Inclusive Community Leisure Services: Recommended Professional Practices and Barriers Encountered

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Abstract:
Statewide studies conducted throughout the United States during the past 2 decades focusing on community recreation programming for people with disabilities have found these services to be lacking. Confusion regarding programmatic responsibility, and a paucity of available inclusive recreation curricula, were pervasive among recreation agencies in the states studied. In this study, 484 community leisure service agencies were surveyed to determine if recommended professional practices for inclusive recreation programming were being implemented and by whom. This sample included parks and recreation departments, community education departments, YMCAs, YMCA camps, and Jewish Community Centers throughout Minnesota. The purpose of this study was to identify the barriers these agencies encountered and inclusive practices they employed. Analysis revealed no statistically significant differences in the manner with which agencies of different types, city size, or survey form (i.e., mail or telephone) responded to the survey questions. Concerning barriers to successful community recreation inclusion, agencies reported financial constraints (e.g., insufficient funds for hiring disability specialists, securing additional equipment) and staffing constraints (e.g., perceived staff skill deficiencies and participant-to-staff ratio inadequacies) as the two prevalent obstacles preventing the provision of inclusive programming. The most often cited "organizational" practices used to successfully include people with disabilities included collaborative program planning (e.g., agency staff work closely with family members in designing programs) and the use of marketing strategies to reach participants of varying abilities. "Programmatic" practices, which were cited more frequently than organizational practices, most often included the use of adaptations and the conducting of formative evaluations. These findings are then compared to previous statewide studies. Recommendations for future research studies complete the article.
KEY WORDS: Barriers, Camps, Community Education, Community Recreation, Inclusion, Jewish Community Center, Recommended Professional Practices, Recreation, Survey, Therapeutic Recreation, YMCA

Article:
Agencies serving the public must legally address the needs of the entire community to be in compliance with federal and state laws. The Education for All Handicapped Children Act of 1975 (P.L. 94-142) and its most recent amendment, the Individuals with Disabilities Education Act (P.L. 101-476), have recognized that programming in all park and recreation agencies, as well as in any organization that provides recreation services in a school or community setting, must welcome and accommodate people with all types of disabilities. Furthermore, many public agencies must comply with their state's human rights acts, which charge discrimination if physical and programmatic access is not provided for individuals with disabilities.

With the advent of more recent federal legislation such as the Americans with Disabilities Act of 1990 (P.L. 101-336), both public and private community leisure service agencies are legally mandated to serve persons with disabilities. These services are not to be based upon what the agency wishes to offer, but upon the expressed needs and interests of their constituents (Kennedy, Smith, & Austin, 1991; Schleien, Ray, & Green, in press).

In statewide studies conducted during the past 2 decades that have focused on community recreation

programming for persons with disabilities, researchers from Texas (Hayes & Smith, 1973), Iowa (Edginton, Compton, Ritchie, & Vederman, 1975), Indiana (Austin, Peterson, & Peccarelli, 1978), and Minnesota (Schleien & Werder, 1985) found these services to be inadequate (see Table 1). Confusion regarding programmatic responsibility and a lack of available inclusive recreation curricula were pervasive among recreation departments in the states studied. Several agencies lamented their staff lacked the "necessary skills" to include people with disabilities in community recreation, and their staff had insufficient knowledge concerning recommended professional practices to establish programs. Financial, staffing, and communication barriers to providing inclusive community recreation programs were voiced by numerous survey respondents, in addition to a general unawareness of any need for inclusive programming.

Table 1.
Summary of Six Previous Statewide Surveys of Recreation Services for Persons with Disabilities

Hayes & Smith (1973, Texas)	Edginton et al. (1975, Iowa)	Austin et al. (1978, Indiana)	Williams (1979, Oregon)	Schleien et al. (1979, Virginia)	Schleien & Werder (1985, Minnesota)
N = 92 Agencies	N = 92 Agencies	N = 60 Agencies	N = 64 Agencies	N = 316 Agencies	N = 414 Agencies
Response Rate 78%	Response Rate 52%	Response Rate 88%	Response Rate 67%	Response Rate 41%	Response Rate 78%
Serve Persons with Disabilities 39%	Serve Persons with Disabilities 32%	Serve Persons with Disabilities 67%	Serve Persons with Disabilities 31%	Serve Persons with Disabilities 28%	Serve Persons with Disabilities 53%
Barriers Cited: Staffing	Barriers Cited: Financial	Barriers Cited: Staffing	Barriers Cited: Need Unawareness	Barriers Cited: Staffing	Barriers Cited: Financial
Financial	Staffing Need Unawareness	Served by Others Financial	Financial Transportation	Served by Others Need Unawareness	Staffing Served by Others
		Architectural Need Unawareness	Staffing		

Barriers that prohibit people with disabilities from participating fully in community recreation programs have received considerable attention during the past 12 years (Coyle & Kinney, 1990; Kennedy, Smith, & Austin, 1991; Schleien, Ray, & Green, in press; Schleien, Ray, & Johnson, 1989; Sparrow & Mayne, 1990; West, 1984). Needs assessments, staff inadequacies, negative attitudes, programming, marketing problems, and financial resources are frequently perceived as barriers to inclusion (Schleien, Ray, & Green, in press). Leisure service agencies cite problems with ascertaining the general demand for inclusive programming and determining individual needs. Agency personnel are perceived as being ill-equipped to conduct inclusive programs, both in terms of staff-to-participant ratios and knowledge regarding activity adaptations and programming techniques (i.e., recommended professional practices). Negative attitudes on behalf of agency administration and program staff, as well as those of the community and potential participants with disabilities, can cripple the provision of inclusive programs at its very foundation. Such misconceptions and fears influence the development of programming and the allocation of resources. These barriers deny people with disabilities the freedom of choice (Kennedy, Smith, & Austin, 1991) and the opportunity to fully utilize a community's services designed to add to one's quality of life (Schleien, Meyer, Heyne, & Brandt, 1995).

These studies--although several of them were conducted over 20 years ago—have projected a dreary outlook for inclusive recreation opportunities. Yet, field-tested and validated recommended professional practices are currently available to facilitate inclusive community recreation participation. Schleien, Light, McAvoy, and Baldwin (1989) and Schleien, Ray, and Green (in press) proposed a group of strategies/"recommended professional practices" to serve successfully individuals with disabilities. These methods focus upon many aspects of the inclusion process, from administrative-level concerns such as information gathering and needs assessments to programmatic-level techniques such as the implementation of inclusive programs and determining future efforts. Various practitioners and agencies have used these strategies with much success, as documented in reports describing the Jewish Community Center of the Greater St. Paul Area (Heyne, 1987), Wilderness Inquiry (McAvoy et al., 1989), Bloomington (MN) Parks and Recreation (Schleien, Fahnestock, Green, & Rynders, 1990), and Kidspace Gallery at the Minnesota Museum of Art (Schleien, Rynders, &

Mustonen, 1988), just to name a few. Other agencies have developed materials and manuals for staff training and inclusive program implementation (Dattilo, 1994; Heyne, Schleien, & McAvoy, 1993; Hutchinson & McGill, 1992; Lian, Bower, & Egger, 1985; Moon, 1994; Richardson, Wilson, Wetherald, & Peters, 1987; Rynders & Schleien, 1991; Sable, 1992; Schleien, McAvoy, Lais, & Rynders, 1994; Schleien, Meyer, Heyne, & Brandt, 1995; Schleien, Ray, & Green, in press).

During earlier attempts to integrate community leisure services, it was commonly believed that by simply changing the physical environment of an agency to remove its architectural barriers, bringing people with and without disabilities together in that setting, participants would interact positively and have successful social and leisure experiences. Sometimes these strategies alone did have that fortunate effect. But, as we have learned (sometimes the hard way), physical accommodation and physical proximity alone do not usually produce positive interactions and attractions. In fact, a backlash often occurred when individuals who significantly challenged the service delivery system had been "dumped" into programs with minimal preparation. Recreation agencies became ever more reluctant to serve people with disabilities in their subsequent programs (Schleien, Ray, & Green, in press).

As reported earlier, there is research support for the conclusion that there are wide gaps between the principles, strategies, and techniques that have been proposed for inclusion of people with disabilities in community recreation and the actual levels of production of these outcomes by public agencies in studies of several states. Further, researchers have been disappointed and frustrated with the finding that model demonstration projects of inclusive community leisure services have not been maintained after the initial facilitated demonstration period (Rynders et al., 1993).

To create inclusive programs that are sustainable over time, organizations must work through a process of organizational change from the top to the bottom (Rousseau & Wade-Benzoni, 1994). Inclusive programs begin in the organization's mission and vision, and to be sustained, they must be supported by the organization's administration. This vision is converted into human resource practices such as the training of staff in inclusion practices and the hiring of staff with the necessary backgrounds. It is the on-line agency practitioner who embraces the underlying values of the inclusion initiative and who then translates it into service provision, who works directly with participants and their families/care providers. Thus, to create sustainable inclusive recreation programs, it is necessary to engage all levels of the organization as well as participants and their families in the vision and mission of inclusion (Fahnestock & Balk, 1995).

If sustainable inclusive recreation services become feasible only when agency personnel and consumers/care providers work together, such "key players" are confronted with the questions of what are the recommended professional practices that should be employed by community leisure service agencies, and, who must employ them? In this study, 484 Minnesota community leisure service agencies were surveyed to identify the use of recommended professional practices for inclusive recreation programming and the barriers that impede successful inclusive programming. The respondents included park and recreation departments, community education departments, YMCAs, YMCA camps, and Jewish Community Centers throughout the state of Minnesota. The purpose of this study was to identify the barriers encountered, and inclusive practices employed, by these community leisure service agencies. If recommended professional practices for successful inclusive services could be identified as being employed successfully, perhaps program or curriculum models could be established and disseminated to assist other agencies throughout the United States and Canada who currently struggle with the necessary task of designing, implementing, and sustaining inclusive programs. Also, since recreation programs and services have not, until recently, been widely included in rural community priorities, and since it is also believed that they have problems in service delivery that set them apart from urban areas (Anderson, 1996; Buchanan & Buchanan, 1987), it was important to determine if any differences in practices between agencies in urban and rural areas existed. The following research questions provided the foundation for this study: (1) What barriers prevented community recreation agencies from facilitating successful inclusive leisure programs for individuals with and without disabilities?; (2) What were the organizational and programmatic recommended professional practices that facilitated inclusive services if they

did exist?; and (3) Did community recreation agencies in urban and rural areas differ in the manner in which they attempted to accommodate people with disabilities?

Methods

The survey participants consisted of Minnesota park and recreation departments (from a member roster of the Minnesota Recreation and Park Association, n = 80), community education departments (from a listing of Minnesota school districts, n = 369), YMCAs and YMCA camps (from a state of Minnesota YMCA listing, n = 27 and n = 6, respectively), and Jewish Community Centers (n = 2). These subject lists were current and highlighted recent agency changes, such as agency mergers or closings; therefore, any duplicate subjects were easily recognized and eliminated. The final census included a total subject base of 484 survey participants.

The survey used was the "Community Leisure/Recreation Services and the Integration of Persons with Disabilities Survey" developed by the Recreation, Leisure, and Socialization Group of the Rehabilitation Research and Training Center of the University of Minnesota's Institute on Community Integration (Schleien & McAvoy, 1989). The Recreation, Leisure, and Socialization Group spent considerable time examining the literature to develop a survey instrument that addressed recreation programming for people with disabilities, rationale for inclusive programs, populations served, and inclusive program techniques.

The instrument was presented to a group of community recreation practitioners, consumers, graduate research assistants, and professors in the fields of special education, rehabilitation, and recreation, park, and leisure studies for content analysis and subsequent reform. The final product was a 20-item survey consisting of yes-no and open-ended questions that took approximately 45 minutes to complete. Afterward it was twice given to the above group for completion, at a 2-week interval, in order to establish reliability.

Surveys were mailed to the administrators of each agency (N = 484), with a cover letter that explained its purpose and encouraged them to forward the survey to an agency employee who was most responsible for meeting the needs of people with disabilities. A reminder postcard was mailed 3 weeks later to all agencies which had not yet responded. The respondents who remained delinquent were contacted via telephone within the following 4 months to increase the response rate. This process was delayed due to the difficulty of reaching agency personnel during the summer months. A condensed version of the original survey, consisting of 7 of the original 20 survey questions, was administered by telephone. These questions were selected due to their salience to the three research questions. The shortened telephone survey took approximately 10 to 15 minutes to complete.

The surveys were then divided into two groups: (a) original survey respondents, and (b) telephone survey respondents. Each survey was reviewed and coded by a team of graduate research assistants studying therapeutic recreation in the Division of Recreation, Parks, and Leisure Studies at the University of Minnesota. They were familiar with the "recommended professional practices" for community recreation inclusion literature. In addition, these students were trained in coding the surveys according to service to people with disabilities (i.e., yes or no), type of disability (e.g., developmental disability, physical disability), type of service (i.e., inclusive, segregated, or both), number of inclusive programs listed, and number of "recommended professional practices" indicated.

This information allowed for coding the surveys into one of five predetermined and operationally defined categories (i.e., "A" — "E"). The research staff previously identified four agencies who were integrating their services successfully. These agencies were studied and the practices that they implemented were used as a model to define the coding categories. "A" agencies resembled these four agencies by implementing at least 90% of the strategies that the exemplars were using, and were selected for additional evaluation during the interview phase of this research. "B" organizations were those agencies attempting to integrate their recreation programs but were not satisfied with their inclusion efforts. "C" establishments suggested they were hypothetically serving people with disabilities in inclusive programs but were unable to identify specific programs. "D" institutions were only providing segregated program options. "E" agencies were not currently

serving people with disabilities.

Two graduate research assistants coded each original and telephone survey and coding reliability was calculated by dividing the number of code agreements by the number of agreements plus the number of disagreements.

Each survey was then assigned a label reflecting agency code (i.e., "A" — "E"), city size (i.e., urban or rural based on Rand McNally Ranally Metropolitan Area population statistics [Rand McNally & Co., 1990]), type of agency (e.g., community education department, park and recreation department), and form of survey (i.e., original or telephone).

All the responses from each survey were entered into a computer and cross tabulated using SPSS-X Release 2.0 chi-square statistical analysis to determine if there existed statistically significant differences in the way that agencies of different types, city, size, or survey form (i.e., mail or telephone) responded to the questions.

Results

The survey form was mailed to the 484 total agency population. Completed mail survey forms were received from 209 agencies, for an initial response rate of 43.2%. The remaining 275 agencies (56.8%) were contacted and administered, by phone, an abbreviated version of the survey consisting of the seven most salient questions related to recommended professional practices. These two methods (mail and phone) resulted in a 100% response rate for the data analysis. A Chi-Square cross-tabulation procedure analyzing the form of the data collection procedure (mail and phone) by the different types of agencies (recreation, community education, camp, and JCCs), and by location of agencies (urban vs. rural) found no significant differences. This implies there was minimal bias evident from administering the survey via telephone.

One of the purposes of this study was to explore the possible differences between urban and rural agencies in the barriers they encountered in serving people with disabilities in recreation programs and the use of recommended professional practices. Based on Rand McNally Metropolitan Areas criteria (Rand McNally & Co., 1990), 146 (30.2%) of the surveyed agencies were labeled "urban" and 338 (69.8%) were identified as "rural" areas. Of these numbers, 241 (71.3%) of the rural agencies reported serving people with disabilities in inclusive programs, while 97 (28.7%) did not provide such services. All 241 rural agencies serving people with disabilities described their recreation programs as "inclusive" with no rural organizations offering segregated programs exclusively. In comparison, 136 (93.2%) of the urban agencies reported accommodating people with disabilities, whereas 10 (6.8%) did not. Most [121 (82.9%)] of the urban agencies who served people with disabilities were doing so through "inclusion." Unlike the rural organizations, some urban programming for people with disabilities was exclusively segregated in nature. Of the urban sample, 15 (10.3%) followed this segregated practice.

The data on barriers to inclusion, recommended organizational professional practices, and recommended programmatic professional practices were analyzed to determine if there were significant differences between the urban and rural agencies on these variables. A Chi-Square cross tabulation analysis procedure indicated there were no significant differences between urban and rural agency responses on these variables.

Barriers to Community Recreation Inclusion. Concerning barriers faced by survey respondents (see Figure 1), the most frequently stated barrier was a lack of finances (50%), followed closely by staffing constraints (48%). Financial constraints included: insufficient funds for hiring disability specialists; securing additional equipment; ensuring program location accessibility; and, marketing (or research and development). Staffing constraints in-cluded perceived staff skill deficiencies and participant-to-staff ratio inadequacies. The provision of transportation assistance (36%) and architectural barriers (30%) were third and fourth in terms of limiting the offering of inclusive programs.
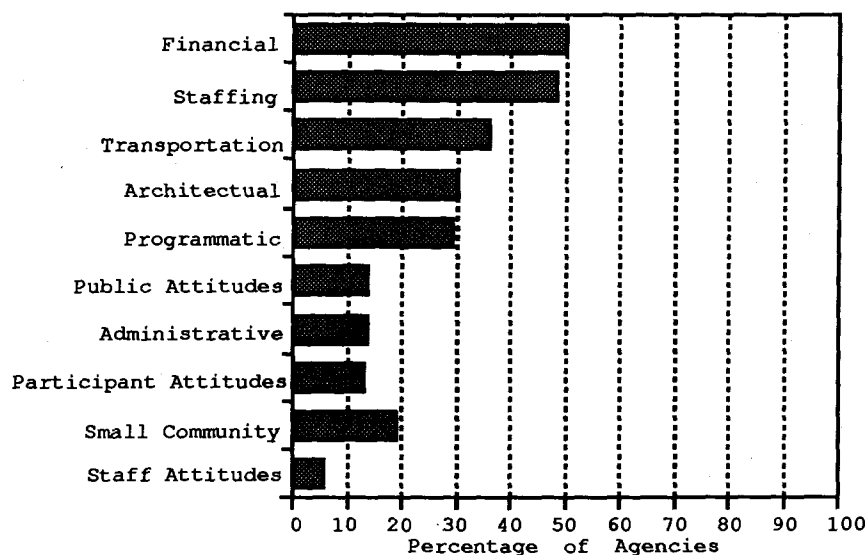
FIGURE 1. ACKNOWLEDGED BARRIERS TO INCLUSION.

Several agencies (29%) cited the program in and of itself as being resistive to inclusion (e.g., too dangerous, highly competitive, unadaptable equipment, technical material). Poor public attitudes were indicated as a barrier by 13% of the survey respondents. These agencies reported the unaccepting beliefs of the community at large to be more of an inclusion bather than the attitudes of the potential participants with disabilities (12%) or program staff (6%). The specific components of the barrier "attitudes of participants with disabilities" included: the desire to be with like (disabled) peers; perceived skill deficiencies; fear of a novel situation/failure; and, negative reaction of others in the program. Poor administrative support was indicated as a bather to inclusion by 13% of the respondents, and appeared to be more of a bather in rural than in urban areas. Poor administrative support included: lack of allocation of time, personnel, and materials; lack of philosophical backing by management for the principles of inclusion; and, an unwillingness to budget for inclusive services. A number of the rural agencies also tended to indicate that the small size of their community was a bather; their community was just too small to handle such programmatic offerings efficiently. Both rural and urban respondents agreed that a lack of staff members' philosophical support is not as salient a constraint to inclusive efforts as are lack of technical expertise and skills, and an inadequate number of available personnel.

Organizational "Recommended Professional Practices". The most frequently cited practices for the agencies responding to this survey included collaborative program planning (57%) where participants and parents/ care providers are involved in programming, and the use of marketing strategies (57%) to reach people of all ability levels (see Figure 2).

The use of an inclusive mission statement was cited by 50% of the respondents, 48% used outreach efforts to inform and encourage people with disabilities to participate, and 46% used financial assistance as a strategy for inclusion. Providing financial assistance tended to be employed more by urban than rural agencies, which seems logical because urban agencies tended to cite financial problems as a major barrier to inclusion. Agency-wide goals that reflect inclusive efforts were used by 45% of the agencies and transportation assistance by 40%. Staff training (39%) was used by a relatively small proportion of the agencies, considering the fact that staffing was listed as such a foreboding barrier. However it does not appear that staff attitudes are an important barrier (only 9% of the agencies cited staff attitudes as a barrier), and therefore, staff training and development efforts should concentrate on developing inclusive programming techniques and interventions rather than on changing staff attitudes. Documentation of inclusive program efforts, outcomes, and interventions was used as a strategy by 31% of the agencies. This relative lack of documentation can challenge agencies when efforts need to be replicated for future participants, when staff turnover is a factor, or when issues of resource accountability are raised.
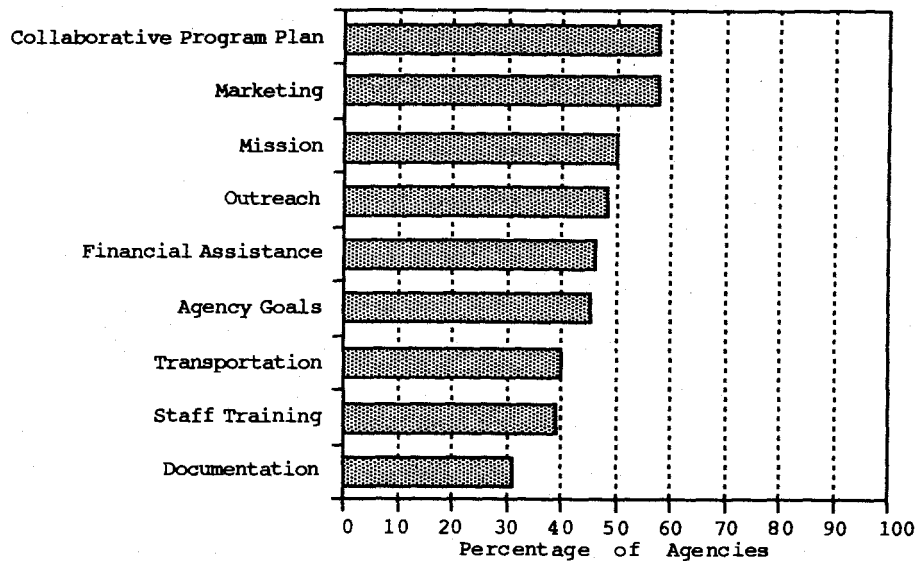
FIGURE 2. USE OF ORGANIZATIONAL "RECOMMENDED PROFESSIONAL PRAC-
TICES" BY AGENCIES.

Programmatic "Recommended Professional Practices". Reported use of programmatic "recommended professional practices," overall, were more prevalent than the use of organizational strategies (see Figure 3). Adaptations of program materials, equipment, and/or activities were the most frequently cited technique in agencies' inclusion repertoires (64%).
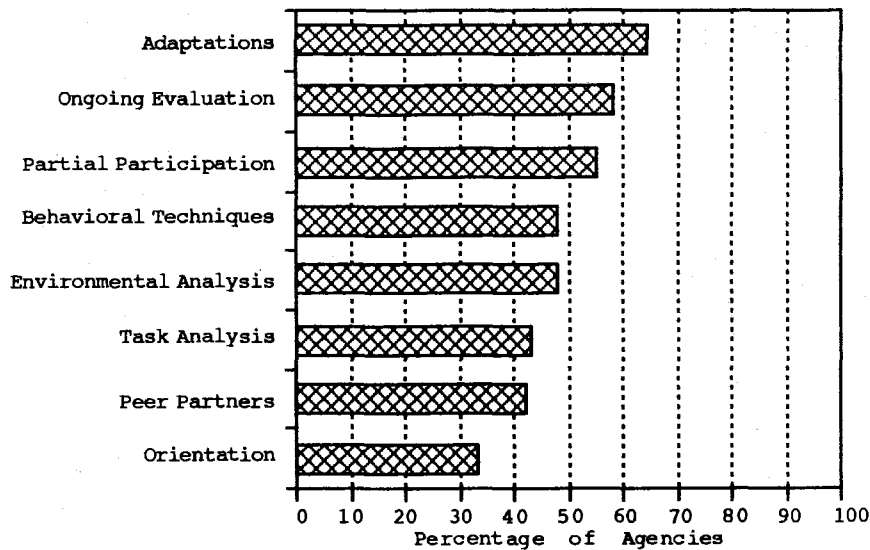

FIGURE 3. USE OF PROGRAMMATIC "RECOMMENDED PROFESSIONAL PRAC-
TICES" BY AGENCIES.

Ongoing or formative evaluation was utilized by 58% of the agencies. Although this strategy was used by more than half of the agencies, the low incidence of documentation reported by the respondents suggests that these evaluations are not being kept in the form of written records. The efforts of observation and staff/consumer feedback retrieval are being made, however, minimal data appear to be recorded for future reference. The agencies are using partial participation strategies (55%) which complement the use of behavioral techniques (47%). Yet, most of the agencies identified the use of positive reinforcement as the only behavioral technique used. Despite this, these techniques signify a focus on the individual with a disability within the recreation program. Full inclusion, however, also calls for other elements of the experience (e.g., physical environment, task progression) to be addressed as well. Environmental analysis was used by 47% of the agencies and task analysis by 43%. However, these analyses are often only being performed in an informal manner on the basis of the limited use of written documentation as indicated in the organizational practices reported above. This could create a need for replication of efforts in the future when a new program instructor requires such information, further contributing to perceived staffing barriers. Although inadequate staffing was cited by 48% of the

agencies, only 42% utilized the recommended professional practice of "peer partners." An increased use of peer partners or companions could help ameliorate some of the staffing barriers encountered by these agencies.

Lastly, a training orientation given to the participants without disabilities to "ready" them for an inclusive experience was used by 33% of the agencies. A number of agencies did not use this strategy because they believed this approach served only to single out and further stigmatize the participant with a disability. Others, however, found that the practice "broke the ice" and cleared the way for a focus on the program's task itself, or on the individuals involved as participants and not unique objects to be included. Some of the rural agencies did not use this strategy because they maintained that people living in small communities already knew each other well, thereby eliminating the need for such orientations.

Discussion and Recommendations

The survey revealed that 82.9% of the urban agencies and 71.3% of the rural agencies reported serving people with disabilities in "inclusive" community recreation programs. Only 17.1% of the urban and 28.7% of the rural samples reported not offering inclusive services. For all urban and rural agencies, financial demands, staffing constraints, and transportation requirements were the three most frequently cited barriers to the provision of inclusive community recreation services. Financial constraints were also identified frequently in previous state-wide surveys of recreation service delivery for people with disabilities (refer to Figure 1 again). In comparison to the prevalence of financial, staffing, and transportation bathers, previous studies revealed that staffing, financial, and unawareness of need for inclusion barriers were most pervasive. These findings appear to be a step in the right direction as agency administrators become less resistant to accommodating people with disabilities and more willing to initiate and sustain change directed at inclusive services.

None of the other statewide studies approached these successful figures for inclusive services, with the exception of the Indiana survey (67%) (Austin et al., 1978). This evidence of a new interest in organizational change that reflects new service directions for people with disabilities within Minnesota suggests a substantial increase in services to people with disabilities, particularly since 1985 when only 53% of similar agencies in Minnesota provided inclusive community recreation opportunities (Schleien & Werder, 1985). This is an encouraging trend since Schleien and Werder (1985) actually discovered an unwillingness of agency types (e.g., parks and recreation) to take on the responsibility for recreation, sports, and social skills development of its excluded constituents. In 10 years, community leisure service providers in at least one state (Minnesota) have radically altered their values, missions, and level of resources committed to inclusive recreation services. Although these data are limited to only one state, we have reason to believe that these changes are occurring across North America. We encourage researchers and practitioners in other states (and particularly in the states that conducted surveys in the previous 2 decades) to study further their inclusive community recreation services (or lack thereof).

In terms of "recommended professional practices," urban organizations reported the use of organizational techniques such as increased financial assistance, a revised agency mission statement reflecting services to people with disabilities, and marketing strategies (e.g., welcoming nondiscrimination statements in brochures, public service announcements, press releases) most frequently. Their rural counterparts identified involvement of consumers and care providers in inclusion policy/agency goal/strategic plan formulation, marketing strategies, revised agency mission statement, and outreach (e.g., public relations, participant recruitment through telephone calls, letters and community presentations) as organizational techniques used repeatedly. Regarding recommended programmatic professional practices, both urban and rural agencies cited adaptations of program materials and environments, ongoing evaluations of programs, and partial participation strategies as the techniques most frequently implemented to serve participants with disabilities.

The purpose of this study was to identify the barriers encountered and inclusive practices employed by community leisure service agencies in Minnesota. Are people with disabilities provided with inclusive experiences in Minnesota? The answer is not a resounding "yes;" however, inclusive opportunities have become available to many individuals with disabilities. Seventy-eight percent of all of the park and recreation

departments, community education departments, YMCAs, YMCA camps, and Jewish Community Centers across urban and rural areas suggest that their typical facilities and program offerings are "available" to people with disabilities. Therefore, the claim to accommodate people with disabilities is quite pervasive.

Are "recommended professional practices" being implemented in leisure skills programming and agency services? Again, the answer is not a resounding "yes." Minnesota agencies do focus on the organizational practices of inclusion of participants and care providers in inclusive policy/ agency goal/strategic plan formulation, marketing strategies, and maintaining a mission statement reflective of inclusion. However, staff training, program documentation, and transportation assistance were reported by few agencies.

Concerning recommended programmatic professional practices, Minnesota agencies use adaptations, ongoing evaluation, and partial participation strategies. Orientation of participants without disabilities, task analysis, and environmental analysis procedures receive less attention. Yet, overall, programmatic practices were reported more frequently than organizational techniques as agencies attempt to serve individuals with disabilities. This suggests that much of the inclusion process responsibility lies primarily in the hands of personnel (e.g., program instructors, volunteers) who work directly with participants during actual programming. One can also conclude that the "key players" who are responsible for inclusive services do not typically receive the training necessary to implement effectively a variety of "recommended professional practices." This is supported by the identification of staffing constraints (48%) such as too few personnel and skill deficiencies.

This statewide investigation has engendered several research questions that could be undertaken in future studies. Firstly, it needs to be determined whether the implementation of "recommended professional practices" at an agency actually results in positive benefits and successful social inclusion for the participants with and without disabilities. Secondly, what are the major roles of the participants with and without disabilities, their family members/care providers, agency practitioners, and school teachers/day care providers to successfully accommodate all individuals in community recreation? Thirdly, it would be important to learn which specific programmatic and administrative practices were absolutely necessary, and in what combinations, to serve the community most successfully. Fourthly, as stated earlier, are these new directions in inclusive recreation service delivery that were found throughout Minnesota representative of inclusive services elsewhere? And finally, are these inclusive services sustainable over time? If they are, what sustains them, and if not, what prevents these services from enduring?

Unfortunately, many children, youth, and adults continue to be prohibited from participating in leisure services due to various attitudinal, architectural, and programmatic constraints. However, with persistent, appropriate, and effective advocacy by parents/ care providers and professionals at all levels of an agency, people with disabilities can and do get their "feet in the doors" as they become active members in neighborhood activities rather than being shunted to "special" or segregated programs. The principles of normalization, least restrictive environment, social inclusion, and recent legislation such as the ADA and IDEA affirm their right to participate alongside peers without disabilities in activities that are offered to the general public. People with disabilities must be allowed, recruited, and assisted to participate in activities, at least partially, without regard to degree of (in)dependence or level of functioning. Furthermore, these principles and laws assert that participation in these activities is advantageous to individuals with and without disabilities. Agency staff must pay close attention to the skills, abilities, and preferences of the participants and their families/care providers, as well as to the environmental adaptations necessary to facilitate success. Administrators must think clearly and carefully about the manner in which they communicate a welcoming environment to all of their constituents. Also, missions, agency goals, and budgets must reflect a true commitment to all citizens of the community before accommodating services, equal participation, and social inclusion become the norm.

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