

Community participation survey – children with disabilities and their families



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Community participation for children with disability and developmental delay (aged 0-14 years) and their families 2022 survey.

Full data report.

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Executive summary

Community inclusion and participation of children with disability and their families in Australia.

Children with disabilities thrive when they have equal opportunities to participate in social and community activities alongside their family and peers. This provides them with opportunities to experience belonging, develop an identity, make friends, and learn (Willis et al., 2017). The UN Convention Rights of People with Disability (UN General Assembly, 2007), along with Australian national, state and territory legislation, support the full inclusion of children and their families. Priority 3 of the recently released National Disability Strategy 2021-2031 (Department of Social Services, 2021) stipulates that *people with disability should be supported to live more accessible and connected lives within their communities, including being able to fully participate in social, recreational, sporting, religious and cultural life*. This asserts that every child is entitled to participate in communities that recognise them as active agents in their own lives, respond to them as individuals, respect their families as partners, and engage with their diverse backgrounds and cultures (ECIA, 2022).

Defining community inclusion and participation

In the International Classification of Functioning, Disability and Health, the World Health Organisation defines participation as 'involvement in a life situation' (World Health Organization, 2001). Koller et al. (2018) infer that children's definitions of social inclusion may include the absence of bullying, making peers aware of their disability, and the compelling value of peer acceptance and support (Lindsay and McPherson, 2012). The next steps must include opportunities for children with disabilities to exercise agency in defining social inclusion from within their own lives. For our project, we make the following distinctions. Community inclusion is defined as when all children and their families have the same opportunities for community participation. Based on the ecological model defined by Simplican et al. (2015), we define community participation as the active involvement of a child and their family in community activities of their choosing that support the development of interpersonal relationships. These activities may include leisure activities such as arts, hobbies, and sports; recreational activities such as going for walks or to the beach; religious and cultural activities such as attending events or places of worship; and consumption activities such as shopping or going out to restaurants.

Enabling factors of community participation and inclusion

An existing body of literature has focussed on the frequency, range, and predictors of community participation for children with disabilities (Law et al., 2006; Palisano et al., 2011; Solish et al., 2010). In their study on participation in leisure and recreational activities by children with cerebral palsy, Palisano et al. (2011) found that children's gross motor function and behaviour in life situations are essential for participation and knowledge of activities the child and family enjoy has implications for opportunities for participation. In their literature review, Willis et al. (2017) reported that both person-based elements, such as having fun, experiencing success, and belonging and environment-focused factors, such as authentic friendships and family support, contributed to meaningful participation for children and youth

with disabilities. The authors suggest that understanding the perspectives of the child is essential when assessing needs, preferences and goals relating to community participation. In their recent study of these perspectives, Edwards et al. (2021) identified five themes that supported meaningful aspects of social inclusion from participants' perspectives. These included *creating opportunities for children to communicate their interests and desires, providing opportunities to choose self-directed activities, strategically selecting and placing objects to support interactions between children with and without disabilities, directly encouraging interactions between children with and without disabilities, and having relatively equal numbers of children with and without disabilities.*

Barriers for inclusion

There are often however multiple barriers to successful participation in the community for children with a disability and their families. The World Health Organisation outlines the following seven categories of barriers: attitudinal, communication, physical, policy, programmatic, social, and transportation (World Health Organisation, 2020). Anaby et al. (2013), in their scoping review on the effect of the environment on the participation of children and youth with disability, that the most common barriers included attitudes, physical environment, transportation, policies and the lack of support from staff and service providers. Findings from a recent systematic review of the literature on the social inclusion experiences of children with and without disability, provide evidence that despite society's efforts to promote social inclusion, children with disabilities continue to report feeling lonely and excluded, having limited contact socially outside of the home, and encountering systemic barriers such as bullying and discrimination (Woodgate et al., 2020). The authors suggest that teaching social inclusion strategies to children with and without disabilities is needed to help overcome barriers.

Interventions for improving social inclusion

There are many ways to improve the effectiveness of community participation interventions for children with disability and their families. However, in their critical assessment of the literature, Koller et al. (2018) revealed that many interventions were aimed at 'fixing' the child to make them more socially competent in their environments, thus reinforcing the traditional medical model view of disability. In particular, social skills training was the predominant approach to address social exclusion. Andrews et al. (2015) suggest the need for the development of programmes that facilitate friendships alongside recreational participation, include typically developing peers, consider the activity preferences of children and adolescents in developing programmes, and accommodate individual impairments and needs through grading and adaptive leisure activities. Partnering with families can also contribute to successful community inclusion. Using an Ecomap and Routines Based Interview process, Park et al. (2021) suggest that professionals can also better understand the family's strengths and facilitators for community participation.

Community & me project

Plumtree was funded by the Australian Government Department of Social Services under ILC funding to conduct a project on community inclusion and participation of children with disability aged 0-14 years and their families.



This report includes the findings from our family survey which aimed to capture the current experiences and patterns of community participation for children with developmental disabilities (aged birth-14 years) and their families across Australia. The results provide a picture of current experiences and identify the issues, barriers and enablers of community participation to inform the next stage of the project; the development and piloting of a *Visioning Inclusion Kit*.

Methods

Research co-design

The research methodology was co-designed by a group of caregivers of children with disability, and academics and professionals in the children with disability sector.

The co-design team started by defining community inclusion and participation. Based on Simpican et al (2015), we focussed on the definition of community participation and defined this as the active involvement of a child and their family in community activities of their choosing that support the development of interpersonal relationships. These activities may include leisure activities such as arts, hobbies and sports, recreational activities such as going for walks or to the beach, religious and cultural activities such as attending events or places of worship, and consumption activities such as shopping or going out to restaurants.

The co-design team also expressed the definition in their own words...

“Inclusion means equitable access for all to everything”

“It’s doing the same things as his younger brother/sisters does”

“It is “not having to ask for extra support, it’s just there”

“Inclusion is “not integration”, “It’s joining in with all the kids” and “not in the special soccer group that runs alongside”

“I want to feel welcome (without all the fuss)”

“When you don’t feel like you’re ‘other’”

The co-designed research aimed to find out:

- What does community inclusion mean? To the full range of stakeholders – those living with disability, those not living with disability, parents, siblings, families, policymakers, disability advocates
- What is the experience of children and young people themselves and is that different from their parents?
- What are the barriers and what supports are needed?
- Targeted understanding of inclusion for LGBTQIA+, CALD and Aboriginal and Torres Strait Islander communities
- What makes a good/positive experience of inclusion including case studies – sharing stories and painting a picture

We discussed that the research must capture the voice of all children, not just those who can speak for themselves. Therefore, it must be accessible and use a range of ways to participate. Suggested ways included survey, photovoice, narrative research methodology, and campfire science. Within our project scope, it was agreed that we would use survey and modified photovoice for our methodology.

Our co-design team recognised that caregivers might have individual preferences for their preferred level of participation for their child in community activities. For example, they were included in the mainstream soccer group or in the soccer group for children with disability that plays alongside the mainstream group. As a result, we co-designed a representational diagram adapted from UNICEF (2012) to capture types of participation across a range of community activities. This diagram also recognises invisible disability within this paradigm. See Figure 1.

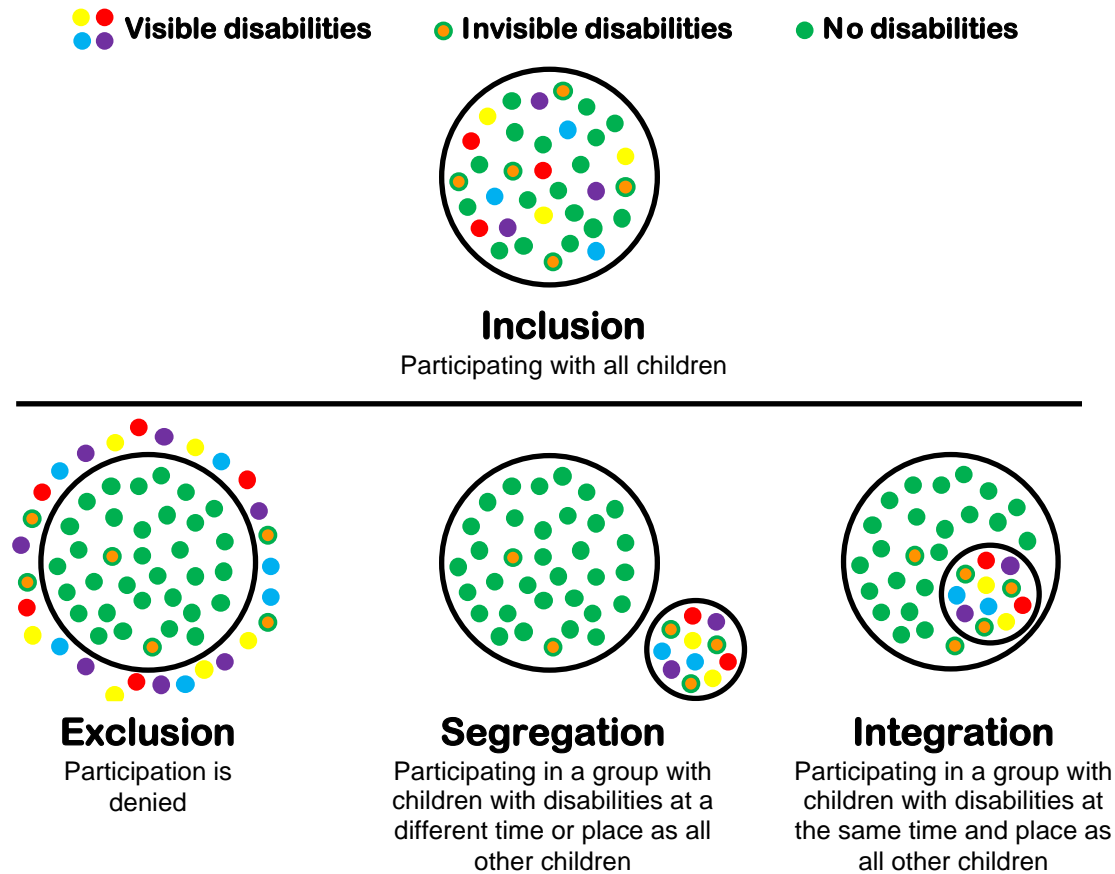


Figure 1: Types of participation

Family survey

The survey questions were drafted and went through iterative review by our codesign team until consensus was reached. The survey was hosted online on Qualtrics and included 28 questions related to the families understanding of what inclusion means to them, their experience of inclusion, barriers to inclusion for caregivers and their child, and possible solutions or enablers for effective inclusion. The majority of questions were for caregivers (22 questions), with a subset of questions (6 questions) that the caregiver was able to ask their child (where possible) to answer.

Photovoice

Photovoice is a qualitative approach designed to increase participation of all people with disability. In this approach children (as independently as possible and with the support of their parents where needed) were asked to:

- Take photos of things they like to do in the community and things that make them feel welcome
- Take photos of things they don't like in the community and when they don't feel welcome

- Upload the photos to an online survey and answer some questions about them

Participants

Participation in the family survey was open to Australian caregivers with a child with developmental delay or disability aged 0-14 years in their care. Participation in the child sub-set questions and Photovoice was open to children who:

- have consent to participate in the research by their caregiver
- have the support of a family member to take photos and complete a survey

Recruitment

The survey and Photovoice links were widely distributed via email and social media through existing networks of an early childhood service in Sydney, Australia. In addition, a snowball recruitment approach was adopted, encouraging participants and interested others to distribute through their own networks. The survey was accessible from June 2022 to October 2022.

Data analysis

The family survey generated quantitative and qualitative data. The quantitative data was downloaded to a spreadsheet, cleansed and analysed using descriptive and statistical approaches to collate and compare factors within the data set.

The qualitative data, in the form of short comments and descriptions in free text boxes within the survey, were downloaded into nVivo software and underwent thematic analysis (Braun & Clarke, 2006) using a line-by-line coding approach to generate codes and categories that are based in a deep understanding of the content of the comments. The categories were analysed to develop themes that capture the key features of the data. Photovoice data was downloaded and displayed in a PowerPoint presentation for display.

Results

Family Survey

Demographic data was captured at the end of the 15–20-minute survey. While many participants responded consistently throughout the survey, approximately 25-30% did not enter demographic information. Therefore, inferences will not be made based on demographic information. Caregiver participant characteristics are captured in table 1, and child characteristics as reported by their caregiver are captured in table 2.

Table 1 Caregiver Characteristic (N=80)

Caregiver Characteristic	N	(%)
Age		
20 years and younger	1	1.3
21-30 years	2	2.5
31-40 years	19	23.8
41-50 years	31	38.8
51-60 years	6	7.5
Missing	21	26.3
Gender		
Female	54	67.5
Male	5	6.3
Missing	21	26.3
Family status		
One parent family	6	7.5
Other (please tell us)	1	1.3
Two parent family	52	65.0
Missing	21	26.3
Number of children in family		
1	15	18.8
2	28	35.0
3	10	12.5

4	3	3.8
5	2	2.5
Missing	22	27.5

Number of children in family with disability

0	2	2.5
1	48	60.0
1 possibly 2	1	1.3
2	7	8.8
Missing	22	27.5

Caregiver disability

No	46	57.5
Yes (please let us know)	11	13.8
Missing	23	28.7

Table 2. Child characteristic (N=80)

Child Characteristics	N	(%)
Child age		
0-2 years	3	3.8
11-14 years	17	21.3
3-6 years	22	27.5
7-10 years	16	20.0
Missing	22	27.5
Child gender		
Female	25	31.3
Male	33	41.3
Missing	22	27.5
Child disability type		
Multiple disability	26	32.5
Autism	18	22.5

Genetic, rare or undiagnosed condition	6	7.5
Intellectual disability	3	4
Hearing impairment	1	1
Down Syndrome	1	1
Other	5	6.3
Missing	21	26.2

Child invisible disability

No	20	25.0
Unsure	3	3.8
Yes	36	45.0
Missing	21	26.3

NDIS Community support

No	22	27.5
Unsure	6	7.5
Yes	22	32.5
Missing	26	32.5

Current and desired participation

Based on the image depicted in Figure 1, families indicated their child's current type of participation in a range of community activities based, as well as what type of participation they would like to see for their child in the future. The results are presented in Figure 2 and Figure 3.

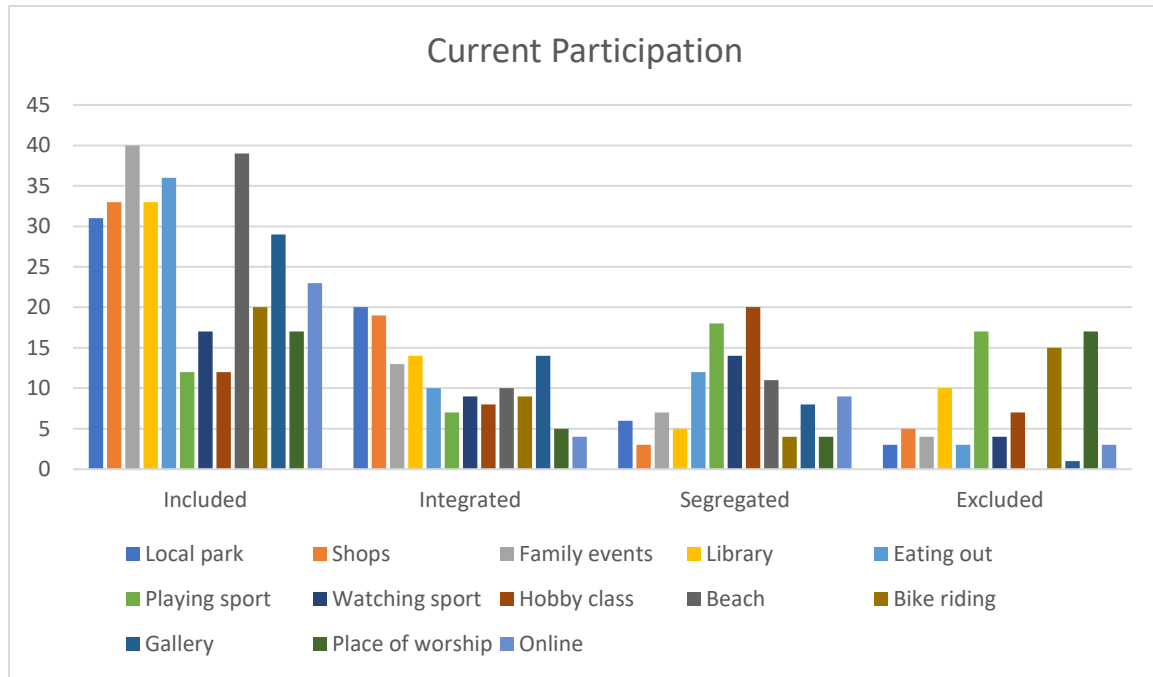


Figure 2: Types of current participation

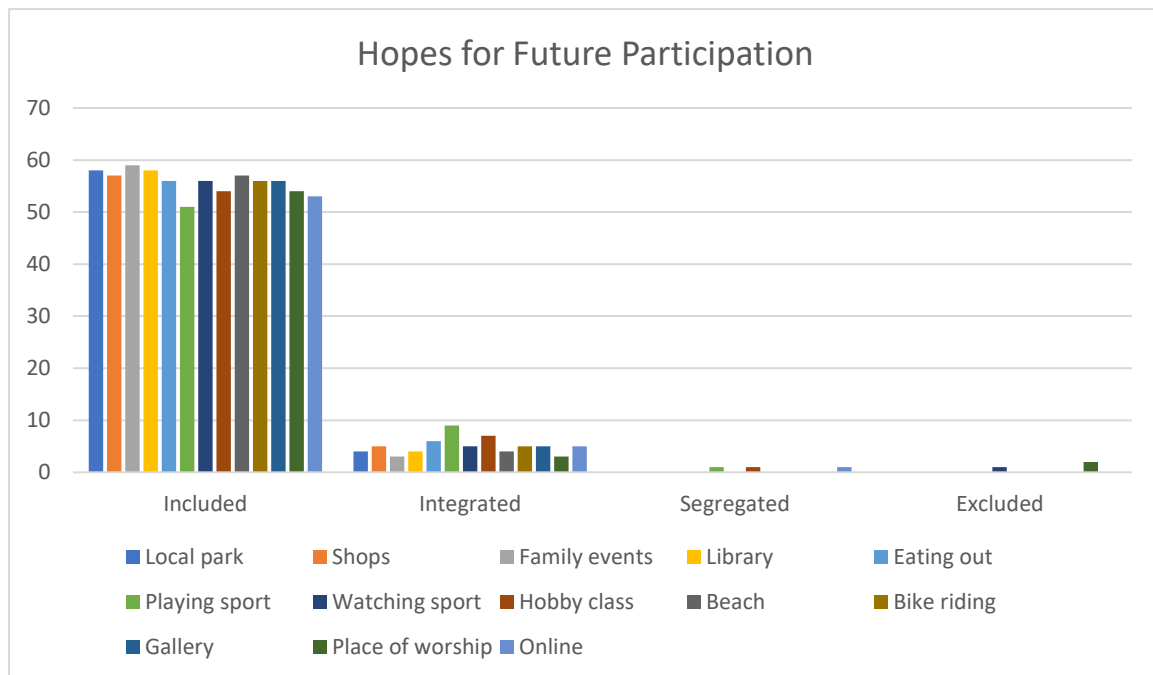


Figure 3: Types of desired participation

Barriers to participation

Caregivers were asked to rate their experience of a range of barriers for their child in being able to participate and feel included in community activities. A total of 68 caregivers responded to this question. Aggregated results are depicted in Figure 4.

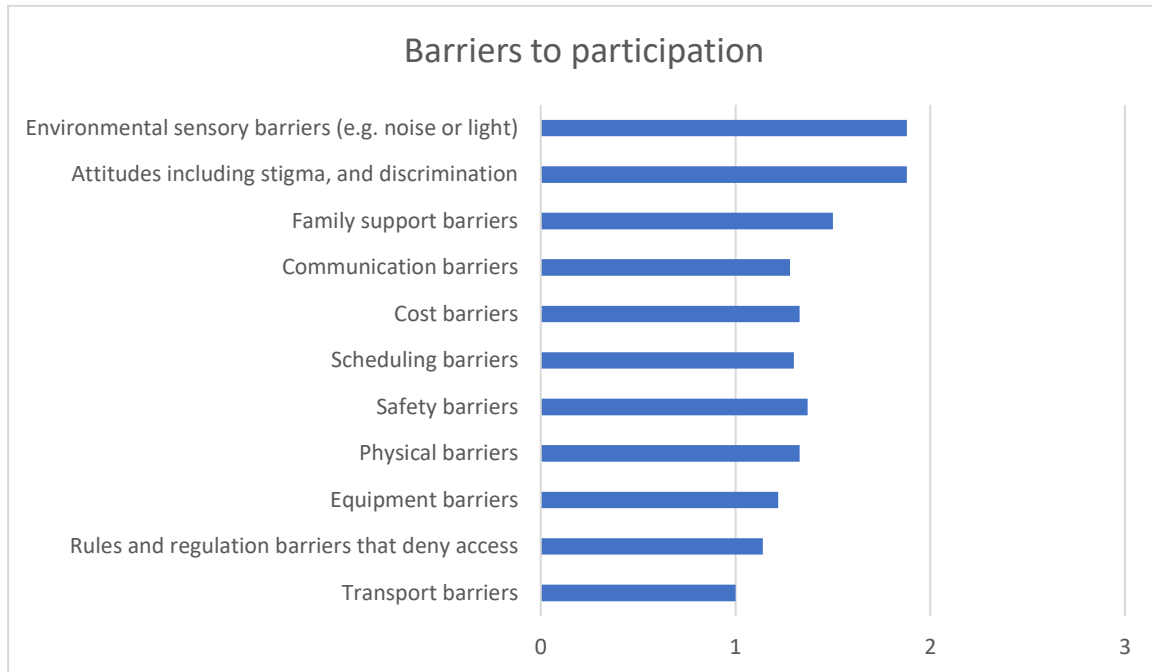


Figure 4: Barriers to participation

n.b Not a barrier (0), Somewhat of a barrier (1), Moderate barrier (2), Extreme barrier (3)

a) *Access and opportunity for community participation*

Families continually expressed their wants and desires to access and participate in community activities on the same basis as all others. This was often the response when asked about what community inclusion meant to them.

“Being able to access and be involved in the same opportunities as the rest of the community.”

“It means that my daughter would access all areas of community life but also be included too. She would be invited to join in things as well as the opportunity to invite too. She would benefit from being part of her community as well as putting into her community. We want her to have a life that adds not just takes, belonging, accessibility and inclusion means she will have opportunity to do so.”

However, families talked about the level of advocacy they often had to engage in to be able to gain equal access and opportunity to participate *“I feel the only way my child can be fully included within the community is when I advocate for him”*. They also talked about the need to move away from hidden segregation (*“‘All-ability’ events which are ‘disability specific’*”), and others *“not being sensitive to the need for accommodations that allow people to be included.”*

b) *Barriers of community participation*

Several barriers of community inclusion and participation were identified by families. These included attitudes and beliefs, the physical and sensory environment, and training and understanding within the community.

c) *Attitudes and beliefs*

Current attitudes and beliefs were the most discussed barriers to successful community inclusion and participation. Several sub-themes were identified within this barrier including the reaction of others, being accepted as equal, feeling welcome, understanding of disability, language, expectations to be good, and the need for diagnosis disclosure.

Reaction of others

- I think every parent of a child with a disability knows the feeling of all eyes being on you when you're out in public ... If my child is stressed, his behaviour may appear that of a 'naughty' child ... other's reactions to this have been difficult to navigate. Often we stay home to avoid this.*
- We wouldn't be stopped from trying anything we wanted but we would feel trepidation about how people would behave towards our daughter for some activities.*

Being accepted as an equal

- *Being seen as an equal member - not the same - but as an equal. Differences make us who we are, but do not make us "less" or "more" than each other.*
- *Being treated as equals, as human beings. Having our human rights upheld.*

Feeling welcome

- *I hate the way people have 'disability' thinking' when it comes to my daughter ... My daughter is 'othered' and the implication is she does not belong.*
- *It means turning up, being welcome & joining in just as you are.*
- *Our family feeling welcomed and accepted for who we are together but also as individuals with personality.*

Understanding disability

- *The overall lack of understanding that attitudes and behaviours need to be shifted towards making adjustments and modifications to support inclusion*
- *Being told my child shouldn't use disability facilities because his disability isn't physical*
- *I think the kids would feel heard and understood instead of like a 'problem' all the time.*

Language

- *Generally, words like special needs worry me as there is nothing special about my child's so called needs. We all have needs it's just the world often is not adaptable and accessible for everyone.*

Diagnosis disclosure

- *Parents of young children spend their time discussing 'diagnosis' but there's a lack of support to help them talk about their child's strengths, interests & support needs in positive language.*
- *Being able to participate fully in our community without the need to disclose disability information to gain understanding or acceptance.*

Expectation to be good

- *Most of the reasons are that many activities there is a pressure to be 'good' at them and due to her disability sometimes she won't be. The focus should just be having fun.*
- *People just being open to my daughter taking part!*

d) *Physical and sensory environment*

Environmental barriers discussed by families included “*not enough disabled parks or ramps to venues or events*”, and a lack of understanding on disability support needs and “... being denied a disability parking permit because autism doesn’t meet the criteria and according to department of transport doesn’t affect one’s mobility.” Furthermore, there were comments on the lack of “*clean places to change nappies on children over 4 and adults.*”

Finally, many families discussed the sensory aspects of the environment and the impact on children with disability being able to be included and participate in the community.

“More consideration to sensory overload- e.g. ten pin bowling, sports games, ... most events held seem to equate fun with high sensory environments. This makes so many activities unpleasant for my son.”

Training and understanding

A lack of training and understanding of disability and inclusive practices was a both a major barrier in inclusion, as well as a potential enabling factor if done right. Families discussed that “people, educators are not educated enough around disability and generally have a hesitancy and fear of disability, hence ignore it” and that a “*certain amount of that is simply ignorance, a lack of experience rather than intent. People simply do not know what to do, how to act in many cases, so they do what they can, even if it seems wrong.*”

Training and education were seen as the key to raising awareness and understanding of about the importance of inclusion, diversity, and accessibility and that “*it’s everyone’s responsibility to create, learn and change.*” Families also saw children as the future of this change and that “*children aren’t taught about difference and diversity early enough ... education leads to acceptance.*”

Activities within community participation

Families shared their positive and negative experiences across a wide range of community activities. The most discussed activities and family experiences are:

Eating out

- *We never go out to dinner because there is no appropriate seating (outgrown high chair) normal chairs not supportive enough,*
- *Our local cafe supports our daughter, knows her order and gets things quickly for us so she doesn’t get overwhelmed waiting*

Hobby class (Art, music, drama, dance, Scouts)

- *It is very clear that for my child with a disability there are just so few extracurricular activities that can cater to her needs. At 5 my son went to swimming, soccer and art classes. It's really hard to find these activities for my daughter. Where they exist, there are high price tags or low availability.*
- *At our local dance school our daughter was included in the 'mainstream' class. There wasn't a separate class for disability/other*
- *We discontinued Cub Scouts as our child wasn't supported passively by the leader.*
- *We have never tried a hobby class as they don't seem to be supported by a key worker. It would also be an opportunity to develop social relationships.*

Movies Theatre

- *The movies - we'd love to take him to one but wouldn't because I know he'd be loud and disruptive, so an opportunity for him to go to a session with other ND kids would be fantastic*

Outdoor Activities (Beach, bike riding, outdoor events, parks and playgrounds)

- *I would like to try swimming at the beach*
- *Bike riding is a goal for our family. Regular bikes for her age are not supportive enough and then they difficult to use.*
- *Big events like the show we or the central markets we have to plan more and have contingencies in place and puts lots of stress on us.*
- *Having more sensory friendly parks would be nice.*
- *We are lucky that our local park has recently undergone a transformation, it is through this that now our child can use the swing and play on some of the equipment.*

Playgroups

- *We are often isolated/segregated at playgroups especially if my child is having behaviour due to sensory overwhelm*

Shops

- *Shopping centres would be better if they had quiet spaces*
- *Local shopping centre great ramps, and space and ability for daughter to liaise with shopping staff and other customers*

Experiences of inclusion and participation in sporting activities:

Gymnastics

- *daughter participates but is sometimes left out of some activities as there is not enough staff to help her*
- *I found it very costly and it would be good to have a one or two class pass as attending every week can be challenging juggling daycare, working and existing appointments*
- *Assumptions made about my child and safety without meeting my child.*
- *My 11yr old showed an interest in gymnastics. We spoke with a local gym and they suggested some intro coaching sessions to assess his skill-level and decide on joining an existing group. By the 3rd week, he walked onto the gym mat & sat in line with the regular class of kids & waved 'good-bye to the coach!!*

Swimming

- *when he participates in a sport such as swimming he feels part of a group and he likes when he moves up a level cause that gives him a sense of achievement*
- *No private swimming lessons available for disabled children because of a lack of demand for the service in the area.*
- *I wouldn't send my daughter to particular group things for example big swimming classes or dancing groups or basketball as I know she would not be able to keep up or do what everyone else can do and needs things that work to her ability.*

Team sports

- *Team Sports however there is no safe spaces unless it's segregated in a disability focused sports team. People are way too focused on winning & not focused on the experience, fairness or equity.*
- *Trying to play sports. There are a lot of teachers that don't understand disabilities and don't try to understand which causes a lot of stress on the child*
- *We would be happy to be included in training tbh then come & cheer on the day. It's really disappointing that no one has flexibility in terms of how children with disability can engage with club sport*
- *Where I live adjustments are never made to ensure my children are comfortable accessing the community - like playing soccer in the same team as their peers (their peers are far more supportive than management!)*

Interpersonal relationships through community participation

Being able to actively participate in the community was seen as an important factor in the development of relationships with others, for both the child and their family. For children, one family expressed that *"My child wants to be doing the same as the other kids, so being included allows them to be "one of the kids" - same as everyone else! They get to build memories and learn from the other kids, maybe make friends."* Often parents must be always present due to the lack of inclusive environments and this *"makes it difficult for him to build those peer-to-peer relationships, as there is always someone hovering about."*

The development of parent social relationships was also considered difficult when out in the community. One parent talked about it being *"really difficult for us to have meaningful relationships when we are out and about because we have to be always watching and being vigilant with our son."* Another parent discussed the fatigue that comes with parenting a child with disability and the extra levels of effort required to access community activities on top of

everything else.

“Parents and Carers I feel know that community connection is very important...But they are truly exhausted. My partner & I work full time; our son requires constant supervision & ongoing therapy. We know he would love to participate in ongoing activities but don't have much capacity to even think about it, let alone actively seek the appropriate supports to set him up for success.”

Finally, community participation was found to be a facilitator of peer-to-peer interactions between children with disability and other same aged peers. Two parents shared their positive experiences of this here.

“At my child local Community inclusion and participation of children with disability and their families in Australia park, older children will often encourage my child to join in on their games and play. This always makes my child happy.”

“Our girls were supported by a group of their age peers to attend a music festival. They were treated with complete respect and had an amazing experience.”

Translation to Action

Our project aimed to capture the current experiences and patterns of community participation for children with developmental disabilities (aged birth-14 years) and their families across Australia. We were funded to provide a current snapshot of experiences so that we could identify the issues, barriers and enablers of community participation to inform the development of a tool supporting community organisations to become more inclusive.

Snapshot of community inclusion and participation

As a co-design group, we recognised that all caregivers would have different opinions of what community inclusion and participation meant to them. Data from our project support the definition of community inclusion and participation for children with disabilities provided by Simplican and colleagues (2015) in that it involved the three key components of active involvement, activities of their choice, and the development of interpersonal relationships.

Further to this, we explored the different types of participation across a range of community activities (Excluded, segregated, integrated, included) for children and families currently as well as their hopes for the future. While results should be interpreted with caution due to the small sample size, there was quite a significant visual difference between the type of participation with parents reporting their hopes for more inclusive participation than what their

child is currently experiencing. in the future. This is the first known collected data of this type, and it is our hope that this data collection will be repeated so that we can see changes over time and a closing of the gap over the years to come as we move toward a more inclusive society.

Barriers

Our findings are aligned with the findings of the scoping review conducted by Anaby and colleagues in 2013, where attitudes and the lack of support from staff and service providers continue to be major barriers for inclusion and participation for children in a range of community activities. The Anaby review also reported that physical barriers were commonly reported in the literature. While environmental sensory barriers were not considered or explored in the Anaby review, our data indicated that environmental sensory barriers were rated as more extreme than physical environmental barriers. There may be several reasons for this including the increases in accessibility within the built environment over the last nine years or that our sample included a high proportion of autistic children who may be more likely to identify with sensory differences and difficulties. Regardless, environmental sensory barriers must be considered moving forward within the built environment.

Enabling factors

Many of the enabling factors from the literature were echoed within our project data. Factors such as belonging, authentic friendships, family support (Willis, 2017), providing opportunities to choose, and having activities with equal numbers of children with and without disabilities (Edwards et al. 2021). Training and increased understanding of disability, while being a reported as a barrier, was also reported as an enabling factor in the move toward a more inclusive society. Therefore, as discussed by Koller and colleagues (2018), it is time to move away from “fixing” the child to enable them to be able to participate and be welcomed alongside their peers towards increasing the ability of society to provide inclusive environments for all so that no child is left out. In line with our project aims, our data and themes informed the development of a set of 20 prompt questions to be used as part of an Inclusion Visioning Tool. We have included these questions here.

Visioning Tool Reflection Questions – Access and Opportunity

1. Does our organisation offer equitable* access to your activities and services for all children?
2. Does our organisation recognise and value the contribution children with disability can make to the community?
3. Do our programs and services have opportunities for children with disability to be actively involved and contribute in a way meaningful for them?
4. Does our organisation recognise and respond to caregivers' thoughts, ideas and concerns?
5. Is our organisation actively committed to including children with disability alongside all their other peers?

6. What accommodations and adjustments must be made (staff, program, and environment) to ensure children with disability can participate alongside all their peers?

*equitable access is not the same as equality of access. Instead, equitable access means that children with disability are provided with the accommodations and adjustments they need to participate on an equal basis as all children.

Visioning Tool Reflection Questions – Attitudes and beliefs

7. What can our organisation do to educate our staff, clients and customers about the child's perspective and experiences of disability?
8. How can our organisation recognise and actively seek out the voice of children with disability on how we can better support them and their families?
9. How can we foster a culture of welcome for all in our policies, promotional materials, programs and services?
10. What changes do we need to make to our language in our day-to-day interactions, policies, programs and promotional materials to ensure we are being respectful of disability and diversity?
11. Does our organisation and our programs and services foster a culture of active participation (rather than focusing on the expectation towards higher achievement)?
12. Does our organisation start with a child's strengths, interests, and abilities, rather than their disability or diagnosis?

Visioning Tool Reflection Questions – Physical and sensory environment

13. Does our organisation understand universal design principles and what it means to have an accessible environment for all?
14. Do our programs and services consider universal access within the built and sensory environment? What can we change to increase accessibility for all children?

Visioning Tool Reflection Questions – Training and Understanding

15. What opportunities does our organisation provide our staff, clients and customers for learning about disability and diversity?
16. Have we included the voice of children with disability and their caregivers in developing and delivering training for our staff, clients and customers?

Visioning Tool Reflection Questions – Community Activities

17. How can our organisation engage and seek advice, suggestions and perspectives from current and potential service users (children with disability and their families) about our community activity?

Visioning Tool Reflection Questions - Interpersonal relationships

18. Does our organisation recognise and value the role of peer-to-peer networks for children with disabilities and their caregivers?
19. How can our organisation provide caregivers with opportunities to connect with other families with children with and without disability?
20. How can our programs and services provide children opportunities to develop and maintain friendships with their peers?

Conclusions

The survey results aim to reflect the national state of inclusion in community experiences around art, culture, sport, and recreation for children with delays and disabilities aged birth to 14 years. These results will provide a snapshot of the experiences, barriers and enablers in the community on the issue of inclusion and participation across different community experiences. This will provide direction for future improvements which can be undertaken to improve inclusion in the community at an individual, organisational and policy level.

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