

Disability Rehabilitation Research

Contents

Bhandari, R.

Creating effective, empowered and effective play in children with disabilities.

Goyal, M. and Gupta, E.

An analysis on inclusive education for children with disabilities and their parents during Covid-19.

Jena, S P K.

Quality of life of people with intellectual disability during Covid-19.

Joshi, B and Thomas, B.

Status of People with Disabilities in India; Statistical Analysis of Census Data 2011.

McFarlane, S.

Identifying mathematical difficulties in an adult population using phonological awareness and inhibitory control measures.

Sarthe, M., Srivastava, N. and Kumar, N.

Barriers towards consumption of mental health services by students.

Creating effective, empowered and inclusive play in children with disabilities

Renu Bhandari

Abstract

Over the years the nature of play has changed for children. Most children now are shifting to isolated sedentary play and games using electronic tools and devices rather than intergenerational interaction. There is a serious decline in unsupervised free play of children over the years. While the changing trends in play influence all children, the children with disabilities are slightly more impacted by these trends due to the risk of play, accessibility, attitudinal barriers, and social supports around them. This article explores the complexities in defining disabilities in research and its impact on play for children. The two highly critiqued models of disability namely – the medical model and the social model and their link to play in disabled children are discussed. The importance of the social model in effective understanding and inclusion of disabled children in play in various settings is discussed. The Social model puts the onus on the society- schools, nurseries, early years settings, practitioners, peers, and parents to create opportunities of safe and meaningful play. It encourages all in society to include, enable and empower disabled children to participate, feel included and create meaningful play. The article highlights the key characteristics of effective play in disabled children as one which creates choice, enables control, allows manageable risk and above all is inclusive. Barriers to effective play at home, in built environment, in educational settings and in natural environment are highlighted. The article concludes with the role of society and people around children with disabilities and their role in creating opportunities, enabling environment, and creating positives attitudes that makes play fun and facilitates explorative learning.

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Definition of disability

The definition of disability is highly contested and has changed many times (Gronvik, 2009; Beaudry, 2021). Psychological, social, cultural, medical components of disability have been the focus of various definitions of disability. The language and definitions of disability are complex. Research since the 1960s have focussed on disability and has worked on operational definitions of disability (Haber, 1967; Nagi, 1979). This interest continued through in other studies like those by Gross & Hahn (2004); Hahn & Pool Hegamin (2001); and LaPlante (1990). It is extremely useful to note that the term disability can be defined in many varied ways and sometimes hold contradictory meanings.

In most research studies, the operational definition of disability can be classified under three broad categories namely- functional limitations, legal and administrative definition of disability and subjective definition of disability (Gronvik, 2007). The functional definition of disability holds that disabled people have functional limitations and disability is more or less situated on /in the body. This view is based on the medical model of understanding disability. This view maintains that disability occurs as a result of blindness, deafness, or any other kinds of bodily impairments which may impact the daily activities of an individual. The second group of legal and administrative definitions originates from the distribution of the welfare benefits to the people. To separate people who are eligible for benefits from the state or administrative authorities the legal and administrative definition works well. This means that, according to an administrative definition, if a person is granted a certain benefit intended for disabled people, they will be considered disabled (Barron et al., 2000). Studies that focus on reforms and impact of benefits often use this definition of disability. The third category of definitions of disability is subjective. This means that the person conceives of himself /herself as disabled. The inclusion in this definition of disability is entirely voluntary and dependant on the person specifically.

In the International Classification of Functioning, Disability and Health (ICF) (2001), functioning and disability are multi-dimensional concepts, relating to:

- the body functions and structures of people, and impairments thereof (functioning at the level of the body).
- the activities of people (functioning at the level of the individual) and the activity limitations they experience.
- the participation or involvement of people in all areas of life, and the participation restrictions they experience (functioning of a person as a member of society); and
- the environmental factors which affect these experiences (and whether these factors are facilitators or barriers).

“Disability is a difficulty in functioning at the body, person, or societal levels, in one or more life domains, as experienced by an individual with a health condition in interaction with contextual factors” (ICF, 2001).

Current UN Convention (2014) on the Rights of Persons with Disabilities (CRPD) “Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”. In building the understanding around play and disability it is important to understand the international initiative on disability and play. This can enable health practitioners, early years staff and policy makers in ensuring

effective provision for disabled children in play.

The Right to play is presented in the United Nations Convention for the Rights of the Child (1989) (UNCRC) article 31 states

“States Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts”.

In the UNCRC (1989), two other articles make a special reference to the children and young persons with disabilities. In Article 2, UNCRC (1989) includes disability as protected grounds against discrimination and Article 23 puts the onus on the state to realise these rights. Synthesising the right to play and protection against discrimination of children with disabilities, it is extremely useful to understand the importance of play for children with disabilities.

Models of disability- The models of disability have varied functions and help us further to understand the link between disability and effective play. The prime assumption is that models help us in defining the term disability however studies like those by Smart (2004) indicate that the models are important in various ways; along with the definition of disability models they help us in explanations of causal attribution and responsibility attributions, help in implementation of policy, enable academic discipline areas to learn about people with disabilities, and help in shaping self-identity of disabled people. Although many models of disability are contested and critiqued, two models of disability that are most discussed are -The Medical model of disability and the Social model of disability.

The Medical model of disability- The Medical model of disability sees disability as a medical problem within the person and involves identifying the symptoms, diagnosis of the issue or deficit and treatment of the issue or deficit. This model may work well for disabilities that are physical however for certain lifelong disabilities this model does not work well. The critique of this model of disability is that it puts the onus on the individual. Further, the individual problem identification creates two categories of individuals those with the physical/ medical defects and a category of individuals who are able bodied and do not have disabilities. During the 19th century and the 20th century children with disabilities were perceived as a problem for the parents and society. There was a social stigma attached to families with disabled children. During this time, children with disabilities were perceived as an embarrassment.

Disabled children according to the medical model of disability were seen as “broken”, “wrong” and “not normal” and requiring treatment. This may have led to the use of the terms like “invalid”, “spastic”, “handicapped” and “retarded” (Creamer, 2009). These terms are highly critiqued now and are discarded as these terms assume that the able bodied are better and superior to the disabled people (Johnstone, 2012). This model is criticised further for ignoring and overlooking the role of society, social attitudes, and the impact of related issues on disability. It does not view various related aspects of an individual’s life that may influence their disability and functional abilities. This model is further criticised for giving tremendous power to the medical professionals in decision making about an individual’s disability and in making assumptions about what is considered as “normal”.

The Social model of disability- Through 1960s and 1970s the medical model of disability was vigorously challenged by organisations supporting the rights of disabled children. Many key movements were led by disabled people themselves. During this time the medical model was challenged, and the disability movements highlighted that the environment around the disabled children including the people around were key in making them disabled. The notion that

disabled people are “less than others” was challenged and the role of the medical experts was questioned (Oliver, 1996).

The Social model views disability as a product of society, rather than biology. It views disabled children within the complex matrix of society and people around the disabled children. Therefore, the social model of disability locates disability within the society rather than the individual. This model rightly distinguishes between society and impairment and maintains that it is the society that needs to change rather than the individual. Studies like those by Shakespeare and Watson (2002) highlight that the children with disabilities need to be included in the society and the barriers around their participation should come down. This may include meeting the needs of children with creating provisions like ramps for wheelchairs, auditory loops for hearing impaired children, Braille textbooks for blind children and so on.

The social model is effective in understanding the inclusion of disabled children at play in various settings. It puts the onus on the society- schools, nurseries, early years settings, practitioners, peers, and parents to create opportunities of safe and meaningful play. It encourages all in society to include, enable and empower disabled children to participate, feel included and create meaningful play. Play is vital for their cognitive, social, and emotional development.

Play and disability

The attitudes and physical environment can restrict play for children with disabilities (Sterman et al.2020). Effective play should give choice, control, and enable inclusion of children with disabilities. Roles, resources, and relationships are starting points for all play and help in creating an environment that connects and enriches the social psychological aspects of development in children. Play in children is dependent on a range of variables (Brooker, 2011) and the term play itself can encompass a range of activities and opportunities that children encounter. Children create meaning, engage with others, and build on their learning process with play. Different perspectives on play understand and interpret the purpose of play differently (Canning and Goodliff, 2017). This has wider implications for practitioners in early years.

Some perspectives define what play does and others define what play means. The evolutionary perspective talks of how play can enable the child to learn and practice the skills that may be useful for later life. The developmental perspective shows how play develops through various stages and with age becomes more sophisticated and complex. The Education perspective highlights how play can enable children develop thinking, learning and cognitive skills with interaction with peers and adults around them. Play helps in making social interaction and positive relationships with others. The Sociological perspective clearly highlights this view. In the light of the play work perspective all practitioners should create spaces and places for children where they have autonomy and choice.

These perspectives and their understanding of play can be applied to support play for the disabled children across various provisions.



Figure 1: Drawing by a 10-year-old child depicting inclusive, outdoor play area for children with blindness

Play for disabled children has been explored by various researchers in a fragmented and an isolated way. There is serious need for an interdisciplinary and “Holistic” approach to not only understand play for disabled children but also to make sure that the unique cultural, social, and individual needs are specifically met. Along with interdisciplinary cooperation there is a requirement to make sure that the key stakeholders, parents, children with disabilities, peers, teachers, practitioners are empowered to facilitate play in children with disabilities.

The changing trends in play have been noticed over the last few decades. There is a shift from indoor to outdoor play places, front and back gardens, commercial and formal play sites. Most children now are shifting to isolated sedentary play and games using electronic tools and devices rather than intergenerational interaction (Sutton- Smith, 1997, Kline,2004). There is a serious decline in unsupervised free play of children over the years (Meire, 2007). While the changing trends in play influence all children, children with disabilities are slightly more impacted by these trends as the risk of play, accessibility, attitudinal barriers, and social support around them. Figure 1 depicts an inclusive outdoor play area for children with disabilities. Studies highlight children with disabilities should be encouraged with activities such as play, and recreation and effort should be made to develop their sense of belonging within the community. This can be easily achieved through changes in their immediate environment (McManus et.al. 2008; Tonkin, et.al, 2014).

Furthermore, play can be effective in building a sense of achievement in children with disabilities. Studies highlight children with disabilities enjoy play and recreation on their own and with other children, where there is success, there is achievement and interaction with children (Heah et.al, 2007). Children with disabilities are usually given opportunities that are closer to their home, can participate more with their families, and face slightly more restriction about the geographical location of play activities in comparison to non disabled peers of the same age (King et al., 2010; Kraemer et al., 1997). Autonomy and choice of various play activities should be encouraged.

What is effective play for children with disabilities? Is it the environment, accessibility, range of resources, inclusive setting, or else? Figure 2 depicts the key components of effective play for children with disabilities. All play activities that children with disabilities engage should be fun and help them relax, enjoy, and create a sense of being away from mundane routine tasks. Meaning making is another key component of play. Children with disabilities should be given opportunities to make sense of the environment around them. This can lead to a relaxed and fun way of learning through play and making sense and exploring the world around them. Although playing alone may be preferred by some children with disabilities, practitioners, care takers, and parents should encourage opportunities for social interaction at different stages in play.

Autonomy and making choices that interest disabled children should be at the centre of all interaction. This can be done through collaborative play activities where the sense of



Figure 2: depicts key components of effective play for children with disabilities

achievement and success is encouraged. Play activities should be created to enable and empower disabled children with building a sense of belonging to the groups and wider community. It is extremely important to keep in mind that the individual subjective preferences of play and the limitations of their physical accessibility should always be kept in mind while planning for play interaction. Age, gender, developmental stage, ability or disability, location and culture can give varied experiences of play to children of the same age and disability across the world.

Environmental factors are crucial in creating effective, inclusive, and empowered play for disabled children. According to ICF the environment includes social attitudes, architectural features, legal and social structures, climate, and terrain and so on. All key stake holders working with disabled children should see them as “social actors, negotiating complex identities within a disabling environment” (Priestley, 1998). The social model states the problem of disability resides within the society and not within the individual. Four key contexts that can help bring down barriers for effective play are

1. Barriers at home
2. Barriers in the built environment
3. Barriers in educational settings
4. Barriers in the natural environment.

Barriers at home- The home may hold a varied meaning for many disabled children. For some it may mean the place where they live with the family for others it may mean an orphanage, hospital, or a diverse care setting. Barriers at home mean that children may suffer due to lack of space to manoeuvre wheelchairs, lack of easy move from one play space to another, assistive technologies taking up space so that friendly interaction is hampered (Brotherson et al., 2008; Connors & Stalker 2003). Adaptions at home that allow easy transfer and access to play spaces can be beneficial. For many families, there may be time, money and effort costs that may not allow play spaces to be created at home. Peer attitudes can be a key determining factor in how children with disabilities are invited to a friend's house. Some studies highlight that parental perception of the risk may be another factor not allowing play interaction with peers (Connors & Stalker 2003). It is clearly indicated in studies that if children with disabilities engage and play with peers at home, they have ease in playing with other children (Oates, 2011).

Barriers in the built environment- Studies have highlighted that mostly due to lack of knowledge about the disability and universal design, many children with disabilities face barriers in indoor and outdoor play. Built environments that are inaccessible, overcrowded, noisy, lack suitable lightning, design, have inaccessible surfaces posing a barrier for play (Dunn & Moore, 2005, Woolley, 2013). Some studies like those by Dunn & Moore (2005) also point that incorporation of the special features for disabled children can lead to segregation in the play spaces. This segregation and inaccessibility to appropriate play spaces resulting in lack of interaction between children without disability and children with disability can reinforce attitudinal barriers (Atmakur, 2013). To be able to move with ease in the play area with support from parents that encourage autonomy can remove the barrier.

Barriers in educational settings-All settings- formal or informal should provide an enabling environment that builds on positive relationships. In educational settings the teachers can play a significant role by creating safe spaces that initiate and integrate play between children with and without disability. Teachers can act as role models to model positive behaviour that removes attitudinal barriers in children. Teachers and professionals should explore the ways they can present a broad range of facilities, resources and choice to children with disabilities. Embracing change, risk management and being updated with training and information on disability should be at the centre of all professional learning.

Barriers in the natural environment- “The best classroom and the richest cupboards are roofed only by the sky” (McMillan,1930). Play in the natural environment is effective for all children with or without disability (Blakesley et al., 2013; Pavey 2006). Studies have focussed on play in built environment for children with disabilities, however, play in natural environment is still an unexplored area. The engagement in natural outdoor play enables using loose, natural resources like wooden sticks, branches, conkers, leaves and so on. This can enable creativity and imagination in play. Transport to natural spaces, accessibility, and attitude of staff can create inclusive outdoor play spaces for children with disabilities. The importance of early year professionals using the outdoors for psychological, social, emotional wellbeing of children with disabilities cannot be denied. Natural open ended, freely available resources help in creating learning environments that are free for all. Outdoor environments can enable children with disabilities to engage in imaginative, creative play and take on the challenge of outdoors. Outdoor play does not require large spaces and large investment. The key investment in making the most of outdoor play is imagination, free play, cooperation, and large sums of creativity within a safe, natural environment (Bhandari, 2021).

Conclusion- This article explains that cohesive, multidisciplinary, holistic efforts in building safe, inclusive spaces for children with disabilities is required. The barriers to accessibility, barriers in attitudes and a balance of indoor and outdoor spaces are required for creating opportunities for children with disabilities to engage in effective play. Individual needs and social cultural sensitivity for creating these opportunities lies with all key stake holders like parents, teachers, practitioners, policy makers, peers and society. Play areas with designs and spaces meant to integrate interaction and learning for all children will enable and empower children with disabilities to explore the world, create meaning and learn in a creative way.

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