



THE SANDBOX PROJECT

Strengthening Communities for Canadian Children with Disabilities

Discussion Document

**To be presented by *Dr. Anne Snowdon*
at The Sandbox Project's 2nd Annual Conference on January 19th, 2012**

Aim of Document:

The aim of this Discussion Document is to provide a report on the project's findings to date and to propose recommendations with the intention of stimulating informed discussion and feedback among project stakeholders.

Project Affiliation:

The Kids Health Foundation (The Sandbox Project; www.sandboxproject.ca)

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INTRODUCTION AND PROJECT OVERVIEW

Project Background and Rationale

Children with disabilities experience substantial challenges related to social isolation over and above the physical and social limitations imposed on them by their disabilities. The majority of services and programs for these children are focussed on managing their physical or health care needs specific to their disability. While substantial progress has been made towards developing programs for early childhood intervention (i.e. for children aged 0-6 years), there has been limited progress made in supporting children and youth with disabilities as they grow older and transition into the workplace or into community programs for social development and integration. In offering focussed services to these children and their families, non-government organizations tend to function in isolation of each other. Moreover, there is limited collaboration among non-government organizations, researchers, and advocacy groups, resulting in service gaps and very little innovation at the community level. For example, there are few, if any, initiatives whereby key stakeholders collaborate to leverage strength and expertise and focus on developing tools and techniques to build strong supportive community environments that embrace all children and youth with disabilities allowing them to grow and thrive as active, productive citizens of the future. Consequently, this lack of coordinated action among key stakeholders offers few opportunities for communities to address the social development needs of children and youth with disabilities and their families, which inadvertently isolates these children and youth from everyday interactions and active community participation.

Purpose of Project

The purpose of the '*Strengthening Communities for Canadian Children with Disabilities*' project is to engage key stakeholders to examine the capacity for creating community environments that strengthen social development for children and youth who face significant challenges due to disability.

Following from this examination, a further purpose of the project is to discuss and provide evidence-based recommendations for tools, resources, and/or best practice approaches that will strengthen communities for Canadian children with disabilities, and then to develop and implement such tools, resources, and/or best practice approaches.

Project Objectives and Approach

The Kids Health Foundation (The Sandbox Project) has partnered with community stakeholders and experts, including Special Olympics, Community Living, and Holland Bloorview, (in working with Canadian families of children and youth with disabilities to examine strengths and opportunities to create supportive social environments for these children and youth.

Three pilot communities in Canada were chosen as the focus of this examination – **Toronto, ON; Regina, SK; and Fredericton, NB**. These communities were chosen to reflect a diverse regional representation in Canada.

The **overall objective** of the project is to improve the social development and well-being of children and youth with disabilities in Canadian communities.

The project was designed to examine community capacity for social development and well-being of children and youth with disabilities, and then to develop tools, resources, and/or best practice approaches to strengthen this capacity, accordingly to the following **three specific objectives**:

Objective 1:

To examine the capacity for supporting social development of children and youth with disabilities in three target communities using a participatory action approach involving a broad range of cross-sector stakeholders, as follows:

- Capacity is examined through the lens of key stakeholders – including non-government / not-for-profit organizations, families, community leaders, and private sector partners.
- Examination is conducted via focus groups and key informant interviews, a survey, and a review of the types of programs available in the communities in order to gain a clear understanding of the existing capacity for supporting the social development of the target population.

Objective 2:

To produce a documented strategy that conceptually maps community strengths, needs, opportunities, and challenges for creating capacity for supportive social development for children and youth with disabilities, as well as recommendations for the development of tools, resources, and/or best practice approaches based on the feedback from key stakeholders/informants, as follows:

- Discussion paper (i.e., **the current Discussion Document**) describing the project findings to date and proposing recommendations for developing and implementing impactful tools, resources, and/or best practices that will strengthen communities for Canadian children with disabilities.
- Presentation of the discussion paper to key stakeholder groups for discussion, input, and validation of the findings and proposed recommendations, and for feedback on the development of related tools, resources, and/or best practices.

Objective 3:

To develop, disseminate and implement appropriate tools, resources, and/or best practice approaches based on the findings and discussions in Objective 1 and 2, as follows:

- Collaborate with key stakeholders to tailor the development of the proposed/refined tools, resources, and/or best practice approaches to the particular needs of each community.
- Tangible tools, resources, and/or best practice approaches will strive to:

- be family-focussed and able to foster a community environment and strengthen the existing capacity for social development.
- build awareness and education surrounding the social development needs of this population of children and youth and the challenges faced by their families.
- Tools, resources, and/or best practice approaches will be made available for communities to share with other communities across Canada.

PROJECT FINDINGS AND RELATED RECOMMENDATIONS

The aim of the following section of this discussion document is to report on and discuss the project’s key findings to date and the resulting proposed recommendations for developing impactful tools, resources, and/or best practice approaches that will strengthen communities for Canadian children with disabilities (i.e., the deliverables from Objective 1 and Objective 2). The intention is to stimulate informed discussion and feedback on these project findings and proposed recommendations among project stakeholders prior to moving forward with the tailoring, development, and dissemination/implementation of such tools, resources, and/or best practice approaches within the three communities (i.e., the deliverables from Objective 3).

Community Programs

Appendix Tables 1, 2, and 3 provide a summary of the types of community programs and services that are available in Toronto, ON; Regina, SK; and Fredericton, NB, respectively, listed in the following categories: **Sports; Recreation; Arts, Music, and Language; Employment Assistance; Stress and Coping Assistance; Online Resource / Data Navigation (if available), and Others.**

Community Focus Groups and Survey

The need and capacity for supporting social development of children and youth with disabilities in the target communities of Toronto, ON (with a population of approximately 2,500,000 people); Regina, SK (with a population of approximately 1,000,000 people); and Fredericton, NB (with a population of approximately 60,000 people) was examined via analysis of community focus group interviews and surveys. Partner organizations approached families and staff to participate in the focus group interviews. Parents, caregivers, siblings and children and youth who expressed interest in participating in the focus groups attended the scheduled focus group interviews in each community. Ethics approval was obtained from the University of Windsor Research Ethics Board. In order to engage additional families in the study, an online and paper survey tool was widely distributed through the partnering organizations in each community, and 166 respondents completed the survey responses. See **Table 1** for key survey demographics.

Table 1: Key survey demographics

Total number of respondents	166
Male : female ratio	63 : 37
Age range of child(ren) or youth(s) represented in the survey	
< 5 years of age	7%
6 to 12 years of age	27%
13 to 18 years of age	18%
18+ years of age	48%
Parent-reported diagnosis of child(ren) or youth represented in the survey	
‘Autism’, ‘Autism Spectrum Disorder’, or ‘Asperger’s Syndrome’	32%
‘Global Developmental Delay’ or ‘Pervasive Developmental Disorder’	16%
‘Intellectual Disability’	10%
‘Multiple Cognitive & Physical Disabilities’ (often including Autism)	23%
‘Down’s syndrome’	19%
Percent of parents with education level of post-secondary or higher	84%

The survey demographics presented in Table 1 and the results of the survey presented below are a collective representation of all three communities, as community-specific information was not captured in the survey data analysis. Accordingly, it was not possible to analyse the survey data to determine if the answers would have differed significantly between the three urban communities (large vs. medium vs. small).

Key Finding #1: “Navigating Program Access”

Community programs and services that engage children and youth with disabilities and their families are challenging to access and navigate. Children and youth with disabilities and their families need to be enabled to connect and engage with their communities in a meaningful, accessible, and accommodating way.

Evidence from the Survey Data and Focus Group Themes

The populations in the communities studied have a clear need for community support and social enablement. For example, as indicated by the survey results presented in **Table 2**, there is a high level of stress felt by parents related to the care requirements of their child, who in more than half of the cases has either no friends or just one close friend.

Table 2: Key survey results indicating the need for community support and social enablement

Survey Question	Response Options	Response rate	Summary of Response
Please rate the level of stress you feel as a parent directly or indirectly related to the care requirements of your child?	1 Very low – 10 Very high	74% (123/166)	54% responded 7 or above.
Please describe your child's friendships with peers.	'Has no close friends' 'Has 1 close friend' 'Has 2-3 close friends' 'Has 4 or more close friends'	78% (129/166)	53% responded 'no close friends' or only 'one close friend'.
How would you rate the amount of community support available to you?	1 Very low – 10 Very high	72% (120/166)	67% responded 5 or below.
Please describe the level of your satisfaction with the community support available to you and your child.	'Not at all satisfied' 'Somewhat satisfied' 'Mostly satisfied' 'Very satisfied'	70% (116/166)	63% responded 'not at all satisfied' or 'only somewhat satisfied'.

The survey results in Table 2 further indicate that these families feel that there is little support from their communities and they do not feel satisfied with the level of support that is currently available. In order to examine the context within which family respondents experience programs and services in their communities, an inventory of programs and services in each community was completed (see Table 3). The offering of programs and services is an important way in which capacity for social development can be built to provide support in communities. As listed in the Appendix (Tables 1, 2, and 3), there is a breadth and depth of programs and services currently available in the communities examined, a perspective echoed in the survey results, wherein families rated both the abundance (i.e., available offerings) and capacity of programs and services as moderate (see **Table 3**).

Table 3: Survey results rating the abundance and capacity of community support programs

Survey Question	Response Options	Response rate	Summary of Response
How would you rate the availability of community support programs?	1 No programs available – 10 Abundance of programs	72% (120/166)	49% answered 5 or above
How would you rate the availability of capacity in existing programs?	1 Long Waiting lists – 10 Lots of Spaces Available	63% (104/166)	44% answered 5 or above

However, while a range of programs and services are available with capacity in the communities, they do not appear to be readily accessible.

For example, as indicated by the survey results presented in **Table 4**, there is a low level of child participation in community programs or services on a regular basis (e.g., daily), and families feel they are unable to readily access such programs and/or services, such as those listed in Table 3.

Table 4: Survey results indicating participation in and accessibility to community support programs

Survey Question	Response Options	Response rate	Summary of Response
How often does your child participate in community programs or services?	1 Not at all – 10 Every Day	75% (125/166)	78% responded 5 or below
How would you rate your accessibility to support programs offered in your community?	1 Not at all accessible – 10 extremely accessible	75% (125/166)	59% responded 5 or below

From the qualitative thematic analysis across the focus group interviews, the themes of **‘Transportation and Cost’**, **‘Availability of Useful Information’**, and **‘Computers’** were prevalent and provide insight into why community programs and services were identified as not being readily accessible to families of children and youth with disabilities.

The focus group theme of **‘Transportation and Cost’** reflects the concerns and frustration felt relating to traveling distances to get to available programs, and program costs. The **sub-theme of ‘distance’** reflects the frustration experienced with having difficulties in getting a child with special needs or the child’s sibling to their activities, work, or schooling. For example, sometimes program activities, services, or employment opportunities were not available in the part of the city where a family lived. As a result, the child or youth would have to take a bus or taxi, or would have to rely on a family member (parent or sibling) to drive him/her to the activity, which required adjustments to the whole family’s schedule. These situations often resulted in the child/youth not being able to participate as often as he/she would have liked, or not at all. Examples of responses in focus groups provide insights into the issue of access:

“It’s just down the street so she can walk there by herself. That’s huge.” (Parent)

“My friend works across the street from her house. I’d love that.” (Child/Youth)

“He’ll never be able to take the subway. He’s a walking target.” (Parent)

“He is unique. He’d find out about an activity and just hop on the subway. Most kids like him can’t do that.” (Sibling)

“It’s a big issue getting him anywhere by bus.” (Sibling)

“I have to drive him because my mum can’t drive. Then I have to wait for him to finish so I can drive him back. So we only go once a month. He’d rather go once a week.” (Sibling)

These responses reflect the issue of travel to and from community programs and the reliance on others to safely transport the child or youth family member to these programs, either for their own safety (e.g.,

“he’s a walking target”), or due to the distance of travel. While the sub-theme of distance was evident across all three community groups of varying sizes, it is thought-provoking to wonder whether living with a child or youth with a disability in a smaller vs. larger community might make it easier or harder to access transportation.

The **sub-theme of ‘cost’** reflects a feeling of frustration some parents feel related to the cost of the available programs. These parents expressed needing to budget for socialization activities, and some noted that the cost of an activity sometimes made it impossible for their child to participate. Often this resulted in the child or youth not being able to participate in an activity, or not being able to participate as fully or at as high of a level as desired. In addition, some parents noted that information regarding mechanisms available to financially subsidize certain programs were not readily available. Examples of responses describe these issues further:

“They didn’t tell us about it, because they didn’t think we needed the funding.” (Parent)

“I mean, it’s a lot of money to do these activities. We’ve had to work it into the budget.”
(Parent)

While transportation and cost issues arose as a theme in the focus groups, the survey results suggest that these issues overall likely do not pose major barriers to accessing available programs in the community (see **Table 5**). It should also be noted, however, that the parents who completed the survey (84% of whom reported an education level of post-secondary or higher; see Table 1) may be different than the participants in the focus groups.

Table 5: Survey results indicating the extent of transportation and cost issues related to accessing community support programs

Survey Question	Response Options	Response rate	Summary of Response
How would you rate transportation to the respective programs?	1 Can’t get my child to the programs – 10 transportation is not an issue	61% (101/166)	59% answered 5 or above
How would you rate the cost of community support programs?	1 Not affordable – 10 Very affordable	67% (111/166)	63% answered 5 or above

Beyond the typical issues surrounding transportation and cost, the focus group analysis identified issues related to the theme of **‘Availability of Useful Information’** as posing a major barrier to accessing and engaging in community programs. This theme included the **sub-themes of ‘lack of information’, ‘sources of information’, and ‘time to retrieve information’**. The theme reflects the ongoing and overwhelming frustration that families face in trying to acquire information on programs related to program activities for socialization, services, or otherwise. Within this theme, families noted that lack of information, poor sources of information, and the time to retrieve and navigate the information often

made it extremely difficult for participation in activities or for connecting with services. Moreover, program and service providers who participated in focus interviews noted the need for timely and easily accessible and accurate information, and pointed out the difficulties in providing this information to families. Both groups also pointed out the negative consequences of this theme and its sub-themes. Parents spoke of missing out on services because they did not know about a service or the process of acquiring the service was too time intensive. The sub-theme of **sources of information** reflects the frustration felt in the disparate sources of information throughout the communities. Many identified a feeling of frustration in not having a central place to find out all of the up-to-date information available for program activities, resources, and services. Regarding the sub-theme of **time to retrieve information**, there was a high level of frustration identified by parents relating to the amount of time that had to be spent seeking useful information for decision-making. For example, many parents noted having to spend two or more hours with a health professional seeking to gain information only to later find out that the information sourced was incorrect or obsolete. A sub-theme of the prominent **Computers** focus group theme was **'information sources'**, which reflected the use of computers, when possible, as means of accessing information about programs and services, and the frustration often felt when such information was not available online, or was not in an easily accessible format online. Taken together, this analysis strongly suggests that the absence of timely availability of useful information poses a major barrier to successfully accessing programs and services in the community. Examples of focus group responses capturing these issues include:

"I feel like it is all word-of-mouth and you just have to hope that someone tells you about something." (Parent)

"My mum's been trying to tell a family about the Special Olympics because she doesn't think anyone else has told them." (Sibling)

"I need somewhere to go where it's all there. I hate having to go all over the place and half of the people you talk to don't know anything." (Parent)

"It was clear that the workers had no idea." (Parent)

"You'd spend so much time with them only to follow up a few weeks later asking about progress and they wanted another meeting because nothing had been finalized." (Parent)

Summary:

These findings suggest that a range of community programs and services are available and have capacity, but are not well accessed and utilized by families with children or youth with special needs. While issues related to transportation and costs do exist, these issues may not be the most important barriers to accessing and benefiting from community programs and services. Rather, a lack of high-quality, useful, reliable and timely information to 'navigate the system' and make meaningful decisions appears to pose a major barrier to accessing community programs, services, and professional support. In

turn, this inability to ‘connect and engage’ poses an important barrier for creating community environments that strengthen social development for children and youth with disabilities.

View from the Literature:

The health care sector is increasingly realizing the value and encouraging the development of health literacy within the general public, recognizing that a health literate individual is more aware of the factors that influence health and makes better decisions to support their health and wellness.¹ The World Health Organization defines health literacy as the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand, and use information in ways which promote and maintain good health.² Health literacy is about finding or accessing information and then moving through the stages of understanding, evaluating, communicating, and finally using the information to make informed choices.¹ The literature suggests that despite attempts by individuals to become ‘health literate’, they have difficulty finding and accessing the information they need. Limited information availability has been frequently discussed as a barrier to access. Consistent with the findings of the current project, families generally expressed a desire to engage in programs and activities, but were often limited by the lack of information available and the challenges of accessing programs available.³ Reaching a similar conclusion, a study conducted in 10 US cities found that there was limited information regarding available programs for individuals with disabilities, a concern which was echoed by professionals who worked directly with these individuals.⁴

In a large-scale study, eighty-three percent of families of children or youth with disabilities reported using the internet to access information relating to their child’s disability.⁵ Accordingly, web-based computing has been suggested as an ideal medium for delivering navigable information and communications relating to programs, services, and professional support. The World Wide Web Consortium (W3C) Web Accessibility Initiative (WAI) details how to design a web platform such that it can be more easily used by people with various disabilities, including access for people who use assistive technology devices such as screen readers and special input devices to navigate the internet.⁶ Beyond physical and cognitive ergonomic considerations, a major concern of using web-based computing for the purpose of delivering navigable information and communications is the often-times seemingly endless and over-whelming amounts of information that may be available and the questionable accuracy and appropriateness of its content. In an attempt to overcome these important concerns, it has been suggested that families of children with disabilities would benefit substantially from tools that assist in navigating the information important to them,⁵ a suggestion strengthened by work demonstrating through focus groups and surveys the desire of families of children with special needs for a single, consolidated, reputable information source wherein families can access important information.⁷

Recommendation #1: Develop System Navigation Tool(s)

Based on the project findings and view from the literature, it is recommended that coordinated web-based navigation tool(s) be developed for families which will create a 'single online reference' resource for community programs, services, and professional care so that information and knowledge can be accessed in an easy, convenient, accurate, and meaningful way to support the capacity for social development of families with children and youth with special needs. Such specific tool(s) and their multi-faceted content should meet the ongoing needs of families, program/service providers, and health care professionals with the aim of being mutually beneficial and enabling. Tools to support system navigation must also build on or enhance existing tools and information sources (i.e. databases) to strengthen information available to support families to easily and quickly access program and service information to support social development in communities.

Key Finding #2: “The Need to Feel Part of the Community”

Children and youth with disabilities and their families want to engage in community programs and activities that enable social interaction and development in a way that helps them feel part of the community.

Evidence from the Survey Data and Focus Group Themes

The effects of a child's disability puts significant social stress on each member of the family – i.e. the special needs children themselves, the parent(s), and the sibling(s). In turn, these stressors may pose significant barriers to engaging in available programs and services for social interaction and development.

As already described, the survey results indicate that there is a high level of stress felt by parents related to the care requirements of their child with disabilities (see Table 2). A number of social stressors posing barriers to engaging in community program activities were captured in the themes from the qualitative thematic analysis of the focus group interviews, including the themes of '**Needing to Feel a Part of the Community**' and '**Dependence**'.

The theme of **Needing to Feel a Part of the Community** reflects on various issues relating to engaging in socialization activities in communities. This theme included the **sub-themes of 'family participation', 'differences', and 'sports'**. The sub-theme of **family participation** reflects the importance placed on activities as a method of socialization, but at the same time the frustration that activities often divided the family. For example, parents and siblings expressed their frustration with not all members of the family being able to, or wanting to, participate in a particular activity. Consequently, parents would have to divide (separate) the family based on skill and/or interest in an activity. The sub-theme of **differences** reflects not only the previously cited examples of differences in skill or interest between the child with special needs and their siblings, but also the frustration parents expressed in regard to their child not being overly welcome into program activities due to their practical or social skills. Parents cited

examples wherein their child with disabilities was placed into ‘private’ or segregated (non-integrated) classes, put with much younger children, or simply refused entrance into program activities. An example of one parent’s response captures this issue as follows:

“It’s not fair because it makes them feel silly to be with kids that are four or five years younger, but they can’t keep up with the other kids their age.” (Parent)

The sub-theme of **sports** reflects the great importance put on participating in sports programs, with team sports and aquatics programs being cited as the most popular program activities. In some cases, frustration was expressed related to the limited number of activities and skill levels offered within sporting activities – for example, the fact that a child or youth with special needs would be deemed too advanced for some sport activities offered and too inexperienced for others. Examples of focus group quotes capturing the importance of sports include:

“I do Special Olympics. I do lots of sports. It’s nice because you have a goal and you all work toward a goal and you don’t have to think about anything else.” (Child/Youth)

“Special Olympics has been great for him because he gets to meet other kids like himself.” (Parent)

Indeed, sports were seen by all groups as very popular and a successful activity (i.e. where the child and family as a whole could feel part of their community), a perspective echoed in the survey results, wherein sports and recreation activities were identified as the dominant community programs and services that children and youth with disabilities are engaging in, and families felt a high level of meaningful support from this sports/recreation community (see **Table 6**).

Table 6: Survey results indicating the level of engagement in and support from community sports and recreation activities

Survey Question	Response Options	Response rate	Summary of Response
What type of community programs or services does your child participate in?	Sports Recreation Arts, Language, or Music Others Multiple Programs	74% (123/166)	45% Sports 15% Recreation 23% Multiple Programs (which typically included sports & recreation among other programs) 4% Arts, Language, or Music 13% Other
Rate the level of participation your child/family has in Sports programs?	1 Very low – 10 Very high	73% (121/166)	26% responded 9 or 10 (73% responded 5 or above)
Describe the support you receive from your sports/recreation community	1 Very low – 10 Very high	65% (108/166)	72% responded 5 or above

The focus group theme of **Dependence** reflects on the barriers faced in attempting to become more independent, especially with age. This theme included the **sub-themes of ‘reliance’, ‘frustration’, and ‘barriers to gaining independence with age’**. The subtheme of **reliance** reflects on how a lack of independence was felt by the child or youth because of having to rely on either a sibling or parent to help them participate in social activities – for example, transportation to activities and supervision at activities such as a school dance. An example of a focus group quote capturing this issue is as follows:

“He has a lot of impulsive behaviour so there always has to be someone to focus him in a bit.” (Sibling)

The sub-theme of **frustration** reflects on the level of dependence this reliance imposes and subsequent lack of control – for example, in deciding when to go to a social activity such as a dance, what to do during the event, and when to leave. As a result, this frustration sometimes leads to feelings of anger and/or resentment within the family as they struggle to meet the needs of each family member while at the same time finding ways to ensure their child or youth with disabilities is actively engaged in community activities.

The subtheme of **barriers to gaining independence with age** reflects on the fact that as both the child and their siblings got older (i.e. from childhood to youth to early adulthood) they gained a greater and greater desire to become more independent. A major practical barrier identified for youth with special needs was gaining independence with age was a difficulty in having knowledge of, applying and qualifying for, and accessing programs to develop skills to gain independence, such as skills to become an important contributing member of the workforce. However, on a more promising note, the survey data does suggest that there is a moderate level of employment availability, accommodation, and a feeling of ‘normal’ with peer groups for youth in the community (see **Table 7**).

Table 7: Survey results indicating the level of employment availability, accommodation, and peer support for youth with disabilities in the community

Survey Question	Response Options	Response rate	Summary of Response
Does your child with disabilities have access to employment?	Yes No	42% (69/166)	58% responded Yes
Are there other people with disabilities at your child’s place of work?	Yes No	26% (43/166)	67% responded Yes
How would you rate your child’s place of work to accommodate his/her disability?	1 Very poor- 10 Excellent arrangements	24% (39/166)	85% responded 5 or above

These findings highlight the possibility that program criteria may be a barrier for families being able to access programs and services in communities. Programs that require supervision in order for children

and youth to participate place the family in the position of having to provide that supervision so their child can attend. Sporting activities where the child requires accommodations or specific skills in order to participate may also limit the active engagement of children and youth in these activities. Shifting communities towards greater inclusion for programs and services requires further dialogue and examination.

Summary:

These findings suggest that a significant barrier to engagement in programs and services relates to whether or not the programs and services help the child or youth and their family integrate into their community in a meaningful way – i.e. in a way that supports inclusion and limits the stress that program access places on the family. It may be that some programs that are available are not viewed as supportive and meaningful, and thus do not offer enough value (i.e. return on financial, physical, intellectual, and/or emotional investment) to be worth the effort required to access them for these families. Thus, responses indicated that community programs and services need to focus on being more inclusive, integrating, and foster independence as opposed to being segregated places for children and youth with disabilities and their families to be isolated from others, and overly reliant on one another to access programs. Such programs include activities and services for youth that offer skill-building and promote development into a contributing and independent member of society, as well as activities such as sports that are fun, independent, safe, and satisfying for all family members having to be involved in the activity. Aquatics are a popular example of such a sporting activity that can be an inclusive, ‘ideal’ environment for families to participate ‘just like everyone else’. In turn, such programs enable families to better ‘connect and engage’ with other families in their communities, which lowers important barriers for creating community environments that strengthen social development for children and youth with disabilities.

View from the Literature:

The use of sports and recreation has been most well-studied as examples of children and youth with disabilities engaging in community activities. The benefits of physical activity for individuals with disabilities have been thoroughly examined in the past two decades. A meta-analysis of 16 studies published between 1991 and 2011 revealed that physical activity increased subject scores within both the motor skills domain and the social interaction domain.⁸ Physical activity was shown to improve social interaction and behaviour while reducing stereotyping. This conclusion is supported by a systematic review of 18 studies published in 2010 which shows improvements in behaviour, academics, and physical fitness as a result of engaging in physical activities. Physical activity has been associated with reports of self-perception of competence and equality.⁹ Participants reported increased social integration through increased social interactions and bonding opportunities associated with sporting activities.

Integration of persons with disabilities into existing physical activity programs has been shown to attenuate negative perceptions around their abilities and facilitate the development of social relationships. In particular, aquatics programs are represented in the literature as having beneficial

effects on social development, interaction, and reinforcement of family relationships. Studies of aquatics programs demonstrate that they are perceived to provide opportunities for social interaction with other children and that the most enjoyable component of these activities is the social interaction with other individuals.¹⁰ In addition, aquatic programs have been demonstrated to reduce anti-social behaviours¹¹ and self-stimulating activities¹² while improving social skills.¹² Furthermore, parent-child aquatics programs facilitate an environment that promotes family bonding as they participate together in an enjoyable activity that supports active and meaningful engagement in their community.¹³

Recommendation #2: Develop Integration-Focused Programs and Services

Based on the project findings and view from the literature, it is recommended that communities continue to develop capacity for and focus resources toward program activities and services that are inclusive and allow for children and youth with disabilities and their families to feel part of their community. Such specific programs and resources should actively consider the personal stress on each member of the family (parent(s) and sibling(s)) and the changing needs of the child or youth at each age and stage of life – from simply having fun while playing and socializing, to building self-sustaining skills for employment, meaningful social interaction, and maintaining personal health and wellness.

Key Finding #3: “Friends make me happy”

Children and youth with disabilities and their families need to be better connected to networks of personal and professional support.

Evidence from the Survey Data and Focus Group Themes

In addition to putting social stress on immediate family members, the effects of a child’s disability puts stress on extended relations, including friends and extended family, as well as on relations with health professionals.

From the qualitative thematic analysis of the focus group interviews, the important theme of **‘Friendship’** emerged, reflecting the importance for friends in socialization and in ongoing concerns relating to this. The theme of **Friendship** included the **sub-themes of ‘importance of friends’, ‘lack of friends’, ‘change of friends’, ‘similar friends’, and ‘far away friends’**. The subtheme of **importance of friends** reflects the enthusiasm expressed towards the development and maintenance of friendships. Many voiced the feelings of strength and happiness derived from participating in activities with friends. Examples of responses of children and youth capture the importance of friends:

“My friends make me happy” (Child/Youth)

“I like seeing my friends everyday” (Child/Youth)

However, as captured in the subtheme of **lack of friends**, many children and youth with disabilities lacked close, interactive friendships, which was a significant concern to parents. Indeed, as already stated, the survey results demonstrate that over half of the children or youth in this study had either no friends or had only one close relationship with a friend (see **Table 2**). Furthermore, the survey results demonstrate that the amount of time spent by the children or youth interacting with their peer networks is very minimal (see **Table 8**).

Table 8: Survey results indicating the amount of time spent by children or youth interacting with peer networks

Survey Question	Response Options	Response rate	Summary of Response
How much time does your child spend with his/her friends outside of school?	Less than 1 hour/week 1-3 hours/week 3-6 hours/week 6 or more hours/week Not applicable	72% (119/166)	35% Less than 1 hour/week 19% 1-2 hours/week 26% 3-6 hours/week 1% 6+ hours/week 20% Not applicable

In addition, the **lack of friends** subtheme reflects the sadness and frustration felt by children and youth with intellectual and often physical disabilities with having lost close friends. The subtheme of **change of friends** reflects the frustration of the change in friendship status that inevitably develops when a sibling and close friend moves away from home, or when friends, for one reason or another, become less accepting of the challenges in the relationship. Many parents identified late elementary school-to-early secondary school as a particularly difficult time where the dynamic of their child’s relationship with a friend can begin to deteriorate leaving their child feeling increasingly isolated and lonely. Examples of responses capture these issues:

“Her friends stopped calling her and she felt really bad about that.” (Parent)

“During late elementary school it’s really hard for them to keep friends.” (Parent)

Possibly related, the subtheme of **similar friends** reflects the opinion and desire of parents that their child with special needs have friends with similar challenges related to their disabilities. An example of a parent’s response captures this insight as follows:

“I think it would be great for her to have more friends like herself. That way she wouldn’t always feel different.” (Parent)

The final Friends subtheme of **far away friends** reflects the frustration of the children and youth with disabilities not having the friends they do have close by. Instead, their friends are often spread throughout the city or further, and as a result, it is extremely difficult for them to conveniently spend time with them outside of school or program activities.

Importantly, in addition to **information sources**, already described, prominent subthemes of the major focus group theme **Computers** included ‘**use of computers**’ and ‘**social media**’. The subtheme of **use of**

computers reflected the use of computers as a strategy or tool for engaging friends and social relationships. In fact, computer games and social media were two of the most commonly mentioned activities after sports, and using computers was reported as being an important way of connecting with others socially for both children and youth with disabilities – for some children and youth, this was the case because they were skilled at the game, or because there was a sense of anonymity allowing them to avoid stigma and feelings of judgement. From some parents’ perspective, however, the use of computers was identified as being negative at times, because it involved their child or youth sitting alone playing on the computer, which was seen by the parents as an isolating activity. Conversely, when identified in the subtheme of **social media**, the use of computers was often viewed as a safe enabler of networking and socialization for their child. Examples of responses capturing these positive and negative feelings include:

“I love to use the computer.” (Child/Youth)

“All he does is play on the computer alone in his room.” (Parent)

“It’s good for her to use the computer to socialize because it means people don’t judge her right away.” (Parent)

Importantly, the survey results indicate that families of children or youth with disabilities in large part feel as though they are ‘going it alone’ in their communities when it comes to managing their stresses and demands. The level of support they receive from extended family, friends, neighbours, and religious or cultural groups is described most often as low or non-existent (see **Table 9**).

Table 9: Survey results indicating the level of support families of children or youth with disabilities experience from extended family, friends, neighbours, and religious or cultural groups

Survey Question	Response Options	Response rate	Summary of Response
Rate the level of support you experience from family members: Your Parents (your child’s grandparents)	1 Very low – 10 Very high	71% (118/166)	59% responded 5 or below
Rate the level of support you experience from family members: Your Siblings (your child’s aunts and uncles)	1 Very low – 10 Very high	71% (118/166)	71% responded 5 or below
Rate the level of support you experience from family members: Close relatives residing out of the home (Not incl. Grandparents)	1 Very low – 10 Very high	71% (118/166)	82% responded 5 or below
Rate the level of support you experience from friends	1 Very low – 10 Very high	73% (121/166)	72% responded 5 or below
Rate the level of support you experience from neighbourhood community	1 Very low – 10 Very high	67% (111/166)	49% responded 1
Rate the level of support you experience from religious community	1 Very low – 10 Very high	61% (102/166)	53% responded 1

Rate the level of support you experience from cultural group community	1 Very low – 10 Very high	52% (87/166)	70% responded 1
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Moreover, the level of professional support accessed by families of child or youth with disabilities is only moderate and appears to only be related to ‘the essentials’ or ‘the necessary’ (i.e., Physicians, Teachers, and Educational Assistants) (see **Table 10**).

Table 10: Survey results indicating the level of support families of children or youth with disabilities access from physicians, nurse practitioners, social workers, teachers, educational assistants, or respite workers

Survey Question	Response Options	Response rate	Summary of Response
Rate the level of support that you access from the following professionals: Physicians	1 Very little – 10 Very high	74% (123/166)	58% responded 5 or below
Rate the level of support that you access from the following professionals: Nurse practitioners	1 Very little – 10 Very high	59% (98/166)	83% responded 5 or below
Rate the level of support that you access from the following professionals: Social workers	1 Very little – 10 Very high	66% (109/166)	73% responded 5 or below
Rate the level of support that you access from the following professionals: Teachers	1 Very little – 10 Very high	65% (107/166)	43% responded 5 or below
Rate the level of support that you access from the following professionals: Educational Assistants	1 Very little – 10 Very high	63% (105/166)	48% responded 5 or below
Rate the level of support that you access from the following professionals: Respite workers	1 Very little – 10 Very high	59% (98/166)	63% responded 5 or below

Also worth noting is that the survey results indicate that families of children or youth with disabilities could benefit substantially from being better connected to networks of professional and personal support, in parent-to-parent support networks and peer-to-peer support networks (see **Table 11**).

Summary:

These findings suggest that a significant barrier to engagement in community programs and services relates to the fact that families are managing very high levels of stress and have little connectivity to meaningful peer or professional support programs or social networks in the community. This sense of isolation is especially challenging in the context of meeting the day to day struggles of supporting the needs of a child or youth with disabilities, which is likely itself a major contributing factor as to why families feel dissatisfied and apprehensive about engaging in community programs and services.

Table 11: Survey results indicating the value and level of participation families of children or youth with disabilities have in parent and peer support programs

Survey Question	Response Options	Response rate	Summary of Response
If programs existed to alleviate some of your stress and demands, how would this improve your quality of life / family's quality of life?	1 Not at all – 10 Much improved	74% (122/166)	44% responded 9 or 10 (77% responded 7 or above)
Rate the level of participation your child/family has in parent-to-parent support programs	1 Very low – 10 Very high	68% (112/166)	51% responded 1 or 2
Rate the level of participation your child/family has in peer-to-peer support programs	1 Very low – 10 Very high	69% (114/166)	81% responded 5 or below

Avenues through which children and youth with disabilities and their families can easily, safely, and comfortably reach out for peer or professional support must be made easily accessible. Such online social networks can be very important tools to support social network development and the development of friendships for children and youth, and can be used by parents to exchange knowledge and gain support and strength to better manage their stress. In turn, such networks may enable families to become stronger in their ability and desire to ‘connect and engage’ with receptive members of their community and with the community programs and services that they value but otherwise could not engage in. The use of social networking tools to augment and support families is an important finding that requires further exploration.

View from the Literature:

Peer groups have previously been demonstrated to have high satisfaction rates among participants,¹⁴ promoting social interaction and the development of friendships.¹⁵ A study in Northern Ireland revealed that utilizing a person-centred approach to community events allowed for an increased quality of social interaction thereby enhancing the social development of the individual with the disability.¹⁶ This person-centred approach promotes the development of personal interests, and engages the family and

community to assist in developing those interests.¹⁶ Through this process, ordinary social interactions are promoted, and an individual's needs can be identified.

Currently, parents are turning to online forums, communities, and message boards to find advice and information.¹⁷ Furthermore, children and youth enjoy participating in the online community because of the anonymity and freedom it provides to express concerns with another individuals.¹⁸ This is more comforting to the user as it encourages greater equality in participation. A 2007 discussion paper evaluating the advantages and disadvantages of internet use for parents of children with disabilities outlined two main support functions that online groups may provide: 1) information support, wherein knowledge, experience, and/or expertise is shared and referrals made to other resources and sites; and 2) emotional support. Virtual parent-to-parent support was noted to be particularly valuable especially for rural parents, parents of children with rare conditions, and parents who have difficulty leaving the home⁵, as these individuals would otherwise have difficulty finding an appropriate support group. A theory based article, entitled *Valuing Support Groups*, has further emphasized the importance of support groups in communities, as they offer empathy, experience, and knowledge of how to navigate the continually changing system of services¹⁹, which is identified as a major concern within this population (also see Key Finding #2 and Recommendation #2). The use of online or social network tools is not viewed as an alternative to active involvement in "face-to-face" programs or activities. Rather, it is presented as a strategy for augmenting and strengthening social networks so that families can engage in active and ongoing communication with supportive social networks on a day to day basis. Through these tools, community networks can offer social support and assistance to reduce stress for these families and offer meaningful and supportive socialization activities in their communities.

Recommendation #3: Develop Social Networking Tool(s) to Strengthen Peer Relationships

Based on the above-outlined project findings and view from the literature, it is recommended that social networking tool(s) be developed for families to connect to their family members, peers, as well as health professionals so that meaningful interactive social networks can be established to support the capacity for online-to-real world 'community' and social development of families with children and youth with special needs. Such specific tool(s) and their integrated networks should strive to be safe, comfortable, effective, and constructive for all parties engaged in social networks. Strategies to ensure that all families have access to, and ongoing support for effectively using social networking tools are an important consideration for communities to strengthen social development for these families.

CONCLUDING REMARKS

There have been three key findings of the project to date:

1. Community programs and services that engage children and youth with disabilities and their families are challenging for them to access and navigate.
2. Children and youth with disabilities and their families want to engage in community programs and activities that enable social interaction and development in a way that helps them feel part of the community.
3. Children and youth with disabilities and their families need to be better connected to networks of personal and professional support.

Based on these key findings, three related recommendations have been proposed for developing and implementing impactful tools, resources, and/or best practice approaches that will strengthen communities for Canadian children and youth with intellectual disabilities, including:

1. Create learning and sharing environments within communities using web-based navigation tools that provide information to families and link organizations more directly to support collaboration and coordination of services and programs.
2. Develop program and service approaches (or strategies) that support inclusion of children and youth with disabilities and their families in their community.
3. Develop tools to support strong social networks for children and youth with special needs using Social Networking Tools that strengthen current and future community programs that actively engage and include children and youth with special needs as active members of their community.

These broad recommendations together support a strategy of enabling children and youth with disabilities and their families to **connect and engage** with their communities in a meaningful, accessible, inclusive and accommodating manner.

Moving forward from these broad recommendations, the key stakeholders from each community studied in this project will together discuss and offer constructive feedback on promising ideas for the development of tangible tools, resources, and/or best practice guidelines related to the three proposed recommendations that will be tailored to the particular needs and wants of each community.

To our partners, Special Olympics, Community Living and Holland Bloorview, thank you all for your thoughtful input, your enthusiastic participation, your time and expertise to date on this exciting and important project.

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APPENDIX

Appendix Table 1: Types of programs and services available in Toronto, ON

Toronto		
Sports		
All Sport	Grandravine Raptors Basketball	Scarborough Cyclones Floor Hockey Club
Aqua Sports (13-31 yrs)	Kerry's Place Swim Club	Scarborough Marlins Swimming
Barrier Free Access to Swimming Program (16 yrs+)	Meta Centre Angels - Basketball	Toronto Seals Swimming
Baseball	Metro Leafs Floor Hockey	Trailblazers Track and Field Championships
Bloorview Ballers - Basketball	North Toronto Penguins - Swimming	Variety Village Sunshine Team - Swimming
Downtown Muscles - Powerlifting	North York Eels - Swimming	Weightlifting
Etobicoke Sharks Swimming	Ontario Special Olympics – Downtown Sports Club (14 yrs+)	West Toronto Barracudas Swimming
Etobicoke Stingers - Basketball	Reena Rattlesnakes - Basketball	Weston Curling Club
Family Inline Skating	Rumsey Rattlers - Basketball	Wheelchair Basketball
Special Olympics		
Alpine Skiing	Bowling	Powerlifting
Basketball	Curling	Swimming
Bocce	Floor Hockey	
Recreation		
Active Kids' Zone	Earl Bales Friday Night Club (18 yrs+)	Splash and Sport
Adapted Aquatics-Instructional (5 yrs+)	Enterprising Adults (16-29 yrs)	Super/Social Clubs at Broadlands CC (13 yrs+)
Adapted Aquatics-Recreational (15 yrs+)	Friday Friends at St. Georges Church (18 yrs+)	Swim & Social (18 yrs+)
Adult Evening Groups	Holland Bloorview Swim Programs	The Bulldogs Social Club (13 yrs+)
Banbury Young Adult Program	Kingsway Club (21 yrs+)	Therapy Swim (18 yrs+)
Bocci	Making Friends (6-12 yrs)	YMCA Camps
Crest Club	Shadow Lake Centre	Youth Drop-in centres
Arts, Music, Language		
Battle Centre Day Program	Drumming - Hand	Painting & Drawing/Art Alive (19 yrs+)
Crafty Kids (6-12 yrs)	Exploring the Senses (6-12 yrs)	Pegasus Community Project (21 yrs+)
Creative Village Studio	Leadershipworks	Pop Can Club (13-40 yrs)
Dance (13-31 yrs)	Learning for Life (13-29 yrs)	RhythmWorks East & West
Drama Company	MovieWorks East & West	SingingWorks
DramaWorks	Music Group!	VisualArtWorks

Toronto		
Employment Assistance		
Canadian Paraplegic Association	The Skills Training and Job Program	
Ontario Disability Support Program Employment Supports	Youth 2 Work	
Transportation		
Canadian Red Cross Society	Mid-Toronto Community Services	Scott Mission
Dignity Transportation Inc.	NeighbourLink Downtown	SPRINT Inc.
Good Neighbours Club	Phillip Aziz Centre	St. Christopher House
Stress and Coping Programs		
Bloorview Family Resource Centre	Geneva Centre for Autism	Residential Supports
Canadian Mental Health Association Toronto	Options - Planning and Supports for Inclusive Living	Shining Through Sibshops
Centre for Addiction and Mental Health	Parenting Enhancement Program (PEP)	Surrey Place Centre
Family Service Toronto	Passport to Community Living	
Online Resource / Data Navigation (if available)		
211Toronto.ca	Holland Bloorview Warmline	Respite Services
Connectability.ca	Developmental Services Toronto	
Other		
'C' is 4 Cooking (6-12 yrs)	Chef's Delight (18-29 yrs)	Ontario Disability Support Program Income Support
AcTiVe8 (19 yrs+)	CNIB assistive technology	Ontario Ministry of Community and Social Services
Adult Residential Program (ARP)	Computer Savvy	President's Choice Cooking School
Arthritis Aqua Fitness (19 yrs+)	Fitness - Child (6-12 yrs)	Sportability
Assistance for Children with Severe Disabilities (ACSD)	Friday Night Movie	Supportive Independent Living Program
Assistive Technology Clinic	Friday Nighters (13-21 yrs)	Swim & Trim (18 yrs+)
Best Start	Jr. Chefs in Training (13-18 yrs)	Toronto Rehabilitation
Boys and Girls Clubs	Jumping Jacks	YMCA Hospitality Training
Canadian Hearing Society	Learning for Life	

*Note: This is not an exhaustive list of all of the programs available within this community. It represents a sample of the types of general programs and programs designed for disabilities within the community.

Appendix Table 2: Types of programs and services available in Regina, SK

Regina		
Sports		
Active Start Youth Program	Regina Alpine Adaptive Ski Program (Three-tracking, Four-tracking, Mono-ski, Blind skiing)	Wheelchair Curling
FUNdamentals Youth Program	Regina in Motion	
Junior Dolphins	SOActive School Based Program	
Special Olympics		
Alpine skiing	Curling	Golf
Aquatics	Figure Skating	Soccer
Athletics	Fitness Club	Softball
Basketball	Floor Hockey	Speed Skating
Bowling		
Recreation		
Adult Drop-In Program	Fusion Inclusion	Snack & Socialize
Adventure Camp	Laugh & Splash Family Swim	Social Leisure Youth Program - Out
Al Ritchie Family Wellness Centre	Level 10 Fitness Program	Special Needs after School Care
Best Buddies	Life Enrichment	Sport & Splash
Camp Easter Seal	Out & About Club	Summer Fun
Come and Play	Psychosocial Rehabilitation	Summer Sunshine Day Camp
Community Based Programs	Recreation Program	Youth Ballet & Contemporary Dance of Saskatchewan
Family Gatherings	Senior Adventure Camp	
Arts, Music, Language		
Arts Program	Music Therapy	Preschool Adventures
Cultural Crafts	Musical Arts and Movement	Services for Children
Family Fun Reading	Next Chapter Book Club	Sir Dancelot
Employment Assistance		
Adult Transition Project (ATP)	Employment Preparation	Resume Writing Class
Community Services and Community Connections Employment	Focus! on Life Lessons	Service Canada College
Cosmo-Sarcan	Partners in Employment	The Employ-Ability Program
Employability Assistance for Persons with Disabilities	Regina Adult Learning Centre	
Transportation		
Access Transit		
Stress and Coping Programs		
Academy for Social Learning	Family Support	SACL Family Network
Access to Recovery Addictions	FASD Addictions program	Saskatchewan Assured Income for Disability (SAID)

Regina		
Anger Management Programs	Parent Support services	Self-Managed Supports
Bayshore Home Health (Regina Home Care Brancg) - Home Support & Nursing	PLAN	Services for Parents and Caregivers
Children's Services Program	Provincial Interagency Network on Disabilities (PIND)	Support and Information for Brothers and Sisters
Cognitive Disability Strategy	REACH (Regina Education & Action on Child Hunger)	Therapeutic Intervention Program
Community Case Management	Regina Counsellors Network	Youth Services Program
Consultative Services	Regina Residential Services Co-Management Committee (RRSCC)	
Down Syndrome Parent Group	Residential Services	
Family Resource Centre	Respite Registry	
Online Resource / Data Navigation (if available)		
Other		
"Getting Started" Women's Circle	Computer Comfort	Self-Advocacy Action Group
ABSee Reading Program	Employment Opportunities Program	Self-Awareness Class
Accessibility Advisory Committee	Ergonomics & Assistive Technology	Self-Management Class
Accessible Playgrounds	Exercises for Persons with Parkinson's	Services for the Community
Adaptive Technology Services	Group Homes	Social Skills Group & Vocational Group
Arthritis Aquacise	Healing Through Humour	Special Needs Equipment
Attendant Admission Program	Inpatient Services	Staying on Your Feet
Attention Deficit Disorder Coaching	Jean Vanier School	Summer Program & Senior Summer Program
Business of Living Class	Joint Muscular Strength and Endurance	Supported Independent Living Program
Camp Companion	Kids on the Block	Supportive Residential Options
Campus for All	Life Skills Class	Toy lending library
City of Regina Accessibility Advisory Committee	Life Skills program	Volunteer Training Class
CNIB Assistive Technology	Pasqua Hospital Palliative Care Unit	YMCA Youth Programs
Community Kitchens and Family Cooking	Saskatchewan Deaf & Hard of Hearing Services Inc	

*Note: This is not an exhaustive list of all of the programs available within this community. It represents a sample of the types of general programs and programs designed for disabilities within the community.

Appendix Table 3: Types of programs and services available in Fredericton, NB

Fredericton		
Sports		
Association for Disabled Skiing - NB	Fredericton District Soccer Association	N.B. Wheelchair Sports Association
Capital Area Minor Football Association	Fredericton Therapeutic Riding Association	Northside Minor Basketball Association
Cricket	Fredericton YMCA - Youth Indoor Soccer	Soccer Coaching Program
DC Indoor Soccer Academy	KidSport	SoccerTots
Douglas Soccer Club	Kingswood Bowling Lanes	Special Olympics N.B. (Basketball, bowling, curling, floor hockey, snow shoeing, soccer, swimming, athletics)
Fredericton Aquanauts Swim Team (FAST)	Kingswood Wee Links Program	UNB Varsity Reds
Fredericton Boys and Girls Club	Main Street Bowl-a-Drome	Volleyball-Grassroots program
Fredericton Boys Fastpitch Association	Mini Rugby	
Special Olympics		
Athletics	Curling	Soccer
Basketball	Floor Hockey	Swimming
Bowling	Snowshoeing	
Recreation		
Active Kids	Go-Go Gymnastics Summer Camps	Silverwood Farms Summer Camps
All Star Sports Academy Summer Camp	Green Hill Lake Camp	Small Craft Aquatic Centre Summer Camp
Animation Camp	Greenwood Drive Summer Camps	SPCA Summer Camp
Artistica Summer Camp (Beaverbrook Art Gallery)	Junior Climbing Program	Teen After School Club
Asthma Camp "Camp Asthmatopia"	Junior Forest Ranger Camp	TG Roy's Tae Kwon Do Summer Camps
Au p'tit monde de franco Summer Camps	Kin Kids	The Capital City Skating Club
Baby Swim	Kings Landing Visiting Cousins program	Theatre New Brunswick Theatre School
Best Buddies	Kingswood Kids Summer Camp	True Gaming Day Camp
Callander Hall Summer Riding Camp	Learn to Skate	UNB Climbing Gym
Camp Glenburn	Lil Dippers	UNB Creative Computing Summer Camp
Camp Rotary	McKinleys Open Ice	UNB Design Works

Fredericton		
Circle Square Ranch Summer Camp	Moms on the Move	UNB Recreation Camps
City of Fredericton Summer Skateboarding Camps	Mother-baby yoga at Satori	UNB Summer Music Camps
Cornerstone Youth Outreach Centre	Nature NB Summer Camps	UNB Worlds Unbound Summer Camp
Damocles Summer Fencing Camp	Northside Drop-In Centre for Youth	Vacation Bible Schools
Dance Fredericton Inc. Summer Camps	Park Street School Summer Camps	Village of New Maryland Summer Camps
DC Soccer Academy	Partners for Youth	YMCA Day Camps
Fast and Fit Summer Camp	Pilates, Baby & Me	YogaBaby Class
Fredericton Boys and Girls Club Camp	Playgroups for babies	Young Naturalists Club
Fredericton Family Resource Center Summer Camps	Rainbow of Cultures Summer Camp	Youth Entrepreneurship Summer Camp
Fredericton Outdoor Summer Theatre (FrOST) "ACT NOW!!" Summer Drama Camps	Science East Summer Camps	Zig Zag
Fredericton Speed Skating	Scout Camp	
Arts, Music, Language		
Baby Sign	Moonbeams 1 Music Program	Sunbeams 1 Music Program
Beaverbrook Art Gallery	Music for Young Children	Sunshine 1 Music Program
Fredericton Arts & Learning Centre	Parle-moi/Talk with Me - Early Language Services	The Playhouse
Frontier College Literacy Program	Pathways Educational Services	
Employment Assistance		
Ability New Brunswick	Neil Squires Society - Job Focus	UNB Successful Transition to Employment Program
Jobs Unlimited	Training and Employment Support Services	YMCA Employment Central
John Howard - Significant Employment Development	Training and Skills Development	YMCA Work Services Coach
Transportation		
Brunswick Accessible Taxi (BAT Mobile)	Department of Social Development Gov of NB	Disability Support Program
Canadian Red Cross	Dial-a-bus	Vehicle Retrofit Program
Online Resource / Data Navigation (if available)		
FredKid	Premier's Council on the Status of Disabled Persons	
Stress and Coping Programs		
Accessibility Centre - Learning Centre	Divorce Care for Kids	Regional Addiction Services - Victoria Health Centre

Fredericton		
Addiction and Mental Health Services	Easter Seals	Rock & Talk - Parenting Education for youth
Autism Connections Fredericton	Family Enrichment and Counselling Service Fredericton Inc.	Seniors United Network
Big Brothers/Big Sisters of Fredericton	Fredericton Association for Community Living	Sibshops
Brain Injury Association of NB	Fredericton Regional Family Resource Centre	Southampton House Inc
Bridges of Canada	Horizon Health Network	South-East Deaf & Hard of Hearing Services
Chimo Helpline, Inc.	Kids Help Phone	Stan Cassidy Centre For Rehabilitation
Community Based Services for Children with Special Needs	Mental Health R.E.A.C.H. Centre	Student Accessibility Centre
Community Mental Health Centre	Multicultural Association Fredericton	UNB Counselling Services
Counselling/Child Psychologists	Muscular Dystrophy Canada	UNB Student Accessibility Centre
Other		
Advocacy for Youth	Early Childhood Initiatives II	NB Community College - Introduction to Computers
Atlantic Provinces Special Education Authority	Early Intervention Program	New Brunswick Association for Community Living
Bullying Canada, Inc.	Enhanced Support Worker Program	Office of the Child and Youth Advocate
Canadian Council of the Blind - N.B. Division	Extra Mural Program	One-time Transitional Benefit
Canadian Deafblind Association	Fredericton & Area Down Syndrome Society (FADSS)	OPAL Family Services
Cerebral Palsy Foundation	Fredericton Residential Youth Services	Partners Abuse Prevention Program
Child Find New Brunswick or Canada	Girl Guides	Pathways Educational Services
Child Protection	Headstart Program	President's Choice Cooking School
CNIB assistive technology	Laramac Education Services	Ready for School Program
Communities Raising Children (CRC)	Learning Disabilities Association of NB	Saint John Deaf and Hard of Hearing Services Inc.
Day Care Assistance Program	Math Club	Scouts
Early Childhood Initiatives	Multiple Sclerosis Society	Services for Preschool Children with Autism

*Note: This is not an exhaustive list of all of the programs available within this community. It represents a sample of the types of general programs and programs designed for disabilities within the community.