Premium e-Journal of Social Sciences

Premium Sosyal Bilimler E-Dergisi
Uluslararası Hakemli Dergi- International Refereed Journal
ISSN: 2687-5640

Received / Makale Geliş Tarihi 29.08.2026
Published / Yayınlanma Tarihi 31.10.2026
Volume (Issue) Cilt (Sayı) 10 (71)
pp / ss 1618-1626

Review Article / Derleme Makale
10.5281/zenodo.23838472/
Mail: editor@pejoss.com

Dr. Öğr. Üyesi Habibe Dilsiz
https://orcid.org/0000-0003-1252-6096
Kırşehir Ahi Evran Üniversitesi, Sağlık Bilimleri Fakültesi, Çocuk Gelişimi Bölümü, Kırşehir/TÜRKİYE
ROR Id: https://ror.org/05rrfpt58

Overlooked Developmental Needs in Children with Special Needs: Attachment, Play, Support During Adolescence, and Social Integration

Özel Gereksinimli Çocuklarda Gözden Kaçan Gelişimsel Gereksinimler: Bağlanma, Oyun, Ergenlik Döneminde Destek ve Sosyal Yaşama Entegrasyon

ABSTRACT

Diagnosis, functional difficulties, and skill acquisition occupy an important place in health, education, developmental support, and rehabilitation services for children with special needs. However, children's needs to form relationships and interact with others, play, prepare for adolescence, and take part in social life are also fundamental components of care. Nevertheless, in the case of children with special needs, these developmental needs are observed to receive insufficient attention and to remain in the background during assessment and support. Drawing on the author's field experience, this narrative review addresses the marginalization of attachment, play, support during adolescence, and social integration in approaches that focus on children's diagnoses and limitations. Its aim is to evaluate evidence across these four insufficiently recognized areas together and develop recommendations to prevent a diagnosis-focused approach from overshadowing these needs. Selected systematic reviews, conceptual studies, professional guidelines, and international human rights instruments were examined together.Findings on attachment indicate that an autism diagnosis does not preclude secure attachment; intervention research in intellectual disability, meanwhile, shows important methodological limitations despite promising results.Evidence on play highlights the importance of accessible and meaningful play opportunities alongside its therapeutic use.Support during adolescence should encompass bodily changes, self-care, privacy, support for interpersonal relationships, and appropriate sexuality education. Social integration should not be assessed solely through physical presence in a setting; belonging, reciprocity, the ability to make choices in decision-making, and environmental barriers also require consideration. Labeling and low expectations are discussed as shared problems that may affect all four areas. Findings from different special needs groups should not be generalized to one another. Making developmental needs visible during routine follow-up, eliciting children's views through accessible means, supporting families, and promoting collaboration among teams that include child development specialists are recommended. The integrative framework presented is a proposal for practice whose effectiveness requires further investigation.
Keywords: Children with special needs, attachment, play, adolescence, social integration.

ÖZET

Özel gereksinimli çocukların sağlık, eğitim, gelişimsel destek ve rehabilitasyon hizmetlerinde tanı, işlevsel güçlükler ve beceri kazanımı önemli yer tutmaktadır. Bununla birlikte çocuğun diğer bireylerle ilişki ve etkileşim kurma, oyun oynama, ergenlik dönemine hazırlanma ve sosyal yaşamda yer alma gereksinimleri de bakımın temel bileşenleridir. Ancak özel gereksinimli çocuklar söz konusu olduğunda, bu gelişimsel gereksinimlere yeterince önem verilmediği ve bu alanların değerlendirme ve destek sürecinde geri planda kaldığı gözlenmektedir. Bu anlatısal derleme, yazarın saha deneyimlerinden hareketle hazırlanmıştır ve özel gereksinimli çocukların tanı ve yetersizliklerine odaklanan yaklaşımlarda bağlanma, oyun, ergenlik döneminde destek ve sosyal yaşama entegrasyon gereksinimlerinin geri planda kalması sorununu ele almaktadır. Bu derlemenin amacı, önemi yeterince fark edilmemiş olan bu dört alandaki kanıtları birlikte değerlendirmek ve özel gereksinimli çocuğa dair tanı odaklı yaklaşımın bu gereksinimleri gölgelemesini önlemeye yönelik öneriler geliştirmektir. Çalışma kapsamında seçilmiş sistematik derlemeler, kavramsal çalışmalar, mesleki rehberler ve uluslararası insan hakları belgeleri birlikte incelenmiştir. Bağlanmaya ilişkin bulgular, otizm tanısının güvenli bağlanma geliştirmeye engel olmadığını; zihinsel yetersizlik alanındaki müdahale araştırmaları ise umut verici sonuçlara rağmen önemli yöntemsel sınırlılıklar bulunduğunu göstermektedir. Oyunla ilgili kanıtlar, terapötik kullanımın yanında erişilebilir ve anlamlı oyun fırsatlarının önemini ortaya koymaktadır. Ergenlik dönemindeki destek; bedensel değişimler, öz bakım, mahremiyet, kişilerarası ilişkilerin desteklenmesi ve uygun cinsel eğitimi kapsamalıdır. Sosyal yaşama entegrasyon yalnızca fiziksel olarak bir ortamda bulunmakla değerlendirilmemeli; aidiyet, karşılıklılık, karar verme sürecinde seçim yapabilme ve çevresel engeller de dikkate alınmalıdır. Etiketlenme ve düşük beklentiler bütün alanları etkileyebilen ortak sorunlar olarak tartışılmıştır. Farklı özel gereksinim gruplarına ait sonuçlar birbirine genellenmemelidir. Gelişimsel gereksinimlerin rutin izlemde görünür kılınması, çocuğun görüşünün erişilebilir yollarla alınması, ailelerin desteklenmesi ve çocuk gelişimcilerin de yer aldığı ekipler arasında iş birliği önerilmektedir. Sunulan bütünleştirici çerçeve, etkililiği ayrıca araştırılması gereken bir uygulama önerisidir.
Anahtar Kelimeler: Özel gereksinimli çocuklar, bağlanma, oyun, ergenlik, sosyal yaşama entegrasyon.

1. INTRODUCTION

Assessing the development of a child with special needs requires an approach that extends beyond listing the child's diagnosis and the skills they cannot perform. Functioning should be considered through the reciprocal interaction between the child's characteristics and the environment in which they live. The World Health Organization's International Classification of Functioning, Disability and Health (ICF) includes activities, participation, and environmental factors in its assessment framework alongside body functions and structures (World Health Organization [WHO], 2001). This perspective makes it possible to address children's everyday lives without limiting the success of health services to symptom reduction or skill improvement.

The global report by the United Nations Children's Fund (2021) demonstrates that children with disabilities may face inequalities in education, protection, and social life and that their perspectives need to be made visible in decision-making. These inequalities suggest that developmental needs cannot be reduced to individual capacity alone. Limited opportunities for a child to form relationships or experience play should not be explained solely by their diagnosis; the opportunities and support available to the child should also be examined.

In this review, “children with special needs” is used as a broad working term encompassing children who require individualized support because of developmental, intellectual, sensory, physical, or multiple characteristics. The term does not denote a single diagnostic group or a homogeneous developmental profile. Adolescence is included within the scope of childhood. Where studies also include young adults or adults, this is explicitly noted when interpreting the findings. A finding concerning autism, for example, is not directly generalized to children with visual impairment alone.

Drawing on the author's field experience, this review takes as its starting point the risk that attachment, play, support during adolescence, and social integration may be excluded from assessment and support when a child's diagnostic and treatment needs take precedence and attention focuses on limitations rather than abilities. The term “overlooked” in the title does not constitute a measured prevalence claim that these four areas are entirely neglected. Research on play and social inclusion, together with professional guidance on adolescence, indicates gaps in meeting these needs (Abungin et al., 2026; Houtrow et al., 2021; Woodgate et al., 2020). The review aims to discuss the evidence on these four developmental needs together and offer practical recommendations for integrating them into assessment, support, and follow-up.

2. METHODS

This narrative review examined publications on attachment, play, support during adolescence, and social integration, considering clinical practice and social life together. The literature was located through bibliographic records in PubMed, publishers' websites, accessible full texts, university publication records, and documents issued by international organizations. Searches used the terms “children with disabilities,” “special needs,” “attachment,” “play,” “adolescence,” “puberty,” “sexuality education,” “social inclusion,” “social integration,” “participation,” “stigma,” and “diagnostic overshadowing,” together with their Turkish equivalents. Publication selection considered relevance to the four areas, clarity of sample characteristics, comprehensibility of methods, and the basis for clinical implications. The included publications spanned 2001–2026. The literature search was completed on August 12, 2026, and bibliographic verification and further consultation of the selected sources continued after this date.

In interpreting the sources, findings from systematic reviews, recommendations from professional guidelines, and rights defined in international human rights instruments were considered according to their respective nature. For publications whose full texts were unavailable, only information verifiable in their abstracts and bibliographic records was reported. Differences in age groups, diagnoses, sample characteristics, and measurement methods were considered when assessing the findings. Theoretical explanations were distinguished from research findings on intervention effectiveness. Table 1 presents the scope of selected sources and the limits observed in interpreting their findings.

3. THE NEED FOR ATTACHMENT

3.1. Assessing Relationships Independently of Diagnosis

Attachment provides a framework for understanding how children seek proximity and safety with a caregiver during stress or uncertainty and explore their environment from the basis of a secure relationship. Although everyday usage may equate attachment with affection, constant physical closeness, or dependency, these concepts are not identical. Research in intellectual disability highlights sensitivity in caregiving relationships and their capacity to support emotional regulation; completing caregiving tasks alone does not explain the quality of the relationship (Schuengel et al., 2010).

The systematic review of attachment in autism spectrum disorder by Teague et al. (2017) indicates that autistic children can develop selective and secure attachment relationships. However, the behavioral expression of attachment, the assessment method, and the child's developmental characteristics are important for interpretation. This finding does not support dismissing attachment capacity on the basis of an autism diagnosis. Similarly, an individual child's attachment pattern cannot be determined solely from their diagnosis.

On this basis, the review recommends that clinical interviews explore whom the child turns to when distressed, which approaches provide comfort, and how the caregiver understands the child's signals. Eye contact, verbal expression, or hugging should not be used alone as indicators of attachment security. Sensory and motor characteristics and alternative means of communication should be included in assessment. These recommendations aim to prevent broad judgments about relationships from being drawn from a single behavior; they do not constitute a standardized attachment diagnostic protocol.

3.2. Support That Avoids Blaming Families and Considers Continuity of Care

The systematic review by Ramsden et al. (2025) of attachment interventions for people with intellectual disability and their caregivers includes 13 studies reported in 15 publications. Results for approaches such as education, psychotherapy, and video feedback are promising, but samples, methods, and outcome measures vary, and generalizability is limited. Because the studies cover different stages of life, their findings cannot be interpreted as applying exclusively to children or to all special needs groups.

Supporting caregivers' sensitive responses should not imply holding families responsible for children's difficulties. This review recommends offering families opportunities to interpret children's communication signals together, asking about changes in caregivers and prolonged separations, and collaborating with appropriate mental health or developmental services when needed. Supporting relationships does not mean recommending therapy of the same intensity for every family or explaining autism through parental attitudes. Diagnosis should not replace attachment assessment, nor should the family be viewed as the sole explanatory variable.

4. THE NEED FOR PLAY

4.1. Viewing Play Beyond Its Use as A Tool for Teaching Skills

Play provides space for exploration, enjoyment, interaction, and experimentation. The American Academy of Pediatrics report emphasizes the role of play in early childhood development and interaction with caregivers (Yogman et al., 2018). However, this report on general child development is not an intervention study demonstrating that every play approach produces the same effect across all special needs groups. Discussion of play in children with special needs should encompass both children's everyday play experiences and the distinct evidence base for play-based interventions.

In the systematic review of 22 publications by Carrington et al. (2024), play-based interventions and outcome measures varied substantially. This heterogeneity limited a reliable pooled estimate of effectiveness. The concentration of outcome measures on body functions and structures highlights the need to assess play as a meaningful activity and a dimension of social participation. Accordingly, the proposition that “play is important” should be distinguished from the claim that “a particular play intervention improves a particular outcome.”

This review recommends observing not only whether children follow instructions during play but also their choices, enjoyable experiences, initiation of interaction, and willingness to continue playing. The form of play may vary because of motor, sensory, or communication differences. Using a toy in an unconventional way does not, by itself, mean that the child has no need for play. Assessment should consider children's interests alongside the materials available to them; play opportunities should not be reduced to performance goals set by adults.

4.2. Accessible Play Environments and Shared Experiences With Peers

The systematic review of nine studies on accessible playgrounds by Gately et al. (2023) indicates that describing a space as “accessible” does not guarantee play or social interaction. Being able to enter a space physically is not equivalent to joining the same activity as peers. Assessment of play environments should therefore consider transportation, the usability of materials, and opportunities for social interaction together.

The umbrella review by Abungin et al. (2026), synthesizing 18 reviews, reports that active play is shaped by interpersonal, institutional, community, and policy factors alongside individual characteristics. Given the broad age ranges and needs groups included, these findings do not imply that every child encounters identical barriers. They support the view that play opportunities should not be attributed solely to children's skills or willingness.

For practice, it is recommended that families be asked what, with whom, where, and with what support the child can play, rather than only “Does the child play at home?” Adaptations should be planned separately for hospital, school, and community settings. Using play to prepare for medical procedures may be valuable, but this function should not replace opportunities for leisure and enjoyment. Play support should also preserve children's opportunities to rest, refuse, and change their preferences.

5. THE NEED FOR SUPPORT DURING ADOLESCENCE

5.1. Recognizing Bodily Changes and Information Needs

Adolescence is a period of bodily, emotional, and social change in the transition from childhood to adulthood; puberty refers to the biological maturation component of that transition. Having special needs does not mean that pubertal changes will not occur. However, their onset and progression may vary with the underlying condition, nutrition, and hormonal characteristics. Houtrow et al. (2021) emphasize that sexual development and preparation for puberty should be addressed within clinical care for children and young people with disabilities.

The approach adopted in this article considers chronological age, physical development, communication, and level of understanding together. Developmental difficulties in one area do not justify interpreting an adolescent's entire experience through the needs of a younger child. Information should be accessible while age-appropriate privacy and social expectations are maintained. Interviews may explore how bodily changes are understood, which aspects of self-care require support, and whom adolescents can ask questions. Preparation should not be planned as an intervention that begins only after a behavioral difficulty arises.

5.2. Self-Care, Menstrual Health, and Involvement in Decision-Making

The clinical report prepared by Quint and O’Brien (2016) with the relevant professional organizations states that menstrual support for adolescents with physical or intellectual disabilities extends beyond hygiene to independence, pain, bleeding patterns, and daily life. Menstrual management options have medical, social, and ethical dimensions. Support needs should therefore be assessed through adolescents' experiences and health status rather than reduced to caregivers' workload.

This review does not propose a medication or hormonal treatment protocol. For practice, it recommends identifying how adolescents express pain and discomfort, coordinating self-care support at school and home, and ensuring access to assessment by an appropriate physician when necessary. Needing assistance is not equivalent to being excluded from decision-making. Although support levels vary, adolescents' preferences should be included in discussions through understandable explanations and appropriate communication tools. Difficulties related to menstruation, pubertal changes, or self-care should be assessed separately rather than automatically attributed to an existing diagnosis.

5.3. Privacy, Support for Interpersonal Relationships, and Appropriate Sexuality Education

The systematic review by Brown et al. (2020) examines the design, content, and delivery of interpersonal relationship and sexuality education programs developed for individuals with intellectual disabilities. This literature, encompassing children, young people, and adults, does not support directly applying a single program across all ages and levels of need. Education requires more than conveying information: it calls for support that individuals can understand, put into practice, and use in everyday life.

Clinical guidance during adolescence should address knowledge of the body, distinctions between private and public spaces, relationships, personal boundaries, and safety needs (Houtrow et al., 2021). The corresponding practice recommendations in this review are to facilitate adolescents' questions through visual or alternative communication support, protect privacy during care, and develop an age-appropriate education plan with the family. Disregarding the need for closeness or defining adolescents solely in terms of risk narrows the scope of support. Education and safety assessment should strengthen children's right to express themselves.

6. SOCIAL INTEGRATION AND LABELING

6.1. From Being Present to Belonging

In this review, social integration refers not simply to children's adaptation to existing settings but to their involvement in social life through relationships, accessibility, reciprocity, and belonging. The concepts of “social inclusion,” “participation,” and “social integration” in the literature are not treated as entirely synonymous. Integration provides the article's broad framework, while research findings are described through the inclusion or participation dimensions measured in the studies.

The conceptual framework of Imms et al. (2017) distinguishes attendance at an activity from the experience of involvement in it. Attending school, visiting a park, or belonging to a club does not, by itself, show that a child forms relationships, makes choices, or feels a sense of belonging. The review of 45 studies by Woodgate et al. (2020) also reports persistent experiences of loneliness, exclusion, and bullying from children's own perspectives. In assessing social life, children's experiences matter alongside adults' observations that they are “present.”

The scoping review by Anaby et al. (2013) identifies facilitators such as family and friend support, alongside barriers related to attitudes, transportation, the physical environment, and service arrangements. The predominance of evidence on physical disability limits its uniform generalization across all groups. The implication for clinical practice is that children's difficulties in social life should not be explained solely as a lack of social skills; the environment should also be assessed.

6.2. Labeling, Low Expectations, and Diagnostic Overshadowing

The role of diagnosis in access to appropriate services and support planning should be distinguished from the effects of labeling. This article considers labeling in terms of the risk of interpreting all of a child's characteristics through their diagnosis and narrowing expectations of what the child can do. Scior's (2011) systematic review of public attitudes and beliefs concerning intellectual disability demonstrates the relationship between attitudes and social inclusion and the methodological limitations of existing research. This evidence does not imply that the same attitudes occur with the same frequency across all special needs groups.

Diagnostic overshadowing is a more specific concept. In the systematic review by Dell’Armo and Tassé (2024), it is considered as the misattribution of symptoms of a psychological disorder to an existing diagnosis of intellectual disability. The absence of overshadowing in approximately one-third of the 25 studies reviewed, together with the low quality of the evidence, indicates that it should not be assumed to occur in every assessment. This article discusses the displacement of developmental needs by diagnosis as a broader issue of clinical attention that is related to, but distinct from, diagnostic overshadowing.

Following this distinction, the recommended approach is not to remove diagnoses from records but to document children's interests, ways of communicating and interacting, social relationships, and preferences and opportunities in decision-making alongside them. For example, rather than simply describing a child with no play opportunities as having “poor play skills,” or attributing all an adolescent's questions to their diagnosis, practitioners should investigate which supports are missing. Addressing labeling should be viewed as a service development goal that requires changes in opportunities, expectations, and decision-making as well as word choice.

7. DISCUSSION

The central argument of this review is that special needs do not eliminate children's needs to form relationships, experience play, receive support during adolescence, and find a place in social life. Shared needs do not mean that all children follow the same developmental pathway or benefit from the same intervention. Clinical approaches should therefore assess both diagnosis-specific characteristics and everyday experiences that the diagnosis does not explain. The integration proposed in this article is not intended to reduce diverse needs to a single treatment model.

Table 1. Scope of Evidence and Limits of Interpretation in Selected Sources

Source and Scope	Main Contribution	Limits of Interpretation
Teague et al. (2017): Attachment in autism; 40 publications	Secure attachment relationships can develop.	Findings on autism cannot be generalized to all special needs groups.
Ramsden et al. (2025): Attachment interventions in intellectual disability; 13 studies	Promising but variable evidence for interventions.	Samples span the lifespan; generalizability is limited.
Carrington et al. (2024): Play interventions; 22 publications	Outcome measures and interventions are heterogeneous.	A single pooled effect estimate cannot be derived.
Gately et al. (2023): Accessible playgrounds; 9 studies	The accessibility label does not guarantee play and social experiences.	Context-specific studies with differing designs.
Houtrow et al. (2021): Clinical report on sexual development in children and young people	Preparation for puberty, education, and privacy are part of care.	A guideline recommendation is not an intervention effect estimate.
Woodgate et al. (2020): Social inclusion; 45 studies	Belonging and exclusion matter from children's perspectives.	Participation, inclusion, and integration are not identical constructs.
Dell'Armo and Tassé (2024): Diagnostic overshadowing in intellectual disability; 25 studies	Overshadowing should be considered without overstating its prevalence.	Evidence quality is low; findings do not represent all clinical encounters.

Source: Prepared by the author based on the publications listed. Study counts in the rows refer to different bodies of evidence and should not be added together.

The connections among the four areas explain why services should be considered together. Play may provide opportunities to observe interactions between children and caregivers, but a single observation during play does not replace attachment classification. Shared experiences with peers are an intersection between play and social integration. The increasing needs for privacy, closeness, and interpersonal relationships during adolescence should be addressed in the contexts of both family relationships and social life. These connections constitute the conceptual synthesis of this review; they are not presented as a validated unidirectional causal model linking the four areas.

The clinical relevance of the title's emphasis on neglect lies in the possibility that children's needs may not automatically be included in service plans. However, not all the research reviewed measures clinicians' behavior; some studies examine families, environmental conditions, or educational settings. The findings should therefore not be converted into a narrative that assigns responsibility solely to health professionals. Solutions should likewise extend beyond assigning families additional tasks to encompass the opportunities provided by institutions and community settings.

International human rights instruments and intervention research answer different questions. The United Nations Convention on the Rights of Persons with Disabilities provides a normative framework for children with disabilities to express their views and have equal access to play and recreation (United Nations, 2006, arts. 7 and 30). Demonstrating the effectiveness of a particular therapy program is not a prerequisite for recognizing these rights. Conversely, claiming that a program improves particular outcomes requires appropriate research evidence. Clinical recommendations should be developed without conflating these two levels.

7.1. Holistic Follow-Up and Interprofessional Collaboration

Including the four areas in follow-up should not mean administering a lengthy test battery at every encounter. This review recommends introducing brief questions about children's relationships that provide security, play opportunities, age-appropriate support during adolescence, and social experiences into routine interviews. When needs are identified, detailed assessment and referral should follow. Teams should clarify which professional assesses each area, how findings will be shared, and who will continue follow-up.

Child development specialists' roles in developmental assessment, family guidance, and coordination with other specialists are also discussed within the context of a transdisciplinary approach in the health sciences (Tercan & Yıldız Bıçakçı, 2016). This review recommends collaboration among child development specialists, relevant physicians, psychologists, nurses, occupational therapists, physiotherapists, speech and language therapists, special education professionals, and social workers according to children's needs. It should not be assumed that every profession is required for every child. Shared plans should incorporate family and child priorities, and task allocation should be consistent with professional competence and institutional resources. What matters is adopting an approach centered on children and families and based on collaboration with other professionals involved in children's everyday lives.

7.2. Limitations and Research Needs

Narrative selection, reliance on accessible publications, and the combined consideration of four broad topics are the principal limitations of this review. Attachment evidence is concentrated particularly in autism and intellectual disability, whereas research on environmental influences on participation is concentrated in physical disability. Because some publications include age groups beyond childhood and the same primary studies may appear in different reviews, their findings were not pooled as independent bodies of evidence. International human rights instruments, conceptual frameworks, and observational findings were not used as substitutes for evidence of intervention effectiveness.

Studies examining the extent to which these four areas are assessed in health and education services are needed in Türkiye and other cultural contexts. Future research should include children's own experiences through accessible methods rather than relying exclusively on caregiver reports. The proposed follow-up approach could be evaluated through needs identification, access to referral, child and family experiences, and opportunities for meaningful play and social life. Using these criteria together is a proposed research direction; a validated composite scale is not being proposed.

8. CONCLUSION AND RECOMMENDATIONS

Developmental assessment of children with special needs should encompass attachment relationships, play experiences, support needs during adolescence, and social integration alongside diagnosis and skill levels. The evidence reviewed supports the importance of these areas while showing substantial differences between groups and limitations in intervention research. Practitioners should therefore avoid both disregarding children's needs and attributing identical needs and interventions to all children on the basis of diagnosis.

In clinical and educational practice, these four areas should be explicitly documented in initial assessment and follow-up records. Children's sources of support during distress, accessible play opportunities, age-appropriate physical and psychosocial preparation, and peer relationships should be natural components of interviews. Children's views and preferences should be elicited using nonverbal means of communication as well. Labeling and low expectations should be considered shared issues to be examined across all four areas.

Strengthening teamwork in health and education institutions that includes child development specialists, supports families, and is organized around children's needs is recommended. Recommendations to families should be supported by accessible services, appropriate materials, and arrangements in schools and communities. The framework presented is a proposal to broaden the scope of diagnosis-focused care; the claim that addressing the four areas together improves outcomes requires further testing through prospective research.

AI Disclosure: During the preparation of this manuscript, the author utilized an artificial intelligence tool for English language editing, grammar correction, and improving stylistic clarity.

REFERENCES

Abungin, L., Saravanan, S., Carbone, M., Kasper, K., Leo, J., Millar, C., Arbour-Nicitopoulos, K. P., Ross, T., Ross-White, A., Tregubov, A., & Lee, E.-Y. (2026). An umbrella review of barriers, facilitators, and interventions for children and youth with disabilities. *Health Promotion International, 41*(1), Article daaf237. https://doi.org/10.1093/heapro/daaf237

Anaby, D., Hand, C., Bradley, L., DiRezze, B., Forhan, M., DiGiacomo, A., & Law, M. (2013). The effect of the environment on participation of children and youth with disabilities: A scoping review. *Disability and Rehabilitation, 35*(19), 1589–1598. https://doi.org/10.3109/09638288.2012.748840

Brown, M., McCann, E., Truesdale, M., Linden, M., & Marsh, L. (2020). The design, content and delivery of relationship and sexuality education programmes for people with intellectual disabilities: A systematic review of the international evidence. *International Journal of Environmental Research and Public Health, 17*(20), Article 7568. https://doi.org/10.3390/ijerph17207568

Carrington, L., Hale, L., Freeman, C., Smith, D., & Perry, M. (2024). The effectiveness of play as an intervention using International Classification of Functioning outcome measures for children with disabilities – a systematic review and meta-synthesis. *Disability and Rehabilitation, 46*(17), 3827–3848. https://doi.org/10.1080/09638288.2023.2259305

Dell'Armo, K., & Tassé, M. J. (2024). Diagnostic overshadowing of psychological disorders in people with intellectual disability: A systematic review. *American Journal on Intellectual and Developmental Disabilities, 129*(2), 116–134. https://doi.org/10.1352/1944-7558-129.2.116

Gately, K. A., Zawadzki, A. H., Mosley, A. M., Badua, A. K., Swanberg, J. E., & Rosenthal, S. R. (2023). Occupational injustice and the right to play: A systematic review of accessible playgrounds for children with disabilities. *The American Journal of Occupational Therapy, 77*(2), Article 7702205040. https://doi.org/10.5014/ajot.2023.050035

Houtrow, A., Elias, E. R., Davis, B. E., & Council on Children With Disabilities. (2021). Promoting healthy sexuality for children and adolescents with disabilities. *Pediatrics, 148*(1), Article e2021052043. https://doi.org/10.1542/peds.2021-052043

Imms, C., Granlund, M., Wilson, P. H., Steenbergen, B., Rosenbaum, P. L., & Gordon, A. M. (2017). Participation, both a means and an end: A conceptual analysis of processes and outcomes in childhood disability. *Developmental Medicine & Child Neurology, 59*(1), 16–25. https://doi.org/10.1111/dmcn.13237

Quint, E. H., O'Brien, R. F., Committee on Adolescence, & North American Society for Pediatric and Adolescent Gynecology. (2016). Menstrual management for adolescents with disabilities. *Pediatrics, 138*(1), Article e20160295. https://doi.org/10.1542/peds.2016-0295

Ramsden, R., Reeves, E., Whitwell, E., Lane, N., & Fletcher, H. K. (2025). A systematic review of attachment interventions for people with intellectual disability and their caregivers. *Journal of Intellectual Disabilities, 29*(2), 469–499. https://doi.org/10.1177/17446295241289734

Schuengel, C., Kef, S., Damen, S., & Worm, M. (2010). 'People who need people': Attachment and professional caregiving. *Journal of Intellectual Disability Research, 54*(Suppl. 1), 38–47. https://doi.org/10.1111/j.1365-2788.2009.01236.x

Scior, K. (2011). Public awareness, attitudes and beliefs regarding intellectual disability: A systematic review. *Research in Developmental Disabilities, 32*(6), 2164–2182. https://doi.org/10.1016/j.ridd.2011.07.005

Teague, S. J., Gray, K. M., Tonge, B. J., & Newman, L. K. (2017). Attachment in children with autism spectrum disorder: A systematic review. *Research in Autism Spectrum Disorders, 35*, 35–50. https://doi.org/10.1016/j.rasd.2016.12.002

Tercan, H., & Yıldız Bıçakçı, M. (2016). Sağlık bilimlerinde transdisipliner yaklaşım içerisinde çocuk gelişimcinin rolü. *Hacettepe Üniversitesi Sağlık Bilimleri Fakültesi Dergisi, 3*(Suppl. 1), 157–168. https://dergipark.org.tr/tr/pub/husbfd/article/300892

United Nations. (2006). *Convention on the rights of persons with disabilities*. https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf

United Nations Children's Fund. (2021). *Seen, counted, included: Using data to shed light on the well-being of children with disabilities*. https://data.unicef.org/resources/children-with-disabilities-report-2021/

Woodgate, R. L., Gonzalez, M., Demczuk, L., Snow, W. M., Barriage, S., & Kirk, S. (2020). How do peers promote social inclusion of children with disabilities? A mixed-methods systematic review. *Disability and Rehabilitation, 42*(18), 2553–2579. https://doi.org/10.1080/09638288.2018.1561955

World Health Organization. (2001). *International classification of functioning, disability and health: ICF*. https://iris.who.int/handle/10665/42407

Yogman, M., Garner, A., Hutchinson, J., Hirsh-Pasek, K., Golinkoff, R. M., Committee on Psychosocial Aspects of Child and Family Health, & Council on Communications and Media. (2018). The power of play: A pediatric role in enhancing development in young children. *Pediatrics, 142*(3), Article e20182058. https://doi.org/10.1542/peds.2018-2058