

RECREATION MAINSTREAMING OF SPECIAL POPULATIONS  
WITHIN RECREATION AND PARK AGENCIES

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## CHAPTER I

## INTRODUCTION

Each of us was made as precious, unique individuals full of the power and glory and majesty that is us. . .being human means being imperfect. Only a God can be perfect. . .So we need to accept our imperfections and realize that the reason we were given our particular set of imperfections is a mystery we must accept, and know we can never understand. . .that while we must accept what we are and while we cannot change what we are, we can change the things we do and so we have a large degree of control over our lives through the control of our actions.  
(Lair, 1973:23).

For the handicapped this acceptance of one's uniqueness may be a difficult task to undertake not only for oneself, but for society as a whole. For so long, the handicapped have been kept "hidden" or relegated to institutions, out of sight of the mainstream of life, because of an embarrassment, a sense of guilt, or the lack of acceptance by family or society itself.

Institutionalization of handicapped individuals has not contributed to the goal of rehabilitation services which is to return a person to productive, satisfying, and where applicable, socially acceptable community living. In cases where the individual has been returned to

the community, it has usually meant the return of an unaltered person to an unaltered environment (Stein and Sessoms, 1973).

It is important to note that the overwhelming majority of people with handicapping conditions reside within the community. Unfortunately, as Stein and Sessoms (1973) point out, these individuals have been either ignored or segregated which has contributed further to the continuation of their non-assimilation and isolation. Some of the causes for this segregation have been architectural, transportation, and attitudinal barriers, and the populace's non-commitment in overcoming these barriers within a community.

Present legislation however, provides an incentive to overcome these barriers. Section 504 of the 1973 Rehabilitation Act, which prevents discrimination of the handicapped in the areas of employment, accessibility to public buildings, and transportation, has provided the motivation for integration of the handicapped into society. Section 504 of the act also requires the integration of handicapped children with the non-handicapped in public school classrooms. In addition, PL 94-142 (Education of all Handicapped Children's Act, 1975)

officially stated that all handicapped children have the legal right to education and related services, which are equal, fair, and appropriate with respect to the education of all children. Thus, more handicapped individuals are now entering the mainstream of society than ever before in history.

In 1969, the principle of normalization was introduced abroad by Nirge. Its application made life as nearly normal as possible for the mentally retarded in Scandinavia where a mentally retarded individual would be mainstreamed into society with respect to work, school, residence, and leisure pursuits.

A number of American authors have stressed that the application of the normalization principle is needed within the field of recreation (Strensrud, 1978; Hutchison, 1977; Spinak, 1975; Stein, 1973). This statement is a consensus of their position:

Within normalization there is the belief. . .that any human being has the right to dignity in taking risks, choosing with whom to associate, and experiencing choice in leisure time activities, among countless other possibilities. As a basis of action, normalization demands. . .a life experience which coincides as much as possible with the mainstream of society (Spinak, 1975:33).

The pursuit of leisure through recreational activities is a basic need of the mainstream of society.

It is also a basic community service provided to the mainstream of society. However, to meet the needs and desires of special populations with respect to recreation and leisure, community programs should allow the individual to learn appropriate behaviors in leisure settings. Such programs should also provide opportunities for individuals to practice skills of interaction through participation in a variety of recreational activities. Additional support for this philosophy came from The National Inter-Agency Recreation Project (NIARP) of Canada:

In the service of this philosophy a continuum of support must be available, including people supports (leisure counseling and education, volunteers, encouragement from family service providers and the community); physical supports (accessible facilities and transportation, funding); and program supports ( a range of programs to match both interests and abilities) (Lyons, 1978:20).

Unquestionably, community recreation services for the handicapped are needed. The goal of these services should be normalization and integration of the handicapped within the community (Stein and Sessoms, 1973). However, through recent research (Winslow, 1977) it has been determined that integration of the handicapped into public community recreation services, in the United States, in fact, is not being done by the majority of those agencies identified as providing recreational services to special populations.



While the Winslow study determined that the need for integration stressed in the literature is not being met by public recreation and park agencies, no data is available as to the individual components considered to be essential if mainstreaming in recreation services is to take place. There is a need to identify these components and to determine the degree to which they are currently being practiced by public recreation and park agencies.

The results of this study could benefit public recreation and park agencies by providing a profile as to what services and commitments are needed to achieve integration and normalization of special populations into community recreation programs.

#### STATEMENT OF THE PROBLEM

The problem of the study was to determine to what extent public recreation and park agencies are mainstreaming special populations. To accomplish this task, the components of mainstreaming that are practiced by the agencies providing recreational programs and services to special populations were compared to the established list of components of recreation mainstreaming agreed upon by recognized authorities in the field of therapeutic recreation. Research questions to be answered include:

1. What is the relationship between community population size and the number of components of recreation mainstreaming practiced?
2. What is the relationship between the number of years the program has been functioning and the number of components practiced?
3. What is the relationship between functioning level of participants (mildly, moderately, or severely involved/impaired) to the number of components of recreation mainstreaming in practice?
4. What is the relationship between origin of participants and the number of components of recreation mainstreaming practiced?
5. Which components are considered the ten (10) most essential to achieving recreation mainstreaming?

The results of this study will show:

- (1) whether the components of recreation mainstreaming are being carried out; (2) if so, to what extent; and (3) to what extent any components are necessary in achieving recreation mainstreaming by public recreation and park agencies across the country.

### PURPOSE OF THE STUDY

The purpose of this study was to determine the extent of recreation mainstreaming of handicapped individuals within public recreation and park agencies.

### DEFINITION OF TERMS

For the purpose of this study the following definitions are used:

Mainstreaming - a term that refers to the process of educating handicapped children in regular classrooms in most cases. In recreation, it is the process of physically and socially integrating handicapped individuals with non-handicapped peers in activities within the most appropriate environment. It is the process of moving the handicapped individual from directed to self-directed use of leisure.

Normalization - the principle that promotes the idea that the handicapped should be provided with means which are as culturally normative as possible in order to establish and/or maintain behaviors and characteristics which are as culturally normative as possible (Wolfenberger, 1972).

Recreation and Park Agency - a state, county, district or city tax-supported agency (e.g. public) that acquires, develops, and maintains facilities needed for recreational participation; and provides skilled leadership to meet the needs of the various age groups and individuals within the particular governmental jurisdiction (Winslow, 1977:9).

Special Populations - those individuals who, because of a variety of circumstances, differ from the average in their physical, emotional, social, and/or intellectual behavior; e.g. deaf, blind, orthopedically handicapped, mentally retarded, emotionally ill, aged, public offenders (National Therapeutic Recreation Society, 1976).

#### LIMITATIONS OF THE STUDY

The limitations of the study were as follows:

- 1) To the public recreation and park agencies identified in the National Therapeutic Recreation Society's study of "Guidelines for Community Recreation for Special Populations"; the 1979 National Therapeutic Recreation Society's National Registry--a compilation of professionals registered by that organization and the agencies where they are employed;

2) To the degree of cooperation of public recreation and park agencies in answering and returning the questionnaire;

3) To the validity, objectivity, and reliability of the questionnaire.

#### ASSUMPTIONS

For the purpose of this study the following assumptions were made:

1. That the survey population has characteristics representative of the total community recreation and park agency population that provides recreation services for special populations.

2. That the panel of authorities asked to identify the components of mainstreaming are knowledgeable in the area of community recreation services for special populations and/or therapeutic recreation.

## CHAPTER II

## REVIEW OF THE LITERATURE

PAST RESEARCH

Community recreation programs for Special Populations were first provided by private agencies that exclusively served special populations (i.e. Retarded Children Associations, United Cerebral Palsy, Easter Seals). However, in the 1950's some community recreation and park agencies (e.g. the Kansas City Recreation and Park Department, the Philadelphia Recreation Department, the District of Columbia Department of Recreation, Milwaukee County Park Commission - Milwaukee, Wisconsin, City Recreation Board - Evanston, Illinois, and Los Angeles County Department of Parks and Recreation) pioneered recreation programs for special populations (Winslow, 1977).

In 1964, a national survey of community recreation and park agencies was conducted which examined the extent to which municipal recreation services were being provided to the mentally retarded and physically handicapped. Morton Thompson in cooperation with the National Recreation Association and the National Association for Retarded Children found that:

1. only 10% of the surveyed population provided some type of recreation programs for the handicapped;

2. 87% of the responding agencies had segregated programs (Thompson, 1968:21-22).

In 1966, Comeback, Inc. supported in part by a grant from the Children's Bureau, completed a comprehensive survey to determine the extent of recreation services offered to disabled children and youth. A major finding of the study was a need for the development of more recreation programs integrating disabled with non-disabled children and youth. It also revealed the need for more in-depth information concerning criteria for the development of segregated and integrated recreation services for disabled children and youth.

Two comprehensive national studies were undertaken by Berryman et al in 1970 and 1971. Recommendations included the design and demonstration of methods for integrating disabled youngsters into recreation programs with non-handicapped children. Several problems in providing recreation programs for disabled children and youth were identified:

1. Transportation
2. Architectural barriers
3. Finances

4. Identification and recruitment of the handicapped
5. Inservice training
6. Staffing and the use of volunteers
7. Education, consultation and involvement of parents and family (Berryman et al, 1971)

Various surveys were made by Hayes, Edgington, and Austin during the 1970's to:

1. determine the number of public recreation and park agencies offering programs to special populations;
2. determine what special populations were being served by public recreation and park agencies;
3. determine the general attitude of public recreation and park agencies as to their responsibility towards providing recreation programs for special populations.

Those surveys, Hayes (1973) of Texas, Edgington (1975) of Iowa, and Austin (1978) of Indiana, indicated that public recreation and park agencies believed it was their responsibility to serve special populations. Although a positive change towards meeting the needs of special populations was reflected in the 58% of the public recreation and park agencies in Texas that had stated they believed they had a responsibility to provide recreational



services for special populations to the 75% in Iowa and the 80% in Indiana, many members of special populations are still not being served. During the five-year period in which these surveys were made, the number of public recreation and park agencies providing some type of recreation service to special populations increased: Texas - 50%, Iowa - 61% and Indiana - 76%. However, all researchers agreed that a great deal must yet be accomplished before these public agencies could claim to truly serve the recreational needs of special populations. Austin's summation is typical of their position on this point:

One critically important aspect in allowing special populations to become a part of the mainstream of society is to provide for as full a leisure and recreational life as possible, through interactions with others in typical community settings such as recreation centers and parks. Public recreation systems represent one of the most dynamic means for effectively integrating special populations into the community. But, in the past, public recreation systems have too often existed as a potentially potent, but untapped, community resource for special populations (Austin et al, 1978:50).

#### MAINSTREAMING

The philosophy and process of mainstreaming is really not new; it has been practiced in isolated sites throughout the country. However, today we see more and more

communities accepting their responsibility to provide leisure opportunities for special populations.

Mainstreaming, broadly conceived, refers to the belief that children with special needs are best served by providing more opportunities for integration in regular educational settings. . . Mainstreaming has incorporated the concepts of normalization, the individualization of goals and programs, decategorization, a zero reject policy and educational alternatives. . . Mainstreaming has encouraged broad peer relationships and the concept of self as normal. . . Mainstreaming has generated expectations for achievement and a demand for effort. . . Success with all children, whether handicapped or not, is rightfully the concern of the mainstreaming movement (Ensher, 1976:7).

The concept of mainstreaming is an attempt to focus on the strengths and abilities - the potential of individuals in contrast to the historical preoccupation in special or rehabilitative services with the deficits of the handicapped individual.

Paul, Turnbull and Cruickshank (1977) state there should be two assumptions made before the implementation of mainstreaming: (1) there must be acceptance of mainstreaming, that is one may not understand the concept or the implications but one is ready to proceed and actually plan for implementation; and (2) there must be execution by the professional to develop the model of mainstreaming which will assure the delivery of improved services to all individuals.

In The Principal's Guide: How's to Mainstreaming

(1975) six areas of concern are noted that must be addressed to insure a greater opportunity for mainstreaming to succeed:

1. Public Relations - creating a positive atmosphere for and attitudes towards mainstreaming;
2. Orientation of Staff - this needs to be an ongoing process;
3. Selection of Participants - one must identify potential participants; selection should be based on a set of variables and how a participant rates in relation to those variables. It should be remembered that not all can feasibly be mainstreamed;
4. Determining format or approach to organization of mainstreaming programs (objectives, facets or functions of the program);
5. Parental/family involvement - parents can assume roles of information resource, co-planner, at-home reinforcer, attitudinal agent, aide or volunteer;
6. Program Evaluation.

RECREATION MAINSTREAMING

Mainstreaming, or the trend of normalization of special populations within the community, has also been identified as a concern within the field of recreation.

In terms of recreation, philosophers have frequently spoken of the benefits that all people can derive from participation in a recreational activity:

All people have the needs and desire for creativity, fellowship, adventure, sense of achievement, physical well-being, use of mental powers, emotional experiences, enjoyment of beauty, relaxation, and to have fun (Butler, 1959:225).

The implementation of mainstreaming within the field of recreation incorporates the basic assumptions of Paul, Turnbull, and Cruickshank (1977): The acceptance of the problem and need for solution must be actualized through the development of some concept of the roles that recreationists can assume in aiding the physical, psychological, and social recovery and growth of the individual. Equally important is the commitment by the agency to provide the appropriate services that can result in opportunities for effective and meaningful community life. The ultimate goal of recreation for special populations is to move them toward regular community recreation involvement (Stein and Sessoms, 1973).

To make mainstreaming work, a fundamental theme of respect of human differences must be accepted and applied.

Respecting human difference goes far beyond merely tolerating or accepting differences. When differences are respected no two individuals are seen as exactly alike. Within every setting individuals differ along the dimensions of achievement, intellectual ability, coordination, creativity, leadership, socialability. . .the attitude of respect for human differences places value on individuality, on the recognition of individual strengths and weaknesses, and on the development of personal relationships in which differences are valued (Paul et al, 1977:31).

The basic objectives, then, of community recreation for the handicapped as outlined by Nesbitt (1978) are:

1. Achievement of fulfillment and satisfaction, fun and enjoyment, or self-expression by the participant at the highest level possible.
2. Achievement of equality or opportunity in play, recreation, parks and leisure facilities, the arts, culture, and leisure by the participant who is handicapped.
3. Achievement of a normal life style (normalization) in all aspects of life (educational, vocational, social) by the participant who is handicapped based on individual needs, interests and desires.

In addition, the 1974 National Forum on Meeting the Recreation and Park needs of the Handicapped recognized the importance of mainstreaming by stressing that the integration of the handicapped in non-handicapped recreation programs should be the ultimate goal of a community recreation and park program for special populations.

There is general consensus as to the need for mainstreaming in recreation and leisure services, while studies by both Stein and Sessoms (1973) and Winslow (1977) have pointed out that community recreation agencies' efforts fall short, as they generally stop at the inclusion of integration of special populations in their program goals. Winslow's findings verify this conclusion:

Though integration has been stated as a major goal (69%) most recreation and park agencies do not have a specified target date for its implementation within the next five years (54%). This figure is lower in communities with populations over 250,000. These results are in direct contrast to the recreation and park agency's previously stated philosophy on mainstreaming. . .there is a strong tendency for recreation and park agencies to identify integration as a major goal but in actual program implementation, do not take the necessary steps to promote it (Winslow, 1977:65).

Winslow further reports that:

Only 14.1% of the community recreation and park agencies have at least 50% of their special populations programs integrated. In fact 55.8% of the agencies have less than 15% integrated programs, and 73.5% of the agencies have less than 30% integrated programs. These figures are much higher

in communities with populations under 250,000. Thus, there is a tendency for a community recreation and park agency to presently have few, if any, integrated special populations programs (Winslow, 1977: 66).

On the other hand Hayes (1978) in his article, "Philosophical Ramifications of Mainstreaming in Recreation", has questioned the extent and effectiveness of mainstreaming in recreation. Therefore, this investigation is an attempt to answer the question: To what extent is mainstreaming in recreation being practiced and what are the essential components of these efforts?

In summary, a review of the literature related to the extent of recreation mainstreaming of special populations by public recreation and park agencies has indicated there are three main areas of information. They are: past research, mainstreaming as a concept, and recreation mainstreaming. Past research has indicated that a small proportion of public recreation and park agencies have provided some type of recreation programs for special populations and even a smaller percentage have provided integrated experiences. However, the number of public recreation and park agencies providing services to special populations has increased, over the last fifteen years. In addition, results of past research have shown the need

for the development of more recreation programs integrating disabled with non-disabled individuals.

Reviewing the concept of mainstreaming, one finds emphasis placed on the individual's strengths and abilities rather than upon the disability. Overall, there must be a commitment to mainstreaming (acceptance of and an implementation plan) by those who will deliver the service (Paul et al, 1977; Stein and Sessoms, 1973).

Recreation mainstreaming has been advocated as the ultimate goal of recreation for special populations (Winslow, 1977; National Forum on Meeting the Recreation and Park Needs of the Handicapped, 1974; Stein and Sessoms, 1973). This study, focuses on the latter and examines the current status of recreation mainstreaming of special populations by public recreation and park agencies.



## CHAPTER III

## METHODOLOGY

This chapter describes the processes and procedures involved in the research methodology of recreation mainstreaming. Specifically, how subjects were selected, how the survey instrument was developed and used, and how the collected data were treated are subjects of the discussion which follows.

SELECTION OF SUBJECTS

The population used in this recreation mainstreaming study was limited to public community recreation and park agencies across the United States that have existing programs for special populations. These agencies were identified through the National Therapeutic Recreation Society's Study on "Guidelines for Community Recreation for Special Populations," the National Therapeutic Recreation Society National Registry of Therapeutic Recreation Professionals and referrals from agency participants in the study. A total of 140 community recreation and park agencies were identified through this process and subsequently were sent questionnaires.

INSTRUMENT

Through a review of the literature and consultation (telephone interviews) with a panel of authorities in the field of community recreation services for special populations and/or therapeutic recreation (Appendix D), twenty-seven (27) specific components were identified within three administrative facets: program, physical operation, and manpower. These three are considered necessary in achieving recreation mainstreaming and thus in providing opportunities for normalization.

Those components, within each facet necessary for recreation mainstreaming are:

I. PROGRAMS

1. Individualization to meet individual needs, interests, and desires;
2. A focus on strengths and abilities of the individual, not disability;
3. Progressive/developmental recreational experiences;
4. Skill development: personal interaction, leisure behavior;
5. Opportunities to practice skills;
6. Aid to the physical recovery and/or growth and development of the individual;

7. Aid to the psychological recovery and/or growth and development of the individual;
8. Aid to the social recovery and/or growth and development of the individual;
9. Continuum of services: from specialized segregated programs to normal fully-integrated programs; e.g. a variety of services to meet all levels of functioning.
10. Equality of recreational opportunity;
11. Achievement of fulfillment and satisfaction at the highest level in the least restrictive environment for each individual;
12. Achievement of fun, enjoyment, or self-expression at the highest level in the least restrictive environment for each individual;
13. Opportunities to exercise choice of activities;
14. Leisure education;
15. A system of recruitment and identification of the handicapped.

## II. PHYSICAL OPERATIONS

1. A plan for accessible facilities, e.g. a barrier-free (removal) program;

2. Transportation for special populations to recreational programs;
3. Funding for recreational programs for special populations.

### III. MANPOWER

1. A supervisor of recreation programs for special populations who is certified/registered with the National Therapeutic Recreation Society or state association;
2. Use of volunteers;
3. Opportunities for the handicapped to work as staff or volunteers for program;
4. In-service training program for staff;
5. In-service training program for volunteers;
6. In-service training program for parents;
7. A public relations program to sensitize the public to the needs and abilities of the handicapped, e.g. to promote community acceptance;
8. A system for citizen input, re: programs and services;
9. Visibility of handicapped, constant exposure to public.

The instrument utilized in the recreation mainstreaming study was a four-page questionnaire with an enclosed transmittal letter and permission form as required by the Human Research Review Committee of Texas Woman's University. It was approved by the researcher's thesis committee and the Human Research Review Committee. To further insure that the developed questionnaire was appropriate and valid for use in this study, a pre-test was conducted by sending the questionnaire to the panel of authorities in community-based recreation programs for special populations and/or therapeutic recreation, which included three public recreation and park agencies with existing recreational programs for special populations, educators, and the director of a center for the handicapped.

The purpose of this pre-test was to: (1) determine which components are practiced/operating within a public recreation and park agency in order to achieve recreation mainstreaming; and (2) determine which of the components respondents considered most essential for the achievement of recreation mainstreaming: a) of those they practiced, and b) of those that as yet are not operative.

The response from the pre-test indicated the need to clarify instructions on how to mark and rate the

components as well as the need to clarify the rating standards. This condition was accomplished by listing a descriptor for each rating value and clarifying the directions for filling out the questionnaire. The inclusion of a question concerning where participants come from in the demographic information of the questionnaire was also a suggestion from the pre-test group and was included as an important facet of the final questionnaire.

The redesigned questionnaire was then reviewed by the thesis committee. It was approved and subsequently utilized in the recreation mainstreaming study (the final instrument and transmittal letter are shown in Appendix A).

#### COLLECTION OF DATA

The previously described instrument and explanatory letter were mailed in August of 1979 to each identified public recreation and park agency. To insure a prompt response, a two-week deadline was established. If new agencies were identified by the respondents, questionnaires were then mailed to them. After the established deadline, a second mailing was sent, giving another two-week deadline. Following the second mailing's deadline,

all non-responding agencies were telephoned and encouraged to return their questionnaire. In some cases, questionnaires were completed over the phone.

#### TREATMENT OF DATA

Because of the large number of variables (394) involved in this recreation mainstreaming study, computer services of the Computer Center, Texas Woman's University, were used. In consultation with a University computer programmer, a Statistical Program for the Social Sciences (SPSS) was developed for the treatment of the data. To facilitate the use of a CRT on-line terminal, a coding system was designed. When a questionnaire was received from a responding agency, it was transferred to computer coding forms according to the designed system. When all the information was received, it was then typed into the on-line terminal by the researcher.

Computer runs were made to determine frequency distributions for the 394 variables involved in this study. Both an overall run and runs by community population size (7) were made. A Pearson Correlation was then made for:

1. community population size and the number of components of recreation mainstreaming practiced;

2. number of years a program has been functioning and the number of components practiced;
3. functioning level of participants (mildly, moderately, or severely impaired/involved) and the number of components practiced;
4. origin of participants (halfway house, individual or family residence, etc.) and the number of components practiced;

This process was used for the sample population as a whole and by community-population size.

Based on the mean score for the importance of each component, the researcher then determined the ten (10) most essential components for the total sample and by community-population size. The resulting data were examined, interpreted, and grouped into community-population/size categories in an effort to determine a recreation mainstreaming profile. These data are analyzed in the following chapter.



CHAPTER IV  
PRESENTATION OF THE FINDINGS

The purpose of this study was to: (1) determine which components of recreation mainstreaming are practiced within recreation and park agencies; and (2) determine which of the components respondents consider most essential for the achievement of recreation mainstreaming: those they practice or those that as yet are not operative. Specific findings from the analyses are presented below, divided according to these two objectives.

Of the 140 identified public recreation and park agencies that comprised the sample population, eighty-five agencies returned completed questionnaires; eight questionnaires were returned due to incorrect address or no forwarding address; two agencies returned the questionnaire noting that the program had been discontinued due to Proposition 13; four agencies sent responses after the computations of the data were completed and forty agencies did not respond at all. Therefore, the study population consisted of eighty-five public recreation and park agencies, or sixty-one percent of the total identified population of recreation and park agencies that provide services

for special populations. (A list of the responding agencies is in Appendix B.)

Two different statistical treatments were made on the computer (through the Statistical Package for the Social Sciences (SPSS) on a CRT on-line terminal) of the collected data from the responding recreation and park agencies. The first statistical treatment was made to determine frequency distributions for the 394 variables involved in this study, as a whole and by community population size. The second statistical treatment consisted of a Pearson Correlation for:

1. community population size and the number of components of recreation mainstreaming practiced;
2. number of years the program has been functioning and the number of components practices;
3. functioning level of participants (mildly, moderately or severely impaired/involved) and the number of components practiced;
4. origin of participants (individual or family residence, halfway houses, etc.) and the number of components practiced;
5. each of the ten most essential components and the number of components practiced.

Data were compiled for the responding agencies as a whole and by community population size. Grouping the total responding agencies by community population size provided seven subsets, as noted in Table 1.

TABLE 1  
COMMUNITY POPULATION GROUPINGS

	<u>TOTAL COMMUNITY POPULATION</u>	<u>NUMBER OF AGENCIES</u>	<u>PERCENT TOTAL RESPONDENTS</u>
1.	Under 25,000	7	8.2
2.	25,000- 49,999	14	16.5
3.	50,000- 99,999	13	15.3
4.	100,000- 249,999	13	15.3
5.	250,000- 499,999	13	15.3
6.	500,000-1,000,000	14	16.5
7.	Over 1,000,000	<u>11</u>	<u>12.9</u>
	TOTAL	85	100.0%

The majority of responding agencies directly serve a single autonomous community. A breakdown of the political entities of the responding recreation and park agencies is listed in Table 2. The majority of agencies providing recreational services to special populations are municipal park and recreation departments, i.e., city-tax supported agencies (74.1 percent).

TABLE 2

## POLITICAL ENTITY

<u>TOTAL COMMUNITY POPULATION</u>	<u>NUMBER OF AGENCIES</u>	<u>PERCENT TOTAL RESPONDENTS</u>
City	63	74.1
County	15	17.6
District	2	2.4
Other (Townships, State)	<u>5</u>	<u>5.9</u>
TOTAL	85	100.0%

Twenty-seven components of recreation mainstreaming were identified through a review of the literature and consultation with a panel of authorities in the field of community recreation for special populations and/or therapeutic recreation as necessary in achieving recreation mainstreaming and thus providing opportunities for normalization.

Table 3 lists the twelve practiced components in rank order as reported by the responding agencies.

TABLE 3

## TWELVE MOST PRACTICED COMPONENTS

<u>COMPONENT</u>	<u>NUMBER OF AGENCIES</u>	<u>PERCENT PRACTICING</u>
1. Opportunities to Practice	77	90.6
2. Skill Development	76	89.4
3. Use of Volunteers	76	89.4
4. Strengths and Abilities	74	87.1
5. Funding	72	84.7
6. Progressive Recreational Experience	71	83.5
7. Achievement of Fun	70	82.4
8. Opportunities to Exercise Choice	70	82.4
9. Transportation	67	78.8
10. Accessible Facility Plan	66	77.6
11. Inservice Training for Staff	66	77.6
12. Equality of Recreational Opportunities	66	77.6

The percentage of the twenty-seven recreation main-streaming components practiced by public recreation and park agencies is presented in Appendix C.

Each of the twenty-seven components of recreation mainstreaming was analyzed separately with respect to community size in order to determine practicing habits or patterns; and to provide insight as to why differences or patterns occurred.

### COMPONENTS PRACTICED

#### Individualization

Most recreation and park agencies provide programs that address the individual's needs, interests, and desires. Seventy percent or more of all agencies within each community population grouping practice individualization within their program, except for those communities of 100,000-249,999 (See Table 4).

#### Strengths and Abilities

Agencies' programs that focus on the individual's strengths and abilities rather than disability generally increase with the size of community except for communities 25,000-49,999 and over 1,000,000. This condition, in part, may be due to a tendency for program budgets and staff sizes to increase with the size of the community, thus providing the resources to focus on the individual (See Table 5).

TABLE 4

## COMPONENT - INDIVIDUALIZATION

<u>COMMUNITY SIZE</u>		<u>PERCENT PRACTICING</u>
All respondents		76.5
Under	25,000	71.4
25,000-	49,999	78.6
50,000-	99,999	76.9
100,000-	249,999	46.2
250,000-	499,999	92.3
500,000-	1,000,000	78.6
Over	1,000,000	90.9

TABLE 5

## COMPONENT - STRENGTHS AND ABILITIES

<u>COMMUNITY SIZE</u>		<u>PERCENT PRACTICING</u>
All respondents		87.1
Under	25,000	71.4
25,000-	49,999	92.9
50,000-	99,999	76.9
100,000-	249,999	84.6
250,000-	499,999	92.3
500,000-	1,000,000	92.9
Over	1,000,000	90.9

Progressive Recreational Experiences

Providing progressive or developmental recreational experiences for special populations is a highly practiced component (Table 6). This tendency seems to increase with the size of the community with the exception of communities over 1,000,000 (72.7 percent). The latter shows less practice of this component; the practice is highly stabilized, however, within the three middle population groupings, communities from 50,000-499,999.

TABLE 6

COMPONENT - PROGRESSIVE RECREATIONAL EXPERIENCES

<u>COMMUNITY SIZE</u>	<u>PERCENT PRACTICING</u>
All respondents	83.5
Under 25,000	42.9
25,000- 49,999	71.4
50,000- 99,999	92.3
100,000- 249,999	92.3
250,000- 499,999	92.3
500,000-1,000,000	100.0
Over 1,000,000	72.7



### Skill Development

Seventy-one percent or more of all communities practice the skill development component of recreation mainstreaming (Table 7). This high percentage may be due to the fact that most public recreation and park agencies view recreational programs as a skill development process, whether for the development of personal interaction, leisure behavior, or motor skills. This finding agrees with Winslow's (1977) findings, in that most agencies having special populations programs tended to stress a general, rather than a therapeutic, recreation philosophy.

TABLE 7

#### COMPONENT - SKILL DEVELOPMENT

<u>COMMUNITY SIZE</u>	<u>PERCENT PRACTICING</u>
All respondents	89.4
Under 25,000	71.4
25,000- 49,999	100.0
50,000- 99,999	76.9
100,000- 249,999	92.3
250,000- 499,999	100.0
500,000- 1,000,000	92.9
Over 1,000,000	81.8

### Opportunities to Practice Skills

Opportunities to practice skills is the most operational of all components of recreation mainstreaming (Table 8). This fact may be explained in part by the theory that recreational activities provide opportunities for skill development, recreative experiences, and the discovery of new interests, not only for special populations but for everyone, and thus, is a major goal of all recreation programs. (Butler, 1959)

TABLE 8

#### COMPONENT - OPPORTUNITIES TO PRACTICE SKILLS

<u>COMMUNITY SIZE</u>		<u>PERCENT PRACTICING</u>
All residents		90.6
Under	25,000	85.7
25,000-	49,999	92.9
50,000-	99,999	69.2
100,000-	249,999	92.3
250,000-	499,999	100.0
500,000-	1,000,000	100.0
Over	1,000,000	90.9

### Aid to Physical Recovery

While all communities practice the aid-to-physical-recovery component to some degree, as evidenced in Table 9, those agencies serving communities of 250,000 or more tend to have this component operating in their recreation programs for special populations more than do communities of smaller size. Agencies serving communities less than 250,000 do not view their program as providing aid to the physical recovery or growth of their participants, although many agencies provide programs which promote physical activity by participants. This situation may be due to the fact that aid to the physical recovery or growth has therapeutic or medical overtones, and these agencies do not consider their program in that context (O'Morrow, 1976).

### Aid to Psychological Recovery

Overall more agencies practice the aid-to-psychological-recovery component (67.1 percent) than they do the physical recovery (64.7 percent) within their programs for special populations. In this case, the same, non-medical or non-therapeutic viewpoint that is expressed under aid to physical recovery may also hold true for this component.

TABLE 9

## COMPONENT - AID TO PHYSICAL RECOVERY

<u>COMMUNITY SIZE</u>	<u>PERCENT PRACTICING</u>
All respondents	64.7
Under 25,000	42.9
25,000- 49,999	35.7
50,000- 99,999	69.2
100,000- 249,999	46.2
250,000- 499,999	76.9
500,000-1,000,000	92.9
Over 1,000,000	81.8

TABLE 10

## COMPONENT - AID TO PSYCHOLOGICAL RECOVERY

<u>COMMUNITY SIZE</u>	<u>PERCENT PRACTICING</u>
All respondents	67.1
Under 25,000	28.6
25,000- 49,999	57.1
50,000- 99,999	53.8
100,000- 249,999	61.5
250,000- 499,999	76.9
500,000-1,000,000	92.9
Over 1,000,000	81.8

Aid to Social Recovery

The frequency of this component operating within a program increases with the size of the community with the exception of those communities over 1,000,000. Aid to social recovery is practiced more on an overall basis than either aid to physical (64.7 percent) or psychological recovery (67.1 percent). This fact may be due to the highly "social nature" orientation of most recreation activities.

TABLE 11

## COMPONENT - AID TO SOCIAL RECOVERY

<u>COMMUNITY SIZE</u>	<u>PERCENT PRACTICING</u>
All respondents	75.3
Under 25,000	42.9
25,000- 49,999	57.1
50,000- 99,999	76.9
100,000- 249,999	76.9
250,000- 499,999	92.3
500,000-1,000,000	92.9
Over 1,000,000	72.7

Continuum of Services

There seems to be no pattern in terms of providing a continuum of recreational services from segregated, specialized programs to fully integrated programs with respect to community size (Table 12). However, the majority of agencies in communities over 50,000 are able to provide some type of a continuum of services within their recreation program for special populations. The quality, quantity, or variety of services was not a part of this study.

TABLE 12

## COMPONENT - CONTINUUM OF SERVICES

<u>COMMUNITY SIZE</u>	<u>PERCENT PRACTICING</u>
All respondents	58.8
Under 25,000	28.6
25,000- 49,999	42.9
50,000- 99,999	69.2
100,000- 249,999	61.5
250,000- 499,999	53.8
500,000-1,000,000	78.6
Over 1,000,000	63.6

### Equality of Recreational Opportunity

Over seventy percent of all agencies provide equality of recreational opportunities with the exception of those agencies serving communities over 1,000,000 (54.5 percent), which is evident in Table 13.

TABLE 13

#### COMPONENT - EQUALITY OF RECREATIONAL OPPORTUNITIY

<u>COMMUNITY SIZE</u>	<u>PERCENT PRACTICING</u>
All respondents	77.6
Under 25,000	71.4
25,000- 49,999	71.4
50,000- 99,999	76.9
100,000- 249,999	76.9
500,000-1,000,000	92.9
Over 1,000,000	54.5

### Achievement of Fulfillment

Less than fifty percent of the agencies serving communities under 25,000 and the communities of 50,000-99,999 provide for the achievement of fulfillment and satisfaction at the highest level in the least restrictive environment for each individual with their recreation programs

for special populations (Table 14). A majority of agencies serving all other community population groupings provide this component of recreation mainstreaming within their programs.

TABLE 14

COMPONENT - ACHIEVEMENT OF FULFILLMENT

<u>COMMUNITY SIZE</u>	<u>PERCENT PRACTICING</u>
All respondents	67.1
Under 25,000	42.9
25,000- 49,999	71.4
50,000- 99,999	38.5
100,000- 249,999	69.2
250,000- 499,999	92.3
500,000-1,000,000	78.6
Over 1,000,000	63.6

Achievement of Fun

The majority of all agencies in all community population groupings practice the achievement-of-fun component (Table 15). This finding is supportive of the general philosophy within the field that recreation should be fun (Butler, 1959).



TABLE 15

## COMPONENT - ACHIEVEMENT OF FUN

<u>COMMUNITY SIZE</u>	<u>PERCENT PRACTICING</u>
All respondents	82.4
Under 25,000	57.1
25,000- 49,999	85.3
50,000- 99,999	69.2
100,000- 249,999	76.9
250,000- 499,999	100.0
500,000-1,000,000	85.7
Over 1,000,000	90.9

Opportunities to Exercise Choice

A majority of all agencies practice this component within their programs. This tendency increases with the size of the community except for those over 1,000,000. The opportunity to exercise choice by the disabled individual may increase with the size of the community because of the greater opportunity in general for recreational activities, and because of the tendency of the disabled to assume the role of "activist" in larger communities, thereby demanding and exercising their right to choice.

TABLE 16

## COMPONENT - OPPORTUNITIES TO EXERCISE CHOICE

<u>COMMUNITY SIZE</u>	<u>PERCENT PRACTICING</u>
All respondents	82.4
Under 25,000	57.1
25,000- 49,999	71.4
50,000- 99,999	76.9
100,000- 249,999	84.6
250,000- 499,999	84.6
500,000-1,000,000	100.0
Over 1,000,000	90.9

Leisure Education

Less than a majority of agencies serving communities under 100,000 provide leisure education as a part of their recreation program for special populations; although 50% of the communities of 25,000-49,999 did provide this component. The majority of agencies serving communities over 100,000 provided some form of leisure education as a part of their program for special populations.

TABLE 17

## COMPONENT - LEISURE EDUCATION

<u>COMMUNITY SIZE</u>	<u>PERCENT PRACTICING</u>
All respondents	57.6
Under 25,000	28.6
25,000- 49,999	50.0
50,000- 99,999	46.2
100,000- 249,999	76.9
250,000- 499,999	61.5
500,000-1,000,000	64.3
Over 1,000,000	63.6

Recruitment System

Sixty-nine percent or more of the agencies serving communities larger than 25,000 provided a system of recruitment or identification of the handicapped (Table 18). Forty-two and nine-tenths percent of the agencies in communities under 25,000 provided some type of a recruitment or identification.

TABLE 18

## COMPONENT - RECRUITMENT SYSTEM

<u>COMMUNITY SIZE</u>	<u>PERCENT PRACTICING</u>
All respondents	75.3
Under 25,000	42.9
25,000- 49,999	78.6
50,000- 99,999	76.9
100,000- 249,999	69.2
250,000- 499,999	69.2
500,000-1,000,000	85.7
Over 1,000,000	90.9

Accessible Facility Plan

Sixty percent or more of all responding agencies had an accessible facility plan in practice (Table 19). All agencies (100 percent) serving communities under 25,000 or over 1,000,000 had such a plan in practice.

TABLE 19

## COMPONENT - ACCESSIBLE FACILITY PLAN

<u>COMMUNITY SIZE</u>	<u>PERCENT PRACTICING</u>
All respondents	77.6
Under 25,000	100.0
25,000- 49,999	64.3
50,000- 99,999	61.5
100,000- 249,999	69.2
250,000- 499,999	76.9
500,000-1,000,000	92.9
Over 1,000,000	100.0

Transportation

Transportation is provided for special populations to recreational programs by the majority of responding agencies (78.8 percent). In addition, 68.2 percent of the agencies provided transportation directly to recreational programs for special populations (Appendix E). Transportation was also provided by the individual/participant or the parent of a participant, independent company or other (school district, other service agencies, etc.).

TABLE 20

## COMPONENT - TRANSPORTATION

<u>COMMUNITY SIZE</u>	<u>PERCENT PRACTICING</u>
All respondents	78.8
Under 25,000	71.4
25,000- 49,999	57.1
50,000- 99,999	84.6
100,000- 249,999	61.5
250,000- 499,999	84.6
500,000-1,000,000	85.7
Over 1,000,000	90.9

Funding

Sixty-nine percent or more of all agencies provide funding for recreational programs for special populations; 100 percent of the agencies serving communities 500,000 to 1,000,000 provided funding for programs for special populations. The number of agencies providing funding for recreation programs for special populations increased with community size, for those communities under 100,000.

TABLE 21

## COMPONENT - FUNDING

<u>COMMUNITY SIZE</u>	<u>PERCENT PRACTICING</u>
All respondents	84.7
Under 25,000	71.4
25,000- 49,999	78.6
50,000- 99,999	92.3
100,000- 249,999	69.2
250,000- 499,999	84.6
500,000-1,000,000	100.0
Over 1,000,000	90.9

Certified/Registered Supervisor of Recreation Program

Overall, a very slight majority of the agencies (50.6 percent) had a supervisor in charge of the recreation program for special populations who was certified or registered on the state or national level. Several respondents wrote notes expressing that having a certified/registered program supervisor was the least essential component of all.

TABLE 22

## COMPONENT - CERTIFIED/REGISTERED SUPERVISOR

<u>COMMUNITY SIZE</u>	<u>PERCENT PRACTICING</u>
All respondents	50.6
Under 25,000	14.3
25,000- 49,999	50.0
50,000- 99,999	69.2
100,000- 249,999	46.2
250,000- 499,999	61.5
500,000-1,000,000	50.0
Over 1,000,000	45.5

Use of Volunteers

The use of volunteers in the recreation program was practiced by fifty-seven percent or more of the agencies by population grouping (Table 23). All agencies serving communities of 100,000-249,999 used volunteers. The use of volunteers within recreation programs for special populations is common in order to maintain a lower participant/leader ratio and provide quality supervision, while supplementing the staff at no cost. In addition, a basic human need is service to others, and most programmers recognize service as the backbone of their volunteer program (Tillman, 1973).



TABLE 23

## COMPONENT - USE OF VOLUNTEERS

<u>COMMUNITY SIZE</u>	<u>PERCENT PRACTICING</u>
All respondents	89.4
Under 25,000	57.1
25,000- 49,999	92.9
50,000- 99,999	84.6
100,000- 249,999	100.0
250,000- 49,999	92.3
500,000-1,000,000	92.9
Over 1,000,000	90.9

Handicapped as Staff

A majority of all agencies, except for those serving communities of less than 25,000, provided the opportunity for the handicapped to work as staff or volunteers (Table 24). All agencies serving communities of 500,000-1,000,000 provided opportunities for the handicapped to work as staff or volunteers.

TABLE 24

## COMPONENT - HANDICAPPED AS STAFF

<u>COMMUNITY SIZE</u>	<u>PERCENT PRACTICING</u>
All respondents	69.4
Under 25,000	42.9
25,000- 49,999	71.4
50,000- 99,999	53.8
100,000- 249,999	61.5
250,000- 499,999	69.2
500,000-1,000,000	100.0
Over 1,000,000	72.7

In-Service Training/Staff

The majority of agencies (77.6 percent) provide in-service training for staff with 74.1 percent of the agencies requiring the training and 11.8 percent of the agencies having the in-service training as optional (Appendix E). The tendency for in-service training of staff as an operative component of recreation and park agencies increases with the size of the community, with the exception of communities of 100,000-249,999 and over 1,000,000.

TABLE 25

## COMPONENT - IN-SERVICE TRAINING/STAFF

<u>COMMUNITY SIZE</u>	<u>PERCENT PRACTICING</u>
All respondents	77.6
Under 25,000	57.1
25,000- 49,999	71.4
50,000- 99,999	76.9
100,000- 249,999	69.2
250,000- 499,999	76.9
500,000-1,000,000	92.9
Over 1,000,000	90.9

In-Service Training/Volunteers

In communities under 25,000 and communities of 100,000-249,999 less than a majority of the agencies provided in-service training for volunteers (Table 26). Sixty-nine percent or more of the agencies serving the other community population groupings provided in-service training for volunteers.

TABLE 26

## COMPONENT - IN-SERVICE TRAINING/VOLUNTEERS

<u>COMMUNITY SIZE</u>	<u>PERCENT PRACTICING</u>
All respondents	68.2
Under 25,000	42.9
25,000- 49,999	78.6
50,000- 99,999	69.2
100,000- 249,999	38.5
250,000- 499,999	69.2
500,000-1,000,000	92.9
Over 1,000,000	72.7

In-Service Training/Parents

In-service Training for Parents was the least practiced component among all of the components of recreation mainstreaming. Twenty-eight percent or less of the responding agencies provided in-service training for parents, with the exception of those agencies serving communities of 500,000-1,000,000 (42.9 percent).

TABLE 27

## COMPONENT - IN-SERVICE TRAINING/PARENTS

<u>COMMUNITY SIZE</u>	<u>PERCENT PRACTICING</u>
All respondents	22.4
Under 25,000	14.3
25,000- 49,999	14.3
50,000- 99,999	23.1
100,000- 249,999	7.7
250,000- 499,999	23.1
500,000-1,000,000	42.9
Over 1,000,000	27.3

Public Relations Program

The tendency for agencies to provide a public relations program to sensitize the public to the needs and abilities of the handicapped increases with the community population size, with the exception of communities of 50,000-99,999 and over 1,000,000 which decreased (Table 28).

TABLE 28

## COMPONENT - PUBLIC RELATIONS PROGRAM

<u>COMMUNITY SIZE</u>	<u>PERCENT PRACTICING</u>
All respondents	54.1
Under 25,000	42.9
25,000- 49,999	42.9
50,000- 99,999	30.8
100,000- 249,999	53.8
250,000- 499,999	53.8
500,000-1,000,000	92.9
Over 1,000,000	54.5

Citizen Input

The majority of all agencies within all community population groupings practices the solicitation of citizen input concerning the recreation program for special populations (Table 29). Agencies serving communities of 50,000-99,999 were the exception (46.2 percent).

TABLE 29

## COMPONENT - CITIZEN INPUT

<u>COMMUNITY SIZE</u>	<u>PERCENT PRACTICING</u>
All respondents	70.6
Under 25,000	57.1
25,000- 49,999	71.4
50,000- 99,999	46.2
100,000- 249,999	69.2
250,000- 499,999	76.9
500,000-1,000,000	92.9
Over 1,000,000	72.7

Visibility for the Handicapped

The number of agencies providing for visibility of the handicapped within their recreation programs increased with the community population size (Table 30). Agencies serving communities over 1,000,000 are the exception. The percentage practicing this component ranges from 57.1 percent for communities under 25,000 to 92.9 percent for communities of 500,000-1,000,000.

TABLE 30

## COMPONENT - VISIBILITY OF THE HANDICAPPED

<u>COMMUNITY SIZE</u>	<u>PERCENT PRACTICING</u>
All respondents	69.4
Under 25,000	28.6
25,000- 49,999	57.1
50,000- 99,999	61.5
100,000- 249,999	76.9
250,000- 499,999	76.9
500,000-1,000,000	92.9
Over 1,000,000	72.7

RELATIONSHIPSCommunity Population Size with Components of  
Recreation Mainstreaming

There was found to be a statistically significant positive correlation between community population size and the number of components practiced. A correlation coefficient of .27 was found significant at the .05 level. The researcher was unable to determine correlation of population size and the number of components practiced for the individual community population groups, in that the sample size for each community population group was too small to be computed.



The Number of Years the Program has Functioned and  
Components Practiced

Winslow (1977) reported that most special populations programs were initiated in the 1970's (73.5 percent). As shown in Table 31, this also seems to be the case for this study, in that the majority of programs have been in existence 8 years or less (76.5 percent).

TABLE 31

YEARS SPECIAL POPULATIONS PROGRAM HAS FUNCTIONED

<u>LENGTH</u>	<u>NUMBER OF AGENCIES</u>	<u>PERCENT TOTAL RESPONDENTS</u>
0-2 years	10	11.8
3-5 years	29	34.1
6-8 years	26	30.6
9+ years	19	22.3
Missing	<u>1</u>	<u>1.2</u>
TOTALS	85	100.0%

A correlation coefficient of .28 was found to be significant at the .05 level for the number of years a program has been functioning and the number of components practiced for the population as a whole.

A positive correlation of .70 at the .05 level of significance was found for the length of program and the number of components practiced for communities under 49,999. No significant correlation was found for communities over 50,000.

Participants' Functioning Level and Components Practiced

The majority of participants served by recreation and park agencies are mildly or moderately impaired/involved, as shown in Table 32.

TABLE 32

FUNCTIONING LEVEL OF PARTICIPANTS

<u>LEVEL OF IMPAIRMENT</u>	<u>50% OR MORE CLIENTS SERVED</u>	<u>LESS THAN 50% CLIENTS SERVED</u>	<u>DO NOT SERVE</u>
Mildly	37.6%	50.6%	11.8%
Moderately	76.5%	20.0%	3.5%
Severely	18.8%	63.5%	17.6%

For the population as a whole, there was no correlation found between functional level of participants and the number of components practiced. A significant correlation was found for only two of the community population groups. For communities of 50,000-99,999 there was a correlation coefficient of -.90 which was significant at the .05 level. That is to say as the number of

severely impaired participants increases in a program, the fewer the number of components or recreation mainstreaming practiced. For communities over 1,000,000 there was a correlation coefficient of .60 which was significant at the .05 level for mildly impaired participants and the number of components practiced.

#### Origins of Participants and Components Practiced

It was found that the majority of special populations served by recreation and park agencies come from individual or family residence (97.6 percent), while 52.9 percent come from institutions and 40.0 percent from halfway houses. Most surveyed agencies served participants from a variety of sources. This information is shown in Table 33.

A positive correlation was found between individual or family residence and the number of components practiced for the population as a whole. A correlation coefficient of .22 was found significant at the .05 level for individual or family residence and the number of components practiced. A negative correlation was found between participants coming from institutions and the number of components practiced. A correlation coefficient of  $-.30$  was found to be significant at the

TABLE 33

SOURCE OF PARTICIPANTS				
<u>SOURCE</u>	<u>50% OR MORE CLIENTS SERVED</u>	<u>LESS THAN 50% CLIENTS SERVED</u>	<u>DO SERVE</u>	<u>DO NOT SERVE</u>
Individual/ Family Res.	83.5%	14.1%	97.6%	2.4%
Rehabilitation Centers	7.1%	28.2%	35.3%	64.7%
Institutions	17.6%	35.3%	52.9%	47.1%
Halfway Houses	10.6%	29.4%	40.0%	60.0%
Other (Nursing Homes, etc.)	10.6%	15.3%	25.9%	74.1%

.05 level. A significant correlation was not found for participants coming from rehabilitation centers, halfway houses or others for the sample as a whole. A correlation coefficient of .70 was found to be significant at the .05 level for individual or family residence and the number of recreation mainstreaming components practiced within communities under 25,000. A correlation coefficient of -.84 was found to be significant at the .05 level for halfway houses and the number of components practiced for communities over 1,000,000.

#### MOST ESSENTIAL COMPONENTS

An important facet of this study was to determine the ten (10) most essential components of

recreation mainstreaming. Respondents were asked to rate each component whether operating in their program or not. Respondents were to choose one descriptor which best described the importance of the component with respect to achieving recreation mainstreaming. Descriptors used were: Absolutely Essential, Essential, Undecided, Desirable But Not Essential, and Least Essential. The researcher gave each descriptor a value so as to compute the overall value of each component; a mean score was used to determine the value of each component. Value rating of each descriptor was as follows:

Absolutely Essential	+2
Essential	+1
Undecided	0
Desirable but not Essential	-1
Least Essential	-2

The value of each component of recreation mainstreaming is shown in Table 34.

From this list of scores the 10 highest rated components were designated as the ten most essential components for achieving recreation mainstreaming for the total population. Table 35 shows the ten most essential components for the total population in rank order.

TABLE 34

COMPONENT VALUE OF RECREATION MAINSTREAMING AS  
INDICATED BY 85 RESPONDENTS

	IMPORTANCE VALUE
Individualization	1.162
Strengths and Abilities	1.671
Progressive Recreational Experiences	1.375
Skill Development	1.420
Opportunities to Practice Skills	1.346
Aid to Physical Recovery	1.013
Aid to Psychological Recovery	1.154
Aid to Social Recovery	1.112
Continuum of Services	1.214
Equality of Recreational Opportunities	1.412
Achievement of Fulfillment	1.266
Achievement of Fun	1.378
Opportunities to Exercise Choice	1.241
Leisure Education	.761
Recruitment System	1.273
Accessible Facility Plan	1.620
Transportation	1.316
Funding	1.716
Certified/Registered Supervisor	.164
Use of Volunteers	1.111
Inservice Training/Staff	1.519
Inservice Training/Volunteers	1.256
Inservice Training/Parents	.088
Public Relations Program	1.233
Citizen Input	1.067
Visibility of Handicapped	1.169

TABLE 35

## TEN MOST ESSENTIAL COMPONENTS (TOTAL POPULATION)

1. Funding
2. Strengths and Abilities
3. Accessible Facility Plan
4. In-service Training/Staff
5. Skill Development
6. Equality of Recreational Opportunity
7. Achievement of Fun
8. Progressive Recreational Experiences
9. Opportunities to Practice Skills
10. Transportation

The ten most essential components for the achievement of recreation mainstreaming for the population as a whole were found to be among the twelve most practiced components of recreation mainstreaming for the total population.

In the comprehensive national surveys conducted by Berryman et al (1970, 1971), several problems were identified and it was noted that solutions to these problems must be found if recreation programs were to be provided to the disabled. Among the concerns mentioned were: transportation, architectural barriers,

finances, identification and recruitment of the handicapped, in-service training (staff), use of volunteers, education, consultation and involvement of parents and family. Four of these concerns (transportation, architectural barriers, finances and in-service training) were among this study's ten most essential components of recreation mainstreaming, rated 10, 3, 1 and 4 respectively. These four concerns, plus the use of volunteers, were among the twelve most practiced components as determined by this recreation mainstreaming study. Education of parents, deemed important in the Berryman study, was the least essential of all components as well as the least practiced component reported in this recreation mainstreaming study.

The ten most essential components of recreation mainstreaming by population grouping is recorded in Table 36.

Results of these data showed significant positive correlation at .05 level for seven of the ten most essential components and the number of components of recreation mainstreaming practiced. Correlation coefficients were found for the following components: Strengths and Abilities (.19), Progressive Recreational



TABLE 36

## TEN MOST ESSENTIAL FUNCTIONS (POPULATION GROUPINGS)

<u>FUNCTIONS</u>	<u>UNDER 25,000</u>	<u>25,000- 49,999</u>	<u>50,000- 99,999</u>	<u>100,000- 249,999</u>	<u>250,000- 499,999</u>	<u>500,000- 1,000,000</u>	<u>Over 1,000,000</u>
Individualization	---	---	1 (1.750)	---	---	---	---
Strengths and Abilities	---	1 (1.786)	3 (1.667)	1 (1.615)	3 (1.692)	1 (1.857)	5 (1.600)
Progressive Rec. Experiences	---	---	---	2 (1.385)	---	8 (1.643)	9 (1.500)
Skill Development	6 (1.333)	---	9 (1.364)	6 (1.308)	9 (1.538)	2 (1.786)	9 (1.500)
Opportunities to Prac- tice Skills	---	---	---	---	5 (1.615)	---	4 (1.700)
Aid to Physical Recovery	---	---	---	---	---	---	---
Aid to Psychological Recovery	---	---	8 (1.400)	---	---	---	9 (1.500)
Aid to Social Recovery	---	---	10 (1.333)	---	---	---	---
Continuum of Services	6 (1.333)	---	---	---	---	---	---
Equality of Recreational Opportunity	4 (1.667)	5 (1.333)	10 (1.333)	---	5 (1.615)	4 (1.714)	---
Achievement of Fulfillment	---	9 (1.250)	---	6 (1.308)	3 (1.692)	---	5 (1.600)
Achievement of Fun	---	6 (1.308)	6 (1.462)	---	5 (1.615)	---	5 (1.600)

TABLE 36 (continued) - TEN MOST ESSENTIAL FUNCTIONS (POPULATION GROUPINGS)

<u>FUNCTIONS</u>	<u>UNDER 25,000</u>	<u>25,000- 49,999</u>	<u>50,000- 99,999</u>	<u>100,000- 249,999</u>	<u>250,000- 499,999</u>	<u>500,000- 1,000,000</u>	<u>OVER 1,000,000</u>
Opportunities to Exercise Choice	---	---	---	8(1.250)	10(1.500)	4(1.714)	---
Leisure Education	---	---	---	---	---	---	---
Recruitment System	---	---	---	5(1.333)	---	---	5(1.600)
Accessible Facility Plan	1(1.200)	4(1.364)	2(1.727)	---	2(1.769)	4(1.714)	1(1.818)
Transportation	1(2.000)	---	7(1.417)	10(1.182)	---	---	---
Funding	3(1.833)	2(1.727)	5(1.583)	3(1.375)	1(1.923)	4(1.714)	2(1.800)
Certified/Registered Supervisor	---	---	---	---	---	---	---
Use of Volunteers	6(1.333)	10(1.231)	---	---	---	---	---
Handicapped as Staff	---	---	---	---	---	---	---
Inservice Training/Staff	6(1.333)	6(1.308)	4(1.615)	4(1.364)	8(1.583)	8(1.643)	3(1.700)
Inservice Training/Volunteers	5(1.500)	3(1.385)	---	---	---	---	---
Inservice Training/Parents	---	---	---	---	---	---	---
Public Relations Program	---	8(1.300)	---	---	---	3(1.769)	---
Citizen Input	---	---	---	9(1.231)	---	---	---
Visibility of Handicapped	6(1.333)	---	---	---	---	10(1.538)	---

Experiences (.28), Skill Development (.20), Opportunities to Practice Skills (.25), Achievement of Fun (.29), Funding (.34), and In-Service Training/Staff (.43). By community population groupings, the following correlations were found:

Under 25,000

A correlation coefficient of .75 was found to be significant at the .05 level for In-service Training/Staff and the number of components practiced; and a correlation coefficient of .94 was found to be significant for In-service Training of Volunteers and the number of components practiced. No other significant correlation could be determined for any of the other listed essential components of recreation mainstreaming.

25,000-49,999

The same significant positive correlation was found between In-service Training/Staff and In-service Training/Volunteers and the number of components practiced as was found in those agencies serving communities under 25,000. A correlation coefficient of .57 was found for both In-service Training/Staff and In-service Training/Volunteers.

50,000-99,999

A correlation coefficient of .65 was found to be significant for Individualization and the number of components practiced. A coefficient of .64 was found to be significant for Strengths and Abilities and the number of components practiced. In-service Training/Staff and the number of components practiced showed significant correlation, with a coefficient of .68.

100,000-249,999

Significant correlation was found for funding and the number of components practiced at the .05 level. The correlation coefficient was .72.

250,000-499,999

Significant correlation at the .05 level were found for Strengths and Abilities (.65), Opportunities to Exercise Choice (.55) and In-Service Training/Staff (.50) and the number of components practiced.

500,000-1,000,000

A significant correlation was found only for Opportunities to Exercise Choice (.62) and the number of components of recreation mainstreaming practiced.

Over 1,000,000

Correlation coefficient of .68 (Skill Development), .74 (Aid to the Psychological Recovery), and .59 (Achievement of Fulfillment) were found to be significant at the .05 level when correlated with the number of components of recreation mainstreaming practiced.

Thus, the findings indicate some components are practiced by all responding agencies while the ten components considered to be most essential were among the twelve most practiced.

## CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS  
FOR FURTHER STUDY

The purpose of this study was to determine the extent of recreation mainstreaming of handicapped individuals within public recreation and park agencies. These recreation and park agencies were identified through the National Therapeutic Recreation Society's study on "Guidelines for Community Recreation for Special Populations," the National Therapeutic Recreation Society National Registry of Therapeutic Recreation Professional, and those agencies referred by participants in this study (Appendix B). An instrument in the form of a four-page questionnaire was designed and mailed to the 140 identified recreation and park agencies. The questionnaire sought information to determine: 1) which components are practiced within the agencies in order to achieve recreation mainstreaming, and 2) which of the components respondents considered most essential for the achievement of recreation mainstreaming, those they practiced or those they do not yet have operating. A total of eighty-five community recreation and park agencies responded.

The collected data were coded and typed into a CRT on-line terminal. The data were then treated with a Statistical Package for the Social Sciences (SPSS) on the CRT on-line terminal at Texas Woman's University, Denton, Texas. Statistical treatments were made on the computer to determine frequency distribution for the 394 variables found in the questionnaire, for the total population and by community population groupings. A Pearson Product Moment Correlation was made between community population size and the number of components practiced; the number of years the program has been functioning and the number of components practiced; the functioning level of participant and the number of components practiced; the origin of participants and the number of components practiced; and the ten most essential components of recreation mainstreaming and the number of components practiced. All correlations were computed for the total population and by community population groupings. The presentation of data and discussion relative to the data are found in the preceding chapter.

This chapter focuses on the conclusions reached by the researcher based upon the treated data from the recreation mainstreaming study and the results from previous applicable studies. The main focus of these

conclusions will be the status of recreation mainstreaming of special populations in public recreation and park agencies' programs. Also, recommendations will be made for further research into the provision of recreation services to special populations by community recreation and park agencies.

#### SUMMARY

The integration of the handicapped and the non-handicapped recreation programs should be the ultimate goal of the community recreation and park agencies' programs for special populations (Stein and Sessoms, 1973; National Forum on Meeting the Recreation and Park Needs of the Handicapped, 1974). A segregated recreation program for special populations is only acceptable as a developmental step in the process of achieving participation in integrated programs. One of the major goals of this study was to determine the extent of recreation mainstreaming by community recreation and park agencies.

In the presentation of data in Chapter IV, the researcher determined twenty-seven components necessary in achieving recreation mainstreaming and thus providing opportunities for normalization. A majority of all



respondents practiced some of the components or all of the components to some degree except for In-service Training for Parents (22.4 percent), and a very slight majority having a Certified/Registered Supervisor of Recreation Programs for Special Populations (50.6 percent). The education and training of parents with respect to recreation for handicapped children was recognized as a need by Berryman et al (1971) and yet eight years later, it is still not being addressed by the vast majority of recreation and park agencies. Berryman et al (1971) also pointed out the importance of qualified staff directing the recreation programs for the handicapped.

Winslow (1977) expressed the need for most community recreation and park agencies to restructure their special populations programs in order that their handicapped participants could eventually normalize into the mainstream recreation programs. One way he recommended was to develop a more therapeutically oriented program philosophy. Based on the Berryman and Winslow studies it would seem that qualified leadership, a Certified/Registered Supervisor of the recreation programs for special populations, is a key factor in the development of a

more therapeutically oriented philosophy and thus the enhancement of recreation mainstreaming.

Other least practiced components of recreation mainstreaming included: a Public Relations Program (51.4 percent), Leisure Education (57.6 percent) and a Continuum of Services (58.8 percent). If the ultimate goal is to mainstream special populations into recreation programs with non-handicapped, then a public relations program is needed to create awareness of what opportunities are available and what the disabled individuals can do. This is important for the disabled individual as well as the non-disabled public. Leisure education is important in developing leisure values, leisure skills-personal interaction and activity, and an awareness of community recreation resources, if disabled individuals are to be prepared to take full advantage of the normalization process. A continuum of services, which can provide a developmental progression from segregated activities that meet special needs, provide closer supervision or provide exposure to basic skills to a fully integrated recreation program with non-disabled peers is necessary if mainstreaming is to be achieved.

Data have shown that the most practiced components of recreation mainstreaming are Opportunities to Practice Skills, Skill Development, Use of Volunteers, A Focus on Strengths and Abilities, Funding, Progressive Recreational Experiences, Achievement of Fun, Opportunities to Exercise Choice, Transportation, Accessible Facility Plan, Inservice Training of Staff and Equality of Recreational Opportunities. The majority of these components fall in line with a general recreation philosophy (Butler, 1959). Only Strengths and Abilities (87.1 percent), Progressive Recreational Experiences (83.5 percent), Transportation for Special Populations (78.8 percent), Accessible Facility Plan (77.6 percent), and Inservice Training of Staff (77.6 percent) can be considered unique to some degree to a therapeutic recreation philosophy, although these components should be considered and have applicability to general recreation programs or recreation programs for all.

The majority of recreation and park agencies' programs for special populations have been in existence eight years or less (76.5 percent), which is similar to Winslow's (1977) findings of 73.5 percent. The emphasis

on community recreation for special populations programs in the last ten years may be due in part to the national trend towards normalization of the handicapped, the impact of recent legislation, such as PL 94-142 (Education of All Handicapped Children's Act of 1975) and Section 504 of the Rehabilitation Act of 1973, and/or the increased advocacy for and by handicapped individuals.

In addition, data have shown that there is significant correlation between community populations size (.27) and the number of components of recreation mainstreaming practiced. As the community population size increases so does the number of components of recreation mainstreaming that are operating within a recreation and park agency. This researcher found that when there were exceptions to components practiced and other correlated data that the exceptions were most often found in communities under 25,000 or over 1,000,000. There is significant correlation between the years a recreation program for special populations has been in existence and the number of components practiced (.28). Significant correlation held true for individual community population groupings for those communities under 49,999.

With respect to the functioning level of participants and the number of components practiced, it was found that as the number of severely impaired participants increased within communities of 50,000-99,999 the number of components of recreation mainstreaming decreased. In turn, for communities over 1,000,000 positive correlation was shown between mildly involved/impaired participants and the number of components practiced (.60). Data showed that the origin of participants was related to the number of components operative within a recreation and park agency. The greater the number of participants coming from individual or family residences the greater the number of components practiced (.22). Likewise, the number of components of recreation mainstreaming decreased with the number of institutionalized participants involved in the program. This is understandable when one considers today's trend of keeping only the more severely involved/impaired individuals institutionalized, while returning the mildly and moderately involved/impaired to the community.

The other major goal of this study was to determine the most essential components of recreation mainstreaming so as to provide a profile for normalization within

recreation and park agencies. For the total population the ten most essential components were: Funding, a Focus on Strengths and Abilities, an Accessible Facility Plan, Inservice Training of Staff, Skill Development, Equality of Recreational Opportunity, Achievement of Fun, Progressive Recreational Experiences, Opportunities to Practice Skills, and Transportation for Special Populations. It is encouraging to note, that the 10 most essential components are among the 12 most practiced components of recreation mainstreaming. This fact seems to support the assumptions of Paul et al (1977) and Stein and Sessoms (1973); that there must be an acceptance of the problem or need and the commitment to finding a solution and providing the appropriate services if mainstreaming is to be accomplished. It appears that recreation and park agencies have recognized a need and are committed to finding a solution.

Data showed that four of the eight problems/concerns in providing recreation services to special populations noted in the 1971 study by Berryman et al, were also reported as four of the most essential components of recreation mainstreaming. Transportation, accessible facilities, funding, and inservice training of staff

are still key factors in providing recreation programs for special populations and the eventual mainstreaming of special populations within recreation and park agencies.

Significant correlations were found between components practiced and seven of the most essential components which included: a Focus on Strengths and Abilities (.19), Progressive Recreational Experiences (.28), Skill Development (.20), Opportunities to Practice Skills (.25), Achievement of Fun (.29), Funding (.34), and Inservice Training of Staff (.43). This is interpreted to mean that as an agency has more components of recreation mainstreaming in operation the likelihood of having the most essential components operating also increases.

All public recreation and park agencies providing recreation programs for special populations have some of the components of recreation mainstreaming in practice (and for the total population, data showed the ten most essential components among the twelve most practiced). However, ten percent of the responding agencies have five or less of the ten most essential components of recreation mainstreaming in practice. In addition, the quality and quantity of components that

are practiced was not solicited from the responding agencies. Therefore, the researcher is unable to determine whether components are regularly practiced or have been practiced only on occasion; nor whether they truly are practiced (e.g. equality of recreational opportunity), or the respondent believes or wants to think they are.

### CONCLUSIONS

Comparing results from past related studies, it was found that the provision and quality of special population programs by community recreation and park agencies has improved. More communities have initiated programs in the last ten years than at any other time. Architectural barriers have been reduced, transportation needs are being addressed to a greater extent, inservice training of staff is a concern of most recreation and park agencies. Over-all there seems to be an enlightenment of recreation and park agencies towards the abilities and rights of the handicapped.

One of the major trends concerning the disabled in our country today is that of mainstreaming special populations into the community (education, employment



and recreation). More recreation and park agencies are trying to apply the principle of normalization to their special populations programs by including a greater number of components of recreation mainstreaming as essential aspects of the services they provide.

However, a large number of recreation and park agencies (41.2 percent) are not providing a full continuum of services. A full continuum of services should include specialized segregated activities for the development of basic social and recreation skills, transitional activities that increase awareness of community resources and fully integrated recreational opportunities; all of which should be progressive in nature.

The recruitment and hiring of a certified/registered supervisor for recreation programs for special populations is a priority for only a slight majority of recreation and park agencies (50.6 percent). The hiring of a certified supervisor is low in priority and the least essential factor in achieving recreation mainstreaming as underscored through written comments on returned surveys.

More emphasis is needed on leisure education within recreation programs. Only a slight majority (57.6

percent) offer any kind of a leisure education program; and no quantitative information was provided or solicited to indicate to what degree leisure education is offered within a recreation program for special populations.

To effectively participate in non-handicapped programs, the handicapped person should be able to correctly perceive and move about his environment, should have developed awareness of leisure activities that he is interested in, and should be able to make his own decisions regarding his participation in leisure activities.  
(Winslow, 1977:72)

It is through the various program facets of leisure education that one develops an awareness of community resources, a personal philosophy towards leisure including leisure attitudes and values basic recreation activity skills and socialization skills.

In addition, Lyons (1978) advocated the need for leisure counseling or education as a support system which is necessary for achieving normalization within community recreation services for the handicapped. Thus, a leisure education component should be a part of each agency's plan for recreation mainstreaming.

A large majority (77.6 percent) of recreation and park agencies are not providing education or training to parents with respect to recreation and their handicapped child.

Only a slight majority (51.4 percent) of recreation and park agencies provide a public relations and outreach program (recruitment and identification of special populations).

### RECOMMENDATIONS

Although more recreation and park agencies are applying the principle of normalization to their special populations programs having ten, fifteen or even twenty components of recreation mainstreaming operating in an agency's program does not mean an agency is providing opportunities for integration or that mainstreaming is working within that agency. Ideally, all twenty-seven components of recreation mainstreaming must be practiced if mainstreaming is to be achieved and true opportunities for normalization are to occur. Therefore in order for mainstreaming to be effective recreation and park agencies need to commit themselves further to the goal of mainstreaming special populations and to reexamine and address specific areas in the provision of recreation services to special populations.

As a part of this commitment, a continuum of services must be provided so that an individual might move

from directed recreational activities to self-directed recreational activities, remembering that mainstreaming or integration is not appropriate for all special populations, but all handicapped individuals have the right to recreation that is accessible and appropriate for them.

In addition, the recruitment and hiring of a certified/registered supervisor for recreation programs for special populations is a key factor in the development and enhancement of recreation mainstreaming. The field of therapeutic recreation needs to advocate for the placement of certified/registered recreation professionals in supervisory positions not only in clinical settings, but in community settings as well.

Furthermore, leisure education must be an integral part of the recreation services provided if the goal of moving an individual from directed to self-directed use of leisure time is to be achieved and if a positive personal leisure philosophy and awareness of community resources is to be developed. Leisure education must go hand in hand with activity skill development and appropriate use of facilities instruction.

In addition, recreation professionals need to develop an extensive parent education program which

compliments the delivery of recreation programs and education of special populations. Leisure attitudes and values of parents must be developed in order to provide the support system necessary to facilitate handicapped children's involvement in recreation programs and their contribution to the individual's quality of life.

Providing recreation programs for special populations is only valid if there are special populations to participate. Active recruitment and identification of special populations should precede any delivery of programs, and must be on-going in an effort to maintain continuous participation of special populations in recreation programs.

#### RECOMMENDATIONS FOR FURTHER STUDY

Based on the findings of this study, recommendations and implications for further study are:

- 1) A replicated study with a follow-up mailing undertaken to verify the results of the recreation mainstreaming study.
- 2) An in-depth study of the types of activities that are provided to specific handicapped populations or within specific community population groupings.

3) An in-depth study of parental education and inservice training programs concerning recreation and the handicapped.

4) An in-depth study of tax-reform legislation and its impact on community recreation services to special populations.

5) An in-depth study as to which disability groups are being mainstreamed and whether the method of mainstreaming differs with disability groups.

6) An in-depth study of integration of disabilities within recreation programs, beyond integration of the handicapped and the non-handicapped.

7) A more in-depth study concerning the criteria for the development of segregated vs. integrated recreation programs for special populations.

8) An in-depth study of the effectiveness of public relations programs in creating awareness and developing positive attitudes towards the disabled by society and for the disabled towards themselves.

While the study has examined the current status of recreation mainstreaming of special populations by community recreation and park agencies, there is still a great need for further research efforts into the growth,

development and improved quality of recreation service. Recreation professionals are encouraged to utilize the information found in this study and to apply it to their particular community programs. Only through the sharing of knowledge and information can the level of community recreation services for special populations be increased and recreation mainstreaming achieved.

APPENDIX A



July 20, 1979

Dear Colleague:

As a member of the National Therapeutic Recreation Society's Guidelines for Community-Based Recreational Programs for Special Populations and a respondent to the 1976 guidelines survey conducted by Bob Winslow, I have a dedicated interest in recreational programs for special populations.

As reported in Mr. Winslow's study, mainstreaming was an ultimate goal of agencies providing recreational programs for special populations. Therefore, I have undertaken as the topic for my graduate thesis study the recreation mainstreaming of special populations within recreation and park agencies. The purpose of this study is:

1. to determine which functions of recreation mainstreaming are being practiced;
2. to determine which of the functions are considered most essential for the achievement of mainstreaming.

The attached list of functions of recreation mainstreaming has been compiled from a review of the literature and from a panel of authorities in the field of community-based recreation for special populations and/or therapeutic recreation.

The enclosed questionnaire asks you as the respondent to: 1) indicate which of the listed functions are currently in practice or operating within your agency; 2) rate the functions as to their importance in achieving recreation mainstreaming.

Responding agencies will be grouped according to community population; data will then be compiled in an effort to determine the extent of mainstreaming within the field of recreation and to provide some guide in determining the essential steps in the achievement of recreation mainstreaming.

You can make a significant contribution to this project and to therapeutic recreation and the general field of recreation by completing this questionnaire. In an effort to have this information ready by September, I would greatly appreciate your returning the questionnaire and signed permission form by August 10.

I appreciate your assistance and support in this project.

Sincerely,



Michael Anne Lord  
3300-A Doolin Drive  
Austin, Texas 78704

SURVEY OF AGENCIES THAT PROVIDE  
RECREATION SERVICES TO SPECIAL POPULATIONS  
- EXTENT OF MAINSTREAMING -

Name of Agency \_\_\_\_\_

Address \_\_\_\_\_

Name of Respondent \_\_\_\_\_ Position \_\_\_\_\_

What is your political entity?

City \_\_\_\_\_ County \_\_\_\_\_ District \_\_\_\_\_ Other (specify) \_\_\_\_\_

What is your community's approximate population?

Under 25,000 \_\_\_\_\_ 25,000-49,999 \_\_\_\_\_ 50,000-99,999 \_\_\_\_\_ 100,000-249,999 \_\_\_\_\_

250,000-499,999 \_\_\_\_\_ 500,000-1,000,000 \_\_\_\_\_ Over 1,000,000 \_\_\_\_\_

How many years has your program for special populations been functioning?

0-2 Years \_\_\_\_\_ 3-5 Years \_\_\_\_\_ 6-8 Years \_\_\_\_\_ 9+ Years \_\_\_\_\_

Indicate by percentages into which category your participants fall:

Mildly involved/impaired \_\_\_\_\_ Moderately involved/impaired \_\_\_\_\_  
Severely involved/impaired \_\_\_\_\_

Indicate by percentages from where your participants come:

Individual or family residence \_\_\_\_\_ Rehabilitation Centers \_\_\_\_\_  
Institutions (state schools, hospitals, etc.) \_\_\_\_\_ Halfway Houses \_\_\_\_\_  
Others \_\_\_\_\_

\*\*\*\* NOTE: (1) In the space to the left of the functions, please place a check mark next to each function that your agency has in practice at present.

(2) In the space to the right of the functions, place a check mark in the appropriate column, indicating your opinion of the importance of each function in achieving mainstreaming.

Absolutely                      Desirable                      Least  
Essential   Essential   Undecided   But Not Essential   Essential

I. PROGRAMS PROVIDE:

<p>_____ Individualization to meet individual needs, interests and desires</p> <p>_____ A focus on strengths and abilities of the individual, not disability</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>
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	<u>Absolutely Essential</u>	<u>Essential</u>	<u>Undecided</u>	<u>Desirable But Not Essential</u>	<u>Least Essential</u>
Progressive/developmental recreational experiences					
Skill development: personal interaction, leisure behavior					
Opportunities to practice skills					
Aid to the physical recovery and/or growth and development of the individual					
Aid to the psychological recovery and/or growth and development of the individual					
Aid to the social recovery and/or growth and development of the individual					
Continuum of services: from specialized segregated programs to normal fully-integrated programs; i.e. a variety of services to meet all levels of functioning					
Equality of recreational opportunity					
Achievement of fulfillment and satisfaction at the highest level in the least restrictive environment for each individual					
Achievement of fun, enjoyment or self-expression at the highest level in the least restrictive environment for each individual					
Opportunities to exercise choice of activities					
Leisure education					

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	<u>Absolutely</u> <u>Essential</u>	<u>Essential</u>	<u>Undecided</u>	<u>Desirable</u> <u>But Not Essential</u>	<u>Least</u> <u>Essential</u>
_____ A system of recruitment and identification of the handi- capped _____	_____	_____	_____	_____	_____
If yes, which disabilities:					
Deaf _____					
Hard of hearing _____					
Visually Handicapped _____					
Orthopedically Impaired _____					
Seriously Emotionally Disturbed _____					
Multi-handicapped _____					
Speech Impaired _____					
Learning Disabilities _____					
Mentally Retarded _____					
Other health impaired (diabetes, heart condition) _____					
Dead-Blind _____					
Public Offender _____					
Alcoholic _____					
Drug Addicts _____					
Others (specify) _____					

II. PHYSICAL OPERATIONS PROVIDE:

_____ A plan for accessible facili- ties, i.e. a barrier-free removal program _____	_____	_____	_____	_____	_____
_____ Transportation for special populations to recreational programs _____	_____	_____	_____	_____	_____
If yes,					
Agency provided _____					
Parent or participant provided _____					
Independent company provided _____					
Other _____					
_____ Funding for recreational programs for special populations _____	_____	_____	_____	_____	_____
If yes, indicate by %					
General tax-based _____					
Federal or State grant _____					
Philanthropic _____					
Other _____					

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	<u>Absolutely</u> <u>Essential</u>	<u>Essential</u>	<u>Undecided</u>	<u>Desirable</u> <u>But Not Essential</u>	<u>Least</u> <u>Essential</u>
III. <u>MANPOWER PROVIDES:</u>					
_____ A supervisor of recreation programs for special populations that is certi- fied/registered with N.T.R.S. or state association _____	_____	_____	_____	_____	_____
_____ For the use of volunteers _____	_____	_____	_____	_____	_____
_____ Opportunities for the handi- capped to work as staff or volunteers for program _____	_____	_____	_____	_____	_____
_____ In-service training program for staff _____	_____	_____	_____	_____	_____
If yes,					
Required _____					
Optional _____					
Other _____					
_____ In-service training program for volunteers _____	_____	_____	_____	_____	_____
_____ In-service training program for parents _____	_____	_____	_____	_____	_____
_____ A public relations program to sensitize the public to the needs and abilities of the handicapped, i.e. to promote community acceptance _____	_____	_____	_____	_____	_____
_____ A system for citizen input, re: programs and services _____	_____	_____	_____	_____	_____
If yes,					
Advisory Board _____					
Handicapped Individuals _____					
Parents _____					
Others _____					
_____ Visibility of handicapped, constant exposure to public _____	_____	_____	_____	_____	_____

PLEASE MAIL THE COMPLETED QUESTIONNAIRE TO:   Michael Anne Lord  
3300-A Doolin Drive  
Austin, Texas 78704

THANK YOU VERY MUCH FOR YOUR COOPERATION. IF YOU KNOW OF OTHER RECREATION AND PARK AGENCIES  
THAT PROVIDE SERVICES TO SPECIAL POPULATIONS, PLEASE LIST BELOW. RETURN BY AUGUST 10, 1979.

I hereby give my permission for Michal Anne Lord to use the information provided on the attached questionnaire for use in her study on recreation mainstreaming. Permission is also granted to list the agency as a participant in any publication that will result from this study. I fully understand the purpose and procedures of this investigation, and realize that the information that the agency or I, as its representative, provide will be reported by community population size, in an effort to maintain anonymity. It is also understood that Miss Lord is willing to answer any questions the agency might have, and that at any time the agency may withdraw as a participant in this study.

\_\_\_\_\_  
Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Agency

APPENDIX B

LIST OF RESPONDING AGENCIES

Cities Under 25,000

Carrollton Parks & Recreation  
P. O. Box 532  
Carrollton, Georgia 30117  
Ronnie R. Young, Director

City of Gilroy, Department of Parks  
and Recreation  
P. O. Box 66  
Gilroy, California 95020  
Gayle Matsura, Recreation Supervisor

Kearney Parks & Recreation Department  
P. O. Box 489  
Kearney, Nebraska 68847  
Martin Rotunno, Director

Newton Parks & Recreation Department  
45 Main Street/Town Hall  
Newton, Connecticut 06470  
Lee Davidson, Director

Smyrna Parks & Recreation Department  
P. O. Box 1226  
Smyrna, Georgia  
Sherry Reavis, Assistant Director

Board of Park & Recreation Commissioner  
of the City of South Charleston  
133 Third Avenue  
South Charleston, West Virginia 25309  
Robert O. Goff, Recreation Director

Westbury Recreation Department  
360 Post Avenue  
Westbury, New York 11590  
Ed Walsh, Superintendent of Recreation



Responding Agencies  
Page two

Cities 25,000-49,999

Bernalillo County Parks & Recreation  
505 Central, N. W.  
Albuquerque, New Mexico 87102  
Ramon Candelaria, Supervisor of Merrymaker  
Program

Corvallis Parks & Recreation Specialized  
Recreation Program  
P. O. Box 1083  
Corvallis, Oregon 97330  
Julie Trower, Specialized Recreation Coordinator

Cumberland Recreation Department  
Town Hall  
Cumberland, Rhode Island 02864  
Vincent E. Forloney, Recreation Director

Cupertino Parks & Recreation Department  
10300 Torre Avenue  
Cupertino, California 95014  
Carol Koch, Recreation Supervisor

Greenville Recreation & Parks Department  
P. O. Box 202  
Greenville, North Carolina 27834  
Bill Twine, Coordinator

City of La Habra, Leisure & Cultural Services  
Department  
P. O. Box 337, Civic Center Complex  
La Habra, California 90631  
Beverly L. Guido, Therapeutic Program Supervisor

Municipality of Monroeville, Department of  
Recreation & Parks  
422 Bellwood Avenue  
Monroeville, Pennsylvania 15146  
Iva B. Drown, Program Director

Responding Agencies  
Page three

City of Pacifica Park Beach and Recreation  
Department  
170 Santa Maria Avenue  
Pacifica, California 94044  
Don Cadman, Director

Sacramento County Department of Parks &  
Recreation, Recreation Programs for the  
Handicapped  
3701 Branch Center Road, Room 106  
Sacramento, California 95827  
Jim Leonard, General Supervisor

Stow Parks & Recreation-Silver Springs Special  
Education-Summer Program  
Stow City Hall-3760 Darrow Road  
Stow, Ohio 44224  
Karen Marousch, Director

Recreation Department, Township of Teaneck,  
New Jersey  
Town House  
Teaneck, New Jersey 07666  
R. Rodoa, Superintendent of Recreation

Upland Recreation Department  
P. O. Box 460  
Upland, California 91786  
Harry Sippell, Supervisor of Volunteer Services

Valdosta Parks & Recreation  
P. O. Box 1746  
Valdosta, Georgia  
Tom Graf, Therapeutic Specialist

Williamsport Bureau of Recreation and Parks  
City Hall  
Williamsport, Pennsylvania 17701  
Mark Baggett, Special Populations Coordinator

Wyandotte Adaptive Recreation Program  
3131 Biddle Avenue  
Wyandotte, Michigan 48192  
Kaye Davies, Coordinator

Responding Agencies  
Page four

Cities 50,000-99,999

City of Abilene Parks & Recreation Department  
P. O. Box 60  
Abilene, Texas 79604  
Perry Scott, Director of Parks & Recreation

Alamance County Recreation & Parks Department  
610 North Main Street  
Graham, North Carolina 27253  
Dean Coleman, Director

City of Bethlehem Bureau of Recreation  
10 East Church Street  
Bethlehem, Pennsylvania 18018  
Linda C. Krukar, Recreation Administrator

Champaign Park District  
706 Kenwood Road  
Champaign, Illinois 61820  
Mari Scharf, Director of Special Recreation,  
Special Olympics Area Coordinator

Leisure Services Department  
77 Fair Drive, Room 305  
Costa Mesa, California 92626  
Jon "Rip" Ribble, Superintendent of Recreation

Chula Vista Parks & Recreation Department  
P. O. Box 1087  
Chula Vista, California 92012  
Robert Morris, R. T., Recreation Supervisor,  
Therapeutics

Dekalb County Recreation, Parks & Cultural  
Affairs  
Courthouse Square  
Decatur, Georgia 30030  
DeeDee Jacobs, Supervisor, Special Services

Lawrence Parks & Recreation Department  
P. O. Box 708  
Lawrence, Kansas 66044  
Chris Hahn, Special Population Coordinator

Responding Agencies  
Page five

Milford Recreation Department  
597 Naugatuck Avenue  
Milford, Connecticut 06460  
Edward T. Austin, Director of Recreation

Monogalia County Consolidated Recreation  
Commission  
P. O. Box 590  
Morgantown, West Virginia 26505  
Van F. Anderson, Superintendent of Parks  
& Recreation

Department of Recreation, Parks and Forestry  
City of St. Clair Shores  
24800 Jefferson  
St. Clair Shores, Michigan 48080  
Gerard Nelson, Director

City of Santa Monica, Recreation and Parks  
Department  
City Hall, 1685 Main Street  
Santa Monica, California 90401  
Gerald Gallagher, Administrative Aide

City of Whittier Recreation Department  
7630 South Washington Avenue  
Whittier, California 90601  
Nita Leonard, Supervisor

Wilmington Parks & Recreation (Special Pops)  
Box 1810, Wilmington Parks & Recreation  
Wilmington, North Carolina 28402  
Kathy L. Howard, Supervisor of Special Pops

Cities 100,000-249,999

Eugene Parks & Recreation Department  
858 Pearl Street  
Eugene, Oregon 97401  
Pamela Earle

Responding Agencies

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Department of Parks & Recreation, City &  
County of Honolulu  
650 South King Street  
Honolulu, Hawaii 96813  
Colleen K. Ogino, Recreation Specialist I

City of Irving, Parks & Recreation  
825 W. Irving Boulevard  
Irving, Texas 75060  
Jim Anderson, Superintendent of Recreation

Lansing Parks & Recreation Department  
Fourth Floor, City Hall  
Lansing, Michigan 48933  
Margee King-Foulke, Handicapped Recreation  
Specialist

City of Lubbock Parks & Recreation Department  
Box 2000  
Lubbock, Texas 79457  
Kay Stiner, Recreation Supervisor

Macon-Bibb County Recreation Department  
P. O. Box 247  
Macon, Georgia 31202  
Vivian L. Bonham, Acting Director of Therapeutics

Mobile Office of Parks, Recreation and Culture  
2301 Airport Boulevard  
Mobile, Alabama 36606  
Michael D. Kinsoul, Therapeutic Recreation  
Supervisor

Orlando Recreation Department  
649 W. Livingston Street  
Orlando, Florida 32801  
Ronald F. Barna, Supervisor

City of Pasadena Recreation Department,  
Therapeutic Division  
3111 San Augustine  
Pasadena, Texas 77503  
Olivia Brown, Therapeutic Supervisor

Responding Agencies  
Page seven

Prince William County Park Authority  
15960 Cardinal Drive  
Woodbridge, Virginia 22191  
Rich Arterian, Park District Superintendent

Santa Barbara Recreation Department,  
Developmental Programs  
P. O. Drawer P-P  
Santa Barbara, California 93102  
Anita Watts, Recreation Supervisor

Sunnyvale Parks & Recreation Department  
P. O. Box 607  
Sunnyvale, California 94088  
Rae Blasquez, Recreation Coordinator

City of Torrance Park & Recreation Department  
3031 Torrance Boulevard  
Torrance, California 90503  
Lael Robinson, Recreation Coordinator

Cities 250,000-499,999

City of Albuquerque Parks & Recreation Department  
TR Program  
1801 Fourth Avenue, N.W.  
Albuquerque, New Mexico 87102  
John H. McGovern, Supervisor, TR Program

Austin Parks & Recreation Department-Adaptive  
Programs  
P. O. Box 1088  
Austin, Texas 78767  
Patrick W. Keller, Recreation Specialist

Recreation & Park Commission for the Parish of  
East Baton Rouge, Louisiana  
P. O. Box 15887  
Baton Rouge, Louisiana 70895  
Eugene Zoung, Superintendent

Responding Agencies

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Fresno Parks & Recreation Department-  
Therapeutic Services  
3030 East Harvey Avenue  
Fresno, California 93701  
Karen Fulton-Fisher, Supervisor, T.R.S.

City of Miami, Programs for the Handicapped  
P. O. Box 330708  
Miami, Florida 33133  
Max R. Forman, Program Coordinator for the  
Handicapped

Montgomery Parks & Recreation Department  
1010 Forest Avenue  
Montgomery, Alabama 36101  
Mary Lou Humphrey, Supervisor, TR

New Castle County Department of Parks and  
Recreation  
3300 Faulkland Road  
Wilmington, Delaware 19808  
Lee E. Fassett

Department of Parks & Recreation  
East Wing, City Hall  
Norfolk, Virginia 23501  
Shurl R. Montgomery, Acting Director

Toledo Parks & Recreation Department-  
Project TORCH  
3201 Door  
Toledo, Ohio 43607  
Carol Shaw, Director of TORCH

Town of Oyster Bay GAP Program  
Town Hall, Audrey Avenue  
Oyster Bay, New York 11771  
John Cardile, Acting Superintendent

Topeka Parks & Recreation Department  
Room 259, City Hall  
Topeka, Kansas 66603  
John Harvey, Therapeutic Specialist

Responding Agencies  
Page nine

Virginia Beach Department of Parks and  
Recreation  
4700 Recreation Drive  
Virginia Beach, Virginia 23462  
Nancy D. White, TRS, Recreation Supervisor

Cities 500,000-1,000,000

Baltimore Parks & Recreation Department  
1129 N. Calvert Street  
Baltimore, Maryland 21202  
Doris Samuels, Supervisor Recreation Services  
for the Handicapped

Cincinnati Recreation Commission, Division  
of Therapeutic Recreation  
222 East Central Parkway  
Cincinnati, Ohio 45202  
Barb Macke, Supervisor, Division of TR

DC Department of Recreation, Program for the  
Mentally Retarded and Physically Handicapped  
3149 16th Street, N.W.  
Washington, D.C. 20010  
Frances T. Kidd, Assistant Director, Program  
for the Mentally Retarded and Physically  
Handicapped

Essex County Department of Parks, Recreation  
and Cultural Affairs  
115 Clifton Avenue  
Newark, New Jersey 02104  
Ben Schaffer, Recreation Administrator, Special

Maryland-National Capital Park and Planning  
Commission, Special Pops Division  
660 Kenilworth Avenue  
Riverdale, Maryland 20840  
Anne Swisher, Coordinator



Responding Agencies

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Milwaukee County Park Commission, Division  
of Handicapped  
10602 Underwood Parkway  
Wauwatosa, Wisconsin 53226  
Steven J. Thompson, Director of Handicapped  
Services

Montgomery County Department of Recreation  
12210 Bushey Drive  
Silver Spring, Maryland 20902  
Linda A. Yost, Recreation Supervisor: Therapeutic  
Recreation

Phoenix Parks & Recreation Department  
2700 N. 15th Avenue  
Phoenix, Arizona 85007  
Mary Lees, Supervisor of Recreation for the  
Handicapped

Richmond Department of Recreation and Parks  
900 East Broad Street  
Richmond, Virginia 23219  
Romaine D. Morgan, Therapeutic Recreation  
Specialist

Special Programs Division of Parks and  
Recreation  
1000 N. Snelling Avenue  
St. Paul, Minnesota 55108  
Robert Trammell, Recreation Coordinator

San Jose Parks & Recreation (Therapeutic  
Recreation Services)  
151 West Mission Street  
San Jose, California 95110  
Linda Sullivan  
Supervisor II

Seattle Parks & Recreation Department  
100 Dexter Avenue North  
Seattle, Washington 98109  
Donna Iverson, Senior Recreation Specialist,  
Children Handicapped Program

Responding Agencies  
Page eleven

Tucson Parks & Recreation Department  
900 South Randolph Way  
Tucson, Arizona 85716  
Wendy Golder, Therapeutic Recreation Supervisor

Clayton County Parks & Recreation Department  
Clayton County Courthouse Annex  
Jonesboro, Georgia 30236  
Peggy McBrayer, Therapeutic Director

Colorado Division of Parks & Outdoor Recreation  
1313 Sherman #618  
Denver, Colorado 80203  
Bernie Bovee, Chief Resource Mgt./Visitor Services

Dallas Park & Recreation Department  
6FN 1500 Marilla  
Dallas, Texas 75201  
Landa Vild, Therapeutic Coordinator

Detroit Recreation Department-Specialized  
Services  
735 Randolph  
Detroit, Michigan 48226  
John McLaughlin, Supervisor of Programs for the  
Handicapped

Houston Parks & Recreation  
2999 South Wayside  
Houston, Texas 77023  
Betty A. Webb, Assistant Superintendent

Los Angeles County Department of Parks  
and Recreation  
155 West Washington Boulevard  
Los Angeles, California 90015  
Diane Holland, Director Special Programs

Nassau County Department of Recreation  
and Parks  
Eisenhower Park  
East Meadow, New York 11554  
Patricia Large, Paula Spedale, Supervisor, Special  
Populations, Supervisor, Special Recreation  
Activities Unit

Responding Agencies

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New York City Department of Parks  
and Recreation  
Arsenal Building, 830 Fifth Avenue  
New York, New York 10021  
Gail R. Levine, Coordinator

Philadelphia Park & Recreation Department  
Belmont & Parkside Avenue  
Philadelphia, Pennsylvania 19131  
Jo Bowman, Recreation Leader III Facility  
Supervisor

City of Raleigh Parks and Recreation  
Department, Special Populations Program  
Box 590  
Raleigh, North Carolina 27602  
Joyce Shilds, Program Supervisor

San Diego Park & Recreation Department,  
Disabled Services Program  
Room 1B, Conference Building  
Balboa Park  
San Diego, California 92101  
Louis J. Barrier, Jr., Sup. Rec. Spec.

APPENDIX C

# APPENDIX C

## Percent of Recreation Mainstreaming Components Practiced

<u>Function</u>	<u>All Respon- dents</u>	<u>Under 25,000</u>	<u>25,000- 49,999</u>	<u>50,000- 99,999</u>	<u>100,000- 249,999</u>	<u>250,000- 499,999</u>	<u>500,000- 1,000,000</u>	<u>Over 1,000,000</u>
Individualization	76.5	71.4	78.6	76.9	46.2	92.3	78.6	90.9
Strengths & Abilities	87.1	71.4	92.9	76.9	84.6	92.3	92.9	90.9
Progressive Rec. Experiences	83.5	42.9	71.4	92.3	92.3	92.3	100.0	72.7
Skill Development	89.4	71.4	100.0	76.9	92.3	100.0	92.9	81.8
Opportunities to Practice Skills	90.6	85.7	92.9	69.2	92.3	100.0	100.0	90.9
Aid to Physical Recovery	64.7	42.9	35.7	69.2	46.2	76.9	92.9	81.8
Aid to Psycholo- gical Recovery	67.1	28.6	57.1	53.8	61.5	76.9	92.9	81.8
Aid to Social Recovery	75.3	42.9	57.1	76.9	76.9	92.3	92.9	72.7
Continuum of Services	58.8	28.6	42.9	69.2	61.5	53.8	78.6	63.6
Equality of Rec. Opportunity	77.6	71.4	71.4	76.9	76.9	92.3	92.9	54.5
Achievement of Fulfillment	67.1	42.9	71.4	38.5	69.2	92.3	78.6	63.6
Achievement of Fun	82.4	57.1	85.7	69.2	76.9	100.0	85.7	90.9
Opportunities to Exercise Choice	82.4	57.1	71.4	76.9	84.6	84.6	100.0	90.9

Appendix C (continued)

<u>Function</u>	<u>All Respon- dents</u>	<u>Under 25,000</u>	<u>25,000- 49,999</u>	<u>50,000- 99,999</u>	<u>100,000- 249,999</u>	<u>250,000- 499,999</u>	<u>500,000- 1,000,000</u>	<u>Over 1,000,000</u>
Leisure Education	57.6	28.6	50.0	46.2	76.9	61.5	64.3	63.6
Recruitment System	75.3	42.9	78.6	76.9	69.2	69.2	85.7	90.9
Accessible Faci- lity Plan	77.6	100.0	64.3	61.5	69.2	76.9	92.9	100.0
Transportation	78.8	71.4	57.1	84.6	61.5	84.6	85.7	90.9
Funding	84.7	71.4	78.6	92.3	69.2	84.6	100.0	90.9
Certified/Regis- tered Super- visor	50.6	14.3	50.0	69.2	46.2	61.5	50.0	45.5
Use of Volun- teers	89.4	57.1	92.0	84.6	100.0	92.3	92.9	90.9
Handicapped as Staff	69.4	42.9	71.4	53.8	61.5	69.2	100.0	72.7
Inservice Train- ing/Staff	77.6	57.1	71.4	76.9	69.2	76.9	92.9	90.9
Inservice Train- ing/Volunteers	68.2	42.9	78.6	69.2	38.5	69.2	92.9	72.7
Inservice Train- ing/Parents	22.4	14.3	14.3	23.1	7.7	23.1	42.0	27.3
Public Relations Program	54.1	42.9	42.9	30.8	53.8	53.8	92.9	54.5
Citizen Input	70.6	57.1	71.4	46.2	69.2	76.9	92.9	72.7
Visibility of Handicapped	69.4	28.6	57.1	61.5	76.9	76.9	92.9	72.7

APPENDIX D

PANEL OF AUTHORITIES IN COMMUNITY-BASED  
RECREATION PROGRAMS FOR SPECIAL  
POPULATIONS AND/OR THERAPEUTIC  
RECREATION

Dr. Dave Austin, University of Indiana, Department of  
Recreation

Dr. Doris Berryman, New York University, Department of  
Leisure Studies

Max Foreman, City of Miami, Department of Leisure Ser-  
vices

John McGovern, City of Albuquerque, Department of Re-  
creation

Janet Pomoroy, Center for the Handicapped, San Fransico,  
California

Dr. Jean Tague, Texas Woman's University, Department of  
Recreation

Jackie Vaughan, California State University-Northridge,  
Department of Leisure Studies

Robert Winslow, New York University, Department of Lei-  
sure Studies

Special Note: Pat Keller Austin PARD reviewed question-  
naire as a part of the pre-test group.



APPENDIX E

## PERCENTAGE SUMMARY OF RESPONSES

SURVEY OF AGENCIES THAT PROVIDE  
RECREATION SERVICES TO SPECIAL POPULATIONS  
- EXTENT OF MAINSTREAMING -

Name of Agency \_\_\_\_\_

Address \_\_\_\_\_

Name of Respondent \_\_\_\_\_ Position \_\_\_\_\_

What is your political entity?

City 74.1 County 17.6 District 2.4 Other (specify) 5.9

What is your community's approximate population?

Under 25,000 8.2 25,000-49,999 16.5 50,000-99,999 15.3 100,000-249,999 15.3  
 250,000-499,999 15.3 500,000-1,000,000 16.5 Over 1,000,000 12.9

How many years has your program for special populations been functioning?

0-2 Years 11.8 3-5 Years 34.1 6-8 Years 30.6 9+ Years 22.4

Indicate by percentages into which category your participants fall:

Mildly involved/impaired 88.2 Moderately involved/impaired 96.5  
 Severely involved/impaired 82.3

Indicate by percentages from where your participants come:

Individual or family residence 97.6 Rehabilitation Centers 35.3  
 Institutions (state schools, hospitals, etc.) 52.9 Halfway Houses 46.0  
 Others 25.9

\*\*\*\* NOTE: (1) In the space to the left of the functions, please place a check mark next to each function that your agency has in practice at present.

(2) In the space to the right of the functions, place a check mark in the appropriate column, indicating your opinion of the importance of each function in achieving mainstreaming.

	Absolutely Essential	Essential	Undecided	Desirable But Not Essential	Least Essential
--	-------------------------	-----------	-----------	--------------------------------	--------------------

## I. PROGRAMS PROVIDE:

<u>76.5</u> Individualization to meet individual needs, interests and desires	<u>41.2</u>	<u>38.8</u>	<u>2.4</u>	<u>11.8</u>	—
<u>87.1</u> A focus on strengths and abilities of the individual, not disability	<u>69.4</u>	<u>23.5</u>	<u>2.4</u>	<u>1.2</u>	—

Page 2

	Absolutely Essential	Essential	Undecided	Desirable But Not Essential	Least Essential
<u>83.5</u> Progressive/developmental recreational experiences	<u>40.0</u>	<u>50.6</u>	<u>2.4</u>	<u>1.2</u>	—
<u>89.4</u> Skill development: personal interaction, leisure behavior	<u>47.1</u>	<u>44.7</u>	—	<u>3.5</u>	—
<u>90.6</u> Opportunities to practice skills	<u>42.4</u>	<u>49.2</u>	—	<u>4.7</u>	—
<u>64.7</u> Aid to the physical recovery and/or growth and development of the individual	<u>29.4</u>	<u>43.5</u>	<u>5.9</u>	<u>9.4</u>	<u>1.2</u>
<u>67.1</u> Aid to the psychological recovery and/or growth and development of the individual	<u>32.9</u>	<u>45.9</u>	<u>7.1</u>	<u>5.9</u>	—
<u>75.3</u> Aid to the social recovery and/or growth and development of the individual	<u>38.8</u>	<u>36.5</u>	<u>9.4</u>	<u>9.4</u>	—
<u>58.8</u> Continuum of services: from specialized segregated programs to normal fully-integrated programs: i.e. a variety of services to meet all levels of functioning	<u>34.1</u>	<u>39.8</u>	<u>2.4</u>	<u>7.1</u>	—
<u>77.6</u> Equality of recreational opportunity	<u>56.5</u>	<u>25.9</u>	<u>5.9</u>	<u>5.9</u>	—
<u>67.1</u> Achievement of fulfillment and satisfaction at the highest level in the least restrictive environment for each individual	<u>42.4</u>	<u>38.8</u>	<u>5.9</u>	<u>5.9</u>	—
<u>82.4</u> Achievement of fun, enjoyment or self-expression at the highest level in the least restrictive environment for each individual	<u>49.4</u>	<u>37.6</u>	<u>5.9</u>	<u>3.5</u>	—
<u>82.4</u> Opportunities to exercise choice of activities	<u>42.4</u>	<u>40.0</u>	<u>1.2</u>	<u>9.4</u>	—
<u>59.6</u> Leisure education	<u>23.5</u>	<u>37.6</u>	<u>4.7</u>	<u>20.0</u>	<u>1.2</u>

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	Absolutely Essential	Essential	Undecided	Desirable But Not Essential	Least Essential
<u>75.3</u> A system of recruitment and identification of the handicapped	<u>49.7</u>	<u>35.3</u>	<u>2.4</u>	<u>7.1</u>	<u>1.2</u>
If yes, which disabilities:					
Deaf <u>55.3</u>					
Hard of hearing <u>49.4</u>					
Visually Handicapped <u>64.7</u>					
Orthopedically Impaired <u>64.7</u>					
Seriously Emotionally Disturbed <u>45.9</u>					
Multi-handicapped <u>70.6</u>					
Speech Impaired <u>49.4</u>					
Learning Disabilities <u>56.5</u>					
Mentally Retarded <u>82.4</u>					
Other health impaired (diabetes, heart condition) <u>31.8</u>					
Dead-Blind <u>34.1</u>					
Public Offender <u>20.0</u>					
Alcoholic <u>16.5</u>					
Drug Addicts <u>12.9</u>					
Others (specify) <u>12.9</u>					

## II. PHYSICAL OPERATIONS PROVIDE:

<u>77.6</u> A plan for accessible facilities, i.e. a barrier-free removal program	<u>63.5</u>	<u>25.9</u>	<u>1.2</u>	<u>2.4</u>	
<u>78.8</u> Transportation for special populations to recreational programs	<u>42.4</u>	<u>38.8</u>	<u>2.4</u>	<u>5.9</u>	
If yes,					
Agency provided <u>68.2</u>					
Parent or participant provided <u>74.1</u>					
Independent company provided <u>23.5</u>					
Other <u>29.4</u>					
<u>84.7</u> Funding for recreational programs for special populations	<u>63.5</u>	<u>22.4</u>	<u>1.2</u>		
If yes, indicate by %					
General tax-based <u>85.9</u>					
Federal or State grant <u>40.0</u>					
Philanthropic <u>27.1</u>					
Other <u>28.2</u>					

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	Absolutely Essential	Essential	Unecided	Desirable But Not Essential	Least Essential
III. MANPOWER PROVIDES:					
<u>50.6</u> A supervisor of recreation programs for special populations that is certified/registered with N.T.R.S. or state association	<u>17.6</u>	<u>24.7</u>	<u>4.7</u>	<u>31.8</u>	<u>7.1</u>
<u>89.4</u> For the use of volunteers	<u>38.8</u>	<u>41.2</u>	<u>2.4</u>	<u>12.9</u>	—
<u>69.4</u> Opportunities for the handicapped to work as staff or volunteers for program	<u>16.5</u>	<u>40.0</u>	<u>9.2</u>	<u>24.7</u>	<u>1.2</u>
<u>71.6</u> In-service training program for staff	<u>38.8</u>	<u>28.2</u>	<u>1.2</u>	<u>4.7</u>	—
If yes,					
Required <u>24.1</u>					
Optional <u>41.8</u>					
Other <u>1.2</u>					
<u>68.2</u> In-service training program for volunteers	<u>36.5</u>	<u>47.1</u>	<u>3.5</u>	<u>4.7</u>	—
<u>22.4</u> In-service training program for parents	<u>10.6</u>	<u>23.5</u>	<u>12.9</u>	<u>28.2</u>	<u>4.7</u>
<u>54.1</u> A public relations program to sensitize the public to the needs and abilities of the handicapped, i.e. to promote community acceptance	<u>42.4</u>	<u>30.6</u>	<u>3.5</u>	<u>9.4</u>	—
<u>70.6</u> A system for citizen input, re: programs and services	<u>31.8</u>	<u>40.0</u>	<u>7.1</u>	<u>9.4</u>	—
If yes,					
Advisory Board <u>44.7</u>					
Handicapped individuals <u>62.4</u>					
Parents <u>65.9</u>					
Others <u>29.4</u>					
<u>69.4</u> Visibility of handicapped, constant exposure to public	<u>41.2</u>	<u>35.3</u>	<u>3.5</u>	<u>9.4</u>	<u>1.2</u>

PLEASE MAIL THE COMPLETED QUESTIONNAIRE TO: Michael Anne Lord  
3300-A Doolin Drive  
Austin, Texas 78704

THANK YOU VERY MUCH FOR YOUR COOPERATION. IF YOU KNOW OF OTHER RECREATION AND PARK AGENCIES THAT PROVIDE SERVICES TO SPECIAL POPULATIONS, PLEASE LIST BELOW. RETURN BY AUGUST 10, 1979.

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