

Empowering Futures: Advancing Social Inclusion for Children with Intellectual Disabilities Through Community-Based Programs

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Abstract

Children with intellectual disabilities (ID) face significant barriers to social inclusion, limiting their opportunities for participation and development. This research examines the role of community-based programs in promoting social inclusion for these children, utilizing a mixed-methods approach that includes a systematic literature review and case studies of three inclusive initiatives (arts, peer-mentoring, and sports programs). Findings demonstrate that well-structured community programs significantly enhance social engagement, self-esteem, and community acceptance, with quantitative data showing an 18% average increase in social inclusion scores ($p < 0.05$). Qualitative insights highlight improved skills, peer relationships, and family dynamics, though challenges like funding shortages and stigma persist. The study advocates for scalable program models, enhanced staff training, and policy support to foster inclusive communities, empowering children with ID to thrive.

Keywords: Intellectual disabilities, social inclusion, community-based programs, children, empowerment, accessibility, stigma reduction, inclusive education, peer mentoring, recreational programs.

Introduction

Social inclusion is a key aspect of fair social development since it makes sure that everyone, no matter what their talents are, may take part in communal life and have the chances that will improve their quality of life. For children with intellectual disabilities (ID), characterised by substantial impairments in intellectual functioning and adaptive behaviour manifesting before to age 18 (American Association on Intellectual and Developmental Disabilities, 2020), social

inclusion persists as a vital yet elusive objective. These kids sometimes face systemic constraints, including not being able to go to school, play sports, or make friends, which can make developmental problems worse, lower their self-esteem, and limit their future options (Simplican et al., 2015). This kind of isolation hurts not only the child but also the families and communities who are affected by it. Community-based programs, which are structured efforts that are offered locally and encourage participation, skill-building, and social integration, have come up as good ways to deal with these problems. These programs, which include inclusive sports, arts, and peer-mentoring activities, give kids with ID a place to learn new things, make friends, and feel like they belong (McConkey, 2020). But their success depends on things like how easy it is to get to them, how well-trained the facilitators are, and how the community feels about handicap. Even though they have a lot of potential, limitations in funding, scalability, and social stigma typically lessen their influence (Bigby & Anderson, 2021). This research examines the effectiveness of community-based programs in promoting social inclusion for children with intellectual disabilities, evaluating their design, outcomes, and obstacles through a mixed-methods framework. This study seeks to enhance the discourse on inclusive practices by examining how these programs enable children to navigate social contexts and cultivate meaningful relationships, while advocating for systemic reforms to promote sustainable inclusion.

2. Literature Review

The social inclusion of children with intellectual disabilities (ID) is a vital research domain, since it significantly influences their developmental outcomes, quality of life, and engagement in society. Community-based programs, including inclusive recreational activities and peer-mentoring initiatives, are acknowledged as effective strategies for promoting inclusion by facilitating skill development, social contact, and community participation. This literature review consolidates findings from eight recent studies to examine the efficacy, design, and challenges of such programs, anchored in the social model of disability, which prioritises the elimination of environmental and attitudinal barriers to inclusion (Oliver, 2013).

1. Simplican, S. C., Leader, G., Kosciulek, J., & Leahy, M. (2015). This foundational research establishes a conceptual framework for social inclusion, characterising it as the interplay between interpersonal relationships and community engagement. The authors conduct a qualitative synthesis of current literature to delineate essential elements of inclusion for

individuals with intellectual disabilities, encompassing access to social networks, engagement in community activities, and the cultivation of a sense of belonging. The study underscores that children with intellectual disabilities derive substantial benefits from structured community programs that promote peer connections; yet, it identifies a deficiency in standardised metrics for inclusion. This difference makes it harder to judge how well a program works, which is why we need proven methods like the Social Inclusion Scale (Wilson et al., 2017). The results underscore the necessity of developing programs that tackle both environmental accessibility and societal attitudes, establishing a basis for future study on community-based interventions.

2. McConkey, R. (2020). McConkey's mixed-methods study investigates the influence of community-based programs, including inclusive sports and arts efforts, on the social inclusion of individuals with intellectual impairments, particularly children. Surveys (n=200) and focus groups with participants and families in Ireland indicate that programs promoting peer contact enhance social skills and self-esteem, with 85% of participants reporting heightened community engagement. The report, however, finds problems including not enough money and not enough training for personnel, especially in rural areas. McConkey supports participatory program design that includes families and people with ID in order to make the program more relevant and effective. This study emphasises the capacity of community programs to address inclusion disparities while underscoring the necessity for enduring financial frameworks.

3. Bigby, C., & Anderson, S. (2021). This qualitative study examines the facilitators and obstacles to social inclusion for individuals with intellectual disabilities in community contexts, concentrating on programs in Australia. The authors identified accessibility, skilled facilitators, and community attitudes as significant enablers through interviews with program coordinators (n=15) and participants (n=30). On the other hand, social stigma and a lack of resources were big problems. For example, 60% of programs said they didn't have enough money. The study underscores the significance of inclusive leisure activities, like music and sports, in cultivating a sense of belonging among children with intellectual disabilities. It advocates for changes to policies that will help build infrastructure and teach people in a way that includes everyone. This gives us useful information for making community programs that work.

4. Jones, D., & Block, M. (2018). Jones and Block investigate the effects of inclusive sports programs on children with intellectual disabilities, employing a quasi-experimental approach featuring pre- and post-intervention evaluations (n=50). The study, done in the United States,

indicated that involvement in inclusive sports increased social skills (e.g., teamwork, communication) and physical self-efficacy, with a statistically significant rise in social interaction ratings ($p < 0.05$). Parents said that their kids were more accepted by their peers, although there were some problems, such as the program not always being available and kids with severe ID having trouble getting to it. The study emphasises the necessity for adaptable equipment and skilled coaches to optimise inclusion, providing evidence that recreational programs can function as effective instruments for social integration.

5. Carter, E. W., Gustafson, J. R., & Mackay, M. (2019). This study examines peer-mentoring programs in educational and community contexts, emphasising its function in fostering social inclusion for children with intellectual disabilities. A randomised controlled experiment ($n=120$) showed that peer-mediated interventions, in which ordinarily developing peers were taught how to help kids with ID, led to a 22% rise in social connections and better self-reported health. Qualitative data derived from participant observations underscored the necessity of formal training for peers to facilitate meaningful interaction. The research identifies constraints in scaling attributable to resource requirements while emphasising the effectiveness of peer-based methodologies in promoting inclusive environments, especially within community contexts.

6. Novak, I., & Honan, I. (2020). This global assessment brings together information from community initiatives on five continents, with an emphasis on how families can help children with ID feel included. The study ($n=40$ programs) reveals that family-centered approaches, where parents work with program designers, make programs more effective by making sure that activities fit the requirements of the children. Results include better social skills and less stress for carers, with 70% of families saying they feel more connected to their community. But there were problems because of differences in stigma and the availability of resources, especially in areas with low incomes. The writers recommend culturally appropriate program designs and more money for family assistance. They also give a global view of solutions for making inclusion more widespread.

7. Wilson, N. J., Jaques, H., & Johnson, A. (2017). Wilson et al. created and tested the Social Inclusion Scale, which is a way to measure how socially included people with ID are. The measure had substantial reliability (Cronbach's $\alpha=0.89$) and validity in evaluating participation, relationships, and belonging, as evidenced by psychometric testing involving 300 participants, including youngsters. The research indicated that community-based initiatives markedly

enhanced scale scores, especially for youngsters involved in artistic and recreational pursuits. This study offers a comprehensive methodological framework for assessing inclusion initiatives, filling a significant void identified in previous research (Simplican et al., 2015). The authors, however, ask for long-term research to look at long-term effects.

8. Anderson, L., & Slee, R. (2021). This recent study examines the effects of inclusive arts programs (e.g., music, theatre) on children with intellectual disabilities in the United Kingdom. The authors used a mixed-methods approach (surveys, n=80; interviews, n=20) and found that arts programs helped people express themselves and feel more confident in social situations. 75% of the participants said their communication skills had improved. Qualitative findings emphasised the significance of creative outlets in mitigating stigma, as community members interacted with children's artistic expressions. There were problems with not enough money and the requirement for specialised facilitators. The study supports the incorporation of the arts into community inclusion programs, highlighting its significance in promoting emotional and social development.

Research Gap

These studies collectively illustrate that community-based programs encompassing sports, arts, and peer mentoring substantially improve social inclusion for children with intellectual disabilities by cultivating skills, relationships, and community acceptability. The social model of disability supports these results by showing that we need to deal with environmental and attitudinal impediments (Oliver, 2013). Trained facilitators, family engagement, and program designs that are easy to get to are all common enablers. On the other hand, budget limitations, stigma, and problems with scalability are all common hurdles. There are not enough long-term studies to look at long-term effects, not enough attention on rural and low-income areas, and not many standardised, scalable program models in the literature. These limitations guide the present study's emphasis on assessing various community programs and suggesting options for enduring inclusion.

Objectives of the study

1. Evaluate the impact of community-based programs (such as arts, sports, and peer mentorship) on enhancing social inclusion and self-esteem among children with intellectual impairments through mixed-methods research.
2. To find out what makes these programs work better or worse and to recommend realistic ways to build community programs that are big enough and open to everyone.

Methodology

This research utilized a mixed-methods approach to assess the effectiveness of community-based programs in fostering social inclusion for children with intellectual disabilities (ID), concentrating on a case study in Rajasthan, India, to situate the findings within a culturally and regionally pertinent context. The technique consisted of three elements: a systematic literature review, a case study examination of a community-based initiative in Rajasthan, and stakeholder data collecting to obtain varied viewpoints. The inclusion criteria emphasized studies concerning children with intellectual disabilities and community interventions, yielding 40 papers for synthesis, with a subset concentrating on Indian contexts to guide the case study design. The case study focused on a community-based rehabilitation (CBR) program in rural Rajasthan, influenced by participatory methodologies akin to Kerala's Kudumbashree model, tailored to meet local requirements in a resource-constrained area with a high incidence of disabilities attributed to environmental factors. A local non-governmental organization worked with Local Self-Government (LSG) bodies to run this program, which offered fun and skill-building activities (including art workshops and peer-support groups) for 30 kids with ID ages 6 to 14 in the Bikaner district. Data Collection of semi-structured interviews with program directors (n=8), parents (n=15), and children with intellectual disabilities where possible (n=10), examining the program's effects on social engagement, self-esteem, and community acceptability. Participants (n=35) completed surveys using the Social Inclusion Scale (Wilson et al., 2017) and a self-esteem assessment to assess changes in social participation and self-perception before and after the intervention. Descriptive Statistics and paired t-tests were used to find statistical significance ($p < 0.05$) in the quantitative data. The qualitative data were thematically coded using NVivo software to find themes including skill development, community stigma, and resource limits. An institutional review board in the area gave ethical permission, and all participants or their guardians gave informed consent. This made sure that data collecting was private and respectful of different cultures. The Rajasthan case study revealed distinctive problems, including rural accessibility and cultural misconceptions regarding disability, while providing insights for scalable, community-driven models. The mixed-methods strategy facilitated a thorough review by integrating quantifiable outcomes with stakeholder narratives; yet, constraints arise from the case study's limited scope and short-term data collection, requiring more longitudinal research to evaluate enduring implications.

Analysis and Results

Table 1: Overview of Rajasthan Community-Based Rehabilitation (CBR) Program

Aspect	Details
Program Name	Bikaner Inclusive Futures Program
Location	Bikaner District, Rajasthan, India
Target Population	30 children with intellectual disabilities (ID), aged 6–14
Program Type	Community-based rehabilitation (CBR) with inclusive arts and peer-support
Activities	Art workshops (painting, music), peer-support groups, community events
Implementers	Local NGO in collaboration with Local Self-Government (LSG) bodies
Duration	6 months (January–June 2021)
Objectives	Enhance social inclusion, self-esteem, and community acceptance
Participants	30 children with ID, 15 parents, 8 coordinators, 10 typically developing peers
Funding Source	NGO grants, local government support, community contributions

Source: Primary Data

Table 1 gives a full picture of the Bikaner Inclusive Futures Program, which is a community-based project in rural Rajasthan that aims to help 30 children with intellectual disabilities (ID) ages 6 to 14 become more socially included. The program's emphasis on inclusive arts workshops and peer-support groups exemplifies evidence-based methodologies that promote social interaction and skill enhancement (McConkey, 2020). Working with Local Self-Government (LSG) groups and a local NGO shows a participatory approach that is in line with global models like Kerala's Kudumbashree, which stress community-driven solutions (Novak & Honan, 2020). The six-month length and variety of activities (including painting, music, and community gatherings) show that this is a multi-faceted intervention that tries to meet both social and emotional needs. The small number of participants (n=30) and the fact that they only got money from a few sources make it hard to scale up, especially in rural areas where resources are limited. This table sets the stage for the study by showing how the program could improve inclusion and pointing out practical problems that will affect the results.

Table 2: Quantitative Results from Social Inclusion Scale and Self-Esteem Inventory

Metric	Pre-Intervention Mean (SD)	Post-Intervention Mean (SD)	Mean Change	p- Value
Social Inclusion Scale	45.2 (8.7)	53.4 (7.9)	+8.2 (18%)	<0.05
Self-Esteem Inventory	32.6 (6.5)	38.9 (6.1)	+6.3 (19%)	<0.01

Source: Primary Data

Table 2 shows the quantitative results of the Rajasthan CBR program, which reveal that participants (n=35) had statistically significant gains in their self-esteem and social inclusion. The Social Inclusion Scale (Wilson et al., 2017) showed an 18% mean increase (from 45.2 to 53.4, $p < 0.05$), which means that the program really did help people get more involved in their communities and interact with others. The self-esteem questionnaire also revealed a 19% improvement (from 32.6 to 38.9, $p < 0.01$), which means that things like arts and peer-support groups helped kids feel better about themselves and their abilities. These results are consistent with previous studies, like Jones and Block (2018), which illustrated the effectiveness of inclusive recreational activities in enhancing social outcomes. The statistical significance (p -values < 0.05 and < 0.01) strengthens the program's effect, but the small sample size makes it hard to apply to other situations. This table offers empirical information that substantiates the paper's primary objective assessing program effectiveness—while underscoring the need for more extensive research to validate wider applicability.

Table 3: Qualitative Themes from Stakeholder Interviews

Theme	Description	Representative Quote
Skill Development	Improved communication and creative skills through arts and peer activities	“My child learned to express herself through painting, which she never did before.”
Community Acceptance	Increased peer and community engagement, reducing stigma	“Villagers now invite my son to events; they see him as part of the community.”
Family Impact	Enhanced family dynamics and reduced caregiver stress	“Seeing my daughter happy and included has made our family life less stressful.”
Resource Constraints	Limited funding and accessibility challenges in rural settings	“We struggle with transportation and materials due to low funding.”

Source: Primary Data

Table 3 summarizes the qualitative topics that came out of a thematic analysis of interviews (n=33) with program coordinators, parents, and children in the Rajasthan case study. These themes give us a more detailed picture of how the program affected people. The subject of skill development shows that the program was successful in helping kids learn to communicate and be creative. For example, a parent said that their child was now able to express themselves through painting. This is in line with what Anderson and Slee (2020) said about how arts programs can help people express themselves better. Community acceptance signifies diminished stigma and enhanced inclusion, as villagers invite youngsters to events, thus endorsing the social model of disability's emphasis on attitudinal transformation (Oliver, 2013). The family effect theme shows that family-centered techniques can help families get along better and make carers less stressed, which supports what Novak and Honan (2020) say about the benefits of these approaches. But limited resources make it harder to deal with ongoing problems like funding and transportation issues, which make it harder for the program to serve more people. This table enhances the study's findings by incorporating stakeholder opinions, thus fulfilling the paper's second purpose of identifying facilitators and impediments.

Table 4: Barriers and Enablers to Program Implementation

Factor	Description	Impact
Enabler: Community Collaboration	Partnerships with LSG bodies and local leaders facilitated program acceptance	Increased community buy-in and participation (70% of events had local support)
Enabler: Trained Facilitators	NGO staff trained in inclusive methods enhanced program quality	Improved engagement, with 80% of children showing active participation
Barrier: Funding Shortages	Limited grants restricted program scale and resource availability	Only 30 children served, with no funds for adaptive equipment
Barrier: Rural Accessibility	Lack of transportation and infrastructure limited access for some families	25% of enrolled children faced attendance challenges due to distance

Source: Primary Data

Table 4 shows the main things that will help or hurt the Rajasthan CBR program's execution. This gives useful information for designing the program and pushing for policy changes.

Community involvement with LSG bodies facilitated program adoption, with 70% of events benefiting from local support, reflecting Bigby and Anderson (2021) on the value of community relationships. Trained facilitators improved the program's quality, and 80% of the kids were actively involved, which shows that specialized training is necessary, as Carter et al. (2019) said. On the other hand, lack of money meant that only 30 people could join the program and that adaptive equipment was hard to get, which is a common problem in rural areas (McConkey, 2020). Rural accessibility problems, with 25% of kids having trouble getting to school because of transportation, show how Rajasthan's infrastructure is different from other places. This table directly supports the paper's second goal by listing the things that help or hurt the performance of a program. This gives us a reason to suggest scalable, inclusive models and legislative changes.

Findings

This study assessed the Bikaner Inclusive Futures Program, a community-based rehabilitation effort in rural Rajasthan, India, aimed at improving social inclusion for 30 children with intellectual disability (ID) aged 6–14. Employing a mixed-methods approach, the findings integrate quantitative and qualitative data to satisfy the paper's aims of analyzing program performance and identifying enablers and impediments. Quantitative findings from surveys (n=35) employing the Social Inclusion Scale (Wilson et al., 2017) and a self-esteem questionnaire indicated substantial enhancements (Table 2). The Social Inclusion Scale exhibited an 18% mean increase (from 45.2, SD=8.7 to 53.4, SD=7.9, $p<0.05$), signifying enhanced community participation and social interactions, whereas the self-esteem inventory demonstrated a 19% improvement (from 32.6, SD=6.5 to 38.9, SD=6.1, $p<0.01$), indicating elevated confidence through activities such as arts and peer-support groups. Interviews with 33 coordinators, parents, and children revealed four themes (Table 3): skill development, with children acquiring communication and creative community acceptance, demonstrated by greater participation in local events (eg, “Villagers now invite my son to events”); family impact, characterized by decreased carer stress and enhanced family dynamics; and resource constraints, highlighting issues such as i Table 4 showed what helped and what got in the way: working together with Local Self- Seventy percent of events were funded by government agencies, and eighty percent of participants were able to actively participate thanks to qualified facilitators. However, budget problems limited the program to thirty participants, and transportation issues made it difficult for twenty-five percent of attendees to get there. results reflect the program's

success in promoting social inclusion and self-esteem, as shown by earlier study (McConkey, 2020). However, they also show that there are still problems in settings with few resources, which means that solutions can be used in many places and support from policymakers are needed.

Conclusion

The Bikaner Inclusive Futures Program in rural Rajasthan exemplifies the transformative capacity of community-based rehabilitation (CBR) efforts in promoting social inclusion for children with intellectual disabilities (ID). The study's results, which combined quantitative and qualitative data, show that the program significantly improved self-esteem (19% increase, $p < 0.01$) and social participation (18% increase on the Social Inclusion Scale, $p < 0.05$), as shown in Table 2. This was done through arts and peer-support activities (Table 1). Qualitative themes (Table 3) show that communication skills have gotten better, people in the community are more accepting, and carers are less stressed, although there are still problems with resources and getting to rural areas (Table 4). Enablers like community collaboration (70% event support) and trained facilitators (80% active participation) show how important it is to have local partnerships and skilled staff. On the other hand, barriers like lack of funding and transportation problems show how important it is to have systemic solutions (Table 4). These findings are consistent with previous studies (McConkey, 2020), confirming that effectively structured community activities enhance the capabilities of children with intellectual disabilities by promoting skills, social connections, and a sense of belonging. To make a lasting difference, we need scalable program models, more money, and changes to the law to deal with problems in rural areas and make communities more welcoming, so that children with ID can build strong futures.

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