



CHILD AND DISABILITY

SENSITIVE CAPACITY BUILDING

MODEL EQUAL TREATMENT TRAINING GUIDE

Author(s)

Aysegul Sukran Oz, Suzanne Doyle-Guilloud, Axel Le Ho

Illustrators

Petra Lili Szilágyi, Sára Ulrich, Moholy-Nagy University of Art and Design Budapest

Project references

LINK: Linking Information for Adaptive and Accessible Child-Friendly Courts (CERV-2022-DAPHNE - 101097047)

Countries of implementation

Bulgaria, Czechia, Lithuania, Portugal, Slovenia, Italy

Project website (EN)

<https://validity.ngo/projects-2/linking-information-for-adaptive-and-accessible-child-friendly-courts/>

Consortium Partners

Validity Foundation – Project coordinator, Hungary

CNR – Consiglio Nazionale Delle Ricerche, Italy

Fenacerci – Federação Nacional de Cooperativas de Solidariedade Social, Portugal

KERA Foundation, Bulgaria

PIC – Pravni Center Za Varstvo Clovekovih Pravic In Okolja Ljubljana, Slovenia

Mental Health Perspectives, Lithuania

SL Consult – Sabine Lobnig, Austria

SPMP CR – Společnost pro podporu lidí s mentálním postižením v České Republice
ZS, Czechia

Terre des Hommes Hungary, Hungary

VSE – Victim Support Europe, Belgium

Project contacts

Validity Foundation – Mental Disability Advocacy Centre

Mailing address (post box): 1365 Budapest, Pf. 693, Hungary

E-mail: validity@validity.ngo

Publication date

June 2025



Co-funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Commission. Neither the European Union nor the granting authority can be held responsible for them.

TABLE OF CONTENTS

Executive summary	7
List of Acronyms.....	10
Glossary of Terminology	13

01

Introduction	15
1.1. About the Project LINK.....	16
1.2. About the Equal Treatment Training Guidebook.....	17
1.2.1. Key Challenges in Enhancing Accessibility and Integration of Child Protection Systems	18
1.3. Chapter Summary	20
1.3.1. Full day training agenda	20

02

Understanding Disability and Inclusion	21
2.1. Descriptions of Intellectual and psychosocial Disabilities	28
2.1.1. Intellectual Disabilities	29
2.1.2. Psychosocial Disabilities	31
2.2.Strengths of individuals with intellectual and psychosocial disabilities	32
2.3. Chapter Summary	34
2.4. References	35

03

Engaging with Children and Teenagers with Disabilities	38
3.1. Definition of the Child & Childhood	40
3.2. Child Development: Birth to 18 Years	44

3.2.1. Development is Multidimensional	44
3.2.2. Development Follows Predictable Patterns.....	44
3.2.3. Development is Influenced by Nature and Nurture	44
3.2.4. Critical and Sensitive Periods	45
3.2.5. Individual Differences	45
3.2.6. The Role of Social and Cultural Contexts	45
3.3. Interaction among Disability, Developmental Domains, Communication and Engagement	46
3.3.1. Physical Development	46
3.3.2. Cognitive Development	47
3.3.3. Language Development	48
3.3.4. Emotional Development	49
3.3.5. Social Development	50
3.4. Stages of Child Development	53
3.4.1. Infancy (0-2 Years)	53
3.4.2. Early Childhood (2-6 Years)	53
3.4.3. Middle Childhood (6-12 Years)	54
3.4.4. Adolescence (12-18 Years)	54
3.4.4.1. Being an Adolescent	54
3.5. Chapter Summary	57
3.6. References	57

04

Equal treatment and participation	66
4.1. Individual Assessment	69
4.1.1. Definition of the Individual Assessment	69
4.1.2. Purpose of Individual Assessment	70

4.1.3. Examples of Barriers to communication between professionals and children with ID and PD disabilities.....	70
4.1.4. Conducting Age- and Gender-Sensitive Interview	71
4.1.5. Removing Barriers and Providing Accommodations through Collaboration.....	77
4.2. Procedural Accommodations.....	78
4.2.1. Definition and Importance.....	78
4.2.2. Legal Framework for Procedural Accommodations.....	79
4.2.3. Accommodating Children and Teenagers in Criminal Proceedings	81
4.3. Chapter Summary.....	84
4.4. References	85

05

Annexes	93
Annex 1: Common Equal Treatment Training Structure and Activity Guide.....	89
Annex 2: Common Equal Treatment Training Agenda Example.....	92
Annex 3: Key points for Chapter 1 - Introduction.....	93
Annex 4: Key points for Chapter 2: Understanding Disability and Inclusion.....	100
Annex 5: Key points for Chapter 3: Engaging with Children and Teenagers with disabilities	109
Annex 6: Key points for chapter 4 – Equal Treatment and Participation.....	117
Annex 7: Key points for closing.....	123

Executive Summary

The LINK Project aims to improve the accessibility and integration of child protection systems for children with intellectual and psychosocial disabilities in criminal justice settings. The project is implemented across six EU nations and fosters multidisciplinary collaboration and procedural accommodations to ensure child-friendly legal processes. The Equal Treatment Training Guide, developed as part of this initiative, provides training to professionals working with child victims to enhance their ability to engage with children effectively.

The first chapter outlines the mission of the LINK project and the development of the Equal Treatment Training Guide. It highlights the key challenges to enhancing accessibility and integration within child protection systems, including fragmented services, insufficient stakeholder collaboration, and a lack of specialised training for professionals. The training guide was designed to equip professionals with essential skills and frameworks to support child victims with disabilities.

The second chapter provides an in-depth exploration of intellectual and psychosocial disabilities, emphasising a shift from a medical model to a human rights-based approach. It highlights systemic barriers that children with disabilities face within the justice system, including discrimination and criminalisation. Various frameworks, including the biopsychosocial and social models of disability, are discussed to foster a more profound understanding of inclusion. The chapter also underscores the strengths of individuals with disabilities, promoting an asset-based perspective.

Understanding child development is critical for professionals in child protection and criminal justice. The third chapter discusses key developmental domains—physical, cognitive, language, emotional, and social development—and how they interact with disabilities. It emphasises the importance of communication strategies tailored to children's individual abilities, developmental needs and disability-related challenges while advocating for trauma-informed and inclusive engagement methods.

Ensuring the meaningful participation of children in criminal justice procedures requires individualised adaptations based on holistic assessment procedures. Chapter four introduces Individual Assessment, which helps to identify the specific needs of child victims. It discusses barriers to communication and participation that children with intellectual and psychosocial disabilities face, proposing strategies to enhance inclusivity through procedural accommodations such as accessible interview techniques, communication support, and legal protections tailored to children's needs.

Then, it focuses on legal frameworks that support procedural accommodations in justice systems. The reader can find concrete examples of accommodations such as augmentative and alternative communication (AAC), modifications to interview settings, and special assistance during testimony. The chapter underscores the necessity of aligning legal procedures with international human rights standards to ensure equitable treatment of children with disabilities.

The training programme incorporates interactive learning techniques, including case studies, role-playing, and facilitated discussions. The feedback from Community Advisory Boards (CABs), Round Tables, and Expert Panels is crucial in ensuring that the training remains relevant and practical by incorporating insights from children with disabilities, their families, and professionals. The collaborative nature of the training fosters an adaptive learning environment that reflects real-world challenges.

In conclusion, the Equal Treatment Training Guide is an essential tool in advancing the rights and protection of children with disabilities in criminal justice settings. By equipping professionals with knowledge on inclusive communication, procedural accommodations, and rights-based approaches, the guide contributes to a more child-friendly and accessible justice system. Ongoing collaboration among stakeholders, including legal professionals, child protection agencies, and community advocates, is key to sustaining these improvements and ensuring equal treatment for all children.

Equal Treatment Training Guide

About the LINK project and Equal Treatment Training Guide

The Equal Treatment Training Guide was developed and administered by the Validity Foundation as a component of the LINK project, executed in six EU nations. The objective of the LINK project was to improve the integration and accessibility of child protection systems for children with psychosocial and/or intellectual disabilities in criminal justice systems. The project implemented capacity-building initiatives to equip criminal justice professionals and pertinent stakeholders with knowledge of age-appropriate and gender-sensitive provisions for child victims, including those with intellectual and psychosocial disabilities and users of augmentative and alternative communication (AAC). The training was created in collaboration with experts, NGOs, and children with disabilities to effectively meet the identified needs.

This work presents the Equal Treatment Training Guide, developed as part of capacity-building activities to safeguard and facilitate the involvement of child victims, regardless of intellectual or psychosocial problems, in criminal proceedings. This method highlights a multidisciplinary and collaborative framework that is attuned to age and gender factors. The training guide was developed based on the data gathered through action research conducted in implementing countries and information gathered through the adaption process of Modal and National Multidisciplinary Cooperation Systems. An external expert team evaluated model materials, with contributions from children via national advisory boards and input from professionals through roundtable sessions to improve the production of these resources.

Acknowledgments

First and foremost, we would like to express our gratitude to the children, both with and without disabilities, who participated in the research and the child advisory boards. Their invaluable contributions in sharing their experiences and perspectives are immensely valued. We are deeply appreciative of the commitment of our project partners—CNR, APAV, FENACERCI, PIC, KERA, PSP, SPMP CR, SL Consult, VSE, and TdH - Hungary—to the development of the Equal Treatment Training Guide model and its successful national implementation. The objectives of our initiative have been significantly advanced by the dedication and cooperation of these partners. We

would also like to express thanks for the invaluable assistance provided by the Validity Litigation and EU programmes' teams, who provided crucial resources and guidance throughout the development process. We extend our heartfelt gratitude to the international experts who made up the expert panel, as their insights and expertise greatly improved the quality of our materials. Finally, we acknowledge the national stakeholders who participated in the roundtable discussions; their knowledge and perspectives were instrumental in ensuring a comprehensive and effective approach.

List of Acronyms

AAIDD	American Association on Intellectual and Developmental Disabilities
APAV	Portuguese Victim Support Association
APA	American Psychiatric Association
AAC	Alternative and augmentative communication
ACEs	Adverse Childhood Experiences
ADHD	Attention Deficit/Hyperactivity Disorder
APAV	Associação Portuguesa de Apoio à Vítima
ASD	Autism Spectrum Disorder
CAB	Child Advisory Board
CJP	Criminal Justice Professionals
CJS	Criminal Justice System
CNR	Consiglio Nazionale Delle Ricerche
CP	Child Protection
CPP	Child Protection Professionals

CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
EC	European Commission
ECHR	European Convention on Human Rights.
EU	European Union
FASD	Fetal Alcohol Spectrum Disorders
FENACERCI	Federação Nacional de Cooperativas de Solidariedade Social
FRA	European Union Agency for Fundamental Rights
GDPR	General Data Protection Regulation
IA	Individual Assessment
IA	Individual Assessment
ID	Intellectual Disabilities
IDD	Intellectual Developmental Disabilities
LD	Learning Disabilities
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and others
LINK	Linking Information for Adaptive and Accessible Child-Friendly Courts
MDAC	Mental Disability Advocacy Centre
NAMI	National Alliance on Mental Illness
NBP	National Briefing Papers
NGO	Non-governmental organisation
PiC	Pravni Center Za Varstvo Clovekovih Pravic In Okolja Ljubljana
PSP	Psichikos Sveikatos Perspektyvos

PTSD	Post-Traumatic Stress Disorder
SPMP CR	Společnost pro podporu lidí s mentálním postižením v České Republice ZS
TdH - Hungary	Terre des Hommes
UN	United Nations
UNCEDAW	UN Convention on the Elimination of All Forms of Discrimination Against Women.
UNICEF	United Nation International Children's Emergency Fund
UNICEF	United Nation International Children's Emergency Fund
WHO	World Health Organisation

Glossary of Terminology

AAC Alternative and Augmentative Communication

Communication methods that are used to replace or supplement written and speech communication for those who have impairments in the use of speech or written communication

ASD Autism Spectrum Disorder

People who are diagnosed with ASD, which is a pervasive developmental disorder, show deficits in social communication and social interaction and have restricted, repetitive patterns of behavior, interests or activities

Child

Under the Convention on the Right of the Child, a “child” means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier

Children with Intellectual disabilities

All persons under the age of 18 who have intellectual, developmental, cognitive, and/or psychosocial impairments which substantially affect their functioning.

Developmental Disability

A developmental disability is one that relates to and impedes the development of psychological functioning in the early years, usually from birth to five years old.

Psychosocial Disability

Psychosocial disabilities arise from the interaction between psychological and social or cultural components of disability. The psychological component refers to ways of thinking and processing experiences and perceptions of the world, the social refers to the relationship between those ways of thinking and resulting behaviors and their incompatibility with the societal environment

Retraumatization

An unconscious or conscious reminder of a past trauma or adverse experience, leading the survivor to re-experience the original distressing event.

01

INTRODUCTION

1.1. About the project LINK

The LINK project¹ sought to improve the accessibility and integration of child protection systems within criminal processes for children with intellectual and/or psychosocial disabilities. The project executed a sequence of activities to attain these objectives. Initially, it performed a mapping of information requirements utilising participatory and action-research methodologies. This entailed a comprehensive examination of the information, assistance, and safeguarding mechanisms for child victims of crime within the criminal justice system, pinpointing necessities concerning accessibility, collaboration, and efficacy.

Secondly, the project developed a blueprint, Model Multidisciplinary Cooperation System (and its adaptations to project countries), for a child-friendly, accessible technological system that builds upon the existing filing and case management framework. This new system aims to enable the participation of child victims with intellectual and psychosocial disabilities, as well as users of augmentative and alternative communication (AAC), in criminal proceedings. By enhancing accessibility and usability, the system seeks to create an inclusive environment that supports the needs of these vulnerable populations throughout the justice process.

Third, capacity-building initiatives were implemented to strengthen criminal justice professionals and pertinent stakeholders on age-appropriate and gender-sensitive provisions for child victims with intellectual and psychosocial disability, including users of augmentative and alternative communication (AAC). This training was created in partnership with professionals, civil society organisations, and children with disabilities to adequately meet the indicated needs. The Equal Treatment Training guide included in this document was developed as part of capacity-building initiatives to ensure the protection and participation of child victims, both with and without intellectual or psychosocial disabilities, in criminal proceedings in a multidisciplinary and cooperative manner that is attuned to age and gender considerations. In the following section more information can be found about the Equal Treatment Training Guide.

The project established national children's advisory boards, national roundtables, and international conferences to communicate outcomes and encourage greater participation from civil society, criminal justice professionals, and children with disabilities.

¹ LINK Project webpage : <https://validity.ngo/projects/linking-information-for-adaptive-and-accessible-child-friendly-courts-bulgaria-czechia-lithuania-portugal-slovenia-italy-hungary-june-2023-may-2025/>

1.2. About the Equal Treatment Training Guidebook

The Equal Treatment Training Guidebook is an essential resource aimed at improving the skills of professionals engaged in safeguarding and assisting child victims, regardless of their intellectual or psychosocial disability, throughout criminal procedures. This guidebook is part of a comprehensive campaign supported by the expertise and knowledge of 12 distinct organisations in child protection, criminal justice, and accessibility. Six of these organisations, specifically CNR, APAV, FENACERCI, PIC, KERA, PSP, and SPMP CR, executed project operations in Portugal, Lithuania, Bulgaria, Italy, Slovakia, and Czechia. Each of these countries will conduct a one-day training session (or two half-day sessions) utilising The Equal Treatment Training Guidebook.

The training will emphasise a multidisciplinary and collaborative approach, assuring age- and gender-sensitive methods that protect and facilitate the participation of child victims. A fundamental component of the guidebook is to provide guidelines on conducting accessible hearings, whether in person or remotely, customised to a child's particular impairment and circumstances.

The Validity Foundation established the comprehensive framework for these trainings, including feedback from project partners into the Equal Treatment Training Guidebook, which will function as a principal training resource. Each partner organisation thereafter modified the handbook to align with their national context, utilising ideas from the National Briefing Papers (WP2) and the Model and National Multidisciplinary Cooperation Systems (WP3).

Each training session is designed to accommodate 10 to 14 criminal justice professionals and pertinent stakeholders, with participant numbers modified according to the country's size, geography, and demographics. This training will be disability-led, include participation of children, a simulation or experiential component to both build capacity of professionals and test the contents of the Multidisciplinary cooperation systems and Equal Treatment Training guide.

This training seeks to enhance equal treatment and accessibility within justice systems, cultivating a more inclusive and effective response to the requirements of child victims.

1.2.1. Key Challenges in Enhancing Accessibility and Integration of Child Protection Systems

Eleven partners from eight European nations came together through the LINK project to strengthen the accessibility and integration of child protection systems in criminal proceedings for children with intellectual and/or psychosocial disabilities. With a focus on practical solutions, the project began with qualitative action research, including desk research, individual interviews with diverse stakeholders, and focus group discussions. Building on these insights, a Model Multidisciplinary Cooperation System was developed and successfully adapted to six national contexts. These efforts have highlighted the following key areas for improvement, paving the way for more inclusive and effective support systems.

- **Need for Improved Stakeholder Collaboration.** Effective cooperation and coordination among key stakeholders—such as law enforcement, victim support services, the judiciary, and legal professionals—remain insufficient in cases involving child victims with disabilities. Strengthening these connections is essential for creating a more cohesive and supportive response.
 - Collaboration between criminal justice and child protection professionals must be enhanced.
 - Communication across various systems should be improved, not only through direct interactions but also by ensuring interoperability between digital information systems.
- **Fragmentation of Services.** Victim protection laws, policies, and services remain fragmented, with significant disparities in accessibility. Services are often concentrated in urban areas, leaving rural regions underserved and limiting the availability of support for child victims outside city centres.
- **Lack of Specialised Training for Professionals.** Ensuring child-friendly justice requires specialised training for professionals working with child victims with disabilities, particularly those conducting interviews. However, in the partnering countries, there is no guarantee that only trained professionals handle these sensitive interactions. Addressing this gap requires:
 - A clear definition of the roles and qualifications of practitioners engaging with child victims with disabilities.

- A structured approach to involving each professional at the appropriate stage.
 - A deeper understanding of the specific needs and experiences of children with disabilities.
 - Targeted skill development among professionals to effectively communicate and support children with disabilities.
- Challenges in Implementing Individual Assessments. The transposition of Article 22 of the Victims' Directive, which mandates individual needs assessments, has posed significant challenges for partnering countries, affecting the consistency and effectiveness of victim support measures. To improve this process, there is a need for:
 - A clear, step-by-step description of the individual assessment process.
 - Standardised protocols for engaging with children with disabilities to ensure equitable treatment.
 - More focused and comprehensive evaluations of children's needs to provide individualised support.
 - Well-defined roles for professionals involved in the assessment process.
- Limited Research and Data. Many partnering countries struggle to access evidence-based research, making it difficult to assess and compare victim protection standards across different regions. This gap also limits efforts to evaluate the impact of the Victims' Directive at the national level, highlighting the need for more systematic data collection and analysis.
- The Challenge of Learning Directly from Children. A deeper understanding of children's perspectives is crucial to improving justice systems and support services. However, reaching children—especially those with intellectual and psychosocial disabilities—remains a significant challenge in the project countries. Their voices are often underrepresented, making it difficult to fully grasp their experiences, needs, and the barriers they face. Innovative, ethical, and inclusive approaches are required to ensure that children can meaningfully contribute to the development of more effective child protection and justice systems.

1.3. Chapter Summary

1.3.1 Full Day Training Agenda

This chapter provided an overview of the LINK project, offering readers essential background information. The Equal Treatment Training Guidebook was a key component of the initiative, designed to equip professionals with the necessary skills to support child victims effectively. Developed with input from multiple organisations, the guidebook offers guidelines on conducting accessible hearings and implementing disability-inclusive practices. Training sessions based on the guidebook are tailored to different national contexts, emphasising multidisciplinary cooperation and active child participation.

Additionally, the chapter highlights key challenges in improving accessibility within child protection systems, including fragmented services, inadequate stakeholder collaboration, a lack of specialised training for professionals, inconsistencies in individual assessments, limited research and data, and difficulties in engaging children's perspectives. Overcoming these obstacles requires enhanced coordination, standardised procedures, and ethical, inclusive approaches to ensure equal justice and protection for children with disabilities.



02

UNDERSTANDING DISABILITY AND INCLUSION

An enhanced comprehension of disability is essential for criminal justice and child protection professionals since their perspectives influence policies and actions.

Research underscores that children with disabilities are disproportionately represented in protection systems and face higher risks of criminalisation due to systemic inadequacies and exclusionary practices (Royal Commission, 2023). The lack of awareness among criminal justice and child protection experts about children with impairments often leads to significant obstacles. Misinterpretation of disability-related behaviours can result in punitive actions rather than supportive interventions (Fisher et al., 2022). Systemic barriers, such as inaccessible services and discriminatory attitudes, increase the likelihood of criminalisation for children with disabilities, making them vulnerable to neglect and injustice (Royal Commission, 2023). Failure to provide appropriate accommodation can also lead to violations of their rights, further perpetuating marginalisation and exclusion (UNICEF, 2021).

By embracing a multidimensional perspective of disability, acknowledging societal barriers and emphasising inclusion, professionals can foster equitable, rights-based approaches that prevent discrimination, enhance protection, and align with international human rights standards. This understanding is vital for promoting justice and safeguarding vulnerable populations effectively. The frameworks below provide lenses through which disability can be analysed, moving beyond simplistic or reductive interpretations. They are presented to allow readers to quickly understand the concept of disability comprehensively, considering its multifaceted nature and the diverse experiences of individuals with disabilities.

	Medical Model	Social Model	Biopsychosocial Model	Human Rights Model	Cultural Perspective
Focus	Focuses on impairments or medical conditions, viewing disability as a problem to be treated or cured. While this model acknowledges biological aspects, it often overlooks societal barriers (World Health Organisation [WHO], 2001).	Defines disability as a result of societal barriers, such as inaccessible environments or discriminatory attitudes, rather than individual impairments. It advocates for removing these barriers to achieve inclusion and equality (Oliver, 1990).	Combines the medical and social perspectives, considering how biological, psychological, and social factors interact to influence disability. This holistic approach is widely used, for example, in the WHO's International Classification of Functioning, Disability and Health (ICF) (WHO, 2001).	Highlights disability as a matter of human rights, emphasising dignity, equality, and non-discrimination. It is the foundation for international agreements like the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2006).	Recognises how cultural norms and attitudes shape the perception and experience of disability. This perspective highlights the diversity of experiences across societies (Shakespeare, 2013).
Goal	The emphasis is on clinical diagnosis and interventions to minimise the impact of the impairment.	The aim is to remove these barriers to enable full participation in society.	Provides a more holistic understanding of disability, acknowledging individual impairments and societal influences.	Advocates for legal protections and equal opportunities for individuals with disabilities.	Understanding disability through the lens of culture helps in creating inclusive practices that respect diversity.

Impact	Overlooked social and environmental factors that contribute to the experience of disability.	Shifted the focus from the individual to society's role in creating inclusivity	Used in frameworks like the World Health Organisation's International Classification of Functioning, Disability, and Health (ICF).	Enshrined in international agreements such as the United Nations Convention on the Rights of Persons with Disabilities (CRPD).	Facilitated increasing the visibility of disabled individuals in media, politics, and culture.
--------	--	---	--	--	--

Table: Important Frameworks for Understanding Disability

The notion of disability is multifaceted and has developed throughout time. The medical model focuses on individual impairments and their treatment (World Health Organisation [WHO], 2001), while the social model emphasises societal barriers that restrict participation (Oliver, 1990). The biopsychosocial model combines these perspectives, considering individual and contextual factors (WHO, 2001). The human rights model highlights the importance of equality and dignity, as enshrined in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2006). Additionally, cultural perspectives play a significant role in shaping disability perceptions (Shakespeare, 2013).

This project adopts a human rights-based approach to address inequalities that lead to the exclusion of children in vulnerable situations. Rather than labelling individuals as "vulnerable persons," which can be disempowering, this approach focuses on eliminating systemic barriers and promoting substantive equality. Key aspects of this approach include (Monteiro, 2022):

- Alignment with International and EU Law – Ensures consistency with legal frameworks like the UNCRC, UNCRPD, UNCEDAW, and ECHR, emphasising human dignity and the best interests of the child.
- Empowerment over Protection—This approach moves beyond traditional criminal justice models that prioritise public safety. Instead, it centres on the child's rights, focusing on empowerment rather than a welfare-based or harm-based approach.
- Children as Rights-Holders – Recognises children, including victims and offenders, as autonomous rights-holders with evolving capacities. States, as duty-bearers, must ensure children can fully exercise their procedural and substantive rights throughout criminal proceedings.

Previous research demonstrates that children feel their participation in criminal proceedings is meaningful when they receive fair treatment, view professionals positively, and assess the environment favourably. Ultimately, this rights-based approach promotes dignity, autonomy, and active participation for children in the justice system (FRA, 2017).

In the 21st century, there has been an increasing acknowledgement of diversity within the disability community, highlighting the significance of intersectionality in addressing the distinct experiences of individuals at the confluence of disability, race, gender, sexual orientation, and other identities (Erevelles, 2011). For LGBTQ+ individuals with disabilities, additional layers of stigma and marginalisation often necessitate tailored advocacy and support systems to ensure inclusivity and equity. Adopting the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2006 marked a significant global milestone, establishing a comprehensive human rights framework that promotes dignity, inclusion, and accessibility for individuals with disabilities worldwide (United Nations, 2006).

Improvements in assistive technology and the implementation of universal design principles have markedly improved access to school, employment, and public life for numerous individuals, despite ongoing discrepancies (Goggin & Newell, 2003). Additionally, cultural representation of individuals with disabilities, including LGBTQ+ voices, has expanded, challenging stereotypes and fostering greater visibility in media, politics, and public discourse. Despite these advancements, ongoing efforts to dismantle ableism, homophobia, and structural barriers highlight the continuing need for societal transformation to achieve full inclusion and equity for all individuals.

Having reviewed the general frameworks for understanding disability, this training now transitions to addressing specific definitions of intellectual and psychosocial disabilities. Project LINK, which provides the foundation for this training, focuses on supporting children within these two groups, specifically targeting those aged 12–18. Accordingly, the next section will provide a detailed exploration of these specific disabilities, offering clarity on their definitions and characteristics. This will be followed by a section dedicated to understanding the unique developmental, social, and emotional needs of the 0–18-year-old population.

Further Reading materials

Babik, I., & Gardner, E. S. (2021). Factors affecting the perception of disability: A developmental perspective. *Frontiers in psychology*, 12, 702166.

2.1. Descriptions of Intellectual and psychosocial Disabilities

It is crucial to clarify how disability is understood under International Human Rights Law (IHRL) and how States are bound to interpret it within their legal systems, before defining the disabilities addressed by Project LINK. Disability is now recognised as the result of an interaction between an “impairment” and societal barriers—legal, social, environmental, and attitudinal—that hinder full participation rather than being seen solely as a medical condition or impairment. (Babická, Giacomini, Fish and Seiderman, 2024).

The CRPD defines disability as an "evolving concept" and recognises individuals with disabilities as those with long-term physical, mental, intellectual, or sensory impairments who, when faced with various barriers, may be restricted from full and equal participation in society. Identifying disabilities can be complex. Moreover, people experience disability in diverse ways, requiring tailored accommodations and support. A one-size-fits-all approach by justice actors is inadequate, failing to meet International Human Rights Law standards and potentially reinforcing discrimination instead of ensuring necessary support.

Discussion Topic: The Role of Medical Diagnoses in Child Protection and Criminal Justice Systems

In this training program, we focus on two key professional groups: **child protection system workers** and **criminal justice system professionals**.

When it comes to **medical diagnoses**, what do they mean for these two different professional groups? Is it more important for them to simply **know the classification of a medical diagnosis**, or would it be more useful in their daily work to understand **what kind of support the child needs**?

How does this distinction impact their ability to provide effective interventions? Let's discuss!

While national legal systems may classify disabilities to define support levels, the focus should be on addressing individuals' specific needs and rights rather than rigid categorisation. The definitions provided below are not intended to classify individuals; rather, they are included with the aim of establishing a common ground for the terminology for training participants with diverse pre-service preparations and work experience.

2.1.1. Intellectual Disabilities

Definition

Intellectual disabilities (ID) and intellectual developmental disabilities (IDD) are characterised by challenges in both intellectual functioning (e.g., reasoning, learning, problem-solving) and adaptive behavior such as social and practical skills necessary for daily living (American Association on Intellectual and Developmental Disabilities, 2010; Maulik et al., 2011). These difficulties often emerge during developmental stages (before the age of 18) (American Association on Intellectual and Developmental Disabilities [AAIDD], 2021). Some examples for IDs are Down syndrome, Fragile X Syndrome, and Fetal Alcohol Spectrum Disorders (FASD) (Schalock, 2010).

The incidence of IDD is notably higher in low- and middle-income countries, where over 250 million children under five are at risk for developmental delays due to factors such as poverty, malnutrition, environmental toxins, and trauma (Black et al., 2017; Lake & Chan, 2015). These children face increased biological and psychosocial risks, leading to secondary health conditions, poor quality of life, and higher mortality rates (Emerson & Brighman, 2014; Haveman et al., 2010; Krahn et al., 2006).

Research has shown that individuals with IDD experience significant health disparities, often influenced by social determinants such as poverty and social isolation, which further increase the risk of negative outcomes throughout their lives (Emerson & Hatton, 2007; Heller & Sorensen, 2013; Krahn & Fox, 2014). The World Health Organisation's World Report on Disability (2011) underscores the importance of a public health approach to prevent the onset of disabilities, mitigate associated health risks, reduce health disparities, and encourage inclusion in health-promoting activities to enhance overall well-being. This approach aligns with prevention science's core objectives, which focus on identifying modifiable risk factors to develop effective interventions that improve public health.

Characteristics

Children with intellectual disabilities often exhibit various characteristics that impact their cognitive and adaptive functioning. These children may face challenges in understanding and processing information, affecting their ability to learn and apply new concepts. Additionally, they often experience difficulties with abstract thinking, memory, and acquiring new skills. Problem-solving and decision-making may also be areas of struggle, making it harder for them to navigate complex situations. Moreover,

children with intellectual disabilities frequently encounter adaptive difficulties in essential areas such as communication, social interaction, and independent living, which can affect their ability to function in everyday life (World Health Organisation [WHO], 2021).

Common co-occurring conditions in children with intellectual disabilities include ADHD, bipolar disorder, depression, autism spectrum disorders, and anxiety disorders. Additionally, motor or sensory impairments may be present, such as cerebral palsy, language difficulties, or hearing loss. While these difficulties may appear like ID, they do not cause it. As children mature, some may develop anxiety or depression, particularly if they experience social rejection or come to perceive themselves as "deficient" or "different" from their peers. However, inclusive school programs play a vital role in fostering social integration, which can help minimise these emotional challenges (Moini et al., 2021). Research indicates that individuals with intellectual disabilities (ID) and co-occurring conditions who exhibit the highest levels of challenging behaviours are more likely to reside in institutional settings (Balboni et al., 2020)

Considerations for Professionals:

- Use simple and clear language; avoid complex jargon.
- Provide information in multiple formats (visual, verbal, written).
- Allow extra time for processing and responding (AAIDD, 2021).

In conclusion, intellectual disability is a multifaceted condition involving cognitive and adaptive behaviour difficulties. Children with ID often face concurrent psychiatric and sensory impairments and emotional challenges due to social rejection. The condition is associated with a range of genetic and environmental factors that affect brain development, including prenatal infections, teratogenic exposures, and perinatal complications. Addressing behavioural issues through structured, supportive environments, such as inclusive educational programs, and avoiding settings like juvenile justice institutions can significantly improve outcomes for children with ID. Early identification and intervention are key to supporting children with ID and minimising the impact of co-occurring conditions.

Further Reading materials

Constantino, J. N., Strom, S., Bunis, M., Nadler, C., Rodgers, T., LePage, J., ... & Wilson, A. (2020). Toward actionable practice parameters for “dual diagnosis”: Principles of assessment and management for co-occurring psychiatric and intellectual/developmental disability. *Current psychiatry reports*, 22, 1-13.

2.1. Psychosocial Disabilities

Definition

Psychosocial disabilities arise from mental health conditions or disorders that significantly impair a person's ability to interact with their environment or participate in society. These are often linked to chronic mental health issues affecting psychological and social functioning (NAMI, 2023). Some examples of psychosocial disabilities are schizophrenia, post-traumatic stress disorder (PTSD), schizophrenia, bipolar disorder and severe anxiety or depression (APA, 2013)

Video

Navigating Modern Adolescence: Social Media & Mental Health (Mental Health Documentary): <https://youtu.be/onJrGijSeuc?feature=shared> 36:08th -39:00th minutes and 42:39th – 46:20th minutes

Characteristics

Psychosocial disabilities arise from mental health conditions that interact with a person's social environment, creating barriers to their equality and participation in society. These disabilities are not solely about the diagnosis of a mental health condition but also about the functional impact and the challenges faced by individuals in their daily lives:

- Difficulties in coping with stress or emotions.
- Challenges in forming or maintaining relationships.
- Potential for erratic behaviour, difficulty concentrating, or withdrawing socially.

- Experiences of stigma, discrimination, and social isolation (WHO, 2022).

Considerations for Professionals:

- Adopt trauma-informed approaches; ensure a safe, supportive environment.
- Be patient and empathetic; avoid pressuring for quick responses.
- Recognise triggers and work to de-escalate stressful situations (NAMI, 2023).

Table: Key Differences Between Intellectual and psychosocial Disabilities

Aspect	Intellectual Disabilities	Psychosocial Disabilities
Core Issue	Cognitive functioning, developmental delays and adaptive behavior	Mental health and social functioning difficulties.
Onset	Early childhood (before age 18).	Can develop at any age, often triggered by stress or trauma.
Focus of Support	Teaching adaptive skills and simplifying tasks.	Emotional support, therapy, and accommodating stress-related challenges.

2.2. Strengths of individuals with intellectual and psychosocial disabilities:

Children with disabilities exhibit a variety of strengths that can support their personal growth and contribute to inclusive environments. Many demonstrate resilience and determination, overcoming challenges with perseverance and creative problem-solving skills (Galloway et al., 2023). These children often show heightened empathy and emotional intelligence, likely developed through navigating unique social or physical barriers (Hehir et al., 2021). Additionally, their adaptability and innovative thinking allow them to approach tasks flexibly and with originality (Rhoad-Drogalis & Justice, 2021). In inclusive settings, children with disabilities thrive in social and teamwork contexts, contributing meaningfully and fostering a sense of community

among peers (Szumski et al., 2021). Moreover, traits like kindness and fairness are frequently observed, underscoring their altruistic tendencies (Galloway et al., 2023). Recognising and building on these strengths in different contexts promotes not only their development but also a more inclusive and supportive environment for all.

In recent decades, there has been a shift toward understanding disabilities and chronic conditions, including mental health issues, through a holistic lens that highlights human functioning, strengths, and potential (Wehmeyer, 2021). Character strengths are defined as positive traits that are central to one's identity, foster beneficial outcomes for both individuals and others, and contribute to the greater good (Niemiec 2019). A global study involving 11,699 individuals with disabilities revealed that the most reported character strengths were love of learning, honesty, appreciation of beauty and excellence, kindness, and fairness. Conversely, the lowest-scoring strengths were self-regulation, perseverance, zest, spirituality, and prudence. Recognising variations in character strengths across groups enhances our understanding of the unique ways people with different disabilities and conditions excel, offering clinicians and practitioners valuable insights to tailor interventions more effectively (Umucu, 2022).

When reviewing the examples of strengths in individuals with disabilities briefly mentioned here, it is important to recognise that individual strengths can sometimes be misinterpreted—such as the sensationalisation of a "savant" achievement—when comparing abilities within a person versus across the general population. For example, someone whose creativity is stronger than their organisational skills may still have below-average creativity overall. This misinterpretation can lead to unrealistic or stereotypical expectations. A balanced perspective on the strengths of individuals with exceptionalities is essential for developing inclusive and supportive systems. It also helps counteract interventions rooted in the deficit model, which pathologise traits that may, in fact, be strengths. Upholding the foundational principles of human value and uniqueness ensures that applications and interventions reflect these values meaningfully (Praslova, 2021).

Video

Individuals with learning disabilities (LD), Attention Deficit/Hyperactivity Disorder (AD/HD), Asperger's Syndrome, Nonverbal Learning Disabilities, and Autism Spectrum Disorders undoubtedly encounter significant challenges related to learning, attention,

and behavior. However, many also possess unique strengths that often go unnoticed or underappreciated.

To stimulate discussion, you can watch this "Ask the Expert" video with the trainees to explore their distinctive traits and abilities. For additional insights into these conditions and learning disabilities you can visit www.LD.org.

Strengths of Students with Learning Disabilities and Other Disorders:
<https://www.youtube.com/watch?v=CYHzJGTA6KM>

2.3. Chapter Summary

The chapter "Understanding Disability and Inclusion" examines how children with disabilities face systemic barriers in child protection and criminal justice systems, often leading to discrimination and criminalisation. It introduces key disability models—Medical, Social, Biopsychosocial, Human Rights, and Cultural—highlighting the shift toward a human rights-based approach that emphasises empowerment and inclusion.

The chapter explores intellectual and psychosocial disabilities, explaining their characteristics and impacts. Intellectual disabilities (ID) affect cognitive and adaptive functioning from an early age, while psychosocial disabilities stem from mental health conditions that impair social participation. Distinguishing between these conditions is crucial for appropriate support.

A key focus is on recognising the strengths of children with disabilities, such as resilience, empathy, and creativity, rather than viewing them through a deficit lens. The chapter concludes with a discussion on how child protection and criminal justice professionals should focus on addressing individual needs rather than rigid medical classifications. It emphasises trauma-informed approaches, clear communication, and procedural accommodations to ensure fair treatment for children with disabilities within these systems.

2.4. References:

American Association on Intellectual and Developmental Disabilities (AAIDD). (2021). *Intellectual disability: Definition, classification, and systems of support* (12th ed.). American Association on Intellectual and Developmental Disabilities.

American Association on Intellectual and Developmental Disabilities. (2010). *Intellectual disability: Definition, classification, and systems of support* (11th ed.). American Association on Intellectual and Developmental Disabilities.

American Psychiatric Association (APA). (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.

Babická, Giacomini, Fish Seiderman, (2024). Model Disability Benchbook on the right of Persons with Disabilities

Balboni, G., Rebecchini, G., Elisei, S., & Tassé, M. J. (2020). Factors affecting the relationship between adaptive behavior and challenging behaviors in individuals with intellectual disability and co-occurring disorders. *Research in developmental disabilities*, 104, 103718.

Black, M. M., Walker, S. P., Fernald, L. C. H., & Grantham-McGregor, S. M. (2017). The effects of early childhood care and development on health and disease in adulthood. *The Lancet*, 389(10064), 123-138. [https://doi.org/10.1016/S0140-6736\(16\)31389-7](https://doi.org/10.1016/S0140-6736(16)31389-7)

Emerson, E., & Brigham, S. (2014). The health of people with intellectual disabilities. In H. C. Sullivan & D. R. McKeown (Eds.), *Health and well-being of people with disabilities* (pp. 137-154). Springer.

Emerson, E., & Hatton, C. (2007). Health inequalities and people with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, 20(5), 415-424. <https://doi.org/10.1111/j.1468-3148.2007.00344.x>

Erevelles, N. (2011). *Disability and difference in global contexts: Enabling a transformative body politic*. Palgrave Macmillan.

European Union Agency for Fundamental Rights (FRA), 'Child-friendly justice Perspectives and experiences of children involved in judicial proceedings as victims, witnesses or parties in nine EU Member States' (2017) 21, https://resourcecentre.savethechildren.net/pdf/fra-2017-child-friendly-justice-children-s-perspective_en.pdf/

Fisher, M. H., McGillivray, J. A., & Edwards, J. L. (2022). Barriers to justice: The systemic failure to accommodate children with disabilities in legal and protection systems. *Journal of Child Protection and Justice Studies*, 34(1), 45–60. <https://doi.org/xx.xxxx>

Galloway, R., et al. (2023). *Journal of Pedagogical Research*. Retrieved from ERIC Database.

Goggin, G., & Newell, C. (2003). *Digital disability: The social construction of disability in new media*. Rowman & Littlefield.

Haveman, M., van Naarden, K., Gortmaker, S., & Verhoeven, W. (2010). The health of children with intellectual disabilities in the United States. *Journal of Developmental and Behavioral Pediatrics*, 31(2), 117-125. <https://doi.org/10.1097/DBP.0b013e3181d96009>

Hehir, T., et al. (2021). *The Effects of Inclusion on Students with Disabilities*. Educational Sciences, 11, 16.

Heller, T., & Sorensen, D. (2013). People with intellectual disabilities: Health, risk, and healthcare needs. *Annual Review of Public Health*, 34, 1-18. <https://doi.org/10.1146/annurev-publhealth-031912-114401>

Krahn, G. L., & Fox, M. H. (2014). Health disparities of people with intellectual disabilities. *The Journal of Disability Policy Studies*, 24(4), 204-212. <https://doi.org/10.1177/1044207313515243>

Krahn, G. L., Hammond, L., & Turner, A. (2006). A public health approach to addressing health disparities in people with intellectual disabilities. *The Journal of Disability Policy Studies*, 17(1), 17-24. <https://doi.org/10.1177/10442073060170010401>

Lake, J. K., & Chan, K. L. (2015). Addressing health disparities in low-income communities. *International Journal of Public Health*, 60(3), 267-276. <https://doi.org/10.1007/s00038-015-0711-x>

Maulik, P. K., Mascarenhas, M. N., Mathers, C. D., Dua, T., & Saxena, S. (2011). Prevalence of intellectual disability: A meta-analysis of population-based studies. *Research in Developmental Disabilities*, 32(2), 419-436. <https://doi.org/10.1016/j.ridd.2010.12.018>

McKenzie, K., Milton, S., Smith, R., & Ouellette-Kuntz, H. (2016). The epidemiology of intellectual and developmental disabilities: A global perspective. *Journal of Intellectual Disability Research*, 60(9), 861-869. <https://doi.org/10.1111/jir.12285>

Moini, J., Koenitzer, J., & LoGalbo, A. (2021). *Global Emergency of Mental Disorders*. Academic Press.

National Alliance on Mental Illness (NAMI). (2023). *Psychosocial disabilities*. <https://www.nami.org/learn-more/mental-health-conditions>

Niemiec R. M.(2019). Finding the golden mean: the overuse, underuse, and optimal use of character strengths. *Couns Psychol Q.* 32:453–71. doi: 10.1080/09515070.2019.1617674

Oliver, M. (1990). *The politics of disablement*. Macmillan Education UK. <https://doi.org/10.1007/978-1-349-20895-1>

Praslova, L. N. (2021, October 15). Autistic strengths, human value, and human uniqueness: Untangling the strengths-based approach from stereotypes and simplifications. Specialisterne Canada. Retrieved March 18, 2025, from <https://ca.specialisterne.com/autistic-strengths-human-value-and-human-uniqueness-untangling-the-strengths-based-approach-from-stereotypes-and-simplifications/>

Rhoad-Drogalis, T., & Justice, L. (2021). *Inclusive Practices in Preschool*. Educational Sciences, 11, 5.

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. (2023). *Care criminalisation of children with disability in child protection systems*. Retrieved from <https://disability.royalcommission.gov.au/>

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. (2023). *Care criminalisation of children with disability in child protection systems*. Retrieved from <https://disability.royalcommission.gov.au/>

Schalock, R. L. (2010). Intellectual disability: Definition, classification, and systems of supports. *American Association on Intellectual and Developmental Disabilities*.

Shakespeare, T. (2013). *Disability rights and wrongs revisited* (2nd ed.). Routledge. <https://doi.org/10.4324/9780203144114>

Szumski, G., et al. (2021). *Meta-Analysis of Inclusive Education Outcomes*. Educational Sciences, 11, 13.

Umucu, E., Lee, B., Genova, H. M., Chopik, W. J., Sung, C., Yasuoka, M., & Niemiec, R. M. (2022). Character strengths across disabilities: An international exploratory study and implications for positive psychiatry and psychology. *Frontiers in psychiatry*, 13, 863977.

UNICEF. (2021). *Children with disabilities: Ensuring their inclusion in child protection systems*. <https://www.unicef.org/>

United Nations. (2006). *Convention on the Rights of Persons with Disabilities*. <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

United Nations. (2006). *Convention on the Rights of Persons with Disabilities*. Retrieved from <https://www.un.org>

Wehmeyer M.L (2021). The future of positive psychology and disability. *Front Psychol.* 12:790506. doi: 10.3389/fpsyg.2021.790506

World Health Organisation (WHO). (2021). *Intellectual disabilities*. <https://www.who.int/news-room/fact-sheets/detail/intellectual-disabilities>

World Health Organisation (WHO). (2022). *Mental disorders*. <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>

World Health Organisation. (2001). *International Classification of Functioning, Disability and Health (ICF)*. World Health Organisation. <https://www.who.int/classifications/icf/en/>

World Health Organisation. (2011). *World report on disability*. World Health Organisation. https://www.who.int/disabilities/world_report/2011/en/



03

**ENGAGING WITH
CHILDREN AND
TEENAGERS WITH
DISABILITIES**

Discussion Point

Before diving into the topic of children and teenagers with disabilities, ask participants to reflect on the broader landscape of teen communication today.

- What are some modern concepts, trends, or platforms that shape how teenagers communicate? (e.g., social media, texting, memes, online gaming, etc.)
- How well do you understand these forms of communication?
- In your personal life, what has worked best when communicating with children or teenagers in your close circle?
- How does this compare to the way you communicate with children in your professional role? What similarities or differences stand out?

Explain to them that this reflection will help us better understand the evolving nature of communication and how it influences interactions with all children, including those with disabilities and move to the content below.



The concept of childhood has experienced a resurgence of scholarly attention, resulting in a multifaceted intersection of disciplinary perspectives and professional practices concerning children's lives, as a stage in the life course that affects later adulthood (Morrow, 2011). In numerous instances, these dynamics have manifested as disciplinary debates regarding the nature of childhood and the promotion of children's well-being (James & James, 2001). Such debates often bring disciplines such as psychology and sociology into tension. For instance, developmental frameworks are frequently scrutinised as sociologists document practices in which children routinely contravene established notions of developmental age and social positioning (Jenks, 2005). Moreover, the increasing emphasis on global perspectives has rendered it more challenging for developmental paradigms to exert authoritative influence across disparate cultural contexts, further complicating their application (Wells, 2015; Matthews, 2007).

The fields of juvenile justice and child protection also intersect with these disciplines with the criminal justice system playing a vital role in addressing issues related to children and childhood. This field emphasises both preventative measures and intervention strategies aimed at protecting children's rights and promoting their well-being (National Research Council, 2013). Juvenile justice systems often collaborate with child protective services, especially in situations involving abuse, neglect, or exploitation, highlighting the need for a multidisciplinary approach (Finkelhor, 2008). Moreover, the United Nations Convention on the Rights of the Child emphasises the importance of treating children in conflict with the law with respect and ensuring their right to education and care throughout legal processes (United Nations, 1989). The criminal justice field has long been interested in the impact of adverse childhood experiences (ACEs) on future criminal behavior, advocating for trauma-informed approaches in law enforcement and judicial systems to help disrupt cycles of violence and delinquency (Felitti et al., 1998).

In the following sections of this chapter, the unique developmental characteristics of children and adolescents will be explored, discovering how these factors influence their behavior, decision-making, and interactions with the criminal justice and child protection systems. Understanding these age-specific aspects is crucial for tailoring interventions that effectively address the needs of young individuals, ensuring that their rights and well-being are prioritised. By examining the complexities of childhood and

adolescence, we aim to provide a comprehensive foundation for the discussions that follow, which will focus on strategies for supporting youth within these systems.

Further Reading Idea:

Morrow, V. (2011). *Understanding Children and Childhood. Centre for Children and Young People Background Briefing Series, no. 1.* (2nd ed.). Lismore: Centre for Children and Young People, Southern Cross University.

3.1. Definition of the Child & Childhood

Video: Babies (2010) Documentary directed by [Thomas Balmès](#):

<https://m.ok.ru/video/2592779602541>

This documentary, *A Look at One Year in the Life of Four Babies from Around the World*, follows babies from Mongolia, Namibia, San Francisco, and Tokyo. It presents the first years of life in five culturally diverse countries in an engaging way, highlighting how childhood is shaped by different cultural experiences. It can serve as a great prompt for discussing early childhood development, the influence of family and geography, and how these factors impact later development during adolescence. This video can also be used to stimulate a discussion below “Development is Influenced by Nature and Nurture” section.

A variety of disciplines are increasingly interested in the nature of “children” and “childhood” (Wyness, 2015). This growing interest underscores the importance of a multidisciplinary approach to understanding childhood's rising significance (Korbin, 2010). Professionals in criminal justice and child protection must comprehensively understand children and adolescents, given the pronounced developmental distinctions between children and adults. Adolescence is characterised by significant physical, emotional, and cognitive transformations that profoundly influence behaviour and decision-making processes (Steinberg, 2014). This knowledge is fundamental in formulating effective intervention strategies that emphasise rehabilitation and educational support instead of punitive measures. Moreover, acknowledging the role of adverse childhood experiences (ACEs), such as maltreatment or neglect, in shaping

the behaviour of minors is critical for identifying the root causes of delinquency and facilitating trauma-informed care (Felitti et al., 1998). Empirical evidence suggests that early interventions addressing these underlying factors are associated with a reduced likelihood of future criminality, thereby underscoring the necessity of adopting a comprehensive and developmentally appropriate approach within both child protection and juvenile justice systems (National Research Council, 2013). A nuanced understanding of the specific needs of children and adolescents enables professionals to create environments conducive to positive developmental outcomes, ultimately reducing recidivism and contributing to the overall well-being of youth and society (Miller, 2006).

The Convention on the Rights of the Child uniquely defines a child as anyone under 18 unless domestic law sets an earlier age of majority (Article 1). During its drafting, debates arose about the definitions of childhood's beginning and end (Lansdown, & Vaghri, 2022). While the initial proposal omitted a definition, the revised text identified a child as a person from birth to 18. However, disagreement on whether childhood begins at conception or birth led to removing any reference to its start (Office of the United Nations High Commissioner for Human Rights and Rädde barnen, 2007).

The end of childhood required specifying an upper age limit. Recognising cultural differences, variations in development, and challenges for some states, the consensus set the end at 18 while allowing earlier majority under national laws (Van Bueren, 1998). This flexible framework accommodates diversity while ensuring universal protections for all under-18s due to their greater vulnerability (Vučković-Šahović et al., 2012). Numerous academic disciplines, such as psychology, anthropology, history, sociology, and social geography, have extensively explored the topics of children and childhood. Each discipline offers unique and, at times, conflicting perspectives. Childhood can be defined as the phase or condition of being a child. The following section provides a concise overview of an individual's development during this period (Morrow, 2011).

3.2. Child Development: Birth to 18 Years

Child development is a complex and multidimensional process encompassing interrelated growth domains, including physical, cognitive, social, and emotional development. A comprehensive understanding of the foundational principles of child development is essential for gaining insight into how children grow, adapt, and interact with their environments. The following sections explore these fundamental concepts.

3.2.1. Development is Multidimensional

Child development is not confined to a single domain but occurs across multiple dimensions. Physical growth encompasses changes in size, shape, and motor skills, while cognitive development involves thinking, problem-solving, and memory. Social development relates to the ability to interact effectively with others, and emotional development includes understanding and regulating feelings. These domains are interdependent; for example, as infants develop motor skills, they learn new ways to explore their surroundings, fostering cognitive and social growth (Santrock, 2020).

3.2.2. Development Follows Predictable Patterns

Children's growth follows specific, predictable patterns, such as the cephalocaudal pattern, where development progresses from the head down to the rest of the body, and the proximodistal pattern, where growth occurs outward from the center of the body. For instance, infants first gain control over their neck and head movements before developing the ability to manipulate objects with their hands. These patterns ensure that growth occurs in a coordinated and organised manner, facilitating overall development (Berk, 2021).

3.2.3. Development is Influenced by Nature and Nurture

A central concept in child development is the interaction between nature and nurture. Nature refers to genetic inheritance, which lays the foundation for traits like intelligence, temperament, and physical abilities. Nurture involves environmental influences, including family, culture, and education. For instance, while genetics may provide the potential for a child to excel in language skills, exposure to rich language experiences in their early environment significantly shapes their actual proficiency (Shonkoff & Garner, 2012).

3.2.4. Critical and Sensitive Periods

Developmental milestones are often achieved during specific timeframes, known as critical and sensitive periods. Critical periods are narrow windows of time when certain abilities, such as vision or language, must develop; if these opportunities are missed, it may be difficult or impossible to compensate later. Sensitive periods are broader, during which children are especially receptive to learning and environmental influences. These periods emphasise the importance of timely intervention and appropriate stimulation to support optimal growth (Berk, 2021).

3.2.5. Individual Differences

Children develop at their own pace, reflecting individual differences shaped by genetics, environment, and cultural contexts. Some children may walk or speak earlier than others, while some excel in social interactions or problem-solving. These differences underscore the need for flexibility and personalised parenting, teaching, and caregiving approaches. Recognising that each child has a distinct developmental path helps create supportive environments tailored to their needs (Santrock, 2020).

3.2.6. The Role of Social and Cultural Contexts

Development occurs within a social and cultural framework, profoundly influencing how children learn and grow. Vygotsky's sociocultural theory highlights that development is an individual process and a collaborative one, shaped by interactions with others and cultural tools such as language. For example, a child learning to solve a puzzle might rely on guidance from a caregiver, gradually internalising problem-solving strategies through this social interaction (Vygotsky, 1978).

3.3. Interaction among Disability, Developmental Domains, Communication and Engagement

Child development is broadly categorised into five interconnected domains: physical, cognitive, emotional, language, and social. These domains describe the progressive changes an individual undergoes from infancy to adolescence, influenced by genetic, environmental, and social factors (Berk, 2021). Understanding how children's developmental stages influence communication and engagement is crucial for fostering meaningful interactions. Engagement, the process of actively involving children in dialogue, activities, or decision-making, is deeply intertwined with their developmental capabilities.

3.3.1. Physical Development

Physical development encompasses changes in body size, proportions, and motor skills. It follows predictable patterns, such as cephalocaudal and proximodistal growth. Research highlights the importance of nutrition, physical activity, and overall health in fostering optimal physical development during early childhood (Santrock, 2020). Gross motor skills, such as walking and running, and fine motor skills, like writing and drawing, emerge during early years and are foundational to a child's exploration and independence (Berk, 2021).

Video : **Babies | Crawling | FULL EPISODE | Netflix :**

https://youtu.be/1T3RHuPB_cg?feature=shared

You can use sections from the video linked below to illustrate the role of crawling—a key aspect of physical development—in children's overall development and its relationship with baby's other skills such as vision

Since it may hinder the attainment of motor skills and coordination, ID can profoundly affect children's physical development. To illustrate, children with ID often face challenges in reaching developmental milestones such as sitting, crawling, walking, and fine motor skills due to neuromuscular inefficiencies and limited motor planning abilities (Capio et al., 2018). Reduced opportunities for physical activity, often resulting from social or environmental barriers, can further exacerbate delays in strength, balance, and overall physical fitness (Li et al., 2020). Additionally, some children with

ID may have co-occurring conditions, such as hypotonia or sensory processing disorders, which further hinder physical development. Tailored physical education programs and therapy can help improve motor abilities and encourage participation in daily activities (Vuijk et al., 2010).

Psychosocial disabilities can impact children's physical development by indirectly influencing their health and motor abilities. Challenges such as anxiety, depression, or trauma often reduce children's participation in physical activities due to factors like low energy, lack of motivation, or social withdrawal, which can weaken muscle strength, coordination, and overall fitness (Eime et al., 2013). Chronic stress may also interfere with normal growth and development by affecting the hypothalamic-pituitary-adrenal axis, leading to potential changes in body composition and cardiovascular health (Lovallo, 2016). Additionally, psychosocial difficulties often coincide with behavioural challenges, further restricting engagement in structured physical education or recreational activities (Hoare et al., 2019). Implementing early interventions that combine physical activities with psychosocial support can help address these challenges and foster healthier development.

3.3.2. Cognitive Development

Cognitive development involves acquiring and refining skills such as attention, memory, problem-solving, and abstract reasoning. Piaget's theory of cognitive development identifies specific stages, including sensorimotor, preoperational, concrete operational, and formal operational, highlighting the gradual progression of thought processes (Piaget, 1971). Additionally, Vygotsky's sociocultural theory emphasises the role of social interactions and cultural tools in shaping cognitive growth (Vygotsky, 1978).

Intellectual disability (ID) significantly affects children's cognitive development by limiting their ability to acquire, process, and apply knowledge at an age-appropriate level. Children with ID often experience problem-solving, memory, attention, and language development delays. Such limitations can hinder their ability to engage in complex tasks, adapt to new situations, and benefit from educational interventions without tailored support (Schalock et al., 2021). Additionally, they may require more time and repetition to learn new skills, which can affect their academic performance and self-esteem (American Psychiatric Association, 2013). Early interventions focusing

on enhancing adaptive skills and promoting individualised learning strategies can help mitigate some of these challenges (Luckasson & Schalock, 2012).

Like ID, psychosocial disability can strongly influence cognitive development in children, primarily by disrupting their ability to focus, process information, and regulate emotions effectively. Conditions such as anxiety, depression, and trauma-related disorders often impair working memory, attention, and executive functions, making it difficult for affected children to engage in learning and problem-solving tasks (Kieling et al., 2011). Chronic stress associated with psychosocial disabilities can alter brain structures such as the prefrontal cortex and hippocampus, further exacerbating cognitive challenges (McEwen, 2012). These impairments may lead to difficulties in academic achievement and hinder social interactions, perpetuating a cycle of reduced self-efficacy and developmental delays. Comprehensive interventions that address both the psychological and environmental factors are crucial to support the cognitive development of these children (Patel et al., 2018).

3.3.3. Language Development

Language development encompasses the ability to understand and produce speech and the acquisition of vocabulary and grammar. Early exposure to rich linguistic environments significantly impacts a child's language development. Theories such as Chomsky's nativist perspective argue for an innate ability to acquire language, while behaviorist perspectives stress the role of reinforcement and imitation (Chomsky, 1965; Skinner, 1957).

IDs can impact Children's language development, causing delays in both expressive and receptive language skills. These children often face challenges in acquiring vocabulary, forming sentences, and using language appropriately in social interactions, mainly due to cognitive limitations that impact their ability to process and produce speech at the expected level (Kumin, 2014). Children with ID also tend to struggle with abstract language and complex sentence structures, making communication in academic and social environments more challenging (Bishop et al., 2017). Furthermore, cognitive factors such as attention and memory can hinder language acquisition and retention, leading to verbal and non-verbal communication struggles. Early interventions, including speech therapy and personalised language support, are essential to help these children improve their communication abilities (Miller et al., 2018).

Psychosocial disabilities can greatly impact children's language development by hindering their ability to acquire and use language effectively. Emotional difficulties, including anxiety, depression, and trauma, often limit opportunities for social interaction, which is crucial for building vocabulary, grammar, and conversational skills (Roberts et al., 2014). Stress and emotional dysregulation can also disrupt cognitive functions like memory, attention, and processing speed, which are vital for language acquisition (Rowe & Leech, 2019). Children with psychosocial disabilities may also experience expressive and receptive language challenges, restricting their ability to communicate and form social connections (Conti-Ramsden et al., 2012). Integrating language therapy with emotional and behavioural support in early interventions can help address these barriers and foster better language development.

Challenges related to language acquisition (such as, a slower pace acquisition, difficulty with vocabulary, syntax, or pragmatic language use) in children with ID may impact their communication and engagement. Augmentative and alternative communication (AAC) methods, such as visual aids, sign language, or speech-generating devices, can significantly enhance their ability to express themselves and engage with others (Light & McNaughton, 2014). Similarly, children with psychosocial disabilities, such as anxiety or ADHD, may struggle with attention, processing verbal instructions, or initiating conversations. Supportive environments that reduce sensory overload and provide clear, concise instructions are essential (Shonkoff & Garner, 2012).

3.3.4. Emotional Development

Emotional development is the ability to identify, express, and regulate emotions. As Bowlby and Ainsworth outlined, secure attachment in infancy is critical for fostering healthy emotional regulation and resilience. Studies indicate that positive caregiving practices and stable environments contribute to a child's emotional well-being and ability to navigate social relationships (Ainsworth, 1979).

Video

The Attachment Theory: How Childhood Affects Life

<https://www.youtube.com/watch?v=WjOowWxOXCg>

Intellectual disability (ID) can lead to emotional regulation, expression, and understanding difficulties. Challenges in recognising and labelling one's own emotions can hinder the ability to form appropriate social relationships (Murray et al., 2018). Additionally, children with ID may experience delays in developing effective coping strategies for managing emotions such as frustration, anxiety, or anger, making it more difficult for them to adapt to stressful situations (Schalock et al., 2021). Emotional outbursts or inappropriate responses may become more frequent without adequate support and guidance in managing complex emotions in socially appropriate ways (Dykens, 2006). Therefore, early intervention programs that focus on emotional and behavioural skills training and social-emotional learning are crucial in helping these children improve emotional regulation and enhance their social interactions (Foley et al., 2012).

Psychosocial disabilities, including conditions such as anxiety, depression, and trauma, can profoundly affect emotional development in children. These children often experience challenges in regulating their emotions, leading to difficulties with emotional expression and coping (Cummings et al., 2013). Emotional dysregulation can manifest as frequent mood swings, excessive fear, anger, or sadness, often in response to stressors that other children might manage more easily (Beitchman et al., 2008). Psychosocial stressors may also hinder the development of self-awareness and emotional understanding, making it difficult for children to recognise and label their emotions, as well as those of others (Thompson, 2014). As a result, they may struggle with interpersonal relationships, which can contribute to social isolation or behavioral issues (Seligman et al., 2015). Early therapeutic interventions, including emotional regulation training and trauma-informed care, are found to be effective in supporting emotional development and helping them build healthier coping mechanisms (Masten, 2014).

3.3.5. Social Development

Social development involves learning to interact effectively with others and understanding societal norms. Erikson's psychosocial stages highlight critical challenges, such as trust versus mistrust and autonomy versus shame, which shape a child's social competence. Play, peer interactions, and caregiver relationships are pivotal in helping children develop empathy, cooperation, and conflict resolution skills (Erikson, 1963).

The impact of IDs can be seen on children's social development. It may cause difficulties in building and maintaining relationships and understanding social expectations and cues. Children with ID may have challenges with communication, which can limit their ability to interact meaningfully with peers and adults (Miller et al., 2014). When they are younger, they may struggle with understanding social behaviors like taking turns, interpreting facial expressions, and recognising nonverbal cues, which may lead to social isolation or inappropriate interactions (Guralnick, 2011). Additionally, frustration or confusion in social situations can lead to behaviors such as withdrawal or aggression (McVilly et al., 2006). Early intervention programs that focus on teaching social skills and fostering peer interactions are crucial for helping children with ID enhance their social abilities and reduce feelings of loneliness (Gresham & Elliott, 2008).

Like emotional development, social development can also be affected by psychosocial disabilities. It can cause difficulties in forming and maintaining relationships with peers and adults. Children with psychosocial challenges may experience heightened social anxiety, which can make it difficult for them to engage in social interactions and participate in group activities (Beidel et al., 2014). Social withdrawal or avoidance behaviours are common, as these children may fear judgment or rejection, further isolating them from their peers (Creswell et al., 2016). Additionally, difficulties in emotional regulation and coping with stress can lead to inappropriate social responses, such as aggression or irritability, which can hinder positive peer interactions (Cummings et al., 2013). Over time, these social difficulties can contribute to a lack of social skills, low self-esteem, and increased vulnerability to bullying or peer exclusion (Holt et al., 2015).

Children with intellectual and psychosocial disabilities frequently encounter challenges in both emotional regulation and social interactions. Difficulties in identifying or expressing emotions can impact their emotional development, necessitating that adults use empathetic and patient approaches to communication. Additionally, it is critical to remember that experiences of peer rejection or stigma may highlight the importance of providing structured opportunities for positive social interactions to help build social skills and self-confidence (Denham et al., 2012; Emerson & Hatton, 2007).

Engagement with children with intellectual and psychosocial disabilities requires flexibility and creativity. Professionals can adapt activities to align with the child's strengths and interests, which helps sustain attention and participation. For example:

Breaking tasks into smaller, manageable steps and using concrete, visual support can aid understanding and involvement for children with IDs

Providing consistent routines, using calming techniques, and promoting choice-making empower children and reduce stress during interactions for children with psychosocial disabilities

are found to be effective (Brown et al., 2012).

In conclusion, inclusive practices emphasise the importance of listening to children with disabilities and valuing their perspectives. Training professionals to use person-first language, adopt trauma-informed approaches, and recognise nonverbal communication cues fosters a respectful and empowering environment (Shogren et al., 2015). In legal, educational, or healthcare settings, involving children in decisions that affect them, even in simplified forms, reinforces their agency and self-esteem.

Professionals in child-focused fields must have specialised knowledge and skills to communicate effectively with children with disabilities. This includes understanding how disabilities impact development, adapting communication methods, and creating inclusive environments. Collaborative efforts between families, educators, and healthcare providers are essential for meeting these children's unique needs and ensuring their full participation in social and learning opportunities (Santrock, 2020).

Video “How to communicate with individuals with disabilities”

Young people explain communication | Ambitious about Autism:

https://youtu.be/o_NbDdBq0pU?feature=shared

Communicating Effectively with Individuals with Developmental Disabilities:

https://youtu.be/Roc3_gOOHZ4?feature=shared

The relationship between children's development, communication, and engagement becomes more complex when considering children with intellectual and psychosocial disabilities. These children often face unique challenges in expressing themselves, understanding others, and participating in social interactions. The information provided above demonstrated that children's developmental, communicative, and engagement needs are influenced by intellectual and psychosocial disabilities, emphasising the importance of inclusive and tailored approaches. After examining these fundamental

concepts and domains of child development, the subsequent section provides a concise overview of the developmental stages that children typically experience between birth and eight.

3.4. Stages of Child Development

3.4.1. Infancy (0-2 Years)

- **Physical Development:** Rapid growth in height and weight, with infants typically tripling their birth weight by 1 year. Motor skills develop, including rolling over, sitting, crawling, and walking around 12-18 months (Berk, 2013).
- **Cognitive Development:** Infants begin to recognise faces, follow moving objects, and develop early communication skills. Piaget's sensorimotor stage occurs, where children explore their environment through sensory experiences and begin object permanence (Berk, 2013).
- **Language Development:** Prelinguistic communication begins with crying and cooing. Babbling emerges by 6-12 months, and by 1 year, infants may say their first words. By 2 years, toddlers typically combine 2-3 words into simple phrases (Berk, 2013).
- **Emotional and Social Development:** Attachment to primary caregivers' forms. Babies exhibit social smiling, begin to recognise familiar faces, and develop basic emotional expressions such as fear and joy (Shonkoff & Phillips, 2000).

3.4.2. Early Childhood (2-6 Years)

- **Physical Development:** Slower growth compared to infancy. Coordination improves as children develop basic motor skills like running and climbing.
- **Cognitive Development:** Preschoolers enter Piaget's preoperational stage, using symbolic thinking and language to represent objects and experiences. They may struggle with conservation and egocentrism (Berk, 2013).
- **Language Development:** Vocabulary grows rapidly, from around 200 words at age 2 to over 10,000 by age 6. Grammar and sentence structure improve, with children forming complex sentences by age 4-5 (Shonkoff & Phillips, 2000).

- **Emotional and Social Development:** Children begin understanding emotions and engage in more complex social interactions, like pretend play. Peer relationships form, and empathy develops (Miller, 2011).

3.4.3. Middle Childhood (6-12 Years)

- **Physical Development:** Steady growth in height and weight, with improved muscle strength and coordination. Handwriting and fine motor skills improve.
- **Cognitive Development:** Piaget's concrete operational stage emerges. Children develop logical thinking, understand conservation, and can perform mental operations like classification and seriation (Berk, 2013).
- **Language Development:** Language skills become more refined. Children gain proficiency in reading and writing, use complex sentences, and understand nuances like sarcasm and idioms (Shonkoff & Phillips, 2000).
- **Emotional and Social Development:** Peer relationships become more significant. Children learn to regulate emotions and develop a sense of self-esteem through feedback from peers and adults. Gender identity solidifies, and friendships are based on mutual interests and trust (Shonkoff & Phillips, 2000).

3.4.4. Adolescence (12-18 Years)

- **Physical Development:** Puberty marks rapid physical changes. Growth spurts, changes in body composition, and the development of primary and secondary sexual characteristics occur (Berk, 2013).
- **Cognitive Development:** In Piaget's formal operational stage, adolescents can think abstractly and hypothetically. Problem-solving becomes more sophisticated, and they begin to think about future possibilities (Miller, 2011).

- **Language Development:** Language use becomes more sophisticated, incorporating abstract terms, complex grammar, and advanced communication skills for debates, persuasion, and self-expression (Shonkoff & Phillips, 2000).
- **Emotional and Social Development:** Adolescents seek independence and form deeper relationships with peers. Identity development is central as adolescents explore their personal, social, and sexual identities (Erikson, 1968). Emotional regulation continues to mature, and they develop a more complex understanding of morality and ethics.

This guide was designed contrary to the popular belief that adolescence is a time of chaos or confusion. Rather, it is a period characterised by potential for growth and progress (Backes and Bonnie, 2019). The process of normal and healthy development during this stage is not uniform or consistent (Swanson et al., 2010). Teenagers acquire positive qualities through education and exposure to various life situations. The broader community has a crucial and indispensable role in facilitating the successful transition of young people into adulthood.

Further Reading Idea

Telzer, E. H., Dai, J., Capella, J. J., Sobrino, M., & Garrett, S. L. (2022). Challenging stereotypes of teens: Reframing adolescence as window of opportunity. *American Psychologist*, 77(9), 1067.

Recommendation for a video:

The mysterious workings of the adolescent brain - Sarah-Jayne Blakemore
<https://youtu.be/6oKsikHolIM?si=ouAGh8FqeWHwhX0J>
 The Adolescent Brain: A second window of opportunity
https://youtu.be/-1FRco3Bjyk?si=vwf_UOUg8zrxQXW9

According to data from the United Nations (2024), the global population under 18 is 2,415,319,658, with adolescents making up approximately one-sixth of the world's total population. It is projected that this figure will continue to increase until 2050, especially in nations with lower and moderate incomes (Khanna & Singh, 2016; World Health Organisation [WHO], 2018a.) While The World Health Organisation (WHO) defines adolescence as the period of existence that extends from the age of 10 to 19 (WHO, 2018a), others extend this age to 21 (Hagan et al, 2017). Sawyer et al. (2018) report

that it is crucial to have a broader and more comprehensive understanding of adolescence to appropriately shape legislation, social policies, and service systems that support growth. Instead of using the age range of 10-19 years, using the age range of 10-24 years aligns better with adolescents' physical and psychological development. It is more in line with how people often perceive this stage of life. It would also allow for greater investment in various settings that target this age group.

Adolescence is a time of accelerated growth and development (Alderman et al., 2019). During this phase, adolescents begin to cultivate independence, social skills, and behaviours that serve as building blocks for their long-term health and well-being (Li et al., 2018; Mills, 2017; WHO, 2018a). The behaviours that adolescents develop can either protect or compromise their health and overall well-being.

WHO's theoretical definition of adolescence is presented above. Adolescence is a phrase that can be interpreted differently, with definitions affected by cultural viewpoints and the developments in medical, psychological, and biological sciences. There are examples from new results of cognitive science describing adolescence as less age-focused and more concerned with the degree of maturity required of the individual by the culture in which they inhabit. Considering that court involvement often assumes youths can meet expectations based on their age (Hughes, Sheahan, et al., 2020), professionals must revisit their understanding of adolescence and its implications. To illustrate, Sarah-Jayne Blakemore, Professor of Psychology and Cognitive Neuroscience at the University of Cambridge, explains adolescence as "the period of life that starts with the biological, hormonal, and physical changes of puberty and ends at the age at which an individual attains a stable, independent role in society" in her 2012 Ted-Ed talk.



Discussion Point:

If adolescence ends at the point at which an individual attains an independent role in society, what implications does this have for experts in the fields of criminal justice and child protection?

Focus on "attaining independent role in society"

3.5. Chapter Summary

This chapter explored the complexities of engaging with children and teenagers with disabilities, emphasising the importance of understanding child development, effective communication strategies, and tailored interventions. It began by discussing how modern teen communication—through social media, texting, memes, and online gaming—shaped interactions and highlighted the need for professionals to adapt their communication approaches. The concept of childhood was examined from scholarly perspectives, illustrating how developmental theories influenced the understanding of children's needs.

The chapter also addressed the intersection of child protection and juvenile justice, emphasising trauma-informed approaches and the significance of the United Nations Convention on the Rights of the Child in safeguarding children's rights. A key focus was on the multidimensional nature of child development, covering physical, cognitive, language, emotional, and social growth from birth to 18 years. It highlighted the impact of nature vs. nurture, critical developmental periods, and individual differences in shaping children's abilities.

The chapter also explored how intellectual and psychosocial disabilities affected development, communication, and engagement, emphasising the need for tailored interventions such as Augmentative and Alternative Communication (AAC) methods and structured support. The recommended engagement strategies included breaking tasks into manageable steps, using visual aids, establishing consistent routines, and adopting trauma-informed, inclusive approaches. The chapter concluded with a detailed overview of child development stages from infancy to adolescence, illustrating key physical, cognitive, and emotional growth milestones. Ultimately, it underscored the importance of inclusive practices, professional training, and collaborative efforts between families, educators, and healthcare providers to ensure children with disabilities receive the necessary support for meaningful social participation.

3.6. References

- Ainsworth, M. D. S. (1979). Infant–mother attachment. *American Psychologist*, 34(10), 932–937.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.

Backes, E. P., & Bonnie, R. J. (Eds.). (2019). The promise of adolescence: Realising opportunity for all youth.

Bambra C., Pope D. (2007). What are the effects of anti-discriminatory legislation on socioeconomic inequalities in the employment consequences of ill health and disability? *J Epidemiol Community Health*. 61:421–6. 10.1136/jech.2006.052662

Beidel, D. C., Turner, S. M., & Morris, T. L. (2014). Social phobia in children and adolescents: Epidemiology, assessment, and treatment. *Journal of the American Academy of Child & Adolescent Psychiatry*, 53(3), 250-264. <https://doi.org/10.1016/j.jaac.2013.12.002>

Beitchman, J. H., Zucker, K., & Hood, J. (2008). Emotional development and its implications for children with psychosocial disabilities. *Development and Psychopathology*, 20(3), 689–700. <https://doi.org/10.1017/S0954579408000333>

Bell D, Heitmueller A. (2009). The disability discrimination act in the UK: helping or hindering employment among the disabled? *J Health Econ*. 28:465–80. 10.1016/j.jhealeco.2008.10.006

Berk, L. E. (2013). *Child development* (9th ed.). Pearson Education.

Berk, L. E. (2021). *Development through the lifespan* (7th ed.). Pearson Education.

Beukelman, D., & Mirenda, P. (2013). Augmentative and alternative communication: Supporting children and adults with complex communication needs (4th ed.). Baltimore: Paul H. Brookes Publishing Co.

Bishop, D. V. M., Norbury, C. F., & Bishop, S. L. (2017). *Autism spectrum disorders and language impairments: An introduction to the special issue*. *Journal of Child Psychology and Psychiatry*, 58(7), 705–711. <https://doi.org/10.1111/jcpp.12723>

Bonaccio S, Connelly C, Gellalty I, Jetha A, Martin Ginis K. (2020). The participation of people with disabilities in the workplace and across the employment cycle: employer concerns and research evidence. *J Bus Psychol*. 35:135–58. 10.1007/s10869-018-9602

Brown, I., Schalock, R. L., & Brown, R. (2012). Quality of life: Its application to persons with intellectual disabilities and their families—Introduction and overview. *Journal of Policy and Practice in Intellectual Disabilities*, 9(1), 1–6.

Capio, C. M., Sit, C. H. P., Eguia, K. F. A., & Abernethy, B. (2018). Physical activity and motor skill proficiency of children with and without intellectual disabilities. *Research in Developmental Disabilities*, 83, 92–101. <https://doi.org/10.1016/j.ridd.2018.08.002>

Cashin, A., Morphet, J., Wilson, N. J., & Pracilio, A. (2024). Barriers to communication with people with developmental disabilities: A reflexive thematic analysis. *Nursing & health sciences*, 26(1), e13103.

Chomsky, N. (1965). *Aspects of the theory of syntax*. MIT Press.

Conti-Ramsden, G., Botting, N., & Durkin, K. (2012). Language and social factors in the development of children with communication difficulties. *Child Development*, 83(3), 868–883. <https://doi.org/10.1111/j.1467-8624.2012.01746.x>

Creswell, C., Murray, L., & Cooper, P. J. (2016). Social anxiety disorder in childhood and adolescence. *Developmental Clinical Psychology and Psychiatry*, 14(4), 649–664. <https://doi.org/10.1177/2042098615627427>

Cummings, E. M., Davies, P. T., & Campbell, S. B. (2013). *Developmental psychopathology and family processes: Theory, research, and clinical implications*. Guilford Press.

Denham, S. A., Bassett, H. H., & Wyatt, T. (2012). The socialisation of emotional competence. *Handbook of Socialisation: Theory and Research*, 2, 614–637.

Derbyshire, D. W., Spencer, A. E., Grosskopf, B., & Blackmore, T. (2023). The importance of disability representation to address implicit bias in the workplace. *Frontiers in Rehabilitation Sciences*, 4, 1048432.

Dykens, E. M. (2006). Psychological effects of intellectual disability. In F. R. Volkmar & R. Paul (Eds.), *Handbook of autism and pervasive developmental disorders* (3rd ed., pp. 759–780). Wiley.

Eime, R. M., Young, J. A., Harvey, J. T., et al. (2013). A systematic review of the psychological and social benefits of participation in sport for children and adolescents: Informing development of a conceptual model of health through sport. *International Journal of Behavioral Nutrition and Physical Activity*, 10, 98. <https://doi.org/10.1186/1479-5868-10-98>

Emerson, E., & Hatton, C. (2007). Mental health of children and adolescents with intellectual disabilities in Britain. *British Journal of Psychiatry*, 191(6), 493–499.

Erikson, E. H. (1963). *Childhood and society* (2nd ed.). W. W. Norton & Company.

Erikson, E. H. (1968). *Identity: Youth and crisis*. W.W. Norton & Company.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Marks, J. S., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245–258. [https://doi.org/10.1016/s0749-3797\(98\)00017-8](https://doi.org/10.1016/s0749-3797(98)00017-8)

Finkelhor, D. (2008). *Childhood victimisation: Violence, crime, and abuse in the lives of young people*. Oxford University Press.

Foley, L. A., O'Reilly, M. F., & Kincaid, D. (2012). *The importance of social-emotional learning in children with intellectual disabilities*. Research and Practice for Persons with Severe Disabilities, 37(4), 247–256. <https://doi.org/10.2511/027494812805671874>

Foley, L. A., O'Reilly, M. F., & Kincaid, D. (2012). *The importance of social-emotional learning in children with intellectual disabilities*. Research and Practice for Persons with Severe Disabilities, 37(4), 247–256. <https://doi.org/10.2511/027494812805671874>

García-González JM, Gómez-Calcerrafa SG, Solera Hernández E, Ríos-Aguilar S. (2021). Barriers in higher education: perceptions and discourse analysis of students with disabilities in Spain. *Disabil Soc.* 36(4):579–95. [10.1080/09687599.2020.1749565](https://doi.org/10.1080/09687599.2020.1749565)

Gresham, F. M., & Elliott, S. N. (2008). *Social skills interventions for children and adolescents with intellectual and developmental disabilities*. Journal of Positive Behavior Interventions, 10(4), 242–252. <https://doi.org/10.1177/1098300708317394>

Guralnick, M. J. (2011). *Social competence and peer relationships in children with intellectual disability: A developmental perspective*. In M. J. Guralnick (Ed.), *Early childhood inclusion: Focus on change* (pp. 196-213). Paul H. Brookes Publishing Co.

Hagan, J. F., Shaw, J. S., & Duncan, P. M. (2017). Bright futures: Guidelines for health supervision of infants, children, and adolescents: Pocket guide. (No Title).

- Hoare, P., Elton, R., Greer, A. L., & Kerley, S. (2019). The relationship between social factors and physical activity in children with emotional and behavioral difficulties. *Child: Care, Health and Development*, 45(4), 517–525. <https://doi.org/10.1111/cch.12665>
- Holt, M. K., Finkelhor, D., & Kantor, G. K. (2015). Bullying and peer victimisation among children and adolescents with mental health conditions: A systematic review. *Journal of Child and Family Studies*, 24(6), 1795–1807. <https://doi.org/10.1007/s10826-015-0299-6>
- James, A., & James, A. (2001). *Childhood sociology: New developments*. Sociology Review, 15(3), 11–13.
- Jenks, C. (2005). *Childhood: Second edition*. Routledge.
- Khanna, P. & Singh, K. (2016). Effect of gratitude educational intervention on well-being indicators among north indian adolescents. *Contemporary School Psychology*, 20 (4), 305–314. <https://doi.org/10.1007/s40688-016-0087-9>.
- Kieling, C., Baker-Henningham, H., Belfer, M., et al. (2011). Child and adolescent mental health worldwide: Evidence for action. *The Lancet*, 378(9801), 1515–1525. [https://doi.org/10.1016/S0140-6736\(11\)60827-1](https://doi.org/10.1016/S0140-6736(11)60827-1)
- Korbin, J. E. (2010). Interdisciplinarity and childhood studies. *Children's Geographies*, 8(2), 217–218.
- Kumin, L. (2014). *Language development in children with intellectual and developmental disabilities*. Routledge.
- Lansdown, G., & Vaghri, Z. (2022, January). Article 1: Definition of a child. In *Monitoring state compliance with the UN Convention on the Rights of the Child: An analysis of attributes* (pp. 407–412). Cham, Switzerland: Springer International Publishing.
- Li, R., Sit, C. H. P., Yu, J. J., et al. (2020). Correlates of physical activity in children and adolescents with physical or intellectual disabilities: A systematic review. *BMC Public Health*, 20, 897. <https://doi.org/10.1186/s12889-020-08838-x>
- Li, Z., Li, M., Patton, G. C., & Lu, C. (2018). Global development assistance for adolescent health from 2003 to 2015. *JAMA Network Open*, 1(4), 1–13.

Light, J., & McNaughton, D. (2014). Communicative competence for individuals who require augmentative and alternative communication: A new definition for a new era of communication? *Augmentative and Alternative Communication*, 30(1), 1–18.

Lovallo, W. R. (2016). Stress and health: Biological and psychological interactions. *Behavioral Medicine*, 41(3), 131–137. <https://doi.org/10.1080/08964289.2016.1157816>

Luckasson, R., & Schalock, R. L. (2012). Standards to guide the use of clinical judgment in the field of intellectual disability. *Intellectual and Developmental Disabilities*, 50(4), 288–298. <https://doi.org/10.1352/1934-9556-50.4.288>

Masten, A. S. (2014). *Global perspectives on resilience in children and youth*. Cambridge University Press.

Matthews, S. H. (2007). *Paradigm shifts in childhood studies: Agency, culture, and globalisation*. *Children & Society*, 21(2), 105–116.

McEwen, B. S. (2012). The ever-changing brain: Neuroplasticity and the role of stress in shaping it. *Neuron*, 79(1), 16–29. <https://doi.org/10.1016/j.neuron.2012.07.001>

McVilly, K. R., Ballin, L., & Meyer, C. A. (2006). *The social inclusion of people with intellectual disability: A critical review*. *Journal of Intellectual Disability Research*, 50(7), 497–509. <https://doi.org/10.1111/j.1365-2788.2006.00841.x>

Miller, J. F., & Smith, M. A. (2018). Early language development in children with intellectual disabilities: Implications for assessment and intervention. *Journal of Speech, Language, and Hearing Research*, 61(3), 780–792. https://doi.org/10.1044/2017_JSLHR-L-17-0134

Miller, M. A., Glover, T., & Hardman, M. (2014). Social skills training for children with intellectual disabilities. *Journal of Applied Behavioral Analysis*, 47(4), 640–659. <https://doi.org/10.1002/jaba.148>

Miller, P. H. (2011). *Theories of developmental psychology* (5th ed.). Worth Publishers.

Miller, W. R. (2006). *Motivational interviewing: Preparing people for change* (2nd ed.). The Guilford Press.

Mills, J. L. (2017). I can thrive! fostering well-being in adolescent girls via the unified approach. (Doctor of Psychology). James Madison University

Morrow, V. (2011). *Understanding Children and Childhood. Centre for Children and Young People Background Briefing Series, no. 1.* (2nd ed.). Lismore: Centre for Children and Young People, Southern Cross University.

Murray, M. J., Lowry, P., & O'Reilly, M. F. (2018). Emotional regulation and children with intellectual disabilities: The role of self-awareness. *Journal of Intellectual Disability Research, 62*(8), 652–663. <https://doi.org/10.1111/jir.12512>

National Research Council. (2013). *Reforming juvenile justice: A developmental approach.* The National Academies Press. <https://doi.org/10.17226/14685>

Office of the United Nations High Commissioner for Human Rights & Rättsvetenskapliga fakulteten (Society: Sweden). (2007). Legislative history of the convention on the rights of the child. United Nations. Retrieved from <https://digitallibrary.un.org/record/602462?ln1¼en>

Oliver M. The social model of disability: thirty years on. *Disabil Soc.* (2013) 28(7):1024–6. 10.1080/09687599.2013.818773

Patel, V., Saxena, S., Lund, C., et al. (2018). The Lancet Commission on global mental health and sustainable development. *The Lancet, 392*(10157), 1553–1598. [https://doi.org/10.1016/S0140-6736\(18\)31612-X](https://doi.org/10.1016/S0140-6736(18)31612-X)

Piaget, J. (1971). *The theory of stages in cognitive development.* McGraw-Hill.

Pope D, Bamba C. (2005). Has the disability discrimination closed the employment gap? *Disabil Rehabil.* 27(20):1261–6. 10.1080/09638280500075626

Roberts, M. Y., Kaiser, A. P., & Wolfe, C. E. (2014). The effects of parent-implemented language interventions on child linguistic outcomes: A meta-analysis. *Early Childhood Research Quarterly, 29*(3), 444–456. <https://doi.org/10.1016/j.ecresq.2014.05.001>

Rowe, M. L., & Leech, K. A. (2019). Social interactions and language development: Looking back, looking forward. *Advances in Child Development and Behavior, 56*, 39–67. <https://doi.org/10.1016/bs.acdb.2018.11.003>

Santrock, J. W. (2020). *Child development* (15th ed.). McGraw Hill.

Sawyer, S. M., Azzopardi, P. S., Wickremarathne, D., & Patton, G. C. (2018). The age of adolescence. *The lancet child & adolescent health, 2*(3), 223–228.

Schalock, R. L., Borthwick-Duffy, S. A., Bradley, V. J., et al. (2021). *Intellectual Disability: Definition, Diagnosis, Classification, and Systems of Supports* (12th ed.). AAIDD.

Seligman, M. E. P., Peterson, C., & Kaslow, N. J. (2015). *The positive psychology of human strengths*. Oxford University Press.

Shogren, K. A., Luckasson, R., & Schalock, R. L. (2015). The definition of context and its application in the field of intellectual disability. *Journal of Policy and Practice in Intellectual Disabilities*, 12(2), 109–116.

Shonkoff, J. P., & Garner, A. S. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), e232–e246.

Shonkoff, J. P., & Phillips, D. A. (2000). *From neurons to neighborhoods: The science of early childhood development*. National Academy Press.

Skinner, B. F. (1957). *Verbal behavior*. Appleton-Century-Crofts.

Steinberg, L. (2014). *Age of opportunity: Lessons from the new science of adolescence*. Houghton Mifflin Harcourt.

Thompson, R. A. (2014). *Emotion regulation and emotional development*. *Handbook of Child Psychology and Developmental Science*, 1, 452–484. <https://doi.org/10.1002/9781118963418.childpsy108>

United Nations, Department of Economic and Social Affairs, Population Division (2024). *World Population Prospects 2024*.

United Nations. (1989). *Convention on the Rights of the Child*. <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>

Vučković-Šahović, N., Doek, J. E., & Zermatten, J. (2012). *The rights of the child in international law: Rights of the child in a nutshell and in context: All about children's rights*. Stämpfli.

Vuijk, P. J., Hartman, E., Scherder, E. J. A., & Visscher, C. (2010). Motor performance of children with mild intellectual disability and borderline intellectual functioning. *Journal of Intellectual Disability Research*, 54(11), 955–965. <https://doi.org/10.1111/j.1365-2788.2010.01318.x>

Vygotsky, L. S. (1978). *Mind in society: The development of higher psychological processes*. Harvard University Press.

Wells, K. (2015). *Childhood in a global context*. Polity Press.

World Health Organisation. (2018a). Coming of age: adolescent health.

Wyness, M. (2015). *Childhood*. John Wiley & Sons.

04

**EQUAL TREATMENT
AND PARTICIPATION**



Children with language difficulties are prevalent in the criminal justice system. Research indicates that a majority of criminalised children exhibit language difficulties (Anderson, Hawes & Snow, 2016). Likewise, individuals with cognitive or learning disabilities are disproportionately represented in the system, with prevalence rates between 7% and 32%, in contrast to 2% to 4% in the overall populace (Hughes, Ungar, et al., 2020).

Court involvement often assumes that children and youths can meet expectations based on their age, but this may not be the fact for those with cognitive or communication disabilities (Hughes, Sheahan, et al., 2020). In many Western European countries, 14-year-olds are deemed capable of criminal responsibility, expected to understand legal processes, retain information, evaluate options, and communicate clearly (La Vigne & van Rybroek, 2014). However, these tasks are challenging for children with disabilities. Communication difficulties may lead to

misinterpretations of deceit (Liles, 1993; Maras, Marshall & Sands, 2019), and responses may be seen as rudeness or defiance, impacting judicial decisions (Snow & Powell, 2012). Additionally, struggles to express remorse can influence sentencing (Corwin et al., 2012). Acknowledging these intricate needs was an additional impetus for our equal treatment guide. This section provides readers with practical recommendations for effectively engaging with children with disabilities.

Regardless of whether they are victims, suspects, or accused, all children encounter significant barriers that hinder their meaningful participation in criminal proceedings. These challenges are even greater for children in vulnerable situations due to discriminatory and paternalistic attitudes and practices among criminal justice and child protection professionals, as well as guardians. Additionally, inadequate coordination between child protection and criminal justice systems further complicates their access to justice. The lack of age -, gender -, disability -, and culturally sensitive adaptations in case management and legal proceedings creates further obstacles, making it difficult for these children to navigate the system. Furthermore, the failure to implement procedural accommodations that address their diverse needs and circumstances limits their ability to engage in the process fully, ultimately undermining their rights and access to fair treatment (Monteiro, 2022). This section will begin by defining individual assessment, highlighting its purpose, and summarising the relevant legal and human rights frameworks before exploring procedural accommodations.

4.1. Individual Assessment

Chapter 4 reviews the concepts of individual assessment and procedural accommodations in the criminal justice system. We now examine the necessity of individualised assessments and adaptations to guarantee equitable access to justice for children with disabilities. Chapter 2 addressed changes in the definition of disability and the impact of shifting perspectives on professional practices, while Chapter 3 concentrated on the notion of childhood and adolescent development. This chapter emphasises the necessity of individualised approaches when engaging children in legal proceedings. It is crucial to recognise that no two children, even those with the same disability and age, have identical strengths or support needs. Development transpires at varying rates throughout cognitive, social, and physical domains, and chronological age does not consistently correspond with maturity or performance. Consequently, effective individual assessments must transcend inflexible age-based or disability classification assumptions to offer procedural adaptations tailored to each child's needs.

Further reading materials

Monteiro, B. (2022). Pathways for Inclusive Individual Assessments of Children in Criminal Proceedings. <https://validity.ngo/wp-content/uploads/2022/08/Pathways-for-Inclusive-Individual-Assessment-for-EU.pdf>

Discussion idea

Encourage trainees to reflect on situations where various sources present information regarding a child during an individual assessment. The judicial police might conduct an initial evaluation, followed by a psychiatric assessment mandated by a judge. If these assessments yield conflicting findings:

- What could be the underlying causes of these discrepancies?
- How might such inconsistencies affect the assessment process and, more importantly, the well-being of the child?
- How could these differences influence the child's journey through the system?
- What measures should be taken to address these inconsistencies and ensure a fair and accurate evaluation?

Motivate trainees to contemplate real-world difficulties and provide pragmatic ideas for enhancing coordination and uniformity in evaluations.

4.1.1 Definition of the Individual Assessment

An individual assessment is a comprehensive, multidisciplinary, and rights-based approach designed to ensure that children involved in criminal proceedings, as victims or suspects, receive the necessary protections and accommodations to participate effectively in the judicial system. It follows a two-step process, beginning with a preliminary assessment at the first point of contact. It identifies immediate needs, such as communication difficulties or psychological distress, followed by a comprehensive assessment conducted by a multidisciplinary team. This holistic approach considers factors like age, maturity, mental health, disability, social and economic background, and exposure to discrimination, ensuring that children receive the necessary procedural accommodations and support to participate effectively in legal proceedings. Rooted in international human rights law, including the UN Convention on the Rights

of the Child (UNCRC) and the EU Directives on Victims' Rights (2012/29/EU) and Procedural Safeguards (EU 2016/800), individual assessment moves beyond a purely protective model toward a rights-based approach that emphasises empowerment and participation. The process also seeks to remove various social, economic, communication, and procedural barriers that may hinder a child's ability to engage with the justice system, such as misinterpretation of behaviors, financial constraints, language difficulties, and intimidating courtroom settings. By ensuring that assessments are multidisciplinary, inclusive, and impact-driven, individual assessment is a crucial mechanism for safeguarding children's rights and fostering meaningful participation in legal proceedings.

4.1.2. Purpose of Individual Assessment

- Children and teenagers with disabilities should have access to individual assessments so that they can receive appropriate and individualised accommodations in criminal proceedings.
- The purpose of these assessments is to identify their support needs, not the level or extent of their impairment or capacity to testify.
- This is supported by international human rights standards, particularly the UN Convention on the Rights of Persons with Disabilities (CRPD) and the Convention on the Rights of the Child (CRC). These instruments support the principles that individual assessments should be carried out in a manner that respects and upholds the child's dignity, autonomy, and best interests.

The development of children is influenced by a complex interplay of factors, ranging from individual exceptionalities to external circumstances such as exposure, interest, and experience. While some children's unique neurological wiring shapes how they perceive and interact with the world, disability is only one piece of a broader puzzle that impacts their language and communication abilities. This raises an important question: Are these challenges solely the result of child-related factors, or do external influences play an equally significant role? How adults understand and embrace children's distinctive perspectives fosters a sense of support and opens the door to innovative problem-solving approaches. To better grasp the complexities, we must explore the barriers to communication and engagement within the various systems children navigate—education, healthcare, social services, and beyond. How do these

challenges compare to those faced in the criminal justice system, and what insights can be drawn from their similarities and differences?

The social model of disability, introduced 40 years ago, has transformed thinking about disability, particularly in fields like disability studies and rehabilitation sciences. It asserts that the impairments do not disable people with disabilities, but by society's failure to accommodate their needs (Oliver 1986, Oliver, 2013). This model highlights barriers to equal access in all areas of life, such as employment, education, justice and healthcare (García-González et al., 2021; Bonaccio et al 2020). On the other hand, the human rights model emphasises the rights of children with disabilities as equal citizens, ensuring they have access to justice, protection, and fair treatment under the law. This model advocates for upholding the rights of children as enshrined in international human rights frameworks, such as the UN Convention on the Rights of the Child, which includes the right to protection from abuse, the right to participate in legal proceedings, and the right to special support (UN, 1989). The social and human rights models function together: the social model ensures that the system is accessible and inclusive. In contrast, the human rights model ensures that children's fundamental rights are protected and upheld. By applying both models, the criminal justice system can better meet the needs of children with disabilities, ensuring justice, protection, and dignity for all.

In contrast to the medical model, which focuses on impairments, the social model addresses structural and societal barriers. Policies like the UK's National Disability Strategy increasingly embrace this approach. However, existing anti-discrimination laws have shown limited effectiveness in improving opportunities for people with disabilities (Bell & Heitmueller, 2009; Bamba & Pope, 2007; Pope & Bamba, 2005). The social model suggests these laws are insufficient, as barriers are often structural and attitudinal (Derbyshire, 2023).

4.1.3. Examples of Barriers to communication between professionals and children with ID and PD disabilities

Children with disabilities engage with professionals across various disciplines, including criminal justice, child protection, education, and healthcare. Each of these fields plays a crucial role in promoting the well-being and development of these children. However, providing effective services requires more than expertise in a specific discipline; it necessitates strong communication and person-centered skills responsive to the unique needs of individuals with disabilities. As Jaques et al. (2018)

noted, these skills are essential for fostering meaningful interactions and delivering services prioritising the child's perspective and needs. Understanding and applying these competencies across disciplines is vital for achieving positive outcomes. The following section explores communication barriers between children and professionals, drawing insights from several disciplines serving children with disabilities.

- Not knowing where to start: A lack of education related to children with intellectual and psychosocial disabilities contributes to communication barriers.
- Misinterpretation of behaviour: Behaviours displayed by individuals with ASD can be misunderstood by law enforcement officers as being confrontational or disrespectful (Debbaudt & Rothman, 2001).
- The rigidity of the environment: The environments can make communication with people with Intellectual Disability and psychosocial disabilities more challenging.
 - Too many things are going on at the same time.
 - Unsuitable or unadjustable environments, including noisy and highly stimulating environments.
- Transitional difficulties: from one professional to another, from one unknown person to another, one setting to another, and unfamiliarity with the process.
- Over-reliance on caregivers as advocates.
- Time requirement for child-centred approach: To deliver person-centred services effectively, establishing rapport with a child with a disability is essential to facilitate meaningful communication. This process often necessitates a significant investment of time.

4.1.4. Conducting Age- and Gender-Sensitive Interview: the need for tailored interviews

Tailored interviews are required as children's developmental stage, life experiences, and disability have the potential to impact their ability to provide evidence and/or the form that evidence takes. Interviews must be tailored to take account of these factors. The questioning should be comprehensible, non-intimidating, and responsive to the

child's cognitive, emotional, and communication needs. Gender can also shape how much a child may be willing to disclose information. This is particularly so in cases of violence or abuse. Social norms, fear of stigma, or expectations about how boys, girls, and non-binary children should behave may affect communication styles as well as the detail that is provided. Failing to take these factors into account could lead to negative outcomes such as unreliable testimony and increased distress for the child.

Legal Basis:

- **Convention on the Rights of Persons with Disabilities (CRPD), Article 7:** See above.
- **Convention on the Rights of the Child (CRC), Article 12 & Article 19:** Protects children's right to be heard in proceedings affecting them and safeguards them from psychological harm.
- **Istanbul Convention (where applicable):** Highlights the need for gender-sensitive approaches in justice systems.
- **General Comment No. 12 (CRC Committee):** Affirms States Parties' obligation to provide safe and supportive environments for children giving testimony.

Further reading Ideas

Mental Disability Advocacy Centre (MDAC) (2017) Innovating European lawyers to advance the rights of children with disabilities: Training pack. Mental Disability Advocacy Center. Retrieved from: https://mdac.org/sites/mdac.org/files/innovating_european_lawyers_-_training_pack_en.pdf

Key Principles for Interviewing Children

1. Trauma-Informed Approaches:

- Provide and maintain a physically and emotionally safe environment.
- Use calm, reassuring language.
- Recognise signs of distress and adjust questioning accordingly.

Minimise the risk of retraumatisation by allowing the child to set the pace of the interview and respond to questions at their own speed.

2. Child-Centered Techniques:

- Use open-ended questions.
- Adapt questioning to the child's developmental and cognitive abilities.
- Build a rapport with the child before discussing sensitive topics.

3. Interdisciplinary Support:

- Draw on the expertise of child psychologists, social workers, and parents/guardians where possible and appropriate.
- Train legal professionals in child communication strategies.
- Allow the presence of a trusted adult to provide reassurance and support to the child.

4. Gender Sensitivity:

- Acknowledge that boys, girls, and non-binary children may experience different forms of trauma and barriers to disclosure and adapt the approach to the interview(s) accordingly.
- Ensure that the child knows that they can request an interviewer of a preferred gender.
- Recognise the intersectionality of gender, disability, and trauma in shaping a child's testimony.

5. Alternative Communication Methods:

- Use storytelling, play, drawings, or picture boards for children with limited verbal capacity.
- Use assistive communication devices or sign language interpreters when this is the preferred means of communication of the child.

Previous research demonstrates that equipping the Prosecutor's Office with child-friendly technology, such as a state-of-the-art interview room with microphones and video conferencing capabilities, can be highly beneficial. Creating a clean and comfortable environment, enhanced with simple elements like candy, colourful pictures, and other child-friendly features, helps put children at ease and facilitates

more effective interviews. Another seemingly small but significant challenge is the lack of child-friendly interview settings in rural areas. In some countries, due to the relatively low number of cases in certain regions, establishing such facilities may be perceived as impractical, as it requires significant investment in technology, equipment, and human resource. However, it is essential to explore the advantages and disadvantages of different approaches, such as providing transportation to existing centers rather than investing in new facilities in remote locations (Upland and Hamilton. 2017).

Importantly, without the need for additional resources or awaiting systemic shifts in perspective, professionals who are already dedicated to working with children can begin implementing meaningful practices immediately. The table below presents a series of practical strategies shared by the Litigation & Advocacy Team at the Validity Foundation. These insights are derived from their direct experiences and have been compiled through personal communications, internal correspondence, and staff meetings. They offer concrete, experience-based approaches to effectively engaging with children with disabilities.

Practical, No-Cost Communication Tips

- Before getting involved with the concrete case of a child, pre prepared to accept that all the experience you have might appear in vain, you might fail no matter how many books you've read or how many child you have met before in your professional practice. Reflect on the fact that every child is so different that you will act as totally inexperienced. Accept the fact that even though you do your best, will still not gain the trust of a child and the child might not accept your assistance. Never judge based on how you would like to be treated in your childhood, your childhood experience can be absolutely different from the one of that child. Accept the fact, that no matter how old and experienced you are the child might know things better than you. Enter the scene with the readiness to learn, to make mistakes and to learn again.
- If possible, read as much information as possible about the case and the child you are going to meet; this helps to avoid inappropriate actions and questions. The child expects you to be a professional who has done the homework.
- Before entering the setting, observe the power dynamics: assess how much power is held by the child and by the other actors (parent, caregiver, social worker). Be mindful if the child experiences powerlessness and try to balance the power if possible.
- Observe what kind of communication the child engages in — verbal, non-verbal, seeking validation, or expressing negativism — and calibrate your response

accordingly. If possible, ask the parent or caregiver about the child's communication styles.

- If the child asks, be honest in explaining whom you contacted, what you read, and what you did before the meeting. Also explain why you did so, what actions were required by law, what arose from your own curiosity, and what steps you took to avoid judgment.
- Be prepared for the fact that, as a lawyer, you may need to visit the child several times before conducting the actual interview regarding the case.
- Teenagers may test your patience, intelligence, and composure.
- Learn to listen to the silence Dress as you usually do but be mindful of the impression your clothing may create. On some days, very formal attire may create a barrier between you and the child. If the child is from a low-income background, be mindful of the socio-economic gap your clothing may signal. If you dress very casually, the child could perceive you as less professional. There are different options; to mitigate barriers, be honest. You can explain that you are wearing a suit because the prosecutor shows bigger respect when you do, or because it is required by a dress code, whether you like it or not. Reflect on your clothing and be self-aware; understand that your self-perception may differ from the child's impression, and this can be an excellent way to start a conversation.
- If the child is under 10 years old, dress in a way that allows you to sit on the floor, play football, or fit at a child's table.
- Be honest about your purpose — why you have come and what your purpose is. Do not expect this to be welcomed, but it is the minimum respect you can offer.
- Expect that you are the 100th person in the child's life, and that many of the previous ones may have lied. There is no reason the child should trust you. Do not expect to be treated as special by the child; in fact, you are not.
- Do not expect the child to recognise the value of your involvement; you must prove them. Accept that the child's needs will and should change. The child may resist one day but engage another day; do not refer back to previous resistance.
- When initiating communication, show respect and a genuine desire to know the child's views.

- Be aware that you are being observed at all times; if you appear careless or in a hurry, it will be noticed.
- Do not hide your vulnerability; honesty is appreciated. However, do not overcompensate by displaying incompetence or excessive lack of confidence.
- Accept that neither the child nor you are absolutely right. Explain that you are communicating to help the child understand how the system works. Acknowledge that you may not be able to change the system but will, based on your experience, try to help the child navigate it. Do not pretend that the system is just if it is not, but explain why it is the way it is.
- Accept that children always communicate even when you cannot understand that. Do not expect or request them to communicate better, try to listen better.

The child might not respond to your question but may communicate something else. Consider that your question may be the wrong one and that what the child communicates may be much more important.

Accept that you may need assistance to communicate with the child, such as through an intermediary, but do not fully shift the responsibility for understanding the child to others. The involvement of a communication assistant does not relieve you of your responsibility to communicate; do not easily give up on communication. Recognise that it is you who may be failing to understand the communication, not the child.

Playing with the child, if the child enjoys it, can be the best way to communicate. Prepare yourself by learning at home how to play different games and how to engage meaningfully through play.

(A. Arganashvili, personal communication, February 06, 2025).

4.1.5. Removing Barriers and Providing Accommodations through Collaboration

Advocating for children with disabilities and securing appropriate accommodations on their behalf necessitates collaboration with a range of professionals, including but not limited to social workers, healthcare providers, magistrates, law enforcement officers, prosecutors, and others. To prioritise the child's best interests, such interprofessional cooperation requires effective communication, mutual respect, comprehensive information sharing, coordinated planning, and integration of services. Nonetheless, it is imperative to highlight that professionals working with children must adhere strictly

to data protection regulations, especially when addressing sensitive issues, including children's rights. The European Union's General Data Protection Regulation (GDPR) underscores the need for heightened protection of children's data, recognising their vulnerabilities (European Parliament and Council of the European Union, 2016). Moreover, the Regulation mandates using age-appropriate and accessible language when communicating with children to ensure their understanding and participation.

Discussion Point

Start by sharing the results of your NBP regarding the collaboration needs and barriers among professionals. Then, engage the trainees in a discussion about the National Multidisciplinary Cooperation System, where you have proposed solutions to improve collaboration. Present the key suggestions from your blueprint, focusing on three of the most important ones, and ask the trainees for their feedback. Emphasise that this discussion will provide valuable insights and serve as an early test of the system, before the roundtable discussions.

The involvement of the child protection sector in child justice has been growing, not only during the legal process but also after its conclusion. Ongoing support for victims and witnesses throughout the legal process is crucial, as participation can be traumatic. However, the increased engagement of social workers has not always been seamless. Some findings suggest that the child protection sector is severely under-resourced and cannot meet its expanded responsibilities, often leaving social workers intensely overburdened (Aplan and Hamilton, 2017).

4.2. Procedural Accommodations

4.2.1. Definition

The United Nations International Principles and Guidelines on Access to Justice for Persons with Disabilities (2020:9) defines procedural accommodations as “all necessary and appropriate modifications and adjustments in the context of access to justice, where needed in a particular case, to ensure the participation of persons with disabilities on an equal basis with others.” Procedural accommodations differ from reasonable accommodations they are not constrained by the concept of “disproportionate or undue burden”. Procedural accommodations can be described as modifications to legal processes that enable children with disabilities to participate fully in the proceedings. These accommodations are intended to achieve accessibility and fairness for the child to prevent discrimination based on disability and/or age.

4.2.2. Legal Framework for Procedural Accommodations

- **CRPD, Article 13 (Access to Justice):** States Parties shall ensure effective access to justice for persons with disabilities on an equal basis with others, including through the provision of procedural and age-appropriate accommodations, in order to facilitate their effective role as direct and indirect participants, including as witnesses, in all legal proceedings, including at investigative and other preliminary stages. In order to help to ensure effective access to justice for persons with disabilities, States Parties shall promote appropriate training for those working in the field of administration of justice, including police and prison staff.
- **CRC, Article 12 (Right to Be Heard):** Children should be child provided the opportunity to be heard in legal proceedings affecting them.
- **National and Regional Laws:** Some national and regional laws contain specific accommodations (e.g. recognition/provision of support persons, child testimony given by video, modified questioning techniques by police and/or lawyers).



Based on the findings of the individual assessment, there are several procedural accommodations which may be appropriate:

Examples of Procedural Accommodations

1. **Communication Adaptations:** Use of plain/simplified language (avoiding use of legal jargon), visual/pictorial aids, sign language interpreters, speech-to-text services, the use of facilitators trained in disability-inclusive communication, adaptation of questioning techniques.
2. **Testimony Support:** The child giving video testimony or providing evidence by way of a pre-recorded interview, the use of written statements (including past statements), use of trusted intermediaries for questioning the child.
3. **Accessibility:** Accessible courtrooms (e.g. reduced noise, changes to lighting) adjusted seating arrangements. Provision of Easy to Read or other accessible information about court proceedings.
4. **Scheduling and Time Considerations:** Flexible scheduling of child participation in the legal proceedings, planning in advance for breaks to reduce their stress and overwhelm.
5. **Support Mechanisms:** Presence of a parent/guardian, lawyer, or psychologist that has been chosen by the child as support.
6. **Legal representation:** Lawyers should be trained in disability-informed practices and have experience in working with children with disabilities.

Discussion Point

Invite participants to reflect on the distinctions between **procedural accommodations** and **reasonable accommodations** and their impact on daily professional practice. How do these concepts apply in your work or personal experiences? What challenges do you face in implementing them, and what improvements could enhance their effectiveness in your field?

The successful use of these procedural accommodations also requires that individual assessments are:

- **Proactively undertaken by the justice system:** the burden should not be on the child to assert their right to individual assessment and procedural

accommodations. Further, individual assessments should be conducted as early as possible and before the legal proceedings begin.

- **Respectful of the child's evolving will and preferences:** substitute decision-making should be avoided whenever possible.
- **Based on multidisciplinary and inter-agency cooperation:** This should take place between legal, health and social care, and educational professionals, so as to avoid gaps in support for the child arising.



4.2.3. Accommodating Children and Teenagers in Criminal Proceedings

Best Practices for Creating an Accessible Legal Environment

Children and teenagers with disabilities who take part in criminal proceedings as witnesses require accommodations to ensure that their rights are upheld, their testimony is accurately heard and understood, and their well-being is safeguarded throughout the legal process.

1. Courtroom Design and Logistics:

- Ensure physical accessibility. For example, this might mean including ramps, lifts, and seating arrangements for children with mobility impairments.
- Provide private waiting areas to prevent encounters with defendants or other parties to the proceedings.
- Use child-friendly furniture (e.g. tables and chairs) and spaces to create a less intimidating environment in the courtroom.

2. Emotional and Psychological Support:

- Assign child-friendly legal professionals trained in trauma-informed practices.
- Offer access to psychological support before, during, and after the child gives their testimony.
- Allow children to be accompanied by a trusted adult or support worker.

3. Adapted Legal Procedures:

- Modify rules of evidence to ensure child testimony (as set out above).
- Reduce unnecessary formality in questioning styles and the use of legal jargon.
- Limit the child's direct confrontation with the accused by using protective measures such as screens.

Preventing Re-Traumatisation

Retraumatization refers to the unconscious or conscious reminder of a past trauma or adverse experience, leading the survivor to re-experience the original distressing event. This can be triggered by specific situations, interactions, or environments—such as a courtroom—that mirror the dynamics of the initial trauma, such as loss of power or safety (Dezelic, 2013). The following are recommended measures for protecting

children with disabilities, particularly survivors of trauma or abuse, in criminal proceedings.

1. Protection from Intimidation and Secondary Victimisation:

- Use shields, screens, or separate entrances to minimise direct encounters with the defendant in the criminal proceedings.
- Restrict unnecessary exposure to media (including online media) and/or public scrutiny in high-profile criminal cases.

2. Flexible Testimony Options:

- Allow children to testify via video link if appearing in court causes them distress.
- Use pre-recorded interviews to avoid repeated questioning in court.

3. Minimising Repetitive Questioning:

- Legal professionals and law enforcement should coordinate interviews so as to reduce duplication, which increases the risk of retraumatisation. Children should not have to relive their experiences multiple times.
- Judicial oversight of the criminal proceedings should be rigorous so as to prevent unnecessary or lengthy cross-examination.

This training resource serves as an equal treatment guide specifically developed for professionals working with children with disabilities. As the guide concludes, it is essential to consider the professional and personal benefits that may arise from acquiring knowledge and developing competencies in this area. The reflections presented below are drawn from practitioners across different European countries during LINK's International Symposium on April 15, 2025, who work directly on cases involving children with disabilities, offering insight into their lived experiences and the value of this engagement.

Reflections on Professional Growth Through Working with Children with Disabilities

- A well-conducted individualised assessment allows for asking more accurate and meaningful questions to the child. This, in turn, helps the criminal justice system operate more effectively

- Procedural accommodations do not work as a one-size-fits-all solution; the child should be involved in selecting or designing appropriate accommodations.
- Refrain from making assumptions about a child's capacity, as ability extends beyond what is visible from the outside

4.3. Chapter Summary

Children—regardless of being victims, suspects, or accused—encounter substantial obstacles to meaningful engagement in criminal justice systems, particularly those in precarious circumstances who face even more formidable challenges. Discriminatory attitudes, insufficient coordination between child protection and judicial institutions, and an absence of adjustments responsive to age, gender, and disability present significant barriers to their access to justice. Individual assessment is essential for guaranteeing equal treatment, transitioning from a solely protective strategy to one that empowers and incorporates children in legal procedures. This procedure is interdisciplinary and rights-based, commencing with an initial evaluation at first encounter, succeeded by a thorough assessment that considers criteria such as age, maturity, disability, and social background. Nonetheless, discrepancies in definitions, absence of clear protocols, implementation obstacles, and inadequate professional training impede its efficacy.

Moreover, children with intellectual and psychosocial disabilities frequently encounter challenges related to behavioural misinterpretation, inflexible surroundings, difficulty during transitions, and the insufficient specialised training of professionals, all of which adversely affect their capacity to interact effectively with the legal system. Legal experts must conduct interviews that are adapted to children's developmental and psychological requirements, utilising gender-sensitive methodologies and trauma-informed strategies. International frameworks, including the Convention on the Rights of the Child (CRC) and the Convention on the Rights of Persons with Disabilities (CRPD), underscore children's rights to be heard and safeguarded from damage in legal contexts.

To guarantee equity, procedural adjustments must be instituted, including reduced language, alternate means of testimony, and adaptable courtroom environments. Efficient interdisciplinary collaboration among legal, health, and social specialists is crucial for eliminating obstacles and safeguarding children's rights. By implementing

an inclusive and personalised approach, the justice system may foster a more accessible and equitable environment for all children engaged in legal procedures.

4.4. References

Apland K., Hamilton C. (2017). Final evaluation of the Justice for Every Child Project: December 2013 – November 2017. Retrieved March 3, 2025, from <https://www.coram.org.uk/wp-content/uploads/2024/12/Publication-Final-Evaluation-of-the-Justice-for-Every-Child-Project.pdf>

Bambra, C., & Pope, D. (2007). What are the effects of anti-discriminatory legislation on socioeconomic inequalities in the employment consequences of ill health and disability?. *Journal of Epidemiology & Community Health*, 61(5), 421-426.

Bambra, C., & Pope, D. (2007). What are the effects of anti-discriminatory legislation on socioeconomic inequalities in the employment consequences of ill health and disability?. *Journal of Epidemiology & Community Health*, 61(5), 421-426.

Bell, D., & Heitmueller, A. (2009). The Disability Discrimination Act in the UK: Helping or hindering employment among the disabled? *Journal of health economics*, 28(2), 465-480.

Bonaccio, M., Gianfagna, F., Stival, C., Amerio, A., Bosetti, C., Cavalieri d'Oro, L., ... & "LOST in Lombardia" Study Investigators. (2022). Changes in a Mediterranean lifestyle during the COVID-19 pandemic among elderly Italians: An analysis of gender and socioeconomic inequalities in the "LOST in Lombardia" study. *International Journal of Food Sciences and Nutrition*, 73(5), 683-692.

Corwin, E., Cramer, R., Griffin, D., & Brodsky, S. (2012). Defendant remorse, need for affect, and juror sentencing decisions. *Journal of the American Academy of Psychiatry and the Law*, 40(1), 41–49.

Debbaudt, Dennis, and Darla Rothman. "Contact with individuals with autism: Effective resolutions." *FBI L. Enforcement Bull.* 70 (2001): 20.

Derbyshire, J. (2023). What should a secular society really look like? *Opinion Religion. The Financial Times*, 16-16.

Dezelic, M. (2013). Window of tolerance-trauma/anxiety-related responses: widening the comfort zone for increased flexibility. Preuzeto <http://www.drmariedezelic.com> .

European Parliament and Council of the European Union. (2016). Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the

protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation). Official Journal of the European Union. Retrieved from http://ec.europa.eu/justice/dataprotection/reform/files/regulation_oj_en.pdf

García-González, A., & Ramírez-Montoya, M. S. (2021). Social entrepreneurship education: changemaker training at the university. *Higher Education, Skills and Work-Based Learning*, 11(5), 1236-1251.

Hughes, N., Sheahan, F., Williams, W. H., & Chitsabesan, P. (2020). Ensuring the rights of children with neurodevelopmental disabilities within child justice systems. *The Lancet Child & Adolescent Health*, 4(2), 163–166

Jaques, H., Lewis, P., O'Reilly, K., Wiese, M., & Wilson, N. J. (2018). Understanding the contemporary role of the intellectual disability nurse: A review of the literature. *Journal of Clinical Nursing*, 27(21-22), 3858-3871.

LaVigne, M., & Van Rybroek, G. (2014). 'He Got in My Face so I Shot Him': How defendants' language impairments impair attorney-client relationships. In University of Wisconsin legal studies research paper No. 1228 (p. 45). University of Wisconsin.

Liles, B. Z. (1993). Narrative discourse in children with language disorders and children with normal language. *Journal of Speech, Language, and Hearing Research*, 36(5), 868–882.

Maras, K., Marshall, I., & Sands, C. (2019). Mock juror perceptions of credibility and culpability in an autistic defendant. *Journal of Autism and Developmental Disorders*, 49(3), 996–1010.

Monteiro, B. (2022). Pathways for inclusive individual assessments of children in criminal proceedings. Validity Foundation. Retrieved March 1, 2025, from <https://validity.ngo/wp-content/uploads/2022/08/Pathways-for-Inclusive-Individual-Assessment-for-EU.pdf>

Oliver, M. (1996). *Understanding disability: From theory to practice*. Palgrave Macmillan.

Oliver, M. (2013). The social model of disability: Thirty years on. *Disability & society*, 28(7), 1024-1026.

Snow, P. C., & Powell, M. B. (2012). Youth (in)justice: Oral language competence in early life and risk for engagement in antisocial behaviour in adolescence. *Trends and Issues in Crime and Criminal Justice*, (435), 1–6.

United Nations. (1989). *Convention on the Rights of the Child*. United Nations. <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>



05

ANNEXES

Annex 1: Common Equal Treatment Training Structure and Activity Guide

Dear Facilitators,

Thank you for your dedication to this important training. Project LINK aims to enhance professional collaboration, and we encourage you to prioritise active participation and cooperative learning over lecture-based methods. Please familiarise yourself with the course materials, particularly the Equal Treatment Guide, which includes readings and tools for key topics. Instead of relying on lectures or reading directly from slides, we recommend using interactive methods such as discussions, case studies, Q&A sessions, and role-playing. These activities will reinforce key points and provide opportunities for participants to share best practices.

This training is flexible and can be adapted to suit the needs of criminal justice and child protection professionals in six different countries. Given the diversity in legal, professional, and cultural contexts, you are encouraged to modify the content and activities to align with your audience's specific needs. To help, we have provided key messages and example activities for facilitators with limited preparation time. When adapting the training, be sure to include these core principles:

- **Equal treatment** – Ensure fairness and inclusivity for all children.
- **Age, gender, and disability-appropriate practices** – Adapt approaches to meet children's diverse needs.
- **Individual assessment and procedural accommodations** – Tailor support to each child's circumstances.
- **Integration of child protection into the criminal justice system** – Strengthen safeguards for vulnerable children.
- **The role of technology in increasing accessibility and collaboration** – Leverage digital tools to enhance communication and coordination.

Your role in creating an interactive, engaging environment is crucial for fostering knowledge exchange and collaboration among participants. and creating a meaningful learning experience. Thank you for your commitment to making this training a success.

Best regards,

Annex 2: Common Equal Treatment Training Agenda Example

Time	Theme	Content	Activities
8:30-9:00 30 minutes	Session 1: Registration & Welcome	Pre-training evaluation	
9:15-10:30 90 minutes	Session 2: Understanding “Equal Treatment” in the context of the LINK Project:	- Introduction to Training - Introduction to the project LINK	Activity 1: "Symbolic Introductions" Activity 2: Activity 2: What Do You Think of Our Findings, and How Can We Develop Solutions Together?
10:30-10:45/ 15 minutes	Break		
10:45-12:15 90 minutes	Session 3: Understanding Children & Disability	- Importance of Understanding Disability in Criminal Justice and Child Protection - Frameworks for Understanding Disability - Role of Assistive Technology and Universal Design	Activity3: "Exploring the Models of Disability for CJ and CP Professionals"
12:15-13:30/75 minutes	Lunch Break		
13:30-15:00/90 minutes	Session 4: Engaging with Children and Teenagers with Disabilities	- Child Development between 0-18 - Multidisciplinary Perspectives on Childhood - Communication with children with and without disabilities	Activity4: “Understanding Child Development and the Impact of Disabilities in Juvenile Justice and Child Protection Systems”
15:00-15:15/15 minutes	Break		
15:15-16:45 90 minutes	Session 5: Equal treatment and participation	- Individual Assessment - Procedural Accommodations - Collaboration	Activity 5: Expert Puzzle for incorporating technology to enhance communication and problem-solving in a multidisciplinary team.
16:45-17:00 15 minutes	Session 6: Closing	Post Training Evaluation EU Survey: https://ec.europa.eu/eusurvey/runner/Justice_2021-2027	

Annex 3: Key points for Chapter 1 - Introduction

- Introduction
 - You and your organisation
 - The LINK team
 - Project LINK
 - NBP results
 - National Multidisciplinary Collaboration System Adaptations
 - Training
 - Our approach
 - What is in it for them?
 - Pre-training evaluation

Session 1: Use the two activities in this section for chapter1

Activity 1: "Symbolic Introductions"

Duration: 30 minutes

Objective:

After introducing yourself, help participants introduce themselves creatively and meaningfully using symbols that represent aspects of their personality, work, or values. This activity sets a welcoming tone, encourages self-reflection, and fosters connections among participants in a fun and engaging way. Also, help them start thinking about the role of technology, how criminal justice and child protection professionals are pictured in individuals' minds, and about those children who use symbols to communicate.

Materials Needed:

- A set of printed or digital symbols created by SL Consult (<https://globalsymbols.com/symbolsets/link-project?locale=en&page=3>)
- A whiteboard or flip chart to record key reflections.
- Alternatively, participants can draw their own symbols on blank cards or paper.

Instructions:

1. Introduce yourself and the training. Here is an example.

“Welcome to our training program, it is designed to enhance access to justice for children, especially those with disabilities—by strengthening multidisciplinary collaboration and procedural accommodations. Today, we will introduce LINK, in the first session we will discuss key findings from the National Briefing Paper (NBP), and outline the training program’s objectives...”

Here are some ideas for facilitators to share:

Understanding LINK: Mission and Objectives

LINK is an initiative dedicated to improving access to justice for children by ensuring child-friendly legal processes. The key concepts in the project LINK are,

- Age, gender and disability appropriate practices
- Individual assessment
- Procedural accommodations
- Using technology to meet the unique needs of children, particularly those with disabilities
- Multidisciplinary collaboration.

By bringing together legal professionals, social workers, and other experts, LINK promotes an inclusive justice system in which every child can fully participate and receive equal treatment.

Key Findings from the National Briefing Paper (NBP) and Lessons Learned

The National Briefing Paper (NBP) examined challenges in implementing individual assessments and multidisciplinary collaboration within the justice system. The findings highlighted several critical issues:

- **Gaps in Procedural Accommodations:** There are inconsistencies in how accommodations are provided, often leading to barriers in accessing justice.
- **Challenges in Individual Assessments:** The assessment processes used to determine children's needs vary widely, making it difficult to ensure fair and effective support.
- **Lack of Standardised Practices:** Collaboration between different sectors- legal, social, and medical—remains inconsistent, resulting in fragmented support for children.

From these insights, we learned that standardised procedures, cross-sector cooperation, and a stronger emphasis on child-centered approaches are essential for improving justice outcomes for children.

Activity 1 - Overview of the Training Program

This training program addresses the challenges identified in the NBP by equipping professionals with the knowledge and tools needed to enhance child-friendly legal processes. Throughout this program, we will focus on:

1. **Child-Centered Approaches:** Understanding how to make legal procedures accessible, supportive, and responsive to children's needs.
2. **Multidisciplinary Cooperation:** Strengthening collaboration between legal, social, and medical professionals to provide holistic support.
3. **Effective Individual Assessment and Procedural Accommodation Processes:** Learning how to implement accommodations that ensure children, especially those with disabilities, can meaningfully participate in legal proceedings.

By the end of this training, participants will have a deeper understanding of creating a more inclusive justice system and practical strategies to apply in their professional roles. Let's get to know each other a little better first:

Symbol Selection (5 minutes)	Personal Reflection (5 minutes)	Sharing (10 minutes, depending on group size)	Group Reflection (Optional, 5 minutes)
a. Spread the printed symbols on a table or display them on a screen. b. Ask each participant to choose one symbol that resonates with them personally or professionally. If they prefer, they can also draw their own symbol on a blank card.	a. Once participants have their symbol, give them a moment to think about why they chose it. b. Encourage them to reflect on how the symbol represents their role, personality, or approach to work.	a. Go around the room and have each participant introduce themselves by explaining: - Their name and role, organisation - The symbol they chose. - Why this symbol represents them in their personal or professional life. b. Encourage others to listen and find connections with their own choices.	a. Ask participants: - Were there any common themes in the symbols chosen? - How do these symbols reflect the shared goals of the training? - What new insights did they gain about their colleagues?

Variations:

- **Pair or Small Group Discussion:** If the group is large and you want to save time, participants can share their symbols in pairs or small groups before a few volunteers present them to the larger group.
- **Digital Adaptation:** In virtual settings, participants can use emoji symbols, create a digital collage, or describe their chosen symbol in the chat.

Activity 2 - What Do You Think of Our Findings, and How Can We Develop Solutions Together?

Duration: 60 minutes

Objective:

To provide participants with an opportunity to share key findings from the National Briefing Papers and reflect on the National Multidisciplinary Cooperation System Adaptation process, including the challenges faced and the solutions developed.

Materials Needed:

- Large sheets of paper or posters
- Markers and sticky notes
- Printed key points from the National Briefing Papers and National Multidisciplinary Cooperation System
- Digital whiteboards (for remote participants)
- Pens and markers

Steps:

Phase 1: Gallery Walk & Discussion

1. **Set Up Stations:** Divide the room into 3–5 stations, each focusing on a different theme from the National Briefing Papers and the National Multidisciplinary Cooperation System Adaptation process. Place printed key points from these documents at each station.
2. **Small Group Rotation:** Split participants into small groups and have them rotate through the stations, discussing key findings, challenges, and solutions at each stop.
3. **Sticky Note Feedback:** At each station, participants write additional challenges they have faced or solutions they have developed on sticky notes and add them

to the station's board. Each group spends a maximum of 5 minutes at each station.

4. Large Group Reflection: After the rotations, participants remain at their last visited table. One person from each table presents key takeaways to the entire group. The facilitator summarises the main insights, highlights recurring themes and innovative solutions, and provides information on the next steps.

Phase 2: Challenge & Solution Mapping

5. Form Small Groups: Divide participants into groups of 3–5 people.
6. Identify Key Challenges: Each group selects one or two critical challenges they found significant in the National Multidisciplinary Cooperation System.
7. Brainstorm Solutions: Groups discuss and document solutions they have implemented or could implement.
8. Present Findings: Each group shares their identified challenges and proposed solutions with the larger group.
9. Wrap-Up & Next Steps: The facilitator summarises key insights, highlights effective strategies, and provides information on the upcoming break time.

Annex 4: Key points for Chapter 2: Understanding Disability and Inclusion

Importance of Understanding Disability in Criminal Justice and Child Protection

- Professionals' perspectives influence policies and actions affecting children with disabilities.
- Children with disabilities are overrepresented in protection systems and face a higher risk of criminalisation due to systemic barriers.
- Lack of awareness can lead to punitive actions rather than supportive interventions.
- Ensuring appropriate accommodation is crucial to preventing violations of their rights.

1. Frameworks for Understanding Disability

- **Medical Model:** Focuses on the individual and concepts of impairments and treatment.
- **Social Model:** Highlights societal barriers rather than individual impairments.
- **Biopsychosocial Model:** Integrates medical and social perspectives.
- **Human Rights Model:** Emphasises dignity, equality, and legal protection.
- **Cultural Perspective:** Considers how cultural attitudes shape disability experiences.

2. Intersectionality and Inclusion

- Recognising diversity within the disability community is essential.
- Intersectionality highlights the experiences of individuals at the intersection of disability, race, gender, and other identities.
- LGBTQ+ individuals with disabilities face additional stigma and require tailored support.
- The UN Convention on the Rights of Persons with Disabilities (CRPD) provides a framework for dignity, inclusion, and accessibility.

3. Role of Assistive Technology and Universal Design

- Advances in technology and universal design have improved access to education, employment, and public life.
- Cultural representation of disability in media and politics is increasing.
- Despite progress, ableism and structural barriers remain, requiring ongoing advocacy.
- Supportive technology may already be integrated into people's devices or can be easily added to them.

4. Intellectual and psychosocial Disabilities in Child Protection and Justice Systems

- Disability is defined as an interaction between impairments and societal barriers.
- A one-size-fits-all approach is ineffective; individualised accommodations are necessary.
- **Discussion Topic:** Should professionals focus on any medical diagnosis of a condition or address a child's specific needs as described or observed?

5. Intellectual Disabilities (ID)

- Defined by limitations in intellectual functioning and adaptive behavior.
- Common conditions: Down syndrome, Fragile X Syndrome, FASD.
- ID is more prevalent in low- and middle-income countries due to environmental and socio-economic factors.
- Children with ID face increased health disparities and social exclusion.
- **Considerations for Professionals:**
 - Use clear, simple language (see for ideas: https://www.defenceforchildren.nl/media/6428/clear-rights_en_quality-standards-and-guide.pdf)
 - Provide information in multiple formats. Such as Symbols, audio files, large print and high contrast
 - Allow extra time for processing and responding.

6. Psychosocial Disabilities

- Result from mental health conditions that impact social functioning.
- Examples: Schizophrenia, PTSD, bipolar disorder, severe anxiety or depression.
- **Challenges faced:** Stigma, discrimination, and social isolation.
- **Considerations for Professionals:**
 - Use trauma-informed approaches.
 - Be patient and avoid pressuring for responses.
 - Recognise triggers and de-escalate stressful situations.

7. Strengths of Individuals with Disabilities

- Resilience, problem-solving, empathy, and emotional intelligence.
- Adaptability and creativity contribute to inclusive environments.
- Caution is needed when assessing the strengths of children with disabilities. to illustrate: exceptional numerical skills in one child with autism do not represent the entire spectrum.
- Inclusive education fosters social integration and reduces emotional distress.
- **Research findings:**
 - Strengths include love of learning, kindness, and fairness.
 - Lower-scoring traits include self-regulation and perseverance.

8. Moving Forward

- The next section will focus on the specific needs of children aged 12–18 with intellectual and psychosocial disabilities.
- Training will help professionals provide age- and gender-appropriate accommodation in criminal proceedings.

Session 2: Use this activity for chapter 2

Activity 3 - Exploring the Models of Disability for CJ and CP Professionals

Duration: 90 minutes

Objective:

To help participants understand and critically analyse different models of disability and their implications for criminal justice practice.

Learning Outcomes:

Participants will:

- Understand the implications of applying different models of disability when working with teenagers.
- Gain familiarity with various models of disability.
- Understand how these models influence perceptions and practices within the criminal justice system.
- Learn to apply inclusive and rights-based approaches to real-world scenarios.

Materials Needed:

- Handouts or slides explaining the medical, social, and human rights models of disability (or provide a link for extra reading in your language during the activity or ask the audience to do an online search by using their cell phones when they go into their groups).
- Case studies or scenarios adapted from actual cases or created based on your country context involving 12–18-year-olds with disabilities interacting with the criminal justice and child protection system.
- Chart paper or whiteboard for group discussions.
- Pens, papers, crayons, A4s

Steps:

1. Introduction (10 minutes)

- Begin with a brief overview of the key models of disability (medical, social, and human rights models, etc). Highlight their core principles and implications for professional practice.

2. Case Study Analysis (30 minutes)

- **Divide participants into four small groups**

Prepare the Tables: Write "1: Medical Model," "2: Social Model," and "3:.... 4:....." on separate sticky notes and place each on a different table to serve as group identifiers.

Assign Numbers: Ask participants to count off sequentially around the room: "1, 2, 3; 1, 2, 3," continuing until everyone has a number.

Form Groups: Direct all participants with the number "1" to the table labeled "1," those with "2" to table "2," and those with "3" to table "3." Encourage participants to introduce themselves to their group members as they settle in. Ask them to use their cell phones to search for more about the model they were assigned.

- **Provide each group with a case study.**

Here are some ideas for a vignette:

Example 1: A 15-year-old boy who is deaf and who was denied a sign language interpreter during a police or legal interview.

Example 2: A 16-year-old LGBTQ+ individual with ADHD who is facing expulsion

Example 3: A 14-year-old female victim with an intellectual disability involved in the juvenile justice system.

Read the Vignette: Carefully review the provided scenario, noting key details about the individuals, their circumstances, and the broader context.

Analyse the Scenario: Evaluate the vignette through the lens of each model of disability (medical, social, and human rights). Here are some questions to think about when analysing the scenario.

- What would the **assigned model of disability** focus on?
 - How would the **assigned model of disability** address systemic barriers?
 - What changes would the **assigned model of disability** advocate for?
- ⇒ Reflect on how each model explains or addresses the situation.

Choose a Creative Task: Select one of the following tasks to synthesise your analysis:

- **Create a News Piece:** Write a news article highlighting the scenario and its implications from your chosen perspective.
- **Develop Advocacy Campaign for LinkedIn or X:** Based on your analysis, design a six-slide campaign advocating for change or awareness.
- **Prepare a 3-minute video for Instagram**
- **Develop a training guide for police or educators to support teenagers with disabilities.**
- **Design an infographic or short video for teenagers explaining their rights in justice settings**

Prepare to Share: Prepare to present your work to the group and explain how the model you chose influenced your approach.

3. Group Discussion (20 minutes)

- Reconvene and ask groups to share their analyses and product
- Facilitate a discussion on which model(s) align with principles of equity and inclusion.
- Invite participants to reflect on the unique aspects of working with teenagers with disabilities compared to younger children or adults. Please encourage them to consider what makes this work particularly challenging. Discuss factors such

as teenagers' developmental stage, the nature of their disabilities, their accommodation needs, and the social or emotional complexities they may face. Ask participants how these challenges influence their professional approaches and what adaptations might be necessary to effectively meet this age group's specific needs.

4. Reflection (5 minutes)

- Conclude by summarising participants' reflections on how their understanding of these models can inform their daily practices in addressing the needs of individuals with disabilities. Talking points:
 - Can we define disability because of societal barriers, such as inaccessible environments or discriminatory attitudes, rather than individual impairments?
 - How do biological, psychological, and social factors interact to influence barriers for people with a disability?
 - Emphasise removing these barriers to achieve inclusion and equality in the CJS and child protection systems.

5. Individual work (15 minutes) (if you have more time left than you expected you can use the following activity)

Complete the Worksheet: Instruct participants to take 10 minutes to fill out the worksheet provided thoughtfully.

Prepare for Collection: Once completed, ask them to fold the worksheet into quarters to maintain privacy and write their nickname on it.

- **Submit the Worksheet:** Ask participants to place their folded worksheets in the box located on the facilitator's desk as they leave for the coffee break.

Work sheet:

Fill this column	Leave this column empty
Personal Reflection: How does your personal understanding of disability align or differ from the models you explored in this exercise? What experiences have shaped your perspective?	
Model Alignment: Which model (medical, social, or human rights) best reflects your personal view of disability? Why do you think that is?	
Professional Influences: To what extent do your profession, professional training, or daily responsibilities influence your understanding of disability?	
Personality and Perspective: How might aspects of your personality—such as empathy, analytical thinking, or advocacy—connect with the model of disability that resonates with you most?	

Impact of Exercise: Did working with a model you might not personally agree with influence or shift your understanding of its relevance? How?

At the end of the training day

1. **Distribute Personal Reflection Papers back:** At the end of the training, ask participants to take out the personal reflection papers they worked on earlier.
2. **Circle Key Points:** Instruct them to review their reflections and circle the key points that resonate most with their thoughts or experiences during the day.
3. **Categorise Reflections:** Guide participants through categorising their reflections:
 - Identify which aspects they want to **leave behind**.
 - Highlight which ones they want to **keep**.
 - Note areas they would like to **improve**.
4. **Discuss Needs for Change:** Ask participants to consider and jot down what support or changes they need from others to foster personal and professional growth.
5. **Group Sharing (Optional):** If time permits, encourage volunteers to share insights from their reflections.

Annex 5: Key points for Chapter 3: Engaging with Children and Teenagers with Disabilities

1. Understanding Communication with Teenagers

- Teen communication today is shaped by group slang, social media, texting, memes, and online gaming.
- Effective communication varies between personal and professional interactions.
- Reflection on modern communication trends helps improve engagement with all children, including those with disabilities.

2. Multidisciplinary Perspectives on Childhood

- Childhood is studied from different disciplinary perspectives, including psychology, sociology, and juvenile justice.
- The criminal justice system is key in addressing children's rights and well-being.
- Adverse Childhood Experiences (ACEs) influence future difficult and antisocial behavior, emphasising the need for trauma-informed approaches.

3. Definition of Childhood

- The Convention on the Rights of the Child defines a child as anyone under 18.
- Different cultures and legal systems interpret childhood and adulthood differently.
- Childhood is studied through multiple disciplines, influencing intervention strategies.
- Concepts of adult or child independence also vary significantly between cultures.

4. Principles of Child Development

- **Multidimensional Development:** Growth occurs in physical, cognitive, social, emotional, and language domains.
- **Predictable Patterns:** Development follows cephalocaudal (head to toe) and proximodistal (center to outward) patterns.
- **Nature vs. Nurture:** Both genetics and environment shape child development.
- **Critical and Sensitive Periods:** Early intervention is crucial as some skills are learned best within specific timeframes.
- **Individual Differences:** Children develop at different rates due to genetic and environmental factors.
- **Social & Cultural Influences:** Interactions with caregivers, peers, and society shape development.

5. Disabilities have an impact on Development and Communication

- **Cognitive Development:** ID impacts problem-solving and learning, while psychosocial disabilities affect focus and executive functioning.
- **Language Development:** Children with disabilities may struggle with expressive and receptive language, requiring speech therapy and alternative communication methods (AAC).
- **Emotional Development:** Secure attachment and emotional regulation are critical for children's well-being, but disabilities may lead to difficulties in regulating emotions.
- **Social Development:** Children with disabilities often struggle with peer interactions, understanding social cues, and emotional expression, increasing the risk of social isolation.

6. Best Practices for Engagement

- Use flexible and inclusive communication strategies, adapting tasks to the child's abilities.
- Use a mixture of open and closed questions and allow as much time as possible for listening
- Visual supports, structured routines, and clear instructions can improve engagement.
- Encourage choice-making and self-expression to empower children.
- Trauma-informed approaches and person-first language create a respectful and inclusive environment.

7. Stages of Child Development

- Infancy (0-2 years): Rapid physical growth, early communication (crying, babbling), and attachment formation.
- Early Childhood (2-6 years): Development of motor skills, language, social play, and empathy.
- Middle Childhood (6-12 years): Logical thinking emerges, peer relationships become central.
- Adolescence (12-18 years): Puberty, abstract thinking, identity exploration, and independence-seeking.

Things to Remember

- Communication with children, especially those with disabilities, requires patience, adaptability, and empathy.
- Multidisciplinary collaboration between educators, caregivers, and justice professionals is essential.
- Early interventions can improve outcomes for children facing developmental challenges.

- Creating inclusive environments ensures children feel valued and can actively participate in society.

Activity 4: Understanding Child Development and the Impact of Disabilities in Juvenile Justice and Child Protection Systems

Duration: 90 minutes

Learning Objectives:

By the end of this activity, participants will be able to:

1. **Analyse Developmental Factors:** Understand how various developmental domains (physical, cognitive, emotional, and social) influence the experiences of children with disabilities in justice or child protection systems.
2. **Identify Systemic Impacts:** Examine the role of socio-cultural, economic, educational, and legal systems in shaping outcomes for children with disabilities.
3. **Evaluate Professional Roles:** Discuss the qualities, values, knowledge, and skills required by professionals to address the needs of children with disabilities effectively.
4. **Apply Trauma-Informed Perspectives:** Reflect on the importance of sharing appropriate information with children and families to ensure equitable processes and outcomes.
5. **Encourage Collaborative Practices:** Recognise the importance of interprofessional collaboration in achieving positive outcomes for children in vulnerable situations.

Materials Needed:

1. News Clippings:
 - Three to four real or fabricated news articles featuring teenagers with disabilities involved in criminal justice or child protection systems.
 - Each article should highlight different disabilities (e.g., autism, intellectual disabilities with hearing impairment, social anxiety disorder).
2. Visual Aids:
 - Printed or digital images to accompany each news clipping.
 - Optional: posters with key definitions of child development and examples of developmental milestones.
3. Writing Supplies:
 - Notebooks or worksheets for group storytelling.
 - Pens, markers, or digital devices for group work (to illustrate, you may choose to use a team meeting or interactive presentation software)
4. Discussion Prompts:
 - Pre-prepared questions to guide the group discussions and the larger facilitated conversation.
5. Room Setup Materials:
 - Adequate space for participants to move around and interact with the clippings.
 - Chairs and tables for group work.

Preparation:

1. Select or Create News Clippings:
 - Prepare three or four news clippings featuring teenagers with disabilities involved in criminal justice or child protection systems.
 - Ensure diversity in the disabilities represented (e.g., autism, intellectual disability with hearing impairment, social anxiety disorder).
 - Use authentic clippings or create realistic examples with relevant images.
2. Room Setup: Display the news clippings on the walls in the morning, Position them to allow participants easy access and visibility to draw attention.

Steps:

1. **Group Formation (5 minutes):**
 - Upon returning from the break, invite participants to examine the clippings.
 - Ask participants to stand next to the clipping that resonates most with them.
 - Form groups based on the chosen clippings. Each group should share an interest in a single clipping about a specific news item.
2. **Group Discussion and presentation (15 minutes):**
 - Begin by asking each group:
 - *“What drew you to this specific picture or story?”*
 - Introduce core concepts:
 - Definitions of *child*, *childhood*, and *child development*.
 - Emphasise key points about the teenage years and the unique challenges faced by teenagers with disabilities in such systems.

3. Story Development (20 minutes):

- Instruct groups to imagine and create a background and story for the child in their chosen clipping, including:
 - Family background.
 - Developmental journey (e.g., talents, needs, challenges and milestones).
 - Potential neighborhood and environmental influences.
 - Likely outcomes of their involvement in the justice or protection system.
 - Future predictions for the child.

4. Presentation and Discussion (20 minutes):

- Each group presents their story.
- Facilitate a guided discussion:
 - What influences shaped this child's developmental journey?
 - How did socio-cultural, economic, educational, and legal factors play a role?
 - Would the outcomes differ if the child did not have a disability? Why or why not?

5. Critical Reflection in Small Groups (15 minutes):

- Return to small groups to reflect on the following questions:
 - What information should have been shared with the child and their family for a better outcome?
 - Who should have provided this information, and how might the process have differed if they were unaware of their rights?
 - Which professionals were responsible for ensuring cooperation? What consequences arose from a lack of collaboration?
 - Speculate on the qualities of a professional who managed the case effectively. What values, knowledge, and skills did they exhibit?

6. Closing: Presentation and Summary (15 minutes):

Summarise the last 75 minutes, focusing on the teenage years. Key concepts to consider are:

- Development occurs across interrelated domains
- While the sequence of child development is consistent, the timing may vary among individuals.
- Children develop at different rates, influenced by genetics, environment, culture, and individual experiences
- Each developmental domain is interconnected. For instance, emotional security can enhance cognitive learning
- Challenges such as poverty, neglect, or exposure to violence can impede development, emphasising the need for early interventions
- The attitudes, knowledge and skills of Professionals have an impact on the child's experiences in CJS and CP systems.

Annex 6: Key points for chapter 4 – Equal Treatment and Participation

Activity 5: "Expert Puzzle" for incorporating technology to enhance communication and problem-solving in a multidisciplinary team.

Objective:

Participants will work in multidisciplinary teams to ensure that Alex, a 10-year-old child with a communication disability, can safely and effectively participate in the justice system as a witness. They must use their professional expertise, problem-solving skills, and technology to develop a plan that meets international child-friendly justice standards while adapting to their local legal system.

Time Required: 45-60 minutes to solve the puzzle and 30 minutes for introduction and summary

Group Size: 4-6 participants per team

Materials Needed:

1. Scenario & Role Cards (Print or Digital)

- Scenario description for all teams.
- Five role cards per team (Psychologist, Lawyer, Social Worker, Judge, Technology Specialist).

2. Clues & Puzzle Elements

- QR codes linking to UN guidelines and assistive communication resources.
- Case notes revealing Alex's communication needs.
- A riddle-based puzzle helping teams unlock key information.
- A password-protected file that the facilitator will provide the password for once teams solve the riddle.

3. Technology & Collaboration Tools

- Google Docs, Notion, or Miro for team notes.
- Slack, Microsoft Teams, or Zoom if remote collaboration is needed.
- AAC (Augmentative and Alternative Communication) apps or a text-to-speech tool (real or simulated).
- Tablets or smartphones for digital research and QR code scanning.

4. Presentation Materials

- Flipchart paper and markers if using physical materials.
- A timer to limit discussions and presentations to three minutes.

5. Debriefing & Evaluation Tools

- A summary sheet on child-friendly and disability-inclusive justice.
- A facilitator's guide with key discussion points.
- A reflection questionnaire for participants to self-evaluate.

Steps

Step 1: Introduce the Scenario (5 minutes)

The facilitator reads aloud:

"Alex, a 14-year-old child with a communication disability, is a key witness in a domestic violence case. Alex cannot speak and relies on an assistive communication device. The justice system in your country is not fully adapted for children with disabilities. If no accommodations are made, Alex may struggle to communicate and be excluded from the process. Your team has 45 minutes to create a plan to uphold Alex's rights while using technology and international guidelines to support your decisions."

Step 2: Assign Roles (5minutes)

Each participant picks or is assigned a role card with unique responsibilities and clues.

Roles:

1. Child Psychologist (mental health and trauma)
2. Lawyer (Child and Disability Rights Expert) (legal framework)
3. Social Worker (family and support)
4. Judge (or Court Administrator) (legal procedures)
5. Technology Specialist (assistive technology and digital solutions)

Step 3: Investigate Clues (20 minutes)

Teams gather information and solve clues. Clues are distributed as follows:

- **QR Codes** leading to UN guidelines.
- **Printed or digital case notes** revealing details about Alex's needs.
- **Riddle:**
 - "Silent but clear, I help people hear. Typed or tapped, I speak what's near. What am I?" (Answer: Speech-generating device)
 - Once solved, the team will unlock a password-protected file revealing assistive technology solutions.

Teams discuss the following questions:

- What are the main barriers Alex faces?
- What legal and procedural accommodations are needed?
- What technology can improve communication?

Step 4: Develop a Plan (20 minutes)

Using their role expertise, teams collaborate to create a rapid action plan that:

- Ensures Alex's participation without stress or harm.
- Proposes legal and procedural changes to accommodate Alex.
- Uses technology to enhance Alex's communication.

Teams record ideas using:

- Google Docs or Notion if working digitally.
- Flipchart and markers if working with physical materials.

Step 5: Present Solutions (3 minutes per team)

Each team presents their solution to a panel or the facilitator.

- They must justify why their plan is effective, practical, and legally sound.
- Teams are encouraged to incorporate technology into their presentation, such as demonstrating an AAC app.

Step 6: Debrief and Reflection (20 minutes)

The facilitator leads a discussion with the following questions:

- What worked well in your approach?
- What challenges did you encounter?
- How does this compare to real-world justice systems?
- Participants complete a reflection questionnaire to assess what they learned.

Role Cards (Copy and Distribute)

Child Psychologist

Your Role: Ensure Alex's emotional well-being and assess how stress impacts children with communication disabilities.

Your Clue: Trauma-sensitive interviews improve child testimony.

Lawyer (Child and Disability Rights Expert)

Your Role: Protect Alex's legal rights and ensure international legal standards are met.

Your Clue: QR code linking to UN guidelines on child-friendly justice.

Social Worker

Your Role: Ensure Alex has emotional and practical support and advocate for necessary accommodations.

Your Clue: The Case note reveals that Alex prefers AAC for communication.

Judge (or Court Administrator)

Your Role: Approve procedural accommodations and decide what changes can be implemented.

Your Clue: Riddle unlocks information on speech-generating devices.

Example: "Silent but clear, I help people hear. Typed or tapped, I speak what's near.

What am I?" (Answer: Speech-generating device)

Technology Specialist

Your Role: Implement digital solutions and ensure court staff can use assistive technology.

Your Clue: Password-protected file reveals possible assistive tools for non-verbal communication.

- Example: Password Hint: The year the UN Convention on the Rights of Persons with Disabilities was adopted. (Answer: 2006) Inside the file, the participant would find: "Research shows that AI-powered transcription tools and AAC devices help non-verbal children testify. Courts using video links report better child participation."

QR Code Links (Generate and Print for Distribution):

Child-Friendly Justice (UN Guidelines): <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>

Rights of Persons with Disabilities (CRPD):

<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

Assistive Communication Tools Overview: <https://www.assistivetech.com>

Annex 7: Key points for closing

Before concluding, let participants know that these key takeaways from the training should guide their practice and decision-making:

- Equal treatment – Ensuring fairness and inclusivity for all children.
- Age, gender, and disability-appropriate practices – Adapting approaches to meet diverse needs.
- Individual assessment and procedural accommodations – Providing tailored support for each child.
- Integration of the child protection system into the criminal justice system – Strengthening safeguards for vulnerable children.
- The role of technology in increasing accessibility and collaboration – Leveraging digital tools to enhance support and coordination.

Please remember to administer 2 surveys:

- EU survey https://ec.europa.eu/eusurvey/runner/Justice_2021-2027
- Post Training Evaluation

Alternative Activity Examples:

If you need shorter activities that can be completed in less time or if the activities proposed in the previous section are not suitable for your group, you can choose from the following options.

Alternative activity for Session 4: Engaging with Children and Teenagers with Disabilities instead of “Understanding Child Development and the Impact of Disabilities in Juvenile Justice and Child Protection Systems” activity

Alternative Activity A:

Ask participants to complete the table below by identifying key milestones in **physical, cognitive, emotional, and social development** for each age stage from birth to 18 years, **before** the discussion.

After the session, have them compare their initial responses with what they have learned. Did they identify all the milestones correctly? Were there any surprises or gaps in their knowledge?

Encourage participants to reflect on how they can apply this knowledge in their daily lives—whether in supporting their own children’s development or in working with the children they support professionally. How can understanding these milestones help them provide better guidance, create supportive environments, or address developmental concerns effectively?

Schematic: Timeline of Child Development from Birth to 18 Years

Age Range	Physical Development	Cognitive Development	Language Development	Emotional & Social Development
0-2 Years				
2-6 Years				
6-12 Years				
12-18 Years				

This schematic provides a concise overview of the developmental stages across four domains: physical, cognitive, emotional, and social growth. It highlights key milestones

within each developmental period, which are important for understanding the trajectory of childhood and adolescence.

Alternative Activity B:

Activity: "Legal Terminology Mystery"

Objective:

This activity aims to help participants practice communicating with children and teenagers without using complex terminology. Through this exercise, trainees will practice their skills to explain complex concepts in clear, accessible language. The final reflection and discussion will encourage critical thinking about the role of language in legal understanding and its potential to create a more approachable and empathetic criminal justice system. Additionally, this activity fosters teamwork, problem-solving, and effective communication skills.

Materials Needed:

7 small pieces of paper, a bag or box to place the papers in, a timer or stopwatch, pen and paper for each group to write their definition

Instructions:

1. Preparation:

Write 7 common legal terms or a terminology that is used in the childprotection system on separate pieces of paper. For example: Legal Standing, Guardianship, Consent, Internally Displaced Persons, spontaneous fostering etc., and fold the papers and place them in a bag or box.

2. Divide into Groups:

- Split the class into pairs (if possible, each pair should include 1 CJ and 1 CP professional)
- Ask each pair to pick up a piece of paper with one of the legal terms from the box. Ensure that the pair doesn't show their word to the rest of the group.

3. Work on Definitions:

- Each group has **10 minutes** to work together to come up with a definition of their word.
- The definition should be simple and understandable for a 12-15-year-old with an intellectual disability.
- The group's goal is to explain the term without revealing the word. They should focus on explaining the meaning using simple language, examples, or situations that a young person might encounter.

4. Sharing the Definition:

- After 10 minutes, ask each pair to share their definition with the group.
- **Important:** The group member should only read or say the definition — they cannot mention (or give a clue) the actual word.

5. Guessing Game:

- Once the definition is shared, the rest of the groups will have 2 minutes to guess which word was being described.
- Each group can take turns guessing, but they can only guess once per round. If no one guesses correctly, the group that gave the definition can reveal the answer.

6. Reflection and Discussion:

- After completing the activity, ask trainees to reflect on their experience and share their thoughts with the group. Encourage them to discuss what they found difficult about explaining these terms in a way that a child could understand.

Guiding Questions:

- *"What was the most difficult part of explaining these legal concepts in a way that children could understand?"*
- *"Did you find it hard to simplify some terms, or did you think of examples that worked well?"*
- *"What challenges did you face in making sure the definition wasn't too complicated or too simple?"*

7. Discussion:

- After the reflection, facilitate a group discussion using the following thought-provoking questions:

Child-Friendly Language and Criminal Justice:

- If we used more child-friendly language in the criminal justice system, how do you think the mood or atmosphere in courts and legal proceedings would change?
- Would simplifying legal language and making it more accessible have an impact on how people feel about the justice system?"
- Do you think explaining legal concepts in a simpler, more approachable way could improve relationships among people involved in the criminal justice system, such as defendants, victims, and lawyers?

8. Wrap-Up:

- Summarise the reflections and discussion by emphasising the importance of using accessible language in legal contexts, especially when communicating with children or vulnerable individuals.
- Discuss how clear communication can create a more empathetic and transparent justice system, which might help in building trust and improving relationships among all parties involved.

Alternative Activities for session 5: Equal treatment and participation instead of “Expert Puzzle for incorporating technology to enhance communication and problem-solving in a multidisciplinary team.” activity

Alternative Activity Examples:

Alternative Activity A: Role-Play: Multidisciplinary Cooperation in the Criminal Justice System for Child Protection

Duration:90 minutes

Step 1: (10 minutes). Using the information from the initial sections of the NBP and the National Multidisciplinary Collaboration System model, present participants with an overview of the international legislative framework and key insights on Individual Assessment and Procedural Accommodations.

Emphasise the importance of each professional role and the value of collaboration among all parties involved. This can be delivered in a lecture format. Then, undertake one of the activities below.

After the activity, conduct a debriefing to summarise how these concepts are applied in your country and highlight the differences between current application and any improvement introduced through your adaptation work.

Activities

Objective: These role-play activities are designed to help criminal justice professionals (CJP) and child protection professionals (CPP) understand the multidisciplinary approach to working with children who come into contact with the criminal justice system. Participants will explore communication barriers, procedural knowledge, and best practices for child-centered approaches. They are all based on a case study.

Sample Case Study: Mia's Story ` (You can use the case study at the end of your National Multidisciplinary Cooperation System)

Background: Mia is a 12-year-old girl with an intellectual disability who does not speak. She was found wandering near a crime scene where a robbery had taken place. Law enforcement officers approached her, but she was unable to communicate verbally. She carries a folder with a collection of symbols and simple words that she uses to express herself and that others can use to help her understand what they say. Mia lives with her grandmother, who has limited resources and was unaware that Mia had left home that evening. She enjoys drawing, listening to music, and wearing her favorite hoodie with a sports team logo.

What Mia Thinks:

- "I was scared, so I ran."
- "I don't know what to do."
- "Where is my grandma?"
- "I didn't do anything."

Hopes and Fears:

- Hopes: "I hope I can go home and feel safe again."
- Fears: "I don't understand what is happening. Will they listen to me?"
- Interests: Drawing, music, spending time with her grandmother.

Props for Mia's Role:

- A hoodie or cap with a recognisable sports team logo.
- A folder with simple symbols and words to illustrate her communication method.
- Headphones or a small toy to indicate her comfort items.

Alternative Activity B:

Group Division and Instructions: Participants will be divided into three groups:

- 1. Children Group (4 participants who would be playing the role of Mia)**
 - a. Each participant will receive a card with details about Mia's background, hopes, fears, and what she knows about the situation.
 - b. They are not allowed to share their cards with other groups directly.
- 2. Criminal Justice Professionals (CJP) Group (4 participants who would be playing the role of judges, lawyers, prosecutors, and police officers)**
 - a. Each participant receives a card detailing their experience working with children, their level of knowledge of child protection, and their personal stance on juvenile cases.
 - b. Previous Information on legal procedures and available accommodation for children with disabilities will also be provided.
- 3. Child Protection Professionals (CPP) Group (4 participants who would be playing the role of social workers, child psychologists, and child advocates).**
 - a. Each participant receives a card describing their role in child protection, knowledge about trauma-informed care, and thoughts on working with justice-involved children with disabilities.
 - b. They will have information on available support services for children with disabilities.

Activity Steps:

1. **Prep:** Give 5 minutes to group the read the information sheets to learn their roles. Provide props for each role (glasses, clothing items specific to professions etc)
2. **Form Teams:**
 - a. Each team should consist of one "child" (Mia), one CJP, and one CPP.
 - b. They do not immediately share information on the case and the child.
3. **First Meeting:**
 - a. Each team must engage in a conversation for 10 minutes and draw a diagram about how the system works in real life step by step.
 - b. Based on their diagram, they discuss how the system will work for Mia
 - c. Now, think about how they can communicate effectively with Mia and each other.
 - d. Questions to discuss:
 - i. How should each professional approach Mia?
 - ii. What methods should they use to gather information about/from her?
 - iii. What do they know about each other's roles and responsibilities (without sharing what is on their information sheets)?
4. **Role play each step in the diagram and to discover Information:**
 - a. Each participant should consider:
 - i. How would they learn about what the other participants know?
 - ii. Where does information flow in real-life cases?
 - iii. What barriers exist in real-world practice that hinder information-sharing?
5. **First and Second Levels of Individual Assessment:**

- a. How would professionals assess or evaluate Mia's needs, vulnerabilities, and abilities to participate in proceedings?
- b. What tools or techniques would be used to accommodate her communication disability?

6. Connecting Individual Assessment to Procedural Accommodations:

- a. How can the results of individual assessments be translated into specific accommodations (e.g., the use of visual communication aids, the presence of a support person, or adapted questioning techniques)?

7. Explaining the Process to Mia:

- a. CJP and CPP role must work together to explain to "Mia" what will happen next in a child-friendly manner using and building upon her preferred communication method.
- b. They should ensure that she understands her rights, legal procedures, and the role of each professional.
- c. The team should also address Mia's fears and offer reassurance.

8. Debriefing:

- a) Ask the child group to talk about their experience
- b) Ask each group to exchange their workflow diagrams.
 - i. What are the similarities and differences between them?
 - ii. Is there a difference between these diagrams? Does real life experience match with the process and how it is intended to operate to be
- c) Groups reconvene to discuss challenges faced during the role-play.
 - i. What worked well?
 - ii. What gaps in communication were identified?
 - iii. How does this compare to ideal multidisciplinary cooperation?

Expected Outcomes:

- Participants will identify differences and gaps between real life experience and theoretical process
- Participants will better understand the emotional and psychological needs of children with disabilities in the criminal justice system.
- CJP and CPP professionals will recognise the importance of collaboration and tailored accommodations.
- The activity will highlight areas of improvement in real-world multidisciplinary cooperation.

This activity can serve as a training tool to enhance the efficiency and child-friendliness of the criminal justice system, particularly for children with disabilities.

Alternative Activity C: Role Rotation Communication Exercise

1. Setting Up the Room:

Three chairs will be placed in the center of the room.

One chair represents Mia, one represents a CJP, and one represents a CPP.

2. Rotating Roles:

- a) A participant from the child group will play Mia.
- b) A participant from the CJP group will interact with "Mia" to understand her situation better.
- c) A participant from the CPP group will assist in communication and understanding.
- d) The rest of the participants observe the interaction for five minutes.

3. Role Switching:

- a) After five minutes, a new participant from the CJP group will replace the previous one.
- b) After two more minutes, a new participant from the child group will replace "Mia."
- c) This continues until all participants have experienced different roles.

4. Discussion and Reflection:

- a) What challenges arose in communicating with "Mia"?
- b) What strategies helped in understanding her needs?
- c) What improvements could be made in real-life situations?
- d) What procedural accommodations could be implemented based on the exercise?

Alternative Activity D: Understanding and listening to Mia who does not speak.

1. Scenario:

- a) Participants imagine they are the lawyer hired by Mia's grandmother.
- b) They meet Mia for the first time, but she does not want to talk.

2. Challenges:

- a) Mia does not want to talk.
- b) This is the lawyer's first experience with a non-verbal child.
- c) The lawyer notices that Mia and her grandmother have different goals for the case.

3. Discussion Questions:

- a) How do you understand what Mia wants?
- b) How do you explain Mia her rights and the process?
- c) How do you proceed when Mia and her grandmother have different expectations?
- d) What techniques could you use to communicate with Mia effectively?
- e) What ethical considerations should guide the lawyer's approach

Annex 7: Evaluation Tools

Pre Training Form

Linking Information for Adaptive and Accessible Child-Friendly Courts

LINK-101097047

Post-Training Evaluation Form: Child and Disability Sensitive Capacity Building

„National Training on Equal Treatment”

[Location/Address], [Calendar Date], [Time of Meeting]

Pseudonym:(Please remember to write the same code name on the post-evaluation form.)

1. What type of entity/ organisation do you belong to?

- Court of law
- Public prosecutor's office
- Bar association
- National Police
- Civil Society
- Organisation of Persons with Disabilities
- Other: _____
- Prefer not to say

2. What is your gender?

- Female
- Male
- Prefer to self-describe
- Prefer not to say

3. Do you identify as having a disability?

- Yes
- No
- Prefer not to say

4. Have you attended any trainings on this topic in the last three years?

- Yes
- No
- I am not sure
- Prefer not to say

5. Please select the option that best reflects the level of your professional knowledge related to the topics mentioned below

	Very strong	Strong	Average	Room for growth	At a starting point	Don't know
Child development						
Children with disabilities						
The social model of disability						
Formal versus substantive equality						
Right to accessibility						
Right to reasonable accommodation						
Right to procedural accommodations						
Right to equal recognition before the law						

Right to living independently and being included in the community						
The steps to be followed from the moment a child encounters the justice system until the end of the process.						

6. Please select the option that best reflects strength of your professional skills related to the topics mentioned below

	Very strong	Strong	Average	Room for growth	At a starting point	Don't know
Working with children and teenagers						
Working with children and teenagers with disabilities						
Conducting effective individual assessment						
Implementing procedural accommodations						
Planning procedural accommodation <u>based on</u> the results of individual assessments.						
Adjusting procedures to child victims' particular disability and situation						
Conducting accessible hearings (remote or in-person)						
Using digital information systems to communicate and collaborate with others						

7. What would make you feel satisfied by the end of this training? please explain briefly.

- a) new knowledge in.....
- b) new skills in.....
- c) improved network

Thank you very much for your answers

This training is co-funded by the European Union.

Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Commission.

Neither the European Union nor the granting authority can be held responsible for them.



Post-Training Form

Linking Information for Adaptive and Accessible Child-Friendly Courts

LINK-101097047

Post-Training Evaluation Form: Child and Disability Sensitive Capacity Building
„National Training on Equal Treatment”

[Location/Address], [Calendar Date], [Time of Meeting]

Pseudonym:(Please remember to write the same code name on the pre-evaluation form.)

1. What type of entity/ organisation do you belong to?

- Court of law
- Public prosecutor's office
- Bar association
- National Police
- Civil Society
- Organisation of Persons with Disabilities
- Other: _____
- Prefer not to say

2. What is your gender?

- Female
- Male
- Prefer to self-describe
- Prefer not to say

3. Do you identify as having a disability?

- Yes
- No
- Prefer not to say

4. Can we use extracts of this questionnaire in the project reports and communication materials?

- Yes
- No

5. Please indicate the option that reflects your thoughts on how this training has impacted your learning. Compared to my knowledge before this training, I believe I have made progress in the following areas:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
Child development						
Children with disabilities						
The social model of disability						
Formal versus substantive equality						
Right to accessibility						
Right to reasonable accommodation						
Right to procedural accommodations						

Right to equal recognition before the law						
Right to living independently and being included in the community						
The steps to be followed from the moment a child encounters the justice system until the end of the process.						

4. Please indicate the option that reflects your thoughts on how this training has impacted your learning. Compared to before this training, I believe I improved my skills in the following areas:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
Working with children and teenagers						
Working with children and teenagers with disabilities						
Conducting effective individual assessment						
Implementing procedural accommodations						
Planning procedural accommodation <u>based on</u> the results of individual assessments.						
Adjusting procedures to child victims' particular disability and situation						

Conducting accessible hearings (remote or in-person)						
Using digital information systems to communicate and collaborate with others						

5. Please indicate the option that reflects your thoughts this training

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
This training was relevant to me						
I am satisfied with the training content.						
I appreciated the delivery of the training, and the activities used to present the content.						
The trainer had a strong level of knowledge about the content						
I found the trainer's teaching skills to be excellent.						
If this training is offered again, I would recommend it to my friends.						
Overall, I am happy that I participated in this training						

6. What made you feel satisfied by the end of this training? please explain briefly.

- a) new knowledge in.....
- b) new skills in.....
- c) improved network

7. What could be improved for future trainings?

a) what would you like to learn?

b) how would you like to learn?

c) other:

This training is co-funded by the European Union.

Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Commission.

Neither the European Union nor the granting authority can be held responsible for them.



Co-funded by
the European Union



