

Safeguarding Deaf and Disabled Children in Sport: Sport, Disability and Vulnerability

Overview

Despite some traditionally negative misconceptions about deaf and disabled young people, the reality is that the vast majority of deaf and disabled children and young people are ready, willing and able to participate in sport and physical activity when they have access to facilities and appropriately trained staff to support them. Staff do not need additional qualifications - but should have qualifications to coach children, and the confidence to deliver these sessions inclusively.

Disability is a label that covers a wide range of health conditions or impairments. Many people think that someone's disability is caused by their impairment or medical condition, and that by fixing or curing their body the disabled person will be able to participate in society like everyone else. This outdated way of understanding disability is known as the Medical Model, and is not supported by disabled people or their organisations.



1. A person-centred approach to disability

A person-centred approach to disability focuses on the unique strengths and abilities of each individual, while acknowledging the particular support needs arising from their impairment or health condition. It emphasises the importance of seeing beyond labels associated with disability in order to understand each child as unique; to acknowledge their individual strengths, abilities, aspirations and support needs.

'Disability' here is used as a catch-all phrase, and although it is broadly accepted, some groups and individuals do not necessarily identify with the term and would not consider themselves to be disabled. Similarly some groups and individuals identify the term 'impairment' as having negative connotations. Since a disability is caused by society, impairment or condition is the phraseology which we will use, although there is still some debate about which terminology is more appropriate. Ideally we should just talk about people, but society is still not consistently ready to naturally recognise disabled people are part of the community we refer to as 'people'

While a person may have a particular impairment or health condition, their experiences, opportunities, and options can be significantly limited by a number of often external barriers or challenges. These barriers or challenges result from the way in which wider society, organisations and individuals react and respond to them. They include:



- **The physical environment** – inaccessible buildings, facilities or services (for example the absence of ramps or other arrangements to assist a wheelchair user to reach the changing rooms or playing area)
- **Other people's attitudes or assumptions** (and sometimes a disabled person's own personal perceptions) – stereotyping, discrimination and prejudice (for example by making false or untested assumptions about what a disabled young person cannot do, or actively resisting the inclusion of disabled participants in sports activities)
- **Organisations' policies and practice** – inflexible policies, procedures and practices (for example failing to consider adapting sports rules or equipment to include disabled participants)

A person-centred approach to disability encourages us to retain a strong sense of the individual child, and to recognise and remove challenges (or to reduce their impact on the young person), rather than focusing on and trying to 'fix' their health condition or impairment.

It encourages us to focus on what disabled people **can**, rather than cannot, do.

This is the approach preferred by many disabled people.

The term "disabled children" is used for young people with a wide range of impairments or health conditions. These will have a different impact on the child, their needs and their experience of barriers. Any one child's experience of their condition will be unique to them. However, some issues will be common to the experience of many disabled children.

The term "**Deaf and disabled**" is used because many deaf young people (particularly those who have never experienced 'hearing') identify themselves as belonging to a particular cultural group (the d/Deaf community) with its own language (British Sign Language) - and not as disabled.

As one Deaf young person explained:

'How disabled I am depends on where I am and who I'm with. When I'm with my deaf friends I'm not disabled because we all sign. But when I'm in the outside world I'm disabled.'

2. Types of Impairment

The different types of impairment can be grouped together into a number of broad categories. It is important not to be unduly concerned about understanding everything about a person's specific disability, condition or impairment, but to consider the young person's particular needs in the context of your sport or activity. Meeting with the young person and their parents/carers will help to identify the best way you and your club can respond to their interest in the sporting activity and consider what reasonable adjustments your club can make to include and accommodate that person.

Note! However, remember that people who share the same type of impairment can have very different levels of functional ability. Simply naming their impairment or health condition will never provide a meaningful picture of the individual – therefore pay more attention to what they CAN do rather than what their disability/impairment is. Avoid making assumptions about a young person based on a generalised understanding of a particular disability label. Even athletes within the same sports classifications may vary widely in terms of their communication or social abilities, for example.

The different types of impairments can be grouped into a number of broad categories. It is important to be aware that young disabled people can have a wide range of very different conditions – some very visible and obvious (e.g. amputees and wheelchair users), and others much less so (e.g. autism or being hard of hearing).



• Physical

This includes anyone who has a disability which impacts on mobility or range of movement e.g. amputees, spinal cord injury, cerebral palsy (from birth or acquired later through illness or accident). Individuals may be: ambulant (do not use a wheelchair), permanent wheelchair users, or occasional wheelchair users, or uses a wheelchair for sport.

• Sensory

Where one or more of the senses are affected (from birth or acquired) e.g. degree to which an individual can hear and can see clearly. Individuals may be: deaf or hard of hearing, or blind or partially sighted.

Visual impairment

Within the UK there are around two million people who are identified as having a visual impairment , which ranges from not being able to read (even with glasses) to those who have little sight and are registered blind. There are approximately 25,000 children with visual impairments in the UK.

Hearing impairment/Deafness

This includes the full range of people who are born deaf, or have acquired deafness through illness, accident or age. Around 800 babies are born each year with significant deafness in the UK. There are 4 different levels of deafness: mild, moderate, severe and profound. There are about 70,000 people who use British Sign Language as their means of signed communication in the UK.

Deaf children and young people often have great difficulty in learning to speak or understand spoken language. This will also affect their ability with regards to written language. The chosen form of communication for many deaf children is British Sign Language (BSL). Deaf young people may identify with the Deaf community, whose preferred language is BSL. They will see themselves as Deaf with a capital 'D' to highlight their Deaf identity as members of a linguistic minority. Many deaf young people do not consider themselves to be disabled, hence the use of 'deaf and disabled' throughout this document.¹

• Intellectual impairment

Often genetically-linked (chromosomal anomaly) or acquired through trauma before, during or after birth, in childhood or adulthood. These too vary between mild, moderate and severe. There are many young people with learning disabilities or difficulties who successfully take part in active sports. Some can be identified by their facial features e.g. young people with Down's Syndrome, but many people with a learning disability are not always initially identified.

• Interaction and communication difficulties

For example Autistic Spectrum Disorder (ASD) - used to describe a wide range of disorders which impact on communication style, social interaction and social imagination e.g. Asperger's Syndrome and high functioning autism. These are a range of related developmental disorders that begin in childhood and persist throughout adulthood. It is often difficult to recognise or identify someone with ASD

• A combination of some or all

A young person with cerebral palsy may have both a physical impairment which impacts on their mobility as well as speech and language difficulties.

¹ Many Deaf people do not define themselves as disabled and have never experienced 'hearing' as a usual activity. For this reason they will describe themselves as belonging to a particular cultural group with its own language (BSL) – often referred to as the Deaf community. This is one of the reasons that the term 'deaf and disabled' is used. In many documents the term D/deaf person is used to include all groups of deaf people. In this document, for simplicity, we will simply refer use the terms 'deaf' or 'deafness' to include anyone with any level of hearing impairment.



This is just a broad overview of different types of condition and impairment, but the range and how they impact on individual varies, so it is important to ask the individual and find out how best to accommodate their needs, look at what your club is providing in terms of sporting activities, and use the support of parents, other coaches and the club members to facilitate inclusion.

3. Challenges to Participation

Some common challenges deaf and disabled children may face with getting involved in sport include:

- lack of early experiences in sport
- sports lack of understanding, awareness and confidence linked to 'how' to include disabled people in sport
- limited opportunities and programmes for participation, training and competition
- lack of accessible facilities, such as gymnasiums and buildings
- limited accessible transportation
- limiting psychological and sociological factors including attitudes towards disability of parents, coaches, teachers and even disabled people themselves
- limited access to information and resources.

By working towards the lifting of challenges that stop deaf and disabled children from being fully integrated into mainstream life – including sports activities - they can also be more effectively protected from abuse.

4. The additional vulnerability of deaf and disabled children and young people

The available UK evidence on the extent of abuse among deaf and disabled children suggests that they are at increased risk of abuse and that the presence of multiple impairments appears to increase the risk of both abuse and neglect. Deaf and disabled children are up to four times as likely to be abused as non-disabled children. Sullivan and Knutson² (2000) found that children were more likely to be abused under the following categories:

- Neglect – 3.8 times as likely to be abused
- Sexual – 3.1 times as likely to be abused
- Physical – 3.8 times as likely to be abused
- Emotional – 3.9 times as likely to be abused

They also reported that 31% of disabled children had been abused compared to a prevalence of 9% in the non disabled population. A 2012 review of available data confirmed the additional vulnerability of disabled children to abuse³. Enable⁴ found that two thirds of young people with an intellectual impairment or Autistic Spectrum Disorder (ASD) they engaged with had experienced bullying. This is a significant number and points to a need for appropriate and timely support for children to help them flourish and support healthy relationships.

Deaf and disabled children may be especially vulnerable to abuse for a number of reasons:

- the increased likelihood of social isolation
- having fewer outside contacts than non-disabled children, and perhaps having limited access to someone to disclose to
- a dependency on others for practical assistance in daily living (including intimate care)
- an impaired capacity to resist, avoid or understand abuse
- their speech and language communication needs may make it difficult to tell others what is happening
- their particular vulnerability to bullying.

² Sullivan PM and Knutson JF (2000) Maltreatment and Disabilities: a population based epidemiological study. *Child Abuse and Neglect* 24 10 1257–1273.

³ Jones et al, 2012 *Prevalence and risk of violence against children with disabilities*.

⁴ Enable (2016) *#IncludedintheMain?!*, [Online] Available at:
<http://www.enable.org.uk/includedinthemain/Documents/IncludED%20in%20the%20Main%20--%202022%20Steps%20on%20the%20Journey%20to%20Inclusion.pdf>



- being viewed as a “safe target” for abusers
- their relative powerlessness (perhaps physically, psychologically and socially) and the opportunities this presents for grooming by potential abusers
- many young people having learnt to be compliant
- a reluctance to challenge carers who may often be viewed as valiantly coping with the burden of a disabled child and therefore not considered as potential risks
- the denial of the possibility of (particularly sexual) abuse of disabled children
- disabled children being less likely to be heard or listened to.

Disabled children also experience higher levels of bullying than their peers.

In a survey of 500 children and young people aged eight to 19 years in England, Wales and Northern Ireland, Mencap (2007)⁵ found that:

- nearly 8 out of 10 young people with a learning disability had experienced bullying
- 6 out of 10 had been physically hurt
- 4 out of 10 who told someone found the bullying continued.

Reid and Batten (2006)⁶ found that over 40 per cent of children on the autistic spectrum have been bullied, and a consultation undertaken in England by the Office of the Children’s Commissioner (2007)⁷ found disabled children to be twice as likely as non-disabled children to be a target for bullying.

Research into experiences of disabled people within sport⁸.

Research with athletes in Belgium and the Netherlands in 2015 showed that young disabled athletes experienced significantly more psychological, sexual and physical violence than their non-disabled peers.

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⁵ Mencap, 2007. *Bullying Wrecks Lives: the experiences of children and young people with a learning disability*. Mencap.

⁶ Reid and Batten, 2006. *B is for bullied: the experiences of children with autism and their families*, London : NAS

⁷ Office of the Children’s Commissioner, 2006. *Bullying Today: A Report by the Office of the Children’s Commissioner*. London: OCC.

⁸ Vertommen etc al 2015. *Interpersonal violence against children in sport in the Netherlands and Belgium*.

