Disability-inclusive child **safeguarding guidelines**

Part 2: Guidance for Practitioners

An increase in disability mainstreaming means that children with disabilities are at risk of being included in programmes that do not effectively safeguard them.

These guidelines, developed by Able Child Africa and Save the Children International, seek to address this gap, supporting practitioners to deliver effective disability-inclusive child safeguarding practices and address the specific risks and barriers children with disabilities experience.

For ease of reading, we have developed these mini-read versions of the guidelines. Part 1 outlines practical guidance for organisations. Part 2 outlines practical guidance for practitioners. For a full glossary and resource list, please refer to the full guidelines.

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Increasing awareness and understanding of disability-inclusive child safeguarding

Increasing awareness on why children with disabilities should be safeguarded and the additional risks they experience is an integral first step to embed disability-inclusive child safeguarding into organisational practice and project delivery. The purpose of doing this 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/caregivers and communities, of the standards of behaviour they should expect from practitioners.

- Check understanding to make sure children with disabilities and parents/caregivers 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 at a minimum should 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 increasing awareness of children with disabilities.
6. The risks of harmful language.
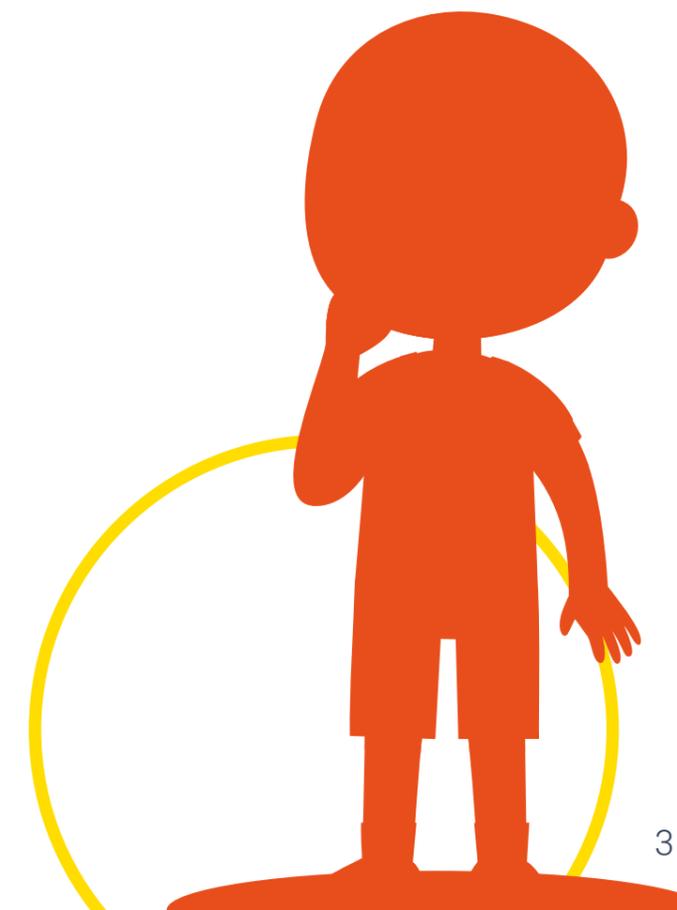
The best way to safeguard children with disabilities is to inform them of their rights. If a child can be educated on their right to be protected, they are better equipped to report abuse.

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; 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.

Developing a common understanding

A common understanding of disability will be framed by local context, social norms and beliefs. Often the best way to uncover hidden assumptions or prejudices that can cause harm is to reach a common consensus. Some key questions are outlined below:

Question	Response
What different terms are there to be aware of?	**Child safeguarding** means to protect all children from harms and abuses that can arise as a result of an organisation's programming and operations. **Inclusive child safeguarding** means that safeguarding is inclusive of all children, regardless of their identity. It includes different gender identities, races, 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. **Disability-inclusive child safeguarding** means implementing child safeguarding systems that include children with disabilities.

Question	Response
If a certain category of disability is not recognised as a disability in local law, do we still need to include them?	**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.
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.

Understanding disability rights

The rights of children with disabilities are **enshrined in international law** in the UNCRC[i] and UNCRPD[ii]

Staff responsible for providing child safeguarding training should outline the provisions made for children with disabilities in international law and use a rights-based framework when talking about disability-inclusive child safeguarding.

Dispelling myths and reducing stigmatisation

Due to harmful myths that exist around their impairment, children with disabilities tend to be more vulnerable. Practitioners should work to dispel any myths and challenge unconscious bias, ableism and discrimination that can present risks and harm children with disabilities. Examples of myths and how to address them include:

Girls with disabilities' right to be safe from harm

The intersectionality of gender and disability should be highlighted in child safeguarding training. As reflected in the Convention on the Rights of Persons with Disabilities:[iii]

"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."

Training should highlight that girls with disabilities, like all children, are protected from SEAH. The Convention of the Rights of the Child under article 34, states:[iv]

"Nobody should touch me in ways that make me feel uncomfortable, unsafe or sad."

This includes girls with disabilities.

Common myths	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.	*Many 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.*

Common myths	Implication on child safeguarding	Reality
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.	*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.*
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.	*Disability can be genetic or a result of illness, accidents, or complications at birth. 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.*
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.	*Sex with a girl with disabilities will not cure HIV. It is illegal to have sexual intercourse without consent. Sexual activity with children (persons 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.[v]*
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. It is illegal to have sexual intercourse without consent and illegal to have sex with a minor under any circumstance.*
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	Implication on child safeguarding	Reality
Children with disabilities are not competent and can only do menial tasks.	This can lead to a lack of education, child labour, early child marriage, serfdom or other forms of exploitation.	*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 and skills development.*
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 are at risk are ignored.	*Many children with disabilities are being exploited, forced and 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.*
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 people with albinism can also have reduced vision.*

The language used by organisations and practitioners is directly linked to their ability to protect children 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. Where possible, local organisations of persons with disabilities (OPDs) should be consulted to understand what language is deemed as unacceptable.

Increasing awareness on language will create a space for open discussion on why certain language and terminology should or should not be used. **A detailed list of harmful language is included in the full guidelines (see chapter 6.5).**

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Increasing awareness on risks of abuse for children with disabilities

Details of how children with disabilities are at specific or increased risk of abuse are outlined below. These risks were identified by children and youth with disabilities themselves.

Physical abuse is the non-accidental use of physical force that deliberately or inadvertently causes a risk of or actual injury to a child.[1]

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 disability, such as their difficulty understanding what is being communicated to them.

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

Aurore (child in Rwanda)

Neglect is failing to prevent harm.[2] Neglect can be also when the staff of an organisation fail to apply minimum requirements as set out in mandatory safety procedures.

Every child consulted reported experiencing some form of neglect due to their disability. Many children felt they were overlooked and made to feel invisible

1 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 accidently dropping something on somebody.
2 Neglect includes but is not limited to failing to provide adequate food, sufficient or appropriate clothing and shelter.

due to stigma linked to their disability. The majority of older children noted the unsafe environments they found themselves in during project activities and stated that training approaches and materials were usually inaccessible.

> "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)*

Emotional abuse involves doing harm to a child's emotional, intellectual, mental or psychological development. This includes any humiliating or degrading treatment, such as name-calling, ignoring, shaming or isolating a child.

Emotional abuse is perhaps the most pervasive form of abuse that children with disabilities described. Children told stories of emotional abuse and reflected that it was an everyday reality. They described being referred to by their disability type and being regularly bullied. Many explained this led to a sense of worthlessness, impacting their ability to live happy lives.

Sexual abuse is the involvement, inducement or coercion of a child to engage in any unlawful sexual activity. Girls are at higher risk than boys, but boys also experience sexual abuse.

Children with disabilities felt they were at increased risk as perpetrators feel empowered by assuming a child with disabilities cannot escape from an abusing situation, cannot report the abuse easily,

or cannot physically describe perpetrators. Several children talked about the specific risk of carers or medical professionals sexually assaulting them due to the close nature of their care.

> "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 doing exploitative activities, including sexual activities, modern slavery or being forced into armed conflict.

The main way children talked about exploitation was of their disability being used by those who care for them to make financial gains. Girls with disabilities reflected they were more likely to be forced into early marriage to make money. Children with disabilities also reflected they were more likely to be taken out of school and to work, as an investment in their education was deemed pointless.

Recognising signs of abuse for children with disabilities

When increasing awareness of disability-inclusive child safeguarding with staff, partners, consultants and representatives, it is important to discuss how signs of abuse differ among children with disabilities.

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 need 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 disabilities 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.

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 themself 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, 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 disability.

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.
- Children with some disabilities experience incontinence without being distressed.

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

Disclosure of child sexual abuse is often initiated following a physical complaint or a change in behaviour as opposed to a direct report. This is the same for children with disabilities. However, children with disabilities may not be able to communicate physical complaints easily and changes in behaviour may be unusual and harder to identify. Therefore, to recognise and respond to SEAH for children with disabilities, it is crucial staff are provided with disability awareness training to spot potential signs of abuse specifically for children with disabilities.

- Many parents/caregivers 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.

Mitigating child safeguarding risks for children with disabilities

Prevention is our most effective tool to mitigate and manage risks for children with disabilities.

Safe programming for children with disabilities is about creating conditions where all children can safely participate in programme activities. However, safe programming is not about mitigating all risks. For programmes working with children with disabilities, attempting to mitigate all risks may mean that a programme will not go ahead or include children with disabilities. Instead, practitioners must identify, monitor and build risks children with disabilities experience into programme design, recognising that minimising as opposed to eradicating risk or accepting inherent risk may be appropriate.

In summary, safe programming for children with disabilities means:

- Effectively assessing, minimising and managing specific risks children with disabilities face.
- Embedding disability-inclusive child safeguarding in programme design, rather than it being an 'add-on'.
- Actively looking at ways in which a project can contribute to a safer and more inclusive environment for children with disabilities
- Identifying knowledge gaps in disability-inclusive child safeguarding and seeking expert advice during planning and implementation.
- Being prepared not to implement a 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 wellbeing of children with disabilities under constant review through regular consultations and accessible opportunities for feedback.[vi]

Taking a proactive approach will ensure that the safety of children with disabilities is considered in every aspect of the project cycle, fully resourced and properly financed.

The importance of data in mitigating safeguarding risks for children with disabilities

If we do not know where children with disabilities exist, we cannot safeguard them effectively. In order to respond to specific child safeguarding gaps, we must identify children with disabilities and understand their experience better. To do this, organisations should:

- Always collect data disaggregated by gender and disability before delivery.
- Use the Washington Group Child Functioning Module to identify disability as this focuses on barriers to inclusion as opposed to impairment.

Assessing disability-inclusive child safeguarding risk

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 into consideration the specific risks relating to children with disabilities.

While a risk assessment itself is not sufficient to fully safeguard children with disabilities, it does set the framework for identifying where further action is needed to effectively safeguard children, including those with disabilities.

Who:

Children with disabilities should be involved at every stage of the risk assessment. Parents of children with disabilities and representative organisations of persons with disabilities (OPDs) should also be involved.

When:

Disability-inclusive child safeguarding risk assessments should be conducted during project design, at the start of projects and then again before each activity. Since many disabilities will go undetected, any activity must be planned by conducting a disability-inclusive child safeguarding risk assessment.

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. Some examples to watch out for are outlined on the next page:
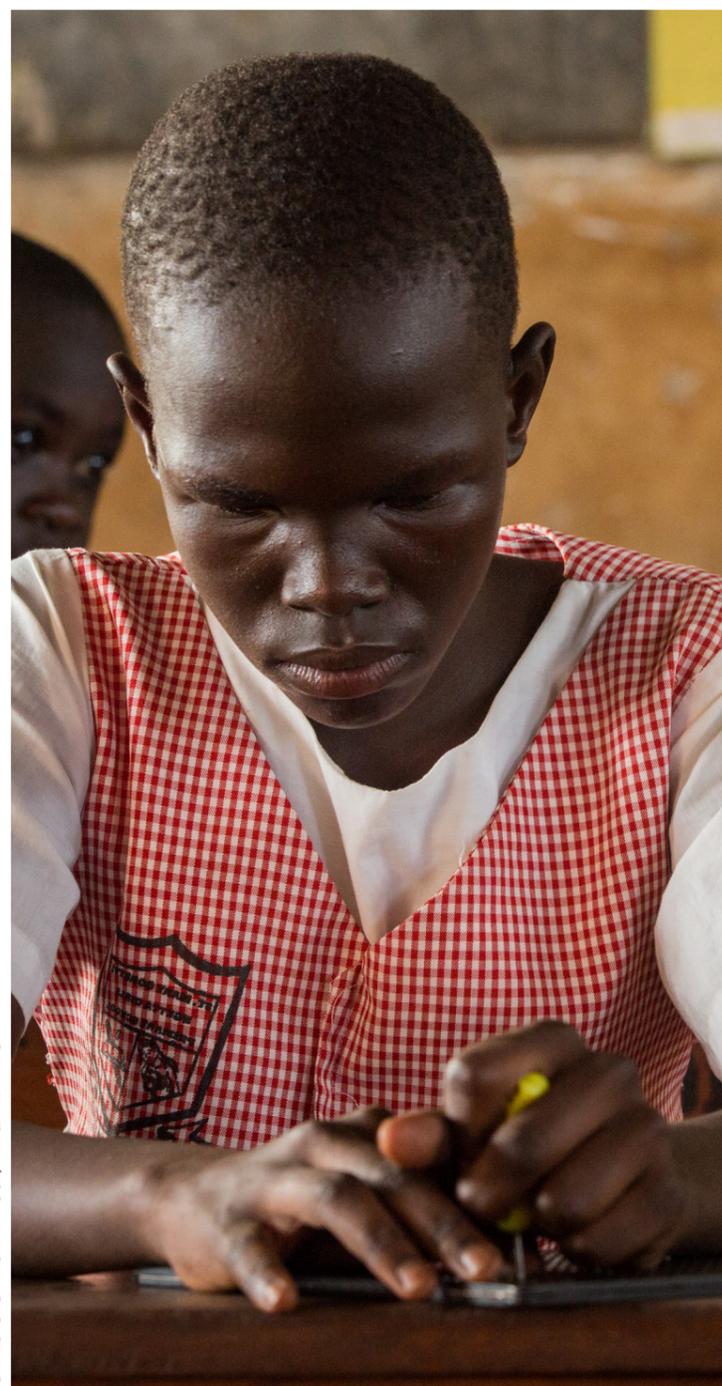
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ATTITUDINAL

Before an activity

Children with disabilities are not considered or identified before delivery, which means they are not consulted, and necessary adjustments and modifications are not made to minimise the risk they experience.

During an activity

Children with disabilities do not understand the activity or instructions and do not participate. They are segregated from other children and feel humiliated, offended or experience bullying and ridicule.

INSTITUTIONAL

Before an activity

There is no clear responsibility or focal point for safeguarding children with disabilities. The vetting procedures for adults selected to support children with disabilities are overlooked.

During an activity

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

ENVIRONMENTAL

Before an activity

The event is located in an area with heavy traffic or is too far away and difficult for children with disabilities to access safely. It is not checked for accessibility and there is no collection of information about participants' accessibility requirements.

During an activity

Children are not oriented to the venue and space at the beginning of an event. The building is not wheelchair accessible (including toilets), or the venue is poorly laid out or poorly lit (limiting the accessibility of children with visual impairments).

COMMUNICATION

Before an activity

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

During an activity

Children with disabilities cannot actively participate as communication formats are not accessible, or the modality of delivery is not adapted to their individual abilities. Information materials are only supplied in inaccessible formats.

FINANCIAL

Before an activity

Children with disabilities and their parents or caregivers cannot reach an activity due to inaccessible transport and expensive travel costs, or their personal assistant or support person requires remuneration that is not covered by the project.

During an activity

Children cannot use materials or take part in activities because budget was not included for accessibility. For example, children with a hearing impairment cannot participate because sign language interpretation is not provided for, or the budget does not permit feeding support.

MEDICAL

Before an activity

Organisers are unaware of children with medical risks participating in an activity. There is therefore no response plan in place for children 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 then unaware of how to respond to a medical emergency.

Barriers also exist after an activity, including:

- Children with disabilities not being given the opportunity to feedback.
- Children with disabilities are not given follow-up information on how their input has been utilised, leading to distrust.
- Children with disabilities portrayed as victims in external communication without agency.
- Communications about children with disabilities are shared without informed consent/assent.

To address these barriers, the following actions should be taken to minimise risks to children with disabilities before, during and after any activity or programme.

Mitigating risks at the beginning of an activity or event

- Consider a pre-event survey to consult children with disabilities on the format and accessibility.
- Select a venue with accessible toilets as close to the room as possible.
- Ensure everyone feels they are treated equally when entering the activity (showing an interest in every child).
- Outline 'ground rules' to emphasise that discriminatory language and behaviour is unacceptable.
- Ensure venue staff are briefed on the accessibility requirements of all children attending.
- Ensure that a safe transport plan is put in place for children with disabilities.
- Make sure that an accessible safeguarding referral pathway has been designed and includes organisations of persons with disabilities (OPDs).

Mitigating risks during an activity or event

- Ensure all information and materials are in child-friendly and accessible formats.
- Call all individuals by their name in a way that is preferable to them. Do not refer to them by their disability.
- Do not wave in the face of children with disabilities or pull or grab them to get their attention.
- Do not place children with disabilities into separate activity groups, rooms or spaces.
- 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.
- Do not promote a narrative of victimhood, suffering or exaggerated praise of children with disabilities.
- Ensure regular breaks as children with disabilities may tire more easily.
- Ensure children with disabilities are selected as spokespersons as much as children without disabilities.
- If an activity cannot include all children, modify the design so children with disabilities can participate.
- Check with children with disabilities during the event to make sure they are still included.
- Challenge discriminatory language or behaviour of any attendees or facilitators.
- Consider the risk of involving parents or caregivers in the sessions as this may limit a child's ability to engage freely.

Mitigating risks directly after the activity or event

- Make sure everyone feels they are treated equally when leaving the activity.
- Ensure arrangements are made for children with disabilities to get home safely, including that they leave with their parent or caregiver.
- Ensure all take-home materials are equally distributed and accessible versions are provided.
- Ensure the feedback sessions ask children with disabilities how they felt they were treated.

Making the physical space safe for children with disabilities

Identifying **physical barriers** is usually as far as practitioners go when considering the safety of the environment. However, **a safe environment** will look and feel different to children with disabilities.

Consulting with children with disabilities themselves is one of the most effective strategies to identify barriers and solutions to inaccessible and unsafe physical environments. There are various approaches to doing this, including:

- **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 or places that make them feel safe, unsafe or excludes them. A checklist can be provided, or it can be an open-ended conversation with a facilitator.

- **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 or describe an environment (either imaginary or familiar) and identify the hazards or places that make them feel safe, unsafe or excludes them. Colours, stickers or happy/sad faces can be used to identify places they like and dislike and prompt conversations about why they feel safe or unsafe in different locations.

- **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 or unsafe spaces.

Last-minute modifications should also be allowed (reasonable accommodations), which may include changing the layout to create more space for mobility, opening windows to improve visibility or closing doors to reduce background noises.

Preparing for risks relating to consent and data protection

Legally, practitioners only need the consent of a parent or caregiver of a child under 18 to collect their data and share it. However, it is good practice to obtain

full and informed consent and assent from children with disabilities themselves as it empowers them to refuse to share their personal data if they are unwilling.

Sharing information about a child without their consent can cause distress, which is a form of emotional abuse. This is even more relevant for children with disabilities who are usually selected for communication pieces due to their perceived vulnerabilities, where they are regularly presented as victims and rarely asked to provide consent. Therefore, children with disabilities must be given the opportunity to communicate decisions through informed consent, assent or a refusal to participate.

To obtain free, informed and voluntary consent/assent from children with disabilities, practitioners can:

- Design a consent/assent form that will be accessible to children with disabilities.
- Obtain informed consent/assent using audio or video if it is more accessible than a paper form.
- Prepare visual examples of proposed activities or web pages to demonstrate how information will be shared.
- Ask an independent adult to sign to confirm a child with disabilities gave consent/assent freely and voluntarily.
- Include a section on consent/assent forms to explain how consent was obtained was and why it was done that way.
- Use family members or carers to assist explaining how data will be used and the concept of consent/assent.
- Ensure enough time is given to children with disabilities to ask questions and understand what is being asked.
- Ensure consent/assent is obtained in a space that is familiar, quiet and free from distractions.

- Children with disabilities deserve to have their stories told too.
- If it is unclear whether informed consent or assent has been received, it is unlikely that you have it.
- Children with disabilities may feel less able to object. Consider if the child is comfortable to say no.

Respectful use of data and information

Even when informed consent or assent has been obtained, respectful and dignified use of children's data is crucial to safeguard them. Here are some mitigating measures that can be used:

- Proactively collect data where children with disabilities are presented in a way that they would define themselves as opposed to how others perceive them.
- Only use the images or other media that empower children with disabilities and demonstrates their agency and individuality.
- Ensure captions or descriptions of images or video images are confirmed by the child with disabilities and do not describe the child in a way which they did not agree with or in a way that is exaggerated.
- 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.
- Destroy any material the child is not happy with.
- Ensure images of children with disabilities do not have any personally

identifiable information visible in them that can be used alongside their impairment type to make them easily locatable or targets of abuse.

- Use generic descriptions to describe impairment types., e.g. instead of 'an eight-year-old girl in a wheelchair', the description could be 'a young girl with a physical disability'.

Removing financial barriers and risks through inclusive budgeting

Unless specific costs to mitigate risks for children with disabilities have been considered, it is unlikely that projects will effectively safeguard them. It is important to allocate resources, staff time and provide training to ensure that children with disabilities are effectively safeguarded.

Once a full risk assessment for a project has been completed and mitigation activities for each risk have been identified, it is important to ensure these are fully costed. Common costs, which should be taken into consideration include:[vii]

- **Support personnel** such as carers, guides, sign language interpreters and women with disabilities to represent gender and disability perspectives.

- **Increasing awareness** for staff and stakeholders throughout delivery.

- **Accessible venues** to ensure that building and their facilities are safe.

- **Accessible travel** options, accommodation and food for children with disabilities and support personnel.

- **Medical care and assistance,** such as formal medical assessments for children with disabilities, as well as provisions for assistive devices during an activity or event.

- **Accessible materials** and resources.

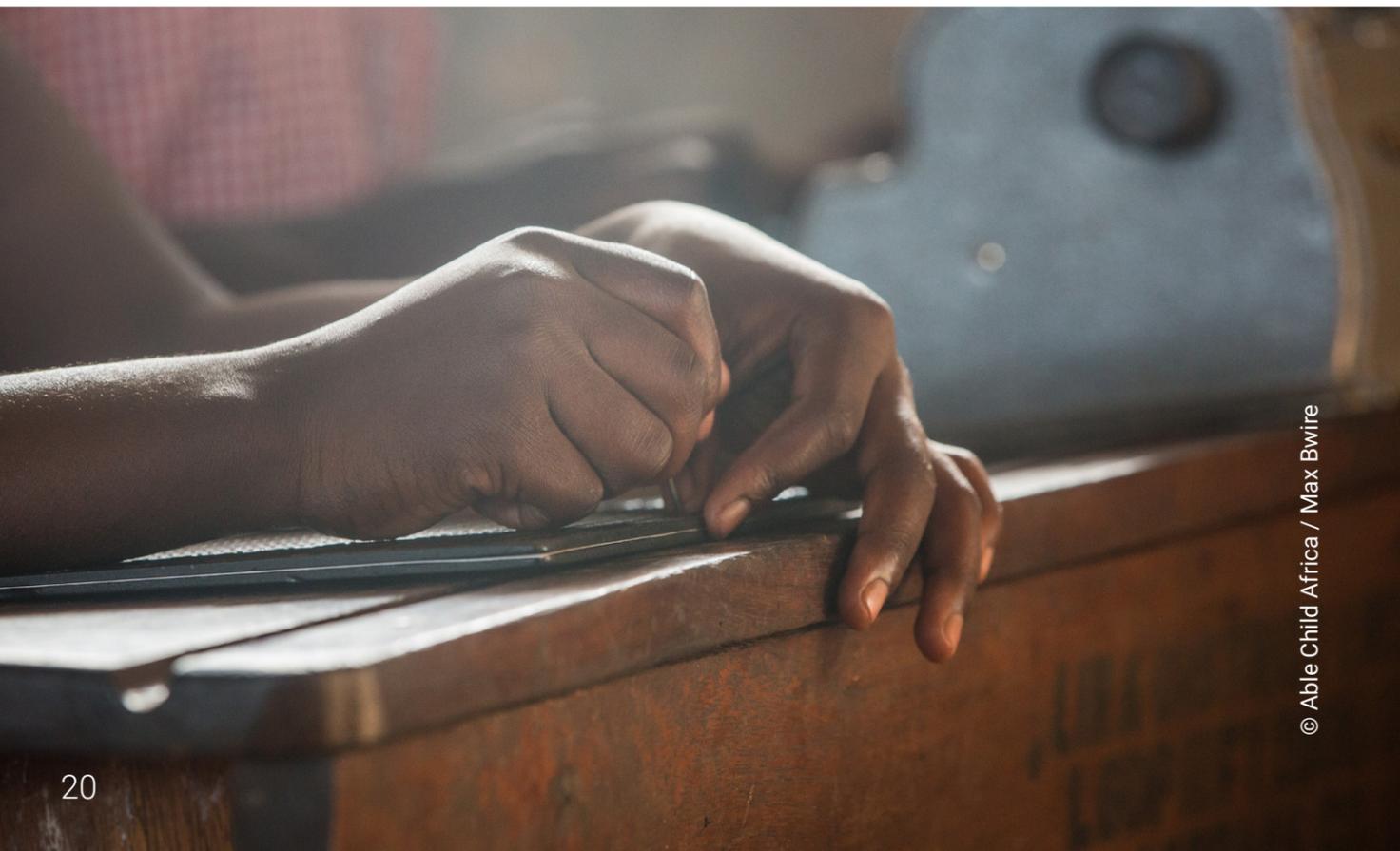© Able Child Africa / Max Bwire

Making reporting mechanisms work for children with disabilities

Increasing awareness 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.

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 report child safeguarding concerns to the organisation.

Proactively encouraging community members, parents/caregivers, 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 or caregivers, family and communities linked to children with disabilities.

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, it is crucial community members, parents/caregivers 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.

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

It is crucial first and foremost to 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 or 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.

Beyond a potential lack of awareness, there are other barriers which may prevent or discourage parents or 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 need 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 that pose further barriers to their reporting. In addition, 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. Practitioners 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 needed.

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.[viii]

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.

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 with 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. Once a network of key individuals has been identified, activities to increase awareness of reporting mechanisms and its importance can be conducted with these groups to ensure they understand their responsibility to report child safeguarding concerns relating to children with disabilities.

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 witness child safeguarding concerns, children with disabilities must be given the opportunity and be encouraged to report any child safeguarding concerns they have.

Children with disabilities are usually unaware of reporting mechanisms, unable to reach places where reports can be made and unable to communicate effectively through the reporting formats available. This often leads to child safeguarding concerns concerning children with disabilities going unnoticed, allowing unsafe practices to continue.

The best way to ensure reporting systems and mechanisms are disability-inclusive is to include children with disabilities in the design. When making decisions on who, where and how children will report, children with disabilities should be consulted to ensure their experiences are considered. Organisations must consult with children with disabilities on how they best receive important information and provide accessible formats based on their feedback.

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.

Remember

Intersectionality

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, practitioners must make efforts to overcome the multi-layered and systematic disadvantages children with disabilities experience.

Barriers children with disabilities experience 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.

Communication:
Children with disabilities may need information to be provided in different formats. **Consulting with children with disabilities will be crucial in understanding how best to share information on reporting.**

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. **Organisations must ensure that all stakeholders have received**

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disability-inclusive child safeguarding and disability-rights awareness training.

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 seen. **Consulting with children with disabilities is crucial in understanding where best to share information on reporting and to locate reporting channels.**
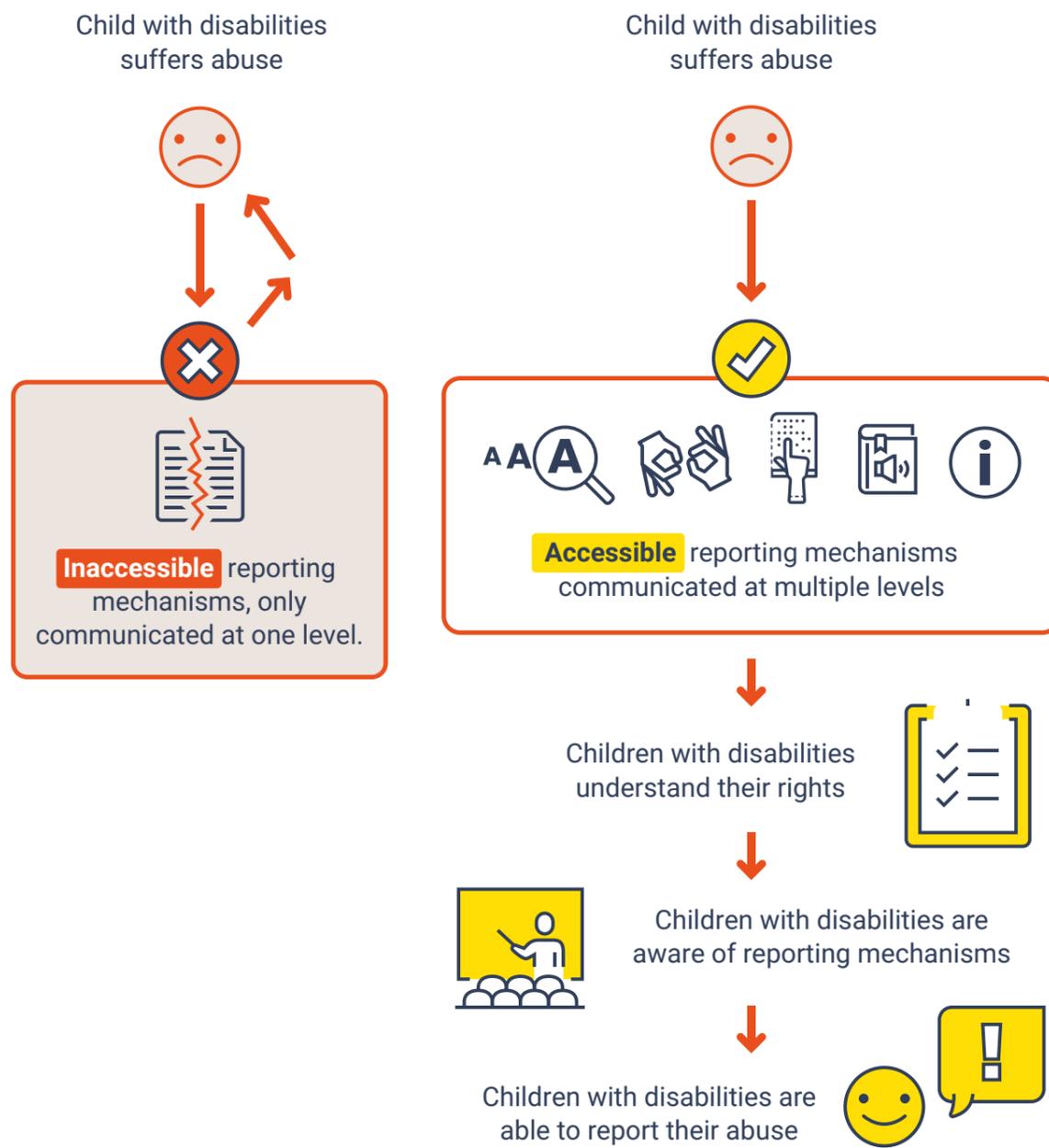
Institutional:
If budgets and policies do not make provision for universal design, accessibility and reasonable accommodation, information about how to report and reporting channels will be under-resourced and inappropriately designed, which can limit the awareness among children with disabilities and others. **Organisations must look inwards at their own systems to ensure institutional barriers to equitable information and reporting channels are removed.**

Ensuring children with disabilities are informed of reporting mechanisms

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, disability-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

Child with disabilities suffers abuse

Child with disabilities suffers abuse

Inaccessible reporting mechanisms, only communicated at one level.

Accessible reporting mechanisms communicated at multiple levels

Children with disabilities understand their rights

Children with disabilities are aware of reporting mechanisms

Children with disabilities are able to report their abuse

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.

Approaches to sharing safeguarding information with children with disabilities

There are several approaches practitioners 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 or children with intellectual 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.
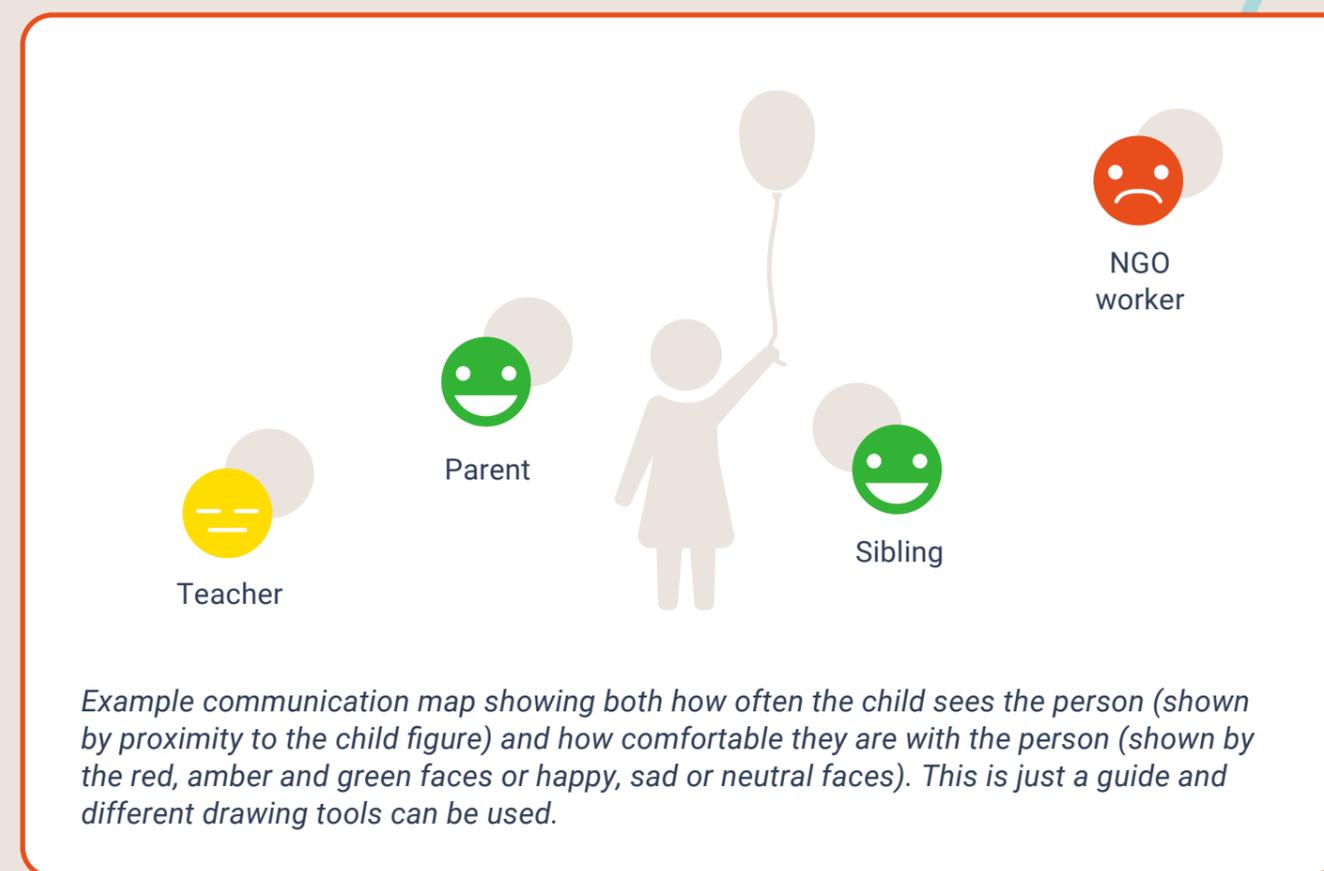
Consulting with children with disabilities on who they want to confide in and trust

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 child safeguarding concern.

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.

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

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.

NGO worker

Parent

Sibling

Teacher

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.

Once organisations have identified the individuals who children with disabilities are likely to share child safeguarding concerns with, 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.
- Provide follow-up support and counselling to individuals distressed or troubled by child safeguarding concerns that 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 is a **risk of traumatising the child further** due to a failure to respond timely and appropriately.

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Ensuring response procedures for child safeguarding are disability-inclusive

Once a report has been made, children with disabilities have a right to be supported, to recover and rebuild their lives. The inclusion of children with disabilities in this process will strengthen a child safeguarding response because:

1. If children with disabilities are given self-autonomy over safeguarding responses, they are more likely to support decisions made to protect them.
2. Providing space for children with disabilities to explain preferences in safeguarding responses helps avoid unintentional additional damage.
3. Involving children with disabilities in decision-making processes will improve a child's understanding of what is happening, which will prevent any additional harm arising through feelings of powerlessness.

Barriers and enablers to the inclusion of children with disabilities within response processes

Key barriers to the inclusion of children with disabilities within responses include:

- Children with disabilities may not have the confidence to participate in decision-making processes with people they are unfamiliar with as they may worry that they will be discriminated against.

- Organisations should ensure children with disabilities discuss responses with adults they know and trust, ensuring those involved in the response process receive appropriate training.

- Children with disabilities may be concerned that voicing certain preferences of safeguarding responses will result in them no longer being able to access vital services.

- Organisations should reassure children that support services they receive will not be removed as a result of them voicing certain preferences.

- Children with disabilities may need more time or support to participate in decision-making, understand available options and express preferences.

- Organisations should have patience when deciding response options with children with disabilities and identify accommodations required for accessible communication.

- 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 carers and present information in a way that will improve understanding and help children convey preferences.

Children with disabilities may be more reluctant to engage in the process as they are likely to experience complex trauma following a child safeguarding incident as barriers to communication and understanding may increase levels of confusion, panic and fear.

Organisations should be aware of the additional vulnerabilities of children with disabilities and be sensitive to their unique experiences.

Children with disabilities are less likely to be involved in any formal processes or consulted on decisions about their lives. As such, engaging in discussions on a child safeguarding response may be particularly intimidating.

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 response process and ensure a trusted friend or adult is present during all discussions to help mitigate any risk of re-traumatisation during the process.

> The intersectionality of their **age and disability** usually means children with disabilities are considered incapable of making their own choices.

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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 should be sensitive to the specific concerns of children with disabilities and make concerted efforts to ensure the child is given opportunity and time to be heard properly. Key principles that should be kept in mind include:

Respect:

Organisations should ensure they use appropriate language and should not talk about a child with disabilities as if they were not there, talk over the child, touch the child or their assistive device, or point to the child's disability.

Communication:

Organisations will need to accommodate different communication requirements to ensure that the child can fully disclose any abuse and that their preferences can be understood.

Listening:

Parents, caregivers, duty bearers and organisations commonly and unconsciously speak on behalf of children with disabilities. Organisations will need to be careful not to make assumptions and ensure the child can express themselves and answer questions independently.

Confidentiality:

Safeguarding reports involving children with disabilities may be shared more widely than usual with the use of interpreters or support staff in the response process. Organisations must ensure that a child understands what level of confidentiality they can expect and ensure that only those necessary will have access to the report.

Expectations:

Children with disabilities may feel worried about the repercussions of reporting a safeguarding concern, particularly that it may lead to a loss of the support services they depend on. Organisations must ensure that the child understands the steps, including timeframes, limitations, likely outcomes and how and when feedback will be given.
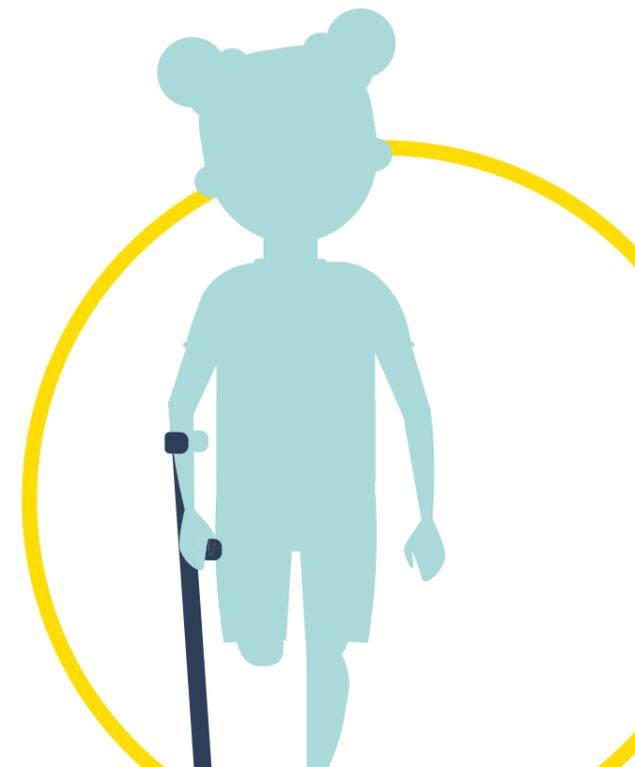
Taking a 'survivor-led' approach when responding to concern involving children with disabilities

To ensure responses involving children with disabilities are 'survivor-led', those leading investigations must be aware of the specific risks of 'retraumatising' children with disabilities.

Organisations should be guided by the **seven key principles of a survivor-led approach to child safeguarding:**

Do-no-harm:

- **Work** with organisations of persons with disabilities (OPDs) to understand the best way to support children with disabilities who have experienced abuse.
- **Understand** how a response can strengthen or weaken pre-existing support for children with disabilities.

Non-discrimination:

- Has the witness or evidence that a child with disabilities has provided been **believed** and **taken seriously**?
- Has **sufficient time** been taken to consider and respond comprehensively?
- Have the **same** disciplinary actions been taken compared with concerns involving children without disabilities?
- Has a child with disabilities' **preferences** been seriously considered?

Safety:

- **Plan** how children with disabilities will physically relocate safely if necessary.
- **Assess** hazards or accessibility barriers in physical environments children with disabilities are relocated to.
- **Consider** whether response strategies may limit access to vital support linked to their disability.
- **Identify** hospitals or clinics that can provide the specialised medical care a child may require.

Best interests:

- **Understand** that removing a child from a project to protect them may mean removing them from programmes tailored to accommodate their requirements or deprive them of a specialised support network.
- **Consider** that separating a child from the alleged perpetrator may remove the only person the child felt comfortable with or was able to communicate with.

Self-autonomy:

- **Do not assume** that a child with disabilities lacks understanding or communication means to have a preference.
- **Commit** to the time and costs associated with ensuring children with disabilities can participate in responses.
- **Involve** a trusted individual that the child is comfortable with to encourage the child to voice their preferences.

Confidentiality:

- **Understand** that children with disabilities have the same right to confidentiality and dignity as any other child.
- **Challenge** ingrained stigma relating to disability may mean that confidentiality of cases involving children with disabilities is considered less important or unnecessary.
- **Inform** those assisting with communication during responses of their responsibilities relating to confidentiality.
- **Reduce** those who have access to details of the case, only sharing information on a 'need to know' basis.

Information:

- **Provide** information in accessible formats and check the child with disabilities has understood information shared.
- **Learn** from instances when the child with disabilities has communicated successfully and consider using this method when communicating decisions to the child.
- **Reduce** the reliance on multiple interpreters passing on information to minimise the risk of misinformation.
- **Share** information repeatedly as some children with disabilities may forget or need time to interpret decisions.

Organisations should work in partnership with organisations of persons with disabilities, particularly organisations of women with disabilities to identify effective referral pathways that provide accessible sexual exploitation, abuse and harassment (SEAH) victim support for children with disabilities.

Investigating a child safeguarding concern or incident involving a child with disabilities

> The perceived difficulty of investigating a report concerning children with disabilities is **not sufficient reason** for an investigation to be avoided or be of poor quality.

The increased vulnerability and dependency of some children with disabilities can make investigations riskier. Therefore, investigating a concern involving a child with disabilities will require unique considerations. These include:

Identifying investigating officers

- Do they have specific experience of safeguarding children with disabilities?
- Have they received disability-rights training or training on the signs of abuse with children with disabilities?
- Do they have the skills needed to communicate with the child in question?
- Do they have a disability? For reports of sexual abuse of girls with disabilities, it may be useful to identify a woman with disabilities who the girl feels she can relate to.
- Are these individuals able to travel to the child's home as telephone interviews or travel may not be possible for the child with disabilities?

Planning the investigation

- Have additional resources been allocated to assist with the accessibility requirements of the child?
- Has sufficient time been planned to involve a child with disabilities in the investigation taking place?
- Has the child's preferred method of communication been identified and accommodations planned for?
- Has any other specialist support required during the investigation been identified?

Conducting interviews

- Have communication methods that allow the child to express themselves been identified?
- Have the number of individuals present during an interview been kept to a minimum?
- Will interviews take place in person to make communication easier?
- Are interview venues safe, accessible and appropriate for the child?

Concluding an investigation

- Has the outcome of the investigation been explained to the child with disabilities and their family, and have they understood the reasons why a decision has been made?
- Are written reports available in an accessible format and shared with the child and their family?
- Has the child with disabilities and their family been involved in discussions to decide the next steps?
- Where necessary, have medical professionals been identified for the child with disabilities' specific requirements?

Disability-inclusive child safeguarding referrals

Referral pathways will need to be specific to the individual accessibility requirements of children with disabilities.

The following groups should be included in any disability-inclusive child safeguarding referral mapping exercise:

1. Children with disabilities

This involves asking the child directly about what support services they are aware of and currently using. This allows inaccessible referrals to be removed and new pathways to be identified.

2. Those with 'lived experience'

This could include adults with disabilities or local activists. These individuals or organisations will understand accessibility barriers in existing services and may offer alternatives.

3. Disability and child-focused organisations

Organisations of persons with disabilities (OPDs) and disability/child-focused organisations are likely to have a broad understanding of existing referral pathways that exist for children with disabilities.

4. Disability officers

These are usually elected/appointed local government officials whose roles are to support the requirements of persons with disabilities and refer them to appropriate services where available.

5. Staff in schools

Schools may have appointed staff members with specific roles to ensure children with disabilities are learning in a safe and supportive learning environment.

6. Family members and parent support groups

As carers and close observers, parents/caregivers and family members will have an idea of the realistic options that exist for them and their children with disabilities.

7. Existing community care systems

In some places, informal community structures exist that protect children, and some may offer better care for children with disabilities than formal services.

8. Community-based rehabilitation (CBR) groups

CBRs include community and government representatives alongside health, education and social professionals and offer an overview of available services.

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