

CHARACTERISTICS of RECREATION SERVICES for VIRGINIANS with DISABILITIES: AN ANALYSIS OF SURVEY FINDINGS

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Background

Recreation is acknowledged to be one of the most basic and essential of human needs for maintaining and improving health, making friends with different backgrounds, and engaging in community life (Dattilo, 2002; U.S. Office of Surgeon General, 2009). The Virginia Board for People with Disabilities (the Board) identified promotion of recreation by individuals with disabilities as an objective in its Five Year State Plan, 2007-2011. To assist planning potential activities on recreation services, the Board asked the 2008-2009 Disability Policy Fellow to conduct an exploratory study on recreation services provided to individuals with disabilities in Virginia. An overarching goal of this study was to determine the scope and degree of accessibility for local recreation services statewide, and to identify barriers affecting recreational agencies' attempts to provide programs/activities to individuals with disabilities.

Recreation, in its broadest definition, means any activities that individuals enjoy doing in their spare time (Orenburg, 2008). Literature has consistently addressed the needs of providing inclusive recreation services to individuals with disabilities (Dattilo, 2002; Schleien, & Miller, 2008; Smith, Austin, & Kennedy, 1996). Inclusion refers to giving everyone a chance to be part of community throughout their life (Dattilo, 2002). However, there is a lack of information regarding local recreation services and the extent of inclusive recreation programs implemented in Virginia.

To gain this information, the Board developed and conducted a mail survey focusing on recreation services for individuals with disabilities provided or funded by local governments. The purposes of this survey were as follows:

- To identify the types of recreation programs/activities available in localities to individuals with disabilities.
- To identify the extent to which the programs/activities are open to all people regardless disabilities (inclusive).
- To identify fees/costs, if any, that recreational programs/activities charge.
- To recognize successes achieved by recreational agencies regarding participation in programs/activities by individuals with disabilities.
- To identify the degree to which programs/activities are accessible to individuals with disabilities, both in terms of physical plant and promoting/marketing/ advertising.
- To identify barriers affecting recreational agencies' attempts to provide programs/activities to individuals with disabilities.

This report will include a literature review, description of survey methodology, data analysis, discussion of findings, and discussion of policy implications. The literature review served as a foundation for guiding the design of the survey instrument.

LITERATURE REVIEW

Overview of Recreation Services to Individuals with Disabilities

There is an increasing acknowledgment that individuals, regardless of gender and age, benefit from regular physical activities (Murphy et al., 2008; Pate, Prau, & Blair, 1995; Rimmer, Riley, Wang, Rauworth, Jurkowski, 2004; U.S. Office of Surgeon General, 2009). The participation of individuals in sports and recreational activities enhance overall health-related quality of life by improving physical function and mood, relieving symptoms of depression and anxiety, and promoting social interaction and inclusion (U.S. Office of Surgeon General, 2009; Ross & Hayes, 1988). Research has consistently demonstrated that the benefits of regular physical activities include reducing the risks of developing high blood pressure, insulin-dependent diabetes mellitus, and mortality resulting from coronary heart disease (Pate et al., 1995).

Regular physical activity is more important to individuals with disabilities than to the general population because they are more likely to develop secondary conditions related to their primary disability (U.S. Office of Surgeon General, 2009). A lack of appropriate physical activities may place individuals with disabilities at-risk of developing various kinds of secondary conditions such as poor cardio-respiratory function, chronic pain, joint contractures, depression, and obesity (Nary, Froehlich, White, 2002; Ross & Hayes, 1988). The negative effects of a secondary condition on the life quality of individuals with disabilities sometimes can be more severe than a primary disability (Nary, Froehlich, White, 2002).

Historically, individuals with disabilities were severely restricted to accessible public spaces to do physical and recreation activities. The situation gradually improved after the passage of the Architectural Barriers Act of 1986 and the Americans with Disabilities Act (ADA) of 1990. The ADA emphasizes that individuals with disabilities have an equal right to access and enjoy the same community resources used by and available to individuals without disabilities. The ADA has become the most important law to lead Americans to make a better society for all individuals regardless of their functional abilities. Since 1990, more recreation programs have been designed to meet the needs of individuals with disabilities (Dattilo, 2002). The most famous program known worldwide could be the Special Olympics program for individuals with intellectual disabilities.

Despite the increasing opportunities for recreation, individuals with disabilities are more limited in their participation compared to individuals without disabilities (Murphy et al., 2008). According to the national report, *Healthy People 2010*, in general, adults with disabilities tend to engage in physical activity less than adults without disabilities (Centers for Disease Control, 2009). For example, 33 % of adults without disabilities in the United States did physical activity 20 minutes/3 days/per week while only 23 % of adults with disabilities did so. In addition, 36% of adults without disabilities did not participate in any recreational physical activities as compared to 56% of adults with disabilities. Research conducted by the Centers for Disease Control reported that a smaller percentage of adults with disabilities (37.7%) met national recommendations for physical activities compared with those without disabilities, 49.4 % (Rimmer, 2008). Researchers have argued that various barriers may decrease participation in recreation by individuals with disabilities (Daruwalla & Darcy, 2005; Dattilo, 2002; Humpel,

Owen, & Leslie, 2002; Rimmer et al., 2004). A lack of safe recreation environments may discourage parents to support their children with disabilities in the participation of outdoor activities. The National Center on Accessibility (2002) notes that parents of a child with disabilities may have concerns that their child cannot fully use playgrounds because the design of most playgrounds is not physically accessible and safe for their child. Moreover, recreation programs for individuals with disabilities have been criticized for not providing inclusive activities that enhance social interactions and friendships among individuals with different backgrounds, regardless of functional abilities, through the natural interaction process (Dattilo, 2002; Moon, 1994).

In short, the improvement of physical accessibility in public settings mandated by ADA has increased recreation opportunities for individuals with disabilities. However, various barriers regarding recreation services and facilities still impede individuals with disabilities from fully executing their right to enjoy the benefits of leisure activities.

Best Practices in Inclusive Recreation Programs

The philosophical belief underlying inclusion is best described by Shafik Abu-Tahir (1995): “we are one even though we are not the same”(as cited in Dattilo, 2002, p.26). Inclusive recreation creates the opportunity for individuals with disabilities to participate in and be accepted through cooperative, competitive activities with persons with and without disabilities. Studies conducted in Austria have suggested that the increase of personal contact with individuals with disabilities through recreation may improve positive attitudes of people and society toward individuals with disabilities (Daruwalla et al., 2005; Yazbeck et al., 2004). The natural interactive process of recreation benefits each participant in recognizing the difference in limitations and strengths of others and in being aware how the difference may contribute to the whole group and society (Dattilo, 2002).

However, Schleien, Green, & Stone (2003) have argued caution in assuming that participation in recreation activities will automatically bring positive social relationships, noting that inclusion per se will not guarantee that individuals with disabilities will be accepted by their peers. In their view, rather than only focusing on physical participation and accessibility, creating a welcoming and accepting environment, which Sylvester and his colleagues call an “optimal” environment, is crucial to successful inclusive recreation. An “optimal” environment allows individuals with disabilities to explore different types/levels of activities according to their needs and abilities and facilitates the experience of playfulness and friendships.

The “optimal” environment of inclusive recreation programs may be best explained in a later publication by Schleien and his colleagues (2003). They concluded that inclusive recreation for individuals with disabilities ideally offers a continuum of acceptance levels: 1) physical integration, 2) functional inclusion, and 3) social inclusion. **Physical integration** serves as the basis for building the other levels. First, recreation programs should assure physical accessibility according to the needs of different types of disabilities in several ways. Facilities should be *architecturally accessible*; the activity sites should be easily reached by general public *transportation*; and transportation services should be provided when needed. In addition, *program information* should be distributed to disability-related agencies and

organizations and by alternate formats (such as large print brochures or audio versions) to individuals with disabilities.

Second, to assure that individuals with disabilities can function well within the given activities, **appropriate accommodation** according to their needs is essential. Appropriate accommodation, such as a telecommunication device (TDD) for persons who are deaf or hard-of-hearing, will enhance the confidence and autonomy of individuals when they use the recreational facilities and services by facilitating communication with other participants and staff. Recreation staff with adequate disability-related knowledge and resources to adapt activities according to individuals' needs also can function as an accommodation (Nolan, 2005).

The third level of acceptance is **social inclusion**. Social inclusion refers to experiencing social acceptance and/or participating in positive interactions with peers during recreation activities. It cannot be obtained by demands, only through internal motivation (Schleien et al., 2003). Individuals with and without disabilities have self-determination and are able to choose to what degree they want to engage in inclusive recreation programs. Generally, human beings tend to fear what they do not understand and feel uncomfortable interacting with those who are very different from themselves. Negative social attitudes toward individuals with disabilities, such as the popular belief that individuals with disabilities do not need or will not enjoy recreation, may diminish the interest in participation in inclusive recreation programs for individuals with and without disabilities (Dattilo, 2002; Moon, 1994; Rimmer, Riley, Wang, Rauworth, & Jurkowski, 2004). However, internal motivation sometimes could be stimulated by well-designed programming. Well-designed inclusive recreation programs employ well-trained staff, use proper marketing strategies, and provide appropriate accommodations. In addition, these well-designed programs are more likely to create a safe, welcoming environment to motivate individuals in the community to join recreational activities together and to facilitate each participant getting to know others better which, in turn, can lead to more positive recreation experiences.

Although these components are essential for successful inclusive recreation programs and an ultimate goal of these programs is to promote acceptance of individuals with disabilities, some researchers and recreation professionals have noted that there is great variance in the social inclusion needs or interests among individuals with disabilities, and individuals' self-determination should be respected (Dattilo, 2002; Schleien, & Miller, 2008). Just as individuals without disabilities may choose to recreate without much social interaction (e.g., exercise in gym or walk on a trail alone) or may prefer certain types of competitive recreation activities with those having similar physical conditions, so do individuals with disabilities. Hence, a high quality inclusive program needs to be flexible enough to allow ongoing adaptation according to individuals' needs and interests (Schleien, & Miller, 2008; Smith, Austin, & Kennedy, 1996; Sylvester, Voelkl, & Ellis, 2001). Some authors and recreational professionals have argued that, in addition to inclusive activities, sometimes recreation programs may include a few "segregated" and/or disability-specific activities to satisfy the person's needs or interests at specific times, e.g. when trying a new activity. Such activities can be used as stepping stones for further motivating the person to interact with others and to build confidence (Schleien, McAvoy, Lais, & Rynders, 1993; Kelo, personal conversation, 2008).

In summary, the recreation literature identifies key components for successful inclusive recreation programs, which include: respecting individuals' self-determination; creating a welcoming, "optimal" environment; and promoting physical, functional and social inclusion. Based on the literature, sub-dimensions corresponding to these components emerge, which are listed in Figure 1.

Figure 1: Components of best practices for Inclusive Recreation Programs

| Dimension | Operationalization (Action) |
|---|---|
| Welcome and provide opportunities for participation | <ul style="list-style-type: none"> * Provide recreation services to individuals with disabilities. * Advertise recreation programs at disabilities-related agencies/communities. * Provide relevant information such as transportation and comments to encourage individuals with disabilities to participate. |
| Respect individuals' choices | <ul style="list-style-type: none"> * Provide various kinds and levels of recreational activities for different individuals. * Allow individuals deciding the degree of participation and/or involving in the design of activities. |
| Promote physical integration | <ul style="list-style-type: none"> * Reduce the barriers related to physical accessible-related issues. |
| Promote functional inclusion | <ul style="list-style-type: none"> * Provide accommodation. * Provide staff training regarding inclusive recreation and/or hire well-trained staff. * Adapt recreational activities according to individuals' conditions. |
| Promote social inclusion | <ul style="list-style-type: none"> * Promote individuals' motivation and/or social skills to interact with others * Facilitate individuals to make friends with others. |

Barriers to Participation

Despite the evidence indicating the benefits of regular physical activity and recreation for health, individuals with disabilities are less likely to engage in physical activities than are individuals without disabilities (Pate et al., 1995; Ross & Hayes, 1988; U.S. Office of the Surgeon General, 2005). Numerous studies and books have addressed common barriers associated with lower recreation participation by individuals with disabilities: inaccessible environments, financial challenges, psychological/interpersonal challenges, and information/knowledge barriers (Chen, 2001; Humpel, Owen, & Leslie, 2002; Rimmer, 2004). Some barriers affecting participation by individuals with disabilities are similar to those without disabilities such as a lack of motivation, energy, and/or money. However, in general, individuals with disabilities often experience additional barriers related to their disabilities to accessing the wellness services they need (Nary et al., 2000; U.S. Office of the Surgeon General, 2005).

An extensive national survey (which had a sample size of 17,224, including 585 individuals with mobility impairment) compared the outdoor recreation participation patterns and constraints between individuals with mobility disabilities and those without disabilities (Williams et al., 2004). This study found that individuals with mobility disabilities tended to participate in more activities that were less physically demanding. Moreover, they were more likely to experience barriers related to their health conditions and to the accessibility of outdoor recreation. Identified barriers included personal health issues, no assistance for mobility, personal safety problems, inadequate facilities, inadequate transportation, and poorly

maintained areas. For individuals without disabilities, only one constraint (“not enough time”) significantly affected them more than those with disabilities.

These two groups had no statistically significant difference regarding six barriers: not enough money, inadequate information, crowded activity areas, outdoor pests, household member with disabilities, and no companions. Researchers speculated that the two groups did not show a difference regarding “not enough money” because participants chose their recreation based on their financial resources.

Inaccessible Environments

Historically, individuals with disabilities were severely restricted in recreation by inaccessible recreation places and facilities. Even though the situation improved after the enactment of the Architectural Barriers Act and the Americans with Disabilities Act (ADA), physical accessibility is still one of the major concerns of potential service users. The environmental barriers to individuals with disabilities include, but are not limited to, a lack of transportation and adaptive equipment, and/or inaccessible facilities (Chen, 2001; Rimmer et al., 2004). The National Center on Accessibility, which is dedicated to the improvement of access and inclusion for individuals with disabilities in recreation, has sponsored several statewide and across-states studies to address various types of accessibility problems in different recreation settings. [For specific information regarding NCA, please visit <http://www.ncaonline.org/index.php?q=node/66>]

A NCA-sponsored exploratory study focusing on five national parks (the Great Smoky Mountains, the Blue Ridge Parkway, the Shenandoah National Park, the Mammoth Cave National Park, and the Hot Springs National Park) identified visitor opinions about these parks’ physical accessibility, including the accommodations, from the perspectives of individuals with disabilities and/or their companions (Chen, 2001). A major limitation of this study was that the findings may not be generalizable because researchers used convenience sampling (researchers waited at parks and interviewed visitors with disabilities who appeared), and each park had less than 30 completed survey responses. The researcher did not intend to compare these 5 parks, which may account, in part, for the limited sample. One of the significant contributions of this study was that the survey included comprehensive accessibility questions and asked about the immediate experiences of visitors with disabilities.

In this survey, participants were asked to rate their perceptions of the park’s accessibility on a 7 point scale (i.e., 1-7, with higher scores referring to greater problems). Specific to Virginia, respondents visiting Shenandoah National Park gave an average rating of 3.93 on “lack of knowledge and/or helpful park staff regarding accessibility,” and 4.8 on “lack of accurate information on accessibility in the park.” In contrast, respondents visiting Great Smoky Mountains gave an average of 2.52 on “lack of knowledge and/or helpful park staff regarding accessibility,” and 2.62 on “lack of accurate information on accessibility in the park.” Moreover, the 3 most problematic physical accessibility problems cited for Shenandoah National Park were “lack of the width of doorway in restrooms (5.71)”, “lack of grab bars in restrooms (5.23)”; and “lack of accessible trail (5.13).” In contrast, for Great Smoky Mountains park, the 3 most problematic physical accessibility issues were “lack of accessible trail (3.61)”, “lack of accessible parking space (3.46)” and “lack of accessible overlooks and viewing areas (3.42).”

Since this was an exploratory study and the findings were limited by its sampling strategies, the author suggested more future research to further examine these issues.

In addition, a national survey of public and private campground owners found that there were few accommodations available to individuals with disabilities, especially those who had auditory, speech, and/or visual challenges. Although these campground owners indicated a willingness to improve their facilities to meet the needs of individuals with disabilities, they reported that they did not know either how or what to improve. Researchers speculated that this response might result from a lack of clear guidelines for campground owners to assess their facilities and from limited expressed needs by individuals with disabilities (Bloomer, Pappas, & Robb et al., 2006).

Financial Challenges

In addition to various accessibility challenges, the cost of recreation may also reduce participation by individuals with disabilities. In fact, financial challenges may not only limit individuals with disabilities in their choices of recreational activities, but may also limit service providers in increasing more inclusive recreation programs due to an inability to obtain revenue (More & Steven, 2000; Ostergren, Solop, & Hagen, 2005; Schleien & Miller, 2008; Williams et al., 2004). Through interviews with fifteen agencies representing a wide range of geographic regions and community sizes, a nationwide study on best practices in inclusive recreation found that budgets for inclusive recreation mainly came from general operating funds and/or specific tax fund sources. In general, only 3-5 % of operating funds in these agencies were dedicated to support inclusive activities. Additional resources came from an additional charge to recreation participants and funds from self-sustaining programs (Schleien & Miller, 2008). Limited funding could also postpone improvements for environmental accessibility and postpone hiring specialized full-time staff to serve individuals with disabilities (Chen, 2001).

Although user fees in recreation seem to be commonly accepted by the public, a study of 2 states (New Hampshire and Vermont) found that the use of fee-based recreation tended to decrease participation by those who had low incomes, e.g. less than \$ 30,000 per year (More & Steven, 2000; Ostergren, Solop, & Hagen, 2005). In general, nationally, the elderly, ethnic minorities, and individuals with disabilities are more likely to earn less compared to other groups. Hence, fee-based recreation services may be more likely to exclude these populations (Roanoke Council of Community Services, 2005). Even though some recreational activities do not cost much (e.g., entrance fees to a national park), when that expense is part of the broader scope of costs for a trip (e.g., hotel, food, and transportation), it may become a barrier to individuals with lower incomes (Ostergren, Solop, & Hagen, 2005).

It has been debated whether service fees should vary based on the users' characteristics (e.g., age, disability impairment, and/or income). A survey of 366 residents in two western states found that the public tended to support applying discounted fees for particular populations, including the elderly and individuals with disabilities (Nyaupane, Graefe, & Burns, 2007). However, this idea may not be feasible for those recreation agencies that do not have sufficient funding to cover the cost of providing accommodations to individuals with disabilities. As Schleien & Miller (2008) reported, only 3-5 % of an agency's operating budget tend to be used for inclusive activities and an additional charge to recreation participants may be

requested to cover the accommodation costs. Hence, individuals with disabilities may experience higher fees for a similar recreational activity than do individuals without disabilities. Because of a lack of consistent opinions and actions regarding recreation fees for individuals with disabilities, more public discussion and additional research are necessary to address two central issues regarding fees: 1) Whether the service fees should vary by service user characteristics; and 2) How to improve the funding mechanisms for recreation services to better serve individuals with disabilities.

Psychological/Interpersonal Challenges

Negative social attitudes toward individuals with disabilities, whether actual or perceived, may increase interpersonal and psychological barriers to individuals with disabilities in expressing or acting upon their interests in participation because of worry about other people's perceptions (Dattilo, 2002; Moon, 1994; Rimmer et al., 2004; Smith, Austin, & Kennedy, 1996). Some authors posit that individuals with intellectual disabilities seem more likely to face interpersonal challenges compared to other types of disability or impaired functioning (Williams et al., 2004; Young, 2003). When individuals with disabilities do not express interest or do not participate, recreational service providers are less likely to develop or provide them services (NCA, 2006; Rimmer et al., 2004).

Furthermore, a lack of interpersonal support as well as worry that requiring accommodations for recreation services will result in negative reaction from staff could also restrain individuals with disabilities from fully participating or enjoying recreation. Research indicates that some individuals with disabilities fear unknown recreational sites if no personal assistant, friend, and family member accompany them. As individuals without disabilities sometimes prefer to have a companion when visiting unknown places, so do individuals with disabilities. A companion may be more important for individuals with certain types of disabilities (e.g., visual impairment) and those who have difficulties in asking for assistance from strangers. Recreation service providers have reported that individuals with disabilities had less confidence to do physical activities, and that some families tended to overprotect the persons with disabilities (Rimmer et al., 2004). Because of a lack of confidence in doing physical activities, a lack of psychological security in new recreational settings, and the perceived of a lack of supportive environment, in some circumstances, individuals with disabilities may less express their interest in recreation, or feel more comfortable to do recreation/activities only with those with disabilities.

Information/Knowledge Barriers

Several researchers consistently reported that both individuals with disabilities and recreational professionals might not know what accessible recreation-related facilities/programs exist in their communities (Rimmer et al., 2004; Roanoke Council of Community Services, 2005). To ensure that information on accessible recreation programs or activities reach the most potential customers who have disabilities, recommendations have been made that recreational agencies improve their marketing strategies. Two recommended strategies are: a.) actively reaching out to the disability-related organizations and groups; and b.) designing alternative advertising formats to assure that the information is accessible by individuals with different types of disabilities (Dattilo, 2002; Moon, 1994).

In addition, without special training on working with individuals with disabilities, recreational professionals may not know how to respond to their needs (Dattilo, 2002; Rimmer et al., 2004). Staff training on serving individuals with disabilities and hiring professionally certified recreation staff (e.g. Certified Parks and Recreation Professional and Certified Therapeutic Recreation Specialist) may help enhance the motivation and ability of recreational program staff to work with this population (Rimmer et al., 2004; Smith, Austin, & Kennedy, 1996; Sylvester, Voelkl, & Ellis, 2001).

Recreation Services in Virginia

According to the *2007 Virginia Outdoor Plan*, parks and recreation budgets are often relatively limited compared to other local services. Data (for fiscal year 2008) from the state auditor (2009) indicated that there was wide variation in per capita annual expenditures by type of jurisdiction and within jurisdictions, which are shown in Figure 2 below.

Figure 2: Per Capita Annual Expenditures for Parks and Recreation by Jurisdiction.

| | Low (\$) | High (\$) | State Average (\$) |
|-----------------|-----------------------|-------------------------|---------------------------|
| Cities | Emporia (\$ 28.64) | Buena Vista (\$ 323.98) | \$ 103 |
| Counties | Highland (\$ 0.14) | Appomattox (\$ 177.82) | \$ 54.53 |
| Towns | Front Royal (\$ 4.90) | Herndon (\$284.05) | \$ 71.09 |

Source: Commonwealth of Virginia Auditor of Public Accounts, Comparative Report of Local Government Revenues and Expenditures for the Fiscal year Ended June 30, 2008, Richmond, Virginia, 2009)

By type of jurisdiction, cities overall had the highest average annual per capital expenditures for parks and recreation (\$103) and counties, the lowest (\$54.53)¹ (Commonwealth of Virginia Auditor of Public Accounts, 2009). Great variance in annual expenditures within similar jurisdictions also was reported: among cities, expenditures ranged from a low of \$28.64 per capita in Emporia to a high of \$323.98 per capita in Buena Vista (outside Lexington). Among counties, the range was from a low of \$0.14/per capita in Highland County to a high of \$177.82 per capita in Appomattox County. Among towns, the range was from a low of \$4.90 per capita in Front Royal to a high of \$284.05 per capita in Herndon.

In Virginia, although many localities provide some funding for parks and recreation, only six-nine of the ninety-six counties (72 %) reported having a full-time department in charge of parks and recreation related services. Although new parks and recreation departments are established occasionally, the current trend is a reduction in parks and recreation departments. In some localities, private organizations (e.g. Girl and Boy Scouts, YMCA, and local churches) become important partners with local government in providing short-term recreation services to their citizens. This current trend may also mean that local government is less likely to carry out a long-term recreation plan to increase the overall well-being of their citizens (*Virginia Outdoor Plan, 2007*).

With the exception of the *Virginia Outdoor Plan*, research or formal studies about the types and scope of recreation services for individuals with disabilities across the state are limited.

¹ The City of Manassas Park, Counties of Caroline, Russell, and Smyth, and the Towns of Blackstone, Colonial Beach, Marion, and Tazewell were not included in this 2008 report.

Although some local governments might evaluate their recreational services, during the period of this study, only one formal study report was located. By collecting information from 320 individuals with disabilities or families having a member with disabilities, the Roanoke Council of Community Services (2005) identified the preferences for recreation programs and the barriers to using recreational services in the Roanoke Valley. A list of activities, many of which had been offered by one of the local recreation departments, was provided for preference identification.² Findings most relevant to the Board's study are summarized below.

The Roanoke Valley report noted that "while one third (34%) of Roanoke Valley respondents reported being involved in some form of recreation, a substantial proportion reported having no interest in participating in any of the listed recreational activities (p.11)." Respondents overall most preferred recreational activities were day trips/tours (n=166, 55.4 %), cooking skills (n=145, 48.3 %), swimming activities (n=144, 48.0 %), movies (n=143, 47.7 %), exercise (n=138, 46.0 %), and picnics/dinners (n=138, 46.0 %). The ranking among these activities differed somewhat by respondent age and locality³. Respondents under 18 years of age were more likely to select cooking, swimming, and painting/drawing as their first three preferred activities, while those 18 years and older preferred day trips/tours, picnics/dinners. By locality, exercise, movies, day trips, and swimming were preferred for the respondents in the City of Roanoke; cooking, day trips/tours, and first aid/CPR were preferred by those in Roanoke County; and day trips/tours, exercise, and dances were preferred for those in the City of Salem. For individuals with developmental disabilities or a family having a member with developmental disabilities, the most preferred activities were day trips/tours, cooking, and swimming.

In the Roanoke Valley survey, one finding of note arose from the question, "*Would you like to participate in a public recreation program?*", which explored preferences regarding inclusion. Response selections allowed all respondents to state their preferred population mix during activities. The affirmative responses were:

- 52.7% of all respondents selected "*Yes, with others who have similar disabilities*";
- 27.5%, selected "*Yes, with others who do not have disabilities(with accommodations)*,"
- 16.3% selected "*Yes, with others who do not have disabilities (without accommodations)*."

Another 9.3% of all respondents stated that they did not want to participate in recreation activities.

The Roanoke Valley report concluded that the expressed level of interest supported an expansion of recreational activities in the area. It also speculated that individuals with disabilities who have social needs might be more likely to obtain satisfaction from interacting with other participants with disabilities. This finding offers support to the position that various social inclusion needs among individuals with disabilities should be recognized (Schleien, Green, & Stone, 2003).

² Majority of the Roanoke survey respondents lived in City of Roanoke, Roanoke County, or City of Salem.

³ In Roanoke survey, researchers only provide percentage information without statistical test in age and residence.

The three most significant barriers to participating in recreational services identified by all respondents in the Roanoke Valley study were the cost of the recreational services (44.3%), lack of information about available programs (40.7%), and lack of transportation (28.3%). Among respondents who had developmental disabilities (DD) or had a family member with DD, the three most significant barriers identified were cost of activities (39.8%), lack of knowledge about activities (38.3%), and lack of staff to assist (27.1%). The localities reported to the researchers that scholarships were available for youth unable to pay for therapeutic recreation, and “arrangements could be made” for others. Consideration of expanding the scholarships to adults was recommended. In regards to marketing, localities reported sending an announcement to each household in the area on a regular basis as well as posting information on the websites.

The findings on barriers of the Roanoke Valley survey were congruent with the research literature. A lack of comprehensive information regarding available and accessible recreation settings for individuals with disabilities may be a considerable barrier to increase participation by individuals with disabilities (Dattilo, 2002; Rimmer et al., 2004). Although some local agencies or organizations occasionally may provide information regarding recreational opportunities and accessible facilities to the public, the information may not be updated regularly⁴.

To examine the degree to which Virginia localities market recreation participation for individuals with disabilities on their websites, a random sample of websites of recreation-related departments in Virginia was reviewed. Only a few websites (e.g., Fairfax County, Norfolk City, and the Pulaski County) had a clear statement that welcomed individuals with disabilities, provided information on accessible facilities, and/or provided information about their adaptive recreation programs.

In summary, the limited funding for parks and recreation, especially for small counties and towns, and a trend of eliminating full-time parks and recreation departments in Virginia may mean that long-term recreation programs to improve the overall well-being of citizens are less likely to be available. In addition, some limitations in the current marketing of recreational opportunities for individuals with disabilities may impede potential service users in using available activities.

METHODOLOGY

Survey Instrument

The survey questions were developed from a variety of sources. As noted earlier in this report, based on the literature review, sub-dimensions for best practices in recreation for individuals with disabilities were identified (see Figure 1, p.7). These dimensions formed the major issues to be explored. A web search for survey questionnaires and studies on this topic was conducted, with attention to state studies referenced in the research literature. Follow-up e-mail correspondence with other states was done, as indicated. Some questions created for a New York statewide report (Lisbeth, 2003) were integrated into this survey with permission. Through the Virginia Recreation and Parks Society (VRPS), recreation researchers and

⁴ For example, YMCA of Greater Richmond in 2006 published *Program and Facility Disability Assessment*, and Virginia Commonwealth University in 2006 published *Virginia Recreational Resources for People with Disabilities*.

individuals with disability expertise were contacted to both identify existing surveys and to provide input on the wording and order of questions. Two rounds of review by VRPS staff and members were done to ensure thoroughness and appropriateness of the questions.

The resulting survey questionnaire had a total of 23 questions, of which two were open-ended, in five sections: Program Design/Activity Description, Promotion/Marketing/Advertising, Accessibility, Barriers/Challenges in Serving Individuals with Disabilities, and Staff Training. Likert scales were used in several questions, as applicable. At the end of this questionnaire, respondents were asked to voluntarily provide their contact information for possible follow-up as well as identify the localities served by the agency. The complete survey questionnaire is included in Appendix A (see pages 46 to 52).

Survey Population

This survey focused on local government recreation service providers. Because not every county or city has an independent department in charge of recreational services, several steps were taken to identify potential survey respondents. First, a list of the 134 counties and cities in Virginia was obtained from the official state website (see Appendix B, page 53). Second, outreach was made to the Virginia Recreation and Park Society (VRPS), which provided a contact list of its members through a Memorandum of Agreement. Third, the city/county list was compared against the VRPS membership list to identify those localities that were not a VRPS member; and, through website information and/or phone call, key personnel responsible for parks and recreation in the locality were identified for inclusion in the survey mailing list. As a result, a total of 126 local recreation agencies was identified.

Data Collection

A survey “package” was developed and mailed to promote good response rates. Through the Memorandum of Agreement, cover letters encouraging participation and explaining the study purpose from James C. Stutts, Executive Director of VRPS, and from Heidi L. Lawyer, Executive Director of the Virginia Board for People with Disabilities, were included with the survey instrument (see Appendix C, pages 54 to 56). Each survey package included a postage-prepaid reply envelope to facilitate return. In addition, as part of the agency identification process, electronic addresses (e-mail) for each contact person was obtained whenever available; and both the letters and survey instrument were e-mailed several days after the regular mail was sent. The e-mail address and phone number for the Board survey supervisor was provided prominently in both the Board cover letter and the survey instrument.

The data collection period was set as October 28 to November 21, 2008 to avoid the holidays, but the deadline was extended to December 12 at the request of several respondents. During the original period, two reminder e-mails were sent along with an attached electronic-version of survey questionnaire; and if only a regular mail address was available, two letters of reminder were sent.

The response rate was high- 50%. A total of 64 questionnaire responses were received. In addition, one county staff administrator called to advise that the county had neither a department nor funding to provide recreation services; and another returned a blank questionnaire with a similar written message. Because five of 64 responses lacked completed

data, this study, with one exception, only used 59 responses for data analysis. For question # 1, a total of 61 counties/cities were used rather than 59 to include the two counties that reporting being without a parks and recreation department and funding for parks/recreation services. Doing so provides a more complete picture of services. The agencies responding to the survey, however, did not represent the entire state. Therefore, the findings of this study cannot be generalized to the entire state.

Data Analysis

Using SPSS 16.0 software, the frequency distribution for responses to each question and missing data, if any, were identified. Some issues should be noted in understanding and interpreting the research findings. First, the survey questions only focused on the recreation services provided or funded by the local governments during the period of October 2007-October 2008. Hence, the data may not reflect on the current circumstances of these localities, which in 2008 were negatively impacted by the severe recession.

Second, of the 59 responses, 57 were from a parks and recreation department/agency under local government and 2 responses, from a parks and recreation authority. However, the designated service areas among these 59 agencies were not mutually exclusive. Based on the optional information provided on localities served, 4 of the fifty-nine agencies were located in Fairfax County, and two were located in Montgomery County. This means that one locality may have more than one agency providing services, sponsored by the local governments. The 4 responding agencies serving Fairfax County residents were the Fairfax County Park Authority, Fairfax County Department of Community and Recreation Services, Northern Virginia Regional Park Authority, and the Reston Community Center. Information on recreation services for Montgomery County was provided by the County Parks and Recreation and the Blacksburg Parks and Recreation.

Furthermore, one agency may serve more than one jurisdiction. For example, the Rockbridge Area Recreation Organization served both Rockbridge County and Lexington City, and the Northern Virginia Regional Park Authority served Arlington County, Fairfax County, Loudoun County, and the Cities of Alexandria, Falls Church, and Fairfax.

Third, several survey questions (# 1, 3, 5, 9, 11, 14a, 15a, 16a, 20, 21, 22) instructed respondents to “*check all that apply.*” Because respondents could check more than one response, the total sum of these 11 questions exceeds one-hundred percent. Total percentage information in these questions was therefore not provided.

Finally, some survey questions included the response category “*Other*” to allow respondents make comments and to provide additional information (e. g question #1, 3, and 9). Some respondents only checked this category without providing specific information, and others gave comments that seemed to duplicate the existing response categories. For simplicity, only comments that did not duplicate the existing categories and that were made by more than one agency are reported.

RESULTS

General Information

Various key local personnel returned the survey responses. Among the fifty-nine responses, 34 (57.6%) were self-identified as recreation program directors. The remaining respondents (N=25, or 42.4%) identified their title as manager, supervisor, or coordinator. Half of these agencies were located in either the Central Region or Northern Virginia; 18.64 %, in the Valley Region; 16.94 %, in the Coastal region; and 13.56%, in Mountain Region.

Figure 3: Location of Responding Agencies (N=59)

| Geographic Areas | Cities and Counties | Number (Percentage) |
|--------------------------|--|----------------------------|
| Central Region | County (8): Albemarle, Appomattox, Charlotte, Chesterfield, Halifax, Hanover Henrico, Nelson City (7): Bedford, Charlottesville, Colonial Heights ⁵ , Danville, Lynchburg, Petersburg, Richmond, | 15 agencies (25.42 %) |
| Coastal Region | County (4): Charles City, King William, New Kent, York City (6): Chesapeake, Hampton, Newport News, Norfolk, Virginia Beach, Williamsburg | 10 agencies (16.94 %) |
| Mountain Region | County (7): Franklin, Giles, Grayson, Montgomery (2 agencies), Scott, Wythe, City (1): Galax | 8 agencies (13.56 %) |
| Northern Virginia | County (11): Arlington, Culpeper, Fairfax (4), Fauquier, Loudoun, Prince William, Spotsylvania, Stafford City (4): Alexandria, Falls Church, Fredericksburg, Manassas | 15 agencies (25.42%) |
| Valley Region | County (8): Augusta, Botetourt, Clarke, Frederick, Roanoke, Rockbridge, Shenandoah, Warren City (3): Harrisonburg, Roanoke, Staunton | 11 agencies (18.64%) |

Note: N= total number of responding agencies by jurisdiction.

Question # 1 (Table 1).

Approximately a tenth of respondents (9.8 %) reported that they have “No partners/contractors, we only use our own staff”. Among those using partners/contractors, the primary partner/contract category was “school” (67.2%) and non-for-profit agencies (62.3%) . Although the response category “Other” accounted for 23.0% of respondents, most of partners/contractors so identified can be categorized as either school or non-profit agencies. In addition, several agencies reported contracting with the “Boys or girls scouts”, “local churches”, and/or “Special Olympics.”

⁵Colonial Heights was not included in the list of localities provided in the Appendix B

Table 1: In the past 12 months, with whom did you partner/contract to provide recreation programs to your citizens? (Check all that apply)

| Response | Number of Agencies | Percent |
|--|--------------------|---------|
| School | 41 | 67.2% |
| Non-profit agencies | 38 | 62.3 |
| Independent contractor | 28 | 45.9 |
| For Profit agencies | 22 | 36.1 |
| YMCA | 12 | 19.7 |
| Other | 14 | 23.0 |
| No partners/contractors, we only use our own staff | 6 | 9.8% |

Number and Type of Recreation Provided - Questions #2 (Table 2) & # 3 (Table 3)

Slightly over half of respondents indicated that they provided more than 140 recreational programs in the past 12 months (50.8%). The next most frequent responses were as following: 1-20 programs (13.6%), 21-40 (10.2%), and 81-100 (10.2%). Other responses categories ranged between 1.7 percent and 5.1 percent.

Table 2: During the past year, what was the total number of recreation programs provided by either your staff and/or partners/contractors to your citizens? (Check one) (N=59)

| Number of Programs | Number of Agencies | Percent |
|--------------------|--------------------|---------|
| 1-20 | 8 | 13.6 % |
| 21-40 | 6 | 10.2 |
| 41-60 | 1 | 1.7 |
| 61-80 | 2 | 3.4 |
| 81-100 | 6 | 10.2 |
| 101-120 | 3 | 5.1 |
| 121-140 | 1 | 1.7 |
| More than 140 | 30 | 50.8 |
| Missing | 2 | 3.4 |

* **Note:** Some agencies did not respond to this item and were counted as "missing."

A majority of respondents indicated that their recreational activities included sports (89.8%), crafts (79.7%), swimming (74.6 %), wellness/fitness activities (72.9%), field trips (71.2%), art (69.5%), dancing (64.4 %), hiking/walking (62.7%), playing games (61.0%), leisure education (59.3), picnicking (54.2%), and concerts/music lessons (52.5%). Recreational activities least likely to be provided were camping (20.3%), horseback riding (23.7%), and winter sports (27.1%). Under "Other" (33.9%), agencies reported providing movies or cooking programs to their citizens.

Table 3: What types of activities did your programs provide? (Check all that apply)

| Type of Activity Provided | Number of Agencies | Percent * |
|--|--------------------|-----------|
| Sports (basketball, tennis, etc.) | 53 | 89.8 % |
| Crafts | 47 | 79.7 |
| Swimming | 44 | 74.6 |
| Wellness/Fitness activities | 43 | 72.9 |
| Field trips (day or overnight) | 42 | 71.2 |
| Art (painting, drawing, drama, etc.) | 41 | 69.5 |
| Dancing | 38 | 64.4 |
| Hiking/Walking | 37 | 62.7 |
| Playing games | 36 | 61.0 |
| Leisure education | 35 | 59.3 |
| Picnicking | 32 | 54.2 |
| Concerts, music lessons | 31 | 52.5 |
| Fishing or Hunting | 23 | 39.0 |
| Canoeing | 20 | 33.9 |
| Others | 20 | 33.9 |
| Jogging/running | 18 | 30.5 |
| Biking | 18 | 30.5 |
| Winter Sports (ice skating, skiing etc.) | 16 | 27.1 |
| Horseback riding | 14 | 23.7 |
| Camping | 12 | 20.3 |

* **Note:** Percent is based on the proportion of the total responding agencies

Question #4 (Table 4)

This question attempted to address inclusion in recreational activities. A few recreation agencies (N= 3, or 5.1%) reported that only individuals with disabilities participated in their programs. More importantly, a sizeable proportion of respondents (44.1%, N=26) reported that, in the past 12 months, “10% or less of the total number of programs had a combination of people with disabilities and without disabilities.” Another 28.8% of agencies (N=17) reported that “11%-50 % of the total programs had a combination of people with disabilities and without disabilities”. Five respondents or 8.5 % reported that 51 % or more of programs offered had a combination of people with disabilities and without disabilities. However, about 10 % of respondents either “do not know” (8.5%) or did not provide information (1.7%) for this question.

Table 4: Who participated in your recreation programs? (N=59)

| Participant Descriptions | Number of Agencies | Percent |
|--|--------------------|---------|
| Only people <i>without</i> disabilities participated | 2 | 3.4% |
| Only people <i>with</i> disabilities participated | 3 | 5.1 |
| 10% or less of the total number of programs had a combination of people with disabilities and people without disabilities. | 26 | 44.1 |
| 11%-50% of the total number of programs had a combination of people with disabilities and people without disabilities. | 17 | 28.8 |
| 51%-90% of the total number of programs had a combination of people with disabilities and people without disabilities. | 3 | 5.1 |
| 91%-100% of the total programs) had a combination of people with disabilities and people without disabilities. | 2 | 3.4 |
| Do not know | 5 | 8.5 |
| Missing | 1 | 1.7 |

Question # 5 (Table 5)

Question # 5 explored the extent to which each agency served different types of individuals with disabilities. A majority of respondents stated that their programs included individuals with mobility impairment (79.7%), intellectual disabilities (69.5%), Autism (69.5%), or hearing impairment (66.1%). Almost half of agencies included individuals with visual impairment (49.2%) and speech impairment (49.2%) in their recreational programs. Twenty-seven percent of respondents (N=16) selected "Other", in which at least two agencies identified Downs Syndrome, Attention-deficit/hyperactivity disorder, and serve psychiatric disorders such as bipolar disorder. Slightly over 10% (N=6) did not include individuals with disabilities in their recreational programs.

Table 5: Among the participants in your recreational programs during the past 12 months, what types of disabilities were represented? (Check all that apply)

| Type of Disability | Number of Agencies | Percent |
|--------------------------------|--------------------|---------|
| Mobility Impairment | 47 | 79.7% |
| Autism | 41 | 69.5 |
| Intellectual Disability | 41 | 69.5 |
| Hearing Impairment | 39 | 66.1 |
| Blind/Visual Impairment | 29 | 49.2 |
| Speech Impairment | 29 | 49.2 |
| Other disability or impairment | 16 | 27.1 |
| No disabilities | 6 | 10.2 |

Question # 6 (Table 6)

Question # 6 explored the 3 aspects of inclusive recreation programs: social inclusion (item 6a); individualized program planning (6-b, -c, -g, & -h), and program development and offerings (6-d, -e, & -f). Respondents rated their agencies on a 4-point Likert-like scale. In developing this question, two response options were added to the Likert-like scale in order to reduce potential response errors resulting from social expectation (i.e., those who should check “not at all” but gave a false answer, assuming that the truth will be against social expectations and reflect badly on them). The two added responses were: “No, but would like to do so” and “Do not know.”

When responses of “At all times” and “To a great extent” are combined, some additional patterns emerge regarding implementing inclusive recreation programs. Over half of these agencies provided service on assessing individual needs (# 6b, N= 32, or 54.2%), offered both competitive & cooperative programs (# 6 e, N=32, or 54.2 %), and adapted program materials and environments according to individual need (# 6c, N=30, or 50.8%) “At all times” and “To a great extent. Less than one third of these agencies involved participants, parents, and/or care providers in the collaboration of program development (# 6 f, N=14, or 23.8 %), and set a specific goal for participants with disabilities (# 6 h, N=16, or 27.1 %). The counts for missing data were 1 for Q # 6b; 2 for Q # 6c and Q #6d; and 3 for Q # 6e and # 6h.

This finding indicated that half of these agencies did provide great amount of services in assessing individual participant needs, offering both competitive & cooperative programs, and adapting program materials and environments according to individual need. However, these agencies did not providing services in an immense degree related to involving participants, parents and/or care providers in the collaboration of program development, and setting a specific goal for participants with disabilities.

Question # 7 – Program/Activity Fees (Table 7)

In the question # 7a “Charge fees for all participants”, only 5.1 % agencies (N=3) rated at “Not at all,” indicating most of these agencies charged fees (N=55, or 93.2 %) for recreation services. In addition, when responses of “At all times,” “To a great extent,” and “To some extent” are combined, this study found that these agencies were more likely to charge differently based on the contents of recreation programs (# 6b, N=50, or 84.7%), the financial status of participants (# 6d, N=37 ,or 62.8 %), and the age of participants (# 6c, N=36, or 61.1 %). These agencies were least likely to charge differently based on the disability impairments of individuals (# 6e, N=14, or 23.7 %). The counts for missing data were 2 for Q # 7b and 7c; 3 for Q # 7e: and 4 for Q # 7d.

Table 6: For each of the following statements, please check the one that best describes your programs. Did recreation programs provided by your staff and/or partners/contractors ? (N=59)

| | At all Times | To a great extent | To some extent | Not at all | No, but would like to do so | Do Not Know |
|---|----------------|-------------------|----------------|-------------|-----------------------------|-------------|
| Social inclusion | | | | | | |
| a. Promote social interaction between people with and people without disabilities. (Social inclusion) | # 13 22.0 % | 16 27.1% | 27 45.8% | 3 5.1% | 0 | 0 |
| Individualization | | | | | | |
| b. Assess individual participant needs and preferences. | # 12 20.3% | 20 33.9% | 22 37.3% | 2 3.4% | 2 3.4% | 1 1.7% |
| c. Adapt program materials and environments according to individual need | # 11 18.6% | 19 32.2% | 21 35.6% | 2 3.4% | 4 6.8% | 2 3.4% |
| g. Provide one-on-one assistance to participants when needed. | # 12 20.3% | 14 23.7% | 26 44.1% | 5 8.5% | 2 3.4% | 0 |
| h. Set a specific goal for participants with disabilities. | # 5 8.5% | 11 18.6% | 17 28.8% | 17 28.8% | 6 10.2% | 3 5.1% |
| Program development | | | | | | |
| d. Offer at least three different skill levels (e.g., beginner, intermediate, advanced). | # 6 10.2% | 16 27.1% | 32 54.2% | 3 5.1% | 0 | 2 3.4% |
| e. Offer both competitive & cooperative programs. | # 12 20.3% | 20 33.9% | 19 32.2% | 3 5.1% | 2 3.4% | 2 3.4% |
| f. Involve participants, parents, and/or care providers in the collaboration of program development. | # 6 10.2% | 8 13.6% | 37 62.7% | 6 10.2% | 2 3.4% | 0 |

Table 7: Program/activity FEES: (For each statement, check the one that best describes your programs) (N=59)

| Our programs... | At all times | To a great extent | To some extent | Not at all | No, but would like to do so | Do Not know |
|--|---------------|-------------------|----------------|-------------|-----------------------------|-------------|
| a. Charge fees for all participants | # 15 25.4% | 23 39.0% | 17 28.8% | 3 5.1 % | 1 1.7% | 0 |
| b. Charge differently based on the contents of recreation programs | # 15 25.4% | 18 30.5% | 17 28.8% | 6 10.2% | 1 1.7% | 0 |
| c. Charge differently based on the age of participants | # 7 11.9% | 8 13.6% | 21 35.6% | 20 33.9% | 1 1.7% | 0 |
| d. Charge differently based on the financial status of participants | # 6 10.2% | 6 10.2% | 25 42.4% | 15 25.4% | 3 5.4% | 1 1.8% |
| e. Charge differently based on the disability impairments of individuals | # 1 1.7% | 3 5.1% | 10 16.9% | 40 67.8% | 2 3.4% | 1 1.7% |

Promotion/Marketing

Recommended “best practices” for inclusive recreation programs include promotion and marketing strategies that will ensure outreach to individuals with disabilities. Program advertising should provide information on accessibility features, including adaptive equipment or other accommodations, to enhance program “attractiveness” to individuals with disabilities. Questions # 9-11 collected information to examine the extent to which agency promotion and marketing efforts or materials followed those best practices.

Question # 9 (Table 8)

Question # 9 asked agencies to identify the type of materials or media used to market their programs. Almost all of the responding agencies stated that they used flyers/ brochures (93.2%); and more than two-thirds used a website (81.4%) or newspapers (76.3%). A majority , used e-mail announcements (54.2%). Less than half of the responding agencies used catalogues (49.2 %). Mass media were less frequently used for marketing: television (44.1%) and radio (35.6 %).

Table 8: Marketing/Promotion of ,Recreational programs/activities (by agency or partners/contractors)

| Marketing Tools | Number of Agencies | Percent |
|------------------------|---------------------------|----------------|
| Flyers/brochures | 55 | 93.2 % |
| Website | 48 | 81.4 |
| Newspapers | 45 | 76.3 |
| E-mail announcements | 32 | 54.2 |
| Catalogue | 29 | 49.2 |
| Television | 26 | 44.1 |
| Radio | 21 | 35.6 |
| Other: | 17 | 28.8 |

Question # 10 (Table 9)

This question explored the extent to which the marketing materials used by these agencies addressed accessibility as a means of “welcoming” individuals with disabilities to participate. When responses of “At all times” and “To a great extent” are combined, some additional patterns emerge regarding “welcoming” messages. A sizeable proportion of agencies (N=24, or 40.6 %) had marketing materials that encouraged individuals with disabilities to participate in their programs (#10d). In contrast, only 22.1% (N= 13) of agencies provided information about physical accessibility of the location (#10a). Far fewer agencies (N= 8, or 13.6 %) provided information about availability of adaptive equipment (#10b), or provided alternative advertising formats (#10c, n=7, or 11.9 %). The counts for missing data were 1 for Q # 10a, 2 for Q # 10d, and 3 for Q # 10b and 10c.

Table 9. (For each of the following statements, please check the one that best describes your programs.) Did the marketing materials used by your staff and/or contractors (N=59)

| | At all times | To a great extent | To some extent | Not at all | No, but would like to do so | Do not know |
|---|---------------------|--------------------------|-----------------------|-------------------|------------------------------------|--------------------|
| a. Provide information about physical accessibility of location | 8 13.6% | 5 8.5% | 21 35.6% | 20 33.9% | 4 6.8% | 0 |
| b. Provide information about availability of adaptive equipment | 4 6.8% | 4 6.8% | 21 35.6% | 25 42.4% | 2 3.4% | 1 1.7% |
| c. Come in alternate formats such as large print brochures or audio version for people with visual impairment | 4 6.8% | 3 5.1% | 8 13.6% | 34 57.6% | 7 11.9% | 1 1.7% |
| d. Encourage individuals with disabilities to participate in the programs | 13 22.0% | 11 18.6% | 19 32.2% | 11 18.6% | 3 5.1% | 0 |

Question # 11 (table 10)

Almost forty-one percent of the agencies (N= 24, or 40.7%) did not send their program information to disability-related organizations. The proportion of agencies reporting that they did so for at least one organization ranged from only 10.2 to 37.3 percent. These agencies most frequently had one of the following four disability organizations on their mailing lists: "Local Community Services Board"(37.3%), "Local chapter of The ARC of Virginia" (32.4%), "Family Support network/group" (20.3 %), and "Autism society or other autism groups" (20.3 %). Ten agencies, or 16.9%, also added a response for "Other", of which two identified Special Olympics while the others listed various organizations.

Table 10: Which of the following disability organizations are on your mailing or distribution lists for your promotional or marketing efforts? (Check all that apply)

| Type of Disability Organization on List | Number of Agencies | Percent |
|---|---------------------------|----------------|
| Do not have disability organizations on our mailing lists | 24 | 40.7% |
| Local Community Services Board (CSB) | 22 | 37.3 |
| Local chapter of The ARC of Virginia | 19 | 32.4 |
| Autism Society or other autism groups | 12 | 20.3 |
| Family Support network/group | 12 | 20.3 |
| Local Center for Independent Living (CIL) | 11 | 18.6 |
| Local chapter of Brain Injury Association of Virginia | 10 | 16.9 |
| Local Disability Services Board (DSB) | 10 | 16.8 |
| Local chapter of Cerebral Palsy of Virginia | 6 | 10.2 |
| Do Not Know | 7 | 11.9 |
| Missing | 2 | 3.6 |

Accessibility

Physical accessibility of program facilities and activities is a foundational step for offering inclusive recreation programs. Questions #12 and 13 explored the degree to which these agencies created accessible environments to meet the needs of individuals with disabilities.

Question # 12 (Table 11)

Responses to question #12 were based on agency self-rating about program accessibility to meet the needs of individuals with different, specific types of disabilities. The responses were scored from 1 (not at all accessible) to 6 (completely accessible). The higher scores refer to the more accessible. For each type of disabilities, the average pf scores of the accessibility were calculated, ranging from 3.63 to 4.36. Based on comparisons of the average scores over these 5 types of disabilities, recreation programs, on average, were more likely to be accessible for individuals with mobility impairment (average score= 4.4), cognitive impairment (average score=4.4), speech impairment (average score= 4.3) than for individuals with deaf or hard-of hearing (average score= 3.7), and blindness or visual impairment (average score= 3.6). Moreover, based on the responses, the problems of inaccessible programs to individuals with disabilities, especially for the deaf/ hard-of hearing and blindness/visual impairment, could be very severe in some agencies. A few recreation agencies rated themselves as being “not at all accessible” for various types of disabilities, ranging from a low of 1.7% (N= 1) each for mobility and cognitive impairment to 10.2% (N= 6) each for Blindness/visual impairment and deaf/hard-of-hearing.

Table 11: Self-Rating of Agency Accessibility by Disability Type (N=59)

| Type of Impairment | Not At All Accessible (1) | | (2) | | (3) | | (4) | | (5) | | Completely Accessible (6) | |
|--|---------------------------|------|-----|-------|-----|-------|-----|-------|-----|-------|---------------------------|-------|
| | # | % | # | % | # | % | # | % | # | % | # | % |
| a. Mobility impairment (Average =4.4) | 1 | 1.7% | 10 | 16.9% | 10 | 16.9% | 19 | 32.2% | 12 | 20.3% | 14 | 23.7% |
| b. Blindness or Visual impairment (Average =3.6) | 6 | 10.2 | 8 | 13.6 | 13 | 22.2 | 12 | 20.3 | 8 | 13.6 | 9 | 15.3 |
| c. Deaf or Hard of Hearing (Average =3.7) | 6 | 10.2 | 6 | 11.9 | 11 | 18.6 | 17 | 28.8 | 10 | 16.9 | 8 | 13.6 |
| d. Speech Impairment (Average =4.3) | 4 | 6.8 | 3 | 5.1 | 8 | 13.6 | 15 | 25.4 | 13 | 22.6 | 16 | 27.1 |
| e. Cognitive Impairment (Average =4.4) | 1 | 1.7 | 5 | 8.5 | 7 | 11.9 | 13 | 22.0 | 13 | 22.0 | 15 | 25.4 |

Note: The counts for missing data were 3 for Q # 12b and 4 for Q # 12e.

Question # 13 (Table 12)

Responses to question #13 were based on self-rating of specific accessibility services of agency programs. When responses of “At all times” and “To a great extent” are combined, 67.8 % of these agencies (N=40) viewed their programs as being architecturally accessible to

individuals with mobility (Q #13 e). However, only 32.2 % (N=19) of these agencies viewed their programs as easily accessible by general public transportation “To a great extent” or “At all time” (Q #13a). Far fewer agencies (N=10, or 17.0 %) provided transportation information (Q. #13b) “To a great extent” or “At all time”; arranged transportation (Q. #13c, N=10, or 17.0 %), or actually provided transportation (Q. #13d, N=9, or 15.3 %) for individuals with disabilities.

When looking closer at responses to Q #13 b-d and #13g, a sizeable proportion of these agencies (ranging from 35.6% to 49.2%) selected “Not at all” for providing transportation information, making transportation arrangements, actually providing transportation services, or providing environmental adaptations to individuals with disabilities.

Table 12: How do you think people with disabilities would describe your recreation programs? (For each statement, check the one that best describes your programs) (N=59)

| | At all times | To a great extent | To some extent | Not at all | No, but would like to do so | Do Not know |
|---|--------------|-------------------|----------------|-------------|-----------------------------|-------------|
| a. Easily accessible by general public transportation (e.g., bus) | 5 8.5% | 14 23.7% | 20 33.9% | 18 30.5% | 1 1.7% | 1 1.7% |
| b. Information is provided on transportation options | 1 1.7% | 9 15.3% | 22 37.3% | 23 39.0% | 2 3.4% | 1 1.7% |
| c. Transportation is arranged/scheduled for participants | 4 6.8% | 6 10.2% | 21 35.6% | 24 40.7% | 3 5.1% | 0 |
| d. Transportation services are provided by Department | 3 5.1% | 6 10.2% | 16 27.1% | 29 49.2% | 5 8.5% | 0 |
| e. Facilities are architecturally accessible to individuals with mobility impairments | 14 23.7% | 26 44.1% | 17 28.8% | 2 3.4% | 0 | 0 |
| f. Facilities are architecturally accessible to individuals with sensory impairments (e.g., blind and deaf). | 8 13.6% | 13 22.0% | 26 44.1% | 8 13.6% | 3 5.1% | 0 |
| g. Facilities or programs provide environmental adaptations for individuals (e.g., sign language interpreters). | 7 11.9% | 11 18.6% | 12 20.3% | 21 35.6% | 7 11.9% | 0 |

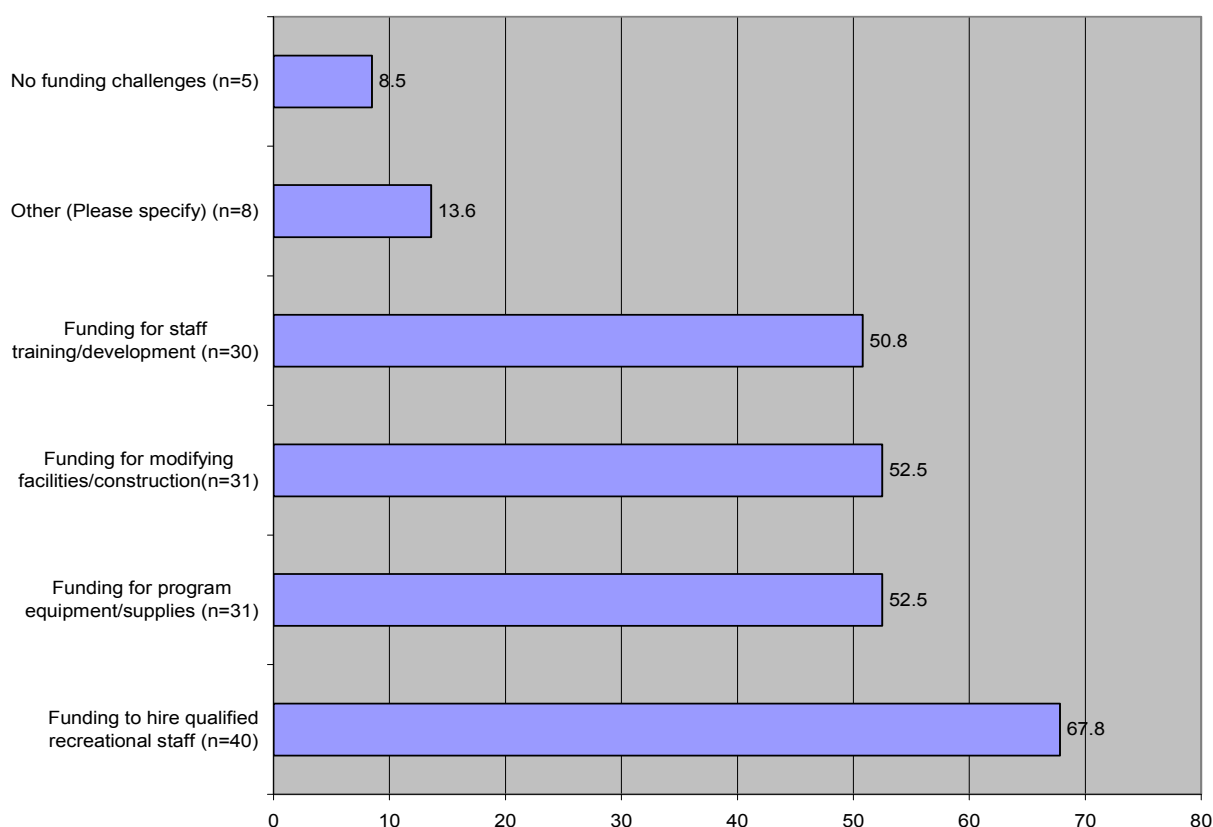
Barriers

Based on the literature, four questions (Q. #14-17) were developed to explore the possible challenges, or barriers, that may negatively affect agency efforts to provide, increase or improve recreational services to individuals with disabilities. The challenges included: psychological barriers, such as stereotype and a lack of expressed interest in recreation by individuals with disabilities; financial barriers, such as funding for modifying construction; staffing challenges such as not many recreation workers; physical accessibility challenges, such as a lack of transportation and adaptive equipment; and program design challenges, such as a lack of curriculum, age-appropriate activities, lack of adaptations, or lack of outside support (volunteers).

Question # 14a (Figure 4)

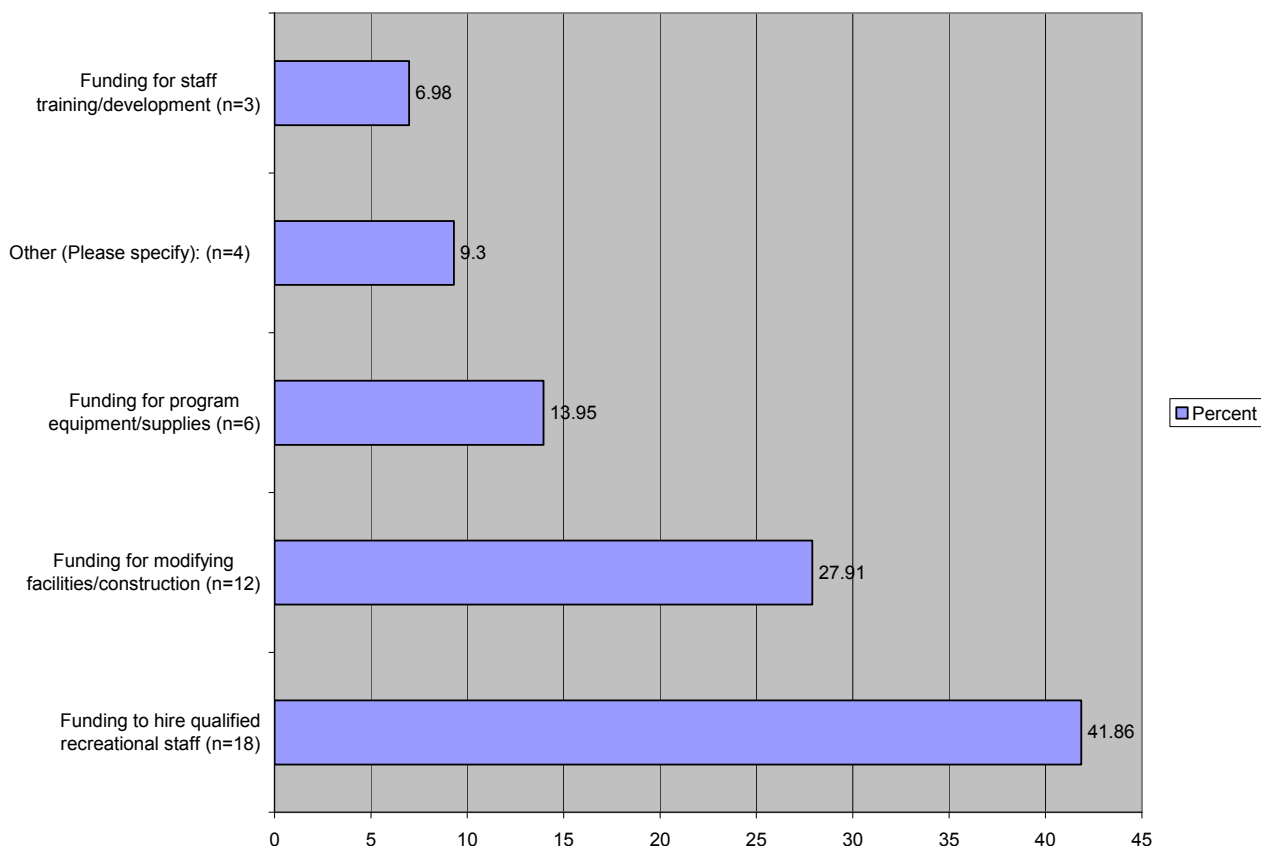
Question 14 focused on funding challenges. Less than 10 percent of these agencies (n=5) reported having “no funding challenges”. Forty-three agencies identified more than one financial challenge (72.8%). Over two-thirds of the agencies reported facing funding challenges in hiring qualified recreational staff (67.8%). Over half had funding challenges for program equipment/supplies (52.5 %); modifying facilities (52.5%), and providing staff training (50.8%). Eight recreation agencies (8%) offered responses to “Other.” Of those, two agencies identified insufficient funding for providing transportation, specifically for purchasing an accessible mini-bus or van.

Figure 4: During the past 12 months, what have been your major FINANCIAL challenges? (Check all that apply)

*Question # 14b (Figure 5)*

This question was a follow-up to the previous one. In Q # 14b, those agencies (N=43) that identified more than one financial challenge part (a) were asked to specify the most significant one they faced. The first three significant challenges identified were: “Funding to hire qualified recreational staff” (41.86 %), “Funding for modifying facilities” (27.91 %), and “Funding for program equipment” (13.95 %). Four respondents (9.30 %) selected “Other”; and of those four, one cited funding for staff and the other, funding for the program

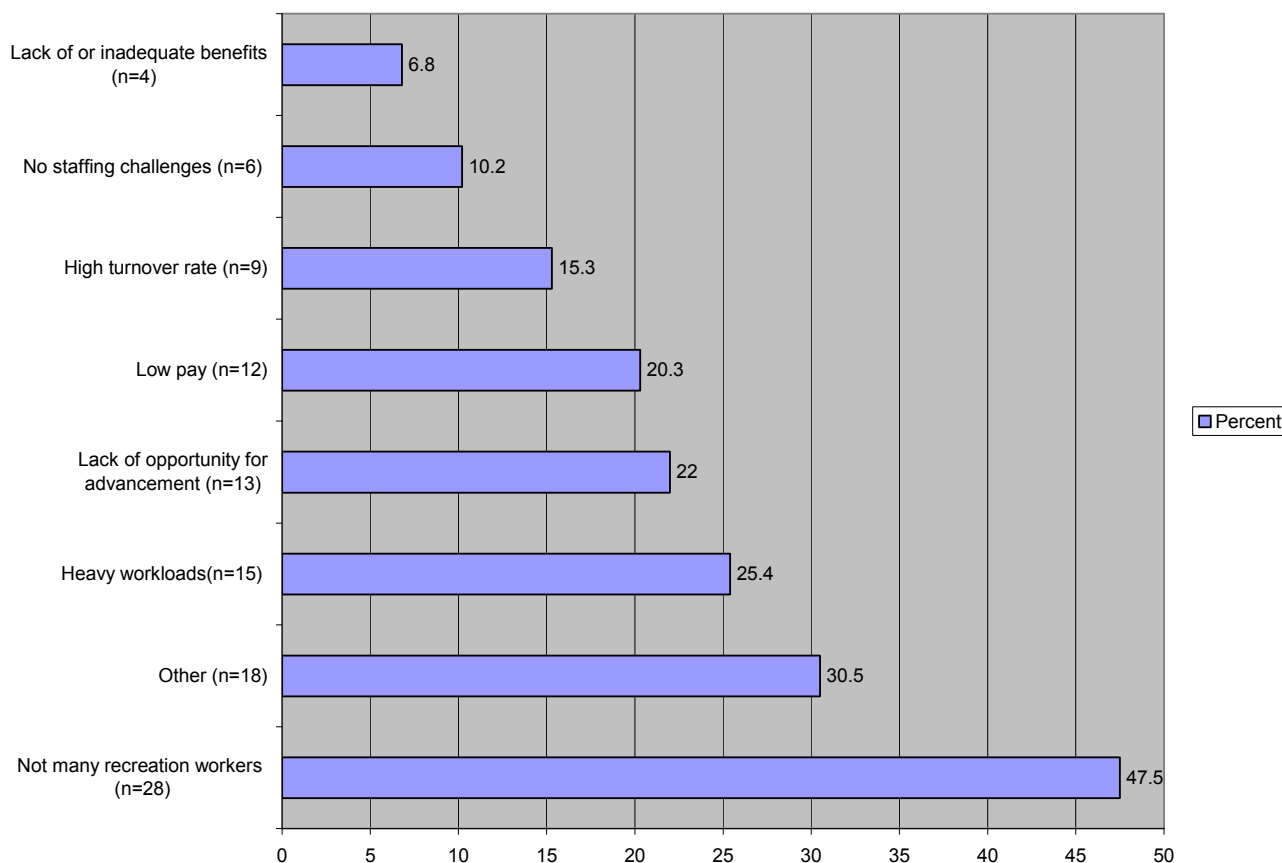
Figure 5: If more than one was identified in 14(a), which FINANCIAL challenge has been the *most significant*? (Check only one) (N=43)



Question # 15a (Figure 6)

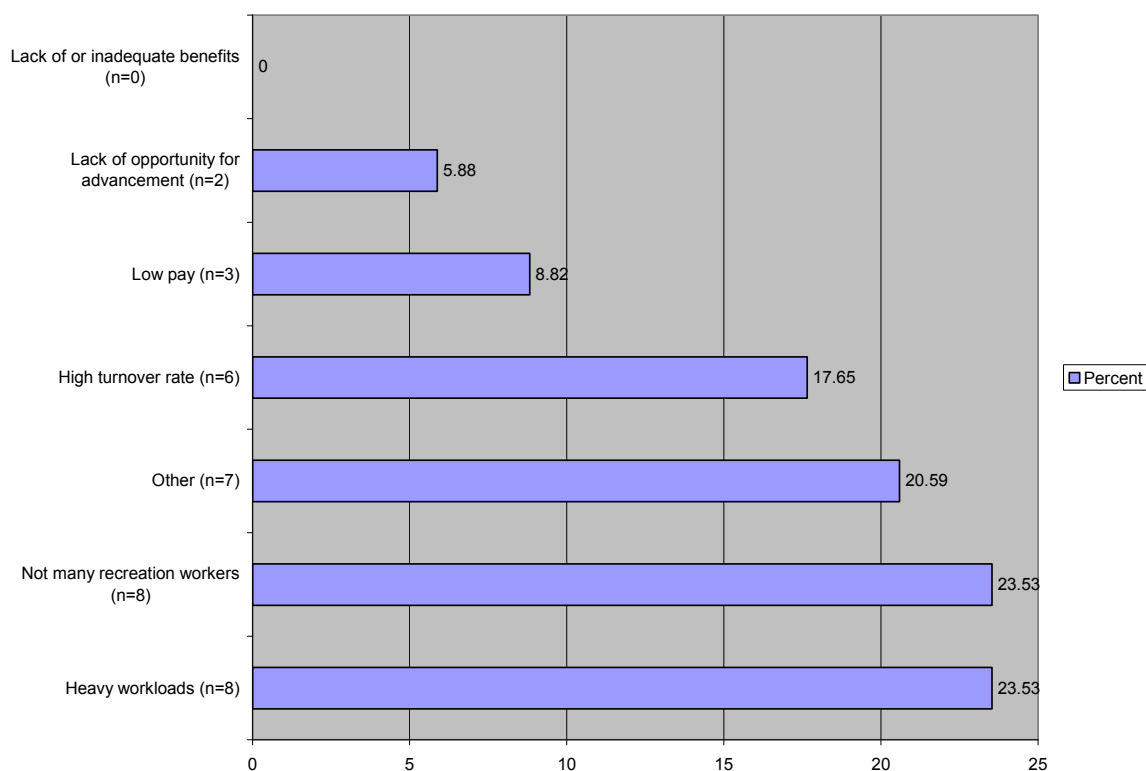
Question 15 focused on staffing challenges. While only 10% of these agencies (N= 6) reported having no staffing challenges, thirty-four agencies identified more than one staffing challenge (57.6%). The most frequently reported staffing challenges were “not many recreation workers” (N=28, or 47.5%) and “Other” (N=18, or 30.5%). Under “Other”, 3 agencies stated concerns about a lack of qualified/skilled staff; and another agency identified the challenge of finding affordable sign language interpreters. More than a fifth of the agencies cited “Heavy workloads”(N=15, or 25.4%); “Lack of opportunity for advancement” (N=13, or 22.0 %), and “Low pay” (N=12, or 20.3 %). Few agencies (N= 4, or 6.8%) identified “Lack of inadequate benefits”..

Figure 6: During the past 12 months, what have been the major STAFFING challenges or barriers in providing recreation programs to people with disabilities? (Check all that apply)



Question # 15b (Figure 7)

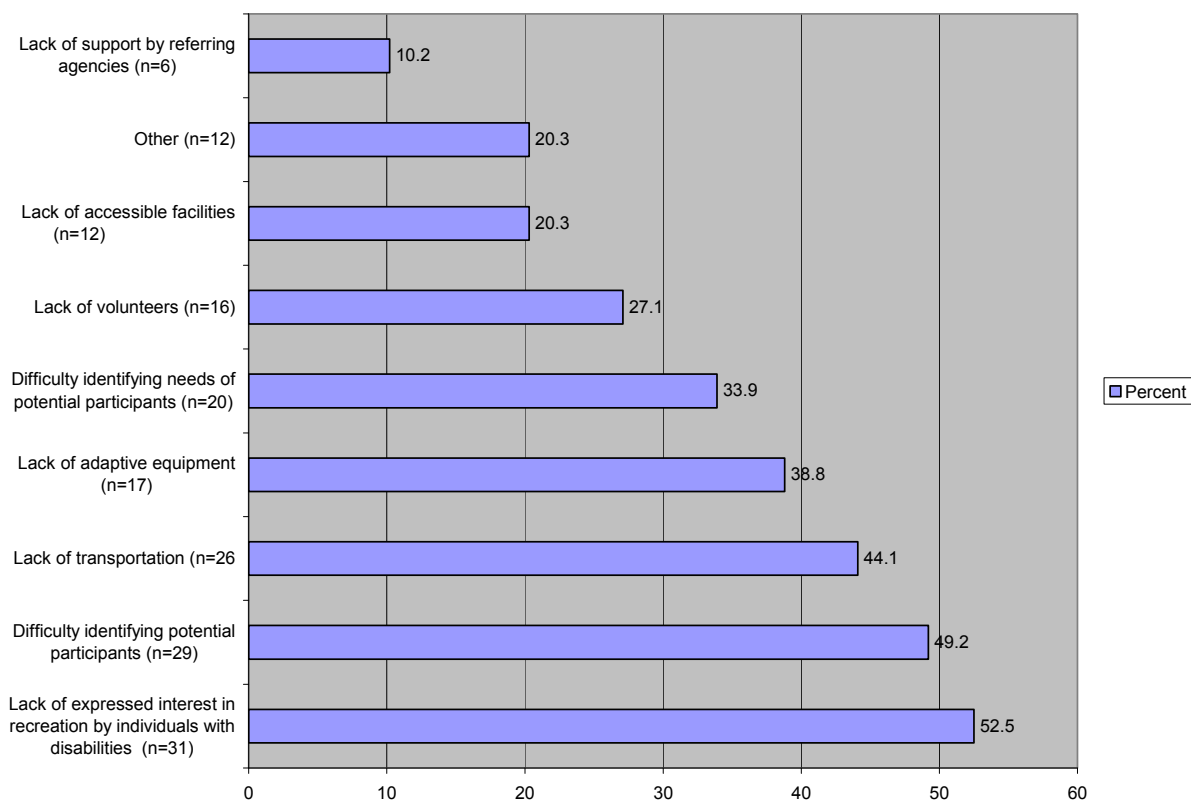
This follow-up question asked those agencies (N=34) that identified more than one staffing challenge in Q # 15-a to choose the most significant one that they faced. The most frequently identified significant challenges were “Heavy workloads” (N=8, or 23.53%) and “Not many recreation workers” (N=8, or 23.53%). Seven respondents (N=7, or 20.59 %) selected “Other”, in which four agencies stated concerns about a lack of qualified/skilled staff, especially in therapeutic recreation.

Figure 7: Most significant STAFFING challenge (N=34)**Question # 16a (Figure 8)**

Question # 16 explored the challenges/barriers that recreation agencies faced in making efforts to increase services to individuals with disabilities. The most frequently identified challenges were “Lack of expressed interest in recreation by individuals with disabilities (N=31, or 52.5%)”; “Difficulty identifying potential participants (N=29, or 49.2%)”; and “Lack of transportation (N=26, or 44.1%)”. Over a third of respondents stated that they had “difficulty identifying needs of potential participants” (N=20, or 33.9%). Related to accessibility, “lack of adaptive equipment” was identified by 38.8% (N= 17) of the agencies and “lack of accessible facilities” by 20.3% (N= 12).

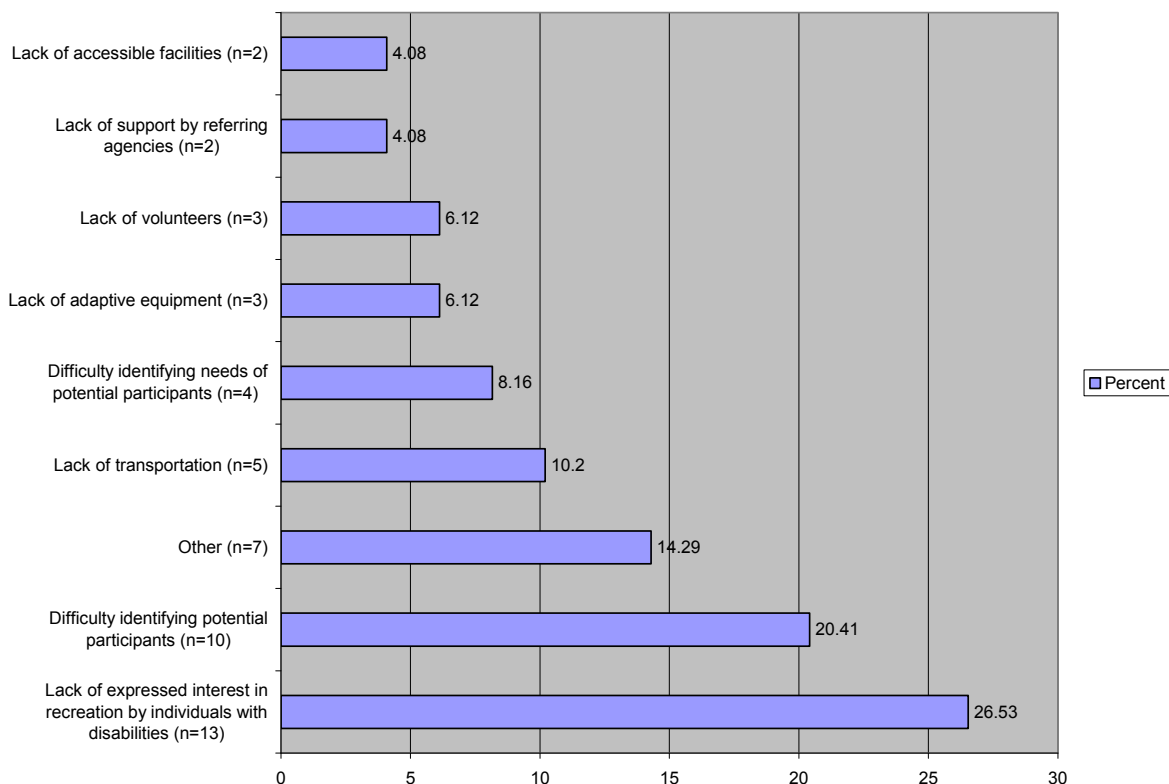
The least selected challenge was “Lack of support by referring agencies” (N=6, or 10.2%). Twelve agencies (20.3 %) selected “Other,” in which two agencies (3.4 %) specified funding for staff as the most significant challenge. Another agency commented, “Older generation of people with disabilities seem to prefer segregated programs vs. inclusive programs. Participants with disabilities and/or their families/caregivers still unsure of the positive benefits of inclusive.”

Figure 8: During the past 12 months, what have been the *most difficult challenges* that your Department faced in making efforts to increase participation by individuals with disabilities? (Check all that apply)



Question # 16b (Figure 9)

In Q # 16b, those agencies (N=49) that identified more than one challenge to increase services to individuals with disabilities in Q # 16a were asked to specify the most significant one they faced. The most significant challenge that recreation agencies identified were “Lack of expressed interest in recreation by individuals with disabilities” (N=13, or 26.53%) and “Difficulty identifying potential participants” (N=10, or 20.41%). Seven agencies (14.29 %) selected “Other,” in which two agencies specified funding as the most significant challenge.

Figure 9: Most Significant Challenge to Increasing Participation (N=49)**Question # 17 (Table 13)**

Question # 17 explored the various barriers faced by recreation agencies in providing services to individuals with disabilities. The barriers listed as responses correspond to common ones cited in the research literature.

Table 13: How often does your Department encounter these barriers? (N=59)

| Barriers | At all times | | To a great extent | | To some extent | | Not at all | |
|---|--------------|------|-------------------|-------|----------------|-------|------------|-------|
| | # | % | # | % | # | % | # | % |
| a. Stereotypes, negative attitudes, prejudice, stigmatization | 0 | 0 | 6 | 10.2% | 27 | 45.8% | 26 | 44.1% |
| b. Lack of accessible environments/facilities | 4 | 6.8% | 9 | 15.3 | 30 | 50.8 | 16 | 27.1 |
| c. Insufficient funds to hire staff, to promote inclusion, or for adaptive equipment. Lack of funding support by agency for individuals | 11 | 18.6 | 24 | 40.7 | 19 | 32.2 | 5 | 8.5 |
| d. Lack of curriculum, evaluation, age-appropriate recreation or time constraints, lack of adaptations, or lack of outside support | 6 | 10.2 | 21 | 35.6 | 23 | 39.0 | 9 | 15.3 |
| e. Lack of public transportation, or program locations are not near public transportation | 15 | 25.4 | 17 | 28.8 | 22 | 37.3 | 5 | 8.5 |

For barriers experienced “At all times”, the most frequently identified was lack of transportation, which was cited by slightly over a quarter of the responding agencies (25.4%, or N= 15). Moreover, 28.8% of the agencies also identified lack of transportation as being a barrier “to a great extent”. Agencies most often reported experiencing “to a great extent” two barriers related to resources: insufficient funds for staff adaptive equipment and promotion (N=24 or 40.7 %), and lack of curriculum, time, equipment, and financial aid to participants (N=21 or 35.6 %). While slightly over half of the agencies (N=30 or 50.8%) identified “lack of accessible environments/facilities” as a barrier “to some extent”, 27.1% (N= 16) stated that it was “not at all” a barrier. A sizeable proportion of the agencies stated that stereotypes and negative attitudes (etc.) were either “not at all” a barrier (44.1%) or “to some extent” (45.8%), while 10.2% stated they were “to a great degree”.

Staff Training

Questions #20-23 focused on the staff’s professional background and staff training. These questions examined the extent to which the recreation agencies made efforts to ensure that their staff had sufficient knowledge and/or skills to serve individuals with disabilities.

Questions # 19a (Table 14)

Over half of the agencies reported either not having a Certified Parks and Recreation Professional (CPRP) on staff (28.8%, N=17) or having only one staff (25.4%, N=15) in their department. Slightly over a fifth of the agencies (20.4%) reported that they had either 2 or 3 CPRPs in their department. A total of only five agencies (8.5%) had 4 or more CPRPs on staff: one agency each had 4, 5, or 8 CPRPs, respectively; and two reported having 6 on staff. However, 10 agencies (17.0%) either did not provide any information (N=7) or said that they did not know how many staff had this credential (N= 3).

Table 14: Staff in Department with Professional Credential of Certified Parks and Recreation Professional (CPRP) (N=59)

| Number of Staff | Number of Agencies | Percent |
|-----------------|--------------------|---------|
| 0 | 17 | 28.8% |
| 1 | 15 | 25.4 |
| 2 | 6 | 10.2 |
| 3 | 6 | 10.2 |
| 4 | 1 | 1.7 |
| 5 | 1 | 1.7 |
| 6 | 2 | 3.4 |
| 8 | 1 | 1.7 |
| Do not know | 3 | 5.1 |
| Missing | 7 | 11.9 |

Question # 19b (Table 15)

Over half of these agencies (57.6%, N=34) reported that they did not have a Certified Therapeutic Recreation Specialist (CTRS) on staff, while another 13.6% (N=8) had only one. Five agencies (8.5%) reported that they had two CTRS in their department whereas two

agencies (3.4%) had three or 4 CTRS on staff. Of note is that one agency reporting having 13 staff with CTRS on staff. However, 13.6% of the agencies (N= 8) did not respond to this question.

Table 15: Staff in Department with Professional Credential of Certified Therapeutic Recreation Specialist (CTRS) (N=59)

| Number of Staff | Number of Agencies | Percent |
|-----------------|--------------------|---------|
| 0 | 34 | 57.6% |
| 1 | 8 | 13.6 |
| 2 | 5 | 8.5 |
| 3 | 1 | 1.7 |
| 4 | 1 | 1.7 |
| 13 | 1 | 1.7 |
| Missing | 8 | 13.6 |

Question # 20 (Table 16)

A majority of responding agencies (55.9%, N=33) reported that they did *not* provide or sponsor disability-related training in the past 12 months. Of those that provided training, slightly over a third of agencies offered training on “Disabilities etiquette” (N=20, or 33.9%), while 20.3 % (N= 12) offered training on “Use of people first language”. About 17 percent of those agencies offered training on “Availability of adaptive equipment” (N=10) and “Physical accessibility of program sites” (N=10). Of note is that 25.4% (N= 15) of the agencies identified additional training topics addressed under “Other”. Training topics were very diverse, including: communication with individuals with disabilities, behavior management, and disabilities awareness training.

Table 16: What training has your agency sponsored or conducted in the past 12 months? (Check all that apply)

| Training Topics | Number of Agencies | Percent |
|---|--------------------|---------|
| No training specific to the needs of people with disabilities | 33 | 55.9% |
| Disability etiquette | 20 | 33.9 |
| Other | 15 | 25.4 |
| Use of people first language | 12 | 20.3 |
| Availability of adaptive equipment | 10 | 16.9 |
| Physical accessibility of program sites | 10 | 16.9 |

Question # 21 (Table 17)

Following up Q # 20, this question explored the type of staff to whom the training programs were provided. Fourteen agencies (23.7 %) provided training to all recreational program staff, while thirteen agencies (22.0%) only provided training to recreation staff involved in programs/activities targeting individuals with disabilities. Some agencies (13.6%, N= 8) provided training to administrative leadership, but few agencies (8.5%, N= 5) provided training to support staff. Under “Other”, agencies (16.9%, N=10) identified providing training to church groups, other county agencies, or staff of different position.

Table 17: To whom was the training provided? (Check all that apply)

| Type of Staff | Number of Agencies | Percent |
|---|--------------------|---------|
| No training provided | 29 | 49.2% |
| All recreation program staff | 14 | 23.7 |
| Only recreation staff involved in programs/activities targeting individuals with disabilities | 13 | 22.0 |
| Others | 10 | 16.9 |
| Administrative leadership | 8 | 13.6 |
| Support staff (administrative) | 5 | 8.5 |

Question # 22 (Table 18)

Question #22 explored the training topics addressed in agency training for staff. The disability related topics most frequently addressed were “Disabilities etiquette”, offered by 40.7% of agencies (N= 24) and “Use of people first language”, offered by 27.1% (N=16). Fourteen agencies (23.7%) identified additional topics under “Other”. including: healthcare related topics (e.g. respite care, long-term services, brief medication administration), safety-related topics (e.g. loading and unloading in wheelchair van; lifting and transporting individuals), administrative training (e.g. supervision plan), therapeutic programs (e.g. behavioral management, therapeutic games), and law and regulation (e.g. ADA).

Table 18: What topics were addressed through the disability related training(s)? (Check all that apply)

| Training Topic | Number of Agencies | Percent |
|---|--------------------|---------|
| Disability etiquette | 24 | 40.7% |
| Use of people first language | 16 | 27.1 |
| Physical accessibility of program sites | 12 | 20.3 |
| Availability of adaptive equipment | 9 | 15.3 |
| Other (Please specify): | 14 | 23.7 |
| Other (Please specify): | 5 | 8.5 |

Responses to Open-Ended Questions

The next segment of this report focuses on agency responses to the 3 open-ended questions (#8, 18 & 23) in the survey. An open-ended format was adopted to obtain richer information from local recreation agencies on: a.) their successes in serving individuals with disabilities (Q. # 8); b.) the “wish list” of resources or assistance desired to better serve individuals with disabilities (Q. # 18); and c.) training needed to better serve individuals with disabilities. (Q. # 23).

Question # 8

A total of 38 agencies (64.4 %) identified successes in serving individuals with disabilities. Typically, agencies only provided a brief “bullet” or description of their recreational activities, with few exceptions, and did not offer details that explained why they identified these programs

as successful. Several program themes and characteristics emerged from agency responses about their successes, which are listed below with brief examples.

1. *Popularity of programs or activities:*

“...The biggest number of participants was in bowling which had 76 between the youth and adult divisions.” (Valley Region)

“Our Learn to Swim programs are very popular with our participants of all ages. We generally serve close to 50 participants each season (Fall, Winter/Spring and Summer). The parents always request more classes and we do our best to accommodate the need.” (Coastal Region)

“...our swim lessons for children, our summer’s camps and our 5 k event. We have had a number of children with autism as well as adults with mobility impairments.” (Northern Virginia)

“We have taken groups of adults with various disabilities on the Creeper Trail 3 times now and each time we have more ppts including those with visual impairments, head injury related disabilities, developmental disabilities and psychiatric disabilities all on the same trip.” (Valley Region)

2. *A high ratio of staff-to-participants*

“We operate a summer camp for special need children. It operates Monday-Friday from 9 am-2 pm for 4 weeks. We provide transportation to from the site as well as for field trips. Staff ratio is 1 for 3 per campers.” (Coastal Region)

“Our summer day camp is always successful, we serve 40 - 50 campers in a 7 week day camp that offers a variety of activities with the staff ratio ranging from 1:1 to 1:4.” (Coastal Region)

3. *Promoted Social Interaction*

“Social Tuesday provides the opportunity for individuals with disabilities to go out in the community and develop social skills to better communication and both verbally and nonverbally. We do a variety of activities such as bowling, walking on a trail, cooking and shopping to name a few.” (Central Region)

“We offer a program- Mingle -that focuses on social skills and leisure education for young adults with moderate disabilities. This program has helped ppts develop friendships and a support group.” (Valley Region)

4. *Used an Individualized services approach*

“We ... work case-by-case to provide services to anyone interested in being a part of our programs. Our greatest affects are in terms of our trips, where if we are notified we work with the individual and the bus company to make sure any arrangements necessary are made to assist individuals needing special accommodations.” (Northern Virginia)

“Our Therapeutic Recreation Programs provide specialized programs for individuals who wish to participate in programs developed specifically for those who have disabilities. Individual goals and objectives are written for each person. ..” (Coastal Region)

“Summer recreational camp-6 week summer playground program that the children (Autistic participants) were able to interact with other kids their age but when it became overwhelming they were able to go with a staff member to the quiet room and when they wanted to interact with the group they were able to join the group again.” (Coastal Region)

Question # 18

The open-ended question #18 asked agencies, “*If you magically had more resources, what changes would you make to your recreation programs/activities to better serve your citizens with disabilities?*” A total of 48 agencies (81. 4%) responded to this question. Overall, agencies stated that they wanted to make these changes:

- * increase the number of qualified full-time or part-time specialists (N= 14, or 29.2 %);
- * improve accessible environments, such as providing transportation and multi-sensory environment (N= 10, or 20.8 %);
- * increase the number and/or the duration of recreation programs (N= 8, or 16.7 %);
- * improve facilities and equipment (N= 5, or 10.4%);

In addition, two agencies each listed these changes: improve marketing, increase need assessment of potential customers, and increase staff training on therapeutic recreation or inclusive recreation programs.

Question # 23

This open-ended question asked agencies, “*What training topics are currently missing but are needed to more effectively offer recreational services to individual with disabilities?*” A total of 29 agencies (49.2 %) responded to this question. Several topics were most often identified as being needed: program design on therapeutic or inclusive recreation (N=9, or 15.3 %); and disability etiquette (N=5, or 8.5%). Three agencies each listed these topics: strategies of identifying participants; dealing with specific disabilities (Autism), behavior management, sign language, physical accessibility of program sites, available adaptive equipment/facility; and disabilities awareness. Two agencies each cited regulation training (ADA) and working with other agencies.

DISCUSSION

An overarching goal of this study was to determine the scope and degree of accessibility for local recreation services statewide, and to identify barriers affecting recreational agencies’ attempts to provide programs/activities to individuals with disabilities. These agencies most often offered sports (89.8%), crafts (79.7%), swimming (74.6 %), wellness/fitness activities (72.9%), field trips (71.2%), and art (69.5%). The three activities least likely to be provided were winter sports (27.1%), horseback riding (23.7 %), and camping (20.3%). For the latter three activities, although each agency may face different challenges in providing activities, possible contributing factors common to these appear to be time/staffing demands (e.g. staying over night at a camping site), relatively higher costs of equipment or other resources (e.g., horseback riding, or skiing), and availability of specialized knowledge by staff or volunteers.

The extent to which recreation programs offer inclusive activities was explored in several ways. Question # 4 broadly asked agencies, “ *Who participated in your recreation programs?*” , which explored the degree of inclusion. Twenty-six agencies (44.1%) reported that, “10% or less of the total number of programs had a combination of individuals with disabilities and without disabilities”. Only five agencies (8.5 %) reported that “51 % or more” of their offered programs had a combination of participants, an indication of limited inclusive recreation statewide.

This study further examined the degree to which these agencies implemented these best practices for inclusive recreation: social inclusion (item 6a); individualized program planning (6-b, -c, -g, & -h), and program development and offerings (6-d, -e, & -f). Slightly over half of these agencies provided service on assessing individual needs (# 6b, N= 29, or 54.2%), offered both competitive & cooperative programs (# 6e, N=32, or 54.2 %), and adapt program materials and environments according to individual need (# 6c, N=30, or 50.8%) “At all times” and “To a great extent. Less than one third of these agencies involved participants, parents, and/or care providers in the collaboration of program development (# 6f, N=14, or 23.8 %), and set a specific goal for participants with disabilities (# 6h, N=16, or 27.1 %). This finding indicated that Virginia recreation agencies did use best practices for inclusive recreation to some degrees, but not to the extent that would be considered for true inclusion. Full inclusion requires that agencies implementing the listed aspects of programming to the full extent at all time (Lisbeth, 2003).

The survey did not ask directly for the rationale behind these patterns, since doing so might provoke socially acceptable response bias. However, possible reasons for these service and participation patterns may be seen in responses to other questions. As publicly funded programs, recreation is open to all individuals, but the recreation literature is clear on the importance of marketing as well as program and physical plant accessibility in engaging individuals with disabilities (Lisbeth, 2003; Dattilo, 2002; Rimmer et al., 2004). Potential participants’ characteristics such as financial status and recreation preference also contribute to the recreation participation patterns. Moreover, available resources in financial, staffing, and programming conditions often determine the focus of recreation agencies’ service (Chen, 2001; Lisbeth, 2003; Schleien & Miller, 2008).

Responses (Q. # 9) indicated that recreation agencies used various types of approaches to advertise/market their programs. However, the manner in which the information was provided may be problematic and thus not as successful as possible in engaging potential participants with disabilities. For example, only 25.5 % of agencies provided alternate formats for their marketing (Q. #10c). More specifically, only 11.9 % of agencies offered alternate formats “To a great extent” or “At all times”, while 13.6 % agencies only “To some extent.”

Moreover, in terms of “welcoming”, only 40.6 % (n=24) of these agencies “*Encouraged individuals with disabilities to participate*” “To a great extent” or “At all times” when advertising their programs; and 40.7 % of agencies did not include any disability organizations in their distribution/mailling list for marketing efforts (Q. #11). Even though recreation information may reach individuals with disabilities, they may be less likely to be motivated by the marketing effort due to a lack of information on accessibility and adaptive equipment in these advertising

materials (Q. #10a and 10b). Hence, the insufficient marketing efforts were more likely to fail in distributing information to potential participants and motivating them to take part in recreation.

Transportation services

This survey identified that recreation-related transportation services were inadequate, and thus a barrier. Only 32.2 % (n=19) of these agencies viewed their program as easily accessible by general public transportation “To a great extent” or “At all time” (question # 13a). Moreover, only 15.3 %-17.0 % of these agencies provided transportation information, arranged or actually provided transportation to their participants “To a great extent” or “At all time” (questions # 13b-d).

Agencies’ concern about a lack of transportation resources was also consistently reflected in their responses to two other questions: comments on an open-ended question (# 18) and regarding the barriers that their department encounters (question # 17e). For the latter question, 54% of agencies responded that “*Lack of public transportation or program location are not near public transportation*” was a barrier “To a great extent,” or “At all time.” Question # 18 asked respondents, “*If you magically had more resources, what changes you want to make to your recreation programs/activities to better serve your citizens with disabilities?*” Of the 48 responding agencies, four agencies (8.3 %) clearly stated that they wanted to make their recreation programs more accessible by improving their transportation services. Two (4.1 %) of these four agencies even wished to have their own vehicle with adaptive equipment to transport their participants with disabilities. This finding suggests that a lack of sufficient transportation resources may be a significant factor in lowering participation by individuals with disabilities and , in turn, less frequently offered services to them.

Fees

This study found that it was more common for recreation agencies to charge differently based on the financial status of participants, the content of recreation programs, and the age of participants rather than disability impairments (question # 7). More specifically, in response to question # 7e, “*Charge differently based on the disability impairment of individuals,*” a majority of respondents (67.8 %) stated, “*Not at all.*” However, from the perspective of individuals with disabilities, recreation fees – irrespective of the rationale - may contribute to reduced participation. As noted in the Roanoke Valley survey, the most significant barrier to participating in recreational services for individuals with disabilities (44.3%) as well as for those with developmental disabilities (39.8%) was the cost of the recreational services (Roanoke Council of Community Services, 2005). Other research literature also has identified fees as barrier, due to the low average incomes for individuals with disabilities.

Self-determination

Several recreation professionals and authors (Dattilo, 2002; Kelo, personal conversation, 2008; Schein et al., 1993) have noted that individuals with disabilities may not always choose to recreate with individuals without disabilities. In response to question # 16a, under the category of “Other”, one agency commented, “Older generation of people with disabilities seem to prefer segregated programs vs. inclusive programs. Participants with disabilities and/or their

families/caregivers still unsure of the positive benefits of inclusive.” However, identification of reasons for this preference for segregated recreation was not a focus of this study. Based on the literature as well as some of this study’s findings, one can speculate that the reasons included feeling that they did not feel personally confident enough or had concerns about accommodations or potential discrimination attitudes among others.

Self-determination, however, may be negatively affected, i.e. limited, by environmental barriers, such as the scope and range of recreational services. This study identified key barriers that inhibit efforts by recreation agencies to provide programs/activities to individuals with disabilities. Overall, agencies cited several barriers, which were: a lack of funding (question # 14a & b), qualified recreation staff (question #15a), transportation (question # 16 a), expressed interest in recreation by individuals with disabilities (question #16a and 16b), and difficulty identifying potential participants (question #16 a b).

Almost all – 90 % - of these agencies reported facing various types of financial and staffing challenges (questions # 14a and 15a). Among agencies which reported facing more than one type of financial and staffing challenge, “funding to hire qualified recreational staff” (30.5%), “not many recreation workers” (13.6%) and “heavy workloads” (13.6%) were identified as being the most significant (question # 14b and 15b). A likely outcome of limited funding may be seen in the presence of professional recreation staff in these agencies. Twenty-eight percent of the agencies did not have a Certified Parks and Recreation Professional (CPRP) and 57.6 % did not have a Certified Therapeutic Recreation Specialist (CTRS) on staff at the time of this survey. Less than half of these agencies (47.5 %) had only up to 4 CPRPs, whereas only 25.5 % of these agencies had up to 4 CTRS. Although various reasons may impact whether an agency has a CPRP or CTRS on staff, agencies’ funding and local economic resources may be a key factor.

These findings may implicitly describe a “vicious circle” underway in these agencies. Having few recreation workers available and insufficient funds to hire qualified staff, are likely to contribute to heavier workloads for current recreation staff. A likely negative consequence for individuals with disabilities then is that they are less likely to receive individualized services that often require higher staffing ratios.

Furthermore, less than half of these agencies (n=26, or 44.1%) provided or sponsored any staff training on the needs of individuals with disabilities (question # 20), a indication of insufficient knowledge and skills to serve participants with disabilities. The unmet training needs to prepare staff to work more effectively with individuals with disabilities was addressed in question # 23, “What training topics are currently missing but are needed to more effectively offer recreational services to individual with disabilities?” .Twenty-nine agencies (49.2% of the total respondents) identified “Other” as their response. Most of the “Other” training topics were consistent with a study by Anderson and Heyne (2000) on a needs assessment of services providers and individuals with disabilities. The “Other” training topics also reflect insufficient recreation resources and services that were addressed in previous questions. Topics listed included: program design (n=9); identifying participants (n=3); sign language (n=3); physical accessibility of program sites (n=3), available adaptive equipment/facility (n=3).

The interest in staff training in sign language may reflect growing numbers of participants who are deaf or hard-of-hearing or of recreation agency staff interested in serving them. One agency cited the shortage of affordable sign language interpreters as a barrier in the question #15a. Of note is that the responding agencies rated themselves as being less accessible for individuals who were deaf or hard-of-hearing (question #12).

Among those agencies which provided or sponsored training on disability related topics (question # 21), as might be expected, they tended to target the training to either all "Recreation program staff" (n=14, 23.7 %) or only "Recreation staff involved in programs/activities targeting individuals with disabilities" (N=13, 22.0 %). Only a few (N=8, 13.6 %) included administrators. Recreation program administrators, however, shape an agency's culture and create an "optimal" recreation environment for participants with disabilities (Schleien et al., 1993; Schleien & Miller, 2008). Hence, increasing administrator awareness of disability etiquette and related topics could help to transform or to maintain an organizational culture that is welcoming to individuals with disabilities.

Barriers to increasing participation by individuals with disabilities

The three most difficult challenges for recreation agencies in increasing participation by individuals with disabilities (question # 16a) were "Lack of expressed interest in recreation by individuals with disabilities" (52.5%); "difficulty identifying potential participants" (49.2%); and "Lack of transportation" (44.1%). Among those which identified more than one barrier (question # 16b), "Lack of expressed interest in recreation by individuals with disabilities" was the most often cited challenge (26.5%). When considered in combination with results for questions on marketing strategies (#10 and 11), these responses lead to a conclusion that insufficient marketing strategies/outreach to disability organizations may be a contributing factor for their challenges in increasing participation by individuals with disabilities. Failure to offer alternate formats for their advertising and to include disability organizations in their distribution lists create a significant information gap as well as create an unintentional absence of "welcoming". As a result, identifying and engaging potential participants with disabilities will be more difficult.

Successful recreational programs

In contrast to the many barriers identified by these agencies, each agency was given the opportunity to identify their own success story through an open-ended question (# 8). Based on review of the responses, these self-identified successful recreational programs had several characteristics in common: an increasing number of participants, a high ratio of staff-to-participants, an individualized services approach, and promotion of social interaction among different participants. The latter two characteristics are consistent with the literature on key components of the best practices in inclusive recreation. Having a high ratio of staff-to-participants is also more likely to assure that individuals' needs could be addressed in a timely manner.

Study Limitations

Finally, several main limitations of this study design should be noted. Since the study did not use a representative sample, the findings of this study cannot be generalized to the entire

state. Furthermore, this study was exploratory with a cross-sectional design, i.e. it was conducted at a single point of time in order to gain ideas about the patterns of research variables rather than to state any affirmative cause-effect relationships of research variables (Vogt, 2005). Study findings, therefore, are primarily descriptive in nature. Last, it is important to remember that this study represents the status of recreation services at one point in time (October 2007-2008). Because the economic environment worsened dramatically in late 2008 and in 2009, findings – especially regarding scope of services offered, how services are marketed, barriers to participation, and agency challenges - may be very different today.

POLICY IMPLICATIONS

Despite the evidence indicating the benefits of recreation for health (Murphy et al., 2008; Pate, Prau, & Blair, 1995; Rimmer, Riley, Wang, Rauworth, Jurkowski, 2004; U.S. Office of Surgeon General, 2009), it is clear from these agencies' responses that significant challenges exist in accessibility of recreation services for individuals with disabilities in Virginia; and while best practices for inclusive recreation programs were executed to some degree, continued improvement in adopting the full-range of the best practices is needed. Insufficient funding, (qualified) recreation staff, transportation resources, expressed interest in recreation by individuals with disabilities as well as difficulty identifying potential participants were identified as barriers by these agencies. Limitations in targeted marketing, self-determination, and accessibility of recreation facilities and programs could be additional contributing factors to lower participation by individuals with disabilities.

Since these barriers seem to be interrelated to some degree and require multiple resources, these issues should be addressed by relevant organizations together as well as by the state in order to provide recreational opportunities in all areas of the state for individuals with disabilities. Recommendations to address these barriers and to improve the statewide availability of welcoming, accessible recreation services for Virginians with disabilities are listed below.

Establish baseline-funding mechanisms

Various funding-related challenges have been identified as key factors that impede Virginia's recreation agencies from providing services to individuals with disabilities. In addition, two respondents in this study informed us that their local governments did not have any recreation funding to serve their citizens. To ensure that individuals with disabilities - regardless of their residence - can full access recreation services, one solution is for the state to consider establishing a baseline-funding mechanism for all local programs. In developing such a mechanism, variation in local recreation funding and program offerings should be examined, and remedies identified to ensure at least minimal recreational services in each locality. In this way, every locality, regardless of its local economy, would have a basic amount of funding dedicated to recreation services to individuals with disabilities.

Improve communication to individuals with disabilities (Marketing)

Many agencies in this study expressed challenges in identifying potential participants with disabilities and knowing their recreation needs. Failure to include disability organizations in the recreation-marketing list, offer alternate formats for their advertising materials, and provide information of transportation and accessible facilities may be the contributing factors in identifying and motivating potential participants. Recommended improvements by local parks and recreation agencies include:

- Build a network with disability agencies/organizations.

Recreation agencies should actively reach out to disability organizations and groups and build relationships with them. Through such efforts, recreation agencies are more likely to hear the voices of potential participants with disabilities and both recognize as well as plan to address their recreation needs.

- Use alternate advertising materials

Alternate advertising materials are essential to ensure that different types of individuals with disabilities can access recreation information without difficulty. To maximize advertising efficiency, recreation agency staff can consult disability organizations to identify the most appropriate alternate advertising materials for recruiting specific disability populations.

- Include welcoming information in advertising materials

To motivate potential participants, a clear welcoming statement for individuals with disabilities, which should include information about accessible facilities and available adaptive recreation programs, should be a part of all program marketing materials.. Furthermore, both local governments as well as recreation agencies could improve their website information by including motivational information in order to encourage individuals with disabilities to take part in recreation programs.

Improve Transportation to access recreation services

The need to improve transportation-related services appears to be significant and must be addressed in the near future. A lack of resources for transportation is a major barrier for some potential participants with disabilities from taking part in recreation. One suggestion is that localities expand its transportation services or expand the existing recreation budget dedicated to transportation services. Whenever possible, collaboration with other social service agencies, schools, or disability organizations to explore sharing transportation costs or resources, thereby expanding them.

Improve and Expand the recreation workforce

Findings of this study may implicitly describe a “vicious circle” underway in these agencies. Having few recreation workers available in the workforce and having insufficient funds to hire qualified staff are likely to contribute to heavier workloads for current recreation staff. Limited staff training to assist staff in serving individuals with disabilities, or training in general, may contribute to job dissatisfaction and turnover. A likely negative consequence for

individuals with disabilities is that they then are less likely to receive individualized services that often require higher staffing ratios. Suggestions to address these issues are listed as follows:

- Provide incentives to attract more students to enter the recreation field

To increase the quantity of recreation services providers to individuals with disabilities, a key strategy is to motivate more students to choose this field. The Commonwealth could consider establishing scholarships or tuition waiver programs to encourage students to enter the recreation profession and to ensure that individuals with disabilities living in remote places can access recreation services

- Require minimum continuing education standards for staff at recreation agencies

A welcoming recreation environment to participants with disabilities requires all staff, including administrators, in the agencies are sensitive to participants' needs and then actively provide adequate assistance. Hence, recreation agencies should support all of their staff in receiving training on disability-related topics.

- Increase funding to hire qualified staff

To ensure that individuals with disabilities receive good quality services that promote their overall well-being, local governments could consider dedicating or prioritizing specific funding to recreational agencies to enable the hiring of staff with disability-related training. Hiring qualified staff with knowledge and skills in working with individuals who have disabilities not only can bring improvements to program design but also can assist current recreation staff in providing higher quality recreation services to individuals with disabilities.

Conclusion

Recreation agencies responding to this survey indicated that recreation services to individuals with disabilities are available but limited in Virginia. Some of these agencies' success stories regarding their recreational services for individual with disabilities can serve as a good example to guide and inspire other agencies to improve their services. However, continued improvement in adopting the full-range of the best practices is needed. Five main barriers were cited by these agencies as key factors contributing to the insufficient recreation services to individuals with disabilities: A lack of funding, lack of qualified recreation staff, lack of transportation, lack of expressed interest in recreation by individuals with disabilities, and difficulty identifying potential participants.

To address these barriers, this study made four recommendations: Establish baseline-funding mechanisms; improve communication to individuals with disabilities-marketing; improve transportation to access recreation services; and improve/expand the workforce. In addition, disability-related groups such as the Center for Independent Living and Disability Services Agencies also need to actively advocate for expansion of local recreation services. In this way, agencies and governments can be more aware of and respond to the recreation needs of individuals with disabilities.

Although the economic downturn makes new funding for recreation services more difficult, it also presents opportunities. The author has a high expectation that, in the near future,

Virginia's local governments, recreation agencies, and disability-related organizations can enhance inter-agency cooperation in order to better address the service needs and interests of individuals with disabilities. The investment in providing higher quality recreation services to individuals with disabilities will benefit all citizens. This investment also ensures that the spirit of ADA is carried out, and provides all Virginia citizens opportunities to recognize their different strengths and limitations regardless of disabilities.

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Appendix A: Survey Instrument

The Virginia Board for People with Disabilities is considering a grant project to further recreational opportunities for Virginians with disabilities. We need your input to determine what is most needed. Won't you please take a few moments and tell us about the recreational programs/activities that you provided *during the past 12 months (October 2007 - October 2008)*, either directly by your staff or indirectly through partners/contractors?

Thanks in advance for your time and in making a difference for so many.

Program Design/Activity Description

1. In the past 12 months, with whom did you partner/contract to provide recreation programs to your citizens? (Check all that apply)

- ☐ No partners/contractors, we only use our own staff
- ☐ School
- ☐ YMCA
- ☐ Non-profit agencies (Please specify): _____
- ☐ For Profit agencies (Please specify): _____
- ☐ Independent contractor (Please specify): _____
- ☐ Other (Please specify): _____

2. During the past year, what was the total number of recreation programs provided by either your staff and/or partners/contractors to your citizens? (Check one)

[Count a program as one that was completed from the formal recruiting process to the end of citizen participation during the time period, October 2007 - 08. When the same program/activity (e.g., sports) was offered at different levels based on participants' skills or capabilities, please count each level of the program/activity as a unique program.]

- ☐ 1-20 ☐ 21-40 ☐ 41-60 ☐ 61-80 ☐ 81-100 ☐ 101-120 ☐ 121-140 ☐ more than 140

3. What types of activities did your programs provide (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Hiking/Walking | <input type="checkbox"/> Crafts | <input type="checkbox"/> Art (painting, drawing, drama, etc.) |
| <input type="checkbox"/> Biking | <input type="checkbox"/> Wellness/Fitness activities | <input type="checkbox"/> Picnicking |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Horseback riding | <input type="checkbox"/> Laying games |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Fishing or Hunting | <input type="checkbox"/> Field trips (day or overnight) |
| <input type="checkbox"/> Jogging/running | <input type="checkbox"/> Dancing | <input type="checkbox"/> Concerts, music lessons |
| <input type="checkbox"/> Leisure education | <input type="checkbox"/> Swimming | <input type="checkbox"/> Winter Sports (ice skating, skiing etc.) |
| <input type="checkbox"/> Sports (basketball, tennis, etc.) | | |
| <input type="checkbox"/> Others (Specify): _____ | | |

4. Who participated in your recreation programs? (Check one)

- ☐ Only people *without* disabilities participated.
- ☐ Only people *with* disabilities participated.
- ☐ A few of our programs (10% or less of the total number of programs) had a combination of people with disabilities and people without disabilities.
- ☐ Some of our programs (11%-50% of the total number of programs) had a combination of people with disabilities and people without disabilities.
- ☐ Most of our programs (51%-90% of the total number of programs) had a combination of people with disabilities and people without disabilities.
- ☐ Almost all of our programs (91%-100% of the total programs) had a combination of people with disabilities and people without disabilities.
- ☐ Do not know.

5. Among the participants in your recreational programs during the past 12 months, what types of disabilities were represented? (Check all that apply)

- ☐ No disabilities
- ☐ Autism
- ☐ Blind/Visual Impairment
- ☐ Speech Impairment
- ☐ Hearing Impairment
- ☐ Intellectual Disability
- ☐ Mobility Impairment
- ☐ Other disability or impairment (Please specify): _____

6. For each of the following statements, please check the one that best describes your programs.

Did recreation programs provided by your staff and/or partners/contractors ...

| | | At all times | To a great extent | To some extent | Not at all | No, but would like to do so | Do not know |
|----|---|--------------|-------------------|----------------|------------|-----------------------------|-------------|
| a. | Promote social interaction between people with and people without disabilities. | | | | | | |
| b. | Assess individual participant needs and preferences. | | | | | | |
| c. | Adapt program materials and environments according to individual need | | | | | | |
| d. | Offer at least three different skill levels (e.g., beginner, intermediate, advanced). | | | | | | |
| e. | Offer both competitive & cooperative programs. | | | | | | |
| f. | Involve participants, parents, and/or care providers in the collaboration of program development. | | | | | | |
| g. | Provide one-on-one assistance to participants when needed. | | | | | | |
| h. | Set a specific goal for participants with disabilities. | | | | | | |

7. Program/activity FEES: (For each statement, check the one that best describes your programs)

| Our programs... | | At all times | To a great extent | To some extent | Not at all | No, but would like to do so | Do not know |
|-----------------|---|--------------|-------------------|----------------|------------|-----------------------------|-------------|
| a. | Charge fees for all participants | | | | | | |
| b. | Charge differently based on the contents of recreation programs | | | | | | |
| c. | Charge differently based on the age of participants | | | | | | |
| d. | Charge differently based on the financial status of participants | | | | | | |
| e. | Charge differently based on the disability impairments of individuals | | | | | | |

8. Please identify and describe the recreational program/activity held during the past 12 months that was *most successful* in terms of participation by individuals with disabilities. Feel free to share more than one SUCCESS story. [Please include any attachments that you wish.]

Promotion/Marketing/Advertising**9. In general, how did your staff and/or partners/contractors market or promote your recreational programs/activities to citizens in your locality? (Check all that apply):**

- | | |
|---|---|
| <input type="checkbox"/> Flyers/brochures | <input type="checkbox"/> Television |
| <input type="checkbox"/> E-mail announcements | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Catalogue | <input type="checkbox"/> Newspapers |
| <input type="checkbox"/> Website | <input type="checkbox"/> Other: (Please specify:) |

10. For each of the following statements, please check the one that best describes your programs. Did the marketing materials used by your staff and/or contractors ...

| | | At all times | To a great extent | To some extent | Not at all | No, but would like to do so | Do not know |
|----|--|--------------|-------------------|----------------|------------|-----------------------------|-------------|
| a. | Provide information about physical accessibility of location | | | | | | |
| b. | Provide information about availability of adaptive equipment | | | | | | |
| c. | Come in alternate formats such as large print brochures or audio version for people with visual impairment | | | | | | |
| d. | Encourage individuals with disabilities to participate in the programs | | | | | | |

11. Which of the following disability organizations are on your mailing or distribution lists for your promotional or marketing efforts? (Check all that apply)

- ☐ Do not have disability organizations on our mailing lists
☐ Autism Society or other autism groups
☐ Local Center for Independent Living (CIL)
☐ Local chapter of The ARC of Virginia
☐ Local chapter of Brain Injury Association of Virginia
☐ Local chapter of Cerebral Palsy of Virginia
☐ Local Disability Services Board (DSB)
☐ Local Community Services Board (CSB)
☐ Family Support network/group (Please specify): _____
☐ Other organizations (Please specify): _____
☐ Do not know

Accessibility

12. Overall, how would you rate your recreation programs in terms of accessibility for people with the following disabilities? In responding, please think about the program content and format as well as the type of materials or equipment used and site physical accessibility. (For each statement, check the one that best describes your programs)

| Type of Impairment | Completely Accessible | | | | | Not at all Accessible | Don't Know |
|-----------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------|
| a. Mobility Impairment | <input type="checkbox"/> 6 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> |
| b. Blindness or Visual Impairment | <input type="checkbox"/> 6 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> |
| c. Deaf or Hard-of Hearing | <input type="checkbox"/> 6 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> |
| d. Speech Impairment | <input type="checkbox"/> 6 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> |
| e. Cognitive Impairment | <input type="checkbox"/> 6 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> |

13. How do you think people with disabilities would describe your recreation programs? (For each statement, check the one that best describes your programs)

| | At all times | To a great extent | To some extent | Not at all | No, but would like to do so | Do not know |
|---|--------------|-------------------|----------------|------------|-----------------------------|-------------|
| a. Easily accessible by general public transportation (e.g., bus) | | | | | | |
| b. Information is provided on transportation options | | | | | | |
| c. Transportation is arranged/scheduled for participants | | | | | | |
| d. Transportation services are provided by Dept. | | | | | | |
| e. Facilities are architecturally accessible to individuals with mobility impairments | | | | | | |
| f. Facilities are architecturally accessible to individuals with sensory impairments (e.g., blind & deaf). | | | | | | |
| g. Facilities or programs provide environmental adaptations for individuals (e.g., sign language interpreters). | | | | | | |

Your Barriers /Challenges in Serving People with Disabilities

14-a. During the past 12 months, what have been your major FINANCIAL challenges? (Check all that apply)

- ☐ No funding challenges
- ☐ Funding for program equipment/supplies
- ☐ Funding for modifying facilities/construction
- ☐ Funding to hire qualified recreational staff
- ☐ Funding for staff training/development
- ☐ Other (Please specify): _____

14-b. If more than one was identified in 14(a), which FINANCIAL challenge has been the most significant? (Check only one)

- ☐ Funding for program equipment/supplies
- ☐ Funding for modifying facilities/construction
- ☐ Funding to hire qualified recreational staff
- ☐ Funding for staff training/development
- ☐ Other (Please specify): _____

15-a. During the past 12 months, what have been the major STAFFING challenges or barriers in providing recreation programs to people with disabilities? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> No staffing challenges | <input type="checkbox"/> Not many recreation workers |
| <input type="checkbox"/> Low pay | <input type="checkbox"/> High turnover rate |
| <input type="checkbox"/> Lack of or inadequate benefits | <input type="checkbox"/> Lack of opportunity for advancement |
| <input type="checkbox"/> Heavy workloads | <input type="checkbox"/> Other (Please specify): _____ |

15-b. If more than one was identified, which STAFFING challenge has been the most significant? (Check only one)

- | | |
|---|--|
| <input type="checkbox"/> Low pay | <input type="checkbox"/> Not many recreation workers |
| <input type="checkbox"/> Lack of or inadequate benefits | <input type="checkbox"/> High turnover rate |
| <input type="checkbox"/> Heavy workloads | <input type="checkbox"/> Lack of opportunity for advancement |
| <input type="checkbox"/> Other (Please specify): _____ | |

16-a. During the past 12 months, what have been the most difficult challenges that your Department faced in making efforts to increase participation by individuals with disabilities? (Check all that apply)

- ☐ Difficulty identifying potential participants
- ☐ Difficulty identifying needs of potential participants
- ☐ Lack of expressed interest in recreation by individuals with disabilities
- ☐ Lack of adaptive equipment
- ☐ Lack of transportation
- ☐ Lack of support by referring agencies
- ☐ Lack of volunteers
- ☐ Lack of accessible facilities
- ☐ Other (Please specify): _____

16-b. If more than one was identified, which challenge has been the *most significant*? (Check only one)

- ☐ Difficulty identifying potential participants
☐ Difficulty identifying needs of potential participants
☐ Lack of expressed interest in recreation by individuals with disabilities
☐ Lack of adaptive equipment
☐ Lack of transportation
☐ Lack of support by referring agencies
☐ Lack of volunteers
☐ Lack of accessible facilities
☐ Other (Please specify): _____

17. How often does your Department encounter these barriers? (For each statement, check the one that best describes your programs)

| | | At all times | To a great extent | To Some extent | Not at all |
|----|---|--------------|-------------------|----------------|------------|
| a. | Stereotypes, negative attitudes, prejudice, stigmatization concerning people with disabilities. | | | | |
| b. | Lack of accessible environments/facilities (e.g. lack of ramps, Braille signs, automatic doors, barrier free settings). | | | | |
| c. | Insufficient funds to hire staff, to promote inclusion, or for adaptive equipment. Lack of funding support by agency for individuals (e.g., financial aid). | | | | |
| d. | Lack of curriculum, evaluation, age-appropriate recreation or time constraints, lack of adaptations, or lack of outside support. | | | | |
| e. | Lack of public transportation, or program locations are not near public transportation | | | | |

18. If you magically had more resources, what changes would you make to your recreation programs/activities to better serve your citizens with disabilities?

Staff Training**19. How many staff in your Department have these professional credentials?**

- a. Certified Parks and Recreation Professional (CPRP) _____
 b. Certified Therapeutic Recreation Specialist (CTRS) _____

20. What training has your agency sponsored or conducted in the past 12 months? (Check all that apply)

- ☐ No training specific to the needs of people with disabilities
☐ Disability etiquette
☐ Use of people first language
☐ Availability of adaptive equipment
☐ Physical accessibility of program sites
☐ Other (Please specify): _____

21. To whom was the training provided? (Check all that apply)

- a. ☐ No training provided
- b. ☐ All recreation program staff
- c. ☐ Only recreation staff involved in programs/activities targeting individuals with disabilities
- d. ☐ Administrative leadership
- e. ☐ Support staff (administrative)
- f. ☐ Others (*Please specify*): _____

22. What topics were addressed through the disability related training(s)? (Check all that apply)

- a. ☐ Disability etiquette
- b. ☐ Use of people first language
- c. ☐ Availability of adaptive equipment
- d. ☐ Physical accessibility of program sites
- e. ☐ Other (*Please specify*): _____
- f. ☐ Other (*Please specify*): _____

23. What training topics are currently missing but are needed to more effectively offer recreational services to individual with disabilities? (Please list the 3 most important.)

- a. _____
- b. _____
- c. _____

CONTACT INFORMATION [for any clarification, follow-up questions]:

Name of agency: _____ Location (City/County): _____

Name of contact: _____ Title: _____

E-mail: _____ Phone #: _____

THANK YOU for your time and assistance!!

***Please return your completed questionnaire by Friday, Nov. 21st
to Linda Redmond, Ph.D:***

E-mail: Linda.Redmond@vbpd.virginia.gov

OR

Regular mail: Virginia Board for People with Disabilities
202 North 9th Street, 9th Floor
Richmond, Virginia 23219

For any questions, call Dr. Redmond at: 804-786-7333

Appendix B: Virginia Cities and Counties *

| MOUNTAIN REGION | | COASTAL REGION | |
|---------------------------|----------------|-----------------------|-----------------|
| <u>COUNTIES</u> | <u>CITIES</u> | <u>COUNTIES</u> | <u>CITIES</u> |
| Bland | Bristol | Accomack | Chesapeake |
| Buchanan | Galax | Charles City | Hampton |
| Carroll | Norton | Essex | Newport News |
| Dickenson | Radford | Gloucester | Norfolk |
| Floyd | | Isle of Wight | Poquoson |
| Franklin | | James City | Portsmouth |
| Giles | | King and Queen | Suffolk |
| Grayson | | King George | Virginia Beach |
| Lee | | King William | Williamsburg |
| Montgomery | | Lancaster | |
| Patrick | | Mathews | |
| Pulaski | | Middlesex | |
| Russell | | New Kent | |
| Scott | | Northampton | |
| Smyth | | Northumberland | |
| Tazewell | | Surry | |
| Washington | | Richmond | |
| Wise | | Westmoreland | |
| Wythe | | York | |
| VALLEY REGION LIST | | CENTRAL REGION | |
| <u>COUNTIES</u> | <u>CITIES</u> | <u>CITIES:</u> | |
| Alleghany | Buena Vista | Bedford (City) | Charlottesville |
| Augusta | Clifton Forge | Danville (City) | Emporia |
| Bath | Covington | Franklin (City) | Hopewell |
| Botetourt | Harrisonburg | Lynchburg (City) | Martinsville |
| Clarke | Lexington | Petersburg (City) | Richmond |
| Craig | Roanoke | <u>COUNTIES</u> | |
| Frederick | Salem | Albemarle | Buckingham |
| Highland | Staunton | Amelia | Campbell |
| Page | Waynesboro | Amherst | Charlotte |
| Roanoke | Winchester | Appomattox | Chesterfield |
| Rockbridge | | Bedford | Cumberland |
| Rockingham | | Dinwiddie | Fluvanna |
| Shenandoah | | Greene | Greensville |
| Warren | | Goochland | Halifax |
| | | Hanover | Henrico |
| | | Henry | Louisa |
| | | Lunenburg | Madison |
| | | Mecklenburg | Nelson |
| | | Nottoway | Pittsylvania |
| | | Prince Edward | Prince George |
| | | Powhatan | Orange |
| | | Southampton | Sussex |
| NORTHERN VIRGINIA | | | |
| <u>COUNTIES</u> | <u>CITIES</u> | | |
| Arlington | Alexandria | | |
| Caroline | Falls Church | | |
| Culpeper | Fairfax | | |
| Fairfax | Fredericksburg | | |
| Fauquier | Manassas | | |
| Loudoun | Manassas Park | | |
| Prince William | | | |
| Spotsylvania | | | |
| Stafford | | | |
| Rappahannock | | | |

Source: www.Virginia.Gov/cmsportal3/map/northern.htm

Appendix C: Cover Letters

Name, Title
Organization
Street address
City, Virginia zip code

Dear [Name]:

I am writing to inform you of an exciting opportunity that can tell the story of the recreation services that we are providing statewide. The Virginia Board for People with Disabilities (VBPD) is conducting a survey of local Departments of Parks and Recreation to obtain a snapshot in time of recreational programs and activities (both inclusive and therapeutic) that are available locally to individuals with disabilities. The VBPD, which is the state's Developmental Disability Council, developed the survey questionnaire to help plan its future initiatives, including statewide advocacy and a possible grant project, to promote participation of individuals with disabilities and their families in recreation. VBPD also is very interested in learning about local recreational programs or activities that have been successful in garnering participation by individuals with disabilities.

VBPD staff, Linda L. Redmond, Ph.D, and Ms. Hsing-Yu Chen, Disability Policy Fellow, have consulted with me about the survey design, distribution, and data collection. In addition to my input, Mandi Thomas in Roanoke and Beth Whitney in Virginia Beach provided feedback on the survey items and design.

The survey questionnaire is short, and can be distributed to your staff, as needed, for completion. To facilitate your replies, VBPD will soon be sending you a hard copy of the survey questionnaire as well as an electronic file version a couple of days later. You can respond to either version, but please only send one completed survey for your department. The deadline for returning the completed survey will be **Close of Business, Friday, November 21, 2008**.

Through a Memorandum of Agreement, the VBPD and I have agreed that follow-up contacts between initial distribution and the deadline will be limited to two e-mails. The VBPD will provide us with a copy of the final report on survey findings in June 2009; and copies of the report will be available, upon request, to you.

I strongly encourage participation in this worthwhile survey!

Sincerely,

Jim Stutts

Appendix C: Cover Letters

COMMONWEALTH of VIRGINIA
Virginia Board for People with Disabilities

LISBET R. WARD
CHAIR

JOHN BURGESS
VICE-CHAIR

SARAH RATNER
SECRETARY

HEIDI L. LAWYER
DIRECTOR

*Ninth Street Office Building
202 North 9th Street, 9th Floor
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(804) 786-0016
1-800-846-4464
TTY or VOICE
FAX (804) 786-1118
Info@vbpd.virginia.gov
www.vaboard.org

October 28, 2008

TO: Directors and Coordinators of local Departments of Recreation and Parks

As you well know, public parks and recreation facilities and activities make it possible to explore and learn, attempt new challenges, maintain and improve our health and wellness, get to know our neighbors, and become more engaged with our communities. With that in mind, I am inviting you to participate in a research study on the status of recreation services throughout Virginia being conducted by the *Virginia Board for People with Disabilities* (the Board).

As the state's federally authorized Developmental Disabilities Planning Council, a key aspect of the Board's work is to advise the Governor, legislators, and government agencies on public policy issues and on developing programs and services for people with developmental disabilities that will eliminate barriers to their full inclusion in all facets of community life. The results of this survey will be used to assist the Board in planning potential grant projects to further recreational opportunities for Virginians with disabilities and in improving advocacy for those services.

Enclosed with this letter is a short questionnaire that asks about the recreation services that your department or its partners and contractors provide to your communities. Development of this questionnaire included an extensive literature search and feedback from Mr. Jim Stutts, Executive Director of the Virginia Recreation and Park Society, and other VRPS members.

Through your participation, the Board hopes to learn about the types of recreational programs and activities available in localities for individuals with disabilities. We also want to know about your most successful recreation program(s) in which people with disabilities participate. Please feel free to send us materials (e.g. printed, electronic, audio, or video) that best describe your successful program(s).

We believe that the survey results will be useful for your department and VRPS. The final report will present data as aggregated information. Your responses will not be identified with you personally or your department. The only exception is that the report may document successful program(s) by locality. A copy of the final report will be made available to VRPS and to your department upon request.

It will take only about 20-30 minutes to complete the questionnaire. A postage-paid, self-addressed return envelope is included for your convenience. An electronic version of the

questionnaire will also be sent to you by e-mail within a few days. Although you may wish to route the questionnaire to appropriate staff(s) for the most complete and accurate information—and you are encouraged to do so—your department should return just one completed questionnaire to us.

Please return the completed questionnaire to the Board—either by hard copy or electronic file, whichever is most convenient—by no later than **close of business, Friday November 21st, 2008**. Send your questionnaire and any attachments to:

Linda Redmond, Ph.D.

OR

E-Mail Address:

Virginia Board for People with Disabilities

Linda.Redmond@vbpd.virginia.gov

202 North 9th Street

Richmond, Virginia 23219

If you have any questions or concerns about completing the questionnaire, you can contact Dr. Redmond at 804-786-7333 or the e-mail address above.

THANK YOU for your time and assistance in helping to improve community opportunities and services for Virginians with disabilities!!

Sincerely,

Heidi L. Lawyer
Executive Director