



Safeguarding Children with Disability in Swimming

“Disabled children are children first and need the opportunity to experience opportunities and experiences open to all children in a safe environment”. To help achieve this in sport they and their families may need additional information, help and support. Swimming clubs, coaches and teachers, as well as the multitude of voluntary and support staff, will require training and advice to ensure they are inclusive to and safeguard children and young people with disabilities.

However, the most valuable contribution by sport is to recognise the value of sport to children with disabilities and demonstrate the will and desire to ensure they can become fully integrated members of the sporting fraternity. The Amateur Swimming Association (ASA) operates at the forefront of disability sport for all ages.

The ASA state:

“The Amateur Swimming Association aims to provide appropriate opportunities to all those who wish to participate in swimming in whatever capacity they choose, whether it be as athletes, coaches, teachers, officials or volunteers. Currently the ASA has an active and successful disability section for juniors and seniors who compete to the highest level internationally and is continuously developing opportunities in the sport for both disabled children and adults through both mainstream and specialist clubs.” (ASA website).

To achieve this outcome the ASA have a very active disability section which is led by the National Development Manager for Disability Swimming. Disability Swimming can be contacted at disability@swimming.org

Competitive sport for people with disabilities is recognised both nationally and internationally through specialist organisations such as The English Federation of Disability Sport (EFDS) and Disability Sports England (DSE) and international events such as the Paralympics Games, and the Commonwealth Games. The Commonwealth Games in Manchester 2002 was the first time athletes with disabilities had been fully integrated into a major competition with non-disabled competitors. There was no separate programme, medals or living quarters. In Manchester, they were all “just athletes competing for the same thing - glory for their country”.

Making Sport Accessible and Safe for Disabled Children

Sport for all children must be accessible and give the opportunity for all, irrespective of disability, to participate fully in a manner that accepts them as “a child first” with the disability second. To accomplish this, the sporting environment and rules/laws of the sport may need to be modified to meet the requirements of the disability. The child safeguarding policy of the sport must ensure it meets the needs of all children and will keep the child from harm irrespective of all factors including disability.

For example the sport may be required to provide more fully accessible buildings, facilities and specialist equipment alongside staff training to increase knowledge and awareness of the needs of children and adults with disabilities. Many swimming centres provide facilities to enable access to the pool (e.g. a hoist) or other assistance, sometimes manual. While clubs are unlikely to be required to provide these facilities themselves they may have to be trained to use specialist equipment and have knowledge of safe and appropriate manual handling of disabled children and adults.

Mainstream swimming clubs may have a disability section or, increasingly, are able to fully integrate a disabled person into the club. This will in part depend on the disability concerned. (Please see page 11 of The Disability Discrimination Act 2004 for full requirements).

To understand and meet the safeguarding needs of children with disabilities in your club you need to have a knowledge and understanding of disability.

The Definition of Disability

The Disability Discrimination Act (DDA) 2004 defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

Disability is recognised by legislation and includes:

1. Physical disability (e.g. limitations to dexterity or mobility);
2. Sensory impairment (e.g. visual, hearing);
3. Mental health difficulties;
4. Chronic illness (e.g. asthma, epilepsy, diabetes);
5. Medical conditions, which may cause pain or other symptoms, which affect your studies (e.g. side effects of treatment, poor attention span, poor concentration), Aspergers Syndrome/Autism Spectrum Disorder;

6. Specific learning difficulties (e.g. dyslexia, dyspraxia); and

7. Any other condition which has a significant effect on your ability to study.

It must be recognised that some of the above definitions will overlap and some children will have more than one disability.

Physical Disability including Sensory Impairment

The ASA guidance Document "Inclusion of Swimmers with Disabilities" gives an outline of physical disabilities that can affect children and adults. This document can be found on the Disability Swimming web pages at www.swimming.org.

Specific Learning Disabilities and Behavioural Disorders

Specific Learning Disabilities

The Children Act 2004 defines Learning Disability (LD) as: 'a state of arrested or incomplete development of mind which induces significant impairment of intelligence and social functioning'.

Learning Disabilities include "such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia".

A learning disability is a lifelong condition that is usually present from birth, but may be the result of a trauma. Some specific learning disabilities are also recognisable by a young person's physical appearance, for example Downs Syndrome.

It should be remembered that most children who are assessed as having a leaning disability have only a mild brain function limitation but they will require more help than most to learn new skills. Children with a mild learning disability often find it particularly hard to understand new and complex information, and to develop new skills. They may also have difficulties in retaining information and messages should be simple and repeated. If the coach is not aware of a child's limitation it can lead to a belief the child is being disruptive or just plain naughty in sessions through a failure to grasp what is asked of them, or an inability to read "a training session schedule". It is therefore crucial that information on all medical forms must include an appropriate section to disclose learning as well as physical disabilities.

Children that have a moderate to severe learning disability will routinely need day-to-day support in their everyday lives. The Charity Learning Disabilities UK, calculate that between 0.45% and 0.6% of children in the UK (that is, between 55,000 and 75,000 children) have moderate to severe learning difficulties. These children will be identifiable in terms of need as their specific requirements will be more obvious and profound.

It is important to remember that there is a high degree of inter-relationship and overlapping among the areas of learning. Therefore, children with learning disabilities may exhibit a combination of characteristics. These problems may mildly, moderately, or severely impair the learning process.

Behavioural Disorders.

There are many terms used to describe emotional, behavioural or mental disorders. Currently, children diagnosed with such disorders are categorised as having a serious emotional disturbance, which can be characterised by:

- An inability to learn;
- An inability to build or maintain satisfactory interpersonal relationships;
- Inappropriate types of behaviour or responses under normal circumstances;
- Unhappiness or depression; and
- A tendency to develop physical symptoms or fears associated with personal or school problems.

The possible causes of emotional disturbance may be in part due to heredity, brain disorder, diet, stress, and family functioning but research has not shown any of these factors to be the direct cause of behaviour problems.

Some of the characteristics and behaviours seen in children who have emotional disturbances include:

- Hyperactivity;
- Aggression/self-injurious behaviour;
- Withdrawal;
- Immaturity; and
- Learning difficulties.

Children with the most serious emotional disturbances may exhibit distorted thinking, excessive anxiety, bizarre motor acts and mood swings and are sometimes identified as children who have a severe psychosis or schizophrenia. When children have serious emotional disturbances, these behaviours can continue over long periods of time. Their behaviour thus signals that they are not coping with their environment or peers.

Wave Power gives guidance on indicators of abuse (Page 13) and those working with children should be fully aware of those indicators but also bear in mind that children may act out their concerns through attention seeking behaviour because they cannot verbalise those concerns for many reasons including the restriction of a disability. Working Together 2010 states that organisations that work with disabled children should give children with disabilities the opportunity to disclose concerns and abuse by “making sure that all disabled children know how to raise concerns, and giving them access to a range of adults with whom they can communicate. Those disabled children with communication impairments should have available to them at all times a means of being heard”.

In sport behavioural concerns can and are being identified and referred appropriately i.e. self harming, anorexia. Likewise sports coaches and other adults in the club may identify a change in the behaviour, problems in forming and sustaining relationships, which can identify the child has an emotional problem, which may be inside or outside of the club. It cannot be stressed too strongly that a young person who has behavioural problems of this nature, that is based on problems external to sport, can gain enormously from their continuation in the sport in a safe and appropriate manner if their needs can be properly safeguarded.

Swimming clubs have to consider the needs of all their members and a young person whose bizarre, violent or severe behaviour may not be suitable to be managed in a mainstream club due to the needs of that young person and the others to whom the club has a duty of care.

The ASA document "Inclusion of Swimmers with a Disability" gives practical guidance on managing children with behavioural and specific Learning Disabilities. Additionally, the ASA Medical Advisor Doctor Gordon has written a guidance document in respect of competitive swimmers called "Competitive Swimming and Attention Deficit Hyperactivity Disorder (A.D.H.D.)".

Meeting the Safeguarding Needs of Disabled Young People in ASA Clubs

ASA clubs must recognise the rights of the individual young person and treat them with the respect they accord to all child members. They are not "children with problems" but children who have a disability and may have particular or specific needs that are required to be met to enable them to participate fully in the clubs activities.

Sport should be inclusive and young people with a disability have the legal right to be fully included in sports clubs and their activities. The positive nature of the involvement of disabled children in mainstream clubs for the child concerned and for those who are able bodied is recognised by clubs and the ASA. Swimming is a leading sport in providing the opportunity for the disabled child and adult to take part in and succeed at an individual, club, national and international level as highlighted by swimmers such as Eleanor Simmonds and Sascha Kindred in the 2008 Paralympic Games. In return such swimmers have become role models for young swimmers, both disabled and able bodied through their success.

To facilitate full integration of disabled children into swimming clubs the club will need to take reasonable steps to ensure this happens by working in partnership with the disabled children, their parent or carer and in some cases the Statutory Agencies.

Safeguarding of Children with Disabilities

The ASA is committed to meet the duty of care to safeguard all children in swimming clubs. The ASA recognise that both historical and recent research 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.

Working Together (2010) states

“The available UK evidence on the extent of abuse among disabled children suggests that disabled children are at increased risk of abuse and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect”.

Disabled children may be especially vulnerable to abuse for a number of reasons:

- Many disabled children are at an increased likelihood of being socially isolated with fewer outside contacts than non-disabled children;
- Their dependency on parents and carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour;
- They have an impaired capacity to resist or avoid abuse;
- They may have speech, language and communication needs, which may make it difficult to tell others what is happening;
- They often do not have access to someone they can trust to disclose that they have been abused;
- They are especially vulnerable to bullying and intimidation”.

Working Together 2010 further states that “Safeguards for disabled children are essentially the same as for non-disabled children”.

Welfare Officers, coaches and club helpers must have an awareness of the need to safeguard all children and specifically recognise additional risks to disabled children. Addressing these particular needs will benefit all members of clubs and create a more responsive safeguarding environment for all.

The club must be aware:

- That studies show that disabled children and young people experience higher levels of all types of abuse than non disabled children.
- That BULLYING and EMOTIONAL ABUSE can take place because children with disabilities may look and act differently or require “aids” to help them function. They can be a target for all types of bullying, by 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.
- 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, or it can be as a result of physical bullying.
- That SEXUAL ABUSE of those in society who are unable to either stop or understand acts that are taking place are 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 sporting activity or when changing, can help prevent the possibility of such abuse arising.

- 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.
- Disabled children can be EXCLUDED by inappropriate acts of an individual and the club itself. The ASA are an inclusive organisation and expect clubs to do all they can to be inclusive to all children. (ASA Equal Opportunities Policy can be found on the ASA website).
- Children and young people with disabilities may find it more difficult to disclose abuse and to be heard when trying to tell others about concerns.

It is important to ensure that all appropriate staff and volunteers undertake the “Safeguarding Children in Sport” course, which highlights these needs and can assist to raise awareness and identify risk of harm.

The Welfare Officer and other responsible adults in the club have a duty to assist in safeguarding disabled children. The guidance in Working Together 2010 states:

“Particular attention should be paid to promoting a high level of awareness of the risks of harm and high standards of practice, and strengthening the capacity of children and families to help them. Measures should include:

- 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 know how to raise concerns, and giving them access to a range of adults with whom they can communicate. Those disabled children with communication impairments should have available to them at all times a means of being heard;
- An explicit commitment to and understanding of disabled children’s safety and welfare among providers of services used by disabled children;
- Close contact with families, and a culture of openness on the part of services;
- Guidelines and training for staff on good practice in intimate care; working with children of the opposite sex; handling difficult behaviour; consent to treatment; anti-bullying strategies; and sexuality and sexual behaviour among young people, especially those living away from home; and
- Guidelines and training for staff working with disabled children aged 16 and over to ensure that decisions about disabled children who lack capacity will be governed by the Mental Health Capacity Act once they reach the age of 16”.

Additionally the ASA requires clubs to:

- Ensure that there is sufficient information about the child (including their preferred methods of communication, level of understanding, behaviour, access requirements and equipment needs) from the outset to inform planning an explicit commitment to, and understanding of all children’s safety and welfare among providers of services used by disabled children; and
- To consult fully and regularly with young people with disabilities.

Actions Required to Meet the Needs of Children with Disabilities

Access and Facilities

The Disability Discrimination Act 2005 states:

- a. a provision, criterion or practice applied by or on behalf of an authority to which this section applies, or
- b. any physical feature of premises occupied by, or under the control of, such an authority, places a disabled person who is a member of the authority at a substantial disadvantage, in comparison with members of the authority who are not disabled persons, in connection with his carrying-out of official business.
- c. It is the duty of the authority to take such steps as it is reasonable, in all the circumstances of the case, for it to have to take in order to prevent the provision, criterion or practice, or feature, having that effect.

The ASA document "Inclusion of Swimmers with a Disability" has a very useful section on "Access", which should be considered and acted upon by clubs and club coaches/teachers.

Training

ASA Coach Education states:

When coaching any mainstream swimmer coaches have to constantly review, adapt and change their programmes to cater for the ever changing needs of swimmers within that squad. Having a disabled swimmer or swimmers presents the same needs. Initially you may be challenged in your coaching ability to analyse your swimmer. Stroke techniques may vary from your other swimmers; you may need a period of trial and error - what works, what doesn't work. If you do have questions, talk to the swimmer and talk to other coaches.

The ASA have courses for those who teach or wish to teach swimmers with disabilities; for example level 1 and 2 Certificate for teaching swimming for people with disabilities and the ASA helper course swimming for people with disabilities. These courses specifically address the needs of young people with disabilities, their vulnerability to abuse as well as the specific requirements of the sport. New guidance on handling swimmers with reference to disabled and able bodied swimmers will be published in the near future.

Additionally, the ASA currently provides a course in "Working with Children with Behavioural Problems". More details are shown on the ASA website under the ASA Teaching and Coaching Section.

The ASA document "Inclusion of Swimmers with a Disability" gives guidance as follows:

Page 7 -Swimming Stages.

Page 9 - Practical Considerations.

Page 11 - Developing Swimming Skills.

Medical Information

The club must have a medical form completed for all children who take part in their club activities. It is particularly important the form is completed as fully as possible when a child has some disability or special need and should be completed by the parent or carer and, if applicable, the child and include information regarding the child's disability/medication etc. Disability in this context must include behavioural conditions. The ASA standard medical form will provide the information required if completed appropriately but additional discussion with parent or carer and child is advisable in some cases.

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 in the pool or through an incident.

Assessment of Need

From the information received on the medical form, and through discussion with the young person and their parents 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:

1. Does the club have adequate accessibility for the young person?
2. Does the club have the required facilities (see above)?
3. When attending away meets does the host club meet points 1 and 2?
4. Have transport arrangements been considered in response to athletes' disabilities?
5. Does the club have the necessary information about the young person to establish effective communication strategies based on their level of understanding and preferred communication style?
6. Does the club have the required staff trained?
7. Does the child or young person need additional help from a "support person" to access the sport?
8. What aids are required and can the club/venue manager provide them. Do the parents have aids that can be used?
9. 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.
10. Medication – see above.
11. What advice can the parent/carer give to avoid/deal with possible problems in behavior?
12. How will the club ensure the young person with a disability is safeguarded from harm or injury while in the sporting venue?
13. Is an agreement with parents on attending the sports venue during sessions required?
14. What action should be taken if a medical emergency occurred relating to the disability?
15. Does the sport provide specialist clubs for individuals with physical impairment that may meet the needs of the individual better than a mainstream club?

Note: 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. For example some disabilities, can lead the young person to breach what is normal accepted behaviour. For example, a young person with Tourettes Syndrome may be seen to present through their behaviour in a manner that does not benefit social norms. It is important that clubs proactively discuss these issues with parents and gain advice from the Sport's Governing Body and statutory agencies to help identify, for the child and parent, if there is a provision for such young people that are safe for all its members including the young person concerned.

The Rules of the Sport

The ASA has specific rules and classifications of disability to enable young people to compete against others with a similar disability.

“The classification process, co-ordinated by the ASA, entails the assessment of a swimmer's functional mobility by IPC Swimming trained classifiers. The process involves a bench test and water test and takes no more than one hour. This type of classification also enables the identification of stroke exemptions applicable to an individual swimmer.

In conjunction with the ASA's Classifier Training Scheme, the ASA organises opportunities for ASA swimmers to be classified if they wish. Classification of swimmers with a sensory or learning disability is slightly different. (ASA website)

The ASA also have rule variations taking account of the category of disability.

Full details can be found of classification, banding and rules for disability swimmers on the ASA website under the Disability Swimming Section.

Specialist Clubs

The ASA have some specialist clubs, which may better meet the needs of an individual child.

After a club has completed an assessment of the needs with the child and their parent or carer the Club Officers may feel they should recommend for consideration a specialist club. They can obtain advice regarding such a recommendation from the relevant ASA Region / ASA's Disability Manager or the ASA Medical Advisor.

Additionally, some children and their parents prefer to attend a specialist club or recognise the need to do so, to enable the child's needs to be met. Others may come to that decision only after discussing what a mainstream club can offer. While inclusion is important it has to be considered that young disabled athletes should have choice.

Inclusive Language

The ODI (Office for Disability Issues) was set up to help the Government deliver on the commitment made in the Report, 'Improving the Life Chances of Disabled People'. The Report says that by 2025, disabled people should have the same opportunities and choices as non-disabled people and be respected and included as equal members of society. They have a

website www.officefordisability.gov.uk with lots of advice and guidance including the following on language:

- The word 'disabled' is a description not a group of people. Use 'disabled people' not 'the disabled' as the collective term.
- Wherever possible, avoid medical labels, which say little about people as individuals and tend to reinforce stereotypes of disabled people as 'patients' or unwell.
- Phrases like 'suffers from' cause discomfort or pity and suggest constant pain and a sense of hopelessness. While this may be a reality for some people, an impairment does not necessarily cause pain or require constant medical attention. People who experience chronic pain and other difficulties can nevertheless experience pleasure and do not necessarily regard themselves as tragic.
- Wheelchair users may not view themselves as 'confined to' a wheelchair. They may see it as a liberating A-to-B device - even if they can still be hampered by access difficulties.
- Most disabled people are comfortable with the words used to describe daily living. People who use wheelchairs 'go for walks'. People with visual impairments may be very pleased - or not - 'to see you'. An impairment may just mean that some things are done in a different way. It does not usually mean that the words used to describe the activity must be different. However, some common phrases may associate impairments with negative things and are best avoided: 'deaf to our pleas' or 'blind drunk'.
- When talking about disabled people think about the words you use.

Below is a list of general words about disability to use or avoid. The words on the left are passive, victim words. The words on the right respect disabled people as active individuals with control over their own lives.

Avoid	Use
(the) handicapped, (the) disabled	disabled (people)
afflicted by, suffers from, victim of	has [name of condition or impairment]
confined to a wheelchair, wheelchair-bound	wheelchair user
mentally handicapped, mentally defective, retarded, subnormal	has a learning difficulty or impairment with learning difficulties/impairments
cripple, invalid	disabled person
Spastic	person with cerebral palsy
able-bodied	non-disabled
mental patient, insane, mad	person with a mental health condition/issue
deaf and dumb; deaf mute	deaf, user of British sign language

the blind	people with visual impairments; blind people; blind and partially sighted people
An epileptic, diabetic, depressive, etc	person with epilepsy or someone who has epilepsy
dwarf; midget	someone with restricted growth or short stature
fits, spells, attacks	Seizures

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Useful ASA Publications and Website Contacts

- Action for Blind People
www.actionforblindpeople.org.uk
- Amputees
www.bromley.gov.uk
- Attention Hyperactivity Deficit Disorder
www.adhd.org.uk
- British Blind Sport
www.britishblindsport.org.uk
- British Wheelchair Sport
www.wheelpower.org.uk
- British Swimming and ASA Website
www.swimming.org
- Child Protection in Sport Unit
www.thecpsu.org.uk
- “Competitive Swimming and Attention Deficit Hyperactivity Disorder (A.D.H.D.)” Dr Ian Gordon—ASA Medical Advisor.
<http://www.sportcentric.com/vsite/vfile/page/fileurl/0,,5157-1-1-122094-0-file,00.pdf>
- CP Sport England & Wales
www.cpsport.org
- Diabetes UK
www.diabetes.org.uk
- Disability Discrimination Act (DDA) 2004
www.opsi.gov.uk/acts/2005
- Disability Sport Events
www.disabilitysport.org.uk
- “Disability Sport Looks Forward” (June 2003) BBC
www.news.BBC.co.uk
- Dwarf Athletic Association
www.daauk.org

- English Federation of Disability Sport
www.efds.co.uk
- “Inclusion of Swimmers with a disability” www.swimming.org under the Disability Swimming Section
- Learning Disabilities UK
www.Learningsisabilitiesuk.org.ukk
- Mencap
www.mencap.org
- National Autism Society
www.nas.org.uk
- Special Olympics Great Britain
www.sogb.org.uk
- The British Dyslexia Association
www.bdadyslexia.org.uk
- Tourette’s Syndrome (UK) Association
www.tsa.org.uk
- UK Deaf Sport
www.ukdeafsport.org.uk
- UK Sports Association for People with Learning Disability
www.uksportsassociation.org
- Working together to Safeguard Children (2010)
Department of Health Home Office Department for Education and Employment
www.everychildmatters.gov.uk/workingtogether