

PUTTING THE FRAMEWORK INTO OPERATION

As ACLP implements this new Framework over the next three years, it must hold steadfast to the course that has been charted and continually measure its progress. In addition to translating the framework for staff and committees, the board of directors will use it as a basis for decision-making, ensuring ACLP meets and anticipates the critical impact our organization will continue to have.

If you have not taken a moment to review the [2025-2027 Strategic Framework](#), I invite you to read through the amazing work done by the Strategic Planning Session participants and

ACLP Board of Directors and staff. Whether you are a frontline practitioner or clinical leader, academician, aspiring professional, or partner who is a champion for child life services and emotional safety, each of you has a very important role in moving ACLP and the profession forward into this next chapter.

With appreciation for your continued support,

Alisha Saavedra, MA, CCLS

ACLP Board of Directors,
Immediate-Past President

Disabilities Should Not Determine Professional Destinations

By Kendall Malkin, MS, CCLS and Sanasdat Marashi Shooshtari, MA, SVRC, QRP

Child life professionals affirm the importance of providing inclusive family-centered care in developing therapeutic relationships. However, there is a substantial need for an increased awareness of the current barriers to the child life field for professionals with disabilities. The National Institute of Health (NIH, 2022) reports that one in four adults in the United States have at least one form of disability, whether it is apparent or invisible. According to NIH (2022), “disabilities can be associated with the mobility, vision, hearing, communication, intellect,

learning, thinking, memory, mental health, or chronic health conditions.” Disabilities can affect individuals uniquely at all life stages, whether it is congenital, permanent, progressive, temporary, or sudden (NIH, 2022). Due to the stark variety of disabilities, challenges arise for workplaces to tailor adaptations to the individual needs of professionals. Disabled individuals are marginalized and underrepresented as employed at 10.9% of the general population, but at 4.8% in the health care workplace (Bulk et al., 2018).

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Providing disability resources for those in need within the healthcare setting is a cornerstone to enhancing diversity in the child life field. This article is a call to action for child life leaders to engage in discussions and establish accommodations as a necessary tool for employees with disabilities. We believe that access to child life employment for disabled people can be better established if child life leaders understand barriers that employees may experience when requesting accommodations alongside implementation of a person-centered approach to understanding disability, engaging in and provide ongoing diversity education and training, and initiate inclusive disability discussions with employees.

Understanding Barriers to Accommodation

Individuals frequently postpone requesting accommodations until they feel that their professional responsibilities cannot be met without reasonable accommodations. For job

seekers, this could be in part due to fear that requesting accommodations could lead to hiring personnel selecting an equally, or more qualified, candidate who will need fewer resources to succeed (Rock, 2022). Employees often feel their disabilities need to be hidden to fit into the general population. The child life profession encourages self-care while meeting the needs of children and families. However, often times, it may not be considered that advocating for reasonable accommodations is a form of self-care.

Many healthcare workers find it challenging to identify resources and support networks related to attaining workplace accommodations. There is often a gap in continuity of accommodations between academic and employment sectors due to a lack of a disability resource provider in the workplace. Disability resource providers are professionals who help to navigate accommodations for individuals in need, but their knowledge and presence in the healthcare field are scarce (Moreland et al., 2022). According

to a report on disability in medicine published by the Association of American Medical Colleges (2018), the lack of a specialized disability resource provider in the health care setting is an identified barrier to establishing successful outcomes in a professional’s career. The shortcoming of knowledge about accommodations in a healthcare setting limits child life professionals’ ability to make informed decisions concerning where to accept offers and when/how to request accommodations. When candidates accept professional roles without the necessary accommodations in place, barriers arise, posing challenges for meeting occupational expectations.

Implementing a Person-Centered Approach

Child life leaders should reduce barriers to accommodation requests by recognizing and modifying approaches to various disabilities. There are two frameworks that describe varying perspectives of disability and its impact on society.

The medical model signifies that the disabilities of individuals need to be treated in order to sustain living in the current society (NIH, 2022). The medical model conveys that the person needs to be “fixed”, or meet the norms, to function in a society, placing blame on the disabled person for unavoidable needs. The social model, on the other hand, uses a person-centered approach to acknowledge that society needs to accommodate and advocate for individuals with a variety of abilities to reach their fullest potential. The social model empowers disabled individuals by addressing societal barriers that create obstacles to independence and success.

Experiences that align with either model can vary based on a disabled person’s needs. To create an inclusive employment environment, child life leaders should adopt a person-centered approach, asking individuals with disabilities themselves to share about effective ways to provide support, and considering the social model of disability as their working foundation.

Medical Model of Disability

Disease-centered approach

The individual’s condition should be treated or “fixed” to meet norms and function in society.

Kendall has cochlear implants to help her process the sounds around her and communicate by listening and speaking.

Sana is a manual and power wheelchair user with cerebral palsy. This condition should be rectified such that a manual chair (in Sana’s case) or smaller mobility aid (in other cases – e.g. crutches, walker, braces) can be used to navigate the crowded hospital environment.

Social Model of Disability

Person-centered approach

Society / the environment should be adjusted to meet the individual’s needs.

Kendall’s first language is sign language. The hospital provides sign language interpreters and captioning to accommodate her needs as a child life specialist.

A power chair works best for Sana’s physical limitations. As a child life student, the hospital arranged a virtual practicum opportunity to enable as much participation as possible.

Offering Diversity Education & Training

Without an increase of diversity, equity, and inclusion in the field, the profession's growth will be hindered. Enriching diversity in the workplace using a strengths-based approach can enhance innovation and creativity for child life teams (Carucci, 2024). First, child life leaders should be involved in fostering a culture that values diversity, which is a catalyst to an increasingly well-rounded workplace. "Truly getting to know and understand the needs of each team member will ultimately be far more effective than a blanket statement on diversity," (Carucci, 2024). When leaders model respect for differences and continuous learning about the needs of others, staff grow in open attitudes and interpersonal competencies (Groggins & Ryan, 2013). This cultivates an inclusive working and learning environment for everyone.

Second, child life leaders should recommend specific education and training on diversity, education, and inclusion. Psychosocial staff report that diversity education is key to promoting a diverse culture in the healthcare workplace (Vermeulen, 2020). A child life team's awareness of everyone's experiences, regardless of limitations, enables the potential for open-minded thinking. When patients and families see themselves reflected in those caring for them, they can build stronger rapport with the healthcare team (Rock, 2022). Team members can play an active role in supporting disabled colleagues to express needs openly (Gill, 2023). All in all, diversity education leads to improved provisions of patient and family-centered care, which correlates to optimal outcomes for the well-being of patients, families, and professionals.

Initiating Inclusive Disability Disclosures

While child life professionals serve as advocates for patients and families, employees and employers must also serve as advocates by initiating conversations about disabilities. Those who were effectively accommodated in academia may enter the workforce with more resources and capabilities to engage in discussions about

disabilities (Moreland et al., 2022). Proactivity is crucial in building successful working relationships with team members about disability-related needs. When employees have confident and trusting relationships with their leaders, they are better able to discuss their needs. Disability disclosure can lead to increased motivation for accommodated employees to fulfill and even excel in work responsibilities.



Truly getting to know and understand the needs of each team member will ultimately be far more effective than a blanket statement on diversity.



To prevent prolonging disability disclosure, hiring managers should invite open-ended discussions surrounding accessibility needs. This process may require identifying reasonable accommodations necessary to align a person's capabilities with their responsibilities. It is important to recognize effective timing and be aware of who will assist or be involved with navigating accessibility barriers. Some questions to consider when evaluating disability discussions are:

- What is the right approach to begin these discussions?
- How will providing or receiving accommodations impact job performance?
- When is the right time to inquire about or disclose potential needs for reasonable accommodations, whether in an interview, after a job offer, or already in the health care field?
- From whom do employers or employees seek support to address these questions within the workplace?

Further Considerations

The information in this article is intended to serve as a discussion starter regarding the vast and broad topic of disability inclusivity in employment. Professionals with disabilities have an abundance of knowledge and experience to share with the child life community (Gill, 2023). As a growing profession, it is the responsibility of hiring managers and accommodation seekers to ensure equitable access. If accessibility barriers remain unaddressed, the child life profession will encounter hardships in adopting a growth mindset for the career as a whole. Disability diagnostic information will evolve based on advancements in medical and other technologies, and the nature of disabilities are unique and ever-changing. The child life field should be prepared to embrace and follow these advancements for the betterment of the child life profession. This means that conversations involving accessibility should never encounter an ending point.

Disability & Accommodation Resources

Here is a non-exhaustive list of organizations that may aid in facilitating and maintaining person-centered discussions about disability diagnosis and reasonable accommodations:

- [ADA.gov: U.S. Department of Justice Civil Rights Division](#)
- [The American Deafness and Rehabilitation Association \(ADARA\)](#)
- [The American Association of People with Disabilities \(AAPD\)](#)
- [American Council of the Blind \(ACB\)](#)
- [The Arc: For People With Intellectual and Developmental Disabilities](#)
- [The Association of Medical Professionals with Hearing Loss \(AMPHL\)](#)
- [Council of State Administrators of Vocational Rehabilitation \(CSAVR\)](#)
- [Disability: IN](#)
- [Employer Assistance and Resource Network on Disability Inclusion \(EARN\)](#)
- [Invisible Disabilities Association](#)
- [Job Accommodation Network \(JAN\)](#)
- [National Association of the Deaf \(NAD\)](#)
- [National Organization on Disability \(NOD\)](#)
- [TASH: Advancing Inclusion](#)
- [U.S. Department of Labor: Office of Disability Employment Policy](#)