

Article

The TACL Model: A Framework for Safeguarding Children with a Disability in Sport

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Abstract: This study represents the first investigation of how children with a disability can be safeguarded in Rugby Union. In study 1, a questionnaire containing quantitative questions was completed by 389 safeguarding volunteers regarding their experiences of working with a child with a disability in their role. Descriptive statistics revealed that 76% of this sample had worked with a child with a disability in Rugby Union and that 28% continue to do so on a weekly basis. In study 2, a qualitative survey was completed by 329 safeguarding volunteers and interviews were conducted with a geographically representative sample of 14 Safeguarding Officers. This study focused on developing a model of promising practice with respect to safeguarding children with a disability in Rugby Union. Based on an inductive thematic analysis of the qualitative survey and interview data, the TACL model was developed: Trigger (creating a system that sensitively identifies children with a disability), Action Plan (creating an individualized approach such that the child is effectively included and protected), Communicate (ensuring that all key stakeholders are informed about the plan) and Learn (ensuring that cases of good practice are identified and disseminated). The name TACL (pronounced tackle) was chosen to promote proactive strategies and to provide a label relevant to the language of Rugby Union. These strategies are proposed as the basis for the safeguarding of children with a disability.

Keywords: disability; vulnerability; child protection; safeguarding

1. Introduction

Organized sport is generally viewed as an environment in which young people have the opportunity to develop physically (Janssen and LeBlanc 2010; Landry and Driscoll 2012), psychologically and socially (Findlay and Coplan 2008). The importance of participating in sport has been advocated by policy makers, health professionals and practitioners (Kristén et al. 2002; Murphy and Carbone 2008; Wilhite and Shank 2009; Wilson and Clayton 2010). However, sport also represents a setting within which children need to be safeguarded from a range of potential abuses. High-profile cases in the media along with research over the past 25 years has highlighted a wide range of welfare concerns at the individual, relational and organizational levels (Brackenridge 2001; Brackenridge and Rhind 2014; Mountjoy et al. 2016; Rhind et al. 2014). The dynamics of sport can contribute to the development of relationships which have characteristics associated with abuse. Such characteristics include having a significant power imbalance, a high tolerance for practices which jeopardize athlete welfare and authoritative leadership (Vertommen et al. 2016). Research has also highlighted that unhealthy practices can be normalized and tolerated within sport (Alexander et al. 2011; Papaefstathiou et al. 2012). However, there remains a lack of research which has focused on how children with a disability can be effectively safeguarded in this context.

1.1. Abuse in Sport

Limited prevalence studies related to abuse in sport have been conducted. There are challenges when comparing and summarizing such research because of the range of definitions and measures which have been employed. This has resulted in a range of prevalence rates being reported. For example, rates of sexual harassment and abuse have ranged from 2% to 50% (Fasting et al. 2011; Kirby et al. 2000; Leahy et al. 2002). One key study was conducted by Vertommen et al. (2016), in which over 4000 adults across Belgium and the Netherlands were surveyed regarding their experiences of youth sport. Of this sample, 38% reported experiences of psychological violence, 11% reported experiences of physical violence and 14% reported experiences of sexual violence.

In the United Kingdom, which is the focus of the present study, Alexander et al. (2011) surveyed over 6000 young people (aged 18–22 in higher/further education) regarding their retrospective experiences of participating (up to the age of 16) in organized youth sport. The sample of young people reported having experienced emotional abuse (75%), sexual harassment (29%), physical abuse (24%), self-harm (10%) and sexual abuse (3%).

Rhind et al. (2014) analyzed the safeguarding cases which had been managed by governing bodies of sport in the UK during 2011. A total of 652 safeguarding cases had been managed, including over 100 cases of both physical and sexual abuse. This body of evidence serves to highlight that abuse in sport is a significant issue which merits attention.

1.2. Safeguarding in Sport

This growing body of evidence also highlights that sport is an environment in which children need to be effectively safeguarded. Her Majesty's Government (2013) define safeguarding as, "... protecting children from maltreatment ... ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes" (p. 7). The National Society for the Prevention of Cruelty to Children (NSPCC) and Sport England established the Child Protection in Sport Unit (CPSU) in 2001. The UK is one of the first countries to have a state-funded, specialist body to oversee safeguarding in sport. Having a Lead Welfare Officer (LWO) is a core part of recommended safeguarding arrangements and forms part of the Safeguarding Standards. A part of the LWO's role is to manage safeguarding cases within his/her sport. National Governing Bodies are required, as part of their funding criteria, to comply with the Standards for Safeguarding and Protecting Children in Sport. These standards include the expectation that NGBs will implement procedures for managing cases: "All incidents and allegations of abuse are recorded and monitored" (Child Protection in Sport Unit 2013, Standard 9.5, p. 23).

A recent development at the global level has been the development of the International Safeguards for Children in Sport (Rhind and Owusu-Sekyere 2018). The safeguards set out the actions that all organizations working in sport should have in place to ensure children are safe from harm (Mountjoy et al. 2016). They reflect international declarations, the United Nations Convention on the Rights of the Child, relevant legislation, government guidance, existing child protection/safeguarding standards and good practice (Brackenridge et al. 2012). The International Safeguards for Children in Sport are: 1. Developing Your Policy, 2. Procedures for Responding to Safeguarding Concerns, 3. Advice and Support, 4. Minimizing Risks to Children, 5. Guidelines for Behavior, 6. Recruiting, Training and Communicating, 7. Working with Partners, and 8. Monitoring and Evaluating. A three-year project to evaluate the impact of working towards these International Safeguards identified progress across each of these measures with important changes being revealed with respect to how people feel, think and behave in relation to safeguarding (Rhind and Owusu-Sekyere 2018). In a recent audit, 125 organizations have now endorsed the Safeguards, and these organizations as a whole work with a total of over 35 million children (Rhind and Owusu-Sekyere 2019).

1.3. Safeguarding Children with a Disability

Children who have a disability have been said to be one of the most vulnerable groups in our society (Jones et al. 2012; National Society for the Prevention of Cruelty to Children 2003; Oosterhoorn and Kendrick 2001; Sanghera 2007). In a scoping review of the literature, Stalker and McArthur (2012) stated that “Several studies have revealed a strong association between disability and child maltreatment indicating that disabled children are significantly more likely to experience abuse than their non-disabled peers” (p. 24).

There is some evidence which suggests that children with a disability are at greater risk of abuse in sport. For example, Vertommen et al. (2016) found that 50% of survey respondents with a disability reported experiencing psychological violence as a child within sport, compared to 38% of people without a disability. In terms of physical violence, the prevalence was 32% for those with a disability compared to 11% for those without a disability. Finally, 34% of people with a disability reported experiencing sexual violence in sport compared to 14% of those without a disability. These findings emphasize that, whilst it is important for all children, safeguarding takes on additional significance when considering children with a disability because of the higher rates of abuse in this population.

1.4. Rugby Union

In the English Rugby Football Union (RFU), Club Safeguarding Officers (CSOs) and Constituent Body Safeguarding Managers (CBSMs) are volunteers with a specialist duty to safeguard children who participate within their club or county respectively. As described in the RFU safeguarding policy, CSOs are “... the first point of contact for safeguarding and welfare concerns”, and are “... member[s] of, or attends the appropriate club committees making safeguarding issues a priority at the proper level” (Rugby Football Union 2011, p. 9). Moreover, CBSMs ensure “... all safeguarding incidents or issues are reported to the RFU Safeguarding team and manages disciplinary cases referred back to the CB by the RFU” (Rugby Football Union 2011, p. 8).

1.5. Research Aims

There is a growing acknowledgement that sports organizations have a duty of care (Grey-Thompson 2017). It is important that such strategic efforts are informed by empirical evidence. The perceptions and experiences of people with a safeguarding role in Rugby Union were explored in the present research because of the central role they play in safeguarding children with a disability. A mixed-methods design was used for the research, which was divided into two studies.

2. Study 1—Materials and Methods

2.1. Participants

In study 1, all (N = 2219) Club Safeguarding Officers (CSOs) and all (N = 62) Constituent Body Safeguarding Managers (CBSMs) that represented the different regions were contacted via email with a link to the online questionnaire. A sample (N = 389: 51.7% male and 48.3% female) was achieved which represented a response rate of 17%.

2.2. Instruments and Procedures

Ethical approval was gained for this study from the first author’s university prior to data collection. An online questionnaire was created on SmartSurvey™ (www.smartsurvey.co.uk). Owing to the exploratory nature of the research, the questionnaire was developed by the researchers and further developed in consultation with the RFU Safeguarding team. The questionnaire consisted of a series of quantitative questions grouped within three categories. The first section focused on demographics (i.e., gender, occupation, duration in their role, if they had any other roles in the sport and the training they had received). Secondly, they were asked about their experiences of working with a child with a disability in Rugby Union.

We developed the categories of disability based on the Equality Act 2010 and resources developed by the Child Protection in Sport Unit ([National Society for the Prevention of Cruelty to Children 2015](#)). As such, we asked about experiences of working with children who have a behavioral, neurological, physical or sensory disability, whilst also providing an ‘other’ category. The third section explored the extent to which they feel that children with a disability had been successfully safeguarded as well as the extent to which their club was ready to effectively safeguard these children in the future.

2.3. Data Analysis

The quantitative data were analyzed using basic descriptive statistics.

3. Study 1—Results

The following sections summarize the findings with respect to study 1.

3.1. Experiences of the Participants

Table 1 summarizes the experiences of the participants with respect to the length of time in the role and any relevant training that they had received. Overall, these data demonstrate the variety of experience, ranging from less than a year through to more than 10 years. The majority of participants had been in their role for less than 3 years.

Table 1. Time in role and related training.

Time in Role (Years)	% (N)	Training	Contact	% (N)
<1	22.6% (88)	Outside	36.2%	14.9% (58)
1–3	35.2% (137)	None	32.4%	43.7% (170)
4 or 5	21.3% (83)	Both	19%	4.1% (16)
6–9 years	12.3% (46)	Inside	10.3%	26.5% (103)
10+	8.5% (33)	Not provided	2.1%	1.5% (6)
Not provided	0.5% (2)		Not provided	9.3% (36)

The participants were asked whether they had received safeguarding training in relation to children with a disability. Respondents had received training outside of Rugby Union (36.2%), inside Rugby Union (10.3%) or both (19%). The data thus revealed that almost two-thirds of participants had received a form of relevant safeguarding training. Interestingly, this also means that almost one-third of respondents (32.4%) reported that they had received no relevant training.

Participants also reported having multiple roles within the club such as being a parent (42.9%), coach (25.2%) or committee member (24.7%). Furthermore, 31.4% (N = 122) currently work or had worked in a role with relevance to child protection (e.g., in education, health care, Police). This highlights the variety of skills which people may well bring to their role from outside sport which could inform the effective safeguarding of children with a disability.

3.2. Types of Disability and How these Were Identified

The participants were asked about the different types of disability which they had worked with in their role (see Table 2). The most frequent category was behavioral disabilities, and this was reported by over 50% of this sample. This was followed by physical (20.6%), neurological (14%) and sensory (9.6%) disabilities. Interestingly, 5.6% of respondents selected the ‘other’ category with the majority of related examples concerning poverty. One participant explained “Some children can be financially vulnerable through teasing for not being able to afford the correct kit”. This suggests that these participants adopt a broad conceptualization of disability to include a range of factors which may render a child more vulnerable. The principles outlined in the rest of the findings may well be applicable to these

broader categories. However, the focus was on children with a behavioral, neurological, physical or sensory disability.

Table 2. Working with children who have a disability.

Category	%	How Identified?	%	Contact	%
Behavioral	50.2%	Parent/Guardian	46.7%	Never	14.9%
Physical	20.6%	Coach	23.6%	Rarely	43.7%
Neurological	14%	Induction	14.8%	Monthly	4.1%
Sensory	9.6%	Own observations	12.3%	Weekly	26.5%
Other	5.6%	Child	2.6%	Daily	1.5%

Table 2 also summarizes the various ways in which a child with a disability was identified. These included the parent/guardian, coach, induction process, the respondent's own observation or the child themselves. This range of methods emphasizes that a variety of stakeholders may be the first to identify a child's disability. Overall, 75.8% of respondents said that they had worked with at least one child with a disability within Rugby Union. Table 2 displays the different frequencies of interactions. A total of 32.1% worked with a child who has a disability at least on a monthly basis. These statistics serve to emphasize the significance of this research topic within Rugby Union and sport more generally.

3.3. Inclusion and Exclusion Related to Safeguarding

Participants were asked about their perceptions and experiences regarding how children with a disability had been included or excluded from a safeguarding perspective. In total, 54.0% (N = 210) felt that a child with a disability had been safely included within their club. However, 15.2% (N = 59) of this sample felt that a child with a disability was participating but that they had not been safely included in their club. Overall, 15.9% (N = 62) of participants had experienced a child being excluded due to their disability. Looking forward, 59.7% (N = 232) agreed that their club was now ready to safely include a child with a disability.

Overall, study 1 highlighted that the majority of participants had interacted with a child who had a disability. Furthermore, not all participants had received appropriate training to support this aspect of their role and many people felt that their club was not ready to effectively safeguard these children. As a result, a second study was conducted to help develop a framework to guide the safeguarding of children with a disability.

4. Study 2—Material and Methods

4.1. Participants

A follow-up survey was sent to the 389 respondents from study 1. This survey invited the respondents to write about their experiences with respect to any challenges or examples of promising practice. Participants were also asked to indicate whether they would be happy to be interviewed regarding their experiences. A total of 329 completed the written responses (response rate = 85%) and 172 offered an interview (44%). The examples provided through this qualitative survey data were shared with the 62 Safeguarding Managers at their annual conference. Group discussions highlighted the need for promising practices to consider the key stages of identifying children with a disability, understanding how they can be safeguarded and then informing everyone who needs to know. Potential interviewees were then identified through consultations with staff at the Rugby Football Union based on ensuring that these topics were covered and that a geographical spread was achieved. Three participants were identified who gave promising practice examples in relation to each of the three topics. A further five participants were identified who provided examples across all of these topics. In order to capture experiences from across England, participants were identified such that there were 2 from each of the following seven regions: North West, North East, West Midlands,

East Midlands, South West, South East and London. All of the 14 identified participants agreed to be interviewed. It was felt that data saturation had been achieved at this point, and hence data collection was concluded.

4.2. Instruments and Procedures

Ethical approval was gained for this study from the first author's university prior to data collection. The 14 participants were e-mailed to make arrangements for the interview. A mutually convenient time was identified. The voluntary nature of participation, as well as assurances of anonymity and confidentiality, were reiterated prior to the interview. The interview began by reviewing the participant's responses to both the quantitative survey in study 1 as well as the qualitative survey in study 2. Any identified issues were discussed. The remainder of the interview adopted a temporal approach and focused on the three key topics of how children with a disability should be identified, how the safeguards can be identified and how stakeholders can appropriately be informed. The interviews were recorded using a Dictaphone and transcribed verbatim.

4.3. Data Analysis

The qualitative responses from the online survey as well as the interviews were analyzed using the stages of thematic analysis outlined by [Braun and Clarke \(2006\)](#). An inductive approach was adopted to identify the strategies which promote effective safeguarding. The first stage of this analytical process was familiarization. In order to do this, we read through the qualitative data several times. At this stage, notes were taken to be considered in more detail at a later stage. The second stage involved generating initial codes. We manually worked through the data to determine both semantic and latent features which described the challenges being experienced. The third stage began once all data had been coded and codes had been collated. We sorted through each of the codes attempting to place them into groups with codes which represented a particular strategy. This involved the researchers going to and from unsorted groups of codes, attempting to find the best groupings. We followed Braun and Clarke's suggestion that themes that do not fit anywhere may be temporarily categorized as miscellaneous ([Braun and Clarke 2006](#)). Stage 4 involved the review and refinement of the identified themes. In stage 5, the researchers defined each theme. Braun and Clarke describe this as "identifying the essence of what each theme is about" ([Braun and Clarke 2006](#), p. 92). This required the researchers to interpret the codes, rather than merely paraphrase the data, and they relied upon the made when the codes were initially developed.

5. Study 2—Results

Study 1 highlighted that the safeguarding of children with a disability in Rugby Union was a significant issue. From analyzing the qualitative data collected through the survey and interviews, a four-stage model was developed to guide the safeguarding of children with a disability.

- Trigger—identification of the child;
- Action Plan—identifying the safeguards;
- Communication—communicating the plan and safeguards;
- Learning—disseminating good practice.

This approach was labelled the TACL model (pronounced tackle) such that it had relevance to the language of Rugby Union. Each of these four stages are now explained and illustrated with quotes from participants.

5.1. Trigger

The Trigger phase relates to how a child with a disability is identified. As every child's circumstances will vary, it is important that each club identify children in a sensitive way, such that parents and children

feel able to disclose a disability. Parents may feel wary until they believe that their child could be included and safeguarded within the club setting. On the other hand, it was perceived that coaches may identify the need for a child to be assessed regarding a possible disability. It is, therefore, in the interests of all parties that the disability is identified sensitively.

Through analysis of the qualitative responses, participants perceived that children, who have a disability which was disclosed at the child's induction, were more likely to have a positive experience. Collaborative discussions with the parent/guardian were viewed as an important step towards safeguarding the child. However, the parent/guardian needs to have confidence in the system for this to be effective. The issue of confidentiality raises interesting questions, particularly when a child has a disability which may impact other children, but the parent/carer does not want other people to be made aware of the disability.

Participants reported particular challenges with respect to hidden disabilities. Often such disabilities were only identified as a result of an incident. Examples included a child being unhappy with the way in which they had been treated by the coach, a violent attack by a child, concerns of bullying and disruptive behavior. All of these cases were attributed to a lack of understanding of the child's disability which simply resulted from the coach or club not being aware of the disability.

One participant reported believing that a child was exhibiting challenging behavior that may be associated with a disability. However, the child's parents were reportedly unaware of the severity of their child's challenging behaviors, and the impact of the behavior on the coach and other children. The child assaulted an opposition player during a match and was sent off—something uncommon in that respective age group. What occurred afterwards was described below and explicates that the need for safeguarding pertains to more than just the individual child:

“That then went to an informal disciplinary, we didn't call it a disciplinary, we called it a chat. I was there and the parents of course were invited to come along with the child and just have a chat about what had happened and why etcetera and during that talk we realized the parents didn't really fully realize how bad the child's behavior was. We decided we were actually going to issue a ban for half-a-season and this was actually called 'time out'. We called it 'time out' because his teammates were starting to reject him, they didn't want him to play with them.”

The disclosure of a child's disability is not just to help to safeguard the individual child, but all children and coaches. Many interviewees identified the need for a standardized template for all clubs to use during induction. At present, when a child begins rugby at a club, a Young Player Registration Form (YPRF) has to be completed, which does not highlight all forms of disability. A form kept within the club, as suggested by some participants, could help the parent in disclosing their child's disability. Disclosing a disability from the outset could lead to a more proactive approach to dealing with any incidents that could occur. Participants reported that effective communication was important from the outset:

“If you improve communication, training and publicize that the RFU actively promote children with additional vulnerabilities that would help.”

It should be emphasized to the parent that their child having a disability will not necessarily preclude them from joining a club, but that their participation in certain areas of the sport might be limited. This is because of the physicality of Rugby Union. The first phase of effective safeguarding thus begins with disclosure. Once the trigger has taken place, there is then a need to develop an action plan.

5.2. Action Plan

After a child's disability has been disclosed through a trigger it could be appropriate for an action plan to be created through discussion with the child, parents, coaches and Safeguarding Officer. A participant suggested:

“Clubs need a support mechanism/group to guide individual training and implementation plans for specific children.”

An example of how this had worked well is provided by the following quote:

“One of our kids has a neurological disability in our team and his Mum has just started to coach down the club ... he can have quite challenging behavior, so when they joined we sat down and said look you know we want him to come ... if your son is presenting this behavior, you're the expert, what works? What works for him? What doesn't work? What should we do? What's the first line he responds to?”

Through creating a plan and asking the parent for their advice as “the expert” regarding her child's needs, the child was successfully included in the sport. Consequently, it could be interpreted that it may be appropriate to discuss each child's needs and how the club has the best chance of successfully safeguarding a child on an on-going basis. As suggested by a participant, positioning the parent as the expert may help to facilitate their engagement in the process.

An action plan could also outline the use of different coaching methods, such as using visual aids, as used by one interviewee. Although one interviewee stated that:

“An action plan might become too formal because, you know ... you don't want to take the fun out of it that's supposed to be there ... you just want your child to take part ... I think the only way I could see something, it has to be very individualized, depending on how the child would respond.”

The action plan should be designed to help promote the protection of the child and to aid their involvement within the sport, whilst keeping their health and well-being at the center. Indeed, when a trigger has been identified but an action plan is not implemented then the following can occur:

“I know the child has a diagnosis of a disability, very, very hyperactive. There were constant issues, but Mum wasn't acknowledging that her child, at that point, had difficulties and was blaming everything on the coaches, you know, it's your fault because you're not talking to him in a way in which I do.”

Safeguarding Officers explained that coaches may feel under pressure to create and facilitate a coaching environment which is inclusive for all children, without having the training for this to be achieved successfully.

“Challenging behavior puts more responsibility on coaches and greater expectation from some parents”.

As a result, a conversation between all parties and the development of an action plan may facilitate more positive experiences. It was also highlighted that parents can play a critical support role:

“I think the other important part is that if the parents want their kids to succeed, they will support the coaches.”

The action plan would provide a mechanism through which this support could be channeled. However, simply developing a plan is not the end of the process. It clearly needs to be effectively communicated to all relevant stakeholders.

5.3. Communication

Communicating the action plan to key stakeholders (e.g., coaches and parents) to promote the safeguarding of the child in Rugby Union was viewed as a key third stage. This communication stage was epitomized by one interviewee who outlined the following response after issues had arisen related to a child's behavioral disability:

“He had a diagnosis of what the boy’s problems were. The Dad then came back and wrote out a letter for the coaches and circulated it to me. It explained how to manage his son’s behavior, you know, the best way for the coaches to communicate with him. So, as a result of that the boy was integrated back into the game and we also asked the Dad if we could circulate it to the whole minis section. The Dad is always there on the touchline, he’s very supportive. All the coaches know the way he [the child] is and this young lad is very much into the game.”

This stage was viewed as being particularly important for coaches who may not have the knowledge, skills or experience of working with someone who has the given disability. For example:

“The coaches are volunteers, they’re not trained to deal with psychological aspects, they’re not trained particularly with children with vulnerabilities; they need to be aware of the vulnerabilities, but they’re not actually trained.”

“If we think about people on the Autism Spectrum, the people who are coaching them need specific skills in understanding their responses and then dealing with them appropriately, because it’s no good well-meaning coaches who don’t have any experience in working with young people with Autism.”

It was this relationship with the parent that was seen as playing a critical role not only in the previous trigger and action plan stages but also in this communication stage. This should help to ensure that all stakeholders are kept aware of the action plan. An effective safeguarding system will adopt a reflective approach through continually reviewing and sharing good practice. This can help to promote learning throughout the organization.

5.4. Learning

The final stage was labelled Learning and this was focused on promoting a reflective approach in which good practice was identified, shared and utilized. This was not originally a key focus of the interview but emerged as a key theme through the data analysis process. Interviewees highlighted a number of ways through which this may be achieved.

The first recommendation was an online resource. Participants would welcome this as a useful starting point for understanding and safeguarding children with a disability. Participants felt that it would be beneficial to have clear summaries regarding a range of different disabilities which outlined the nature of the disability, the ways in which this may be manifested, along with case studies as to how safeguarding had previously been achieved in Rugby Union. It is recognized that a tailored approach is required but such resources would provide a foundation upon which these individualized strategies could be developed. One participant explained an existing resource which they had developed as part of their primary job working with local schools:

“The question they put to me was, ‘how can teachers know better how to deal with young people with mental health problems.’ Now, I’ve got many high schools in my area. I thought I can’t get round and train every single high school. So, I’ve done exactly that, put an online resource together. It’s freely available. It’s about working with young people who self-harm, with mental health problems and eating disorders. There’s a series of films and downloadable PDFs.”

The use of a newsletter was also suggested. An issue that was raised by one interviewee was that some children, parents or coaches do not have access to a computer or the internet. It was suggested that a newsletter could be distributed to clubs to ensure that the information was widely accessible. Such an initiative is already planned by one club as follows:

“We’re going to put out a newsletter with a SEN [Special Education Needs] kind of feel to it ... just looking at you know, what is Autism Spectrum and how does it look on the pitch? What do you need to do? What do you need to consider?”

Peer support and knowledge sharing were also identified as helpful. It was identified that an online forum could be used to share information and provide sounding boards for all parties to ask others for their opinions or share good practices. There would also be scope to share good practice and people's experiences through existing events, such as meetings or conferences. This would clearly have to be subject to data protection regulations.

The need to collect on-going data to explore the effectiveness of any strategies from a range of perspectives was also recommended. One participant suggested:

"I'd suggest that research like this could provide some indication of the requirement, but I'd have concerns that some clubs/areas may not take the safeguarding role responsibly and as such would turn their back on individuals with additional vulnerabilities. Hence some form of auditing clubs and research into the charity/organizations with children that have the various additional vulnerabilities to get their feedback is required."

6. Discussion

The present research had two over-arching aims—firstly, to understand the experiences of people within Rugby Union who have safeguarding roles with respect to working with children who have a disability. The data revealed that the majority of respondents had worked with at least one child with a disability, with 28% doing so on a weekly basis. As almost one-third of respondents had not received any relevant training, these findings highlight that this is an important issue in Rugby Union and presumably in sport more generally. Children with a disability are encouraged to participate in sport by a range of stakeholders including policy makers, health professionals and practitioners (Kristén et al. 2002; Murphy and Carbone 2008; Wilhite and Shank 2009; Wilson and Clayton 2010). Organizations in sport must therefore be ready to effectively safeguard these children and to facilitate the range of potential physical and psychosocial benefits which can be achieved through sport (Janssen and LeBlanc 2010; Landry and Driscoll 2012; Findlay and Coplan 2008).

The second research aim was to identify how children with a disability can be effectively safeguarded within Rugby Union. The TACL model was developed: Trigger (creating a system that sensitively identifies children with a disability), Action Plan (creating an individualized approach such that the child is effectively included and protected), Communicate (ensuring that all key stakeholders are informed about the plan) and Learn (ensuring that cases of good practice are identified and disseminated).

The development of the TACL model builds on pillars of good practice identified in the literature when creating a safeguarding system (Rhind and Owusu-Sekyere 2018; Rhind et al. 2017; Wessells 2009). Specifically, Rhind et al. (2017) CHILDREN pillars (i.e., Cultural sensitivity, Holistic, Incentives, Leadership, Dynamic, Resources, Engaging stakeholders and Networks) highlight the importance of an approach which is holistic, provides supporting resources and engages stakeholders. The TACL model is holistic through incorporating all stages of a child's interaction with Rugby Union, from their first interaction with a club through to their transition either within the sport (e.g., to the adult game) or out of the sport. The TACL model suggests the provision of resources. In particular, this includes being embedded in the induction form, the provision of an action plan template and the dissemination of guidance and case studies through online resources, newsletters and peer-sharing opportunities. The model also promotes appropriate and effective engagement with stakeholders throughout all stages (e.g., the child, parent/guardian, coach and the wider club membership).

It is clear that sport is a context in which all children are vulnerable to abuse (Alexander et al. 2011; Rhind et al. 2014). Whilst it is important for all children, safeguarding takes on additional significance when considering children with a disability in sport. This is because research indicates that there are higher rates of abuse involving children with a disability relative to other children in contexts beyond sport (Stalker and McArthur 2012). One can therefore assume that children with a disability may also be at greater risk of abuse in the context of sport, and there is some evidence to support this assumption (Vertommen et al. 2016). There is a growing awareness of the need to safeguard participants in sport

(Grey-Thompson 2017). However, there is a need to move from awareness to action and this can be facilitated by this research which offers a clear framework to guide practice in this regard.

The implementation of the TACL model can be supported by recent research related to the International Safeguards for Children in Sport (Rhind and Owusu-Sekyere 2018, 2019). The associated research found that safeguarding is effective when the environmental, personal and behavioral factors are addressed. It is only through targeting this range of factors that a comprehensive approach will be adopted, which can influence the fundamental values, assumptions and behaviors related to safeguarding in an organization. This approach adopts a learning perspective to the study of safeguarding culture and is fundamentally grounded in Bandura (1986) Social Cognitive Theory (SCT). SCT has been applied to a range of contexts and concepts including education, the mass media and promoting healthy behaviors. SCT suggests that behavioral change can occur through the reciprocal interactions between the person, the behavior and the environment.

The application of the TACL model based on SCT can be illustrated using the example of a coach in Rugby Union. In terms of the 'person', this focuses on the level of self-efficacy that a given individual has towards a given behavior. In this case, it may relate to a coach and their perceptions regarding their ability to safeguard a child with a disability. The TACL model can help to facilitate self-efficacy through identifying a child with a disability (Trigger), clearly outlining any adjustments which are required (Action Plan), ensuring that these are communicated to the coach effectively (Communicate) and then reviewing and revising the practices over time (Learn). Vicarious learning can be promoted through the sharing of examples from other coaches in Rugby Union regarding the effective safeguarding of a child with a disability and this, in turn, can help to enhance the self-efficacy of a coach. In terms of 'behavior', this concerns the response experienced by a coach to a given action. The Communication and Learning aspects will be important in providing feedback to a coach with respect to recognizing and rewarding promising practice as well as identifying and supporting coaches in areas in which there is potential for improvement. In terms of 'environment', this concerns the extent to which the context is designed to promote the required behaviors. Examples include embedding mechanisms to identify children with a disability during induction, providing templates for Action Plans and promoting Learning through case studies, newsletters and peer learning opportunities.

This raises important questions for organizations in sport. In relation to the people within an organization, do they know what they need to do in relation to safeguarding? In terms of the behavior, what response do they experience when performing safe or unsafe behaviors when working with a child with a disability? Are unsafe behaviors consciously or unconsciously promoted, such as concerns not being acted upon when disclosures are made? Are there opportunities for successful learning and are safe behaviors reinforced? In relation to the environment, does the organization create conditions in which safe behaviors are conducive? Are policies, procedures and guidance readily available? Through addressing such questions, an organization can work to develop and maintain an effective safety culture which includes children with a disability whilst safeguarding all stakeholders (Rhind and Owusu-Sekyere 2019).

It is important to acknowledge that there are limitations associated with the approach adopted in this research. It is generally held that a level of engagement within the contexts that one wishes to study is useful in enhancing the researchers understanding. The authors made conscious efforts to build rapport with the participants. However, the relationships with these participants may have introduced bias into the data. For instance, at the start of the process, participants may have had concerns regarding the intentions of the research. Participants may have been apprehensive in terms of whether any information would be shared with their colleagues within the governing body. Funding agencies or the media. Efforts were made to allay these fears through written and verbal agreements, but these concerns still had the potential to impact the data. It is also important to acknowledge that only the perspective of people within safeguarding roles was captured in this research. This was purely due to what was feasible given the resources and timeframe available to this project. This ensures that there are a range of potential avenues for future studies.

Future research is now merited with respect to the antecedents, further development and outcomes of the TACL model. In terms of antecedents, research is required into how key stakeholders in sport can be encouraged to adopt the TACL model (e.g., Governing Bodies, Major Sports Events). Research can also explore the factors which influence the effective adaptation of the TACL model to a given context (e.g., the size, purpose and location of an organization). The present study only focused on a single sport. There remains great scope for the experiences of people working towards safeguarding children with a disability in diverse settings across sport to be investigated. Finally, it is important to investigate the outcomes of the TACL model at various levels. This concerns children (e.g., well-being, participation and performance), the experiences of those around the children (e.g., parents and coaches) as well as the club/sport as a whole (e.g., organizational reputation and performance). The findings of this research should help to strengthen the rationale for safeguarding and ultimately enhance the experiences of children with a disability in sport as well as all other stakeholders.

The development and implementation of future safeguarding strategies should adopt a child-centered approach, where the children are at the focus of all decisions. Where possible, the child should be included in all phases of the TACL process, adhering to the adage “nothing about us without us”. Adopting this philosophy, and using the TACL model, should help to tackle what is a significant issue within the growing area of safeguarding in sport.

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