

## Search For Best Practices In Inclusive Recreation: Programmatic Findings

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### **Abstract:**

There has been exponential growth in the number of recreation agencies adopting inclusive service delivery (ISD) practices. While many of these agencies are experiencing success with these initiatives, many others are not. The data reported here were collected as part of a comprehensive, qualitative study designed to identify best practices being employed by recreation agencies perceived as successful with ISD by leaders in the field at administrative, programmatic, and consumer levels. Results note that successful agencies are using best practices described in the literature; however, they are implementing these practices in highly individualized manners based on the needs and characteristics of the agency and community. Participant assessment, accommodation plans, behavioral interventions, adaptations, inclusion support staff, personal care, on-site technical support for general recreation staff, preparing nondisabled peers, facilitating peer interaction, and documentation and program evaluation strategies are explored with detailed accounts of variations in implementation strategies.

**KEYWORDS:** Programming Strategies, Best Practices, Community Recreation, Inclusion, Inclusive Recreation, Inclusive Service Delivery

### **Article:**

For many decades, people with disabilities have been playing, exercising, socializing, and learning in recreation and park programs across our communities. Since the 1980's the number of agencies, programmers, and scholars implementing, studying, and writing about inclusive recreation has been growing rapidly. Participants with disabilities, family members, and therapeutic recreation specialists began to advocate for community inclusion, started dialoging with agency administrators, sought external grants to fund new initiatives, and explored myriad ways to get on board.

During the 1980's and 1990's federal laws were passed that supported the inclusive community recreation movement, most prominent of which being the Americans with Disabilities Act (ADA) of 1990 (RL. 101-336). The ADA prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, state and local government services, public accommodations, and transportation. A renewed interest in ensuring equal access to community recreation is likely with the recent signing of the ADA Amendments Act (ADAAA) of 2008 (RL. 110-325). The ADAAA is intended to reinstate the ADA based on its original purpose and in doing so clarifies and broadens the population eligible for protection under the ADA. To be in compliance with these legislative mandates, many have called upon recreation programmers to view inclusive service delivery (ISD) as the responsibility of all recreation professionals, and not just of therapeutic recreation specialists (Devine & King, 2006).

Recreation practitioners and therapeutic recreation specialists have collaborated to develop multiple strategies to improve programs in order for them to become more welcoming and accommodating of many more individuals.

Rather than thoughtlessly placing participants with disabilities into ongoing programs designed for participants without disabilities, strategies for accommodation and specific tools and approaches are being designed. Despite the many segregated programs that continue to exist throughout municipal agencies, the trend is toward new,

inclusive alternatives that provide options for individuals who desire typical leisure lifestyles (Carter & LeConey, 2004; Schleien, Stone, & Rider, 2005; Skulski, 2007). Yet, far too many communities lack such progressive ISD options, a void that parents have clearly identified (Jones, 2003/2004; Magill-Evans, Darrah, & Adkins, 2003/2004; Mahon, Mactavish, Bockstaejl, O'Dell, & Siegenthaler, 2000).

This study was part of a comprehensive, qualitative investigation using a case study design (Yin, 2003) to identify best practices at the administrative, programmatic, and consumer levels that result in inclusive and sustainable community recreation. The focus of this article is on the findings relevant specifically to programmatic practices. A review of literature on evidence-based and promising practices for ISD, including those practices related to assessment, planning, implementation, and evaluation strategies, will set the stage for discussion of the study, including methodology, reporting of findings related to programming practices, and implications and recommendations for research and practice.

### **Literature Review on Evidence-Based and Promising Practices**

Carter and LeConey (2004) are two of many professionals that have advocated for the use of the therapeutic recreation (TR) process in community recreation. Using the TR process allows for comprehensive understanding of an individual participant's strengths, interests, goals, and needs; systematically developing individualized support plans include:

#### **Participant Assessment**

The initial step in accommodating individuals in an inclusive program is to identify their strengths, personal preferences, abilities, needs, and limitations through assessment. A comprehensive assessment should yield information from the participant as well as family members and other caregivers, teachers, therapists, and case managers. Scholl, Dieser, and Davison (2005) described the assessment process of the "Together We Play" technical assistance program for ISD as consisting of three parts: (a) an annual information form, (b) a leisure interest survey, and (c) an interview with the child's teacher or social service staff. Sullivan and O'Brien (2001) suggested that assessments be used to gather information such as the individual's level of experience with the specific recreation activity, daily living skills, routines, communication skills, and support needs. These assessment strategies are used to guide participants and programmers toward appropriate programs that meet their recreation, physical, and social desires and needs, establish individualized goals, and develop appropriate accommodations.

In addition to individual assessments, activity and environmental analyses are also necessary (Carter & LeConey, 2004; Schleien, Ray, & Green, 1997). These tools aid the professional in identifying basic and vital skills necessary for participation in an activity, executing a general assessment of the program, and conducting discrepancy analysis in order to identify necessary supports for successful participation (Schleien et al.).

#### **Program Planning**

The individualized assessment and activity analysis can be used to develop an accommodation/inclusion plan. This plan should ultimately include assessment information, participant goals and objectives, staff roles and responsibilities, accommodations that will be provided, and an evaluation plan (Carter & LeConey, 2004).

Several authors reported the significance of employing staff that are knowledgeable about the delivery of inclusive services (e.g., Anderson & Kress, 2003; Bullock & Mahon, 2000; Carter & LeConey, 2004; Devine & McGovern, 2001; Germ & Schleien, 1997; Schleien, Germ, & McAvoy, 1996; Schleien et al., 1997; Scholl, Dieser et al., 2005). They suggested that staff support and training should be ongoing and consistent, and include disability awareness and etiquette, adaptation and accommodation information, and important communication skills that should occur between program staff and families.

Others have proposed that nondisabled peers also be prepared for the inclusion experience (Anderson & Kress, 2003; Carter & LeConey, 2004; Schleien et al., 1997). Evidence exists that peer preparation is a viable strategy for increasing interactions between peers with and without disabilities and social acceptance (Foley, Tindall, Lieberman, & Kim, 2007; Owen-Deschryver, Carr, Cale, & Blakely-Smith, 2008; Schleien, Ray, & Green,

1997). Schleien et al. and Owen-Deschryver et al. encouraged such preparation to include information about the strengths and abilities of the participants, ways of interacting with peers, and friendship skills.

### **Program Implementation**

Several implementation strategies have been suggested for increasing the likelihood of a successful inclusive program. Broadly stated, these strategies fall into the following categories: adaptations, staffing, peer companions, and peer interactions.

A key inclusion strategy is the adaptation of activities, materials, and/or equipment (Devine & Kotowski, 1999; Devine & McGovern, 2001; Klitzing & Wächter, 2005; Schleien et al., 1996; Scholl, Dieser et al., 2005; Wachtet & McGowan, 2002). Five specific types of adaptations that could be considered include alterations to equipment or rules, breaking down the skills necessary to complete an activity, addressing physical access barriers, and modifying activities that lead up to the targeted activity (Schleien et al., 1997). The creative use of assistive technology has also been explored (e.g., switches, augmentative communication devices) to increase participation, independent functioning, and social interaction among peers (Komissar, Hart, Friedlander, Tufts, & Paiewonsky, 1997; Yotk & Rainforth, 1995). Program staff can also modify their instructional styles to facilitate learning by breaking down components of an activity into smaller steps, modeling or demonstrating activities, providing physical assistance, and enabling participation in unique and individualized ways (e.g., swimmers learning proper breaststroke techniques while others work on modified versions; Block & Conaster, 2002; Brannan, Arick, Fullerton, & Harris, 2000; Komissar et al., 1997).

Others have identified the need for additional staff support to ensure successful and socially inclusive experiences (Anderson & Kress, 2003; Block & Conaster, 2002; Carter & LeConey, 2004; Moon, 1994; Scholl, Dieser et al., 2005; Scholl, Smith, & Davison, 2005; Sullivan & O'Brien, 2001). Program supports have included one-on-one assistance for participants with more extensive needs and the addition of staff and trained volunteers knowledgeable in ISD to support all of the participants in the broader program.

Peer companion programs, where trained peers without disabilities are matched with participants with disabilities and offer assistance to their partners as necessary, have also been used successfully (Block, Klavina, & Flint, 2007; Brannan et al., 2000; Klavina & Block, 2008; Komissar et al., 1997; Lieberman & Houston-Wilson, 2002; Owen-Deschryver et al., 2008; Schleien et al., 1997). Use of these companions has increased social acceptance (Favazza, Phillipsen, & Kumar, 2000; Klavina & Block; Lieberman & Houston-Wilson; Owen-Deschryver et al.), improved the perceived abilities of individuals with disabilities (Lieberman & Houston-Wilson), and increased activity engagement (Klavina & Block).

Replacing competitive with cooperative activities has also fostered social inclusion, increased the success of participants, and facilitated positive peer interactions (Block et al., 2007; Heyne, Schleien, & McAvoy, 2003; Komissar et al., 1997). Devine and O'Brien (2007) noted the importance of facilitating interactions and participation in activities that promote equal status and the avoidance of the establishment of hierarchical relationships.

### **Program Evaluation**

Various documentation and evaluation strategies for community recreation inclusion are reported in the literature. Scholl, Dieser et al. (2005) suggested that documentation be completed following each program session and include participants' progress toward accomplishing individual goals, significant incidents, and the levels of success of attempted accommodation strategies. This information could lead to adjustments made throughout the program in a formative manner. Summative program evaluation should document accomplishment of participant goals, relevance of the participants' experiences, effectiveness of leadership and managerial procedures, and appropriateness of accommodation and accessibility strategies (Carter & LeConey). In an expansion of the need to document the accomplishment of participant goals, Schleien et al. (1997) developed quantitative and qualitative tools to measure specific participant outcomes including skill acquisition, social [interactions, changes in attitudes of peers toward participants with disabilities, increases in self-concept, and improvements in overall quality of life.

It must be noted that in addition to the programmatic strategies reviewed above, myriad administrative practices must be practiced in the agency if ISD is to become systemic and sustainable (Schleien et al.

## **Method**

With a general awareness of evidence-based and promising practices for ISD, the researchers questioned whether the adoption of these practices explained the success of ISD, whether additional practices were being used, and/or had practitioners redefined these strategies to make them work in their respective programs. The current investigation used a case study design. Yin (2003) defines a case study as "an empirical inquiry that investigates a contemporary phenomenon within its teallife context, especially when the boundaries between phenomenon and context are not clearly evident" (p. 13). More specifically, a multiple case design was implemented with cross comparison of content allowing for common phenomena to be identified across cases. This open approach was different from past research endeavors where agency staff were asked to identify strategies from a predetermined list of ISD practices (Devine 6k Kotowski, 1999; Devine 6k McGovern, 2001; Klitzing 6k Wächter, 2005; Wächter 6k McGowK 2002).

## **Cases**

The initial cohort of public recreation agencies identified were those that either received awards for their ISD from the National Institute on Recreation Inclusion (NIRI), were identified through conversations with NIRI steering committee members, ISD consultants, or four researchers/au thors broadly recognized in inclusive recreation service delivery. Additional agencies were identified by reviewing published reports and journal articles within the recreation field, presentations at professional meetings, internet websites, and federal grant awards.

Snowball sampling was the final method for identifying agencies; interviewees were asked if they were aware of other agencies that should be noted for their ISD. These methods resulted in an initial list of 22 agencies. The authors were very confident that additional recreation agencies across the U.S. were providing ISD; -however, the researchers believed that this cohort served as an excellent launching point for further investigation.

Four criteria were used to narrow this list of agencies based on best practices described in the literature: (a) the agency's mission statement was reflective of inclusive practices, (b) the agency had designated an employee to facilitate or coordinate ISD, (c) the agency's inclusive practices and services were systemic (i.e., people with disabilities were welcomed and accommodated in programs offered throughout the agency, not just in designated programs or locations only), and (d) the agency had been delivering inclusive services for at least the past 5 years, demonstrating a level of sustainability. For more detailed information on these criteria, refer to Schleien, Miller, and Shea (2009).

An invitation to participate in the study was e-mailed to the inclusion facilitator and/or agency administrator at these 22 agencies. Two agencies chose not to participate, citing insufficient staff time. Interviews were conducted with the inclusion facilitator and/or agency administrator in the remaining 20 agencies. The transcripts were reviewed independently by the first two authors to determine if the agencies met the four established criteria. They were in consensus that five of the agencies had yet to achieve systemic change due to inclusion supports being unavailable for all programs and services. Therefore, these agencies were deemed incompatible with the sample pool. Data collected from the remaining 15 agencies that met the criteria were used for analyses. The sample represented all but one of the National Recreation and Park Association's eight geographic regions and a variety of community sizes across the U.S. (i.e., populations ranging from 3,000 to over 2.25 million).

## **Data Collection**

Topics for the broader interview guide included (a) how their inclusive services were initiated; (b) how administrators and recreation staff described their efforts to provide inclusive services; (c) who were the stakeholders in implementing inclusive programs, including their specific roles and techniques; (d) what

organizational/administrative strategies were employed; (e) what programmatic strategies and techniques were implemented; and (f) what methods were used to sustain inclusion. A semi-structured interview guide directed the interview (Patton, 2002).

Interviewees were asked to address the programmatic practices that were essential to their ISD. Sensitizing concepts (i.e., categories the research analysts brought to the data), outlined in Table 1, were then used to further explore programmatic practices. Audio-recorded interviews ranging from 1½ to 2 hours were conducted by the first two authors and occurred either on-site or by telephone. Data collection occurred over a 10-month period.

### **Data Analysis**

Data were analyzed using constant comparative methods (Patton, 2002) which allowed common phenomena to be identified across cases. The first author and four trained research assistants transcribed the in-depth interviews verbatim. Interviews were then read and reread by the first two authors independently. They met to discuss key content areas and patterns and agreed upon a coding system (e.g., adaptations, documentation). They coded data independently as an initial data reduction strategy. Following independent coding, the researchers met to compare coding.

When differences in coding were identified, they discussed the data and coding system until consensus was reached. Memos were developed concerning how their differences were resolved contributing to the further defining and refinement of the codes (e.g., should references to inclusion support staff be coded as an adaptation or independently with its own code?).

Both researchers reviewed the reduced data in order to identify themes within each code (e.g., development of behavioral plans as a theme within accommodation/inclusion plans). The researchers compared notes on themes and discussed any differences until consensus was reached. Memos concerning these discussions were used to further define the properties and dimensions of themes. In addition, the researchers conducted cross-case analysis (e.g., agency 1 compared to agency 2, 3, etc.) to determine whether patterns were consistent across cases (i.e., agencies) and ensure the fit of thematic relationships. Member checks were implemented allowing the interviewees to review project findings for accuracy, completeness, fairness, and perceived validity (Strauss & Corbin, 1998). Participant feedback was documented, analyzed, and integrated into subsequent data collection and analyses.

### **Findings**

The findings reported here focus only on the programmatic practices identified by inclusion facilitators and administrators in agencies receiving national attention for their ISD. The essential practices described were consistent with evidence-based and promising practices identified in the literature. However, differences in how these practices were implemented were evident and included varying levels of formality. Major content areas described included: (a) participant assessment, (b) accommodation/ inclusion plans, (c) behavioral interventions, (d) adaptations, (e) inclusion support staff, (f) personal care, (g) specialized training for general recreation staff, (h) preparing nondisabled peers, (i) facilitating peer interactions, (j) documentation, and (k) program evaluation. The data in the "inclusion support staff" content area were relatively substantial, and subsequently, only basic findings were reported here (with plans to disseminate more substantial findings at a later date). These 11 content areas will serve as the framework from which the findings are described. The literature review ended with a note concerning administrative practices necessary to drive ISD. In addition to evidence of an inclusive philosophy, the agencies included in analysis were regularly implementing administrative practices suggested in the literature, such as welcoming language in marketing materials, provision of inclusion training to all staff, establishment of funding streams to support the implementation of inclusion, and the establishment of policies and procedures consistent with ISD (see Schleien et al., 2009).

### **Participant Assessment**

Findings in this category are initially presented as an overview statement, followed by more specific detail within the following areas: speaking directly with the participant and/or parent to gather information, use of questionnaires to gather information, additional sources of relevant information, use of observations, and appropriateness of inclusive setting. All agencies provided opportunities to indicate whether accommodations were necessary for successful participation on their program registration forms, both through hard copy and online. When a participant need was identified, a process - some more formal than others - was initiated that began with an individualized assessment. Assessments were conducted by the inclusion facilitator or inclusion staff in all but one agency. In the exceptional case, general recreation programmers used an interview protocol to speak with participants and parents. In a few cases, a phone conversation or personal meeting with participants and/or their parents were the only assessment strategies used.

Typically, the assessment process included a combination of strategies in addition to the phone conversation or meeting, including a questionnaire completed by the participant or parent; communication with teachers, case managers, and/or specialists; and/or observation of the participant in school or at home. This is consistent with the recreation assessment process described by Scholl, Dieser et al. (2005).

Speaking directly with participants and/ or their parents was considered an essential protocol. "I really found that just by talking with the individual or the parent, generally they know what they need," one facilitator explained. Parent discussion was considered essential to gain relevant information about the participant and the parents' trust. For example, one inclusion facilitator stated:

I think the most important step is the phone call. I strive to gain their [parents] confidence and let them know that we are going to work positively with them to make it as successful as humanly possible. But they need to let me know everything they can about their child, including the worst thing that may happen... Some parents have had bad experiences at other places and they're afraid to tell you things; I have to get past that.

Questionnaires were mailed to parents when the inclusion facilitator required additional information. These lengthy questionnaires (i.e., typically 2 - 5 pages) yielded information concerning health and safety concerns, behavioral plans, participant's cognitive and social abilities, likes/dislikes, fears, sensitivities, adapted equipment, and information on activities of daily living and augmentative communication. In addition, many facilitators sought information to help them design appropriate goals and objectives for program participation. A majority of inclusion facilitators asked parents and participants to sign confidential release of information forms, offering permission to speak with other professionals such as teachers, case workers, and specialists, concerning the participant's support needs. For example, one facilitator explained:

I determine where I go next depending on the kind of information that I'm getting from them [care providers]. Sometimes I send them [care providers] a confidential release of information form for them to sign. It identifies who I can talk to, like maybe it's the autism specialist, maybe it's a classroom teacher, or maybe it's a brother or sister.

Information sought from teachers included "how the participant interacts with peers and with the teacher, how they behaved in group settings, what kinds of cues do they need; that sort of thing." A few facilitators also indicated that parents occasionally provided them with access to their child's Individualized Educational Plan (IEP).

Some of the interviewees also sought permission to observe the individual and the accommodations and supports used in the school or home setting. "We do try to observe kids at school, but not just in the classroom. We want to see them in different environments. We also try to observe during recess and lunch times," explained one facilitator.

Based on needs assessment data, a few inclusion facilitators indicated they occasionally determined that a participant was not "ready" to participate in an inclusive setting and was subsequently referred to a segregated

program. For example, one facilitator explained, "We will go in to observe the child and then make an assessment on whether we feel that they could benefit from receiving inclusion services." Another noted, "We include them in a program if we feel it's appropriate based on the assessment."

### **Accommodation/Inclusion Plans**

Inclusion facilitators used assessment information to draft plans for inclusion supports that were shared with staff members who were responsible for the delivery of programs. Concretely described by one facilitator is the process that occurs following the collection of assessment data:

And then you start planning the types of supports that need to be in place... Do they need to have a service dog there? Do they need an accessible van? Do they need a sign language interpreter? Do they need somebody to just help them during the swimming portion of this camp? Start identifying what the support needs are.

Accommodation/Inclusion plans outlined specific accommodations or supports for implementation. In designing a comprehensive accommodation plan, many inclusion facilitators considered factors such as the facilities where programs were held, staff's experience with programming and working with individuals with disabilities, amount of structure provided, and the nature of activities. For example, a facilitator described factors she considered:

We try to select programs with staff that are more knowledgeable in programming, and we look at the environment to determine if it's a structured environment or it's looser. We look at the costs if necessary. The biggest thing for us is how will the staff of a particular program respond to inclusion?

Facilitators also relied heavily on how the participant was accommodated in the school system and what parents believed were necessary strategies for their children's success. Representative of this approach was one facilitator's statement that,

Many times parents will say they are in an inclusive classroom at school and they have a support staff person to assist them there. So we kind of know that they probably are going to need someone to assist them in our program.

In only a few cases was the inclusion plan a formal process requiring signatures of participants, parents, and program staff. When behavioral plans were necessary, they tended to be formal, planned for a "worst case scenario," and required agreement among program staff, inclusion facilitator, and the participant and/ or their parents. This inclusion facilitator's response was typical:

At the end of the meeting a plan is written up. The plan states what the park department staff (is) going to do to accommodate the child in the program. Then we ask everybody, including the participant, the parent, and the recreation staff, to sign it.

These plans were updated as necessary. For example, this same facilitator stated, "We'll start out providing one-on-one support for a child. Once they transition into the program, we find that the extra support is no longer needed, so the plan will be updated to reflect that."

In the majority of agencies inclusion plans were less formal and developed only on an as-needed basis, typically to address behavioral concerns. The fact that many individuals with disabilities were being included without a written accommodation plan is consistent with Wachter and McGowan's (2002) findings that in only 58% of the Special Recreation Associations were accommodation plans used.

### **Behavioral Interventions**

While questions in the interview guide were not designed specifically to elicit behavior management issues, interviewees addressed this area as a significant barrier to ISD. "Behavior management is probably one of the biggest challenges with respect to inclusion services, both for our specialists as well as the general recreation staff," declared one: administrator; a belief that was echoed across agencies. One inclusion facilitator noted, ""We've started to see many more children with behavioral issues, the most challenging of which are those

diagnosed with oppositional defiance disorder." The problem was of such magnitude that three of the agencies had contacted with behavior analysts for assistance with staff training, development of behavioral plans, and/or on-site technical support. As one administrator frankly described:

We just didn't have the training and the knowledge, so initially we hired behavior specialists who worked with the inclusion specialists and the families... We also hired a private vendor who came in to assist staff in working out behavioral plans and sometimes crisis intervention for kids with really challenging behaviors.

Agencies experienced mixed results with these consults. One administrator's experience was less than positive as is evident by her statement:

We have brought in behavior consultants... We've used them for trainings more than anything... it did not go well... he had a hard time identifying with the kinds of situations that the general park staff brought to him and he gave very clinical answers.

All agencies took a proactive approach to addressing behavioral issues by developing codes of conduct that outlined acceptable and unacceptable behavior with or without reasonable accommodations and providing staff - particularly summer and after-school staff with training on behavior management.

Behavioral interventions by inclusion facilitators were typically initiated by phone calls from program staff requesting assistance with a specific incident (e.g., violent behavior, uncontrolled outbursts). For example, one facilitator described a typical contact from program staff: "We know there's something going on with this kid. He just had a meltdown and he's in the camp director's office, and I really think you need to come over and help out." When contacted by program staff, inclusion facilitators usually conducted site visits and observed first-hand what was being reported. Following observations, inclusion facilitators assisted program staff to incorporate behavior management strategies, and in a few sites, initiated the development of a behavioral plan.

Simple behavioral strategies were used such as removing distractions from an environment, implementing reinforcement and token systems, removing disruptive participants from program areas for a period of time, and creating more program structure. Active and open communication was deemed essential since family members could share successful behavioral strategies used at home and in school to ensure consistency across settings.

### **Adaptations**

Interviewees had little to share about implementing adaptations with the exception that they were used on a "case-by-case" basis. One facilitator summed up her individualized and spontaneous approach by stating, "We just kind of do it without even thinking about it." It is likely that inclusion staff considered adaptations as common sense, subsequently leaving them with few concrete suggestions to share with other staff members. To identify adaptations, facilitators brainstormed with staff members, participants with and without the disabilities, and parents/family members. Inclusion facilitators were generally "willing to try whatever we can to make it work."

"The easy part is teaching them [general recreation staff] how to adapt activities for children who have physical disabilities," for which many adaptations were cited. Specific examples included the use of lightweight paddles to replace baseball bats, paintbrushes with large handles, grip gloves in the fitness center, and adapted toys borrowed from a regional resource center. Providing financial assistance through scholarships was also cited as an available accommodation. "We make a statement that there is really no reason why you cannot participate in our programs," one facilitator exclaimed. Several agencies were willing and/or had already purchased adaptive equipment, but found that these items were rarely requested.

Several accommodations to enhance communication were identified, including the availability of sign language interpreters, use of alternative formats for printed material such as large print, picture schedules and communication boards, and the provision of information in electronic format. Environmental adaptations ranged

from a sophisticated "soft room" for day campers who needed a "cooling off or "stimulation-controlled" environment to the simple provision of a quiet space to which participants could to retreat as necessary.

Increases in staffing and the provision of one-on-one supports were the most common adaptations. The use of a particular teaching style when needed, such as the breaking down of instructional steps and processes, was also frequently cited. "Not necessarily a task analysis breakdown of the activity, but asking them [instructors] to slow down the instructions and break them down into pieces," one facilitator noted. Inclusion facilitators also trained instructors to be "a little more hands-on" in their instruction and to "do more demonstration and less verbalization." A few of the inclusion facilitators identified the teaching of cooperative games to program staff who usually relied on competitive activities, but did not expand on this.

### **Inclusion Support Staff**

The provision of inclusion support staff to bolster programs was the most prevalent accommodation cited by inclusion facilitators and agency administrators. When asked how often the use of inclusion support staff was the only accommodation provided, responses included, "the majority," "75% to 80%," and "maybe 80% to 85% of the time." Extensive data were not collected to validate these estimations and, therefore, should be viewed with caution. Most often, inclusion support staff members were hired to increase staff-to-participant ratios. Interviewees were adamant about adequate staffing as a key element to ISD and, as one individual opined, "support staff play a major role in how successful it is for the specific participant and the family."

The primary role of support staff was to provide individualized assistance to participants based on their identified levels of need for safe and successful participation. These supports took on a number of forms including providing additional prompts, physical guidance, and assisting with the acquisition of leisure and physical activity skills. Inclusion facilitators also identified help with social skills and interacting with peers as being commonly provided by support staff.

### **Personal Care**

The topic of personal care was contentious and interviewees were very clear regarding their agency's position on the topic. Nearly half of the agencies provided personal care (e.g., assistance with toileting, feeding) to participants. In providing care, administrators and staff worked diligently with their agency's legal counsel to determine appropriate levels. One administrator stated, "I support doing as much as we can for inclusion. But on the other hand, I've got to look out for our staff and for our own livelihood."

In agencies that did not provide this service, they supported the presence of care providers in programs alongside participants with no additional registration fees. "Support staff we hire do not do personal care. The participant is responsible for finding someone to take care of those needs, and the personal care attendant attends the program at no charge," stated one facilitator and echoed by several others. Inclusion facilitators also worked with parents to brainstorm solutions to personal care needs, including the use of scholarships to pay for them.

### **On-Site Technical Support for Cenerai Recreation Staff**

One administrative strategy that we identified in the larger study was the preparation of all staff members across an entire agency (Schleien et al., 2009). In this way, a large majority of staff received training on the agency's inclusion philosophy, policies, and processes. As one facilitator noted and as many others echoed, "The generalized training piece that all staff receive isn't enough to really make them successful when they show up and have three children with disabilities, particularly autism, running around their site." Therefore, program staff usually received on-site technical support once a participant with a disability registered for a program. Inclusion facilitators communicated with program staff about "particular kids and what accommodations should be provided and things that would be helpful when working with those children." Other topics provided on an "as-needed basis" included supports in behavior management, administration of medication, instructional styles

for diverse learners, use of adaptations, and general; sensitivity and awareness based on the specific disability of the participant.

Inclusion facilitators oftentimes visited inclusive programs and worked directly with program staff. Facilitators were observed by program staff modeling appropriate techniques when interacting with participants, implementing behavior management strategies, communicating with parents, and leading inclusive activities. One facilitator described this as an "informal training opportunity." Site visits also provided inclusion facilitators with opportunities to offer reassurance to the general staff. For example, one facilitator expounded, "It's getting them to feel comfortable with the situation and showing them that it can work. 'We're going to work this out together'."

### **Preparing Peers without Disabilities**

Representatives at two agencies indicated that disability awareness and/or sensitivity training for participants without disabilities was a formal component of their inclusion processes in youth programs that were intensive and long in duration (e.g., afterschool program, summer day camp). In shorter programs (e.g., ceramics class), peers without disabilities were not prepared due to time constraints. Thirteen agencies were providing information to nondisabled youth only when deemed necessary and usually in lengthier programs. As one facilitator noted, "We do a lot more of that during the summer, because these kids are in camp 9 to 3, some of them, 7 to 6. They spend a lot more time there."

### **Facilitating Peer Interactions**

Specific strategies to promote appropriate social interactions between peers with and without disabilities (i.e., a key component of social inclusion) were rarely mentioned during the interviews. A few facilitators trained inclusion support staff on strategies to help participants with disabilities develop basic social skills, such as introducing oneself, taking turns, and sharing materials.

Peer empowerment strategies were commonly used and involved soliciting the assistance of peers to help participants with disabilities become more engaged in activities. For example, "Invite them to help their peer be a part of that group. Suggesting that maybe you guys can sit down and read a book together . . . or throwing the ball back and forth would help them become more involved." One facilitator explained that when peer empowerment was used, peers would "practically knock the support person out of the way and say, 'I'll help him'." Although not typically pre-planned, the effective use of peers is consistent with a growing literature encouraging the preparation of peers to facilitate inclusive recreation, rather than relying on one-on-one supports from staff members (Carter, Cushing, 6k Kennedy, 2009).

### **Documentation and Program Evaluation**

In agencies where participant assessments and accommodation plans were used, participant and program documentation were evident. One facilitator concurred:

So yes, there is some documentation. Is it full-blown formal? Absolutely not! But it is in a file so that if the child signs up the next year or the next season, and it's a new instructor and support staff, at least we have that information.

Common documentation included staff notations concerning participants' levels of success using different accommodations, behavioral notes, and in some cases, observed participant outcomes.

In the majority of agencies, some type of evaluation of ISD was conducted. Parents and/ or participants with disabilities were asked to complete evaluative questionnaires, as were programmers and support staff. These questionnaires were used to gather feedback on the agency's inclusion process, program successes and failures, and suggestions for program improvements. Parent questionnaires often included an item concerning perceived outcomes (e.g., new skills learned, friendship) for their child. The agency staff was usually asked to identify areas for additional training needs. Evaluative data were used to impact future inclusion processes and staff training and were often included in agency reports to administrators.

## Discussion

As we design, examine, and disseminate ways to offer recreational systems that effectively serve people with and without disabilities, two facts become clear. Firstly, a "cookiecutter" or universal approach to community recreation inclusion does not exist. Secondly, the challenges to successful and sustainable ISD are numerous and multifaceted. In the absence of quality standards and evidence-based models and practices, ISD remains tenuous. Inclusive services that engage people from underrepresented groups have historically been a low priority among the general public, legislators, and funders (Bullock & Mahon, 2000). Without clear outcome data that validate new ISD models and practices, it is possible, and potentially likely, that recreation agencies will resort to their old ways of serving the public - that is, prioritizing programming for the masses - leaving people with disabilities on the sidelines.

This research was instigated to identify interventions that could prove effective in guiding community recreation agency policy and program decisions. The approach we took was to go directly to the experts across the U.S. who were experiencing success in their ISD and whose efforts have been effective and sustainable. Our research revealed nearly a dozen programmatic practices that were being used in various combinations and at varying levels of formality. It is evident that much progress is being made across the U.S. in inclusive recreation service delivery.

That said, we have grave concern regarding some of the practices being used. A few inclusion facilitators indicated that their assessments resulted in the determination of whether an individual was "ready for" or "could benefit from" an inclusive program. If the prospective participant was not deemed "ready," he or she was referred to a segregated program. While we are in agreement that a continuum of options should be available, and that people should have the right to choose segregated services if they wish, we are concerned about the "gatekeeping" mechanism for access to inclusion. This type of "gate-keeping" activity is inconsistent with the fundamental principles of the ADA and thus could lead to litigation.

Successful and systemic ISD implies that any individual who chooses to participate in a program could count on the availability of accommodations. The issue may be more appropriately stated from the perspective that the program was not "ready" for the particular participant rather than the participant being unprepared. Several inclusion facilitators identified another approach to program-participant matching. If they believed the current program structure (note the difference in scenarios) would be problematic for the participant, they discussed with the participant and/or parent similar programs in other settings that could potentially lead to greater success. It was then left up to the participant and parent to decide where they would like to participate.

We believe more emphasis on fostering positive peer interactions and social relationships is warranted. According to Devine and colleagues (Devine & Lashua, 2002; Devine & O'Brien, 2007), program staff play an important role in ensuring that high quality contact occurs between peers with and without disabilities. Such peer-to-peer contact is a necessary characteristic of the social inclusion experience. According to their findings, factors that impacted the quality of contact and relationships within inclusive experiences included a high degree of staff support, staff members' openness to answering participants' questions about the characteristics of disabilities, their flexibility to alter plans in response to something not working according to plan, and the types of assistance provided to the participants.

## Limitations

Limitations to this study warrant discussion, including the small number of cases involved. Also, it is difficult to determine the levels of success attained by these exemplary agencies due to the paucity of evaluative data. There is the possibility that not all of the agencies represent the "best-of-the-best" in ISD. Furthermore, it is nearly impossible to be completely free of bias when using qualitative techniques (Patton, 2002; Strauss & Corbin, 1998). This limitation must be carefully considered since the researchers entered the study with inherent biases based on careers devoted to the study of ISD. We remained conscientious of these potential biases and

took extra precaution to explore the data carefully in an attempt to identify new strategies: not currently addressed in the literature.

### **Implications for Research**

Unfortunately, there has been little in the way of a comprehensive and systematic evaluation of programmatic efforts to help design and validate effective ISD models. With the majority of available evaluative data being summative in nature (e.g., parental satisfaction, barriers encountered), or knowledge base on relationships between effective recreation programming and participant outcomes is minimal. Consequently, the field has been unable to report confidently on participant successes, such as social inclusion, friendships developed, newly acquired skills, and increased physical conditioning. In addition to a paucity of participant outcome data, there is little understanding of the various combinations of inclusion supports and environmental contexts that result in positive outcomes. We also have minimal knowledge about what it takes to maintain effective ISD over time.

The exemplary agencies in this study reported their successes with the inclusion of children and youth with disabilities. Several interviewees communicated concerns over their lack of progress in the inclusion of young adults (i.e., transition-age youth), adults, and seniors. Children served in inclusive settings were more likely to request segregated services when they reached transition-age, a finding consistent with those of Goodwin, Fitzpatrick, Thurmeier, and Hall ( 2006 ) and Heyne ( 2006 ) . Heyne discovered that positive experiences in inclusive programming at a young age did not necessarily equate to continued involvement in inclusive experiences once participants with disabilities entered adolescence. Additionally, there are a growing number of seniors with age-related disabilities and dementia who desire access to recreation services and are being shunned by their peers who have little understanding of individual differences in ability or background. The need for further study of inclusion across the lifespan is clearly evident.

To begin to formulate valid models of best practices, inclusion facilitators will need to develop programmatic strategies necessary to help staff feel more comfortable and better skilled in accommodating participants. Likewise, agency administrators and policymakers will want to know how long it takes to transform a segregated service delivery system (e.g., special recreation) into a universally designed and sustainable system (e.g., zero exclusion) where services are planned and implemented - from their inception - to accommodate people of varying abilities (Schleien et al., 2009). Also, research is warranted to further investigate the existence and influence of an inclusive culture on ISD. Although key informants at several exemplary sites alluded to this inclusive "culture," there is a paucity of data to suggest that this culture must exist, or how one is formulated, in support of ISD.

Finally, emerging evidence in other disciplines on the success of peer companion programs in facilitating positive social inclusion outcomes for both peers with and without disabilities indicates a need to further examine the role of recreation staff responsible for direct inclusion supports (Carter et al., 2009). Evidence is also surmounting indicating that the presence of support staff reduces both peer interactions and skill development (Cartel et al., 2009). Capitalizing on the success of peer-to-peer interaction witnessed by inclusion facilitators, further investigation is warranted regarding the design of more purposeful peer companion models that de-emphasize staff's direct support responsibilities.

### **Implications for Practice**

The ubiquitous and necessary APIE process (i.e., assessment, planning, implementation, and evaluation) is central to the strategies being used in recreation agencies where inclusion has become a reality. Inclusive service delivery moving forward must continue to include the APIE format. In other words, TRS' must continue to do what they have been trained to do; that is, identify participants' strengths and needs, plan to meet their needs and build upon their strengths, implement programs that are accommodating, and evaluate the myriad successes and outcomes for participants and agencies alike. To accomplish these goals, participants and family members need increased options for inclusive participation, require opportunities to identify their needs for supports when registering for programs, and agencies must implement systematic processes of evidence-based

practices to accommodate a broader range of people. Comprehensive training of all staff members - from top managers to front desk workers - addressing the agency's inclusion philosophy, policies and procedures, and disability awareness and etiquette is a necessary component of ISD. Inclusion must be recognized as an agency priority in order for the necessary funding and program supports to be made available. Without the necessary administrative supports, there is likely to be minimal success with ISD (Schleien et al., 2009).

## Conclusions

We make the assumption that citizens throughout our communities, and those in the recreation field, believe in the inclusion movement and are searching for ways to accommodate many more people than they currently do. Although the literature is becoming crowded with lessons learned and "how-to" guides, there remains a paucity of good science, effective model building, and a comprehensive and coherent view of the inclusive recreation landscape. This research was conducted, and continues to proceed in a longitudinal way, to assist the therapeutic and general recreation fields understand key approaches to inclusion. Our mission is to obtain (i.e., through comprehensive and detailed qualitative research) and disseminate ideas that are accessible to a wide audience, feasible to implement, and align well with current practices. In our efforts to more clearly understand ISD, we have communicated with a large number of agency administrators, practitioners, participants, and family members who have been risk-takers and leaders at the forefront of this initiative. It is our hope that this collection of evidence based and other promising practices will serve to further our understanding of how people of varying abilities access inclusive recreation. If we are successful, many more deserving citizens will experience meaningful and beneficial recreation, physical, and social activities. This should lead to rich new opportunities and outcomes.

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