Training handbook &
Monitoring toolkit

DIS-CONNECTED: DISABILITY-BASED CONNECTED FACILITIES AND PROGRAMMES FOR PREVENTION OF VIOLENCE AGAINST WOMEN AND CHILDREN

101049690- DIS-CONNECTED

Disability-based connected facilities and programmes for prevention of violence against women and children (101049690 – CERV-2021-DAPHNE)

Training handbook& Monitoring toolkit

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About DIS-CONNECTED

The Disability-based Connected Facilities and Programmes for Prevention of Violence against Women and Children (DIS-CONNECTED) project focuses on women and children with intellectual and psychosocial disabilities who are victims of violence in facilities and programmes designed to serve them. The project will create a multi-disciplinary cooperation and response protocol with law enforcement, service providers and victim support workers to enable prevention, early identification, and protection against violence that women and children with psychosocial and/or intellectual disabilities face. Specifically, the project objectives are to:

- Improve reporting of violence through enhancing the knowledge base and improving monitoring relating to violence against women and children with mental disabilities in facilities and programmes that serve them;
- Build the capacity of independent professionals to prevent, detect and facilitate reporting of and redress for violence against women and children with mental disabilities;
- Enhance on-going cross-disciplinary reporting and response mechanisms through practical protocols;
- Improve access to services through the development of practical protocols and accessible online geo-location maps to signpost where victims should go to obtain the support they need.

The project is being implemented in Bulgaria, Hungary, Lithuania, Portugal and Slovakia from March 2023 to February 2025.

Protecting women and children with disabilities from abuse

This handbook is designed to support your efforts in safeguarding women and children with disabilities who reside in psychiatric hospitals, social care homes, or access segregated non-residential services. Together with the Monitoring Methodology, it serves as a comprehensive guide, providing the knowledge and tools necessary for conducting effective monitoring visits. The goal is to ensure these individuals receive appropriate, age-, gender-, and disability-sensitive support, free from abuse and discrimination.

Understanding the issue

Women and children with disabilities are at an increased risk of physical and emotional abuse due to factors such as communication barriers, limited mobility, and dependence on caregivers. These vulnerabilities can also result in challenges in recognizing or reporting abuse. This handbook underscores the importance of your role in addressing these risks through thorough monitoring and advocacy.

Our guiding principles

This handbook is built upon four core principles:

- *Client-centred approach*: We prioritise the well-being of women and children with disabilities. All monitoring efforts seek to understand their experiences, respect their autonomy, and empower them to voice their needs and concerns.

- *Trauma-informed practices*: We recognise that many individuals may have experienced abuse in the past. Our approach prioritises sensitivity, avoids retraumatisation, and fosters a safe and supportive environment for disclosure.
- *Collaboration and transparency*: Effective monitoring requires collaboration with facility staff, families, and the wider community. We advocate for open communication, transparency in reporting, and a collaborative approach to enable prevention, early identification, and protection against violence that women and children with psychosocial and/or intellectual disabilities face.
- *Human rights framework*: The core principles enshrined in the Convention on the Rights of Persons with Disabilities (CRPD) guide our monitoring efforts. We strive to ensure that women and children with disabilities enjoy their fundamental rights to life, liberty, security, and freedom from violence.

The handbook structure

This handbook is divided into two key sections:

1. *Training handbook*: Provides a comprehensive package for conducting effective trainings for human rights monitors, including a training schedule, suggestions for the agenda and the training content and practical group exercises. Annexes include pre- and post-training assessment forms.
2. *Monitoring toolkit* package: The toolkit is designed to provide a structured approach to monitoring, offering a range of checklists and guidelines that will assist in identifying and addressing potential risks. It includes the following key resources:
    - Checklists for observations in the field focused on environmental factors
    - Checklist for observing potential abuse situations
    - Checklist for studying documents in different types of facilities, including psychiatric hospitals, social care homes, childcare institutions/family-type placement centres and segregated non-residential services
    - Checklist for identifying users in particularly vulnerable situations
    - Principles of engaging with children with disabilities and women with disabilities
    - Recommended interview questions and topics for children with disabilities, staff members working with children with disabilities, as well as recommended questions and topics to cover with women with disabilities and staff members working with women with disabilities.

Training objective

The overall objective of this handbook is to provide information and tools with which the multi-disciplinary monitoring teams, created within the DIS-CONNECTED project, will carry out monitoring visits aimed at preventing, early identifying and addressing violence against women and children. This handbook is inspired by the content of WHO QualityRights Tool Kit (2012), Ithaka Toolkit (2010), Istanbul Protocol (2022) and CHARM Tool Kit (2017).

This handbook is built around an interdisciplinary methodology which has been developed to conduct comprehensive human rights monitoring in residential and segregated non-residential settings where there are women and children with intellectual and/or psychosocial disabilities. It sets out a structure for training teams based on the content of the Monitoring Handbook. It focuses on building up the knowledge, skills and attitudes of interdisciplinary teams to prepare them for conducting human rights monitoring.

Theoretical aspects of human rights and monitoring are combined with various interactive tasks to allow you to provide a comprehensive, interactive training experience for teams. Training methods include a combination of presentations with exercises, case studies and group tasks. Monitoring teams will include experts by experience, so training and handouts will also include easy-to-read materials.

The **objectives** of the training are:

1. To introduce the framework of international human rights law, specific rights of women and children with mental and/or psychosocial disabilities, and the obligations of States (particularly: freedom from torture or ill-treatment and the right to community living). Critically reflect on institutionalisation as a human rights violation.
2. To provide information on the specific forms of abuse that may be experienced by women and children with mental and/or psychosocial disabilities in institutions and segregated non-residential settings.
3. To introduce the participants to methodologies for conducting human rights monitoring.
4. To provide participants with guidance on the practical aspects of monitoring, including communicating with clients and staff, observation, assessing documentation, triangulating information, etc.
5. Plan and prepare monitoring visit to an institution or a segregated non-residential setting, assignment of roles and tasks.

Training content

The training is intended to last one day, 6-8 hours. However, maintaining flexibility in the schedule is crucial to ensure optimal learning. Keep in mind that the primary focus is two-fold: to equip participants with the practical skills and methodologies needed to effectively monitor abuse/violence and to develop the competencies required to become confident monitors. The outline below provides a framework for facilitators which they can use to guide their planning. To maximise learning impact, the sessions are

designed to be highly interactive. They should also be led by experienced monitors and facilitators, with the input of experts by experience. The descriptions of each session are brief to allow facilitators flexibility in choosing methods that resonate best with their specific participant group. Each session includes a list of relevant resources. Facilitators are encouraged to explore and utilise additional resources available in national languages. Following the outline is a more detailed section dedicated to various interactive tasks that can be incorporated into the training program. (**See also "Step 3: Train the monitoring team" of the Monitoring Methodology.**)

1. Schedule

9:00 AM - 9:30 AM: Registration

- Registration

9:30 AM - 10:00 AM: Welcome and pre-training knowledge assessment

- Introduction to the training program
- Objectives and agenda overview
- Introduction of the participants
- Completion of entry knowledge questionnaire

10:00 AM - 11:00 AM: Understanding abuse in institutional settings

- Testimony of an expert by experience
- Definition and types of abuse
- Signs and symptoms of abuse in children and women with disabilities
- Impact of abuse on victims

11:00 AM - 11:15 AM: Break

11:15 AM - 12:15 PM: Legal norms and standards

- International human rights framework
- National legislation and regulations
- Reporting mechanisms and legal obligations

12:15 PM - 1:00 PM: Lunch break

1:00 PM - 2:00 PM: Principles of human rights monitoring

- Testimony of a human rights monitor
- Principles of human rights monitoring (sharing good and bad experiences)

2:00 PM – 3:00 Case studies and group work

- Presentation of real-life case studies

- Group discussion and analysis
- Interactive exercises on identifying and responding to abuse
- porting findings

3:00 PM - 3:15 PM: Break

3:15 PM - 4:30 PM: Best practices for monitoring and evaluation

- Developing monitoring plans
- Conducting effective interviews and observations
- Documenting and reporting findings (introducing the monitoring report template)

4:30 PM - 4:45 PM: Post-training knowledge assessment

- Completion of exit knowledge questionnaire

4:45 PM - 5:00 PM: Wrap-up and feedback

- Summary of key points
- Collection of feedback forms
- Closing remarks

2. Presentation outline

Slide 1: Title slide

- Training title
- Date
- Presenter's name

Speaker notes: In this presentation, we will discuss the different forms of abuse that people with disabilities can experience, the signs and symptoms of abuse, and how to report abuse. We will also explore some of the challenges that people with disabilities face in reporting abuse.

Slide 2: Overview of training objectives

- Identify signs of abuse: Explore different types of abuse and their specific indicators in victims with disabilities.
- Understand the impact of abuse: Examine the immediate and long-term consequences of abuse on women and children with disabilities.
- Recognise legal frameworks: Gain knowledge of international conventions and national laws that protect people with disabilities from abuse.
- Report abuse effectively: Learn about reporting mechanisms and fulfil legal obligations regarding abuse reporting.

- Develop monitoring practices: Master techniques for implementing effective monitoring plans to prevent abuse.

Speaker notes: This training has several key objectives. We'll delve into the different forms of abuse, how to recognise their signs in people with disabilities, and the long-term impact abuse has on victims. We'll also explore international and national legal frameworks that protect this vulnerable population. You'll learn proper reporting procedures and legal obligations, along with strategies to develop and implement effective monitoring plans to prevent abuse from occurring in the first place.

Slide 3: Understanding abuse

- Definition and types of abuse
- Signs and symptoms

Definition: Abuse is the intentional infliction of physical, emotional, or sexual harm, neglect, exploitation, or deprivation.

Types of abuse:

- Physical abuse: Hitting, slapping, kicking, pinching, or any physical contact causing pain or injury.
- Sexual abuse: Any unwanted sexual contact, including sexual assault and rape.
- Emotional abuse: Yelling, name-calling, threats, humiliation, isolation, and gaslighting.
- Neglect: Withholding necessary care such as food, water, medical attention, or hygiene assistance.
- Exploitation: Taking advantage of someone's disability for financial gain or personal benefit.

Signs and symptoms:

- Physical injuries like bruises, cuts, burns, or broken bones.
- Behavioural changes – withdrawal, anxiety, depression, self-harm.
- Difficulty sleeping or eating.
- Unexplained weight fluctuations.
- Bedwetting or soiling.

Speaker notes: Abuse is a broad term encompassing various actions. It's the intentional infliction of harm through physical, emotional, or sexual means, neglect, exploitation, or deprivation. People with disabilities are particularly vulnerable due to potential dependence on caregivers. The training will explore specific signs and symptoms associated with each type of abuse, helping you recognise them in individuals with disabilities. These signs may include physical injuries, withdrawal, anxiety, changes in sleep or eating patterns, and even self-harm.

Slide 4: Impact of abuse

- Effects on victims
- Long-term consequences

Immediate effects:

- Physical injuries and health problems.
- Emotional trauma, fear, and anxiety.
- Difficulty trusting others and forming relationships.
- Withdrawal from social activities.
- Depression and suicidal ideation.

Long-term consequences:

- Long-lasting physical and mental health issues.
- Difficulty with learning and education.
- Social isolation and relationship problems.
- Increased risk of substance abuse.
- Difficulty achieving independence and employment.

Speaker notes: The effects of abuse on victims are devastating and far-reaching. Victims may experience immediate physical injuries and health problems, along with severe emotional trauma, fear, and anxiety. Abuse can erode trust, making it difficult to form healthy relationships and participate in social activities. In the long term, victims may struggle with physical and mental health issues, learning difficulties, social isolation, and substance abuse. Their ability to achieve independence and employment can also be significantly compromised.

Slide 5: Legal framework

- International conventions
- National laws

International conventions:

- The United Nations Convention on the Rights of Persons with Disabilities (CRPD): This landmark treaty recognises the inherent dignity and equal rights of all persons with disabilities. It specifically prohibits all forms of exploitation, violence, and abuse against persons with disabilities, including their gender-based aspects (Article 16).

National laws: (Replace with details on specific national laws protecting people with disabilities from abuse. You can include a brief overview or bullet points highlighting key points)

- (Example) The Elder Abuse and Neglect Act (US): Protects older adults, including those with disabilities, from abuse, neglect, and exploitation.

- (Example) Your Country's Specific Law: (Provide details on relevant national laws in your country.)

Speaker notes: International conventions like the UN CRPD set a global standard for protecting the rights of people with disabilities. This treaty specifically prohibits all forms of abuse against them. It's crucial to understand relevant national laws in your country that echo these protections and outline specific reporting procedures or legal repercussions for perpetrators. (Replace the example national laws with details specific to your country).

Slide 6: Reporting mechanisms

- How to report abuse
- Legal obligations

Mandatory reporting: (Explain who is mandated to report suspected abuse - professionals like teachers, social workers, healthcare providers etc.)

Reporting channels: (List different avenues for reporting abuse - reporting to designated authorities within the institution, child protective services, law enforcement etc.)

Confidentiality and support: (Explain how confidentiality is maintained for victims while ensuring they receive support.)

Speaker notes: Many professionals, such as yourselves, are mandated reporters. This means you have a legal obligation to report suspected abuse to the appropriate authorities. We'll discuss the various reporting channels available, such as designated personnel within the institution, child protective services, or law enforcement. It's important to understand how confidentiality is maintained for victims while ensuring they receive the support they need.

Slide 7: Principles of human rights monitoring

- Principle 1: Do no harm
- Principle 2: Ongoing dialogue for reform
- Principle 3: Independence and credibility
- Principle 4: Collect reliable information
- Principle 5: Store and share information securely

Speaker notes: Explain some of the key principles listed above, provide practical examples for the participants you're your own monitoring experience why these are needed.

Slide 8: Case studies introduction

- Overview of case studies
- Objectives of group work

Overview: (Briefly introduce the case studies participants will work on in groups.)

Objectives: (Explain the learning objectives of the group work based on the case studies.)

(Example) Identify signs of abuse in the case study scenario.

(Example) Determine the most appropriate reporting mechanism for the situation.

Speaker notes: We'll now delve deeper into practical application through case studies. (Briefly introduce the case studies participants will work on in groups). By analysing these scenarios, you'll gain experience in identifying signs of abuse in specific situations involving people with disabilities. Explain the learning objectives of the group work based on the case studies. For instance, you might be tasked with identifying the signs of abuse in the scenario and determining the most appropriate reporting mechanism.

Slide 9: Best practices for monitoring

- Developing monitoring plans
- Conducting interviews and observations

Developing monitoring plans: (Explain how to create effective monitoring plans to prevent abuse.)

- Regularly scheduled observations and interactions with residents.
- Reviewing medical records and incident reports for potential red flags.
- Ensuring open communication channels for residents to report concerns.
- Providing training for staff on recognising and reporting abuse.

Conducting interviews and observations: (Explain best practices for conducting interviews and observations with people with disabilities who may have difficulty communicating.)

- Utilising assistive communication devices or methods.
- Creating a calm and private environment.
- Asking open-ended questions and being attentive to nonverbal cues.

Speaker notes: Developing and implementing effective monitoring plans is crucial in preventing abuse. This can involve regularly scheduled observations and interactions with residents, reviewing medical records and incident reports for potential red flags, and ensuring open communication channels for residents to report concerns. We'll also discuss best practices for conducting interviews and observations with people with disabilities. These may include utilising assistive communication devices or methods, creating a calm and private environment, asking open-ended questions, and being attentive to nonverbal cues.

Slide 10: Summary and wrap-Up

- Key takeaways
- Next steps

This slide will summarise the key takeaways from the training program. These will likely include:

- The different forms of abuse faced by women and children with disabilities in institutions.
- The signs and symptoms of abuse in this population.
- The legal framework protecting people with disabilities from abuse.
- Effective reporting procedures and legal obligations regarding reporting.
- Techniques for developing and implementing a monitoring system.
- The importance of self-care for professionals working in this demanding field.

Next steps:

This slide will encourage participants to actively apply the knowledge, and skills gained throughout the training. It may include suggestions such as:

- Reviewing the provided resources on recognising abuse and reporting procedures.
- Discussing the training content with colleagues and supervisors.
- Implementing the department-specific monitoring plans developed during the group exercise.
- Identifying opportunities to integrate self-care practices into their daily routines.

Additional resources:

This slide will provide a comprehensive list of resources for ongoing learning and support. These may include:

- Websites and hotlines dedicated to reporting abuse of people with disabilities.
- Online training modules and webinars on recognising abuse.
- Contact information for mental health hotlines and employee assistance programs for support with self-care.

3. Interactive tasks

Case studies

Case Study 1: A child with disabilities

- Scenario: A child with disabilities shows signs of physical abuse.
- Task: Identify signs and develop an intervention plan.
- Discussion questions: What are the signs of abuse? How would you respond? What steps would you take to report and address the situation?

Signs of abuse:

- Physical injuries:
    - Describe the specific injuries (bruises, cuts, burns, etc.) and their locations.
    - Are the injuries new or in various stages of healing?
    - Do the injuries seem accidental or deliberate?
- Behavioural changes:

    - Has the child become withdrawn, anxious, or fearful?
    - Are there any changes in sleeping or eating patterns?
    - Does the child flinch at touch or seem afraid of certain people?
- Disclosures:
    - Has the child directly or indirectly disclosed abuse (through drawings, play, or verbalisation)?

Possible caregivers:

- Parents/Guardians: Are they the suspected abusers?
- If not, who are the primary caregivers?
- Is there a history of domestic violence or substance abuse in the household?

Context:

- Living situation: Is the child living in a stable environment?
- School attendance: Has the child's school attendance been irregular or marked by behavioural changes?
- Previous interventions: Has there been any prior involvement with child protective services?

Possible courses of action:

- Reporting the abuse: Who will report the abuse (teacher, doctor, mandated reporter)?
- What agency will be contacted (child protective services, law enforcement)?
- Ensuring safety: How can the child's immediate safety be ensured?

Additional considerations:

- Communication barriers: Does the child have any communication limitations that might make it difficult to disclose abuse?
- Disability-specific concerns: Are there specific vulnerabilities or challenges related to the child's disability that increase their risk of abuse?
- Investigative challenges: How might the child's disability make it difficult to investigate the abuse?

Case Study 2: A woman with disabilities

- Scenario: A woman with disabilities reports psychological abuse by staff.
- Task: Assess the situation and create a monitoring plan.

- Discussion questions: What evidence would you look for? How would you document your findings? What actions would you recommend?

The abuse:

- Specific examples: What are some specific things the staff members are saying or doing that the woman considers abusive? (e.g., name-calling, threats, humiliation, gaslighting, dismissing her concerns)
- Duration: How long has this abuse been happening?
- Impact: How has this abuse affected the woman emotionally and mentally?

Possible further details:

- Witnesses: Are there any other residents or staff who have witnessed the abuse?
- Past reports: Has the woman reported the abuse before? If so, what was the outcome?
- Fear of retaliation: Is the woman afraid of what will happen if she reports the abuse?

Possible courses of action:

- Reporting the abuse: Who will the woman report the abuse to? (Facility manager, social services, disability rights organisation)
- Advocating for support: What kind of support does the woman need to feel safe and respected?
- Legal action: Is there a possibility of legal action being taken?

Additional considerations:

- Dependence on staff: How reliant is the woman on the staff for her daily needs?
- Communication barriers: Does the woman have any communication barriers that could make it difficult to report the abuse?
- Power imbalance: How does the power dynamic between the woman and the staff contribute to the abuse?

Exercise – "How to cope in challenging situations?"

Opening activity:

- Divide participants into small groups (3-4 people). Distribute a list of potential emotional reactions to witnessing abuse (e.g., sadness, anger, frustration, helplessness, guilt). Each group discusses which reactions they might experience and why.
- Reconvene as a large group and share key takeaways from the small group discussions.

Facilitation:

- Briefly explain the concept of self-care and its importance in preventing burnout and maintaining mental health.

Activity:

- Present a list of self-care strategies (physical activity, mindfulness exercises, relaxation techniques, hobbies, spending time with loved ones). Participants individually write down 3 self-care strategies they currently use or would like to try.

Group sharing:

- Invite volunteers to share one of their self-care strategies with the group. Encourage discussion and brainstorming of additional strategies. Provide handouts with resources for further exploration (e.g., mindfulness apps, relaxation techniques guides).
    - Briefly summarise the importance of self-care for their work.
    - Encourage participants to continue developing and implementing their self-care plans.
    - Provide a list of resources for ongoing support (mental health hotlines, employee assistance programs)

Annex - Assessment forms

i) Pre-Training

PART A: BASELINE KNOWLEDGE

Please rate your current knowledge level on the following topics:

Topic	No Knowledge	Basic Knowledge	Moderate Knowledge	Advanced Knowledge
Legal norms and standards for protecting women and children with disabilities in residential and segregated non-residential facilities	☐	☐	☐	☐
Signs and symptoms of abuse in women and children with disabilities	☐	☐	☐	☐
Reporting mechanisms for abuse in residential and segregated non-residential settings	☐	☐	☐	☐
Trauma-informed practices	☐	☐	☐	☐
Best practices for monitoring and evaluation in residential and segregated non-residential settings	☐	☐	☐	☐

What are your primary expectations from this training?

_____

_____

_____

_____

Have you previously received training on any of these topics? If yes, please provide details.

_____

_____

_____

_____

How confident are you in your ability to identify and respond to abuse of women with psychosocial and/or intellectual disabilities in various settings?

Not Confident	Somewhat Confident	Confident	Very Confident
☐	☐	☐	☐

How confident are you in your ability to identify and respond to abuse of children with psychosocial and/or intellectual disabilities in various settings?

Not Confident	Somewhat Confident	Confident	Very Confident
☐	☐	☐	☐

PART B: PRE-TRAINING SELF-ASSESSMENT

Describe any previous experience you have in monitoring or evaluating facilities where women and children with disabilities reside.

_____

_____

_____

_____

Identify any specific challenges you have faced or anticipate facing in this role.

_____

_____

_____

_____

What additional topics or issues would you like to see covered in this training?

_____

_____

_____

_____

ii) Post-Training

PART A: KNOWLEDGE GAINED

Please rate your knowledge level on the following topics after the training:

Topic	No Knowledge	Basic Knowledge	Moderate Knowledge	Advanced Knowledge
Legal norms and standards for protecting women and children with disabilities in residential and segregated non-residential facilities	☐	☐	☐	☐
Signs and symptoms of abuse in women and children with disabilities	☐	☐	☐	☐
Reporting mechanisms for abuse in residential and segregated non-residential settings	☐	☐	☐	☐
Trauma-informed practices	☐	☐	☐	☐
Best practices for monitoring and evaluation in residential and segregated non-residential settings	☐	☐	☐	☐

How confident are you in your ability to identify and respond to abuse of women with psychosocial and/or intellectual disabilities in various settings?

Not Confident	Somewhat Confident	Confident	Very Confident
☐	☐	☐	☐

How confident are you in your ability to identify and respond to abuse of children with psychosocial and/or intellectual disabilities in various settings?

Not Confident	Somewhat Confident	Confident	Very Confident
☐	☐	☐	☐

How well did the training meet your expectations?

Not at all	Somewhat	Mostly	Completely
☐	☐	☐	☐

PART B: TRAINING EFFECTIVENESS

What were the most valuable aspects of this training?

_____
_____
_____
_____

What aspects of the training could be improved?

_____
_____
_____
_____

Do you feel equipped to apply what you have learned in your professional role? Please explain.

_____
_____
_____
_____

Is there additional training or resources that would further support you?

_____

_____

_____

_____

This chapter serves as an overview of monitoring techniques, such as observations in the field, studying documents, and interviewing staff members and service users with a special emphasis on recognising abuse of women and children with disabilities in residential settings, including social care institutions, psychiatric hospitals, small group homes,[1] as well as segregated non-residential settings including daycare centres.[2]

Information gathering must be guided by the **principle of triangulation**. This principle implies using a variety of sources (observations, documentation check and interviews) to establish facts and checking them against each other sources.

Monitoring techniques

1. Observation in the field – checklist (See also pages 32 to 39 of the Monitoring Methodology.)

Instructions: This checklist focuses on environmental factors within residential and segregated non-residential settings. These factors can influence the risk of abuse.

Overall environment

Location

- Where is the facility located? (e.g. Rural or urban area? Close to central neighbours or far from them?)
- How many buildings/wards/rooms are there? Describe them.
- Are there any outdoor spaces? Please describe them.

Cleanliness and maintenance:

- Are common areas/users' rooms clean and free of clutter?
- Are floors, walls, and furniture in good repair?
- Is there adequate lighting and ventilation throughout the facility?
- Are there unpleasant odours present (e.g., urine, uncleanliness)?

Accessibility:

- Are entrances, hallways, and doorways wide enough to accommodate wheelchairs and other assistive devices?
- Are ramps available to connect different levels of the building?
- Are bathrooms equipped with grab bars and accessible showers/baths?
- Are there visual and auditory aids available for users with sensory impairments?

[1] For a non-taxative list of institutions, see CRPD Committee (2022). Guidelines on deinstitutionalization, including in emergencies. CRPD/C/5, para 15.

[2] Ibid. para 28. According to para 28 of the DI Guidelines, daycare centres are not community-based services.

Privacy:

- Do users have access to private spaces for conversations and relaxation?
- Do bedrooms/Does the service area provide privacy? (e.g., How many people are placed in the same room? How is privacy ensured in segregated non-residential services? Do users have personal space around their bed with a wardrobe? How can users have their personal belongings with them?)
- Are there designated areas for users to bathe and use the toilet privately?

Comfort and stimulation:

- Are common areas furnished with comfortable seating and tables?
- Are there age and gender-appropriate toys, games, other stimulating activities and different forms of entertainment available? Please describe them.
- Is there access to natural light and outdoor spaces (weather permitting)?
- Are there designated areas for quiet relaxation or reading?

2. Observing potential abuse situations in residential and segregated non-residential settings (See also "Method 2: Observation" of the Monitoring Methodology.)

This checklist provides a framework for observing potential abuse situations in residential and segregated non-residential settings. It is not a substitute for professional assessment but can guide initial observations.

General observations:

- **Staff interactions:** Do staff members interact with users in a respectful and dignified manner? Is there evidence of physical or verbal abuse? Are there any signs of inappropriate touches/speech?
- **User interactions:** Do users appear comfortable and engaged with their surroundings? Are users able to freely express themselves? Are users avoiding/confronting with the staff/their peers?
- **User autonomy:** Do users have control over their daily routines and decision-making? Are children involved in forming their daily routines? What support is offered to women and children in this regard?

Physical abuse:

- **Unexplained injuries:** Are there bruises, cuts, burns, or other injuries on users? How can these be explained?
- **Physical restraint:** Are users restrained physically?
- **Poor hygiene:** Do users appear unwashed or unkempt? Are there concerns about sanitation or inadequate toileting assistance?

Use of chemical restraints:

- **Medications**: What medications are the users taking?
- **Appearance**: Do users appear drowsy or agitated?

Sexual abuse:

- **Inappropriate physical contact:** Do staff members engage in any unnecessary touching or sexualised behaviour with users?
- **Sexually suggestive language:** Is there inappropriate sexual language used towards users?
- **Isolation:** Are users isolated from their peers in a way that could facilitate sexual abuse?

Reproductive abuse:

- **Sexual relationship**: Are there any signs of prohibited or controlled sexual relationships concerning women with disabilities (e.g. flyers, notices on the wall/notice board)? Do they have to request keys to an "intimacy room"?
- **Pregnancy**: Are there any signs of prohibited or controlled pregnancy concerning women with disabilities (e.g. flyers, notices on the wall/notice board)?
- **Childbirth**: Are there any signs of prohibited or controlled childbirth (e.g. flyers, notices on the wall/notice board)?

Emotional abuse:

- **Yelling, insults, or threats:** Do staff members yell at, insult, or threaten users?
- **Humiliation or belittling:** Do staff members engage in behaviour that humiliates or belittles users?
- **Isolation or withdrawal:** Do users appear withdrawn or reluctant to speak for fear of retaliation?
- **Threats of punishment or removal:** Do staff members threaten users with punishment or removal from the facility?

Neglect:

- **Inadequate nutrition or hydration:** Do users appear malnourished or dehydrated?
- **Unsanitary conditions:** Are users' areas dirty, cluttered, or unsafe?
- **Lack of medical care:** Do users seem to get the medical, including dental care they need?
- **Lack of meaningful activities**: Are users permitted to use the garden/sports field or do other outdoor activities? Are there games played with children? Are there activities requested by female users?
- **Inadequate assistance with daily living:** Do users receive disability, age and gender-sensitive support they require with dressing, bathing and toileting etc?
- **Lack of preparation of users for living independently:** Do users receive disability, age and gender-sensitive support in order to gain skills to live and work in the community?

Additional considerations:

- **Communication barriers:** Do communication methods allow users with disabilities to express themselves clearly and report concerns?
- **Record-keeping practices:** Are users' records maintained accurately and with appropriate privacy safeguards?
- **Reporting procedures:** Are information on procedures for residents and staff to report abuse displaced visibly and in an accessible way for every user including children with disabilities and wheelchair users?

Remember: This checklist is a starting point. If you observe any signs of potential abuse, report it to the appropriate authorities immediately.

3. Documentation study – checklist (See also "Method 3: Reviewing documentation" of the Monitoring Methodology.)

Monitors should request different types of documentation depending on the facility type they are visiting. Keep in mind that while access to users' personal data can be denied, monitors can definitely have access to internal policies and information of public interest. Here's a breakdown of key documents to request for each facility:

Psychiatric hospital:

a) Personal data

- **Admission and discharge records:** These records should detail the user's history, diagnosis, and treatment plan.
- **Mental health assessments:** These records detail recent assessments that evaluate the user's mental state and potential risk factors for self-harm or harm to others.
- **Medication administration records:** These records shall detail what medications have been prescribed and how they have been administered.
- **Incident reports:** Request any reports documenting altercations, injuries, or other incidents involving users or staff.
- **Restraint and seclusion records:** These records should document any instances where physical,[3] chemical,[4] mechanical restraints[5] or seclusion[6] were used on users.

b) Internal policies and information of public interest

- **Patient rights and grievance procedures, including EasyRead version:** Ensure these documents are readily available and understood by users.
- **Staff training records**: Verify that staff have received training on recognising and preventing abuse of people with disabilities, with a special focus on children and women with disabilities.
- **Policy on the use of restraints:** This policy describes when, how and by whom different forms of restraints can be administered, for how long these measures can be used, and how they need to be checked and by whom.

Social care home:

a) Personal data

- **Resident care plans:** These plans should outline the resident's individual needs, preferences, and goals for 'care'.

[3] Physical restraint is the use of physical force to prevent, restrict or subdue movement of a person's body or part of their body.

[4] Chemical restraint is the use of medication to control or subdue a person's behaviour.

[5] Mechanical restraint is the application of a device to the person's body or part of their body to restrict the person's movement.

[6] This can be described as enforced isolation or segregation.

- **Medical records:** These records detail the resident's overall health situation.
- **Daily living records:** These records document how residents are assisted with daily activities like dressing, bathing, and eating.
- **Incident reports:** Similar to a psychiatric hospital, request reports documenting any resident injuries, accidents, or altercations.
- **Resident satisfaction surveys:** These surveys can provide some insight into residents' experiences and potential concerns.
- **Staffing logs:** These documents will detail staffing levels.

b) Internal policies and information of public interest

- **Staff training records:** Verify that staff have received training on recognising and preventing abuse of people with disabilities, with a special focus on children and women with disabilities.
- **Staffing logs:** These documents will detail staffing levels.
- **Policy on the use of restraints:** Check how restraints can be administered for residents with a special focus on women and children with disabilities.
- **Resident care plan template:** Check how the facility addresses the prevention of abuse in this document with a special focus on children and women with disabilities.
- **Policy on dealing with signals on violence and abuse:** Pay special attention to how residents receive disability, age and gender-sensitive support in making signals on violence and abuse and how users are involved in a disability, age and gender-sensitive way in the process of investigation of signals on violence and abuse.
- **EasyRead information/ leaflets on sex and relationships:** Check whether these documents exist and how they focus on women and children with disabilities.
- **EasyRead information/leaflets on violence and abuse:** Check whether these documents exist and how they focus on special forms of violence and abuse against women and children with disabilities.

Childcare institutions/family-type placement centres

a) Personal data

- **Child care plans**: These plans should outline the child's individual needs, preferences, and goals for 'care'.
- **Medical records**: These medical records detail the child's overall health situation.
- **Daily living records**: These records document how children are assisted with daily activities like dressing, bathing, and eating.
- **Incident reports**: Similar to a psychiatric hospital, request reports documenting any resident injuries, accidents, or altercations.
- **Family visits logs:** This document shows how frequently family members visit the child.

b) Internal policies and information of public interest

- **Staff training records**: Verify that staff have received training on recognising and preventing abuse of children with disabilities, with a special focus on girls with disabilities.
- **Staffing logs**: These documents will detail staffing levels.
- **Policy on the use of restraints:** Check how restraints can be administered for children with disabilities.
- **Child care plan template:** Check how the facility addresses the prevention of abuse of children with disabilities with a special focus on girls with disabilities in this document.
- **Policy on dealing with signals on violence and abuse:** Pay special attention to how children receive disability, age and gender-sensitive support in making signals on violence and abuse and how children are involved in a disability, age and gender-sensitive way in the process of investigation of signals on violence and abuse.
- **Policy on family visits and family reunification of children:** Check how family visits and family reunification of children are supported or blocked.
- **EasyRead information/ leaflets on sex and relationships:** Check whether these documents exist and to what extent they are disability, age and gender sensitive.
- **EasyRead information/leaflets on violence and abuse:** Check whether these documents exist and how they focus on special forms of violence and abuse against children with disabilities and especially girls with disabilities.

Segregated non-residential services

a) Personal data

- **Client care/development plans:** These plans should detail the client's individual needs, preferences, and goals for 'care'.
- **Medication administration records** (if applicable): If the segregated non-residential service includes medication management, request records documenting medication administration.
- **Incident reports:** Request reports documenting any client injuries, accidents, or concerns.
- **Communication logs:** These logs may document communication with the client, family members, or other healthcare professionals involved in the client's care.

b) Internal policies and information of public interest

- **Staff training records:** Verify that staff have received training on recognising and preventing abuse of persons with disabilities, with a special focus on children and women with disabilities.
- **Staffing logs:** These documents will detail staffing levels.
- **Client care plan template:** Check how the facility addresses the prevention of abuse in this document with a special focus on children and women with disabilities.
- **Policy on dealing with signals on violence and abuse:** Pay special attention to how clients receive disability, age and gender-sensitive support in making signals on violence and abuse and how

clients are involved in a disability, age and gender-sensitive way in the process of investigation of signals on violence and abuse.

- **EasyRead information/leaflets on violence and abuse:** Check whether these documents exist and how they focus on special forms of violence and abuse against women and children with disabilities.

General considerations:

- Monitors should request documentation in a format that is accessible to them (e.g., electronic copies, printed versions).
- Facilities may have policies regarding privacy and confidentiality of resident/client/user records. Monitors should be familiar with these policies and obtain necessary permissions before accessing documentation.
- This list is not exhaustive, and monitors may need to request additional documentation based on the specific circumstances of their visit.
- By reviewing this documentation, monitors can identify potential areas where violence and abuse may be occurring.

4) Identification of users in particularly vulnerable situations - checklist

This checklist provides a framework for identifying children and women with disabilities who may be in particularly vulnerable situations to be abused in psychiatric hospitals, social care homes, childcare institutions/family-type placement centres and segregated non-residential services. Remember, this is not a substitute for professional assessment, but it can guide your initial observations.

Gender-specific abuse:

Be particularly alert to forms of violence specifically targeting women. This includes sexual assault, forced contraception, forced sterilisation, controlling access to reproductive healthcare (including contraception), and exploitation for domestic labour, all of which are more prevalent among women with disabilities.[7]

Physical signs:

- **Permanently or temporarily bedridden:** Users who need support and assistance to move around or those who spend most of the day in bed may be more susceptible to neglect or physical abuse.

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[7] For more information on gender-based violence see for example Inclusion Europe (2018). Life after violence: A study on how women with intellectual disabilities cope with violence they experienced in institutions. Available at: https://www.inclusion-europe.eu/wp-content/uploads/2019/02/LAV-Publication_web.pdf, last accessed 13 September 2024.; European Disability Forum (2021). Violence against women and girls with disabilities in the European Union (2021). Available at: final-EDF-position-paper-on-Violence-against-women-and-girls-with- disabilities-in-the-European-Union.pdf (edf-feph.org), last accessed 13 September 2024.; Foundation for European Progressive Studies & Foundation Jean Jaurès (2021). Gender-based violence against women and girls with disabilities. Available at: https://feps-europe.eu/wp-content/uploads/2021/06/Gender-based-violence-against-women-and-girls-with-disabilities.pdf, last accessed 10 September 2024.

- **Often restrained:** Frequent use of physical, mechanical or chemical restraints is a red flag for abuse and violence and inadequate response to the 'challenging behaviour' of the user.
- **Malnourished:** Signs of malnutrition (e.g., weight loss, muscle wasting) can indicate neglect or inadequate care.

Communication challenges:

- **Non-verbally communicating:** Users who cannot communicate verbally may have difficulty expressing their needs or reporting abuse.
- **Reliance on compensatory aids:** Users who rely on assistive technology or communication aids are experiencing neglect (or punishment) if these aids are not maintained or readily available.
- **Evolving capacity:** Children with disabilities have evolving capacities meaning that they may require support in expressing their preferences and understanding their rights.

Behavioural considerations:

- **Attention-demanding behaviours:** Children and women with disabilities who exhibit 'challenging behaviours' may be at increased risk of abuse due to staff frustration or inadequate training in supporting users.
- **Visibly subdued:** Children and women with disabilities who appear overly withdrawn or lethargic might be experiencing forced medication or emotional abuse.
- **Self-harming behaviours**: Children and women with disabilities who engage in self-harming behaviours may be struggling with emotional distress or a lack of coping mechanisms.
- **Regression in developmental milestones:** A child exhibiting regression in previously mastered skills can be a sign of stress or trauma.
- **Displays of aggression or tantrums:** Frequent outbursts or aggression could be a sign of underlying emotional or behavioural challenges requiring proper support, not punishment.

Medical considerations:

- **Frequently hospitalised:** Frequent hospitalisations can be a sign of uncontrolled medical conditions or potential abuse within the facility.
- **Medication concerns:** Be aware of potential side effects of medications children and women with disabilities are taking and observe for signs of excessive drowsiness or lethargy.

Observation techniques:

- **Observe user interactions with staff**: Look for signs of respect, dignity, and responsiveness to users' needs.
- **Observe user body language**: Are users withdrawn, fearful, or hesitant to interact?
- **Pay attention to the physical environment**: Are users' rooms and commonly used spaces clean, comfortable, and free from safety hazards?
- **Pay attention to gender and age**: When assessing potential abuse, violence and neglect, pay special attention to the disability, gender, and age of the user.

- **Engage with clients** (if possible): Try to establish rapport and inquire about their well-being in a sensitive manner.
- **Look for signs of neglect**: Are users appropriately dressed, clean, and hydrated?
- **Discreetly talk with other staff** (when possible): Ask about any concerns regarding specific users or general observations about the facility culture.

Remember: Be respectful and sensitive towards all users during your visit. Be playful, approachable, and age-appropriate in your interactions with children. If you observe any signs of potential abuse, report it to the appropriate authorities immediately. This checklist should be used in conjunction with your professional judgment and adapted to the specific context of each visit.

5) Basic principles of speaking and engaging with children with disabilities and women with disabilities

Remember: The goal is to establish rapport, create a safe space for communication, and gather information in a way that is comfortable, gender sensitive, and age-appropriate.

Preparation:

- **Gather information** (if possible): Before interacting with a child or a woman, review their records (with permission) to understand their age, impairment, communication channels, interests, and any potential triggers.
- **Dress appropriately:** Wear comfortable, non-threatening clothing and avoid wearing uniforms or badges that might seem intimidating.

Communication techniques:

- **Non-verbal cues:** Smile, make eye contact at the level of the person you are speaking with, and use open body language to convey warmth and approachability.
- **Simple language:** Use clear, concise, gender and age-sensitive language. Avoid jargon or technical terms.
- **Active listening:** Pay close attention to the child's and woman's verbal and non-verbal cues. Give them time to respond and validate their feelings.
- **Open-ended questions:** Ask questions that encourage the user to elaborate on their experiences, such as "Can you tell me more about that?" or "How do you feel about living/spending your day here?"
- **Play therapy (for younger children):** Engaging in simple play activities can be a valuable tool for building trust and uncovering underlying concerns.
- **Respect boundaries:** If the user seems hesitant to talk or engage, don't pressure them.
- **Images**: Images can help monitors to communicate with children with intellectual and psychosocial disabilities during interviews.[8]

[8] See MDAC, GIP, LIGA, ACT (2017). The CHARM Toolkit - The Child Human Rights Abuse Removal Monitoring Toolkit. Tool Nine: Images for Communicating with Children with Mental Disabilities. Available at: https://mdac.org/sites/mdac.info/files/charm_en.pdf, last accessed 13 September 2024.

Topics and questions (Examples):

- **Daily activities:** "What's your favourite thing to do here?" "What are some of the rules in this place?"
- **Feelings and well-being:** "How are you feeling today?" "Is there anything that makes you feel scared or sad?" (Phrased in a sensitive way)
- **Relationships with staff:** "Do you have a favourite caregiver/worker here?" "Can you tell me about the people who take care of you or support you?"
- **Needs and preferences:** "Is there anything you need right now?" "What makes you feel happy and safe?"

Important considerations:

- **Maintain confidentiality:** Assure the interviewee that the conversation will be kept confidential within professional boundaries.
- **Ask the right questions:** Do not ask all the below-listed questions; ask those which seem to be the most relevant. Do not forget to ask back if something is not clear or if you did not hear what the child or the woman had told you. Ask follow-up questions.
- **Report concerns:** If the user discloses abuse or neglect, report it to the appropriate authorities immediately.

Interviewing children with disabilities and staff working with children with disabilities

You can use questions from different areas, for example as designed in the CHARM toolkit.

a) Interviewing children with disabilities

1. DIGNITY AND PRIVACY - Is it nice here? Are these your own clothes? Did you choose them? Did you choose your haircut? Do you have a safe place to keep things your things? Can you lock the toilet door? How are the staff? Who is your favourite? Why? Who don't you like? Why? Can you buy things for yourself? What happened on your last birthday? What is the best thing about being here? What is the worst? Where can you go to have some privacy?

2. PLACEMENT IN THE INSTITUTION - Why do you live here? How long have you lived here? Are you in touch with family or friends? When did you come here? How did you feel when you moved here? Where do you want to live? Did anyone ask you about coming here? Do you know when you will leave here?

3. ALTERNATIVES TO INSTITUTIONALISATION - Do you have family members? Are you in touch with them? Do you have an aunt, uncle or cousin? Has anyone else looked after you? How do you feel about living here? Is there somewhere else you would like to live?

4. RECREATION, LEISURE AND CULTURE; SOCIAL INCLUSION - What do you do in your spare time? What games do you play here? Have you got any books? Do you take part in activities with other children? Can you tell me about these? Have you been on trips/outings? What was the last trip/outing you went on? Do you have friends outside the institution? How often do you see them?

5. EDUCATION - Do you go to school? Tell me about your classes. Is the school here or somewhere else? What do you learn? What would you like to do when you're an adult? Are you studying for any qualifications? Are there children without disabilities in your class?

6. CARE PLANNING AND PARTICIPATION - What plans have been made for you here? Did someone explain these to you? Is that what you want? Who can you talk to about your plans? Have you been in any meetings about plans for the future? Do the staff tell you when they are thinking about plans? Do they listen to your opinions? Who is your key worker? Do you like them? Do you think they understand you? Can you show me your personal book?

7. PHYSICAL HEALTH CARE AND CONSENT - Are you healthy? When were you last ill? Are you on any tablets? When did you last go to the dentist? Optician? Have you had injections? Do you agree with the medicines? Did someone ask your opinion? Have you had any operations? Did someone explain what it was about?

8. ABUSE - Do you feel safe here? Do you ever feel unsafe? Why? Have you ever been hurt here? How? What do staff do if a child is upset/angry? Has that ever happened to you? Is there somewhere that naughty children are sent? Is there any bullying? Who can you talk to if you feel sad? Who do you like here? Who don't you like? Why?

9. COMPLAINTS - Have you ever complained? Did it help? How can children complain if they don't like something? Do you know where the complaints box is? Are complaints taken seriously? Who can you talk to if you are angry about a decision? Do you have an advocate?

b) Interviewing staff working with children with disabilities

1. DIGNITY AND PRIVACY – What is this child's name? Does she/he have a nickname? – What can you tell me about this child? – What does he/she like doing? Not like? – Where are the child's personal items kept? – Can children wear their own clothing? – What happens if a child doesn't have clothing or personal items? – How often can children have their clothes cleaned? – Where can children go to have some privacy? – Who is allowed to enter children's rooms? – How are children clothed? Who helps them with this? – What are the rules about bathing and showering? Gender? – How is a child's birthday celebrated? – Does the child have a key worker?

2. PLACEMENT IN THE INSTITUTION – Why does this child live here? – What are the reasons that this child cannot live with their family/in their community? – What authorisation is there for this child's placement? A court order? A contract? – Was the child involved with her/his placement here? Were they asked their opinion when the contract was being signed/during legal proceedings? – What are the child's views about living here? – How often is the child's placement reviewed? By who? What was the outcome of the most recent review? – Who is the child's legal guardian? – How often does the child's legal guardian visit them?

3. ALTERNATIVES TO INSTITUTIONALISATION – What alternatives were considered before the child was placed here? – Are any of the services provided in this institution available in the community? – What is the process for releasing children? – Has fostering/adoption/placement with relatives been considered? – Is there a plan for this child to move back to the community? Can I see it/an example? – How do staff coordinate with community-based services when planning for a child's discharge? – Is there much demand for places in this institution? Why?

4. EDUCATION, RECREATION AND ACTIVITIES – Could you show me what books/toys/activities are available for children? – How were these materials chosen? – Are there computers? Can children use the internet? – What education is available for children here? – Are children educated in the institution or elsewhere? – Can I see the education curriculum/examples of children's school work? – How many children are enrolled in formal education? – What recreational activities are organised here? Can I see a list? – Do you have resources for children with different impairments? – What techniques do you use to communicate with children?

5. PARTICIPATION IN CARE PLANNING – Can you talk me through the care planning approach used here? – How are children involved in this process? – How regularly are children's care plans reviewed? By whom? With the involvement of the child? – What are the different parts of a child's care plan? – What professionals are involved in providing care and treatment for the child? – What records are kept of the child's opinion/views? How are these sought? – Who is the child's case manager? How often do they visit? – What happens if a child disagrees with a part of their care plan? Or if they want their case manager changed? – How are complaints from the child dealt with? Have there been any complaints? Can you tell me about these? – Who assesses the child's needs? – Can you tell me about this child's individual needs? What support do they receive? – What are the goals of this child's care plan? What plans are there to increase this child's development/independence? – Do you have life skills courses? Cooking, budgeting, personal care, travel, health, domestic activities, etc. – What support will this child receive through transitions? Moving back home, moving in with a foster family, preparation for independent living, etc.

6. SEXUAL HEALTH AND SAFETY – What information/education is provided to young people about relationships, sex, puberty? – What sanitary products are available for girls? – What contraceptives are available? How can young people access these privately? – Are girls given contraception? Are they informed about the options? – Does sterilisation occur? How? At the request of the person concerned or at the initiative of others? Does this concern girls only or boys as well? Do abortions occur? How? At the request of the person concerned or at the initiative of others? – Are young people allowed to have personal relationships? – Who can children speak to about relationships, sex, puberty? How do you ensure that sexual abuse by staff and other children during daily hygiene routines cannot happen? – How do you deal with allegations of sexual harassment by children? – Have there been complaints of sexual harassment? Against staff? Against other young people? What happened? – What training is provided to staff about handling sexual health and safety?

7. PHYSICAL HEALTH CARE AND CONSENT – How frequently are children seen by a doctor? Dentist? Optician? – What vaccinations do the children receive? Can you show me the records? – Please tell me what

the protocol is if a child becomes ill or has an injury. – What medical staff visit the institution? How often? – What consent is sought if a child needs medical treatment? Is their consent sought? – What medication is provided to this child? What is the reason for providing this medicine? – What happens when a child decides not to take medicine/consent to a treatment/an operation? – Who prescribes medicines and treatments? What records are kept of these? – What health information is available to children? – How are infectious diseases handled? Have there been any outbreaks of infectious diseases? – What staff are trained in first aid? What does this training comprise of? – What first aid materials are available on this ward? – What records are kept of diseases, accidents or injuries? Can I see these? – Where are medicines kept? Who can access medicines? Can I see the drug charts? – How is a child's consent or refusal to treatment documented? Can I have an example of the form used?

8. COMPLAINTS – How can children make complaints? – Is there a complaints box? Can I see an example of a complaints form? – Are records of complaints kept on children's files? – What records are kept about complaints? Can I see the complaints log? – How are complaints from children investigated? – What help is available to children who may want to complain? – Is independent advocacy/advice available for children? – What happens if a child disagrees with a decision made by their key worker/legal guardian/staff member/director of the institution? Can they appeal? – How are complaints of a sensitive or serious nature dealt with? – How many complaints from children have been received in the last six months/year? What statistics are available? How are complaints categorised?

9. STAFF TRAINING – What forms of training are compulsory for staff? – What types of background checks are done on staff working in this institution? – Do staff receive training in: – Health and safety? – Child protection? – Child development? – Mental health? Intellectual disability? Autism? – Alternative and Augmented Communication ("AAC")? – Human rights? – Legal standards/national policies? – Manual handling? – Personal care for children? – Key working? – Identifying abuse? – Handling complaints? – Handling medicines? – Are staff required to participate in such training? – What records are kept of staff training?

10. ABUSE – How are children handled if they misbehave? – What sanctions are there for children who misbehave? – How is aggression/anger handled? What de-escalation techniques are used? What training is provided in these? – What records are kept of incidents? – Are seclusion rooms/'quiet rooms'/separate rooms used? For what purposes? How long can a child be placed in one? Who decides? What records are kept? Can you show me? – Are physical restraints used? (Straps, belts, buckles, ropes, chains, restraint beds, restraint chairs, cage beds – net or metal, handcuffs, etc.) For what purpose? How long can a child be physically restrained? Who decides? What records are kept? Can you show me? – Do staff ever use manual handling techniques/holds to restrain children? Can you explain to me how this is done? – Are sedatives used? What types? For what purpose? Who decides on that? What records are kept? – How are incidents of seclusion/restraint/sedation reported? To whom? What are the time limits? – How are the emotional needs of children fulfilled? – How are incidents of bullying handled? – Does bullying occur between children here? What kind of bullying? – Do you have a policy against bullying? Can I have a copy? How are children informed about the anti-bullying policy? – What happens if there is a fight between children? – What is the

procedure if a child tells you they have been harmed? By another child? By a staff member? – What support/rehabilitation/therapy is provided to children who have been victims of abuse? – Have there been any serious incidents recently/in the last six months/year? – Are there any particularly vulnerable children here? What makes them more vulnerable? How do staff respond to these vulnerabilities? – What forms of care are provided to very young children/children with multiple disabilities/communication impairments/mental health issues/autism/teenagers? – How many children is each key worker responsible for? How much time do they spend with children? How often do they visit?

11. DEATHS AND SERIOUS INCIDENTS – How many children have died in this institution? Past year/five years? – What records are kept of deaths/very serious incidents? Causes of death/incident? – What is the protocol if a child dies? Who is notified? Police? Doctor? Supervisory authority? – Where is the body of the child taken? – What investigations take place where a child has died? Internal/independent? – When are police informed of deaths/serious incidents? – How are families informed of deaths/serious incidents? – How are other children informed if a child has died? Is there any memorial for children who have died? What support is provided to children to cope with the death of a friend?

12. SOCIAL INCLUSION – How involved are families in the care of their children? – How are family/friend visits facilitated? – Can families access funds to help with travel to visit their children? – How often do children leave the institution? Can they visit their families? – How are children prepared for leaving the institution? – How long do children stay here? What is the longest period? – Where do the children receive education? – Are there programmes to prepare young people for living independently? – What leisure activities are there for children? How often do children go on trips/ vacations? To where? – How can children contact their families/friends/relations? How often can they use the phone? What support is available for children with communication impairments? – How are letters/personal correspondence handled?

Interviewing women with disabilities and staff working with women with disabilities

a) Interviewing women with disabilities

Please note that certain questions are relevant only if a woman with disabilities is living in an institution.

1. DIGNITY AND PRIVACY - Is it nice here? Are these your own clothes? Did you choose them? Did you choose your haircut? Do you have a safe place to keep your things? Can you lock the toilet door? How are the staff? Who is your favourite? Why? Who don't you like? Why? What can and cannot you decide? Have you celebrated here your last birthday? What is the best thing about being here? What is the worst? Where can you go to have some privacy?

2. PLACEMENT IN THE FACILITY - Why do you live here/use this service? How long have you lived here/used this service? Are you in touch with family or friends/Do you have friends here? When did you

come here? How did you feel when you moved here/started to use this service? Where do you want to live? Did anyone ask you about coming here? Do you know when you will leave here/stop using this service?

3. ALTERNATIVES TO INSTITUTIONALISATION - Do you have family members/friends? Are you in touch with them? Do you have an aunt, uncle or cousin? Has anyone else looked after you when you were a child? How do you feel living here/using this service? Is there somewhere else you would like to live? What other service can you imagine to be more useful for you?

4. RECREATION AND ACTIVITIES - What do you do in your spare time? What activities do you do here? Have you got any personal items here? Do you take part in activities with other users? Can you tell me about these? Have you been on trips/outings? What was the last trip/outing you went on? Do you have friends outside this facility? How often do you see them?

5. CARE PLANNING AND PARTICIPATION - What plans have been made for you here? Did someone explain these to you? Is that what you want? Who can you talk to about your plans? Have you been in any meetings about plans for the future? Do the staff tell you when they are thinking about plans? Do they listen to your opinions? Who is your key worker/case manager? Do you like them? Do you think they understand you?

6. SEXUAL HEALTH AND SAFETY – What information/education did you get here about relationships and sex? What sanitary products are available for you? – What contraceptives are available? How can you access these privately? – Are you or other women given contraception? Are you informed about the options? Is it obligatory to take contraceptions? – Does sterilisation occur here? How? At the request of the person concerned or at the initiative of others? – Does abortion occur here? How? At the request of the person concerned or at the initiative of others?– Are you and other women allowed to have personal relationships? – Who can you and other women speak to about relationships and sex? – If a woman needs support with bathing or toiletting, male or female staff provides support? Why? – Have you ever reported sexual harassment? When? Against whom? To whom? What happened?

7. PHYSICAL HEALTH CARE AND CONSENT - Are you healthy? When were you last ill? Are you on any tablets? When did you last go to the dentist? Optician? Have you had injections? Do you agree with the medicines? Did someone ask your opinion? Have you had any operations? Did someone explain what it was about? Are you making decisions concerning medical treatment or someone else make it for you?

8. ABUSE - Do you feel safe here? Do you ever feel unsafe? Why? Have you ever been hurt here? How? What do staff do if someone is upset/angry? Has that ever happened to you? Is there somewhere disobedient persons are sent? Is there any bullying? Who can you talk to if you feel sad? Who do you like here? Who don't you like? Why? Have you ever experienced violence here? Or somewhere else? Did it have anything to do with you being a woman?

9. COMPLAINTS - Have you ever complained? Did it help? How can people complain if they don't like something? Do you know where the complaints box is? Are complaints taken seriously? Who can you talk to if you are angry about a decision? Do you have an advocate?

b) Interviewing staff working with women with disabilities

1. USERS – How many users are there in this ficility? What is the approximate percent of men and of women? What is the approximate percent of those aged (a) under 18, (b) 18-65, (c) over 65 and how many of these people are women? About what percent of the users are deprived or restricet of legal capacity (under guardianship)? What percent of these people are women? Who are the guardians? (eg. Family members, professional staff, the director of the facility)? What is the avarage length of stay in this facility? In the last 12 months, how many people left the facility? What percent of these people were women? Where did they go?

2. DIGNITY AND PRIVACY – What is this woman's name? Does she have a nickname? – What can you tell me about this woman? – What does she like doing? Not like? – Where are the woman's personal items kept? – (Institutions: Can women wear their own clothing? – What happens if a women doesn't have clothing or personal items? – How often can women have their clothes cleaned? – Where can women go to have some privacy? – Who is allowed to enter women's rooms? – How many women are sharing the same room? Can women decide with whom they would like to be with? Can women decide what clothes to put on? – What are the rules about bathing and showering? Several women together? Together with with men? – How is a woman's birthday celebrated? – Does the woman have a key worker?

2. PLACEMENT IN THE FACILITY – Why does this woman live here/attending this facility? – What are the reasons that this woman cannot live in the community/has to attend this non-residential facility? – What authorisation is there for this woman's placement? A court order? A contract? – Was the woman involved with her placement here? Was she asked about her will and preferences when the contract was being signed/during (legal) proceedings? – Has this woman ever been institutionalised before getting here? What are the woman's views about living here/attending this facility? – How often is the woman's placement reviewed? By who? What was the outcome of the most recent review? – Is this woman under guardinaship? What type? Who is the woman's guardian, if any? – How often does the woman's guardian get in touch with her? How?

3. ALTERNATIVES TO INSTITUTIONALISATION AND SEGREGATED NON-RESIDENTIAL SERVICES – What alternatives were considered before the woman was placed here? – Are any of the services provided in this facility available in the community? – What is the process for releasing women? – Is there a plan for this woman to move back to the community/not to attend segregated non-residential setting? Can I see it/an example? – How do staff coordinate with community-based services when planning for a woman's discharge? – Is there much demand for places in this facility? Why?

4. RECREATION AND ACTIVITIES – Could you tell me what programs/activities are available for women? – How were these activites chosen? – Can man take part in these activities? Are there programs/activities within or outside of the facility in which women cannot participate? Why? – Are there computers? Can women use the internet? – What programs are available for women outside of this facility organised by you?

5. PARTICIPATION IN CARE PLANNING – Can you talk me through the care planning approach used here? – How are women involved in this process? – Is there any difference concerning this when it comes

to men? – How regularly are women's care plans reviewed? By whom? With the involvement of the person concerned? – What are the different parts of a woman's care plan? – What professionals are involved in providing care and treatment for the woman? – What records are kept of the woman's will and preferences? How are these sought? – Who is the woman's key worker/case manager? How often do they meet the woman? – What happens if a woman disagrees with a part of their care plan? Or if she wants her key worker changed? – How are complaints from women dealt with? Have there been any complaints? Can you tell me about these? – Who assesses the needs of women? How? – Can you tell me about this woman's individual needs? What support does she receive? – What are the goals of this woman's care plan? What plans are there to increase this woman's independence? – Do you have life skills courses? Cooking, budgeting, personal care, travel, health, domestic activities, etc. – What support does she receive concerning her preparation for independent living?

6. SEXUAL HEALTH AND SAFETY – What information/education is provided to women about relationships and sex? – What sanitary products are available for women? – What contraceptives are available? How can women access these privately? – Are women given contraception? Are they informed about the options? – Does sterilisation occur? How? At the request of the person concerned or at the initiative of others? – Does abortion occur? How? At the request of the person concerned or at the initiative of others?– Are women allowed to have personal relationships? – Who can women speak to about relationships and sex? – How do you ensure that sexual abuse by staff and other users during daily hygiene routines cannot happen? – How do you deal with allegations of sexual harassment by women? – Have there been complaints of sexual harassment? Against staff? Against other users? What happened? – What training is provided to staff about handling sexual health and safety?

7. PHYSICAL HEALTH CARE AND CONSENT – How frequently are women seen by a doctor? Dentist? Optician? – What vaccinations do women receive? How their consent is sought? Can you show me the records? – Please tell me what the protocol is if a woman becomes ill or has an injury. – What medical staff visits the facility? How often? – What consent is sought and how if a woman needs medical treatment? Is her consent sought? How is this different if a woman is placed under guardianship? – What medication is provided to this woman? What is the reason for providing this medicine? – What happens when a woman decides not to take medicine/consent to a treatment/an operation? – Who prescribes medicines and treatments? What records are kept of these? – What health information is available to women? – How are infectious diseases handled? Have there been any outbreaks of infectious diseases? – What staff are trained in first aid? What does this training comprise of? – What first aid materials are available in this facility? Where exactly? – What records are kept of diseases, accidents or injuries? Can I see these? – Where are medicines kept? Who can access medicines? Can I see the drug charts? – How is a woman's consent or refusal to treatment documented? Can I have an example of the form used?

8. COMPLAINTS – How can users make complaints? How many of them are women? – Is there a complaints box? Can I see an example of a complaints form? – Are records of complaints kept on user's files? – What records are kept about complaints? Can I see the complaints log? – How are complaints from users investigated? – What help is available to users who may want to complain? – What support measures

available for women with disabilities if they want to complain? – Is independent advocacy/advice available for users? – What happens if a user disagrees with a decision made by their key worker/guardian/staff member/director of the facility? Can they appeal? – How are complaints of a sensitive or serious nature dealt with? – How many complaints from users have been received in the last six months/year? How many of these have been received from women? What statistics are available? How are complaints categorised?

9. STAFF TRAINING – What forms of training are compulsory for staff? – What types of background checks are done on staff working in this facility? – Do staff receive training in: – Health and safety? – Mental health? Intellectual disability? Autism? – Alternative and Augmented Communication ("AAC")? – Human rights? – Legal standards/national policies? – Manual handling? – Personal care for women? – Key working? – Identifying abuse? – Handling complaints? – Handling medicines? – Are staff required to participate in such training? – What records are kept of staff training?

10. ABUSE – What abuse and violence do women experience here, and what violence is specific to institutions/segregated non-residential services? – What do women do here to deal with abuse and violence? – What happened when they moved out of the institution/left the segregated non-residential service? – How do the experiences of women influence their opportunities to live in the community? – What would help them to deal with these traumas? – How are women handled if they misbehave? How is this process different for men? What is considered as misbhaviour? – What sanctions are there for women who misbehave? – How is aggression/anger handled? What de-escalation techniques are used? What training is provided in these? – What records are kept of incidents? – Are seclusion rooms/'quiet rooms'/separate rooms used? For what purposes? How long can a woman be placed in one? Who decides? What records are kept? Can you show me? How the process is different for men? – Are physical restraints used? (Straps, belts, buckles, ropes, chains, restraint beds, restraint chairs, cage beds – net or metal, handcuffs, etc.) For what purpose? How long can a woman be physically restrained and how is it different for men? Who decides? What records are kept? Can you show me? – Do staff ever use manual handling techniques/holds to restrain women? Can you explain to me how this is done? – Are sedatives used? What types? For what purpose? Who decides? What records are kept? – How are incidents of seclusion/restraint/sedation reported? To whom? What are the time limits? – How are the emotional needs of women fulfilled? – How are incidents of bullying handled? – Does bullying occur between users here? What kinds of bullying? – Do you have a policy against bullying? Can I have a copy? How are women informed about the anti-bullying policy? – What happens if there is a fight between users? – What is the procedure if a woman tells you they have been harmed? By another user? By a staff member? – What support/rehabilitation/therapy is provided to women who have been victims of abuse? – Have there been any serious incidents recently/in the last six months/year? – Are there any women here who are in a particularly vulnerable situation? What makes their situation vulnerable? How do staff respond to these vulnerabilities? – What forms of care/treatment are provided to women with multiple disabilities/communication impairments/mental health issues/autism? – How many user is each key worker responsible for? How much time do they spend with users? How often do they meet them? Can they have male and female users as well?

11. DEATHS AND SERIOUS INCIDENTS – How many users have died in this institution? How many of them are women? Past year/five years? – What records are kept of deaths/very serious incidents? Causes of death/incident? – What is the protocol if a user dies? Who is notified? Police? Doctor? Supervisory authority? – Where is the body of the user taken? – What investigations take place when a user die? Internal/independent? – When are police informed of deaths/serious incidents? – How are families informed of deaths/serious incidents? – How are other users informed if a user has died? Is there any memorial for users who have died? What support is provided to users to cope with the death of a friend?

12. SOCIAL INCLUSION – How often do women leave the institution/attend the facility? – How are women prepared for leaving the institution/stop attending the non-residential segregated service? How is it different from the preparation of men? – How long do women stay here? What is the longest period? – Are there programmes to prepare young people for living independently? –What support is available for women with communication impairments?

Examples of other monitoring tools

- WHO QUALITY RIGHTS TOOL KIT – Assessing and improving quality and human rights in mental health and social care facilities: https://iris.who.int/bitstream/handle/10665/70927/9789241548410_eng.pdf?sequence=3
- THE ITHACA TOOLKIT – for monitoring Human Rights and General Health Care in mental health and social care institutions: https://www.mdac.org/sites/mdac.info/files/ithaca_toolkit_english.pdf
- THE CHARM TOOLKIT – The child human rights abuse removal monitoring toolkit: https://mdac.org/sites/mdac.info/files/charm_en.pdf
- ISTANBUL PROTOCOL – Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment: https://www.ohchr.org/sites/default/files/documents/publications/2022-06-29/Istanbul-Protocol_Rev2_EN.pdf

MONITORING LEAFLET

This leaflet is for women and children with disabilities,
their families,
and the staff who care for them.

What is Monitoring?

Monitoring is like checking in
to make sure things are going well.
It's about seeing
if a place that cares for people with disabilities,
is following the rules
and providing the best possible support.

What are We Monitoring?

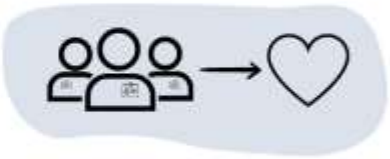
- **Family Life:**
  We want to see if families feel included
  and supported in their loved one's care.

- **Relationships and Feelings:**
  We want to see if people with disabilities feel comfortable
  talking about their emotions, friendships,
  and maybe even love
  (in a safe and appropriate way).

- **Learning and Work:**
  We want to see if there are opportunities for people with disabilities
  to learn new things and have fulfilling jobs.

- **Fun and Activities:**
  We want to see if there are lots of fun things to do,
  so everyone can enjoy themselves.

- **Safe and Caring Staff:**
  We want to see if there are enough staff
  who are well-trained and kind.
  We also want to make sure everyone feels safe.



- **Living in the Community:**
  We want to see if people with disabilities have the chance
  to live on their own or with some support,
  if that's what they want.

How Can You Help?

Talk to the monitors!
They want to hear your thoughts and experiences.
Tell them what's working well.
Let them know if there's anything
you think could be improved.

Together,
we can make sure everyone feels safe,
supported, and happy!

CONTACT