

# The health benefits of play and physical activity for disabled children and young people

## KIDS briefing paper



### Introduction

It is estimated that there are some 770,000 disabled children living in the UK,<sup>1</sup> many of whom are routinely excluded from play, sport, leisure and physical activity. At the parliamentary hearings on services for disabled children in October 2006, the Department for Children, Schools and Families (DCSF) estimated that one in fifteen under 16-year-olds was disabled or had a long term medical condition, and that there are increasing numbers of children with complex health requirements. There is also an increase in the number of children surviving childhood with conditions that were once considered life-threatening.

This KIDS briefing was commissioned by the National Institute for Clinical Excellence (NICE) and is intended to support and complement Public Health Guidance published by NICE in January 2009 on: **Promoting physical activity, active play and sport for pre-school and school-age children in family, pre-school, school and community settings** but with a specific focus on the inclusion of disabled children and young people. It will examine the health benefits of play, the national policy context, and the additional barriers disabled children and young people face in accessing play and leisure opportunities. It will also include key recommendations (drawn from KIDS' **Strategies for Inclusion** document) and a list of references and useful resources.

This briefing intends to raise awareness of the vital role of play in promoting disabled children and young people's health and wellbeing, and encourage play, sport and leisure providers to become more inclusive. It is also aimed at NHS professionals who have a direct or indirect responsibility for promoting physical activity for children. This includes those with public health as part of their remit working within the NHS, education, play, leisure and the wider public, private, voluntary and community sectors.

The principles of inclusion outlined in this document will apply to all settings and services whether in early years, health, education, play, sport or leisure. Equally, the principles of inclusion apply to all children. That is, children of all abilities, minority ethnic backgrounds, ages and other differences or disadvantages. For brevity where we refer to children we mean non-disabled and disabled children and young people with a range of impairments. Where we refer to play and leisure we also mean physical activity and sport.

Alongside this briefing KIDS has produced another document on outdoor play: **I have the right to play out too!**, which includes more practical examples of the benefits of outdoor play for disabled children and case studies gathered from our regional network seminars held in 2009. This briefing can be downloaded from: [www.kids.org.uk/publications](http://www.kids.org.uk/publications)

### The health benefits of play, physical activity and leisure

The right to play is a child's first claim on the community. Play is nature's training for life. No community can infringe that right without doing deep and enduring harm to the minds and bodies of its citizens.

**David Lloyd George (1926)**

In line with the recommendations of the Chief Medical Officer in 2004, the NICE Guidance recommends that children engage in moderate to vigorous physical activity for at least 60 minutes a day. This includes everything from competitive sport and formal exercise to active play, swimming and dancing as well as activities involved in daily life such as walking and cycling.

All children need to play and be active. Play is essential to the healthy physical, social and emotional development of all children, and a

fundamental part of childhood. Disabled children need to play as much their non-disabled peers, and indeed the benefits of play and physical activity can be even greater than for other children, so it is vital they do not miss out.<sup>2</sup> Positive experiences of play and physical activity can also enhance children and young people's mental health by building up their confidence, self esteem and resilience. It is also through play, both in the community and at school, that children



develop friendships and a sense of belonging to a peer group. Again, this is particularly important for disabled children as they are frequently marginalised and/or overprotected.

In the light of the current obesity epidemic that is gripping Britain (and indeed much of the Western world) it is all the more pressing that children have access to physical activity and a wide range of play and leisure opportunities. Indeed, the Government Office for Science's Foresight programme reports that if no action is taken, by 2050 two thirds of all children will be obese.

Research clearly shows that access to unstructured free play is a vital component in children's healthy development. As far back as 2001, the British Medical Journal (BMJ) reported that the main solution to the obesity crisis should be to reduce television viewing and promote playing.<sup>3</sup> More recent research undertaken by University College London confirms this. 'Letting children go out to play

is one of the best things that parents can do for their children's health: outdoor play uses more calories... and children get more physical exercise playing out than from formal sports activities or clubs'.<sup>4</sup>

According to recommendations by the British Heart Foundation (BHF), 'making sure that all children can enjoy physical activity, regardless of their co-ordination skills is critical in reducing the risk of becoming overweight as they grow up. Unstructured free play should be a part of every childhood experience and we urge the government and schools to dedicate a similar level of resources to encouraging free play at school as they do competitive sport'.<sup>2</sup> A recent British Medical Association report summed it up as follows: 'Given the tracking of obesity and the associated risks, it is apparent that the period of childhood is vital in establishing preventative measures and that play and physical activity is central to this as well as a preparation for a healthy adulthood'.<sup>5</sup>

### The consequences of play deprivation

It is difficult for children to grow up emotionally stable if they are denied space and freedom to take and overcome risks and if they are denied the opportunity to make friends with others of their own age.

**Lady Allen of Hurtwood (founder of Kidsactive – now part of KIDS)**

If play is beneficial to children's health and well being, then it follows that depriving children of play would have harmful effects. Yet despite this plethora of reports warning us of the dangers of producing a nation of couch kids, children are leading increasingly sedentary lives. There is less playtime at school, and their out of school lives are dominated by organised activities or hanging out at home in front of the TV or computer. Most school children in Britain are not getting

enough exercise to keep healthy, according to a 2009 British Heart Foundation survey. Rather than the recommended 60 minutes of physical activity a day, they are spending 60 minutes or more a day surfing the internet or texting their friends.<sup>2</sup>

A large part of this is down to parents' anxiety. Research shows that parents have become increasingly restrictive when it comes to allowing their children to play out and engage in adventurous play. A survey commissioned by Play England for Playday 2006 found that 71% of adults played out



when they were children compared with 21% of children today. Research carried out for Playday 2008 further revealed that half of children (51%) aged 7-12 are not allowed to play out without adult supervision and have been stopped from climbing trees because it was considered to be too dangerous.<sup>6</sup>

Disabled children and young people lead even more restricted lives. The lack of accessible transport, play and leisure facilities, coupled with discriminating attitudes and parents' tendency towards overprotection means that many disabled children are virtually prisoners in their own home. According to Sport England only one in 10 disabled young people over 16 are engaging in more than 90 minutes physical

activity each week – as opposed to the 60 minutes a day recommended by the Chief Medical Officer.

And the consequences are grave. Not only do children run the risk of becoming unfit and obese, but there is a growing body of evidence to demonstrate that there are distinct physiological consequences of play deprivation which can lead to an increase in anti social behaviour and mental health problems. ‘An inability to engage in play can only result in behavioural instability, neurological dysfunction, unhappiness and a lack of mental well being in affected children’.<sup>7</sup>



In the 2005 report **Play Malnourishment in the UK** a nutritional analogy is neatly applied to the concept of play deprivation. ‘We are all aware of the five portions a day concept as it relates to fruit and vegetables, let me suggest that as well as those five portions a day, children should be given the opportunity to engage in a minimum of three portions of play a day. As a society we are becoming increasingly aware of the long term effects of poor diet... it is time we became aware of the potential long term effects of play deprivation or play malnourishment’.<sup>8</sup>

There is also a growing concern about how safety is being addressed in children’s play provision. The Play Safety Forum hosted by Play England asserts that: ‘Fear of litigation is leading many play providers to focus on minimising the risk of injury at the expense of

other more fundamental objectives. The effect is to stop children from enjoying a healthy range of play opportunities, limiting their enjoyment and causing potentially damaging consequences for their development... disabled children have an equal if not greater need for opportunities to take risks, since they may be denied the freedom of choice enjoyed by their non-disabled peers’.

Play England and government departments leading on play have published guidance which helps providers to strike a balance between the risks and benefits of offering children challenging play opportunities.<sup>9</sup> Play providers should consult this guidance alongside the Council for Disabled Children handbook **The Dignity of Risk**<sup>10</sup> which outlines the essential elements of good practice and policy for those working with disabled children and their families.

### National policy context

To ensure that children with disabilities have equal access with other children to participation in play, recreation and leisure, and sporting activities.

**(Article 30, UN Convention on the Rights of Persons with Disabilities, adopted by UN in December 2006)**

### Play, health and inclusion

Happily, it appears that both the value of play to children’s health and well being, and the importance of inclusion are filtering through into government policy. In recent years the government has outlined a number of initiatives focusing on health, nutrition and increased levels of physical activity in schools. Two of the main outcomes of the Children Act 2004 (Every Child Matters – ECM) are to be healthy and to enjoy and achieve. The need for children to play in hospitals is also recognised in Standard 7 of The National Service Framework, whilst Standard 8 states:

‘Children and young people who are disabled or who have complex health needs receive co-ordinated, high quality child and family centred services which are based on assessed needs, which promote social inclusion and, where possible, which enable them and their families to live ordinary lives’.

Play is central to the government’s 2007 Children’s Plan and National Play Strategy, and also underpins the Early Years Foundation Stage (EYFS) implemented in September 2008. A condition made within the EYFS is that early years providers must ensure they offer children access to outdoor play on a daily basis and that no child or family is discriminated against. There are also national indicators relating to health, obesity, play and inclusion.

In **Choosing activity: a physical activity action plan** published in 2005, the cross government plan states: ‘Children and young people need to experience... active free play in well-maintained open spaces. The needs of disabled children and young people must be recognised and prioritised given the low levels of participation compared with their peer groups and wherever possible comparable opportunities provided’.



In January 2008 the government published **Healthy Weight – Healthy Lives: A cross government strategy for England** which aims to reduce the proportion of obese children to 2000 levels by 2020. A year on in January 2009, Change4Life was launched by



the DCSF which emerged out of the recommendations from the strategy to help every family in England to ‘eat well, move more and live longer’. Change4Life also encompasses a number of activity-based sub-brands such as Play4life.<sup>11</sup> The Department of Health has also produced guidance on obesity for local authorities and Primary Care Trusts which highlights the importance of unstructured play to children’s physical and emotional well being and recommends that: ‘Health professionals should consider linking with their play counterparts to ensure that they are aware of what play provision is available in their area’.

The inclusion of disabled children is also emerging as a priority area. The Disability Discrimination Act introduced in 1995, requires local authorities and service providers to address the specific requirements of disabled people (and children) and to ensure that reasonable adjustments are made to facilitate their participation in anything they would like to access. Under the Special Educational Needs and Disabilities Act (SENDA 2001), duties were extended to schools including playtime and after school clubs run on school premises. Since April 2005 the revised Act (The DDA 2005) has widened the definition of disability and imposed a new duty on all public bodies and local authorities to promote disability equality. The Disability Equality Duty came into force in December 2006 and covers everything that

public sector organisations do – from policy making to service delivery. It is now their duty to plan how to improve and adapt services and to take steps to meet disabled people's requirements, even if this requires more favourable treatment. They must also show how they are involving disabled children and people in the process.

Government guidance on extended schools and children's centres also requires the inclusion of disabled children and young people, and two major government initiatives are paving the way for significant progress to be made for disabled children: **Aiming High for Disabled Children** and **The Children's Plan**.

### Aiming High for Disabled Children

**Aiming High for Disabled Children: Better Support for Families** published in May 2007 is the report from the government's disabled children's review. It supports and delivers the aims of Every Child Matters and the Children's National Service Framework (NSF) which emphasise the importance of joined up working and services centred around children and their families. Through Aiming High, the government is providing local authorities with £269 million in revenue and £90m in capital funding to transform short break provision and increase access to childcare and participation. In the past short breaks for disabled children (or respite care for their parents) have developed into a specialist service where



disabled children go. Whilst such facilities may remain important for some families needing the option of an extended break, the new investment from government also opens up opportunities for disabled children and young people to have breaks from their family in the unspectacular ordinary ways that other children do. An afternoon swimming with friends, a couple of hours at an adventure playground, going to watch a football match, hanging out with friends. Routinely enabling disabled children to play (and thereby be active) could be a major strand in developing such opportunities.

### The Children's Plan and National Play Strategy 2007

The Children's Plan outlines the government's strategy for improving services for children and young people and their families over the next ten years, with the aim of making England the best place in the world for children and young people to grow up. Play is prioritised in the National Play Strategy as are the specific requirements of disabled children which are addressed in proposals relating to housing, poverty, bullying, play, sport, extended schools, school exclusion, childcare, staying safe and positive activities for young people. The National Play Strategy signifies the biggest ever policy commitment and investment in children's play that England has ever seen. Local authority playbuilders and play pathfinders now have the responsibility to deliver the government's £235m investment in play and transform local areas into innovative and adventurous play spaces.

The Play Strategy asserts that the play provision to be developed must be inclusive: 'It is essential that facilities are accessible to disabled children and that the skills, attitudes and behaviours of those organising provision support the inclusion of all children, rather than acting as a barrier'. Local authorities must also demonstrate through their project

plans that they have or are planning to consult with all sections of the community including disabled children, young people and their families.

The DCSF has appointed Play England to support and challenge local authorities receiving funding under the National Play Strategy. As part of this contract Play England has contracted KIDS to explore ways in which local authorities can join up their short breaks and play pathfinder or play builder investments so as to enable greater opportunities for inclusive play provision through the public, voluntary and community sectors. If this funding is used wisely and creatively, there is a massive opportunity to ensure that children's physical activity levels are raised. PCTs need to work together with children's services in local authorities, planning and transport departments as well as partners in both the private and community sector to achieve this. Thus, multi-agency working and joined up strategic thinking linking funding streams that relate both to the inclusion of disabled children and to promoting play, physical activity and wellbeing is a key area.

### Social exclusion

My school had a trip to a theme park and I couldn't go on it.... all my friends were talking about it for ages and are still talking about it. I felt so left out and still do when everyone else is talking about it.

(Evie – 'Going Places' 12)

Despite the advances outlined above and the range of legislation already in place, many disabled children are still missing out. According to a recent United Nations Committee report on how well the UK government is implementing the **Convention on the Rights of the Child**, disabled children are still missing out on their basic rights. This includes the right to express views, the right

to access health services and the right to play and leisure. The Committee is concerned that (with the exception of Wales) 'the right to play and leisure is not fully enjoyed by all children in the state party. The state party should pay particular attention to provide children, including disabled children with adequate and accessible playground spaces to exercise their play and leisure activities'.<sup>13</sup>

Many barriers to play, leisure and making friends are put in the way of disabled children. A Contact a Family survey of 1,000 parents of disabled children revealed that disabled children and young people are frequently excluded from play and leisure facilities with



parks and playgrounds cited as the least user friendly.<sup>14</sup> Research also shows that families with disabled children are more likely to live in poverty and experience social exclusion, and that this exclusion becomes all the more apparent as disabled young people grow up and want to take part in the same sort of activities as their non-disabled peers. Of particular importance are activities which promote friendships and offer opportunities to take part in leisure activities.<sup>15</sup>

A report from the charity Barnardo's found that: 'Local leisure facilities, holiday playschemes and sports activities often excluded disabled children because of health and safety fears, lack of funding and inaccessible venues'.<sup>16</sup> Families with disabled children also said they faced prejudice on

days out with negative and unhelpful attitudes from leisure services staff and the general public. A study from Mencap also revealed that many disabled young people are concerned about feeling safe and being bullied when they go out in the local community, and in many cases this stops them from using universal services such as extended schools.<sup>17</sup>

### What disabled children and young people want

I want to find people who will take me ice skating, climbing and trampolining. I am waiting to find such people and then I will take off and soar like a bird.<sup>17</sup>

Give us more freedom to do what we want to do and live our lives how we want.

**Young person from KIDS' Young People's Inclusion Network (YP-in)**<sup>18</sup>

Research carried out on developing inclusive play and leisure has revealed (not surprisingly) that disabled children and young people want to access the same opportunities as their non-disabled peers. They want to play out and socialise with their friends, they want to make choices, be listened to and respected. 'I want to play out in the park... go out with mates... I like to be outside... go swimming... play Playstation'. At the same time the research reveals a tale of exclusion: 'What I want to do is to go outside and play games with my friends but I can't without help'.<sup>18</sup>

Young people from the KIDS' YP-in project (which ran from 2005–2008) said they want friendships, and more chances to socialise with their peers but they face barriers to doing so, which include inaccessible transport, attitudes and being kept separate from their peers in education and leisure because they have special needs.<sup>19</sup>

A 2008 report **Going places** by the campaign group Every Disabled Child Matters (EDCM) backed up the findings of the YP-in project. The report found that disabled children and young people want more places to go and more things to do. Disabled children and young people said that the main barrier is negative attitudes they face from others. One young person commented, 'I don't want to feel like I'm a nuisance or somebody different. I just want to do everything that everyone else does'.<sup>12</sup>

### Overcoming barriers

Inclusive provision is open and accessible to all, and takes positive steps in removing disabling barriers (both physical and social), so that disabled and non-disabled children can participate.<sup>19</sup>

KIDS believes that all disabled children and young people have the right to be included in services and it is the attitudinal and institutional barriers in society that prevent them from doing so. Learning from the YP-in project found that: 'With the barriers that confront disabled children and young people hoping to access play and leisure services... A passive approach to inclusion where the doors are open and buildings are accessible is not enough. Inclusion requires a pro-active approach that considers and responds to individual requirements. At the heart of this must be two things: a commitment to reaching and including those who do not have access to ordinary experiences and a recognition that it is our duty as professionals to change the structure, services and support so they include the disabled child or young person – rather than ask the child or young person to fit the system'.<sup>19</sup>

As highlighted in the case study opposite the benefits of providing young disabled people with ordinary leisure experiences are far reaching in terms of health, well being and social inclusion.

### Case Study – KIDS Young People’s Inclusion Network (YP-in project)

The KIDS YP-in project was a three year project (funded by the Big Lottery) with the aim of supporting youth and leisure services to be more inclusive and to challenge discrimination. The project worked with more than 70 young disabled people in five English regions: London, South East, South West, West Midlands and Yorkshire and the Humber. The project has culminated in the production of a multi-media toolkit based on the young people’s experiences.<sup>18</sup>

The KIDS YP-in project worked successfully with a private Tennis Club (Penns in Sutton Coldfield, West Midlands) arranging for young disabled people to attend six weekly sessions with a regular coach. Observing the sessions it was clear that one young person who had never been given the opportunity to take part in a sport such as tennis due to a heart condition, thoroughly enjoyed the experience. After initially deciding to watch the first session she was motivated to join in and actually move around the tennis court. She took regular breaks but we soon found that her fitness improved and she was able to participate for longer. She loved being able to join in with her peers for the first time which in turn gave her the confidence to try out other activities such as rock climbing! All of the young people enjoyed the tennis so much that the club is now running its own sessions on a Saturday morning without our support and is promoting inclusion in the club.

The YP-in project also worked in partnership with Motiv8 (disability sports) and Kingston Leisure services in Hull to set up inclusive sledge hockey ice skating sessions (an adapted version of ice hockey) enabling young disabled people to have the experience and sensation of really skating (as opposed to being pushed around on the ice as had happened previously). Simon Berry, YP-in Development Officer for Yorkshire and the Humber commented: ‘Not only have we seen a massive improvement in the fitness levels of the young people but we’ve also seen an increase in self esteem’. One young person said ‘Sledge hockey is one of the best things I’ve ever done – I can’t really play football but sledge hockey has made me stronger, and a better team player... It’s fun and it gets you fit’. Another young person stated: ‘It’s really competitive and non-disabled people can also play. For me it’s a great chance to meet friends and have a laugh. It gets me up and out doing something with my spare time rather than being stuck at home watching TV or playing computer games’.

If we are to develop environments which truly welcome disabled children and young people, it follows that we need to develop people who truly welcome them.<sup>20</sup> In 2005 an Ofsted report maintained that the attitude of the provider was fundamental to this process: When the provider is positive and displays a can-do approach barriers to inclusion can be overcome.<sup>21</sup> The KIDS PIP project further demonstrated that whilst attitudes are the biggest barrier – training is the key to overcoming these barriers as demonstrated below.



© KIDS YP-in Project

## Inclusion into practice

**KIDS Playwork Inclusion Project (PIP)** (funded by the DCSF) works nationally with local authorities to promote inclusion in universal play and childcare settings. The project has the overall aim of working strategically to increasing inclusive play and childcare opportunities for disabled children and young people. It does this through training, consultancy, regional seminars, advice and publications. One participant who had carried out attitudinal training delivered by PIP commented: 'The training has given me more confidence and courage to include disabled children and go back to the team and implement changes. The team have now attended specific training on sign language as well as disability equality, and we have a coordinated approach with schools and parents. It's also encouraging to see the attitudes of staff change'.

Disabled children must be enabled to play and be involved in physical activity wherever children play and are active – in early years and pre-school settings, in their local playgrounds, at school and extended school settings, holiday clubs and at sport and leisure centres. It is also important that the need for play is not overlooked in hospital settings. Many disabled children and those with complex health requirements have to contend with frequent hospital visits and play can not only increase a child's ability to cope with medical procedures, but it can hasten recovery.<sup>23</sup> Most importantly play in hospitals can reduce anxiety and allow the child to have some much needed fun.

So what are the main areas that need considering when looking at the development of inclusive services? The starting point has to be reaching out to parents and disabled children, and listening to what they have to say. It is only through working in partnership

with families as well as with other agencies that good quality inclusive policies can be established. In particular, policies need to be in place which reassure both children and parents that everyone will be safe, welcome and able to take part. For further information on this refer to the KIDS Briefing: **All of Us – The Framework for Quality Inclusion.**<sup>23</sup> The framework is aimed at practitioners as well as parents and families and outlines the key features of inclusive settings and services.

To be truly inclusive a play or leisure environment must address three fundamental components: access, participation and activities. Many supposedly inclusive environments provide access but fall short on participation. This means arrangements must be in place in order to support disabled children and young people to participate and join in activities. This might include an additional member of staff being present, bringing in equipment and resources or adapting activities.

**Access:** Clearly physical access for children with mobility difficulties is an issue, although the majority of disabled children do not use wheelchairs. It is often thought that major building alterations are required but this is not always the case. Organisations such as the Centre for Accessible Environments can assist in this process. Most pre-school settings can already accommodate pushchairs and therefore need no adaptations in terms of level entrances. In some cases more permanent physical alterations will be required – for example the provision of appropriate toilet facilities.

Including disabled children goes beyond physical access to buildings. It's also about inclusive design and a way of thinking which takes into account the needs of all children and not just wheelchair users – for example, sensory areas for children with visual impairments.

### **Case Study – Attlee Youth and Community Centre (East London)**

Attlee Youth and Community Centre is a large accessible and inclusive centre with both an outdoor and an indoor play area. They have a small outdoor area sectioned off for the under fives, and some large pieces of equipment including a slide, climbing frame and swing in the main outdoor play area. They also have football pitches and changing rooms. Indoors there are plenty of opportunities for play and physical activity with a range of activities to choose from including badminton and Bollywood dancing. When asked whether they liked coming to Attlee and what they liked best the children responded:

- Yes – because it's fun – activities like badminton and fresh air
- I can play on the swing and make stuff. At school I have to do writing
- I like going outside, playing snooker and sometimes badminton

Signs and information in large print or Braille might be required, and colour codes and picture symbols for children with learning difficulties. Further information about inclusive design can be found in the Design Guides by KIDS<sup>21</sup> and Play England.<sup>25</sup>

**Participation:** Disabled children are not a homogeneous group but include children with a wide range of impairments. Disability is also experienced across gender, class and ethnicity. Thus different children will have different requirements for inclusion.

Adopt a child centred approach and find out practical information about each child such as: what are his/her likes and dislikes? Does he/she need any equipment? And how does the child communicate? There are many methods of communication apart from the spoken language such as British Sign Language and Makaton. Children who do not participate or whose behaviour seems inappropriate or obsessive may also need to be encouraged and supported to try out new activities as demonstrated in the case study below.

### **Case Study - KIDS Adventure Playgrounds**

KIDS runs four adventure playgrounds in London which provide an opportunity for stimulating, inclusive adventurous play on a closed access site. KIDS' playworkers focus on children's interests and abilities and not their impairments – and ensure that they consult disabled children and their parents about their likes and dislikes, and what support they need in order to participate in activities. For example, some children may require physical support to use the swings or slides; others may simply need encouragement to try out new activities. According to one playground user, 'The playworkers help you play and there's loads to do. You can slip and slide in the sensory room, play on the swings, or go on the football pitch... you never get bored'.

KIDS playworkers are adamant that the experience offered by adventure playgrounds is particularly beneficial to the health and well being of disabled children. One senior playworker said: 'Adventure play challenges the children and encourages them to go beyond what they feel safe with. They learn how to make choices, take risks and overcome obstacles. We had one child who really wanted to go on the balancing beam but was too scared. Finally, with the playworkers encouragement, he chose to do it and it opened up a whole new world to him. Within days he was climbing trees and all sorts'.

**Activities and resources:** Some games or activities may need to be adapted. However, with the right attitude, and in many cases with minor adaptations, most obstacles can be overcome. Specialist play equipment is rarely needed – although occasionally you may have to adapt either the equipment or the playing area. For example, using lighter bats and racquets for certain ball games. You may also have to modify the rules or change the pace of a game. However, it's important to ensure that you don't eliminate all elements of risk. Disabled children and young people must be given opportunities to engage in challenging and risky activities as outlined below! For further information refer to the KIDS publication **Pick & Mix**.<sup>26</sup>



### Case Study - Extreme Sport

North Cornwall District Council Community Leisure Unit have for 3 years provided high profile and non traditional activity programmes for local children and young people as part of a challenging lifestyles programme aimed at addressing issues surrounding health and well being within in a risk-averse culture.

The essence of the projects focuses on extreme sports and adventurous play with a tenacious attitude towards promoting inclusion. Throughout the programme activity rangers and/or play rangers have been incredibly innovative in ensuring disabled children and young people get a taste of these challenging and confidence building activities. This includes the use of beach wheelchairs in abseiling and surfing, work with siblings in two person kayaks, wheelchair friendly den building within a play environment along with introductions to a number of adapted activities such as archery, mountain boarding and dance. The project has been core funded by the District Council under the Council's Healthy Community Objectives along with support from Big Lottery, Sport England and the Youth Sport Trust.

## Key recommendations for policy makers and planners

These recommendations are drawn from KIDS' **Strategies for Inclusion** document, and are aimed at policy makers and planners within the NHS, education, play, leisure and the wider public, private voluntary and community sectors. The following are all important elements in creating inclusion. The more that are in place, the better the chances of inclusion being developed successfully. **Strategies for Inclusion** is also delivered as a consultancy process to local authorities (and

key partners) to review policy and practice in the context of the **Strategies for Inclusion** document.

### 1) Mapping

If plans are to be well founded it is important to know the existing position in terms of the numbers of disabled children, their requirements, and the range of services genuinely available to them.

### 2) Key policy development

All policies impacting on children and young people should by definition be inclusive

policies. Integrated working with partners such as leisure, planning, transport, health and all children's services is essential to this development. Principle documents for all partners to actively consider include children and young people plans, youth strategies, play strategies, equalities policies, cultural strategies, disability team strategies etc. The process of engaging different people in exploring the meaning and implications of an inclusive policy is as important as the end product.

### 3) Communications

Communication in all its forms should be inclusive (e.g. Family Information Services, publications, the internet etc). Consultation and liaison with disabled children and their families is essential in building trust and getting services right. Equally, internal communication and record keeping within local authorities and between its partner agencies should reflect an inclusive ethos.

### 4) Change processes and transitions

The move towards inclusive services will require support at all levels from a strategic level through to frontline staff. Time, strong leadership and a clear inclusive culture are imperative. The change process will also affect children and their families, consequently appropriate support may be required. Disabled children undergo numerous transitions. These can include education provision, childcare, leisure services, key workers etc. Planning will be necessary to ensure continuity in and between services.

### 5) Inclusion development

Mainstream services, specialist services and families with older disabled children may be used to segregated services, and some may have come to expect or prefer such services. It may be difficult/inappropriate to expect all children to access inclusive services, but properly funded inclusion should become a normal choice for younger children and remain the norm as they grow older. All

mainstream services should be encouraged to be pro-active in inviting disabled children. Bridges need to be in place – staff who have experience and understanding of the inclusion of disabled children, who can act as bridges between potentially inclusive settings, segregated services and children and their families. For further information on this refer to the KIDS website: **Bridges to including disabled children in play and childcare provision.**

### 6) Sustaining change

Sustaining inclusive practice will require a strategic approach to funding and budgets. This will include an integrated knowledge and awareness of existing funds, expenditures and needs. Disabled children will not automatically require additional funding. All eligibility criteria should be flexibly framed to



ensure effective use of resources. For instance, it is unusual for a child to require one-to-one support in a play or childcare setting. Therefore changes to the environment and practices can achieve better outcomes for all children. Inclusive practice will mean making a policy decision in favour of supporting inclusion in mainstream settings, as opposed to funding segregated or specialist play schemes.

### **7) Workforce development**

All Staff should receive equalities training to propel attitudinal change throughout the workforce. Inclusive practice should be at the core of all staff training, irrespective of whether they work directly with disabled children.

### **8) Understanding and providing guidance for children with complex support requirements**

Inclusion is facilitated by streamlined paperwork, guidelines and procedures (including health and safety issues, intimate care, specific requirements, advocacy etc), and this reduces repetition. The transparency of this information will ensure that each child is safe and included. However these guidelines must be flexible to reflect the specific requirements of each individual child. Sometimes, to understand and best meet complex support requirements, specific training on issues such as risk management, lifting and manual handling, invasive procedures etc may be required.



### **9) Networks of support**

It is important for local authorities to play a key role in making links at the local, regional and national level. All key players in inclusive services will profit from continuing contact and idea sharing with others, both internally and externally. Benefits are gained from continuing contact and idea sharing with others in a similar position, and also from keeping inclusion high on providers' agendas.

### **10) A Strategic approach to inclusion**

There needs to be a written, costed, time-specific strategy for inclusion – together with an ongoing commitment from decision makers, regarding funding, staffing, implementation, monitoring and updating.

## **Conclusion**

The inclusion and participation of disabled children and young people in play and leisure crosses a wide range of policy areas. Thus for inclusion to be effectively realised, it needs to be championed and directed by policies in a number of arenas and sectors – from equalities and disability to children's services, education, health and transport. If we are to encourage disabled children and young people to play and be more active – planners, funders and policy makers must work together with service providers, disabled children and their families to ensure that inclusive policies, accessible transport and appropriate support are put in place.

Play and physical activity is vital to disabled children and young people's health and wellbeing, so it is up to all of us to ensure that they don't miss out. But above all, creating truly inclusive play and leisure environments is just one outcome of a broader, deeper commitment – a commitment to equality for disabled children and young people.

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## References and resources

**1) Improving the Life Chances of disabled People** (2005) Prime Minister's Strategy Unit. [www.strategy.gov.uk/work\\_areas/disability/](http://www.strategy.gov.uk/work_areas/disability/)

**2) Getting Kids on the Go & Food4Thought** BHF TNS Survey of 1029 UK children, August 2009. (British Heart Foundation) [www.bhf.org.uk](http://www.bhf.org.uk)

**3) The Epidemic in Childhood Obesity** (British Medical Journal 2001)

**4) Making Children's Lives More Active** (Centre for Transport Studies, University College London) UCL/March 2004)

**5) Preventing Childhood Obesity** (British Medical Association 2005)

**6) Playday Research** [www.playday.org.uk](http://www.playday.org.uk)

**7) Play Deprivation** (Play Wales/Play Education, Bob Hughes 2003) [www.playwales.org.uk](http://www.playwales.org.uk)

**8) The concept of Play Malnourishment in the UK** (Doug Cole 2005, IPA) [www.ipa-ewni.org.uk](http://www.ipa-ewni.org.uk)

**9) Managing risk in play provision: Implementation guide**  
Play England and government departments leading on play have jointly published this guidance. **Managing risk in play provision: a position statement** has also been up-dated and re-printed by Play England and is available to download from their website. [www.playengland.org.uk](http://www.playengland.org.uk)

**10) The Dignity of Risk – a practical handbook for professionals working with disabled children and their families** (Council for Disabled Children, 2004) Available from: [www.ncb.org.uk/cdc](http://www.ncb.org.uk/cdc)

**11) Change4Life**  
One element of the Change4Life programme is **Play4Life** which can be used by any organisation to promote play related programmes and initiatives. Go to: [www.nhs.uk/Change4Life](http://www.nhs.uk/Change4Life)

**12) Going Places** report, campaign tool & DVD. [www.edcm.org.uk](http://www.edcm.org.uk).

**13) UN Committee Report (2008)**

To download the full report go to: [www2.ohchr.org/english/bodies/crc/](http://www2.ohchr.org/english/bodies/crc/)

**14) Everybody Here? Play and leisure for disabled children and young people** (Contact a Family, 2002) Available to download from: [www.cafamily.org.uk/leisure.pdf](http://www.cafamily.org.uk/leisure.pdf)

**15) Inclusive Play Fact Sheet** (Rachel Scott CPIS Service: 2006) [www.ncb.org.uk/cpis](http://www.ncb.org.uk/cpis)

**16) Postcards from Home – the experience of disabled children in the school holidays** (Barnardo's 2004) [www.barnardos.org.uk](http://www.barnardos.org.uk)

**17) Don't stick it, stop it!** (Mencap 2007) [www.mencap.org.uk](http://www.mencap.org.uk) and [www.dontstickitstopit.org.uk/](http://www.dontstickitstopit.org.uk/)

**18) Hello! Are you listening? (2002) & Making Connections - developing inclusive leisure in policy and practice (2004)** (Both by Pippa Murray) Available from: [www.jrf.org.uk](http://www.jrf.org.uk)

**19) Nothing Special: Inclusion – does it only exist in policies? (2008)**  
KIDS Young People's Inclusion Network Report [www.kids.org.uk/publications](http://www.kids.org.uk/publications)

**20) Can Play – Will Play: Disabled Children and Access to Outdoor Playgrounds** (Alison John and Rob Wheway, the National Playing Field Association: 2004) [www.fieldsintrust.org/downloads/can\\_play\\_will\\_play.pdf](http://www.fieldsintrust.org/downloads/can_play_will_play.pdf)

**21) Inclusion by Design – a guide to creating accessible play and childcare environments** (Clare Goodridge 2008 Ed. Philip Douch) [www.kids.org.uk/publications](http://www.kids.org.uk/publications)

**22) Removing Barriers: A 'Can Do' Attitude** (Ofsted: 2005) [www.ofsted.gov.uk](http://www.ofsted.gov.uk)

**23) Play in Hospitals** (CPIS Fact Sheet) [www.ncb.org.uk/cpis](http://www.ncb.org.uk/cpis)

**24) All of Us – The Framework for Quality Inclusion** (KIDS, 3rd Edition 2008, previously the 'All of Us Inclusion Checklist')  
[www.kids.org.uk/publications](http://www.kids.org.uk/publications)

**25) Design for Play – A guide to creating successful play spaces**  
[www.playengland.org.uk](http://www.playengland.org.uk)

**26) Pick & Mix – a selection of inclusive games and activities**  
(Di Murray, 3rd Edition 2008)  
[www.kids.org.uk/publications](http://www.kids.org.uk/publications)

## Other useful resources and websites

**The Busker's Guide to Inclusion** (Philip Douch: 2005)  
[www.commonthreads.org.uk](http://www.commonthreads.org.uk)

**Centre for Accessible Environments**  
[www.cae.org.uk](http://www.cae.org.uk)

**Children's Workforce Development Council**  
[www.cwdcouncil.org.uk](http://www.cwdcouncil.org.uk)

**The Children's Plan /National Play Strategy**  
[www.dcsf.gov.uk](http://www.dcsf.gov.uk)

**Developing Accessible Play Space – A Good Practice Guide** (Communities and Local Government: 2003)  
[www.communities.gov.uk](http://www.communities.gov.uk)

**English Federation of Disability Sport**  
[www.efds.net](http://www.efds.net)

**Equal in Play?** (Haki Kapasi: 2006)  
[www.londonplay.org.uk](http://www.londonplay.org.uk)

**Equality and Human Rights Commission**  
[www.equalityhumanrights.com](http://www.equalityhumanrights.com)

**Every Child Matters** – For information on how ECM relates to disabled children and to download the following documents:

- Aiming High for Disabled Children better support for families
- National Service Framework for Children
- Ten Year Strategy for Childcare

[www.everychildmatters.gov.uk/socialcare/disabledchildren](http://www.everychildmatters.gov.uk/socialcare/disabledchildren)

**Inclusive Fitness Initiative (IFI)**  
A programme that supports the fitness industry to become more inclusive.  
[www.inclusivefitness.org](http://www.inclusivefitness.org)

**National Association of Hospital Play Staff**  
[www.nahps.org.uk](http://www.nahps.org.uk)

**Play England**  
[www.playengland.org.uk](http://www.playengland.org.uk)

**Play for a Change** (Wendy Russell and Stuart Lester 2008 – University of Gloucester)  
[www.playengland.org.uk](http://www.playengland.org.uk)

**Skillsactive**  
[www.skillsactive.org.uk](http://www.skillsactive.org.uk)

**Sportability**  
[www.sportability.org.uk](http://www.sportability.org.uk)

## KIDS – working with disabled children and young people

KIDS is a national charity working towards a vision in which all disabled children and young people realise their aspirations, and their right to an inclusive community which supports them and their families.

**If you would like a copy of this briefing in large print or an alternative format, please contact the PIP Team.**



**January 2010**

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