

Participation of Indigenous children with disabilities in remote communities

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Background: There is currently no literature or best practise guidelines around service provision for Indigenous children with disabilities living in remote communities. Despite there being a significantly higher rate of disability amongst Indigenous Australians¹, little has been documented about the day to day experiences of these children and their families. With the rollout of the National Disability Insurance Scheme, it will be mandated this population have better access to allied health service and likely that a number of new service providers will enter this area. Currently, there is no available evidence to guide allied health professionals providing services to this population.

Aim: To summarise past research about participation of Australian Aboriginal children with disabilities in remote Aboriginal communities.

Methods: Pubmed and Medline databases were searched using the following search terms: Oceanic Ancestry Group, Indig*, Aborig*, First Nations, Native American, Maori, Child*, youth, kids, pediatric*, paediatric*, participat*, disabilit*, Cerebral Palsy, Physical Ther*, Physiotherapy, Allied health, Occupational Ther*.

Relevance: One core purpose of allied health input for children with disabilities is to promote ‘participation’ in all areas of life, including in the home, school and the wider community. For allied health professionals working in disability, an understanding of what ‘participation’ means for different people is essential to guiding service provision.

Results: There is often no single word to describe disability in Indigenous languages and there is a strong focus on identifying the person in terms of what they are able to do^{2,3}. Unique barriers preventing participation of Indigenous people with disabilities in remote areas exist⁴. Some barriers are associated with the person’s disability while others involve the broader environmental, cultural and social factors (i.e. infrastructure, attitudes towards education, shame)⁴. For Yolgnu people, major barriers to participation have been identified as access to assistive technology, transport, housing and access to public buildings⁵. No studies have looked explaining what participation is or means for Indigenous people with disabilities.

Conclusions: To provide culturally appropriate, client-centred allied health services, it is essential to understand the meaning, barriers and enablers of participation for children and families in order to achieve positive, functional outcomes. Moving towards the full implementation of an NDIS service delivery model in the Northern Territory, it is essential for allied health services to understand participation in a local context and use this knowledge to provide meaningful therapy for children, families and communities.

Policy recommendation: Further research to understand how participation is understood by Indigenous children with disabilities living in remote Aboriginal communities is needed to guide allied health service provision. A qualitative research project to investigate participation of children with disabilities in home and community life has been planned. A cultural narrative analysis using participatory action research will occur in a remote Aboriginal community in the Northern Territory. The results will be used to inform service providers about what is participation for this population, and hence, ensure services are culturally appropriate and relevant.

References

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