



## **SAFEGUARDING DISABLED CHILDREN IN RUGBY LEAGUE**

Disabled children need the opportunity to experience sporting opportunities and experiences open to all children in a safe environment. To help achieve this in Rugby League, they and their families may need additional information, help and support. Rugby League clubs, coaches, CWOs and other relevant voluntary and support staff, will require training and advice to ensure they are inclusive of, and safeguard disabled children who may be more vulnerable to abuse. The RFL Safeguarding Policy reflects the needs to safeguard all children within Rugby League however for disabled children, the RFL recognises the guidance in the government document “Working Together to Safeguard Children” (2006) which states

“Expertise in both Safeguarding and promoting the welfare of children and in disability has to be brought together to ensure that disabled children receive the same levels of protection from harm as other children”.

The RFL are aware that the most valuable resource within clubs are the employees and volunteers who appreciate the value of Rugby League to disabled children (and vice versa) and have the will and desire to ensure they can become fully integrated members of the Rugby League community. Rugby League is committed to meeting the needs of disabled people and to develop opportunities in Rugby League for both disabled children and adults. In order to ensure that there is a greater awareness of the needs of disabled players and to make sure that they develop to their full potential coaching staff will be encouraged to undertake additional modules and continuous professional development (cpd) units on disability in sport.

### **1 MAKING RUGBY LEAGUE ACCESSIBLE AND SAFE FOR DISABLED CHILDREN**

Rugby League must be safe and accessible for all children. The RFL Safeguarding Policy is an important tool to assist clubs to safeguard all children from harm within the Rugby League, whether they are disabled or non-disabled. However to fully understand and meet the Safeguarding needs of disabled children in clubs volunteers need to have a knowledge and understanding of disability

### **2 THE DEFINITION OF DISABILITY**

The Equalities Act 2010 defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term negative effect on his or her ability to carry out normal day-to-day activities.

Disability can be recognised as:

- Physical disability (e.g. limitations to dexterity or mobility)
- Sensory impairment (e.g. visual, hearing)
- Mental health difficulties
- Chronic illness (e.g. asthma, epilepsy, diabetes)
- Medical conditions, which may cause pain or other symptoms, which affect study (e.g. side effects of treatment, poor attention, poor concentration), Asperser’s Syndrome/Autism Spectrum Disorder
- Specific learning difficulties (e.g. dyslexia, dyspraxia)
- Any other condition which has a significant effect on an ability to study.

It must be accepted the above classifications can overlap and some children will have more than one disability.

### 3 AWARENESS OF INCREASED VULNERABILITY TO ABUSE

The RFL Safeguarding Policy states:

- The RFL is committed to ensuring that all children who play Rugby League have a safe positive and fun experience, whatever their level of involvement.
- The welfare of all children is paramount.
- All children within Rugby League, regardless of age, gender, race, religious beliefs, sexual orientation, ability or disability, have the right to enjoy the game in an environment safe from abuse of any kind.

To meet the duty of care to safeguard children Rugby League clubs should recognise that both historical and recent research which recognises that disabled children can be at greater risk of abuse and that the presence of multiple impairments appears to increase the risk of both abuse and neglect.

Some disabled children may:

- Have fewer outside contacts than other children;
- Receive intimate personal care, possibly from a number of carers, which may both increase the risk of exposure to abusive behaviour, and make it more difficult to set and maintain physical boundaries;
- Have an impaired capacity to resist or avoid abuse;
- Have communication difficulties which may make it difficult to tell others what is happening;
- Be inhibited about complaining because of a fear of losing services;
- Be especially vulnerable to bullying and intimidation; and/or
- Be more vulnerable than other children to bullying and abuse by their peers.

Club Welfare Officers, coaches and volunteers should have an awareness of the need to safeguard all children and specifically recognise additional risks to disabled children.

The club should be aware that Disabled children and young people may be more likely to suffer from:

- BULLYING and EMOTIONAL ABUSE from both young people and adults. Sometimes the “abuser” does not realise the hurt being caused by inappropriate comments but sometimes they do and the bully is picking on the person least able or likely to complain.
- PHYSICAL - Disabled children and young people may be subject to physical assaults of a minor or major nature. They may be less able to remove themselves from a situation; an adult may become frustrated by their lack of response
- SEXUAL ABUSE of those in society who are unable to either stop or understand acts that are taking place is unfortunately not rare. Good Safeguarding practice within the club, especially in terms of the need for a young person to be assisted in personal care, either during the sports activity or in the changing room, can help prevent the possibility of such abuse arising.
- NEGLECT - A disabled young person may be left in an inappropriate situation or not be seen to receive appropriate care. The club officers and members must always report concerns if a parent or carer is viewed as failing to give proper care and attention to meet the needs of a disabled child.
- EXCLUSION - Disabled children can be excluded by inappropriate acts of the children, individuals or the club itself. The RFL are an inclusive organisation and expect clubs to do all they can to be inclusive to all children.

Welfare Officers and other responsible adults in the club can assist in Safeguarding disabled children by:

- Attending appropriate Safeguarding vulnerable groups training and where possible additional disability awareness training
- Making it common practice to help disabled children make their wishes and feelings known in respect of their care and treatment;
- Making sure that all disabled children and young people know how to raise concerns if they are worried or angry about something;
- Ensuring that disabled children with communication difficulties should have available to them at all times a means of being heard;
- Making an explicit commitment to, and understanding of all children's safety and welfare;
- Ensuring close contact with families, and a culture of openness on the part of services; and
- Providing guidelines and training for staff on good practice in intimate care; working with children of the opposite sex; handling difficult behaviour; consent to treatment;
- Producing anti-bullying strategies;
- Responding appropriately to any reported incidents and following guidance policies and procedures as laid down by RFL.

#### 4 STRATEGIES FOR CLUBS TO ADOPT TO ENSURE DISABLED PLAYERS CAN REACH THEIR FULL POTENTIAL

##### 4.1 Communication

Clubs should work with the disabled child and their family/carers to understand the disabled child's individual needs and identify barriers to participation. Once this has been achieved the club should work toward eliminating or overcoming barriers where possible so that the disabled child has an opportunity to be integrated into mainstream Rugby League where possible and when appropriate supported to play one of the many derivatives offered by Rugby League. The child and their parent or carer will have information they can share with the Rugby League club on how best to meet the child's needs to allow them to access Rugby League. Additionally some childhood disabilities progress with the age of the child and need constant reassessing medically. It is important that Rugby League clubs work continuously with the child and parent or carer to ensure they are kept aware of relevant changes to reduce any increased risk of harm to the child in the sporting venue.

Some children may have multiple disabilities. If so the sport must look at the needs of the child in a holistic manner and define how to meet all the needs, not just the one area of disability.

##### 4.2 Avoid Assumptions and Stereotypes

It is important that club staff do not rely simply on assumptions about who may be vulnerable. This is particularly the case where disability is concerned. Some disabilities, such as dyslexia and mental health needs are 'invisible' and as such it may be less likely that club staff will recognise their needs.

One of the initial barriers to developing good working relationships with disabled children and their families or carers is the fear of causing unintended offence by the use of incorrect or inappropriate language. In order to address this issue please refer to the RFL guidance on inclusive language.

##### 4.3 Find a Balance

Sometimes club staff will find themselves in the difficult situation of balancing the needs on an individual with the needs of other young people and staff at the club. For example Tourette's is a syndrome that causes the person to often use inappropriate and verbally abusive words in an uncontrollable and unintentional manner. It is known that a number of top sportspersons have this disability and allowances have to be made by others who are involved with them in the sport. In the case of children and young people, the club has to consider the vulnerability of that individual as well as those who hear and observe this behaviour, and consider how they can accommodate children and young people living with this disability whilst at the same time safeguard all its young club members. The key to this is honest communication and discussion with all parties and where necessary education and awareness raising among the young people, their parents and carers and the wider club staff. A flexible and creative approach may also be necessary.

#### 4.4 Staff Training

There are a number of training options open to club staff such as the sports coach UK courses Equity in your Coaching and Coaching Disabled Performers. Clubs may consider having one or a number of volunteers who specialist in supporting disabled children within the club. The RFL has developed modules as part of its Coaching courses to cover Wheelchair RL.

#### 4.5 Medical Information

Within the Safeguarding Policy the RFL identifies the need for Rugby League clubs to have a medical form completed by the parent, carer and, if applicable, the child which includes information regarding the child's disability. This is also an opportunity to include any other individual needs or difficulties. Players and their parents and carers should be encouraged to complete this section honestly – disability or other health needs does not necessarily prevent someone participating in Rugby League, indeed Rugby League is committed to making the game accessible to everyone and will take positive steps to ensure every effort is made to meet those needs. The RFL has a medical form (see Safeguarding Policy) that gathers the required information with additional information on any changes in the child's life situation that may cause a change in behaviour e.g. death of a relative, divorce

Remember some disabilities such as asthma may require minimal or no specific action by the club. However the knowledge of that disability will allow the club to have an awareness of what action to take in an emergency i.e. a severe asthma attack brought on by an injury or incident.

Where, following discussions with the player, club and parents/carers it is decided that the mainstream game would not be appropriate or sufficiently meet the needs of the young person and where that decision is free of any discrimination then the club should make every effort to signpost the young person to one of the Rugby League derivatives such as wheelchair and tag rugby.

#### 4.6 Assessment of Need

From the information received on the medical form, and through discussion with the child and their parent or carer, the club can identify how to best meet the child's needs to enable them to access the sport in full.

Below are some points to consider in completing an assessment of need:

- Does the club have adequate access for the young person?
- Does the club have the required facilities?
- When playing away matches does the host club have required access/facilities?
- Does the club have the required staff trained?
- Does the child or young person need additional help from a "support person" to access the Rugby League?
- What aids are required and can the club provide them? Do the parents have aids that can be used? i.e specialist wheelchairs – charities can help with this
- Does the young person need personal care and if so who will provide it? Bear in mind the requirements of Safeguarding children to meet this need.
- Medication – see above
- What advice can the parent/carer give to avoid/deal with possible problems in behaviour.
- What, if any, support services are provided by the local authority or other agencies to enable them to participate in everyday activities including education? Ask for consent from the parent/carer to seek advice or support from these sources
- How will the club ensure the disabled young person is safeguarded from harm or injury while in the venue?
- Is an agreement with parents on attending the venue during sessions required?
- What action should be taken if a medical emergency occurred relating to any disability?

N.B. This is not an exhaustive list

It has to be recognised that some medical conditions can be hard to manage in a mainstream club if they place other members at risk of harm. Such decisions to exclude or refuse membership must be taken in line with appropriate guidance from the RFL Safeguarding Team. In some cases specialist clubs such as Wheelchair RL clubs may provide the best solution.

## 5 DIFFERENT TYPES OF DISABILITY

### 5.1 Chronic illness

Among the more common are asthma, allergies, diabetes, sickle cell anaemia or thalassaemia.

Being diagnosed with a chronic medical condition presents many challenges for both the child and their families. For parents and children having access to information, treatment options and related resources such as sport, can make a significant difference in their quality of life.

Health issues such as severe asthma, diabetes and epilepsy, are likely to require the young person to have regular medication. The Club Welfare Officer and appropriate coaches must be aware of what medication is prescribed as well as what action to take if the child becomes unwell. Rugby Leagues clubs must ensure that, while supporting the child and parent or carer, they do not overstep what is appropriate for the club to undertake in terms of care. Knowledge of what to do and how to cope in an emergency is always important but it may be considered necessary that, in order to safeguard the child, a parent or other responsible adult should always be in attendance. For those illnesses where reaction time is vital, a plan should be developed with the child and parent/carer to deal with emergencies so that a clear line of action and responsibility can be followed.

It may be appropriate, only with the expressed permission of the individual concerned and or their parent or carer to share some information in order to raise awareness and challenge myths and fears among their peers or club staff. For example a young person with diabetes may be required to inject insulin and they may prefer to make this explicit to their peers rather than risk being caught injecting insulin with the risk of misguided assumptions about drug abuse! Safe arrangements should be made for storage of medication if the parent/carer is not present throughout activities.

### 5.2 Autistic Spectrum Disorders (ASD)

There are a group of lifelong developmental disabilities, affecting how a person relates to or communicates with other children and adults. Children with Autistic Spectrum Disorders experience difficulties known as “the triad of impairment – social interaction, social communication and imagination”. The National Autism Society recognises that “the prevalent rate of ASD of 1 in 100 indicates that all services (with children) should expect to come into contact with young people on the spectrum”.

In Rugby League we need to recognise that ASD can cause problems not only for the individual concerned but for both fellow team members and coaches that are involved with them. It has to be remembered that this is not an issue of “poor behaviour” but a behaviour pattern that is part of ASD.

All clubs will need to look at what they can and can't provide to meet an individual child's needs and complete a risk assessment with a decision on whether that risk is acceptable and manageable, and allows the club to safeguard the needs of both the individual concerned and other club members to whom the club has a duty of care.

### 5.3 Attention Deficit Hyperactivity Disorder (ADHD) & Tourette's Syndrome

Attention deficit hyperactivity disorder (ADHD) and attention deficit disorder (ADD) refer to a range of behaviours associated with poor attention span including impulsiveness, restlessness and hyperactivity, as well as inattentiveness, and may make it more difficult for children to learn or obey instructions and also cause misunderstandings when socializing.

Tourette's syndrome is often linked to or part of the symptoms of ADHD. Tourette's may cause children to use inappropriate and verbally abusive words in an uncontrolled and unintentional manner.

Clubs will need to liaise with parents/carers and possibility professionals who help the player outside the club to draw up a plan to support the player within the club. The plan will need to be agreed by all concerned, eg coaches, parents and the child.

#### 5.4 Learning Disabilities

Children with learning disabilities may require more help to learn new skills. Coaches need to be made aware of the player's disability so that they understand that the child may need more help to participate in training sessions and games. It is important that parents communicate with the club to prevent assumptions being made that the child is being disruptive or naughty.

#### 5.5 Progressive or Potentially Terminal Illnesses

With children with progressive illnesses such as cancer it is important to ask open questions that will allow the disabled person and /or their parents and carer to share information openly about any progressive illnesses that may be active or in remission but could have an impact in terms of possible health and safety issues.

Progressive illnesses by their very nature are likely to change with time; the young person's ability to undertake the Rugby League may become more limited and more specialist provisions may be required to enable them to remain in your club. For example a child being able to maintain his involvement in a Rugby League club for as long as possible is of primary importance following a diagnosis of a potentially terminal illness such as cancer.

#### 5.6 Deaf & Hard of Hearing

Coaches rightly consider safeguarding concerns when it comes to physical contact with their players, especially in relation to children and vulnerable adults. However although this consideration is important it should not be to the exclusion of practical support such as a tap on the shoulder to gain the attention of a deaf player, that will enable a disabled individual from understanding the game and activity. Ideally a sighted guide/personal assistant might be the best person to undertake manual guidance and modelling however if this is not always possible the following considerations will be important to protect both the coach and individual:

- The manual guidance and demonstration is appropriate to the skills being taught
- Any demonstrations take place in full public view and not in privacy
- The coach has the consent of the individual
- Provide a full verbal explanation of what the coach or sighted guide is going to demonstrate before attempting any manual demonstrations

### 6 ACCESS AND FACILITIES

The Equalities Act 2010 requires all to make reasonable adjustments for disabled users, employees or volunteers. More information is available from the English Federation for Disability Sport at <http://www.efds.co.uk/how-we-help/resources>

### 7 WHERE TO GO FOR MORE INFORMATION?

It is important that clubs seek to increase their knowledge about disabilities, particularly when working with disabled children and young people. Parents, carers and the young people themselves are usually the experts on their disability and the impact on the young person. However at times additional support and information may be useful to the club.

English Federation of Disability Sport <http://www.efds.co.uk/>

Learning Disabilities UK [www.Learningsabilitiesuk.org.uk](http://www.Learningsabilitiesuk.org.uk)

National Autism Society [www.nas.org.uk](http://www.nas.org.uk)

Tourette's Syndrome (UK) Association - [www.tsa.org.uk](http://www.tsa.org.uk)

The British Dyslexia Association [www.bdadyslexia.org.uk](http://www.bdadyslexia.org.uk)

Attention Hyperactivity Deficit Disorder [www.adhd.org.uk](http://www.adhd.org.uk)

Asthma UK [www.asthma.org.uk](http://www.asthma.org.uk)

British Deaf Sports Council [www.britishdeafsportsCouncil.org.uk](http://www.britishdeafsportsCouncil.org.uk)

Diabetes UK [www.diabetes.org.uk](http://www.diabetes.org.uk)

National Deaf Children's Society [www.ndcs.org.uk](http://www.ndcs.org.uk)

Mencap Sport [www.mencap.org.uk](http://www.mencap.org.uk)