assist with responses to child safeguarding reports, including sign language interpreters. These individuals must be made aware of their responsibilities relating to confidentiality.
- Children with disabilities are likely to have many more people involved in child safeguarding responses, especially where specialised care is required. Organisations must seek to reduce the number of individuals who have access to details of the case, only sharing information on a 'need to know' basis.



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Information:

providing survivors with timely and accurate information

Children with disabilities may find it more difficult to understand the response to a child safeguarding incident.

Communication barriers can increase the risk of misinformation during a response and could increase the risk of re-traumatisation. **Organisations should consider:**

- Providing information in accessible formats and checking a child with disabilities has understood information shared.
- Learning from instances when the child has communicated successfully previously. For example, if the child reported a child safeguarding concern or took part in another activity, which communication method did they use to express themselves? Can this be used when communicating decisions also?

- Reducing the reliance on multiple individuals passing on information concerning the child safeguarding response to minimise the risk of misinformation. Investigating officers should work directly with interpreters or other support staff to ensure the child receives appropriate information on the response being taken.
- Some children with disabilities may forget information or require time to interpret the decisions that are being proposed. Organisations should consider sharing information on multiple occasions.

For more information on informing children with disabilities about their rights and child safeguarding response process [see chapter 6.6](#) and [chapter 9.3](#)

Self-autonomy

Despite self-autonomy being widely accepted as the central component of responses to child safeguarding reports, the stigma and discrimination faced by children with disabilities often lead to decisions being made on their behalf instead of with them. To avoid this, practitioners should:

- Not make assumptions that a child with disabilities lacks the understanding or communication means to have a preference.

- Commit to the time and costs associated with ensuring children with disabilities can participate in conversations on responses.
- Involve a trusted individual that the child is comfortable with to help encourage the child to voice their preferences.

[Chapter 2.3](#) provides more detail on substituted versus supported decision-making for children with disabilities.

Non-discrimination:

Treating child safeguarding reports equitably during responses

Organisations must consider how stigma and unconscious bias can negatively impact decisions made regarding how to respond to an incident that involves a child with disabilities. A useful question to ask is, **'Would the response be the same if it concerned a child without disabilities?'** Asking practitioners to reflect and justify why decisions would differ for a child with disabilities may help uncover unconscious bias and potential harm.

Organisations should ask themselves a series of comparative questions to avoid discrimination in their response process. These include:

- Has the witness statement or evidence given by a child with disabilities been believed and taken seriously?
- Has sufficient time been taken to consider and respond comprehensively?
- Have the same disciplinary actions been taken against staff involved?
- Has a child with disabilities' preferences been seriously considered?

In many cases, there may be a good reason for why child safeguarding responses concerning reports relating to children with disabilities differ from responses concerning children without disabilities. Nevertheless, practitioners must be able to rationalise and substantiate why these differences are in the child's best interests.

Remember

The best way to ensure child safeguarding responses do not discriminate against children with disabilities is to train all representative of the organisation and raise awareness on disability rights ([see chapter 6](#)).



Ensure responses to sexual exploitation, abuse and harassment (SEAH) incidents do not re-traumatise children with disabilities

To avoid the re-victimising or re-traumatising children with disabilities when responding to sexual exploitation, abuse and harassment reports, organisations must consider:

- **Will the police and local authorities be involved?** Justice systems and police services often perceive children with disabilities, those with intellectual disabilities and especially girls with disabilities, as not being credible witnesses. As such, reporting crimes where authorities then choose not to investigate, or even accuse the child

with disabilities of lying, may cause further harm (see chapter 9.7).

- **Will the child be medically examined following an incident?** Intimate medical examinations can be a particularly traumatic experience for children with different disabilities who are less likely to be provided with accessible information on what is happening or why. They are also less likely to be asked for consent/assent. Doctors and medical staff are often unable to communicate with the child if the child uses alternative communication modes and so organisations should carefully consider if an examination is in the child's best interest or if it will re-victimise them.

9.3 Including children with disabilities in response processes

In line with a survivor-centred approach to child safeguarding responses, children with disabilities should be included in decision-making relating to safeguarding concerns that involve them. Involving children with disabilities in the planning and design of child safeguarding procedures from the start will provide organisations with a better understanding of how children with disabilities wish to see a response carried out.

The inclusion of children with disabilities will ultimately strengthen any child safeguarding response process for several reasons:

1. If children with disabilities are given an opportunity to voice their preferences and be involved in decision-making in relation to responses, they are more likely to support decisions made to protect them.
2. Providing space for children with disabilities to explain their preferences in child safeguarding responses helps avoid unintentional additional harm relating to accessibility and other required adaptations.

3. Involving children with disabilities in decision-making will improve a child's understanding of what is happening, which will prevent any additional distress or alarm arising through feelings of powerlessness during the response process.

Barriers and enablers to the inclusion of children with disabilities within response processes

The fundamental barrier to self-autonomy is the stigma or discrimination children with disabilities experience. The intersectionality of their age, gender identities and disability usually means children with disabilities are considered incapable of making their own choices. Organisations must challenge this presumption, listen to the child and ask what they require to participate fully instead of making assumptions.

Children's hesitation or risks to their participation in the child safeguarding response process can be organised into four categories:

Remember

Children with disabilities may need more reassurance than children without disabilities. Make sure support and encouragement are given to them throughout the child safeguarding response process. However, do not make promises that cannot be kept.

1. Concern of repercussions

Children with disabilities may not have the confidence to participate in decision-making processes that involves people they are unfamiliar with as they may worry that they will be discriminated against.

Organisations should ensure that children with disabilities discuss responses with adults they know and trust and that those involved in the response process receive appropriate training. They should also reassure children that they will not be laughed at or humiliated during the response process.

Children with disabilities may be concerned that voicing certain preferences relating to child safeguarding responses will result in them no longer being able to access vital services through the organisation's work, such as the provision of assistive devices or physiotherapy sessions.

Organisations should reassure children that the support services they receive will not be removed as a direct result of them voicing certain preferences. Families of children with disabilities and their carers should also be given this reassurance.

2. Accessibility and communication

Children with disabilities are often more isolated than children without disabilities, making it harder for them to be involved in child safeguarding decisions that are made elsewhere.

✔ Organisations should bring decision-making to the child where it is possible and safe to do so. Children should be engaged in their homes or supported to travel to places where decisions are taking place.

❗ Children with disabilities may require more time or support to participate in decision-making, understand available options and express preferences.

✔ Representatives of the organisations working on the response should take time and have patience when working with children with disabilities and not allow the pressure to respond quickly result in an inappropriate response or compromise safety or involvement of the child.

❗ Children with disabilities may rely on others to support them when communicating their preferences and in cases have someone substituted to communicate on their behalf. Note that substituted decision-making can never replace supported decision-making (see [Chapter 2.3](#)).

✔ Organisations should identify accommodations required for accessible communication based on individual requirements. Those interpreting for children with disabilities should ensure information is translated as closely and directly as possible, especially since sensitive topics are being discussed.

Remember

Communication barriers are not a reason to exclude children with disabilities from decisions about their own lives. Practitioners must take the time and make the appropriate accommodations to give children with disabilities the opportunity for self-autonomy.

3. Knowledge and understanding

❗ Children with disabilities, especially intellectual disabilities, may struggle to engage in complex response processes with multiple options.

✔ Organisations should work with parents/caregivers, peers or personal assistants and ask for their advice on how best to approach the subject with each child. Practitioners should ask clear questions, present options in a simple flowchart or in picture diagrams, and use images or colours to improve understanding and help children convey preferences.

❗ Children with disabilities may not have received the same level of education as children without disabilities of the same age and consequently may be less informed of their rights, or unfamiliar with child safeguarding concepts.

✔ Organisations should ensure that children with disabilities have a basic understanding of their rights, specifically their right to

feel safe and be free from harm. This should be done before involving them in discussions relating to child safeguarding responses and may require engaging children with disabilities on more than one occasion.

❗ Children with disabilities may be unaware of the implications of particular decisions or preferences they voice during a response process.

✔ Organisations should ensure the consequences of certain decisions or preferences are explained and discussed with children with disabilities who are involved in child safeguarding concerns. Practitioners may need to give children with disabilities additional time to understand and consider implications of decisions made during response processes.

4. Trauma and wellbeing

❗ Children with disabilities are likely to experience distress following a child safeguarding incident as barriers to communication and understanding may increase levels of confusion, panic and fear. This may make children with disabilities more reluctant to engage in the child safeguarding response process.

✔ Organisations should be aware of the additional risks of abuse relating to children with disabilities and be sensitive to their unique experiences. Organisations should take extra caution with children's psychosocial wellbeing and consider allowing additional time, space

and consolation for a child with disabilities when engaging them in child safeguarding response decision-making.

❗ Children with disabilities are less likely to be in regular communication with people outside their immediate family, involved in any formal processes or consulted on decisions about their own lives than children without disabilities. As such, engaging in discussions on a chosen child safeguarding response may be particularly intimidating for them.

✔ Organisations should build up relationships with a child with disabilities to gain their trust and ensure they feel calm, comfortable and able to engage meaningfully in the child safeguarding response process. Organisations should also ensure a trusted friend or adult is present during all discussions to help mitigate any risk of re-traumatisation during the child safeguarding response process.

Contradicting a child with disabilities' preference

Children with disabilities may be more reluctant than children without disabilities to accept a change in circumstances. They may feel strongly that they want to remain in programmes or continue contacting the alleged perpetrator.

This may contradict the view held by the organisation's designated representatives leading the child safeguarding response process and it may not be in the child's best interest. Where a child with disabilities' preference contradicts a

child safeguarding response decision, organisations should address the specific concerns of the child and take time to explain why the child's preference is not in their best interest and help the child understand why certain decisions are being made. This transparency is crucial for children with disabilities, who may find a change in circumstance or upheaval particularly distressing.

Remember

It is not necessarily the responsibility of people in the organisation who receive reports to respond to child safeguarding concerns. Anyone receiving a concern from a child should listen to the child and make the report but only specifically selected, trained and tasked individuals should be involved in the response process (see chapter 9.3).

9.4 Principles for a disability-inclusive response to child safeguarding reports

It requires a large amount of courage and determination for any child, especially a child with disabilities, to find and use a child safeguarding reporting mechanism. Once a child has decided to report, the

response from an organisation must recognise the effort the child made to overcome possible barriers to file a report. Organisations will need to be sensitive to the specific experience of children with disabilities in the child safeguarding reporting process and make concerted efforts to ensure the child is given space and time to be heard properly in the response process.

When an organisation receives a report from a child with disabilities or relating to a child with disabilities, there are key principles that should be kept in mind.

These include:

Respect:

A child with disabilities deserves the respect of a practitioner who is responding to a child safeguarding concern. These individuals should ensure they use appropriate language (see chapter 6.5) and do not cause the child embarrassment or hurt by inappropriately drawing attention to their disability. Practitioners should not talk about the child as if they were not there, talk over the child, touch the child or their assistive device unless invited to, nor point to the child's disability.

- ✓ Is the individual responding to the child safeguarding concern treating the child with disabilities as they would any other child?
- ✓ Is the individual responding to a child safeguarding report using neutral language, avoiding any derogatory or insulting terminology and refraining from unnecessarily drawing attention to the child's disability?

Communication:

A child's preferred communication method for expressing their views and experiences must be considered. Children with disabilities may have various speech, language and communication requirements or use nonverbal means of communication. Individuals responding to a child safeguarding report will need to make efforts to accommodate different communication requirements. Where accommodations are not immediately available, individuals responding to a child safeguarding report will need to make arrangements for communication support to ensure that the child can fully disclose any abuse or harm and that their feelings and experiences are heard and understood.

- ✓ Is the child able to communicate in their preferred method?
- ✓ Have barriers in communication been identified and accommodations made?
- ✓ Can the individuals responding to a child safeguarding report understand the child?

Listening:

Parents/caregivers, duty bearers and practitioners commonly and unconsciously speak on behalf of children with disabilities, predicting what the child is trying to communicate, usually in an attempt to help. Individuals responding to a child safeguarding report will need to be careful that they themselves do not make assumptions or suggestions when responding to a child safeguarding report. Similarly, they will need to ensure that when a child is reporting alongside

someone else, the child can express themselves freely and answer questions independently and not have others talk for them. This will usually require disability-rights and awareness-raising training before engaging in any response process (see chapter 6).

- ✓ Have individuals responding to a child safeguarding concern relating to a child with disabilities had disability-rights and awareness-raising training?
- ✓ Are there any leading questions posed to the child or answers given on behalf of the child by someone else?
- ✓ Are questions directed at the child themselves or to their carer, reporting buddy, interpreter or accompanying person?
- ✓ Is the child responding to questions and explaining in their own words without another person speaking on their behalf?

Objectivity:

Children with disabilities may expect their report to be dismissed or distrusted. Reports of abuse by children with disabilities, if relating to practitioners involved in their care, may also not be believed or acted on as those who care for and support children with disabilities are often held in high regard and seen as 'do-gooders'. Organisations need to actively remove preconceptions or unconscious bias when responding to a child safeguarding report from or relating to a child with disabilities and ensure that the child feels that they have been believed and listened to. This is true even if the individual responding to a child safeguarding report cannot themselves

understand why the child feels a certain way (for example, if someone touched their assistive devices without permission and the child becomes distressed).

- ✓ Are there any assumptions or preconceptions that have misrepresented the child safeguarding report received?
- ✓ Does the individual responding to a child safeguarding report disbelieve the child for any reason?
- ✓ Did the child feel as if their child safeguarding report was taken seriously?

Confidentiality:

Confidentiality during reporting may be different for children with disabilities as reports may be shared more widely than usual with the use of reporting buddies, interpreters, or the inclusion of support staff in the child safeguarding response process. Individuals responding to a child safeguarding report must ensure that the child with disabilities understands what level of confidentiality they can expect during the response process and that no one other than those necessary will have access to the report's content. Individuals responding to a child safeguarding concern should seek to address any feelings of embarrassment or concern the child may have.

- ✓ Does the child understand what level of confidentiality they can expect?
- ✓ Has a list of the individuals who will be privy to the content of the report been shared with the child?

Expectations:

Children with disabilities may feel worried after disclosing a child safeguarding concern, particularly if they are concerned that reporting can lead to repercussions, such as a loss of important support services or assistive devices they depend on to live full and healthy lives. Therefore, it is important that children with disabilities are made aware of the full child safeguarding response process once a report has been made, including the investigation, timeframes, limitations, likely outcomes and how and when feedback will be given. This information should be provided in an accessible format.

- ✓ Does the child know and understand the steps involved in the child safeguarding response process (including timescales, investigation, limitations, likely outcomes and how and when feedback will be given)?
- ✓ Have accessibility accommodations been made to ensure the child will be provided with feedback throughout or at the end of the response process?

Receiving feedback

Receiving and responding to a child safeguarding report from or relating to a child with disabilities should also be an opportunity to collect feedback and improve disability-inclusive child safeguarding practice. Organisations should reflect on mistakes and gaps in their approach and incorporate this learning into their practice and organisational procedures.

Children with disabilities can be asked for feedback immediately after they

report a child safeguarding concern or during any stage of the response process. Individuals responding to a child safeguarding report should ask the following questions to the child to identify gaps and potential improvements:

1. Did you feel able to express your experience and feelings?
2. What additional accommodations/adaptations did you require?
3. Did you feel comfortable reporting to the (person's name/position/descriptive characteristics)?
4. What would you have changed in the way we received your report?
5. Once you had finished making your report, did you feel supported?
6. What else did you require during follow-up or the response process?

Providing psychosocial support

Children with disabilities are likely to be impacted by stigma, isolation or discrimination they may experience as part of their daily life, and this can be exacerbated by any violation of the child's rights and their experience of reporting a child safeguarding concern.

As such, it is crucial that when a child with disabilities makes a child safeguarding report, the systems in place by the organisation to respond to such report are sensitive to the particular requirements of the child. Although any individuals responding to a child safeguarding report are not themselves responsible for providing the child with the professional support or treatment they require, they are responsible for referring the child with disabilities to relevant services that can provide disability-inclusive psychosocial support (see chapter 9.6).

Organisations should provide individuals responding to a child safeguarding report with training on the potential connection between living with disabilities and mental health. Individuals responding to a child safeguarding report should also be encouraged to be sensitive to the psychological impact a child with disabilities may experience and be permitted to comfort, console and reassure the child without making commitments to future support.

The wellbeing of individuals responding to a child safeguarding report should also be considered, with individuals encouraged to share their experiences of responding to child safeguarding reports from children with disabilities and reflect on learnings.

9.5 Investigating a child safeguarding concern or incident involving a child with disabilities

Investigating a child safeguarding report involving children with disabilities should follow standard child safeguarding practices. Investigations should be led by trained and authorised professionals, remaining impartial and confidential.

The increased dependency of some children with disabilities, alongside barriers in communication, can make an investigation more complex and the safeguarding of children with disabilities during the investigation itself riskier.

However, children with disabilities, like anyone, deserve a full investigation into any safeguarding concern that involves them. **The perceived difficulty of investigating a report is not sufficient reason for an investigation to be**

avoided or be of poor quality. Therefore, organisations and practitioners must make specific adaptations and accommodations in the process to ensure children with disabilities are treated equitably during child safeguarding responses.

1. Identifying Investigating Officers

Organisations must be aware that prejudice or unconscious bias can lead to a belief that children with disabilities are rarely abused or that abuse has minimal impact on them. These beliefs can lead to the denial of or failure to recognise abuse or harm to children and can jeopardise a child safeguarding investigation (see chapter 6.3 for more information on challenging harmful attitudes). When identifying Investigation Officers, organisations must consider the following:

- Do these individuals have specific experience of safeguarding children with disabilities alongside more general experience and knowledge in child safeguarding?

Remember

As with all children, if a child with disabilities is in immediate danger, action should be taken to remove the child from harm's way. Practitioners and individuals responding to a child safeguarding concern must consider that a child with disabilities may not be able to communicate the urgency of some situations immediately.

- Have these individuals received basic disability-rights training or training on the risks and signs of abuse with children with disabilities? (see chapter 6.2).
- Do these individuals have the skills required to communicate with the child in question? For example, if the child requires a sign language interpreter, is one available?
- Have these individuals worked with the child previously? It would be advisable to use people who are familiar with the child's preferred communication method and who the child is comfortable with.
- Do these individuals have lived experience of disability? For example, girls with disabilities who have experienced sexual exploitation, abuse or harassment may feel more comfortable reporting to a woman with disabilities.
- Are these individuals able to travel to the child's home? Telephone interviews or travel may not be possible for children with disabilities.

2. Planning the investigation

Where a criminal offence has been committed, in accordance with the legislation in the country the child safeguarding incident has taken place, the crime should be reported to the relevant authorities where it is safe and in the child's best interests to do so. This applies to all children although children, with disabilities are often denied their right to legal agency (see chapter 2.3).

Other considerations for practitioners when planning a disability-inclusive investigation include:

- Do the social services available have a positive reputation for working with children with disabilities? Do individuals in social services have established personal connections with families of children with disabilities?
- Have additional resources been allocated to assist with the accessibility requirements of the child? For example, have additional travel costs been factored in if travel is required or people need to visit the child's home?
- Has sufficient time been planned for the investigation to take place? Additional time may be required if an investigation of alleged abuse involving a child with disabilities is to be meaningful.
- Has the child's preferred method of communication been identified, and accommodations made? Expert advice may be required for children with complex communication requirements, to decide how an investigative interview would take place or if it is appropriate.
- Has an experienced interpreter been identified where necessary? Has this interpreter worked with the child before? Can this interpreter be used throughout the investigation?

- Does the child require other specialist support during the investigation? For example, children with psychosocial disabilities may require a counsellor during the investigation.
- For additional accessibility and costs, has it been clarified who is funding this? Is it expected that the organisation will pay for the accommodations required or will local authorities make provisions? This should depend on who is running the investigation.
- If there are allegations of abuse where a child with disabilities is the alleged perpetrator, practitioners should recognise they have a duty of care to the victim and alleged perpetrator.

3. Conducting Interviews

It is fundamental that a child with disabilities is given the opportunity to express themselves and, where possible, speak for themselves during interviews. As discussed, caregivers, duty bearers and practitioners commonly speak on behalf of children with disabilities and make assumptions about what a child with disabilities is trying to communicate. Practitioners will need to be careful not to ask leading questions or make suggestions during interviews. Other considerations include:

- It is important to allow the child to express themselves as much as possible. If someone says the child cannot communicate, ask the question: "How does the child indicate they want something?" or "How do you know if they are happy or unhappy?" This could then provide the interviewer with a means of communicating with the child directly.

- It is likely there will be a greater number of professionals involved in an investigation concerning children with disabilities. The number of individuals present during an interview should be kept to a minimum to ensure the child does not feel overwhelmed.
- All contact with a child with disabilities should ideally be in person. This will make communication easier and provide children with disabilities with the opportunity to ask questions and provide feedback.
- The choice of venue for interviews will be important. Practitioners need to ensure it is safe, accessible and appropriate for the child (see chapter 7.4).
- Depending on the type of disability, asking a child to recount an experience of abuse may lead to misinterpretation or confusion. It is the responsibility of the practitioners to be mindful of how the interview is interpreted and to ensure interviews do not put the child at greater risk of harm or re-traumatisation.
- Some children with disabilities will do better in interviews with signs, symbols and images. Interviewers should consider using visual tools to help children with disabilities communicate their feelings, fears and preferences.

4. Concluding an investigation

When deciding the outcome of an investigation, practitioners must ensure that assumptions relating to a child's disability have not unintentionally masked abuse or prevented an appropriate investigation. For example, the existence of bruises should not merely be explained by regular falling because of a physical impairment. Outcomes must

be considered in the context of a child's individual experience, and assumptions or preconceptions concerning the child's disability should be actively divorced from the decision made. Other considerations include:

- Has the outcome of the investigation been explained to the child and their family, and have they fully understood the reasons why a decision has been made?
- Have any externally available reports relating to the investigation been shared with the child and their family? Have the reports been made available in a child-friendly and accessible format?
- Has the child and their family been involved in discussions to decide the next steps or form an Action Plan (see chapter 9.4). Are these next steps realistic and reasonable in relation to the support services that are locally available?
- Where there is a medical concern, has the most appropriate medical professional been identified to undertake any examination or follow-up in relation to the child's disability?
- Recognising that safeguarding incidents and the subsequent investigation can lead to or exacerbate psychosocial impairments, has the child with disabilities and their family been informed about any follow-up counselling available to them?

Remember

Children with disabilities have a right to be informed about decisions that impact their lives and efforts must be made to ensure these decisions have been shared and understood.



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9.6 Disability-inclusive child safeguarding referrals

Organisations will need to identify potential victim support services during the initial overarching setup of child safeguarding systems and then revisit this mapping exercise as part of their child safeguarding response. This aspect of a child safeguarding response is particularly important for children with disabilities as they are usually excluded from or unable to access conventional support services and

may be better supported by specialised or community-based services.

Referral pathways will need to be specific to the type of child safeguarding incident that occurs and alongside the individual accessibility requirements of the child with disabilities. Without effective referral mapping for children with disabilities, organisations will fail to ensure every child receives equitable levels of support. It is simply not enough to rely on standardised victim support services for disability-inclusive child safeguarding.

Remember

Planning and identifying appropriate victim support services for children with disabilities may require additional time and incur additional costs during child safeguarding risk and mitigation planning (see chapter 7.3).

creating low-resource solutions for addressing these gaps.

- 3. Parents/caregivers and siblings.** As close to the child, family members will have a clear idea of the ways in which they and their children seek support.
- 4. Staff in schools.** Schools who accommodate learners with disabilities may have staff who understand the different requirements children with disabilities have and which other support services they are connected to.
- 5. Disability and child-focused organisations:** OPDs and disability/child-focused organisations are likely to have a broad understanding of existing referral pathways, in addition to advice for existing pathways that are proven to be most beneficial for children at risk, including those with disabilities.
- 6. Disability Officers.** These are sometimes called 'Disability Councillors' or 'Disability Representatives' who are elected/appointed government officials tasked with supporting disability inclusion and CRPD integration into local authorities and usually serve as a link between the local government and networks of persons with disabilities.
- 7. Parent support groups.** These groups provide a place for parents of children with disabilities to discuss and share their strategies for caring and protecting their children's rights. They will know many of the support services available in the community for children with disabilities and will be able to reflect honestly on their quality.
- 8. Existing community care systems:** Despite a lack of formal medical and rehabilitation services for children with

disabilities in some countries, many communities have community-led and community-based structures that protect and care for children, including children with disabilities, and may be useful during referrals.

- 9. Community-based rehabilitation (CBR) groups:** Consisting of persons with disabilities, their families and communities and relevant government and non-government health, education, vocational, social and other services, CBR groups improve the equalisation of opportunities and social inclusion of persons with disabilities and will offer considerable insights to available services for children with disabilities.⁶⁹

Who to include in referral map design

A great way to ensure mapping exercises are effectively supporting children with disabilities is to involve a range of people and groups in the mapping exercise. The following groups should be included in any disability-inclusive child safeguarding referral mapping exercise:

- 1. Children with disabilities.** This involves asking children with different disabilities directly about what support services they are aware of and currently using. This allows ineffective or inaccessible referrals to be removed and new or unknown support structures to be identified. It also offers parents/caregivers and organisations an understanding of what connections children with disabilities already know to support the strengthening of them.
- 2. Those with 'lived experience'.** This could include Organisations of persons with disabilities (OPDs), local disability activists, self-advocates or adults with disabilities. Many of these individuals and organisations will understand accessibility issues of existing support services and will be working towards

Inclusive approaches to conducting referral mapping

Referral maps may also be approached slightly differently to ensure the process is disability-inclusive. Practitioners should remember:

- **To have multiple versions of a referral map.** Include a detailed one with contact information for use by adults, a child-friendly one with pictures and a disability-inclusive copy.
- **The importance of face-to-face or trusted relationships in disability-inclusive referral mapping.** For children with disabilities, duty bearers who are familiar to them can be a crucial factor in effectively receiving support or not. This is particularly true for facing communication barriers or children with intellectual disabilities.
- **The 'do no harm' approach when identifying referral pathways.** Where possible, capitalise on existing referral systems currently working for children with disabilities and strengthen these



Involve organisations of persons with disabilities for referrals of children with disabilities who have experienced sexual exploitation, abuse or harassment (SEAH)

The trauma of sexual exploitation, abuse or harassment can contribute to mental health barriers and additional psychosocial disabilities. Therefore, without accessible routes into counselling and support services, children with disabilities will experience additional barriers and will be at further risk of sexual exploitation, abuse or harassment.

Organisations should work in partnership with OPDs, particularly organisations of women with disabilities or local disability champions to identify effectual referral pathways that provide accessible victim support for children with disabilities who have experienced sexual exploitation, abuse or harassment.

Organisations will need to be aware that not all OPDs will have experience working with children with disabilities who have experienced sexual exploitation, abuse or harassment, nor will they necessarily have the resources available to support the victim appropriately. Where possible, organisations should support OPDs to provide this type of support long-term.

while advocating for the improvement of failing pathways.

- **Many children with disabilities will be out of school.** Schools are a great anchor in communities and can be effective safe spaces. However, many children cannot access school environments easily. This makes it essential to have connection points between professional duty bearers (e.g., teachers or government officials) and community duty bearers (such as parents or trusted individuals). Parent support groups can be a great way to connect these two.

9.7 Ensuring children with disabilities have access to justice in responses

Where a child safeguarding report includes a criminal offence in accordance with the legislation in the country the child safeguarding incident has taken place, organisations have a responsibility to support children with disabilities to access justice systems. Decisions to inform police of child safeguarding incidents should only be taken when it is safe, in the best interests of the child and where it does not put the child at risk of re-victimisation.

Organisations responsible for child safeguarding must recognise that their response to child safeguarding reports can support or hinder children with disabilities' right to equality before the law and legal agency.^{xiv}

Understanding the local legal context is critical. For example, organisations

will need to understand what constitute as criminal offences and what available processes there are to make an official report for children with disabilities reporting locally. Based on different local laws and legislation, organisations may provide separate guidance on how to engage with legal authorities that considers the best interest of the child, as sometimes the "appropriate" response may not involve justice or legal action.

Despite these challenges, failing to promote and support appropriate access to justice can indirectly empower potential perpetrators and increase the risk of abuse for children with disabilities. If potential perpetrators believe it is unlikely a child will be able to use their legal agency to open a criminal case, the risk of legal action related to abusing children with disabilities will be seen as not relevant, which may expose children with disabilities to additional risk. Organisations who are known to take legal action and make criminal reports for any child safeguarding incidents that are criminal offences, can therefore act as a deterrent to potential perpetrators of abuse.

Remember

Organisations should be careful of individuals responsible for responding to a child safeguarding concern failing to involve police or local authorities based on assumptions that they are not relevant or suitable for children with disabilities.

^{xiv} The UNCRC explicitly recognises children as human rights bearers who are entitled to remedial actions where a violation has occurred. The UNCRPD states that persons with disabilities have the right to access justice on an equal basis with others (Article 41) and, more recently, the SDGs have outlined a target to ensure equal access to justice for all (Goal 16).

Barriers to children with disabilities exercising their right to equality for the law

Organisations may experience several barriers when supporting a child's with disabilities right to equal recognition before the law and legal agency. These include:

Attitudes

- Practitioners, community members or families of children with disabilities may not have been exposed to legal systems before, nor witnessed success by people or children with disabilities.
- Practitioners, project stakeholders or families may believe that children with disabilities' testimony or evidence will not be taken seriously and therefore avoid legal action.
- Practitioners, project stakeholders or families may wrongfully believe children with disabilities do not have a case for legal action because they do not experience harm as acutely.
- In some cases, the risk to the child posed by a non-inclusive or unsafe legal system may deter an organisation from reporting a criminal offence or the family or child with disabilities agreeing to this (see chapter 9.2 for more information on 'do no harm').

Institutional Access

- Practitioners, project stakeholders or families may believe that the relevant authorities are unwilling or hesitant to process cases concerning children with disabilities.
- Relevant authorities may not have necessary staff or resources to work

or communicate with children with disabilities or do not have staff with appropriate training.

- Physical spaces of relevant authorities may be inaccessible for children with disabilities with few accommodations made.
- Families of children with disabilities are less likely to afford legal representation or legal costs. In some instances, costs for transportation even to seek legal counsel or appear in court is a challenge.





Approaches to overcome these barriers and ensure children with disabilities have access to justice

Despite these barriers, where a crime has been committed, organisations are duty-bound to make efforts to ensure children with disabilities access justice as part of their child safeguarding response where it is safe to do so. Organisations must:

- Ensure that all publicly available child safeguarding information makes it clear that criminal cases will be reported.
- Identify and involve relevant authorities that recognise the legal standing of children with disabilities and build relationships with local authorities to reduce stigma against children with disabilities who report criminal cases.
- Seek support from and involve other local I/NGOs who are working on access to justice and equal recognition before the law and can support children with disabilities to exercise this right. This can include organisations of persons with disabilities (OPDs), local disability advocacy groups, Disability Officers or local CBR networks (see [chapter 9.6](#)).

Where possible and resources allow, organisations should also:

- Support OPDs to enhance their own ability to respond to internal child safeguarding concerns or incidents.
- Promote or provide appropriate training on child rights and disability rights for those working in local judiciary systems or police forces.
- Monitor the number of responses to a child safeguarding incident where a criminal offence has taken place that has resulted in criminal action.
- Provide financial support for the additional accessibility costs and accommodations required to facilitate a child with disabilities to exercise their right to equal recognition before the law.

Remember

Working with youth with disabilities as 'champions' or advocates to address issues relating to exercising the right to equal recognition before the law and engaging relevant authorities can improve an organisation's child safeguarding responses while also sustainably strengthening local protection systems for children with disabilities.

Practitioners can use the practitioners' self-assessment checklist (see [Responding checklist in Appendix 4](#)) to support the adoption of practices relating to making reporting mechanisms work for children with disabilities. This has been designed as a tool to be used alongside [chapter 8](#) in the guidelines to support the adoption of disability-inclusive child safeguarding and should not be used in isolation as a checkbox exercise.



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Appendix 1: Gaps in existing resources and guidance

Few safeguarding standards or guidelines specifically consider **how** to include children with disabilities in safeguarding, and clearly defined guidance on disability-inclusive child safeguarding is lacking, even from disability-inclusive guidelines on programming, development or humanitarian action.

Some key resources are summarised below with a summary of the gaps identified when it comes to safeguarding children with disabilities. A gap analysis on existing guidance demonstrates an urgent need for practical and specific guidance on how to plan, implement and assess effective child safeguarding for children with disabilities.

Resource	Purpose	Limitations
Core Humanitarian Standard (CHS)	<p>A guiding set of nine fundamental principles for humanitarian actors to assess and improve their work. Focusing on quality and accountability, the CHS offers a useful framework for the assessment of both future and existing activities.</p> <p>As a humanitarian tool, the CHS places communities and those affected by crisis at its centre. It also emphasises collaboration, feedback and participation.</p>	<p>Persons with disabilities are mentioned but only as a risk category that should be considered in design and implementation.</p> <p>The CHS neatly summarises fundamental elements of good humanitarian work but does not offer recommendations on planning or any practical advice or tools.</p>

Resource	Purpose	Limitations
Keeping Children Safe Standards	The first international child safeguarding standards, launched in 2002 by a coalition of different organisations based on the UNCRC. It lays out four standards of Policy, People, Procedures and Accountability, with a self-assessment tool available for organisations to evaluate their existing safeguarding procedures. Please also see Keeping Children Safe: A Toolkit for Child Protection .	Inclusion mentioned at the policy level with a recognition that different types of risk exist for a range of children but does not provide practical guidance on how to safeguard children with disabilities and mitigate the unique risks.
Inter-Agency Standing Committee (IASC): Six Core Principles Relating to Sexual Exploitation and Abuse	<p>An individual Code of Conduct widely deployed across the aid sector to development and humanitarian activities.</p> <p>Through six core values, it details both a personal and an organisational requirement to “create and maintain an environment that prevents sexual exploitation and abuse”.</p>	<p>No reference to at-risk groups, including persons with disabilities.</p> <p>The IASC 6 principles is a Behavioural Code of Conduct as opposed to guidance or practical advice for practitioners.</p>
Inter-Agency Standing Committee Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action	<p>Guidelines for practitioners to effectively identify and respond to the requirements and rights of persons with disabilities in humanitarian settings.</p> <p>These guidelines were developed with and by persons with disabilities.</p>	The guidelines recommend that safeguarding for persons with disabilities should be mainstreamed into humanitarian activities. They advise practitioners to monitor the performance by using indicators for persons with disabilities. However, they do not provide practitioners with practical guidance or advice on how to do this.



Resource	Purpose	Limitations
<u>BOND minimum standards</u> (within BOND commitments to change in safeguarding)	A commitment agreed to by UK-based civil society organisations to establish internationally recognised minimum safeguarding standards. The standards are achieved by working with government, donors, local, national and international civil society organisations. Furthermore, they should be collaborative and recognise vulnerable groups, with a commitment to regular review to ensure their continued suitability.	Some limited references to the increased vulnerabilities of children and persons with disabilities. Intended as a commitment rather than instructive, so no clear guidance on how to engage and safeguard this group effectively or signpost to resources.
<u>DFID Enhanced Safeguarding Due Diligence</u>	A set of enhanced standards for UK charities, NGOs and downstream partners who are funded by DFID (now FCDO). The standards include safeguarding as a key pillar alongside whistleblowing, HR, risk management, Code of Conduct and governance, with accompanying enhanced due diligence assessments.	The assessment questions are broad and cover only the fundamentals of safeguarding structures. Children with disabilities are mentioned as being an at-risk group who should be given extra consideration; however, there is not comprehensive guidance on how to ensure this is done.
<u>Oxfam Global Safeguarding and Ethics Framework</u>	An updated framework developed by Oxfam as part of its Independent Commission on Sexual Misconduct, Accountability and Culture, this restructure lays out several organisational safeguarding commitments. These include embedded consultative groups and a strong focus on accountability and participation.	It is a specific organisational policy that cannot necessarily be applied to other organisations or working cultures. No focus on disability or children with disabilities.

Resource	Purpose	Limitations
<u>The Children's Society's Safeguarding Disabled Children Practice Guidance</u>	Practical guidance on safeguarding children with disabilities, with comprehensive information on rights, awareness-raising, reporting and investigating allegations of safeguarding incidents.	While comprehensive, these guidelines are designed to be used in a national context in coordination with well-established and well-resourced child protection systems. As such, much of the specific guidance is not applicable to the context of international development or humanitarian action.
<u>NSPCC Safeguarding Guidance</u>	Comprehensive and practical guidance for safeguarding practitioners. Acknowledging the many different situations in which the guidance might be used, it consists of a simple framework that can be adapted to different settings.	Mentions disability as a possible risk factor but does not go into depth about children with disabilities. Although a very solid framework, it is structured towards a UK setting that may make some of the guidance impractical to implement in an international context.
<u>Minimum Standards for Child Protection in Humanitarian Action, 2019 edition</u>	Launched in 2012, these standards were developed to address the urgent need to provide improved protection to children. The standards are widely known and used by child protection and other experts in humanitarian settings and have strengthened accountability.	These are minimum standards which extensively look at several aspects of child protection and child safeguarding, rather than a deep dive into one aspect such as disability-inclusive child safeguarding.



Appendix 2: Child protection and child safeguarding

Various organisations define child protection and child safeguarding in different ways. Below is a comparison between the definitions three different organisations use.

UNICEF

Child protection

Refers to preventing and responding to violence, exploitation and abuse against children, including commercial sexual exploitation, trafficking, child labour and harmful traditional practices, such as female genital mutilation/cutting and child marriage.

Child safeguarding

Refers to all of the actions a company takes to keep all children they come into contact with safe – and includes the proactive measures put in place to ensure children do not come to harm as a result of any direct or indirect contact with the company. Child safeguarding encompasses the prevention of physical, sexual and emotional abuse, neglect and maltreatment of children by employees and other persons whom the company is responsible for, including contractors, business partners, visitors to premises and volunteers.

Keeping Children Safe

Child protection

Whatever individuals, organisations, countries and communities do to protect children from abuse and exploitation. This abuse might include domestic violence, child labour, commercial and sexual exploitation and abuse, HIV/Aids, and physical violence.

Child safeguarding

The responsibility that organisations have to make sure their staff, operations and programmes do no harm to children, that is that they do not expose children to the risk of harm and abuse, and that any concerns the organization has about children's safety within the communities in which they work, are reported to the appropriate authorities.

Save the Children

Child protection

Measures and structures to prevent and respond to abuse, neglect, exploitation and violence affecting children on a global scale and in every country, culture and society.

Child safeguarding

A systemic approach delivered through policies, procedures and practices to ensure that no child is harmed or put at risk of harm in the course of delivering programmes and activities, and for reporting and responding if this occurs.

Appendix 3: Additional resources

Safeguarding tools and guidance:

The Children's Society (2009) ***Safeguarding disabled children:*** ***Practice guidance***

Extensive guidance for practitioners; written for a UK context but with plenty of sections that could be applied elsewhere.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/190544/00374-2009DOM-EN.pdf

UK Government (2009) *Safeguarding Guidelines for Disabled Children*

Practical guidance on safeguarding children with disabilities, with comprehensive information on rights, awareness-raising, reporting and investigating allegations of safeguarding incidents. This guidance relates mainly to education services and is aimed at UK-based care managers and local authorities, but also includes generally helpful guidance for all practitioners.

<https://www.gov.uk/government/publications/safeguarding-disabled-children-practice-guidance>

Core Humanitarian Standard on Quality and Accountability (2018)

A guiding set of nine fundamental principles for humanitarian actors to assess and improve their work. Focusing on quality and accountability, the CHS offers a useful framework for the assessment of both future and existing activities. It also emphasises collaboration, feedback and participation. Available in 28 languages.

<https://corehumanitarianstandard.org/language-versions>

Keeping Children Safe (2002) ***The Safeguarding Standards***

The first global child safeguarding standards launched in 2002 by a coalition of organisations, it is updated and is based on the UNCRC. It lays out four standards of Policy, People, Procedures and Accountability, with a self-assessment tool available for organisations to evaluate their existing safeguarding procedures. Available in five languages

https://www.keepingchildrensafe.global/accountability/#The_International_Child_Safeguarding_Standards

Inter-Agency Standing Committee (2019) ***Six Core Principles Relating to Sexual Exploitation and Abuse***

An individual Code of Conduct for all humanitarian workers. Through six core values, it details both a personal and an organisational requirement to “create and maintain an environment that prevents sexual exploitation and abuse”. A useful framework when considering specific risks of sexual abuse that should be included in a broader Code of Conduct.

<https://interagencystandingcommittee.org/inter-agency-standing-committee/iasc-six-core-principles-relating-sexual-exploitation-and-abuse>

BOND (2020) *Our Commitment to Change in Safeguarding*

A commitment agreed to by UK-based civil society organisations to establish internationally recognised minimum safeguarding standards. These standards are reached by working with government, donors, local, national and international civil society organisations. Furthermore, they should be collaborative and recognise vulnerable groups, with a commitment to regular review to ensure their continued suitability.

https://www.bond.org.uk/sites/default/files/resource-documents/bond_safeguarding_commitments_online-oct2020.pdf

Foreign and Commonwealth Development Office (2018) *Enhanced Due Diligence: Safeguarding for External Partners*

A set of enhanced standards for UK charities, NGOs and downstream partners who are funded by DFID (now FCDO). The standards include safeguarding as a key pillar alongside whistleblowing, HR, risk management, Code of Conduct and governance, with accompanying enhanced due diligence assessments.

<https://www.gov.uk/government/publications/dfid-enhanced-due-diligence-safeguarding-for-external-partners/child-safeguarding-due-diligence-for-external-partners>

Oxfam (2019) *Improving Safeguarding and Culture*

An updated framework developed by Oxfam as part of its Independent Commission on Sexual Misconduct, Accountability and Culture, this restructure lays out several organisational safeguarding commitments. These include embedded consultative groups and a strong focus on accountability and participation.

https://oi-files-d8-prod.s3.eu-west-2.amazonaws.com/s3fs-public/2019-12/Oxfam%20Safeguarding%20and%20Culture%20Report%20December%202019_English.pdf

Safeguarding tools and guidance:

Save the Children (2020) *Policy on Child Safeguarding*

Detailed document laying out Save the Children's safeguarding policy, commitments and related procedures. Intended as a document to be shared with both Save the Children staff and downstream partners and consultants, it presents robust overview of definitions and expectations.

<https://www.savethechildren.org/content/dam/usa/reports/events/child-safeguarding-policy-2020.pdf>

Save the Children (2019) *Safeguarding in Emergencies Toolkit*

Comprehensive guidance for practitioners including needs assessments, securing resources, referral pathways, training, survivor-led approaches and exit strategies. Useful for many different contexts, especially when creating a general safeguarding plan which can be deployed quickly in different situations.

https://resourcecentre.savethechildren.net/node/16365/pdf/safeguarding_in_emergencies_toolkit.pdf

UNICEF (2018) *Child Safeguarding Toolkit for Business*

A step-by-step guide to identifying and preventing risks to children who interact with your organisation. Provided guidance on development risk assessment, child safeguarding policy checklist, and how to create and roll out an implementing plan.

https://alliancecpha.org/en/system/tdf/library/attachments/cpms_2019_final_en.pdf?file=1&type=node&id=35094

Awareness-raising on child rights:

United Nations (2006) *Convention on the Rights of Persons with Disabilities (CRPD)*

<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

United Nations (1992) *Convention on the Rights of the Child*

<https://www.unicef.org.uk/what-we-do/un-convention-child-rights>

Save the Children (2010) *See me, Hear me: A guide to using the UN Convention on the Rights of Persons with Disabilities to promote the rights of children*

A helpful resource that demonstrates how to apply the UNCRPD for children. A key resource for both children and adults to understand child rights and disabilities.

<https://resourcecentre.savethechildren.net/library/see-me-hear-me-guide-using-un-convention-rights-persons-disabilities-promote-rights-children>

Save the Children Sweden (2007) *My rights!*

Each of these resources has been tailored to target different age groups to help children understand their own rights and how to advocate for them. Written in accessible ways and available in several languages. There are three versions available for different age groups; for under 8s, 9–15 year olds, and 16–18 year olds.

<https://resourcecentre.savethechildren.net/library/my-rights-children-below-8-years>

Zadzagomo, Elfas Shangwa (2018) *My ABC Child Rights Colouring Book: Promoting child rights through art*

A fun and interactive resource aimed at children aged 5–9 year olds that also encourages children to learn about the constitution of their country of residence.

<https://resourcecentre.savethechildren.net/library/my-abc-child-rights-colouring-book-promoting-child-rights-through-art>

UNICEF (2008) *It's About Ability: An Explanation of the Convention on the Rights of Persons with Disabilities*

A child-friendly publication to explain the UNCRPD to children aged 12–18, with the aim of empowering children both with and without disabilities to promote the Convention's principles. There is also an accompanying learning guide available for practitioners.

https://www.unicef.org/media/files/Its_About_Ability.pdf

UNICEF (2007) *Child-Friendly Text UN Disability Convention*

Simplified, clear and concise version of the UNCRPD aimed at ensuring children can understand its contents.

https://www.unicef.org/Child_friendly_CRPD.pdf

UNICEF (1990) *The United Nations Convention on the Rights of the Child – The Children's Version*

An updated visual document to help children understand the UNCRC. One section is image-based and would make for a good poster or teaching tool, with another section that goes into further detail of each of the 42 rights in the convention.

<https://www.unicef.org/media/56661/file>

Understanding and responding to abuse:

Child Development Institute, Central Agencies Sexual Abuse Treatment (CASAT) *Understanding Child Sexual Abuse: A Guide for Parents & Caregivers*

This document goes into detail on how to recognise and report sexual abuse of children, with details on how the investigation might unfold and possible outcomes. These outcomes will vary in different international contexts, but this is still very useful and practical guidance.

<https://childdevelop.ca/sites/default/files/files/Understanding-Child-Sexual-Abuse.pdf>

The Alliance for Child Protection in Humanitarian Action (2019) *Definitions and Explanations of Abuse, Neglect, Exploitation and Violence against Children*

This discussion paper goes into depth exploring existing definitions of abuse and neglect, with the aim of providing clarity on the terms which are included in the UN Convention on the Rights of the Child. Very useful to aid writing of a Child Safeguarding Policy and Code of Conduct and to help with comprehensive risk and mitigation planning.

https://www.alliancecpha.org/en/system/tdf/library/attachments/report_on_cp_definitions_low_res.pdf?file=1&type=node&id=33505

UN Women (2020) *Ending Sexual Harassment against Women and Girls with Disabilities*

A joint statement by UN Women, the Committee on the Elimination of Discrimination Against Women, and the Committee on the Rights of Persons with Disabilities written as a commitment by these organisations to do better in ending sexual harassment of women and girls with disabilities. Contains several practical intersectional commitments which may provide inspiration for other organisations writing their own statements on this complex matter.

<https://www.unwomen.org/en/news/stories/2020/10/statement-joint-un-women-cedaw-and-crpd>

CHS Alliance (2020) *PSEAH Index*

The essential elements of principled accountable and high-quality aid; including the Protection from Sexual Exploitation, Abuse and Sexual Harassment (PSEAH) for organisations to prevent and respond to allegations of sexual abuse and harassment.

<https://www.chsalliance.org/get-support/resource/pseah-index/>

Bond (2020) *Case Study: Adopting a Survivor-Led Approach*

Based on the International Rescue Committee's approach to responding to disclosure of abuse, this case study offers key challenges and recommendations to ensure that the survivor is at the heart of the safeguarding response. Explanation of how responses should be trauma-informed and never victim-blaming.

https://www.bond.org.uk/sites/default/files/bond_casestudy_survivorledapproach.pdf

Alliance Child Protection in Humanitarian Action (2019) *Child Protection Minimum Standards in Humanitarian Action*

A comprehensive guide developed to support child protection work in humanitarian settings by establishing common principles among actors and strengthen coordination; providing a good practice and learning to date.

https://alliancecpha.org/en/system/tdf/library/attachments/cpms_2019_final_en.pdf?file=1&type=node&id=35094

Awareness-raising in the community:

Plan International (2013) *Disability Awareness Toolkit*

Based on research demonstrating that some of the biggest barriers towards inclusion for both children and adults with disabilities are community perceptions, this toolkit is a resource that can be used when facilitating a community meeting. It is a comprehensive toolkit with step-by-step planning guides and suggestions of resources and activities, and is available in different versions for Asian, African and Latin American contexts and in English, Spanish and Arabic.

<https://plan-international.org/publications/disability-awareness-toolkit#download-options>

Disability-inclusive tools:

CBM (2017) *Disability Inclusive Development Toolkit*

A toolkit designed for development practitioners to gain a general understanding of disability as well as how to mainstream disability inclusion in their work. It is divided into sections aimed at either managers or programmes staff, as well as a section on how to plan and facilitate training in a disability-inclusive way.

https://www.cbm.org/fileadmin/user_upload/Publications/CBM-DID-TOOLKIT-accessible.pdf

Resource and Support Hub (2021) *Inclusive Safeguarding Code of Conduct*

An excellent tool to help organisations and practitioners develop a Code of Conduct in a way which considers disability inclusion. Contains several tips on what to consider as well as a comprehensive Code of Conduct template.

<https://safeguardingsupporthub.org/documents/rsh-inclusive-safeguarding?language=en>

Inter-Agency Standing Committee (2019) *Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action*

Guidelines for practitioners to effectively identify and respond to the requirements and rights of persons with disabilities in humanitarian settings. These guidelines were developed with and by persons with disabilities and offer guidance specific to ensure disability inclusion in humanitarian settings, much of which is applicable to other settings. Available in several languages including braille.

<https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>

Social Development Direct, *Disability Inclusion Helpdesk*

The Helpdesk provides research and advice to UK government departments to ensure disability inclusion in policy and programming. The team of 60 researchers publish all their research, making this site an excellent hub offering a variety of different publications on different aspects of disability inclusion. These include papers on disability inclusion in relation to barriers to employment; financial exclusion due to COVID-19; young people; mental health; women and girls; child marriage; and inclusive education, among many others. An excellent source of well-researched publications which will usefully inform any practitioner's understanding of disability inclusion.

<https://www.sddirect.org.uk/our-work/disability-inclusion-helpdesk/>

Online safeguarding training and hubs:

Humanitarian Leadership Academy, *Safeguarding module*

A brief but comprehensive learning module that covers the foundations of safeguarding for development and emergency response practitioners. The course is online, free, takes around an hour and is available in Arabic or English. While not specific to children or disability, it is a useful tool to ensure anyone involved in any activities is familiar with the basics of safeguarding.

<https://kayaconnect.org/course/info.php?id=1651>

NSPCC, *Safeguarding Children and Child Protection*

The NSPCC's Learning website contains a wealth of resources on safeguarding and child protection, including managing allegations of abuse, a safeguarding checklist, how to have difficult conversations with children, children with disabilities, social media and online safety, lone working with a child, writing a safeguarding policy and practice examples of safeguarding situations.

<https://learning.nspcc.org.uk/safeguarding-child-protection>

Designing accessible materials and environments:

CBM (2018) *Digital Accessibility Toolkit*

An extensive toolkit with tools and recommendations to contribute to the social and economic inclusion of persons with disabilities via accessible technology and digital solutions. An important resource when planning equitable inclusion of children with disabilities, especially when planning activities to be conducted remotely.

<https://www.edu-links.org/sites/default/files/media/file/CBM-Digital-Accessibility-Toolkit.pdf>

UNICEF and Washington Group (2017) *Measuring Child Functioning: The UNICEF/Washington Group Module*

The Washington Group questions provide a standardised way to identify, at the population level, the prevalence of functional difficulties among children aged 2 to 17 years. These questions will be helpful for individuals and organisations to help identify a child's disability more accurately to plan accordingly and design individualised, accessible materials to ensure a child's safe and meaningful participation.

<https://data.unicef.org/resources/measuring-child-functioning-unicefwashington-group-model/>

Designing accessible materials and environments:

Handicap International (2009) *Accessibility Policy Paper: How to Design and Promote an Environment Accessible to All*

A helpful resource to consider when planning how to remove environmental barriers to accessibility. Particularly useful is the RECU principle (Reach, Enter, Circulate and Use), a key methodology of good environmental accessibility. See page 9 of the paper for more details on RECU.

http://d3n8a8pro7vhmx.cloudfront.net/handicapinternational/pages/266/attachments/original/1369073547/Accessibility_HowtoDesignandPromote.pdf?1369073547

Save the Children (2016) *Preparing for Children's Participation at Meetings and Conferences - Forms, Profiles, Consent, Guidelines and more*

Resources provided as a tool for supporting children's participation and ensuring their safety. Organisations are encouraged to review and adapt the information and policies to ensure they are appropriate to the context/country where they will be used.

<https://resourcecentre.savethechildren.net/library/preparing-childrens-participation-meetings-and-conferences-forms-profiles-consent-guidelines>

Assessing risks:

Overseas Development Institute (2018) *Disability Inclusion and Disaster Risk Reduction: Overcoming Barriers to Progress*

A helpful document exploring the risks and barriers for persons with disabilities in a disaster context, it advocates for a rights-based approach to ensure these risks are identified and that risk assessments or disaster plans are disability-inclusive.

<https://cdn.odi.org/media/documents/12324.pdf>

Christian Aid (2019) *Your Guide to Managing Risks at Events*

A solid example of how to set out a risk assessment document. It is designed for a UK context and for planning a public event, so it would need to be adapted and enhanced to ensure it is suitable for the activity taking place and that disability inclusion and associated barriers are given extra consideration.

<https://www.christianaid.org.uk/sites/default/files/2019-04/editable-event-risk-assessment-template-2019.pdf>

Disability Inclusion during COVID-19:

Able Child Africa (2020) *The Effects of COVID-19 on Children and Youth with Disabilities in Africa*

Drawing on Able Child Africa's Partnership Network of disability organisations across East Africa, this detailed evidence paper presents possible safeguarding risks children with disabilities might face due to COVID-19, as well as recommendations for practitioners. A very useful tool to make the case for additional considerations, time or budget for persons with disabilities in projects during a pandemic.

<https://ablechildafrica.org/wp-content/uploads/2020/05/The-Effects-of-Covid-19-on-Children-and-Youth-with-Disabilities-in-Africa-1.pdf>

Save the Children (2020) *10 Things You Should Know about COVID-19 and Persons with Disabilities*

A helpful document laying out several considerations around persons with disabilities during the pandemic, with suggestions for ensuring their inclusion and safety. May be helpful in conducting risk assessments or planning events during COVID-19 or similar.

<https://resourcecentre.savethechildren.net/library/10-things-you-should-know-about-covid-19-and-persons-disabilities>

International Disability and Development Consortium (2020) *Repository of resources on disability inclusion and Covid-19*

A collection of resources focusing on Covid-19, disability, mental health, chronic health conditions and related topics curated by experts from different organisations. The document should be updated with new or updated resources as they arise.

<https://www.iddconsortium.net/blog/librairie/resources-on-disability-inclusion-and-covid-19/>



Appendix 4

Tool 7. Organisational self-assessment checklist

Organisations can use this checklist to perform an assessment on their child safeguarding policy and procedures and take steps to have disability-inclusive child safeguarding. This has been designed as a tool to be used alongside the guidelines to support the adoption of disability-inclusive child safeguarding and should not be used in isolation as a checkbox exercise.

Have you developed a policy that describes how an organisation is committed to preventing harm to children with disabilities, outlining the steps that must be taken should an incident occur?

- Does your Child Safeguarding and Code of Conduct policies promote and hold itself accountable to safeguarding all children, including children with disabilities?
- Is your Child Safeguarding Policy informed by both the UNCRC, UNCRPD and UN IASC Principles?
- Are your policies and procedures related to disability-inclusive child safeguarding informed by the social model of disability?
- Do your policies and procedures related to disability-inclusive child safeguarding take into consideration that children with disabilities are at a much higher risk of violence, abuse, exploitation and infanticide?
- Similarly, do your policies and procedures consider the significantly increased risk of SEAH for girls with disabilities?

Do you ensure policies and quality standards of child safeguarding are put into practice for children with disabilities?

- Does your Disability-inclusive Child Safeguarding Policy contain practical steps to ensure programme or project safeguarding systems are disability-inclusive in reality?
- Have you integrated components of disability-inclusive child safeguarding in organisational training for staff, volunteers, consultants and other organisational representatives to ensure children with disabilities are considered? Do you deliver training at regular intervals to embed knowledge and skills?
- Have you identified the clear responsibilities and expectations for all staff, volunteers, consultants and other associates, supporting them to understand and act accordingly?

- Do staff, volunteers, consultants and other associates read, sign and follow the Disability-inclusive Child Safeguarding Policy and Code of Conduct as it relates to children with disabilities?
- Does your recruitment processes for all who may come in contact with children with disabilities have background checks in place and include questions on child safeguarding?
- Are commitments to safeguard children with disabilities explicitly included in job descriptions and performance objectives of all staff, as well as in Terms of References with consultants and other associates?
- Are staff responsible for informing, preventing, reporting and responding to child safeguarding concerns aware of your disability-inclusive policies and procedures?
- Do you budget for the effective safeguarding of children with disabilities in your programme's design, with considerations for universal design, accessibility and reasonable accommodation approaches?
- Do you allocate time to reflect and challenge any unconscious bias and any harmful assumptions and attitudes about disability with members of your team?

Do you regularly assess and improve your organisation's child safeguarding policies, procedures and training to ensure they are disability-inclusive?

- Is child safeguarding a focal point for the Board of Trustees, ensuring accountability to include children with disabilities in the child safeguarding policies and practices at a governance level?
- Is it clear who is responsible at different levels for monitoring and evaluating the organisation's effectiveness in safeguarding child with disabilities? Is this visible for all staff?
- Do you have a staff member who is responsible for the oversight of programme level disability-inclusive child safeguarding?
- Is there a procedural follow-up in regular staff meetings, planning sessions and budget reviews to assess the effectiveness of prevention measures being implemented?
- Are there shared learning opportunities among staff responsible for safeguarding to learn from and improve disability-inclusive child safeguarding policies and procedures based on real experiences?

Tool 8. Practitioners' self-assessment checklists

Practitioners can use the checklists below to perform an assessment on their child safeguarding practices related to empowering, preventing, reporting and responding as part of the steps taken to have disability-inclusive child safeguarding. These have been designed as a tool to be used alongside the guidelines to support the adoption of disability-inclusive child safeguarding and should not be used in isolation as a checkbox exercise.



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Practitioners' self-assessment checklist

Empowerment checklist

- Do you deliver training to staff, partners, consultants and other organisational representatives to raise awareness of disability-inclusive child safeguarding?
 - Does your training educate these individuals about the risks of harm facing children with disabilities and the rights they have to be free from harm and abuse?
 - Does your training encourage buy-in and commitment to disability-inclusive child safeguarding?
 - Does your training explain what your organisation's expectations are for safeguarding children with disabilities, what the roles of different individuals are and how these individuals can fulfil their roles effectively?
- Do you inform children, including children with disabilities, of the standards of behaviour that they should expect to see of staff and organisational representatives?
- Do you perform checks to ensure children with disabilities understand the information provided, how to use reporting mechanisms available and what to expect in terms of the process if a concern has been raised?
- In addition to children, have you delivered awareness-raising training or other activities to inform the adults around them, including their parents/caregivers and community members where you operate, and other relevant groups, such as teachers, health workers or local leaders?
- Do staff who are responsible for providing training on disability-inclusive child safeguarding have a good understanding of national and international legal frameworks, including the UNCRC and UNCRPD, and how these relate to an organisation or practitioners work?
- Do your awareness-raising activities convey that children with disabilities have the same rights as children without disabilities? Do your activities consider the additional sexual exploitation, abuse and harassment (SEAH) risks faced by children with disabilities?
- Have you incorporated exercises such as the disability myth-busting exercise ([Tool 2](#)) with your staff to dispel harmful myths that commonly exist in the context of disability?
- Do staff understand the different types of abuse and the additional risks faced by children with disabilities? Are there considerations for the intersectional experience of abuse experienced by girls with disabilities?
- Are staff aware of the additional things to consider or look for with children with disabilities in terms of recognising signs of abuse?
- Have you adapted the awareness-raising methods used to ensure children with disabilities understand their rights and know what to expect concerning child safeguarding, such as developing inclusive child rights clubs or organising consultation sessions with children with disabilities to understand how to raise awareness more effectively?

Practitioners' self-assessment checklist

Prevention checklist

- Have you conducted a disability-inclusive child safeguarding risk assessment that takes into consideration the specific risks related to children with disabilities?
- Have you developed a clear system or procedure that is followed to make sure all activities delivered are safe for children with disabilities, with steps taken before, during and after to mitigate risks and ensure the equal participation of children with disabilities?
- Have you consulted with children with disabilities and performed additional checks to identify and remove environmental barriers to ensure the physical spaces are safe?
- Have you identified and prepared for financial risks to programme implementation?
 - Have you built-in costs for risk mitigation?
 - Have you built-in costs for awareness-raising, reporting and responding?
 - Is it possible to make revisions to existing budgets to facilitate the adjustments needed to make programmes safe for children with disabilities?
- Have you planned for and developed a mitigation strategy in the case of a medical emergency during programme delivery, particularly recognising that children with disabilities may have complex health requirements that put them at greater risk?
- Do you seek informed consent/assent from all children, including children with disabilities, before engaging them or collecting their information, taking photos and videos?
 - Are staff aware of the risks to cause harm to children with disabilities, such as shame, hurt and offence if their information is shared in a way that they have not given informed consent/assent to?
 - Are there protocols in place to ensure that children are not portrayed in compromising situations (sad, weak, vulnerable, etc.) and only in positive ways that show their agency and individualism?
- Are staff aware that some children with disabilities can be more easily identifiable and recognised than children without disabilities because their specific disability or assistive technology can come with or be an identifiable characteristic?

Practitioners' self-assessment checklist

Reporting checklist

- Do you encourage the people around children with disabilities to report child safeguarding concerns they suspect, are informed of, or witness?
 - Do you conduct outreach activities to inform adults linked to children with disabilities in your programmes about available reporting spaces and channels?
 - Do you challenge concerns individuals may have about reporting child safeguarding incidents concerning children with disabilities in particular?
- Have you consulted with children with disabilities to adapt the design of your reporting channels to ensure their accessibility as a whole?
- Have you clearly communicated to children with disabilities how they can report child safeguarding concerns, and where?
- Have you considered the different barriers that prevent children with disabilities from accessing information regarding reporting mechanisms?
- Have you consulted with children with disabilities in your programmes to understand who they are most likely to confide in and tell about any harm they have experienced? Is it embedded into the reporting mechanisms?
- Have you created safe and accessible spaces that encourage children with disabilities to report child safeguarding concerns?
 - Have you consulted with children with disabilities to understand who they feel safe raising concerns to?
 - Are the locations where reporting channels are available accessible for children with different types of disabilities?
- Considering some children with disabilities may not leave their homes or participate in programmes regularly, do your reporting mechanisms provide all children with disabilities with enough opportunities to report child safeguarding concerns?
- Have you modified existing reporting formats and created new reporting formats to ensure all children with disabilities in your programmes can report child safeguarding concerns confidentially and safely?
- Have you considered the barriers faced by children with different types of disabilities in accessing different reporting formats to ensure their suitability?



Practitioners' self-assessment checklist

Responding checklist

- Do you respond to child safeguarding reports involving children with disabilities with the same formality, diligence and urgency as children without disabilities?
- Do you take steps to understand the perspectives, preferences and concerns of children with disabilities to inform the way you respond to child safeguarding reports?
- Do you uphold the key principles relating to the particular experience of children with disabilities when responding to child safeguarding reports?
- Do you actively seek feedback from children with disabilities and reflect on reported gaps or mistakes to improve your disability-inclusive child safeguarding response processes?
- Have the individuals responsible for responding to child safeguarding reports received training on the link between disability and mental health to ensure they are sensitive to the psychological impact a child with disabilities may experience?
- Have you incorporated considerations of disability inclusion at each stage of your standard child safeguarding investigation process? This includes:
 - The identification of the investigating officer
 - Planning the investigation.
 - Conducting interviews.
 - Concluding an investigation.
- Have you conducted additional referral mapping to identify child safeguarding referral pathways, such as victim support services, which are accessible and inclusive for children with disabilities?
- Have you adapted your survivor-centred approach to responding to child safeguarding reports to make sure responses 'do no harm' to children with disabilities?
- Have you developed a clear system or approach that considers the barriers children with disabilities face to ensure all children in your programmes can exercise their right to equality before the law?
- Have sign language interpreters and investigators been identified ahead of time and been provided with training on child rights, disability rights and disability-inclusive child safeguarding?

Appendix 5:

Considerations for disability-inclusive child safeguarding during a pandemic

The recent COVID-19 pandemic has highlighted the need for adaptation and replanning across child safeguarding practices, with many organisations reacting quickly to this need. Adaptations are particularly relevant when considering disability-inclusive child safeguarding.

Children with disabilities are particularly vulnerable during a pandemic, with disruption to the project delivery compounding an already elevated risk of child safeguarding incidents. While pandemics such as COVID-19 can pose an additional challenge in disability-inclusive child safeguarding, there are additional steps which can be taken at each stage of the child safeguarding cycle to ensure children with disabilities are fully considered.

While borne out of experience during COVID-19, these steps provide a useful framework in case of any future pandemics or epidemics.

Awareness

Practitioners should be aware that any steps that an organisation takes as a precaution against a pandemic in their work might pose safeguarding risks for children with disabilities.

Practitioners should be aware that:

- Children with disabilities may need assistance to put a face mask on or may be unclear why they need to wear a face mask and remove it.
- A child with a hearing or intellectual impairment may rely on facial expressions or lipreading for communication which is impeded by others wearing masks.
- Social distancing may be impossible for some children with disabilities who rely on touch for communication or personal care.
- Activities where children are required to do regular hand washing is only possible for children with disabilities if there are accessible washing facilities.

Prevention

Risk assessments

A pandemic presents more risks when planning an event or activity for children with disabilities. For some, their disability may make them more susceptible to infection and severe symptoms, whereas for others, it may lead to increased isolation and heighten their risk of abuse. A risk assessment should reflect these additional risks.

Weighing up risk for children with disabilities during a pandemic

While some of the risks presented by COVID-19 have obvious mitigations (such as the provision of PPE and hand-washing facilities), others are more difficult to gauge. It is important to assess the risk not just to the individual child but to everyone present at the activity. If the parent of a child with disabilities falls ill, this can affect their ability to care for and to provide for their child. If the risk is high, it should be discussed whether the activity should go ahead at all, or whether all or part of it can be conducted remotely instead. In some cases, it might be judged that the potential positive impact of the activity (such as a training on disability-inclusive hygiene practices during a pandemic) outweighs the risk of possible infection, if correct precautions are taken.

Some **key questions to consider** are:

Increased health risk

- What are the health and transmission risks to the children with disabilities and how does a planned activity increase or decrease this risk?

For example, some children with disabilities may have complex medical conditions that increase their risk of infection or can lead to more severe symptoms and outcomes.

- What are the key risks to the children with disabilities if some or all elements of the activity cannot take place?

For example, if part of an activity is to provide therapies for children with disabilities, or if by not attending an

activity a child with disabilities is at increased risk at home, does conducting an activity outweigh other potential risks?

The use of personal protective equipment (PPE)

- What elements can be introduced to minimise risk of infection (PPE, hand sanitiser, social distancing, lessening travel)?
- Are these realistic and suitable for the different types of disabilities represented among the children in the target group?

For example, for children with intellectual disabilities who may not be able to keep face masks on or comply with physical distancing or for children with hearing impairments who will not be able to lip read or communicate with people wearing face masks.

Increased use of technology

- Is the use of technology an option for ensuring children with disabilities are included in activities?
- Do children with disabilities and their families have the same access to technology as other families?
- Are all children, including children with disabilities, going to be able to access technology safely?

For example, the families of children with disabilities may not have access to the internet and will, therefore, be excluded from activities or child safeguarding reporting systems that have moved online. Children with disabilities who can access such remote connections may not have used these platforms, be unaware of the dangers or may not find the platforms accessible.

Budgeting

Keeping children with disabilities safe in an activity during a pandemic can also incur additional costs. This will need to be factored into the budget during the planning stage, where possible, or during replanning when adapting existing projects. **This is fundamental and possible additional costs for accessibility should not be overlooked in favour of maintaining an original workplan and budget.**

Some additional costs to be considered during budgeting are:

- Transparent face masks (to allow children with disabilities who rely on seeing facial expressions and/or lip movement to learn and/or communicate).
- Extra PPE where children with disabilities may need replacements for hygiene reasons or because they have been misplaced.
- Additional travel budget to enable children with disabilities to physically distance when travelling (for example, using cars instead of school buses), recognising that some may be at increased risk due to existing health conditions. Using public transport may not be an option depending on the measures in place, with private transport required instead.
- Costs of additional technology (for example, this could be mobile phones, educational tablets or software), airtime or Wi-Fi connection to allow children with disabilities to participate in activities remotely where this is safer than meeting in person.

Appendix 6: Safeguarding children with disabilities against sexual exploitation, abuse and harassment (SEAH)



All children, including those with disabilities, have a right to be safeguarded against sexual exploitation, abuse and harassment (SEAH).ⁱ Organisations must ensure their child safeguarding process acknowledges that children with disabilities are at increased risk of SEAH and implement safeguarding processes that mitigate these risks.

Why

Children with disabilities are at increased risk of SEAH because:

- Children with disabilities are 2.9 times more likely to experience 'sexual violence'.ⁱⁱ
- Children with intellectual disabilities are especially at risk. They are 4.6 times more likely to experience 'sexual violence' compared with other children.ⁱⁱⁱ
- Perpetrators may target children with disabilities with restricted mobility or communication barriers as they believe they will meet less resistance or that it is unlikely the incident will be reported or believed.
- Some children with physical disabilities may be unable to run away from perpetrators of sexual abuse and children with hearing impairments may be unable to shout and call for help.^{iv}
- Some children with disabilities are more dependent on carers for personal and

intimate care, which increases the risk of exposure to abusive behaviour and SEAH.

- Physical and intimate care requirements for some children with disabilities can also mean they become more accepting of the access others have to their bodies, making it more difficult for physical boundaries to be set.
- People with intellectual disabilities sometimes lack the capacity to say "no", which can be wrongly perceived as consent.

Girls with disabilities, in particular, will experience discrimination and disadvantage on account of their age, gender and disabilities. The intersectionality puts girls with disabilities at even further risk of harm and abuse:^v

- It is estimated that between 40%-70% of young women and girls with disabilities will be sexually abused before they reach 18 years of age.^{vi}
- Girls with disabilities are four times more likely to be sexually assaulted.^{vii}
- Harmful myths make girls with disabilities targets for sexual exploitation, abuse and harassment. For example, in some Southern African countries, it is believed that having sex with a virgin or a girl with albinism can cure HIV/AIDS and other sexually

transmitted diseases. Girls with disabilities are often presumed to be virgins and are targeted.

- Girls with disabilities are less likely to go to school and more likely to be viewed as asexual and therefore not provided with sex education. Any information of sexual health, reproduction and rights that is shared is rarely accessible or relevant to their experiences.

“If a girl who is deaf has to go to dangerous places like passing in a forest or a place with no people, she may be raped because [the abuser] is aware that she will not be able to cry.”

– Solange (youth in Rwanda)

It is also important to note that boys also experience sexual exploitation, abuse and harassment, but due to the stigma associated with reporting sexual and gender-based violence, including stigma relating to toxic masculinity, reporting is lower.

How

The heightened risk of SEAH for children with disabilities means additional and specific safeguarding measures must be considered to fully protect them. Organisations must integrate these specific measures into existing systems that protect **all** children from sexual exploitation, abuse and harassment.^{viii}

1. Planning

Senior management should ask themselves the following questions to assess organisational effectiveness at

safeguarding children with disabilities against sexual exploitation, abuse and harassment:

Policies

- Does the Child Safeguarding Policy explicitly recognise the increased risk of SEAH for children with disabilities? Or is there a separate policy on SEAH or whistleblowing that includes children with disabilities?
- Does the Child Safeguarding Policy require that specific risks for children with disabilities are identified and mitigated?
- Does the Child Safeguarding Procedure require children with disabilities to be involved in safeguarding and risk assessments?
- Is the Behavioural Code of Conduct sensitive to the requirements of children with disabilities? For example, children with disabilities sometimes require physical touch for personal assistance or support, or additional time alone with practitioners or professionals (rehabilitation, counselling, etc.). Organisations should include a disability-sensitive ‘two-adult’ procedure that recognises that sometimes an adult will need to be alone with a child with disabilities for personal care but also requires staff to leave a door ajar or to be regularly checked by another staff member to mitigate against any elevated risk posed by a child being alone with only one adult.^{ix}

Culture and practice

- To what extent are the board, senior leadership, staff, partners and other representatives aware of the increased risk of SEAH for both boys and girls with disabilities, and committed to mitigating these risks?

- Does your organisation include training for all staff, partners and representatives on the specific risks both boys and girls with disabilities experience? Is the training wholly or partly run by children and adults with disabilities especially females?
- For larger organisations, has there been an intersectional effort through collaboration between gender specialists and disability/inclusion experts in the organisation together with safeguarding specialists to ensure both girls and boys with disabilities are fully protected?
- To what extent are the voices of girls and women with disabilities included in your organisation leadership and organisational planning procedures (e.g., strategy design or project planning)?
- To what extent are staff or volunteers who provide care and spend time alone with children with disabilities (e.g., sign language interpreters, medical staff and personal assistants) vetted prior to employment and provided with disability-inclusive child safeguarding training, including training on the code of conduct?

2. Increasing awareness

Increasing awareness begins with improving understanding of the protections legal frameworks seek to offer against sexual exploitation, abuse and harassment. Organisations can use the following UN conventions and principles to engage with stakeholders around protecting children with disabilities:

- All children, including all children with disabilities, are protected by the **Convention of the Rights of the Child** (UNCRC) under article 34 ‘Nobody should touch me in ways that

make me feel uncomfortable, unsafe or sad.’^x

Article 34 of the UNCRC also explicitly identifies children with disabilities as having this right.

- Under the **Convention on the Rights of Persons with Disabilities** (UNCRPD) Article 6 ‘States Parties recognise that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.’ General Comment Number 3 of the Committee on the rights of persons with disabilities on Article 6 details this specific right for women and girls with disabilities.
- Under the **Convention on the Elimination of All Forms of Discrimination Against Women** (CEDAW) there is recognition that gender-based violence is shaped by intersecting dimensions of inequality, including disability.^{xi}
- All humanitarian and development organisations must follow the **Core Principles Relating to Sexual Exploitation and Abuse** (IASC), which states that any sexual activity with a person under the age of 18 is prohibited. This supersedes any local laws around the age of consent.^{xii}

In addition to awareness about rights, organisations will need to address and rebuff harmful myths and ignorance around disability in the communities where they work and across the organisation itself. Here are some examples of myths, the risks they pose for children and examples of how to dispel them.



Having unprotected sex with a girl with albinism or a girl with disabilities will cure HIV.

Girls with disabilities are at low risk of sexual abuse from caregivers and support workers who are generous and good people.

Sexual abuse of children with intellectual disabilities is not as harmful as they are not aware of what it is.

“A girl who is deaf is more likely to be sexually abused since she might not understand what abuse is and how she can protect herself.”
– Rose (child in Rwanda)

● This can lead to high incidents of sexual abuse violence and exploitation and underage pregnancy of girls with disabilities.

✓ Sex with a girl with disabilities will not cure HIV. It is illegal to have sexual intercourse without informed consent and illegal to have sex with a minor under any circumstance.

● This heroism of caregivers and support workers can embolden and protect perpetrators of SEAH that work closely with a child with disabilities.

✓ Girls with disabilities are most likely to be sexually abused by someone they know or by someone who cares for them.

● This can lead to high incidents of sexual exploitation, abuse and harassment for children with intellectual disabilities, and underage pregnancy of girls with intellectual disabilities.

✓ Children with intellectual impairments can experience harm and abuse as acutely as children without disabilities. It is illegal to have sexual intercourse without consent and to have sex with a minor under any circumstance.

“Children with mental disabilities, mainly girls, can be raped because they think the girl will not remember them to report it.”
– Immaculee (youth in Rwanda)

3. Identifying and mitigating risk of SEAH

The first-hand experience of persons with disabilities is key to understanding the specific SEAH risks they face. As such they **must** be involved in the development of risk assessments and mitigation plans from the start. Organisations of persons with disabilities (OPDs) and in particular representative groups of **women with**

disabilities should be invited to contribute to the process. These organisations will be able to provide insights on the experience of SEAH for adults and both girls and boys with disabilities, and advice on appropriate mitigation strategies.

Some specific risks relating to SEAH for children with disabilities and associated mitigation strategies include:

Risk	Mitigation
Girls and boys with disabilities receive disproportionately low levels of sexual education and as a result are poorly equipped to recognise, report and resist SEAH.	Organisations must ensure girls and boys with disabilities are provided with sex education and related health information. Staff must ensure girls and boys with disabilities have understood what sexual abuse is and how to report it. If possible, extend this information sharing to parents/caregivers and the community as a whole.
Poverty, social gender norms and ignorance can drive girls to early child marriage or other SEAH, especially for girls with disabilities. ^{xiii}	Policies and training should emphasise that children with disabilities have the right to be protected from early child marriage and underage sex. Increasing awareness should highlight the intersectionality of age, gender and disabilities that puts girls with disabilities at particular risk of SEAH.
Children with disabilities may depend on others for mobility and for intimate care (dressing or toileting). This increases physical interaction and time alone with adults and can lead to increased opportunity for SEAH.	<ul style="list-style-type: none"> ● Employees or stakeholders who spend prolonged and largely unsupervised time with children with disabilities should be targeted for disability-inclusive child safeguarding support and training. ● Children with disabilities should be provided with ‘Good Touch Bad Touch Information Sessions’ to help them differentiate between assistance and abuse.^{xiv}
Many children with disabilities, especially girls with disabilities, are not registered at birth, or their disability is not identified, which means necessary adjustments and modifications are not made to empower them and minimise the risk they experience.	<ul style="list-style-type: none"> ● Promote registration at birth in the health system strengthening programmes and advocacy work. ● Collect disability disaggregated data in children over the age of two using the UNICEF Child Functioning Modules of the Washington Group.



Risk	Mitigation
Increased exclusion and gender-based power dynamics for girls with disabilities can lead to increased opportunity for SEAH.	Recruit and mentor women with disabilities to represent gender and disability perspectives, challenge harmful gender norms and tackle power imbalances to prevent SEAH.
Harmful disability stereotypes can undermine the credibility of children with disabilities on matters of sexual harassment and violence. This can lead to children with disabilities becoming targeted by perpetrators of SEAH as there is less fear of them getting caught. Where strong bias against girls is prevalent, gender norms and SEAH protection systems are poor; this is particularly challenging for girls with disabilities.	<ul style="list-style-type: none"> ● Combat assumptions that children with disabilities are less credible, through training and increasing awareness. ● Provide clear messaging to children with disabilities that they will be listened to and believed. ● Combat deep-rooted gender norms around girls in general and girls with disabilities, as well as sexuality and sexual and reproductive health and rights.

“Staff thinking that they will not be able to describe them can abuse those children with vision impairment”
– Yves (youth in Rwanda)

4. Recognising when SEAH has occurred

Below are some examples of potential signs that children with disabilities who are or have been experiencing SEAH may display. **This is not an exhaustive list. The signs listed below can be general indicators of abuse but can also be specific signs of SEAH.** It is important to remember that every child is different and each situation unique, meaning any

Remember

Challenging the intersectional discrimination that disempowers, discounts and demeans girls with disabilities will be central in any strategies that seek to protect them from SEAH.

change in behaviour could be an indication that SEAH is occurring depending on the context.

Signs of SEAH that can be observed by a change in appearance or behaviour:

- A change in the way children with disabilities react to or interact with personal assistants, support workers or interpreters.
- Children with disabilities who require assistance to go to the toilet suddenly

- refuse or appear fearful to use the toilet.
 - Children obsessively touching, scratching or striking their intimate areas.
- Signs that can be observed from the interactions between a child and responsible adult can include:**
- Unjustified or excessive physical restraint, especially where a child with disabilities seems to be recoiling. Justifications can include ‘they will hurt themselves or others’ or ‘they will break things’.
 - Inappropriate or unnecessary handling when assisting with mobility or moving a child around.
 - Unjustified or repetitive restriction of liberty, including inappropriate locking of doors under the guise of ‘protecting privacy’.

5. Effective mechanisms for reporting SEAH

It is important that all detected or suspected SEAH is reported through appropriate channels. Sometimes, people, including perpetrators, think that children with disabilities, especially those with intellectual disabilities or a hearing impairment, are not able to report. This is not true. Organisations must set up multiple reporting mechanisms for parents/caregivers, community members, project staff and children with disabilities themselves. To do this, organisations should:

- ✓ Work with persons with disabilities and their representative organisations, especially women’s wings and women’s organisations, to design appropriate and inclusive reporting mechanisms.
- ✓ Provide opportunities for children with disabilities to report away from staff

- that they spend prolonged amounts time with or those who provide them with personal care or assistance.
- ✓ Recognise stigma associated with reporting SEAH for children with disabilities, especially girls with disabilities.
- ✓ Provide opportunities for girls with disabilities to report to women with disabilities employed and trained by the organisation. These women may better understand their experience and girls with disabilities may be more likely to report to them.
- ✓ Ensure parents or caregivers of children with disabilities, their families and key community members are aware of children with disabilities’ right to protection from SEAH and available reporting channels.

Remember

- Children, including children with disabilities, rarely report SEAH immediately after it happens. Disclosure of child SEAH usually only becomes clear over time. In response, reporting mechanisms need to be accessible and available over a substantial period of time.
- Child SEAH disclosure is often initiated following a physical complaint or a change in behaviour as opposed to direct reports. Children with disabilities may not be able to communicate physical complaints as easily, and changes in behaviour maybe harder to identify. Staff must be provided with awareness-raising on signs of SEAH in children with disabilities.^{xv}

6. Responding to incidents of SEAH

Children with disabilities are often wrongfully perceived as untrustworthy and are therefore less likely to be believed following reports of SEAH.

Organisations must encourage a culture of listening to, respecting and believing children with disabilities in relation to SEAH reports, and must make concerted efforts to ensure children with disabilities feel listened to and taken seriously during response procedures. Organisations must:

- ✓ Ensure enough time is given to children with disabilities to fully understand next steps and what they can expect during an investigation.
- ✓ Work in partnership with representative organisations of persons with disabilities (OPDs), especially women associations and groups, to identify effective referral pathways that provide accessible SEAH survivor support.

To avoid the re-victimising or re-traumatising children with disabilities when responding to SEAH reports, organisations must consider:

Will the police and local authorities be involved? Justice systems and police services often perceive children with disabilities, in particular those with intellectual disabilities or girls with disabilities, as not being credible witnesses. As such, reporting crimes where authorities choose not to investigate or even accuse the child of lying or misrepresenting the truth may cause further harm to the child.

In addition, understanding the local legal context is critical. For example, organisations will need to understand the legal context in terms of what SEAH acts constitute criminal offences and what

available processes there are for children with disabilities reporting officially. Based on different local laws and legislation, organisations will need to provide separate guidance on how to engage with legal authorities that considers the best interest of children with disabilities as sometimes the 'appropriate' response may not involve justice or legal action.

Despite these challenges, failing to support appropriate access to justice where it is available and in the best interest of the child can indirectly empower potential perpetrators and increase children with disabilities' risk of SEAH. Organisations should be wary of people failing to involve police or local authorities based on assumptions that they are not applicable or suitable for children with disabilities.

Will a child with disabilities be medically examined following an incident? Intimate medical examinations can be a particularly traumatic experience for children with disabilities who are less likely to be provided with accessible information on what is happening or why, and less likely to be asked for informed consent. It is likely that doctors and medical staff will be unable to communicate with the child with disabilities or answer questions.

Organisations will need to consider if an examination is in the best interest of the child or if it will cause additional harm. If medical procedures are deemed necessary, informed consent/assent should be sought from children with disabilities and consideration should be given to the most appropriate medical professional to undertake the examination, the venue and the child's ability to understand the purpose of the medical examination. Disability-friendly procedures and accessibility should be written into standard operating procedures for SEAH cases, especially rape.^{xvi}

References

- The acronym SEAH originated in the UK and **should not** be considered the internationally accepted term. The UN uses SEA and SH in place of SEAH; clearly laid out for SEA in the IASC Minimum Operating Standards for PSEA and elsewhere on SH, which it treats separately as a work issue. In terms of international standards, the DAC Recommendation on Ending Sexual Exploitation, Abuse, and Harassment in Development Co-operation and Humanitarian Assistance is the first international instrument that brings SEA and SH together: <http://www.oecd.org/dac/gender-development/dac-recommendation-on-ending-sexual-exploitation-abuse-and-harassment.htm#:~:text=The%20DAC%20Recommendation%20on%20Ending,harassment%20by%20setting%20and%20implementing>
- Pan American Health Organisation (WHO). *Children with disabilities more likely to experience violence*, Web Bulletins (2012). Accessed on 25 February 2021 at: https://www.paho.org/hq/index.php?option=com_content&view=article&id=6998:2012-children-disabilities-more-likely-experience-violence&Itemid=135&lang=en
- Ibid.
- Consultation held with children & youth with disabilities and parents conducted by UWEZO Youth Empowerment, Kigali, Rwanda (2020), in partnership with Able Child Africa and Save the Children Rwanda.
- The Convention on the Rights of Persons with Disabilities recognises multiple forms of discrimination faced by women with disabilities, which they do not experience as "a homogenous group but, rather, as individuals with multidimensional layers of identities". *UN Committee on the Rights of Persons with Disabilities*, (2016). General comment No. 3, para 16.
- The Roeher Institute (2004). *Violence against Women with Disabilities Ottawa*, Public Health Agency of Canada. Accessed via UN.org on 25 February 2021 at: https://www.un.org/womenwatch/daw/csw/csw57/side_events/Fact%20sheet%20%20VAWG%20with%20disabilities%20FINAL%20.pdf
- See the following: Krug, E.G. et al., eds. World Health Organization Geneva (2002). *World report on violence and health*, p.66. https://apps.who.int/iris/bitstream/handle/10665/42495/9241545615_eng.pdf?sequence=1; Groce, N.E. UNICEF New York (2005). *Violence against disabled children: UN Secretary Generals Report on violence against children thematic group on violence against disabled children with disabilities: findings and recommendations*. Accessed via UCL Discovery, <https://discovery.ucl.ac.uk/id/eprint/15686/>

Remember

The trauma of abuse can contribute to mental health barriers and additional psychosocial disabilities which can in turn put children with disabilities at increased risk of SEAH.

- viii. For guidance on organisational approaches to safeguarding against sexual exploitation and abuse and sexual harassment of all children see the Inter-Agency Standing Committee Minimum Operating Standards on Preventing Sexual Exploitation and Abuse https://interagencystandingcommittee.org/system/files/3_minimum_operating_standards_mos-psea.pdf and the UNICEF Strategy to Prevent and Respond to Sexual Exploitation and Abuse and Sexual Harassment of all children (2019) <https://www.unicef.org/sites/default/files/2019-05/UNICEF-Strategy-Prevent-Respond-Sexual-Exploitation-Abuse-Sexual-Harassment-January-2019.pdf>
- ix. For an in-depth detailed explanation of how to create and review a disability-inclusive code of conduct, see *RSH Inclusive Safeguarding Code of Conduct: question and answer* (2021). <https://safeguardingsupporthub.org/documents/rsh-inclusive-safeguarding>
- x. *United Nations Convention for the Rights of the Child* (Article 34) (1992). <https://cypcs.org.uk/rights/uncrc/articles/article-34/>
- xi. See the following: *Committee on the Elimination of Discrimination Against Women*. General Recommendation (GR) No. 18 (1986), GR No. 28 (2010), GR No. 33, (2015), and GR No. 35 (2017). <https://www.ohchr.org/EN/HRBodies/CEDAW/Pages/Recommendations.aspx>
- xii. Inter-Agency Standing Committee (2019). *IASC Six Core Principles Relating to Sexual Exploitation and Abuse*. <https://interagencystandingcommittee.org/inter-agency-standing-committee/iasc-six-core-principles-relating-sexual-exploitation-and-abuse>
- xiii. Disability Inclusion Helpdesk Report No: 38, *Inclusive Futures*, p.6. <https://www.sddirect.org.uk/media/2059/no-39-disability-and-child-marriage.pdf>
- xiv. For more information on 'Good Touch and Bad Touch' sessions see: Watters, L. and Orsander, M. (2021). *Disability-inclusive child safeguarding guidelines*, chapter 6.8.
- xv. For more information on recognising signs of abuse for children with disabilities see: Watters, L. and Orsander, M. (2021). *Disability-inclusive child safeguarding guidelines*, chapter 6.5.
- xvi. For more guidance on inclusive approaches to health care see the United Nations Division for Social Policy Development and Department for Economic and Social Affairs (DESA) toolkit on Inclusive Health Services for Persons with Disabilities: <https://www.un.org/esa/socdev/documents/disability/Toolkit/Inclusive-Health.pdf>



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