Pocket Guide: Safeguarding persons with disabilities and/or mental health conditions in civil society organisation (CSO) programmes

This guide focuses on disability-inclusive safeguarding in programmes and activities in the humanitarian and development sector. Disability-inclusive safeguarding practices can help better safeguard everyone; it is in the interest of all organisations to consider this guide in their safeguarding work.

This guide was developed with persons with disabilities. It was also informed by Resource and Support Hub (RSH) research in Nigeria on how organisations of persons with disabilities (OPDs) keep people safe. **Click here** to read the research.

This guide may be useful for all staff, especially those working in: programmes, monitoring and evaluation (M&E), proposal development and community engagement.

An accompanying guide has been developed that focuses on disability-inclusive safeguarding in the workplace for CSOs in the development and humanitarian sector. It is available **here**.

This guide is split into three sections:

1. Definitions of different disabilities: physical disabilities, hearing impairments, intellectual disabilities, mental health conditions and psychosocial disabilities, and visual impairments
2. Risks of harm, including sexual exploitation and abuse, that persons with disabilities face in programmes
3. Managing the risks identified and how to make your safeguarding measures disability-inclusive. Go straight to page 12 for a quick action table

Defining disability

The UN Convention on the Rights of Persons with Disabilities (**UNCRPD**) describes persons with disabilities as "those who have long-term physical, mental, intellectual, or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others".

When combined with these impairments, barriers that exist in society can hinder effective participation in society.

Impairment + barriers = disability

Using safe language

It is important to identify and use locally appropriate terminology relating to disability to avoid further stigma and discrimination. Work with persons with disabilities and local OPDs to establish this.

Connecting safeguarding and disability inclusion

- Risks of harm, including sexual exploitation and abuse, are driven by different forms of abuse of power and inequalities. "The more power a person has, the greater the opportunity to exploit, abuse and harass others. The less power a person has, the more they are likely to be targeted for exploitation, abuse and harassment. The degree of power someone has is closely linked to structural, hierarchical and situational factors" (**RSH**).
- Persons facing discrimination due to their disability, or multiple forms of discrimination due to their intersecting identities (e.g. disability + woman), may be at increased risk of being targeted for SEA and other harms and abuses by those with more power. It is important to consider how persons with disability might be excluded or face discrimination in order to understand and identify increased risks of harm, including SEA.
- Safeguarding measures are designed to mitigate risks that people face. If they are not designed with and for persons with disabilities, they will not work to safeguard them from the different risks they may face. Persons with disability may also find it more difficult to access services, find support or solidarity when abuse has taken place.

Definitions of different disabilities

Physical disabilities

Physical impairments affect a part(s) of a person's body and can limit their physical functioning, mobility, strength and/or dexterity.

People can acquire physical disabilities from family genetics, injury, illness, accidents, aging, or a medical condition's side effect. Some physical disabilities include, but are not limited to, cerebral palsy, stroke, spina bifida, arthritis, spinal cord injury, albinism and muscular dystrophy. Amputations from trauma are also included.

Hearing impairments

Hearing impairments may range in their intensity. This can happen in one or both ears and can lead to difficulty hearing different sounds.

People can acquire hearing impairments from aging, exposure to loud sounds, family genetics, some medication and some illnesses. 'Hard of hearing' refers to persons with hearing loss that ranges from mild to severe. People who are hard of hearing usually communicate through spoken language and can benefit from hearing aids, cochlear implants, and other assistive devices as well as captioning on screens.

Deaf persons mostly have profound hearing loss, which implies very little or no hearing. They may use lip reading or sign language for communication.

Intellectual disabilities

Intellectual disabilities refer to impairments characterised by limitations in both intellectual functioning and how someone copes in their environment (adaptive behaviour).

The impairments cover many everyday social and practical skills which can include: mental capacity, such as learning, reasoning and problem solving, interpersonal skills, social responsibility and self-esteem, memory/recollections, and practical skills including activities of daily living, travel, use of money and healthcare.

Mental health conditions and psychological disabilities

Mental health conditions refer to conditions that affects a person's thinking, feeling, behaviour or mood. These conditions can deeply impact everyday living and may also affect the ability to relate to others. Mental health conditions can include depression, anxiety, and psychosis.

When there are barriers to the full and meaningful participation of persons with mental health conditions on an equal basis with others, the situation can become disabling. This is referred to as psychosocial disability.

Psychosocial disabilities may not be obvious. Some people may choose to tell others that they may have a disability, whilst others may not.

Visual Impairments

Visual impairments refer to a long-term condition that affects a person's ability to see. Visual impairments include total blindness or partial vision loss.

People can acquire visual impairment from family genetics, injury, illness, accidents, side effects from a medical condition or age-related muscular degeneration. People who have visual impairments usually use aids/assistive devises to help with their communication, for example screen readers, magnifiers and verbal reporting.

Risks of harm and abuse that persons with disabilities face in programmes

Persons with disabilities are not one homogenous group. It is important to understand the risks faced by persons with different disabilities and how they interact with other identity characteristics (**click here** to read more about intersectionality).

Persons with disabilities often face forms of exclusion and discrimination which can lead to common, and specific, risks of harm and abuse when participating in programmes or receiving services. Forms of exclusion and discrimination, and risks of harm and abuse, are compounded by organisational approaches to safeguarding which are not disability-inclusive and lack an understanding of intersectional risks. This includes underlying negative and incorrect assumptions and attitudes relating to disability. These attitudes may include the misconception that persons with disabilities are in some way different, that their lives have less worth than the lives of persons without disabilities, or that they do not feel, experience or understand the same things as persons without disabilities. Such attitudes often provide justification and permission for adults and children with disabilities to be abused or for their abuse to be discounted.

Remember!

Not all disabilities are obvious. Persons with disabilities that cannot be seen may face stigma and discrimination, including people not believing that they have a disability.

Discrimination and exclusion

People may think that persons with disabilities have less worth or may not fully understand their disability. This may lead to persons with disabilities being excluded from activities inadvertently or purposefully. This will be heightened where staff lack understanding of the correct terminology to use when discussing disability, and its significance as it may embed incorrect assumptions, stigma and discrimination.

Conversely, persons with disabilities may be overly selected as contributors or 'examples' to ensure inclusion. This can make them feel 'othered' or uncomfortable in programmes. Participation with persons with disabilities must be meaningful.

Increased risks of harm and abuse

Persons with disabilities may face increased risks of harm and abuse. A number of these risks may be common, some may present differently for different disabilities, and some of the risks will be specific to the type of disability a person has. The following are risks of harm and abuse that might be faced by persons with any disability:

- Perpetrators may target persons with disabilities if they consider them less able to report abuse or more likely to be disbelieved. This risk might be increased if perpetrators think the person would not understand the behaviour as abuse, or that the person is unlikely to be able to identify them.
- People may make fun, insult, bully, harass and refer to persons with disabilities differently because of their disability. This may increase the risks of emotional and psychological harm and may increase the likelihood that persons with disabilities will also have emotional challenges, low self-esteem and confidence issues.

- Negative attitudes mean people may laugh at, tease and talk about persons with disabilities with little regard for their feelings, believing they do not understand, or will not remember. This includes facilitators.
- Children and young persons with intellectual disabilities may be unfairly reprimanded or punished due to assumptions of bad behaviour that actually relate to the child's disability. This could lead to distress and confusion for the child and emotional trauma.
- Persons with disabilities may be more reliant on caregivers and support staff, which can create more opportunities for abuse to occur. There may also be a belief that caregivers and support workers are 'heroes', meaning that people are less likely to believe they are perpetrators of abuse.

Organisational approaches to safeguarding which are not disability-inclusive

Organisations implementing safeguarding measures which are only designed to safeguard those without disabilities, and are not intersectional, will create or contribute to key risks.

Awareness raising on safeguarding

- Persons with disabilities may not be aware of their rights, the safeguarding obligations of organisations, and reporting mechanisms. Information on this needs to be provided in an accessible format.
- Persons with disabilities are at a higher risk of being excluded from information and education on their rights. This can make it harder for them to identify and report abuse effectively.

Designing safe and inclusive programming

- Stigma and discrimination mixed with sympathy, misunderstanding, myths and negative stereotyping may lead to approaches that are not fully inclusive or participatory. The needs and wishes of persons with disabilities may be ignored because of this, which can put them at higher risk.
- Programme risk assessments and activity planning may not consider persons with disabilities appropriately so their needs and perspectives may not be taken into account.
- Budgets rarely consider: additional safety features that people with disabilities may need, consultations and risk assessments that include persons with disabilities, or accessible materials and information on their rights/reporting mechanisms.

Delivering programmes in safe programming locations

- Inaccessible bathrooms for use by persons with disabilities during programme activities that are far away can be risky for those who need assistance going to the toilet or who need

accessible bathrooms. The physical environment may be hazardous or the distance may give increased opportunities for strangers or carers to abuse a person with disabilities.

Establishing safe and inclusive reporting and complaint mechanisms

- A lack of consideration of the needs of persons with disabilities may result in inaccessible reporting mechanisms that hinder reporting, e.g. a helpline may not be accessible for a person who is deaf.
- Stigma and discrimination may lead to persons with disabilities not being believed if they report harms or abuse.
- Persons with disabilities are more likely to live in poverty. As such, financial barriers to reporting e.g. charged calls, texts and emails, disproportionately affect persons with disabilities.
- Referral services are often inaccessible which increases the risk of harm or of inadequate support.

Specific risks for persons with different disabilities

In addition, organisational approaches to safeguarding which are not disability-inclusive may impact persons with different disabilities in different ways. The following table illustrates this:

	Physical disabilities	Hearing impairments	Intellectual disabilities	Mental health conditions/psycho-social disabilities	Visual impairments
Awareness raising on safeguarding	• Lack of accessible awareness raising activities reduces the ability of persons with physical disabilities to gain information on rights and safeguarding.	• Lack of awareness raising in sign language reduces the ability of persons with hearing impairments to gain information on rights and safeguarding.	• Over-reliance on lengthy written documents, complex language, or inaccessible online information reduces the ability of persons with intellectual disabilities to gain information on rights and safeguarding. • Community may limit inclusion of persons with intellectual disabilities in awareness sessions.		• Over-reliance on written awareness raising materials reduces the ability of persons with visual impairments to gain information on rights and safeguarding. • Over-reliance on visual signage with crucial information e.g. what constitutes harm, how to report it, signage on emergency exits. • Lack of staff capacity to raise awareness on safeguarding with approaches and materials that work

	Physical disabilities	Hearing impairments	Intellectual disabilities	Mental health conditions/psycho-social disabilities	Visual impairments
					for persons with visual impairments.
Designing safe programmes	• Programme activities designed without physical environment in mind.		• Persons with intellectual disabilities not provided with the opportunity to fully understand and contribute to a risk analysis for programmes.		• Programme design activities exclude P=persons with visual impairments.
Delivering programmes in safe environments	• Physical environment presents hazards e.g. narrow doors, uneven floors, bad lighting, stairs or no ramps, trip hazards such as wires or cramped rooms, and	• Sign language interpreters required to support the person but these people are inappropriate, untrained or unvetted.	• Staff lack capacity to work with persons with intellectual disabilities. People may misunderstand or feel confused or threatened.	• Staff lack capacity to work with persons with mental health conditions and psychosocial disabilities which leaves people feeling retraumatised or	• Inaccessible venues for people with visual impairments. • Staff lack capacity and understanding on guiding persons with visual impairments around

	Physical disabilities	Hearing impairments	Intellectual disabilities	Mental health conditions/psycho-social disabilities	Visual impairments
	inaccessible bathrooms. • Emergency exits not accessible for persons with physical disabilities. • Transportation or travel to activity sites inaccessible or unsafe. • Caregivers required to support the person may be inappropriate, untrained or unvetted.	• Emergency alarms are auditory alarms or loudspeaker announcements are used which prevents the person from understanding the emergency and what they need to do. • Insufficient breaks (particularly for children) for those lip reading or using sign language.		feeling they are being punished for certain behaviours. • Staff lack capacity to identify persons with mental health conditions and psychosocial disabilities who might be isolated and draw on strategies to include them in programme activities. • Community may limit the inclusion of persons with mental health conditions and psychosocial disabilities in programmes.	activities or locations. • Programme activities are far from where people live. This constrains persons with visual impairments accessing the activities.

	Physical disabilities	Hearing impairments	Intellectual disabilities	Mental health conditions/psycho-social disabilities	Visual impairments
Establishing safe and inclusive reporting and complaint mechanisms	• Inaccessible reporting mechanisms e.g. stairs to reach feedback boxes, or they are placed out of reach.	• Reporting channels established that only rely on spoken word. • Referral services are not able to communicate with people using sign language or other means.	• Assumptions that reports are not genuine because persons with intellectual disabilities do not understand what happened, do not tell the truth or get confused.	• Lack of capacity by staff to identify or manage a period of crisis being experienced by a person mental health conditions and psychosocial disabilities with and raise this as a concern.	

Managing the safeguarding risks: How to make your safeguarding disability-inclusive

Organisations which actively create and promote a safe, positive programme environment can: (1) better prevent SEA and other harms and abuses, (2) improve how reports of abuse are received and responded to, and (3) more effectively achieve organisational aims and objectives. Disability inclusion is one key part of this.

Three important steps before you start

1. **Disability awareness.** When setting up disability-inclusive safeguarding systems, the first step is to ensure that everyone understands that persons with disabilities have the same rights as everyone else. Disability rights awareness must be conducted regularly. You can use the definitions and risks sections above for this, and refer to the **UNCRPD**.
2. **Reflect disability rights and inclusion in core documents.** Ensure that your organisational policy on safeguarding or SEA, your Code of Conduct, human resource materials and organisational strategy more generally, highlight non-discrimination and equality as a core value. In this, you can outline the importance of recruiting, retaining, promoting and including persons with disabilities overall.

Other points to consider when developing disability-inclusive safeguarding:

- Is the safeguarding policy available in accessible formats and relevant languages?
- Does the safeguarding policy, and other organisational documents, use terms that are appropriate, not derogatory and avoids stereotypes for persons with disabilities?
- Does your safeguarding policy or another policy require all staff, including safeguarding staff, to undergo disability rights and general inclusion training?
- Does your policy recognise the increased risk of SEA and other harms and abuses for persons with disabilities and other at-risk groups in your context? Does your policy also recognise that different characteristics may intersect to affect individual's risk? E.g. that people from a marginalised ethnic group with a disability may be at heightened risk.
- Do the tools and procedural documents consider inclusion and require staff to think about disability inclusive risk mitigation and incident response?

3. **Engage with programme participants often and in ways that are confidential and safe.** Consult on risks, needs and mitigation strategies with all participants, including persons with disabilities and/or organisations of persons with disabilities. Consider how to consult meaningfully with a range of different participant groups and how they can input on risks and mitigation strategies that are relevant. Ensure learning feeds into policies, procedures the programme cycle. One-off input is not enough.

Quick action table

General actions to mitigate the risks of SEA and other harms and abuses for persons with disabilities and/or mental health conditions in CSO programmes and activities.

Risk management

Throughout the programme cycle, include input from persons with disabilities and/or mental health conditions so that you can effectively identify, understand and mitigate the risks of SEA and other harm and abuses that they may face.

Click here to read RSH safe programmes tip sheet, and **here** to read the intersectionality in programmes graphic.

Ensure that programme safeguarding risk assessments take into consideration the additional and/or intersectional risks for participants with disabilities and/or mental health conditions. Consider travel to and from the programme activity site. Include persons with disabilities in the risk assessment and mitigation process.

Ensure risks are assessed at programmatic and activity level.

Promote participatory design. Ensure that learning processes/feedback systems on the safeguarding procedures are inclusive and persons with disabilities given equitable chance to suggest improvements. Make sure to close the feedback consultation loop with all participants, including persons with disabilities.

Conduct accessibility audits for the physical environment with persons with disabilities including those with visual, hearing and physical impairments.

Training

Ensure that staff receive training or a briefing to build their understanding of the safeguarding risks and requirements for persons with disabilities and/or mental health conditions in programme activities. This should consider the risks in each context and accessible communications

Raise awareness amongst staff (and all staff trainers) on disability rights, appropriate language and combatting stigma and discrimination.

Reporting channels

Reporting channels	Persons with physical disabilities	Persons with hearing impairments	Persons with intellectual disabilities	Persons with mental health conditions and psychosocial disabilities	Persons with visual impairments
Consider the accessibility of the environment, location, structure and barriers of reporting channels as you design and adapt them. Involve persons with disabilities and/or mental health conditions in the development of different reporting mechanisms. Remember! A range of reporting channels is ideal to ensure access, safety and comfort for all intended users, this includes travel to the reporting location.	Physically accessible, for example with no steps or lift, wide doorways, wheelchair entry, reporting structure within reach (e.g. box).	Clear, simple user instructions with visual imagery.	Clear, simple user instructions with visual imagery. Demonstrate the activities that the person is supposed to do rather than just describing, this will reduce the risk of mis-understanding.	Prioritise confidentiality and anonymous reporting options to consider negative stereotypes and avoid discrimination.	Accessible for people using assistive methods or technology, for example verbal reporting, screen readers and magnifiers.

Awareness sessions

Awareness sessions	Persons with physical disabilities	Persons with hearing impairments	Persons with intellectual disabilities	Persons with mental health conditions and psychosocial disabilities	Persons with visual impairments
Ensure that the needs of persons with disabilities and/or mental health conditions are included when planning and delivering community awareness sessions on what SEA is and how to report incidents. Provide information more than once and in multiple formats. Challenge negative stereotypes where appropriate. Raise awareness of disability rights, safe language, myth busting.	Physically accessible, for example no steps or lift, wide doorways, wheelchair entry on ground floor, access to facilities.	Good visual access to the facilitator. If people are able to read lips, adjust setting so they can see lips at all times. Sign language interpreters available and use the most suitable sign language. Staff should use name tags.	Give instructions at a slower pace, break tasks into sequential steps. Communicate with simple messages, visualise messages with charts, pictures, or colours. Information on safeguarding should be shared often.	Emphasise messages on anonymous reporting options, confidentiality and that every report will be taken seriously. Challenge negative stereotypes where appropriate and safe.	Accessible for people using assistive methods or technology, for example verbal reporting, screen readers and magnifiers.

Awareness raising materials

Awareness raising materials	Persons with physical disabilities	Persons with hearing impairments	Persons with intellectual disabilities	Persons with mental health conditions and psychosocial disabilities	Persons with visual impairments
Ensure that information, education and communication (IEC) materials on what SEA is and how to report incidents reach persons with disabilities and/or mental health conditions. Represent persons with disabilities in IEC materials, ensure that they are presented in an empowering way.	Materials promoted and shared in locations where they can be seen. This may include visits individuals to share materials.	Written materials should use plain language but also be accompanied by visual imagery.	Written materials should use plain language, be clear (bullet points), demonstrate the activities that need to be done, and be accompanied by visual imagery. Visual imagery can include images of the points described but must avoid being too explicit or potentially re-traumatising.	Highlight the different reporting channels available and how they will be responded to, kept anonymous and confidential.	Ensure information shared is accessible for people using assistive technology, for example screen readers and magnifiers.

Programme activity locations

Programme activity locations	Persons with physical disabilities	Persons with hearing impairments	Persons with intellectual disabilities	Persons with mental health conditions and psychosocial disabilities	Persons with visual impairments
Ensure that locations and facilities chosen for programme activities are accessible for persons with disabilities and/or mental health conditions, potential obstructions are removed or mitigated and you allow as much personal independence as possible. Where possible, avoid over dependence on other participants for support. Accessibility audits conducted with persons with disabilities and OPD. Environment walks and checks conducted prior to activities to ensure set up is appropriate.	Physically accessible, for example no steps or lift, wide doorways, wheelchair entry on ground floor, access to facilities.	Good visual access to the facilitator. If people are able to read lips, adjust setting so they can see lips at all times. Visual alarms in case of emergencies. Staff should use name tags.	Aim for an environment with fewer distractions that might overwhelm someone with intellectual disabilities.	Ensure there is separate space or a room for 'time out'.	Remove or mitigate potential obstructions or tripping hazards. Familiarise persons with visual impairments on the physical environment at the start of activities.

Transport

Ensure that persons with disabilities and/or mental health conditions are supported with accessible and safe transportation to reporting channels, activities and to referred services (where necessary).

Service mapping

Consider how various services accommodate persons with disabilities and/or mental health conditions in your service mapping. Ensure this is done with persons with disabilities. For more information, see the referral mapping template on p19 of **this toolkit.**

Receiving a report

Treat each individual in their own uniqueness. Be aware of the intersecting risks when a report is received. Immediately recognise that persons with disabilities and/or mental health conditions may need additional support and care.

Ensure person receiving reports (all staff) have received disability awareness training.

Ensure importance of believing persons with disabilities and taking their reports seriously. Passing on the concern should be emphasised.

For more information, refer to tool 6, p134 in the **Disability-inclusive child safeguarding guidelines**.

Case handling and investigations

Where possible, assign one individual to the case team who is able to communicate well with the survivor. Ensure that this person is trained on disability rights and takes an objective approach.

Expect and proactively identify specific risks and additional support needs for the case handling process, e.g. sign language interpreter, physical access needs and specific medication. (**Click here** for an infographic on the case-handling process).

Note that it may be necessary to allow more time for case-handling and investigations for persons with disabilities.

Be aware that the 'best interests' of children and persons with disabilities will be specific. Take an individualised approach that considers where and how persons with disabilities access key services.

Care giver

Cost provisions should be made for persons with disabilities and/or mental health conditions to have support such as: A sign language interpreter, personal assistant, advocate or caregiver accompany them in programme activities. These support persons should also be covered by relevant Codes of Conduct.

Include information in trainings on how individuals (staff and other participants) should interact with support staff, for example not speaking directly to sign interpreters and ignoring person with hearing impairment.

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References

- Able Child Africa and Save the Children (2021), ***Disability-inclusive child safeguarding guidelines*** (based on consultations with children and youth with disabilities in Rwanda).
- Able Child Africa (2021), ***Disability-inclusive child safeguarding toolkit***.

General reading relating to disability inclusion in international development

- **UN Convention on the Rights of Persons with Disabilities**
- **FCDO disability inclusion and rights strategy 2022 to 2030**
- **International Disability and Development Consortium**