

# INNOVATION IN INCLUSIVE RECREATION

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## Abstract

The purpose of this concept paper is to present the innovation of inclusive recreation. Since the sea changes occurring in recreation, health, and human service in the 21<sup>st</sup> century from a deficit/problem-oriented approach to a strengths/capability approach, as well as social indicators and scientific support for the shift to a strengths-based approach. Strengths are at the heart of therapeutic recreation practice. It can be thought of as internal to individuals, and external, occurring in their environment and context. Inclusion is a new word that has evolved from two previous terms that had a similar meaning: mainstreaming and integration. Inclusion implies people with disabilities need to be physically and socially included in therapeutic recreation program. Creating learning environments in which all people are welcome, valued, and accepted, and who interact together on a regular basis. Inclusive recreation can be used as a mean of therapeutic intervention using therapeutic recreation process (APIE): assessment, planning, implementing, and evaluation. Assessment provides a way to think about and conduct assessment from a strengths perspective to ensure authentic and meaningful process. Planning examines the link between assessment and planning, and the principles and practice of planning. Implementation provides an overview of interventions in therapeutic recreation, applied from a strengths perspective. It uses the Leisure and Well-Being Model and the Flourishing through Leisure Model to categorize selected strategies and interventions, meanwhile, building internal and external strengths and resources across the Flouring through Leisure Model domains of well-being: leisure, psychological/emotional, cognitive, social, physical, and spiritual. Transition and inclusion provides a strengths approach to helping participants terminate services and continue to pursue a meaningful, fully engaged life in the communities. Finally, evaluation is the process will use in therapeutic recreation to document and evaluation the service.

**Keywords:** Inclusion, Recreation

## Introduction

A sea change occurring in recreation, health, education, and other human services in the 21<sup>st</sup> century from a deficits or problem-oriented approach to strengths or capability approach, as well as social-psychological and biological support for the strengths approach. This sea change affects people's quality of life and well-being. Leisure is the core of therapeutic recreation to help people feel good about their lives and make positive changes they want to see in their lives. It also provides a context in which to build strengths. Strengths are at the heart of therapeutic recreation practice. It can be conceptualized as being internal and external. Internal strengths include interests and

preferences, talents and abilities, skills and competencies, knowledge, aspiration and goals, and character strengths and virtue. External strengths include family support, friendships and social support, community resources, home resources, opportunities for participation and contribution, and high expectation. There is interplay between these two kinds of strengths: internal strengths can be directed toward building external environment supports; environmental supports can strengthen and nurture internal strengths (Anderson & Heyne, 2012). In strength approach, leisure is values as one of the great realm of life that can be enhanced. Improved well-being is holistic and inclusive, and health and functional ability are just one component out of many. Anderson & Heyne (2012) present eight principles to guide strength-based practice in therapeutic recreation. These principles include as follow:

- Principle 1: Every individual, group, family, and community has strengths
- Principle 2: Difficulties are also sources of challenge and opportunity.
- Principle 3: We do not know the upper limits of a participant's capacity to grow and change-only the participant knows
- Principle 4: Collaboration (not expert domination) is the basis for our interaction with participants
- Principle 5: Every environment is full of resources
- Principle 6: Context matters
- Principle 7: Hopefulness matters
- Principle 8: Strengths can be nurtured-thus they must be assessed, planned, focused on, and evaluated

Meanwhile participants are at the center of therapeutic recreation practice, and decision made through collaboration with them.

Inclusion is a new word that has evolved two previous terms that had a similar meaning: mainstreaming and integration. The term of mainstreaming first came into usage in the 1970s with the enactment of Public law 94-142. Integration borrowed from the Civil Rights Movement from 1955 to 1968. Inclusion is adopted by The National and Park Association (NRPA) in 1999. Inclusion means all participate and all belong. Inclusion is a new term was proposed to imply that people with disabilities need to be physically and socially included in programs. It signifies a deeper connection to others than the terms mainstreaming or integration; it implies community belonging (Anderson & Heyne, 2012). Mainstreaming and integration are not commonly used in the disability field today. They are commonly accepted as a process that consists of both the physical presence of people with disabilities in settings where people without disabilities are typical present and participation in social interaction and relationship between people with and without disabilities in typical settings. Participant in mainstreaming must earn his opportunity to be placed in a regular recreation setting by keeping up with the class and showing appropriate behavior. Integration is the placement of someone who has a disability with her peers in the regular setting (Wolfensberger & Thomas, 1983). Over the past decade, Dattilo(1994) and Berger(1994) stated that many people have begun using the term inclusion instead if integration. Inclusion has been defined as a process that enables an individual to be a part of his environment by making choices, being supported in what he does on a daily basis, having friends, and being valued. The purpose of this concept paper is to present the innovation of inclusive recreation.

### **Inclusive Recreation**

Inclusive recreation is a phrase used to capture the full acceptance and integration of persons with disabilities into the recreation mainstream. It reflects free and equal access to recreation participation by persons with disabilities.( Smith, Austin & Kennedy, 2001). Mainstreaming refers to providing person with disabilities opportunities to learn, work, and recreate in settings that have traditionally served the general public (Stein, 1985). Mainstreaming is both a goal and a process (Austin & Powell, 1980). As a goal, mainstreaming involves integrating people with special needs into the mainstream of society. It is based on the concept that all persons deserve to participate in the least restrictive environment possible so that they can function at their optimal level of independence. As a process, mainstreaming creates persons with disabilities to be able experience the least restrictive environment possible. Inclusion gives people equal opportunity to grow and develop to their full potential. The fundamental principle of inclusion is the valuing of diversity within the human community (Bullock & Mahon, 1997).

Recreation inclusion refers to empowering persons who have disabling conditions to become valued and active members of their communities through socio-cultural involvement in community-based leisure opportunities. Persons with disabilities should have the same changes for quality of life as person without disabilities (Sylvester, Voelkl, & Ellis, 2001).

The practice of recreation inclusion is based on a group of key principles. The first principle is the concept of **normalization** (Wolfensberger, 1972). Normalization refers to using appropriate cultural norms to measure the suitability of services delivered to person with disabilities. Services should reflect such positive cultural norms as choice, autonomy, dignity, interdependence, the rights to work and leisure, and living according to the typical rhythms and patterns of life. The second principle is **self-determination**. A corollary of self determination is empowerment, which refers to the process of gaining or regaining control in all aspects of one's life (Hutchison & McGill, 1998). The third principle is **social role valorization** (Wolfensberger, 1983). Social role valorization pertains to the value of society attached to people and social practices. The final principle is optimal environment. Persons with disabilities should be permitted to function in environments that are optimal conducive to their growth and development.

Schleien, Ray, & Green (1997) designated barriers as individuals (related to the person's particular disability) and external (related to the environment). Of the two classes, external barriers are the leading factors that inhibit accessible and inclusive recreation services. External include:

- Financial constraints
- Lack of quality staff
- Lack of transportation
- Inaccessible facilities
- Poor communication
- Ineffective service systems
- Negative attitudes

Besides external obstacles, internal barriers (relate to individual's disability, also require attention) include:

- Skill limitations

- Dependence
- Health and fitness
- Lack of knowledge

Schleien & Green (1992) pointed out three approaches for integrating person with disabilities into community recreation. In the **zero-exclusive approach** (programs are plan from beginning to include everyone) demands high levels of collaboration and commitment, accurate assessment of all participants.

In the **reverse mainstreaming approach** (segregated programs for persons with disabilities are structured to include nondisabled persons) includes five processes as follows:

- (1) Identification of segregated programs appropriate to the interest of persons without disabilities;
- (2) Assessment of needs, interests, and capabilities of potential participants;
- (3) Comparison and prioritization of the needs of participants with and without disabilities;
- (4) Training of segregated program leaders to meet the needs of individuals with and without disabilities; and
- (5) Program modifications to entice and keep the interest of all individuals.

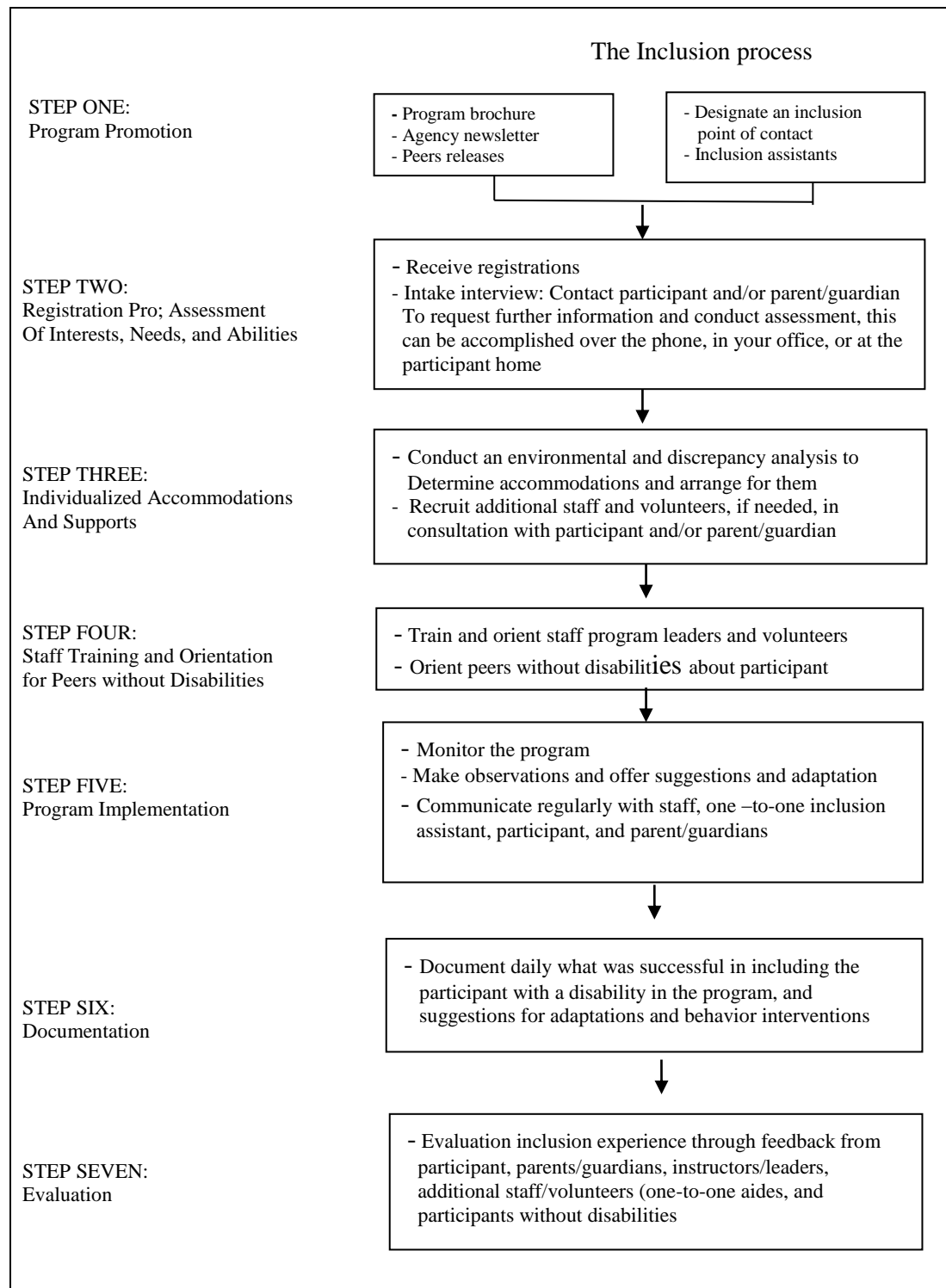
The third approach (the most popular program) is **the integration of generic recreation program**, including six-step strategies as follows:

- (1) Assessment of individual recreation preferences and needs;
- (2) Selection of age appropriate and demand of the activity;
- (3) Inventory of the environmental constraints and demand of the activity;
- (4) Assessment of individual skill levels and personal skill deficits relative to the identified demands of the activity;
- (5) Development of intrinsic and extrinsic strategies of facilitate to social inclusion of the individual with a disability by overcoming nondisabled participants; and
- (6) Implementation of strategies by integration specialists.

Eastern Delaware County (2015) suggests tips for inclusive programming: - 1) promoting inclusion through physical access, 2) promoting inclusion through programmatic access, 3) promoting inclusion through attitudinal access, 4) effective communication to facilitate inclusion, 5) using human resources to promote inclusion, and 6) committing to change and taking action.

### **Inclusion and the Therapeutic Recreation Process**

Therapeutic recreation intervention delivered through inclusionary service can be a powerful catalyst for change for people with disabilities, people without disabilities, and for society at large. The inclusion process involves (a) program promotion or referral; (b) assessment of the participant's needs and abilities, as well as assessment of the program environment; (c) planning for individualized supports such as accommodations, staff training, and peer orientation; (d) program implementation which includes monitoring and consultation with individuals; and (e) documentation and evaluation (Anderson & Heyne, 2012).



*Figure 1 – The Inclusion Process (Anderson & Heyne, 2012)*

As with any other therapeutic recreation service, inclusion services are delivered using the therapeutic process, or APIE: assessment (discover), planning (dream/design), implementation (deliver), and evaluation (deliberate) (Anderson & Heyne, 2012). Each of the phases of the therapeutic recreation process is dependent on other. No phase stands alone. It is a cyclical process (Figure 2) that can be repeated as often as necessary in order to meet the participant needs (Austin, 2013).

The four phases of therapeutic recreation process are presented in Figure 1.

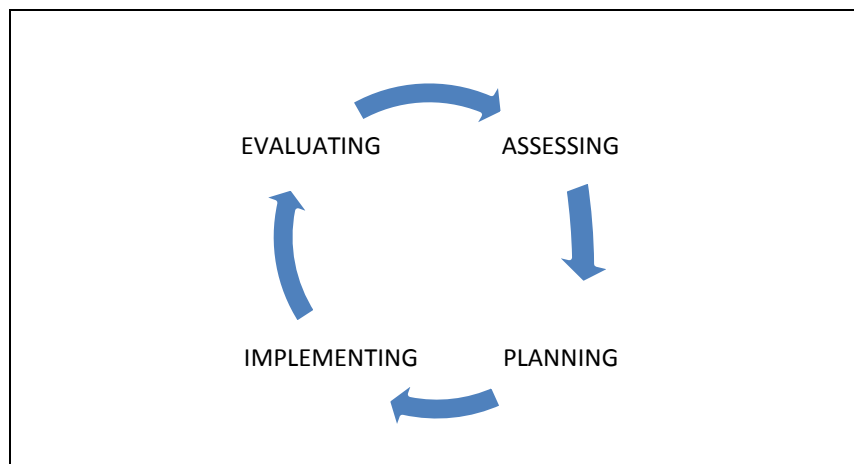


Figure 2 – Cycle of Therapeutic Recreation Process (APIE)

Assessment is the key step in therapeutic recreation process, and several guidelines were provided to ensure that is strengths-based, valid, reliable, authentic, ecological practical, and meaningful. Therapeutic recreation assessments, there are two aspects to assessment in inclusive recreation services: assessment related to the participants and assessment related to the environment. Interview, observation, and questionnaires are methods of assessing a participant's interests, needs, goals, and preferred recreation activities. Assessment of the environment is accomplished through an ecological assessment. Participation in every aspect of the program is identified. Ecological assessments are useful for planning and for documenting and evaluating participant progress (Anderson & Heyne, 2012). Figure 3 is the diagram of ecological assessment.

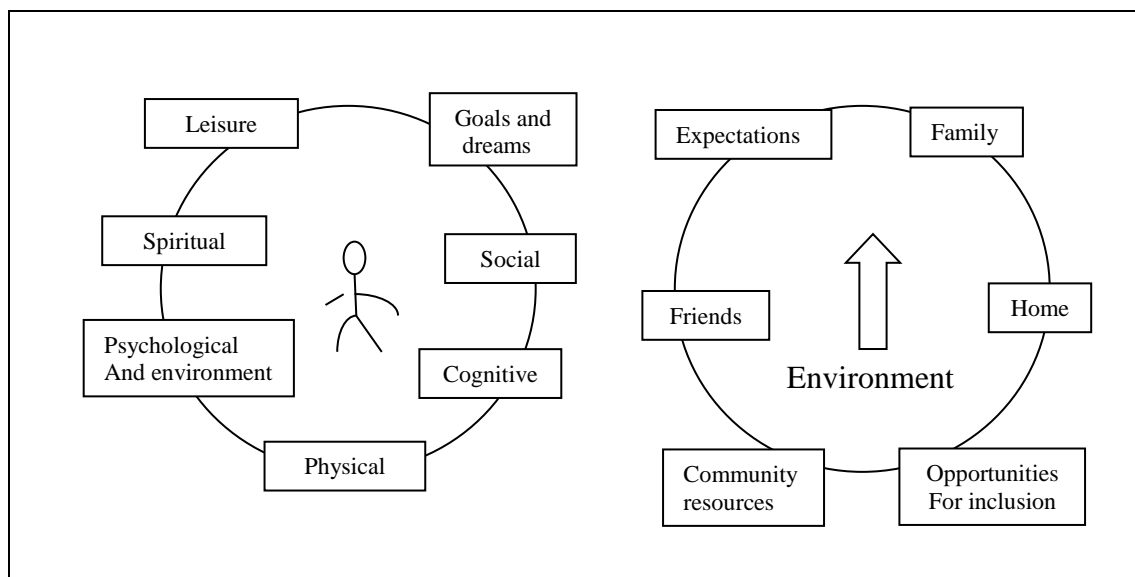


Figure 3 – Ecological Assessment Diagram (Anderson & Heyne, 2012)

Planning is the phase in the therapeutic recreation process where we work with participants to identify and develop their goals and dreams. Planning examines the link between assessment and planning, and the principles and practice of planning. Documenting the plan clearly allows all team members and circle of support to share the vision and to help implement the steps to reach the vision. Planning decision are made

in consultation with the participant. Another aspect of planning can involve providing a peer orientation, which is an opportunity to share information about the participant and his disability to other program participants.

Implementation provides an overview of interventions in therapeutic recreation, applied from a strengths perspective. It uses the Leisure and Well-Being Model and the Flourishing through Leisure Model to categorize selected strategies and interventions, meanwhile, building internal and external strengths and resources across the Flourishing through Leisure Model domains of well-being: leisure, psychological/emotional, cognitive, social, physical, and spiritual. Transition and inclusion provides a strengths approach to helping participants terminate services and continue to pursue a meaningful, fully engaged life in the communities.

Finally, evaluation is the process will use in therapeutic recreation to document and evaluation the service. The therapeutic involves both ongoing and summative approaches to evaluation. Anderson and Heyne (2012) suggest that the need for therapeutic recreation specialists who are trained to use therapeutic process in inclusive recreation settings was understood as a means to effect social change and to promote therapeutic outcomes for individuals with disabilities.

### **Conclusion**

Inclusion is a concept that needs to be extended to everyone who has not enjoyed equal opportunity to pursue recreation and leisure experiences. Inclusion involves a philosophy of acceptance that goes far beyond non-discrimination. An inclusive approach is a proactive one that strives to include all people. Inclusion in parks, recreation, and tourism is a key aspect of inclusion in society. It should be a choice for all people. Means must be provided for person from diverse population to gain the benefits other receive from pleasurable, growth enhancing recreational and leisure pursuits that allow people to flourish. The principles of normalization, self-determination, social role valorization, and optimal environment provide conceptual guideposts for practice of recreation inclusion. In addition, inclusive recreation requires creativity and innovativeness. Innovation in inclusive recreation will help recreation organizations and agencies toward greater inclusiveness.

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