Barriers to the Inclusion of Volunteers with Developmental Disabilities

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Article:

Being a volunteer is an important way for individual community members to be active and vital contributors within the community, to feel connected, and to he viewed as an asset to one's community. With over 56% of Americans volunteering (Independent Sector, 1999), it is evident that many of our citizens have realized the dual nature of volunteerism—while helping others and giving of oneself to meet the needs of fellow community members, one can also reap significant personal benefits. Research has indicated that volunteers benefit psychosocially in such ways as increased self-esteem, attitudinal changes, a sense of accomplishment, improved self-concept, reduced alienation, increased feelings of helpfulness, and a greater sense of social responsibility (Finn & Checkoway, 1998; Hamilton & Fenzel, 1988; Johnson, Beebe, Mortimer, & Snyder, 1998; Moore & Allen, 1996; Omoto & Snyder, 1990; Omoto, Snyder, & Berghuis, 1992).

IS EVERYONE BENEFITING?

Not everyone is reaping the personal benefits associated with volunteering. Despite the abundance of data gathered on the prevalence of volunteerism in the United States, little information has been gathered on volunteers with disabilities. To our knowledge, only two studies exist—a regional study conducted in Canada and a local study in North Carolina.

Graff and Vedell (2000) sampled organizations in the Waterloo Region of Ontario, Canada and found that 85% of the respondents had involved people with disabilities as volunteers within the past year. A similar study was conducted in Greensboro, North Carolina of organizations within the city that utilize volunteers (Phoenix, 2000). Only 2.4% of the volunteers in these agencies had an identified disability. Considering the fact that 19% of the U.S. population has some form of disability (Krause, Stoddard, & Gilmartin, 1996), a substantial disparity exists between the number of people with disabilities volunteering and those that could potentially be volunteering.

PURPOSE OF THE STUDY

The purpose of this study was to explore the barriers that volunteer coordinators perceive to including volunteers with disabilities into their current volunteer ranks. Since individuals with developmental disabilities/mental retardation (DD/MR) are often excluded from community activities (Schleien, Ray, & Green, 1997), a focus was placed on them (e.g., autism, cerebral palsy, and mental retardation). Specifically, the following questions were addressed:

- What is the prevalence of volunteers with DD/MR within organized volunteer programs in the United States?

- What are the barriers that volunteer coordinators perceive to including volunteers with DD/MR into their volunteer forces?

- What are the benefits that volunteer coordinators perceive to including volunteers with DD/MR? Do these perceived benefits outweigh the barriers?

- What assistance is needed for volunteer coordinators to make their programs more diverse?

METHODS

A stratified (by state) random sampling of 500 subjects from the United States was drawn from the year 2000 member base of the Association for Volunteer Administration (AVA). The 500 randomly selected members were sent a cover letter and survey to be self-administered, along with a self-addressed, stamped, return envelope. Using Dillman's (2000) technique for mailed surveys, a reminder card was sent to subjects who had not yet responded 10 days following the original mailing.

A 34-item survey instrument was designed for the purpose of this study. Professionals with expertise in the fields of volunteerism, disability, and/or research methodology reviewed the instrument to establish its content and face validities. Furthermore, the survey instrument was field-tested in Greensboro, NC with 27 volunteer administrators.

RESULTS AND IMPLICATIONS

Of the 500 surveys mailed, 228 (45.6%) were returned. Two hundred fourteen (42.8%) surveys were usable, closely representing the overall U.S. membership base of the AVA. Respondents were distributed across 14 agency mission statements. Seven of the mission statements ranked substantially higher than the others. These included social services (18.8%), public service (16.9%), health (15.9%), education (10.1%), environment (7.2%), seniors (7.2%), and youth development (6.8%). Other agency mission statements included arts and culture (4.3%), community development (3.9%), sports and recreation (2.9%), community of faith (1.9%), fundraising (0.5%), and international development (0.5%). Only 2.9% of the respondents identified their agency's mission as being disability related.

Prevalence of Volunteers with Disabilities

Volunteers with disabilities represented only 5.7% of the overall volunteer pools. Only 1.1°/o of all the volunteers were developmentally disabled. Seventy-seven percent of the volunteer coordinators managed volunteers with disabilities and 45% managed volunteers with DD/MR.

Barriers

Perceived barriers that interfered with the inclusion of volunteers with DD/MR were identified (i.e., strongly agreed or agreed) at the following rates: staffing (i.e., lack staff necessary to supervise; staff lack necessary training), 66%; lack transportation, 56%; barriers of omission (i.e., never asked to volunteer; never thought to recruit; unsure how to recruit), 39%; cost (i.e., not cost effective; cost of additional equipment/resources; liability) 33%; skill deficit (i.e., job responsibilities too complex; individuals with DD/MR lack necessary skills), 32%; attitudinal (i.e., public would not be accepting; clientele not comfortable; other volunteers not comfortable; staff uncomfortable; administrators not supportive), 24%; and physical accessibility, 18%.

Surprisingly, attitudinal barriers ranked next to last in importance. Barriers of omission, however, were the third highest ranked barrier. Barriers of omission, although not necessarily a reflection of outwardly negative attitudes, are a reflection of society's failure to recognize the abilities and needs of individuals with disabilities (Schleien, Ray, & Green, 1997). These results suggest that volunteer coordinators would probably have positive attitudes toward volunteers with disabilities, although, they probably have not been exposed to the possibilities. Therefore, promoting people with disabilities as viable volunteers may be an important strategy.

In fact, volunteer coordinators who managed volunteers with disabilities were less likely to perceive barriers of omission or liability as significant concerns. Coordinators who utilized volunteers with DD/MR were less likely to identify attitudinal, staffing, cost, or skill deficit barriers. Whether these volunteer coordinators perceived fewer barriers, and therefore were able to include more volunteers with disabilities, or they included volunteers with disabilities and later discovered that they experienced far fewer barriers than they perceived, is yet to be determined.

Benefits

Eighty-one percent of the volunteer coordinators believed their agencies would benefit from the inclusion of volunteers with DD/MR. In fact, nearly two-thirds (62%) of the coordinators perceived the benefits to inclusive volunteering to outweigh the barriers. Coordinators who managed a greater number of volunteers with DD/MR were more likely to agree with this.

Further substantiating this result are the respondents' levels of interest in coordinating volunteers with DD/MR in their agencies in the future. Eighty-one percent of the respondents stated that they were interested in having volunteers with disabilities serve in their agencies in the future, 70% were interested in volunteers with DD/MR specifically.

Desire for Training

Only 26% of the respondents were not interested in receiving training on how to include volunteers with developmental disabilities. The remainder were either "interested" (32%) or "interested, but lacked the time or resources" (42%). Volunteer coordinators identified specific types of training that they needed: assessing individuals with disabilities (52%), identification of barriers and strategies for overcoming them (41%), disability awareness (38%), matching with volunteers without disabilities (35%), adapting volunteer tasks (32%), recruiting individuals with disabilities (30%), and breaking volunteer tasks into smaller steps (29%). Fifteen percent of the respondents were uncertain about the specific types of training that would be helpful. The desire for training was consistent with their belief that staff lacks training (highest barrier at 66%). The fact that they identified lack of staff training as a barrier does not necessarily imply their interest in receiving training. Therefore, their expressed interest in receiving staff training was encouraging.

LIMITATIONS

The findings of this study are limited to volunteer coordinators within the United States. The possibility that volunteer coordinators who are members of the AVA are not representative of all volunteer coordinators must also be considered when interpreting these findings. Also, the results may not be representative of small nonprofit agencies, since many smaller agencies lack the resources to conduct an organized volunteer program or employ a volunteer coordinator.

Perceived staffing barriers may have had a negative impact on the stated interest in accommodating volunteers with DD/MR as well as interest in receiving training on how to accomplish this. Many of the respondents who indicated that they were not interested in the future utilization of volunteers with disabilities, and in receiving training on how to include these individuals, noted comments in the margins of the survey. Many of these comments indicated that they currently lacked staff resources and the time necessary to include additional volunteers with disabilities. The Graff and Vedell (2000) study included the option to reply that an agency was currently accommodating as many volunteers with disabilities as they were capable of handling. Such an option on our survey instrument may have yielded less disinterest in future inclusive volunteering.

RECOMMENDATIONS

The promotion of inclusive volunteering will require considerable teamwork. Collaboration across many key players is critical to any successful effort at achieving ongoing inclusion in the community (Germ & Schleien, 1997; Schleien, Ray, & Green, 1997). Inclusive efforts require the combined knowledge of disability specialists and advocates, volunteer coordinators, community volunteer center staff, and those who best understand the needs, skills, and preferences of individuals with disabilities (i.e., individuals with disabilities and their family members/care providers).

Assessing Attitudes

If volunteer coordinators are to actively facilitate more inclusive volunteerism, they must identify the reasons why barriers of omission exist in the first place. For example, coordinators must consider why they have not viewed individuals with DD/MR as potential volunteers or recruited them previously. They may find that these omissions are due to negative attitudes or perceptions that they are hesitant to admit to due to society's current

focus on "political correctness," or they may be due to a failure to consider their fellow citizens with disabilities as possessing many viable skills. A self-evaluation of one's attitude toward people with disabilities may be an essential first step in creating a successful inclusive volunteering effort.

Strategies for Recruiting and Supporting Volunteers

Once attitudes and perceptions have been evaluated, specific strategies to recruit and support volunteers of varying abilities need to be designed and implemented. Networking with local advocacy organizations such as the ARC (formerly the Association for Retarded Citizens) could prove helpful. A meeting with staff from the advocacy organization to voice a desire to recruit new volunteers, along with an appraisal of one's concerns and shortfalls in doing so, is an excellent starting point. Consulting with therapeutic recreation specialists on task adaptations, accommodations, and staff training, for example, may be necessary. Many therapeutic recreation specialists are trained in strategies that increase the successful functioning and inclusion of individuals with disabilities in the community.

Volunteer coordinators should also consider the receptiveness of agency administrators. Without the support of management, policies that are exclusionary in nature and based on perceived versus realistic liability concerns could continue to prohibit the inclusion of volunteers with disabilities. Administrative support for the development and sustainability of inclusive efforts has proven to be an essential element in the success of these efforts. Volunteer coordinators should again consider soliciting the assistance of advocacy organizations, therapeutic recreation specialists, and self-advocates for assistance in gaining agency support for these new initiatives.

Community Collaboration

One way to facilitate a collaborative effort among volunteer coordinators, disability advocates, and individuals with disabilities is through the formation of an advisory board, whose primary focus is to broaden the volunteer base within the community. For those communities with volunteer centers, the facilitation of the advisory board would be an excellent role for their staff to play in making their community's volunteer base more inclusive and stronger. The advisory board should be comprised of a number of individuals representative across the key player groups addressed earlier, including people with disabilities. Strategies that the advisory board could address include:

- How to pair volunteers with disabilities with nondisabled peers, to volunteer cooperatively and help relieve the agency's "lack of staff to supervise" problem

- How to provide agency staff with the necessary training to increase their confidence and skills in including volunteers with DD/MR and other disabilities

- How disability advocates and family members can assess the preferences and abilities of volunteers with disabilities, to appropriately match them with community volunteer tasks

- What creative strategies and supports could be employed so that volunteers with disabilities have reliable and accessible transportation to and from volunteer sites?

- What supports could be implemented to ensure that inclusive volunteer efforts are sustainable and not merely temporary "special projects"?

FUTURE EFFORTS

This study has opened doors leading to a greater understanding of the barriers and potential for inclusive volunteering. However, many doors remain unopened. Perceived barriers to and benefits of volunteerism should be further explored from the perspective of the volunteers themselves. Little is known about attitudes toward volunteerism from the perspectives of volunteers or prospective volunteers with disabilities. The voices of those with disabilities should not go undetected regarding their personal experiences with volunteerism.

Research should be conducted on the outcomes of inclusive volunteering, including benefits to volunteers with and without disabilities, the agencies in which they serve, and the communities in which they live. A comprehensive understanding of what is to be gained from inclusive volunteering is likely to yield greater support for its implementation. We should also attempt to determine whether volunteers with disabilities are being included in greater numbers due to a shift in attitudes, or whether more positive attitudes toward, volunteers with disabilities results from their participation.

Future research could consider the development of specific inclusion strategies as they relate to community volunteerism. Do strategies that are already identified as effective for the inclusion of individuals with disabilities into other community settings (e.g., recreation) apply to volunteer settings? From such research, a set of "promising practices for inclusive volunteering" could be developed.

CONCLUDING REMARKS

Considering the benefits that nonprofit agencies, and individuals with disabilities, have to gain from inclusive volunteering, this community initiative deserves further exploration. The potential for individuals with disabilities to develop vocational skills, or practice functional community skills, are two possible outcomes; however inclusive volunteering could be about so much more. Inclusive volunteering addresses the basic human rights to be valued by others, to experience the joy of giving of oneself, and to find pleasure in doing what one enjoys. It is also about communities recognizing the unique contributions that all citizens have to offer. It addresses becoming recognized, not only as the users of community resources, but as valuable contributors to community capacity. Kretzmann and McKnight (1993) stated:

> *Every single person has capacities, abilities, and gifts. Living a good 10 depends on whether those capacities can be used, abilities expressed and gifts given. If they are, the person will be valued, feel powerful and well-connected to the people around them. And the community around the person will be more powerful because of the contribution the person is making. (p. 13)*

The time has come for everyoneregardless of ability level—to have the opportunity to "live the good life" by volunteering their time and giving of themselves to their communities using their abilities, making our communities more powerful, and in turn, better places for everyone to live.

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