To the Graduate Council:

I am submitting herewith a thesis written by Catherine Tuohy Brown entitled "Therapeutic Recreation And Community Transition: Assessment of Need In Knox, Anderson and Blount Counties." I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science with a major in Recreation and Leisure Studies.

Dr. Gene A. Hayes, Major Professor

We have read this thesis and
recommend its acceptance:

Accepted for the Council:

Associate Vice Chancellor
and Dean of The Graduate School

Therapeutic Recreation And Community Transition: Assessment of Need In Knox, Anderson and Blount Counties

A Thesis

Presented for the

Master of Science

Degree

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Catherine Tuohy Brown

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ABSTRACT

This study was a needs assessment which surveyed eighty-five agencies providing recreation services or programs in Knox, Anderson and Blount Counties. The data collection tool requested information from each of the agencies in order to determine the status of programming for students with disabilities within the community and in public school settings as they grow toward adulthood and make the transition from school to work. The purpose of the needs assessment was to further determine: a) the type and extent of existing integrated transition programs in Knox, Anderson, and Blount Counties, b) the type and extent of segregated programs in Knox, Anderson, and Blount Counties, c) the types of disabilities and ages represented by the group of children and youth eligible for transition programs, and d) the pre-requisite skills students must have to participate in integrated transitional programs from school to community.

Successful transition from school to adult life is an important contributory factor to quality of life, especially for those individuals with disabilities. Data collected in this study could be used for the design, implementation and evaluation of integrated recreation programs fostering transition from school to work within the greater Knoxville community.

With a response rate of 57.5%, the study yielded a description of the current status of programming for children and youth with disabilities in Knox, Anderson, and Blount Counties. It was concluded that need exists especially in service to teenagers in integrated programs in order to facilitate successful transition to and improvement in quality of life.

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CHAPTER I

INTRODUCTION

Transitions occur for every individual throughout life. The transition between childhood and adult roles within the community is one which requires the young adult to refine decision making, problem solving, and adjustment in general to new adult roles. Professionals in recreation are being called upon to assist with the provision of services for meeting these needs of the clients served within community programs.

Recent legislation has mandated the provision of educational and support services such as recreation. PL 94-142, the Education For Handicapped Children Act of 1975, was the earliest attempt at making appropriate services available to children with disabilities. In 1975, PL 95-207 (Career Education Implementation Act) recognized and began to address needs of students as they made the transition from school to the adult community. Most recently, attempts at addressing the needs of students with disabilities came in 1990 with the passage of legislation known as Individuals with Disabilities Education Act (IDEA). The real question is whether or not the needs of disabled youth as they transition from school to work, from childhood roles to adult roles, are being addressed to foster successful transition.

Conclusions from a previous study, (Martin, 1989) indicated that there were few municipal recreation programs within the state of Tennessee providing integrated recreation programs. This need and the attempts to meet these needs will be explored further in this investigation.

As Gail Sheedy writes in Passages, "Life after adolescence is <u>not</u> one long plateau. Changes are not only possible and predictable, but to deny them is to be an accomplice to

one's own unnecessary vegetation. If we do not change, we do not grow. If we do not grow, we are not really living. Growth demands a temporary surrender of security" (Sheedy, 1977, p 15, 513).

PURPOSE STATEMENT

The purpose of this study was to determine the status of programming for students with disabilities within the community and in public school settings as they grow toward adulthood and make the transition from school to work. The purpose of the needs assessment was to further determine:

1. The type and extent of existing integrated transition programs in Knox, Anderson, and Blount Counties
2. The type and extent of segregated programs in Knox, Anderson, and Blount Counties
3. The types of disabilities and ages represented by the group of children and youth eligible for transition programs
4. The pre-requisite skills students must have to participate in integrated transitional programs from school to community

DELIMITATIONS

The delimitations in the study were:

1. Only the greater Knoxville area composed of Knox, Anderson, and Blount Counties were included.
2. The agencies for inclusion were selected by the researcher.
3. Only services for children and youth up to age 21 were included in the study

LIMITATIONS

The limitations of the study were:

1. The data was based on the willingness of the participants to answer the questionnaire honestly.
2. The study was limited by the return of the questionnaire

ASSUMPTIONS

The assumptions of the study were that:

1. The subjects responded to each of the questions honestly.
2. The subjects had some understanding of the concept of transition.

DEFINITION OF TERMS

1. Disabled children and youth: Children between the ages of 6-21 with a condition or conditions placing limits upon activities of daily living.

2. Integrated transition programs: A structured set of activities that allows disabled and non-disabled individuals to participate together in order that both might experience change in a more positive manner.

3. Therapeutic Recreation: "A process which utilizes recreation services for purposive intervention in some physical, social, emotional, and/or social behavior to bring about a desired change in that behavior and to promote the growth and development of the individual" (Peterson & Gunn, 1984, p. 2).

4. Transition: "...a coordinated set of activities for a student, designed within an outcome oriented process which promotes movement from school to post-school activities, including vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation (PL 101-476 (IDEA) Section 300.18).

SIGNIFICANCE OF THE STUDY

Successful transition from school to adult life is an important contributory factor to quality of life, especially for those individuals with disabilities. The significance of this study was that it examined both the existence and need of the greater Knoxville area in meeting those needs through integrated therapeutic recreation transition programs and contributing to the quality of life for all citizens, regardless of ability. Therefore data collected in this study could be used for the design, implementation and evaluation of integrated recreation programs fostering transition from school to work within the greater Knoxville community.

CHAPTER II

REVIEW OF LITERATURE

The purpose of this review is to aid the reader in discovering the components and constructs found in successful transition programs. Research in the areas of: (a) the history and development of the transition movement, (b) the rationale for regional and local transition programs, and (c) contributions that therapeutic recreation can make to successful transition are explored.

HISTORY AND DEVELOPMENT OF THE TRANSITION MOVEMENT

During the 1960s a federal initiative known as Work/Study was the approach to supported transitional services which involved formal cooperative agreements between public schools and local branches of state rehabilitation services (Halpern, 1973). The ultimate goal of work/study programs was to prepare disabled people through an integrated academic, social and vocational curriculum for community adjustment. This curriculum included on the job training and experience as a vital component. Teachers fulfilled the role of work coordinator for a portion of their day (Halpern, 1992).

According to Halpern, (1992) the arrangement seemed to represent a win-win situation, mutually beneficial to the consumers and the state rehabilitation agency. The students with mild disabilities were receiving job placement, training and experience while the rehabilitation agency received client referrals from the schools leading to assistance with transition from school into the adult community at large through structured work placements.

The work/study program enjoyed success and growth in the 1960s but came to an end in the 1970s as a result of two flaws in its design and implementation. Supervision and similar benefits within the structure of the program are flaws discussed by Halpern (1992).

The salary of the work coordinator of the transition program, in this case the teacher, was considered an "in kind" contribution to the state rehabilitation agency. The problematic aspect of this funding structure was that the regulations for "in-kind" contributions required that the work coordinator, who was in fact a teacher, receive supervision from rehabilitation agency personnel. This requirement was not agreeable to school administrators, although several methods were attempted to by-pass the regulation (Halpern, 1992).

The second flaw with the work-study program had to do with the primary responsibility for the provision of services by particular agencies. One of the amendments to the Rehabilitation Act of 1973 included a "similar benefits" requirement which said that a rehabilitation agency could not pay for the provision of services that were another agency's responsibility (Halpern, 1992). Schools were not required to provide students with work experience at that time. The work-study program, then, met those students needs through the cooperative agreement with the rehabilitation agency. By this method, the matching federal to state funding contribution was also maximized (Halpern, 1992).

PL 94-142 (1975) also made many dramatic changes to the ways in which services were provided to disabled students. Legislation further changed the work-study program in that all children with disabilities were entitled to receive "a free and appropriate public education".

Halpern (1992) stated that

> Interpreters of this new law determined that "work experience" could be construed as a component of "appropriate" education during high school for many students with disabilities. Such an interpretation made it risky for the rehabilitation agency to purchase this service because it might be regarded as the responsibility of the schools and would then be governed by the rules concerning similar benefits (p.204).

Even though the supervision, similar benefits, and other constraints eventually led to the end of the cooperative work/study program by the 1970s, the needs of students still remained.

With the end of the work/study movement the career education movement addressing transitional needs came to the forefront. According to Halpern, (1992) "the Career Education movement can be viewed as an expansion of the work/study movement that preceded it" (p. 205). This method of service delivery differed from the previously existing model in that the work/study movement relied on specific interagency agreements and service delivery under these agreements. The career education movement did not require interagency agreements and the goals and implementation strategies were very general. The movement was also intended for the general population and failed to include the needs of people with disabilities.

The movement progressed and underwent changes throughout the 1970s including increased federal visibility, extending the concept with the inclusion of people with disabilities and eventual endorsement by the Council for Exceptional Children. Each of these trends impacted the movement that would later become known as transition. Increased federal visibility was accomplished through the creation of the U.S. Office of Career Education as a portion of the U.S. Department of Education (Halpern, 1992).

The Council for Exceptional Children approved the Division of Career Development. The creation of this division and later endorsement of the career education philosophy "laid the foundation for preserving the movement in special education irrespective of federal involvement (Halpern, 1992, p. 204)"

Inclusion of disabled individuals was brought to the forefront with the passage of the Career Education Implementation Act (PL 95-207) in 1977. It was this piece of legislation that identified students with disabilities as appropriate recipients of the services this act would help agencies provide.

According to Hoyt, (1982) the federal law responsible for the creation of the Division of Career Development was repealed in 1982. This action was according to the plan for initial utilization the legislation to encourage and support the Career Education movement.

In summary, the work/study program : (a) addressed narrow goals, (b) was focused on secondary education, (c) served primarily students with mild mental retardation, (d) used implementation strategies that segregated students with disabilities and (e) its implementation used programs with formally structured interagency collaboration (Halpern, 1992).

The Career Education movement differed in that it had extended goals, focused on both elementary and secondary education, was available to all students (disabled or not) and was implemented in both regular and special education environments.

Both work/study, in the 1960s, and career education, in the 1970s, came about as a response to opportunities made available through federal legislation. Financial support was also given to both by federal government in the form of grants and contracts for demonstration projects (Halpern, 1992). "The work/study movement died as an inadvertent

consequence of federal legislation and regulation, and the career education movement was intentionally disowned as a federal initiative. Both predecessors left a legacy for the emergence of the federal transition movement of the 1980s (Halpern, 1992, p.205)".

In 1984 a new federal initiative appeared in attempt to meet the still existing needs of high school youth with disabilities in transitioning from school to community life as an adult. Transition was defined by the Office of Special Education and Rehabilitative Services (OSERS) as..."an outcome-oriented process encompassing a broad array of services and experiences that lead to employment (p. 1)". In a position paper from the OSERS, Will (1984a) defined transition by use of a metaphor of bridges representative of categories of service by type.

The first bridge for the facilitation of transition from school to work was "transition without special services". This bridge made reference to services that were generic and available to any member of the community. Examples of this type of service include post-high school attendance at a community college or vocational program.

The second bridge was representative of short term services. "Transition with time-limited services" were more specialized and individuals who were recipients of this type of service usually were requires to have some type of disability in order to receive the service (Will, 1984a).

"Transition with ongoing services" was the third bridge. At the inception of the bridges model, this one was not intended as a complete service delivery model. This bridge had, as an example of service, supported employment programs (Will, 1984a; 1984b, Halpern, 1985). This was a new type of service and was found in grant funded demonstration projects.

Later amendments to the rehabilitation act in 1986 defined supported employment as a regular program, leading to increased financial support.

Many professionals including Halpern, (1985) were not satisfied with this definition due to its focus only on transition as it contributed to the outcome of employment. In his article "Transition: A look at the foundations", Halpern (1985) modified the bridges model to include pillars representing "residential environment", "employment", and "social adjustment". In this model residential environment and social and interpersonal networks were considered to be of equal importance to employment. Community adjustment as an indicator of quality of life, was an outcome supported by these three dimensions. One implication for this model was that if any of these structures were weak or collapsed, the entire structure was in danger of failure.

> In 1990, PL 101-476 (IDEA) defines broader outcomes of transition:
> Transition services means a coordinated set of activities for a student, designed within an outcome oriented process which promotes movement from school to post-school activities, including vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation (Section 300.18).

Quality of life was not a term that this legislation used, yet it implied that the transitional services may influence the expression and fulfillment of adult roles as outcomes. Finding employment was not the only concern of youth as they became adult members of the community. Transitions as such occur in many areas and times throughout a person's life (Sosbey and McDonald, 1988) The true goal of transition then "is about quality of life and entitled services needed to achieve successful adjustment into adult community roles not merely the attainment of employment (Hayes, Higlemire, Wilson & Willey, 1993, p. 8).

Quality of life definitions have been proposed by many researchers (Goode, 1990; Taylor & Bogdan, 1990; Brown, Bayer & MacFarlane, 1985; and Parmenter, 1988 in Halpern, 1993). From examination of these definitions and their content, Halpern, (1993) devised a taxonomy which included leisure and recreation as performance of adult roles.

Even though leisure and recreation are often used as synonymous terms and at times even interchangeably, their meanings are different. Recreation is used to refer to structured activities in which an individual may participate on a solitary basis or as part of a group. Leisure refers to the state of mind one experiences. For leisure to occur, inherent qualities of personal choice and control must be present (Silberman, 1986). Since recreation and leisure are not restricted to specific times or places, leisure skills vary in the time and place of occurrence. Thus recreation and leisure skills may affect other roles and environments in which the individual participates (Goetz, 1986)

One outcome that demonstrated the achievement of best possible quality of life for disabled individuals was community involvement. Wolfsenberger, (1991) proposed that if disabled individuals were to attain community membership advocates, such as parents and professionals would have to create both opportunities and experiences in which other members of that community could perceive the disabled person in positive ways.

In a descriptive study conducted by McDonnell, Wilcox, Boles, and Bellamy, (1985), parents perceived organized community activities as an important component of transition to adulthood. This concern was consistently present five and even ten years after initial transition services were planned and implemented. Since parents often had little input for

those who were planning the services, the estimates for future needs of their children became even more valuable to the planners.

The position paper of the Council for Exceptional Children (1978) included leisure participation in the highest level of economic, personal and social fulfillment. This paper implied that leisure and recreation were only important as contributions to the central goal of obtaining and maintaining employment. Even so, the importance of leisure was recognized.

Fish (1990) stated that in Great Britain one of the central goals of transition is to attain "equal opportunities for social interaction, community participation, leisure and recreation (p. 3).

Addressing transition from adolescence to adulthood has been given attention in the theoretical sense but not concerted action. Fish (1990) cited research conducted in 1981 by Salsberg & Langford that showed that many individuals with disabilities engage in recreational activities in the home rather than participating in community activities. Five years later the findings of a similar study (Kregel, Wehman, Seyfarth and Marshall, 1986) echoed the same results. Kregel et. al. (1986) reported that a majority of the activities engaged in were passive and home based. This in itself is not inherently negative if these participation reflect choice and personal control. The data collected in this study seems to indicate that many of the subjects present and ideal recreation patterns vary widely.

This trend of participation in recreation activities occurring in the home and alone was reflected again in 1990 by Sparrow and Mayre (Fish, 1990) with a pool of subjects with intellectual disabilities. Within this group, 49% spent about one half of their time recreating at home and most often alone (44%). Sparrow and Mayre's results also displayed a

discrepancy between actual and ideal recreation patterns. Subjects listed lack of opportunity, finances, transportation, lack of skill and attitudinal barriers as constraints on involvement in recreational involvement and participation. Participation in integrated recreation/leisure environments & activities through transitional programs and services are one way to increase disabled individual's participation in activities with their adult peers.

RATIONALE FOR REGIONAL AND LOCAL TRANSITION PROGRAMS

A central intention of special education laws and programs is to facilitate independent living and enhanced quality of life over lifespan of the individual with the disability. Lack of opportunity in any aspect of community life becomes a threat to independent living including both employment and self sufficiency (Hayes, Higlemire, Wilson & Willey, 1993).

In 1982, the U.S. Department of Labor reported that 7 million disabled children age 10 and under were engaged in self care before and after school as well as on weekends and holidays (Dole, 1982). By 1991, Rowland and Robinson suggest a likely increase in these figures since 1982.

Another sobering commentary on the status of transition can be found in Coleman & Apts' (1988) research. This suggested that 81% of parents having children with disabilities reported that their children had been refused admission to community programs. It is not surprising, then, that 21% of parents report that the school systems' transitional planning is ineffective (Louis & Harris, 1989, p. 110) The 11th annual report to congress on the implementation of the Education of all handicapped children Act (1975), stated that seventeen states expressed the need of improvement of services in therapeutic recreation. Ten

states expressed the desire to enhance and expand services in therapeutic recreation and three cited needed improvement in afterschool programs (Louis & Harris, 1989).

According to the Tennessee State Department of Education, 140,967 disabled children were receiving special education support/services in 1990-1991. This was an increase over 1986 when the number served was 101,697, and in 1989 with 109,127. One of the reasons for the overall increase may be due to better identification of the number being served. (Annual Report, 1989).

Knox County with 9,110 children served represents the third highest number in the state. This included an average of 25 students in 34 LRE (Least Restrictive Environment) classes placing the total number at 850 students. Knoxville Adaptive Education Center also has 450 students who are potential participants in model transition programs and services.

According to 1990-1991 Comprehensive Personnel Service Data, which tracks staff other than special education classroom teachers, the number of recreation therapists employed to provide support services in the state currently is 12. This translated to 12 recreation therapists to 140,967 students.

The concern of parents and professionals was that without qualified personnel for appropriate leisure/recreation skill presentation, development or practice as a portion of the total education, the success of transition from school to community living may be hindered. In Tennessee, within the group of students age 14 and older, 41% (562 of 1,384) students with disabling conditions dropped out. This indicates that traditional service delivery is not meeting the needs of disabled youth as they prepare for adulthood (Hayes, 1992).

Competencies in recreation and leisure play a large and vital role in the successful transition of this population. Most obvious is that transition could assist in filling the gap for those 562 drop-outs. It appears more advantageous to work with these students while still in the educational system.

CONTRIBUTIONS THERAPEUTIC RECREATION CAN MAKE TO SUCCESSFUL TRANSITION

The task of transition fits the mission of therapeutic recreation transition specialists who would help the individual find his niche in the community through recreation and leisure. The percentage of youth with disabilities who belong to school or community groups decreases from 43% while in school to 29.2% in the first year out of school and then falls to 18.7% after more than 1 year away from school. (TRACT Grant Appendix A, table 6-OSEP National Longitudinal ransition Study, SRI International, December 1988.)

Discussions with parents of disabled students indicated that the opportunity for residence outside the home was the primary concern. Lack of socialization was the second most prominent concern. Within this topic lack of opportunities, lack of social skills, no time to arrange social opportunities, parents at a loss-what to do upon leaving support network of schools were cited as specific difficulties encountered. Again, integrated therapeutic recreation programs would be an appropriate intervention in addressing these parental concerns for their disabled children.

In the Journal of the Institute on Community Integration (1991-1992), McAvoy states that "levels of social interaction between children with and without disabilities increased in

all of the programs studied (p.2)". In the same report, McAvoy stated "integrated outdoor programs can be designed to promote positive change in behavior, emotional adjustment, self-esteem, physical development, socialization, and friendships among people of varying abilities (p. 2)". Other identified benefits of integrated recreation programs included: smoother transition by skill improvement, feelings of comfort for disabled individuals among non-disabled persons, diminished stereotypes non-disabled individuals hold about disabled persons which creates barriers (McAvoy, 1991-1992).

Follow up studies of special education graduates and studies of the status of the disabled population yielded other valuable information about the transition process. In (1989) a Harris poll indicated that 62% of disabled adults are not working and that most are denied other aspects od community life. 66% of these individuals expressed the desire to work. No other demographic group in the United States below the age of 65 had such a small population working (Harris, 1989-ICD Survey III).

In Florida, 25% of special education graduates had successful transition. Another 25% experienced difficult transition with waiting periods and frequent changes in settings in which services were delivered. The remaining 50% experienced an unsuccessful transition and were again living in their parent's home or segregated, non-productive settings (Florida's Project Transition, 1986). Another study in Colorado reported 69% unemployment of special education graduates; most in that study (age 19-29) were living at home and of those employed, most had at least 3 jobs since leaving school (Mithung & Horiuchi, 1983). On a more positive note, special education graduates from 9 rural school districts in Vermont over

a 5 year span saw a 55% employment rate, 37% of which are in full time employment (Hasazi, Gordon & Roe, 1985).

CHAPTER III

METHODOLOGY

In this chapter, a discussion of the design and implementation process of data collection was presented. A description of subjects, rationale for selection of methods and measurements, and analysis of data was also included.

SUBJECTS

The subjects in the survey (N= 85) consisted of staff members from community agencies providing recreation and leisure services to persons with disabilities in the Greater Knoxville area including Knox, Anderson, and Blount Counties. The subjects were identified through examination of both public and private agencies such as Churches, Girl Scouts, Boy Scouts, YMCAs, YWCAs, Community Recreation Centers, and State Parks in these counties.

In addition, the subjects met the following criteria:

(a) the agency and its clientele are located within Knox, Anderson, or Blount Counties

(b) the agency could potentially serve clients with disabilities

RATIONALE

Initially, a telephone survey (Appendix A) of potential agencies and subjects for the study was conducted by the researcher with assistance from trained aides. The purpose of this initial screening wase to determine appropriate agencies and personnel for participation

in the study. A written survey (Appendix B) was then mailed to potential participants (those determined by the researcher to fit the criteria from the initial telephone screening from the larger group of subjects). Informed consent was obtained from subjects through completion and return of the questionnaire. The statement of informed consent cna be found on the questionnaire within the directions for completion of the survey at the top of the instrument.

INSTRUMENTATION

The survey instrument used for the collection of data in this study was adapted by the researcher from other survey tools used by Martin (1989) and additional questions were added to address the specific research problems of this study. Subjects were able to mark responses by use of a Likert-type scale as well as the use of questions which solicit open ended responses.

PROCEDURES

The initial telephone screening procedure was implemented in August, 1994. Following completion of this screening, a cover letter (Appendix C) and questionnaire was mailed to those agency personnel deemed appropriate by the researcher by using the selection criteria previously listed in the subjects section on the previous page. If the questionnaires had not been returned within two weeks, a postcard reminder was mailed to the subject. If the questionnaire was still not returned after an additional week, the researcher sent the subject another questionnaire. Random sampling was not incorporated into the procedure of this descriptive study.

CHAPTER IV

RESULTS AND DISCUSSION

INTRODUCTION

In this chapter, the results of the study were summarized and reported. The results are presented in four sections according to the research questions: a)The type and extent of existing integrated transition programs for residents of Knox, Anderson, and Blount counties, b) the type and extent of segregated programs by county, c) the types of disabilities and ages represented by children and youth eligible for transition programs and d) prerequisite skills required of participants in integrated programs.

The survey sample consisted of 85 agencies. Five surveys were undeliverable and were returned by the postal service. A total of 55 agency responses were obtained, however, 9 were either blank or contained insufficient data for inclusion in the study bringing the usable questionnaire total to 46 surveys. The 46 usable records represent 57.5% of those delivered to the appropriate agency representative. The agency responses were categorized by agency type, provision of integrated versus segregated programming, and according to program participant's county of residence.

Determination of agency type was based on the response to question "Which of the following best describes your agency?". There were seven categories identified including an "other" category for agency types not represented. Within the "other" category, there were a number of similar responses justifying the addition of a category for treatment related programs. The programs remaining in the "other" category were varied in nature (a daycare,

group home, resource based program, sheltered workshop, a school, and community center serving a specific population).

Integrated versus segregated programming was determined by the response to the question "Do the disabled individuals in your program participate in any integrated recreation activities with non-disabled participants?". Table 1 demonstrates the distribution of the 46 agency's responses. The results indicate 36 of the 46 agencies (78%) responding to this item provide integrated programming. The remaining 10 programs (22%), were determined to provide segregated programming.

Table 1 Integrated vs. Segregated Programming by Agency Type

Agency Type	Total Responses	Integrated	Segregated
Boy Scouts	1	1	0
Churches	4	4	0
Girl Scouts	1	1	0
Community Recreation	19	14	5
YMCA	2	2	0
YWCA	3	3	0
Treatment Programs	10	5	5
Other	6	6	0
Total	**46**	**36**	**10**

The responding agencies were also classified according to the county of residence of their participants. Questions 16-18 of the survey provided this information. Figure 1 indicates that 32 of the responding 36 agencies reported that their program included residents of Knox County. Twenty- one (21) responding agencies reported participants in their program were from Anderson County, as well as 22 reports of participants from Blount County. Figure 1 also divides these responses by integrated vs. segregated programming, according to county of residence of the program's participants.

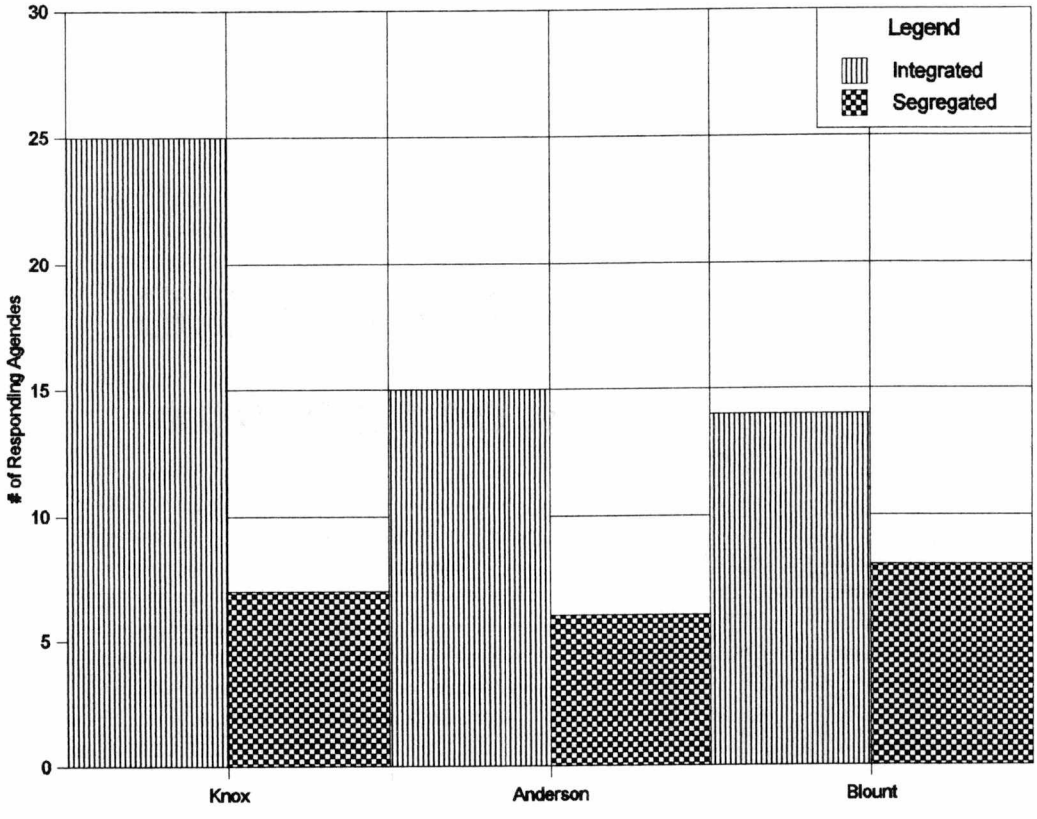

Figure 1 Program Type by Residence of Participants

TYPE AND EXTENT OF EXISTING INTEGRATED TRANSITION PROGRAMS BY COUNTY

The type and extent of integrated transition programs by county were determined in part by the responses to the survey question requesting the number of disabled individuals participating in the recreation program on a daily basis. The number of disabled participants served on a daily basis in integrated recreation programs ranged from 0 to 100. The response to this question was examined in combination with the type of agency providing the services and is reported in Figure 2 below.

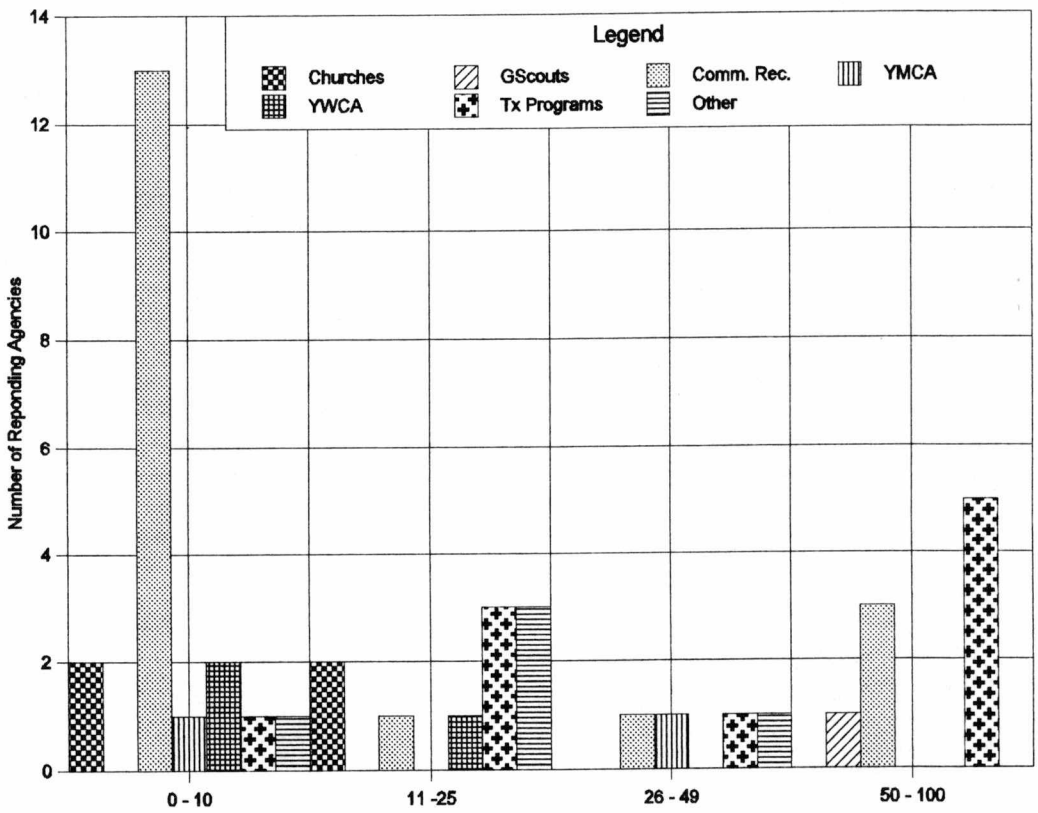

Figure 2 Number Served By Agency

Twenty (20) of the 43 agencies responding to the question or 47%, reported serving between 0 and 10 participants. Thirteen were community recreation agencies, and the others consisted of churches, a YWCA, a treatment program, and another program in the "other" category. Ten agencies (23%) reported serving 11-25 individuals daily. Only four agencies (9%) served between 26 and 49 individuals daily within integrated recreation programs. Nine agencies or 26% reported that they served 50-100 persons daily. There were three surveys with incomplete or missing data in response to this question. The data indicates that 0-10 individuals with disabilities are served on a daily basis in integrated programs and that community recreation agencies are the most likely to provide this service. This figure demonstrates that there is a need for the development or modification of programs by some agency types in order to make integrated programs available to a greater percentage of individuals with disabilities.

From Table 2 one can also observe from the responses to the questions asking for the age ranges of the disabled population served by each agency, that more individuals with disabilities are being served in integrated programs than in segregated programs at each age level.

Table 2 Participants Served By Age

Age	Integrated	Segregated	Total
Children	3201	169	3370
Teenagers	2436	323	2759
Adults	3004	207	3211
Total	8641	699	9340

According to the data gathered, children are the most frequent age group served followed by adults. The teenage category contained the lowest number of participants served. More teenagers are being served within segregated programs, followed by adults, and then children. This data supports the need for programs to serve the teenagers in integrated programs specifically. In terms of successful transition and quality of life, this age group is in critical need of programs and services to develop skills for successful community living. With this age group, perhaps, the service provider has an opportunity to provide skill development exercises which had been overlooked in programs serving the younger aged participants. The data in the table may also indicate an inaccuracy in the number of young adults with disabilities aged 20-22 in need of services. The age category was worded "20 and above" on the survey making it impossible to illustrate the age distribution within the adult category. It is quite possible that this age group of young adults are very much in need of both programs and services to assist in the transitions they are currently facing.

The responses to questions requesting the number of male and female participants served, is revealed in Table 3.

Table 3 Participants Served By Sex

Sex	Integrated	Segregated	Total
Male	4312	411	4723
Female	4277	258	4535
Total	8589	669	9258

The data show, in total, that more males than females are reportedly served in integrated recreation programs. It is interesting to note that more males are served in segregated programs than integrated. This could reflect poor tracking and reporting from the agencies responding to the survey as some respondents did not report the data requested.

The programming formats employed in the delivery of integrated recreation activities are represented in Table 4. Data revealed that the most used program formats included special events, classes and drop in, followed by interest groups, outreach, and competitive. The less frequently used formats were clubs (8 agencies), and workshops/conferences (7 agencies). It is important to note that within the sample, some agencies used a variety of formats and others used only one or two formats.

In summarizing the data provided, one could determine that special events and classes, the most frequently used formats, have the potential to serve a diverse population of individuals in programs. It would appear that agencies have experienced some success in integrating individuals with disabilities into these types of programs. The data also indicated that perhaps there is room for improving the more intimate interactions between individuals with disabilities and those without , often found within smaller groups as might be found in some of the lower ranked formats.

Table 4 Formats of Integrated Recreation Programs

Formats of Integrated Programs	N=1 Boy Scouts	N=1 Girl Scouts	N=4 Church	N=14 Comm. Rec.	N=2 YMCA	N=3 YWCA	N=5 TX	N=6 Other	N=36 Total
Class	1	0	1	9	1	1	3	4	20
Club	1	0	0	4	1	0	1	1	8
Competitive	1	0	0	5	0	0	0	4	10
Drop-in		0	2	6	2	0	2	4	16
Interest Group		1	1	4	1	0	1	4	12
Outreach		1	2	4	1	0	1	2	11
Special Event	1	1	2	9	1	0	4	5	23
Workshop / Conference		0	1	3	0	0	1	2	7

Table 5, located on the following page, is a representation of the integrated activities agencies provide to the disabled population. From this table, one may observe that sports, outdoor recreation and social recreation programs are ranked as the most frequently provided types of integrated activities. These activities are followed by music, aquatics, hobbies, and travel. Eleven agencies responded positively to provision of visual arts, voluntary service, and wellness. Dance, drama, new arts, and literary arts, are opportunities less frequently provided in integrated settings to participants with disabilities. One possible factor contributing to the type of service provided could be the existence of accessible facilities.

Even though recent legislation like the Americans with Disabilities Act (1990) mandates accessible programs and services for programs compliance with the law varies. This variance in compliance may be one factor affecting the number and variety of integrated recreation programs provided. Figure 3 is a representation of responding agencies' accessible facilities utilized by the disabled population of the area. More than 80% of responding agencies report existence of accessible restrooms, classrooms, entrances, and meeting rooms which would seem to make programs and services more accessible to all users. When interpreting these data, the reader must consider that having accessible facilities does not insure that integrated programming is occurring.

Table 5 Integrated Activities Offered

Activity	n=1 Boy Scouts	n=1 Girl Scouts	n=4 Church	n=14 Comm. Rec.	n=2 YMCA	n=3 YWCA	n=5 Tx	n=6 Other	n=36 TOTAL
Aquatics	1	1	0	6	2	1	2	3	16
Dance	0	1	1	4	0	0	1	2	9
Drama	0	1	1	2	0	0	2	1	7
Hobbies	0	1	1	6	0	1	3	2	14
Literary Arts	0	0	0	1	0	0	3	2	6
Music	0	1	1	6	0	1	4	3	16
New Arts	0	0	0	1	0	0	1	1	3
Outdoor Rec	1	1	1	8	2	1	4	4	22
Social Rec	0	0	2	8	2	0	5	4	21
Sports	1	0	1	9	2	2	4	5	24
Travel	0	1	2	5	0	0	2	2	12
Visual Arts	0	1	0	4	1	0	4	1	11
Voluntary Service	0	0	1	4	1	1	2	2	11
Wellness	0	0	2	5	0	0	3	1	11

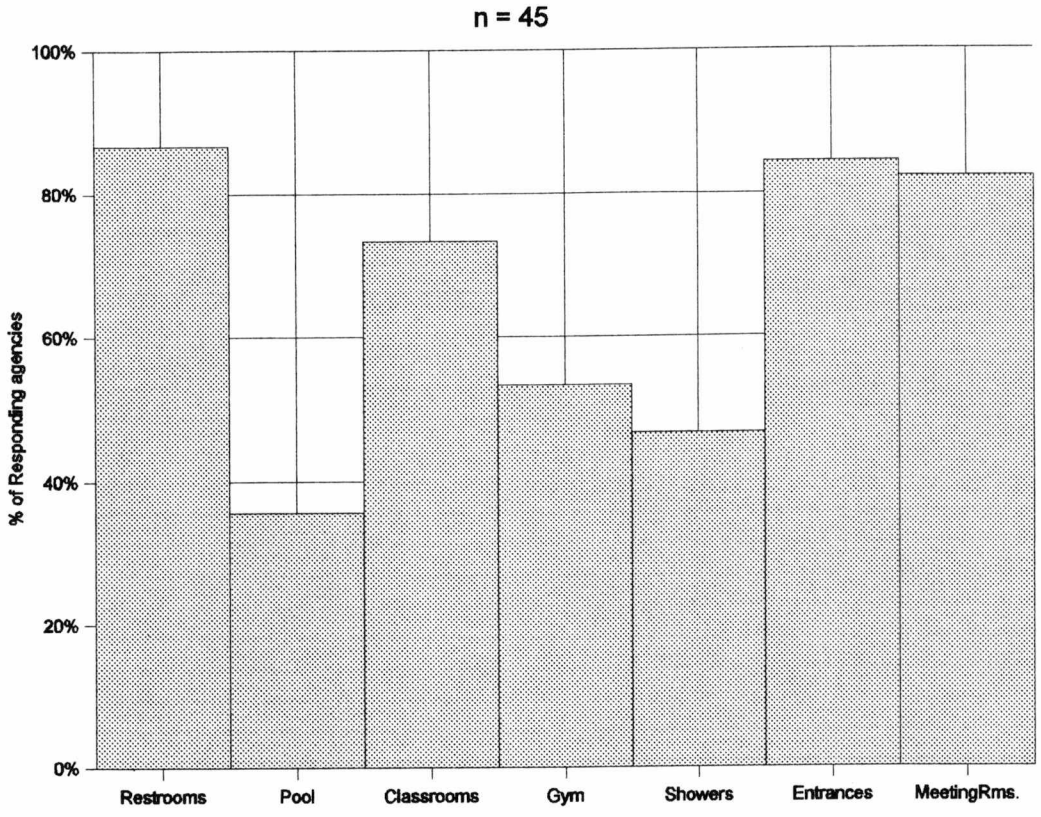

Figure 3 Percentages of Accessible Facilities Utilized

Of the 27 agencies providing integrated recreation programs, only 12 (44%) responded that they though it was their responsibility to do so in response to the question "Is it the responsibility of your agency to provide recreation programs to the disabled population?". Additionally, there is perhaps a conflict between belief and practice in some agencies. Two agencies, which were churches, currently provide integrated programs for individuals with disabilities. However, both indicated that they felt segregated programming was more realistic by their response to the question asking if segregated recreation programs represented a more realistic atmosphere than integrated recreation programs. The right of

persons with disabilities in the community to have consistently available recreation and leisure services in an integrated settings is further supported by responding agencies philosophies presented in this chapter.

Figure 4 shows the funding structure reported by responding agencies. Seven percent (7%) or 39 agencies reported that they are non-profit agencies. Ten and eight tenths percent (10.8%) or 4 agencies are city/county agencies and 2 agencies, (4.4%), are for profit agencies. It is likely that many of the non-profit community recreation agencies receive some type of external funding such as United Way Fund or tax revenues. One criteria of funding sources such as these is some policy of non-discrimination so that programs and services meet the needs of the diverse community. City and county agencies may work within the same framework. For profit agencies may differ, however, in that they provide both programs and services only to those who have the ability to pay for them. The ethical background and principals may well exist there as well, but the ability to pay may preclude some individuals from participation.

Table 6 shows that there are few staff directing activities only for disabled individuals (15 full time and 1 part time). In comparison, those staff members directing activities for disabled persons as part of their responsibilities number 44 in full time positions and 92 in part time employment, as reported by the 36 agencies stating that they provide integrated programming. Of the staff members directing activities for individuals with disabilities, a majority are employed by community recreation agencies. The considerable difference in the number of staff providing each type of service is encouraging for the provision of integrated programs. However, if the total number of individuals with disabilities is considered, the staff

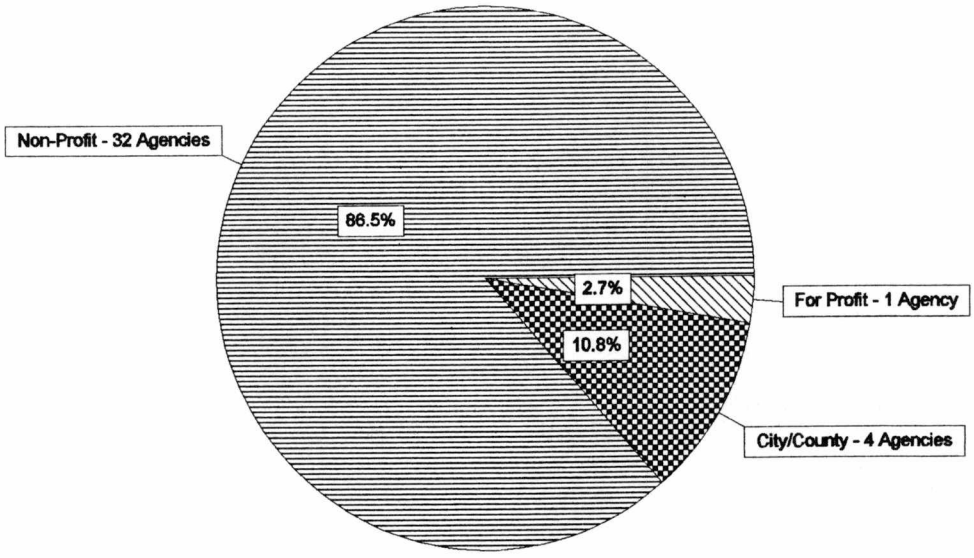

Figure 4 Agency Classification by Funding Source

Table 6 Agency Staff Conducting Programs

	Staff member directs activities only for disabled		Staff member directs activities for disabled as part of responsibilities	
	Full time Q #47	**Part time Q #48**	**Full time Q # 50**	**Part time Q #51**
n=1 Boy Scouts	0	0	0	0
n=1 Girl Scouts	1	0	1	0
n=4 Church	0	0	0	1
n=14 Community Recreation	1	0	33	88
n=2 YMCA	0	0	0	0
n=3 YWCA	0	1	2	1
n=5 Treatment	6	0	6	0
n=6 Other	7	0	2	2
n=36 Total	15	1	44	92

to participant ratio was reported as 152 staff to 9,340 participants or approximately 1 staff member to 61 disabled individuals. The data contained in this table are likely biased due to inaccurate reporting by responding agencies.

Question 60 requested information about the availability of employee inservice training regarding the topic of recreation activities for disabled persons. Data indicated that 30.4% of recreation programs provide inservice training, as displayed in Figure 5. Several programs surveyed reported that they did not conduct inservice training for their own employees, however, they did provide such training for others outside the agency. With 67.4% of the agencies not providing any type of training to approximately 152 employees in the three county area regarding provision of service to individuals with disabilities, a strong need for both inservice and continuing education opportunities seems evident.

The questions regarding the philosophy of recreation program agencies (philosophy quetions 1-19) are summarized by providing the mean scores reported in Table 7. The scores presented are from all responding agencies that used integrated programs. The data from segregated programs had essentially the same numerical values for each question. There were several interesting revelations from the agency representatives completing the surveys. Questions 3 and 4 in this section examined the need of professionally trained therapeutic recreation staff to provide programs. The level of agreement regarding this need was consistent in the responses to both of these questions.

The question regarding insurance as a barrier to the initiation of programming for persons with disabilities, number 7, resulted in some conflicting ratings according to the type of agency. The most noticeable difference was between the Girl Scout and Boy Scout

n = 46

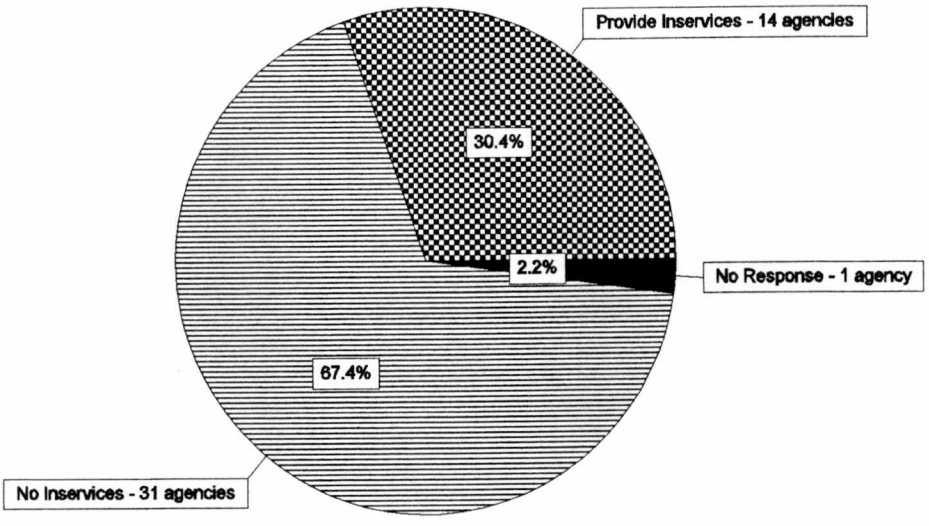

Figure 5 Inservices Provided by Total Agencies

Table 7 Means of Agency's Philosophy

1= STRONGLY DISAGREE 2=DISAGREE 3= UNDECIDED/NEUTRAL 4= AGREE 5= STRONGLY AGREE	n=1	n=1	n=4	n=14	n=2	n=3	n=5	n=6	n=36
	BS	GS	CH	CR	YM	YW	TX	other	Total
1. Recreation programs for individuals with disabilities should be considered basic to a total recreation program.	5	5	3.75	4.38	3	4	4.6	4.83	4
2. Children with disabilities within our agency seem to have difficulty with the transition from school to community life.	2	3	3	3.36	3	3	4.2	4	3
3. Recreation programs for persons with disabilities require professionally trained staff personnel.	3	4	3.75	3.46	5	5	3.8	3.83	4
4. Our recreation agency recognizes a need for statewide Therapeutic Recreation Specialist for consultation with community agencies.	2	5	3	3.85	3	5	3.8	4	4
5. Persons with disabilities in the community have the right to consistent availability of recreation and leisure services in an integrated setting.	5	4	4.5	4.46	4.5	5	4.2	4.5	4
6. Recreation programs for persons with disabilities are more costly than normal recreation program activities.	4	5	3.25	3.38	4	5	3.8	3.17	4

1= STRONGLY DISAGREE 2=DISAGREE 3= UNDECIDED/NEUTRAL 4= AGREE 5= STRONGLY AGREE	n=1	n=1	n=4	n=14	n=2	n=3	n=5	n=6	n=36
	BS	GS	CH	CR	YM	YW	TX	other	Total
7. Insurance is a "barrier" to the initiation of recreation programming for persons with disabilities.	2	5	2.25	3.08	3.5	3	3.8	2.83	3
8. It is important that recreation and/or park professionals take action to remove architectural barriers from their present facilities and require facilities to be barrier free.	5	5	3.75	4.23	3	5	4.4	4.3	4
9. At this time, there are no specific, local, state or federally funded programs for provision of recreation services for persons with disabilities in our community.	3	4	3	2.64	3.5	4	2.8	2	3
10. In many instances, existing agency personnel can adequately conduct and supervise integrated recreation programs.	4	4	3.5	3.69	2.5	3	3.4	3.33	3
11. Recreation programs for persons with disabilities are best provided in a segregated manner.	2	1	3	2.07	3	2	2.4	1.83	2
12. Recreation has the potential to promote positive change, or be a "therapeutic" experience.	4	5	4.25	4.62	5	5	5	4.67	5

1= STRONGLY DISAGREE 2=DISAGREE 3= UNDECIDED/NEUTRAL 4= AGREE 5= STRONGLY AGREE	n=1	n=1	n=4	n=14	n=2	n=3	n=5	n=6	n=36
	BS	GS	CH	CR	YM	YW	TX	other	Total
13. At the present time, local, state, and federal funding assistance is sufficient to meet programming needs for persons with disabilities	4	1	3.5	2.25	2.5	2	2.2	1.5	2
14. When designing recreation programs for persons with disabilities, integrated programs are best.	4		3.5	4	3	4	3.2	4.17	4
15. The present agency administration recognizes fully the importance of recreation and leisure fulfillment for its citizens and the community at large.	4	4	3.75	4.31	4	5	4.4	4.2	4
16. Recreation programs for persons with disabilities should be considered supplemental to the total recreation program.	2	1	3.25	2.54	3.5	4	3.2	2.67	3
17. Activity programs for persons with disabilities often require expenditure outlays for special recreation equipment.	4	3	3.5	3.75	4.5	4	4.2	3.33	4
18. Integrated recreation programs can help others to overcome misconceptions and attitudinal barriers towards persons with disabilities.	4	4	4.5	4.69	5	5	4.6	4.5	5
19. Participation in integrated programs has the potential to develop skills that will facilitate a smoother transition into community settings.	4	5	4.25	4.46	4	5	4.8	4.5	4

agencies. The Boy Scouts respondedthat they disagree with the statement that insurance was a barrier while the Girl Scouts strongly agreed that it was. Perhaps one of the reasons for the disagreement on this item is how the representative completing the questionnaire interpreted the question. Other factors such as the type of programming provided, or transportation considerations may account for the difference in responses.

Question 8 explored the role of professionals in the removal of architectural barriers within their facilities. Agreement across all agencies suggests that their is need in this facet of service provision. The strong feelings about this item are perhaps reflected in the number of accessible recreation facilities reported. Again, while making the facility accessible represents a good faith effort, it does not insure the provision of integrated programming. Access to facilities is a strong first step.

Question 11 asked respondents if programs for persons with disabilities were best provided in a segregated manner. There was consistent disagreement to this item suggesting that the need and desire for integrated recreation programs is present within agencies responding to the survey. Question 12 further strengthens this need. This item asked whether recreation had the potential for the promotion of positive change or could be considered to be a "therapeutic" experience. The numerical representation of responses to this item fell within the "strongly agree" category. In examining the response to the question asking about the sufficiency of funding to support programming needs for individuals with disabilities (number 13), there was disagreement among respondents. The responses ranged from agreement to strong disagreement.

Questions 18 and 19 were concerned with benefits from integrated programming. There was strong agreement among agencies regarding the benefit of integrated recreation programs in overcoming attitudinal barriers and misconceptions that others may have of individuals with disabilities. Responses to this question were in the "strongly agree" category. There was also strong agreement among respondents that participation in integrated programs has potential for the development of skills to facilitate smooth transition into community settings. This agreement with these items suggests that both the timing and climate are ripe for the implementation of integrated transition programs in Knox, Anderson, and Blount Counties.

TYPE AND EXTENT OF SEGREGATED PROGRAMS BY COUNTY

In comparison to integrated recreation programs, 7 of the 10 agencies offering segregated programming (as determined by the response to question 29), responded to question 16-18 in describing the areas in which program participants reside. There were a total of 2 segregated programs serving Knox County residents, 2 programs serving Anderson County residents and 3 programs serving Blount County residents.

Question 45 was designed to determine the number of facilities serving only disabled participants. Nine of the ten agencies responding to this question. One of the 5 segregated community recreation agencies reported that the facility utilized was only for individuals with disabilities while the other four community recreation agencies did not utilize this type of facility. In comparison, 4 of the 5 treatment facilities reporting segregated programming also utilized a facility only for disabled individuals. One of the treatment agencies omitted the response to this question.

Of the 10 agencies providing segregated programming, 30% stated that they believed segregated programming was more realistic than integrated programming, as seen in Figure 6. In comparison, only 5.6% of agencies that provide integrated programming, believed that providing segregated programming for individuals with disabilities was more realistic. Only four agencies stated that they believed it was their responsibility to provide recreation programs to the disabled population. Reasons given for these beliefs were recorded as lack of funds, lack of appropriately trained staff, lack of facilities, transportation difficulties and recreation programming being only one component of the services delivered by the agency. Only half (5 of the 10) of the agencies providing segregated programming conducted employee inservice training on the topic of recreation for disabled persons based on the responses to question 60.

The formats of recreation programming most often used by the for segregated programs were obtained from questions 21-28. Table 8 demonstrates that the special event and class formats were the most used and outreach and clubs the least used in segregated programming. These were followed by competitive, drop-in and interest group formats. The least often used formats were workshop/conference, outreach and clubs. Community recreation agencies providing segregated programming used the drop in format for programs. Perhaps the development of appropriate social skills would best facilitate the inclusion of persons with disabilities into existing programs.

TYPES OF DISABILITIES REPRESENTED BY CHILDREN AND YOUTH ELIGIBLE FOR PROGRAMS

The data from questions 73-86 is summarized in Table 9. This question asked for the number of children and youth ages 6-21 served by programs. The most often served groups were those with learning disabilities, cerebral palsy, and visual impairments. The least often served groups included those with spina bifida, other physical disabilities, and social offenders.

PREREQUISITE SKILLS REQUIRED OF PARTICIPANTS IN INTEGRATED PROGRAMS

The last research question to be addressed is pre-requisite skills needed for successful participation in integrated transition programs. Table 10 is a summary of skills that the respondents stated would be necessary for participation in their integrated programs. The highest rated skill was in the ability of the consumer to feed oneself. The trend of being capable of self care is reflected in other skills given a high rating such as toileting, decision making and verbal communication. These highly rated skills give practitioners a guideline as to the most important skills that potential participants should strengthen or develop.

SUMMARY

Chapter four was a presentation of the results and conclusions of the study broken down according to the research questions: a) The type and extent of existing integrated transition programs for residents of Knox, Anderson, and Blount counties , b) the type and extent of segregated programs by county, c) the types of disabilities and ages represented by children and youth eligible for transition programs and d) prerequisite skills required of participants

in integrated programs. Discussion and conclusions were presented regarding items included in the survey.

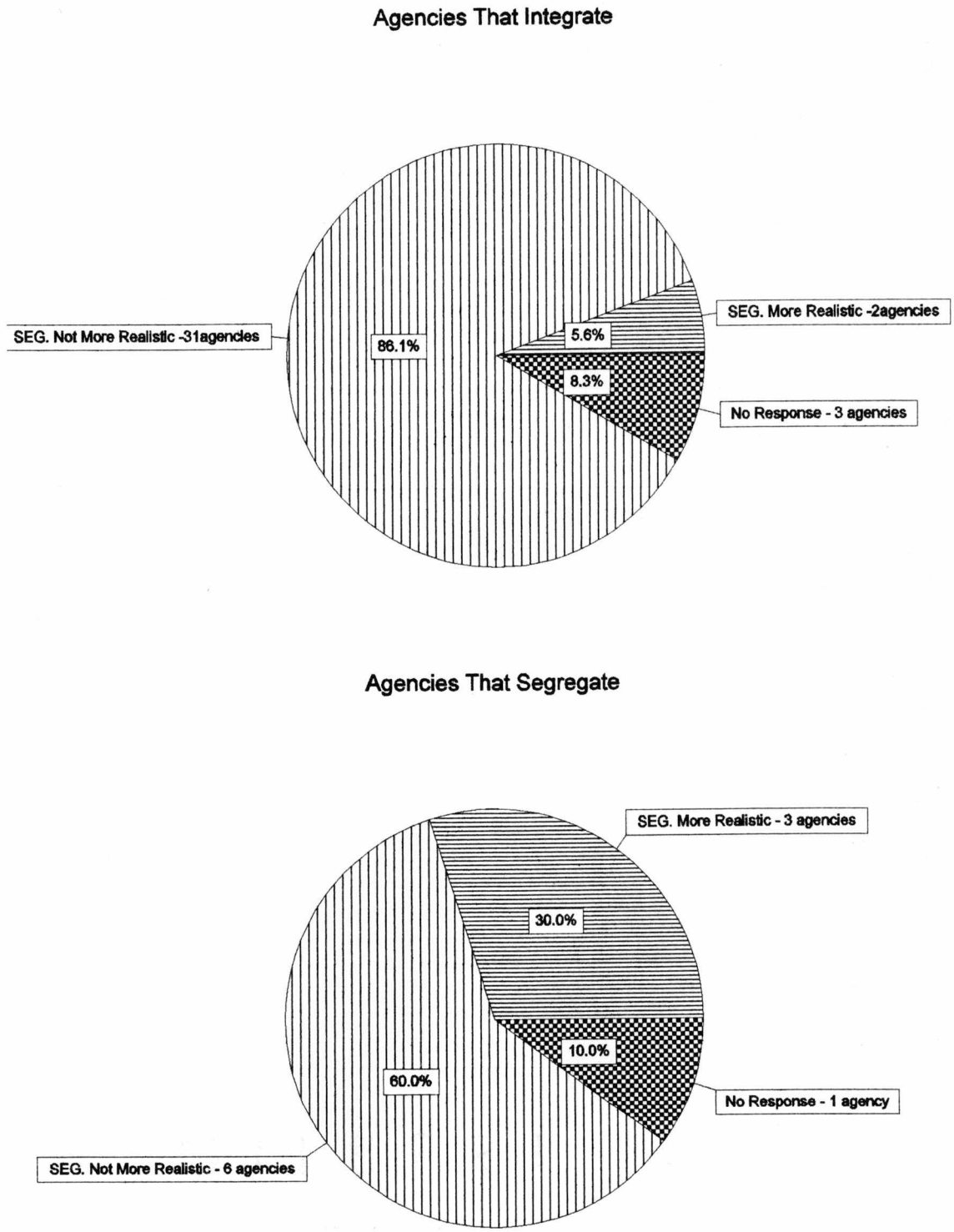

Figure 6 Agency's Beliefs Regarding More Realistic Type of Service Provision

Table 8 Formats of Segregated Programs

Formats of Segregated Programs	n=5 Comm. Rec.	n=5 Tx Programs	n=10 Total
Class	1	4	5
Club	0	1	1
Competitive	2	2	4
Drop-in	3	0	3
Interest Group	1	2	3
Outreach	0	1	1
Special Event	2	4	6
Workshop / Con.	1	1	2

Table 9 Disability Groups Served

Disability	Children & Youth 6-21		TOTAL
	INT	SEG	
Cerebral Palsy	1403	35	1438
Head Injured	731	50	781
Hearing Impaired	919	10	929
Muscular Dystrophy	349	0	349
Multiple Sclerosis	349	40	389
Spina Bifida	1	25	26
Spinal Cord Injured	362	40	402
Visually Impaired	1405	10	1415
Other Physical Disabilities	8	0	8
Learning Disabled	1624	180	1804
Mentally Retarded	88	370	458
Social Offenders	81	10	91
Speech & Communication Disorders	246	25	271
Other Disabilities	149	0	149
		TOTAL	8510

Table 10 Prerequisite Skills Needed for Participation

Skills	Integrated Programs n=36
Ability to feed self	18
Decision making	16
Independent Mobility	14
Verbal Communication	16
Sign Language	6
Toileting	16
Wheelchair transfers	10
Written Communication	8
1: 1 Support of Caregiver	8
Other	0

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

SUMMARY OF STUDY

In this study data were gathered regarding the nature and extent of integrated and segregated transition programs in Knox, Anderson, and Blount Counties. Making the transition from restrictive special education programs and segregated community services to the integrated community at large has traditionally been difficult for young adults with disabilities.

The literature review focused on chronological history and development of the transition movement, from the early 1960s to the 1990s. This review provided the basis of the rationale for existence and development of regional and local transition programs. The summation of the literature review was a discussion regarding the contributions therapeutic recreation can make to a successful transition.

The method for accomplishing the needs assessment for transition programs involved the use of survey techniques. A list of potential subjects was gathered by using resource guides and directories with listings of agencies providing, or potentially providing, services meeting the following criteria: 1)that the agency served school aged youth within the age range of 6-21 and 2) that the program participants reside in Knox, Anderson, or Blount Counties. Surveys were also mailed to agencies that could potentially serve children and youth with disabling conditions. Phone calls were made by the researcher in order to clarify the type or purposes of agencies prior to mailing the surveys.

The subjects (N=85) were sent a cover letter explaining the purpose of the study, a survey, and return envelope. Measures such as a reminder letter and sending an additional survey were employed in order to increase the response rate. From the 85 initial surveys mailed, a response rate of 57.5% or 46 usable surveys were included in the study.

The data were entered into Microsoft Excel 5.0 for analysis and management. Data were analyzed by integrated vs. segregated programming, the type of agency, and according to the participant's county of residence. Tables and figures, as well as the body of the text, were produced in WordPerfect for Windows, 6.0a . Data were presented according to the research question topics: 1) the type and extent of integrated transition programs, 2) the type and extent of segregated transition programs, 3) the ages and disabilities represented by children and youth eligible for transition programs in the specified counties and 4) the prerequisite skills necessary for participation in integrated transition programs.

CONCLUSIONS

Studies that describe the nature and extent of services for special population have been conducted by numerous individuals and agencies for specific purposes. The data provided by the Tennessee Commission on Children and Youth in its publication, Tennessee Kids Count, comes from various Tennessee State agencies, TN state departments, the U.S. Census Bureau, and other sources. According to Tennessee Kids Count , there are 14, 997 children and youth (6-21) receiving special education services in Knox, Anderson, and Blount Counties. While this figure also includes services and programs for "gifted" students, the majority of services remain focused on serving those children with disabling conditions.

The data from this study revealed that in the greater Knoxville area, a total of 6,129 children and teenagers with disabilities are currently being served in recreation programs and 492 in segregated programs. As demonstrated in Table 2, the teenagers in segregated programs have less exposure to integrated programs. This age is a critical in terms of the formation and acquisition of skills and abilities for successful transition and subsequent improvement in quality of life.

The demographic characteristics of children and youth eligible for transition programs were also presented in chapter 4. The prerequisite skills required for children and youth with disabilities to participate in integrated recreation and leisure programs were self care skills including: the ability to feed oneself, and three skills ranked of equal importance: decision making, verbal communication, and toileting. These demands for prerequisite skills carry strong implications for practitioners in terms of areas of skill development to incorporate into recreation and leisure programming.

RECOMMENDATIONS

Based on this study, one future area of research may include a replication of the current study following the completion of the TRACT grant activities in order to determine its impact on service provision to people with disabilities. Another area of need is investigating which strategies are most successful when used by specific agencies with a variety of children and youth with disabilities to foster successful transition.

Suggestions for future studies of this nature include the recommendation for the refinement of the mailing list so that all appropriate agencies and contact persons can be

reached in a timely manner. Redesign of the survey for ease in extracting the most crucial data more easily would facilitate easier analysis. It is also suggested that the researcher set an early cut-off date for receiving data in future studies. It would be helpful to explore methods and techniques for facilitating subjects to respond in a format facilitating realistic comparisons, whether the data is reported as an actual number or as a percentage.

SUMMARY

Chapter five included a summary of the study, conclusions based on data analysis, and recommendations for future study. The summary reviewed the purpose of the research, a review of the current literature, and implications for current practice. The data analysis was presented according to the research question it pertained to. The summary, conclusions and recommendations were provided for future research efforts.

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APPENDICES

APPENDIX A

TELEPHONE SURVEY

Survey Completed By:_____ Date:_____

Agency Name:_____ Phone:_____

Contact Person:_____

WHO SHOULD GET THE QUESTIONNAIRE?_____

Please ask the contact person the following questions and record the responses in the space provided:

Type of agency: LRE BOY SCOUT GIRL SCOUT CHURCH

COMMUNITY REC YMCA YWCA

In which counties do your clients reside ?

KNOX ANDERSON BLOUNT OTHER_____

Does your agency serve children? YES NO

Does your agency serve adults? YES NO

Does your agency serve people with disabilities? YES NO

Are there specialized programs for person's with disabilities? YES NO

Does your agency cooperate/participate with other agencies in serving the needs of children and youth with disabilities? YES NO WHICH ONES?:_____

_____

MAILING ADDRESS OF THE AGENCY:

_____

_____

Please include any comments on the back of this form:

Control #_____

APPENDIX B

Control #_____

Therapeutic Recreation And Community Transition (TRACT)
NEEDS ASSESSMENT

Thank you for your participation in the study. By your completion of the survey, informed consent is implied. Please place this form in the addressed, postage paid return envelope. Remember, ALL RESPONSES ARE CONFIDENTIAL!

PLACE AN "X" NEXT TO THE APPROPRIATE RESPONSE TO EACH QUESTION.

1. What is the approximate number of disabled individuals participating in your recreation program on a daily basis?
   (1)_____0-10
   (2)_____11-25
   (3)_____26-49
   (4)_____50-100
   (5)_____100 or more

2. Which of the following best describes your agency?
   (1)_____Boy Scout
   (2)_____Church
   (3)_____Girl Scout
   (4)_____Community recreation
   (5)_____YMCA
   (6)_____YWCA
   (7)_____Other (please specify):_____
   _____

How many individuals within the disabled population your agency serves fall in the following age ranges:

3. _____children (ages 12 and below)
4. _____teenagers (ages 13-19)
5. _____adults (ages 20 and above)

How many members of the total disabled population your agency serves is:

6._____ male
7._____ female

Turn the PAGE OVER, please☞

Please check any/all of the following which decribe the areas from which the disabled individuals who participate in your agency's recreation programming come:

8._____Knoxville
9._____Halls
10._____Powell
11._____Norris

12._____Clinton
13._____Maryville
14._____an institution in the area
15._____a group home in the area

16._____Knox County
17._____Anderson County
18._____Blount County
19._____other (please specify):_____
_____

20. Is your agency classified as :
(1)_____non-profit
(2)_____city/county
(3)_____for profit

Which of the formats of recreation programming does your agency offer to the disabled population in your agency?

21.	Class	(1) NO	(2) YES
22.	Club	(1) NO	(2) YES
23.	Competitive	(1) NO	(2) YES
24.	Drop In	(1) NO	(2) YES
25.	Interest Group	(1) NO	(2) YES
26.	Outreach	(1) NO	(2) YES
27.	Special Event	(1) NO	(2) YES
28.	Workshop/ conference	(1) NO	(2) YES

29. Do the disabled individuals in your program participate in any **integrated** recreation activities with non-disabled participants?

(1) NO (2) YES

If **YES**, which activities:

30.	Aquatics	(1) NO	(2) YES
31.	Dance	(1) NO	(2) YES
32.	Drama	(1) NO	(2) YES
33	Hobbies	(1) NO	(2) YES
34	Literary Arts	(1) NO	(2) YES
35.	Music	(1) NO	(2) YES
36.	New Arts (photography, radio)	(1) NO	(2) YES
37.	Outdoor Recreation	(1) NO	(2) YES
38.	Social Recreation	(1) NO	(2) YES
39.	Sports	(1) NO	(2) YES
40.	Travel	(1) NO	(2) YES
41.	Visual Arts (drawing, painting)	(1) NO	(2) YES
42.	Voluntary Service	(1) NO	(2) YES
43.	Wellness	(1) NO	(2) YES

44. Other:_____
_____

45. Does your agency have specific recreation centers that **only serve disabled participants**?

(1) NO (2) YES

46. Does your agency have a designated staff member who directs activities **only for disabled individuals**?

(1) NO (2) YES

47. How many full time?_____

48. How many part-time?_____

49. Does your agency have a designated staff member who directs activities for individuals with disabilities as part of his/her responsibilities?

(1) NO (2) YES

50. How many full time?_____

51. How many part-time?_____

Does your agency have any of the following **facilities accessible** for individuals with disabilities?

52. Restrooms (1) NO (2) YES
53. Pool (1) NO (2) YES
54. Class rooms (1) NO (2) YES
55. Gym (1) NO (2) YES

56. Showers (1) NO (2) YES
57. Entrances & Exits (1) NO (2) YES
58. Meeting/conference room (1) NO (2) YES
59. Others:_____

60. Does your agency **provide** employee **inservice training** concerning the topic of recreation activities for disabled persons?

(1) NO (2) YES

61. Does your agency feel that **segregated** programming for disabled people is more realistic than **integrating** people with disabilities into recreation programs with the general population?

(1) NO (2) YES

If **NO**, please check any/all of the reasons that apply:

62._____lack of funds
63._____limited appropriately trained staff
64._____transportation difficulties
65._____limited facilities
66._____Other (please specify):_____

67. Is it the responsibility of your agency to provide recreation programs to the disabled population?

(1) NO (2) YES

If **NO**, please check any/all of the reasons that apply:

68._____lack of funds
69._____limited appropriately trained staff
70._____limited facilities
71._____transportation difficulties
72._____Other (please specify):_____

Please list the number of school aged children and youth (6-21years) currently being served by your agency with each of the following disabilities:

73._____Cerebral Palsy
74._____Head Injured
75._____Hearing Impaired
76._____Muscular Dystrophy
77._____Multiple Sclerosis

78._____Spina Bifida
79._____Spinal Cord Injuries
80._____Visually Impaired
81._____Other **Physical** Disabilities (please specify)_____

82._____Learning Disabled
83._____Mentally Retarded
84._____Social Offenders
85._____Speech & Communication Disorders
86._____Other Disabilities (please specify)_____
_____

Please check the descriptor which states the knowledge, skills, and capabilities that children and youth **with disabilities** must have in order to participate in your program.

87.	ability to feed self	(1) NO	(2) YES
88.	decision making skills	(1) NO	(2) YES
89.	independent mobility	(1) NO	(2) YES
90.	verbal communication	(1) NO	(2) YES
91.	Sign language	(1) NO	(2) YES
92.	toileting	(1) NO	(2) YES
93.	wheelchair transfers	(1) NO	(2) YES
94.	written communication	(1) NO	(2) YES
95.	1:1 support of caregiver during program operation	(1) NO	(2) YES
96.	OTHER(please specify): _____		

CHOOSE AND CIRCLE THE RESPONSE WHICH BEST REPRESENTS YOUR AGENCY'S PHILOSOPHY USING THE SCALE:

1= STRONGLY DISAGREE
2= DISAGREE
3= UNDECIDED/NEUTRAL
4= AGREE
5= STRONGLY AGREE

		SD	D	U	A	SA
1.	Recreation programs for individuals with disabilities should be considered basic to a total recreation program.	1	2	3	4	5
2.	Children with disabilities within our agency seem to have difficulty with the transition from school to community life.	1	2	3	4	5
3.	Recreation programs for persons with disabilities require professionally trained staff personnel.	1	2	3	4	5
4.	Our recreation agency recognizes a need for statewide Therapeutic Recreation Specialist for consultation with community agencies.	1	2	3	4	5
5.	Persons with disabilities in the community have the right to consistent availability of recreation and leisure services in an integrated setting.	1	2	3	4	5
6.	Recreation programs for persons with disabilities are more costly than normal recreation program activities.	1	2	3	4	5
7.	Insurance is a "barrier" to the initiation of recreation programming for persons with disabilities.	1	2	3	4	5
8.	It is important that recreation and/or park professionals take action to remove architectural barriers from their present facilities and require facilities to be barrier free.	1	2	3	4	5
9.	At this time, there are no specific, local, state or federally funded programs for provision of recreation services for persons with disabilities in our community.	1	2	3	4	5
10.	In many instances, existing agency personnel can adequately conduct and supervise integrated recreation programs.	1	2	3	4	5
11.	Recreation programs for persons with disabilities are best provided in a segregated manner.	1	2	3	4	5
12.	Recreation has the potential to promote positive change, or be a "therapeutic" experience.	1	2	3	4	5
13.	At the present time, local, state, and federal funding assistance is sufficient to meet programming needs for persons with disabilities.	1	2	3	4	5
14.	When designing recreation programs for persons with disabilities, integrated programs are best.	1	2	3	4	5

CHOOSE AND CIRCLE THE RESPONSE WHICH BEST REPRESENTS YOUR AGENCY'S PHILOSOPHY USING THE SCALE:

1= STRONGLY DISAGREE
2= DISAGREE
3= UNDECIDED/NEUTRAL
4= AGREE
5= STRONGLY AGREE

		SD	D	U	A	SA
15.	The present agency administration recognizes fully the importance of recreation and leisure fulfillment for its citizens and the community at large.	1	2	3	4	5
16.	Recreation programs for persons with disabilities should be considered supplemental to the total recreation program.	1	2	3	4	5
17.	Activity programs for persons with disabilities often require expenditure outlays for special recreation equipment.	1	2	3	4	5
18.	Integrated recreation programs can help others to overcome misconceptions and attitudinal barriers towards persons with disabilities.	1	2	3	4	5
19.	Participation in integrated programs has the potential to develop skills that will facilitate a smoother transition into community settings.	1	2	3	4	5

THANK YOU for your participation in the survey. I will be happy to provide interested parties with a summary of data collected. If you would like additional information, please contact:

The University of Tennessee (615) 974-6045
Recreation & Leisure Studies
Cathy Brown, C.T.R.S.
1914 Andy Holt Ave.
Knoxville, TN 37996-2700

APPENDIX C

September 30, 1994

Dear_____(name):

_____(agency) is known within the area as an agency that serves individuals with disabilities. While there are many exciting and innovative programs in existence, it is often helpful to assess the needs of the community at large for future improvement.

The enclosed questionnaire represents a portion of a community needs assessment I am conducting with Dr. Gene Hayes for a Master's thesis the Recreation and Leisure Studies program at The University of Tennessee. The results will also help with the determination of priority needs to be met through a federally funded grant which will address the development of integrated recreation programs to foster successful transition from school to the community at large.

I would like to invite you to take approximately 15 minutes to complete the enclosed questionnaire regarding the status of your program in providing recreational services to individuals with disabilities in the greater Knoxville area. Your input is vital to the success of this project. All responses are confidential. Control numbers will be used on each questionnaire and only the principal investigator in the study will have access to actual facility names, which will be stored in a locked file cabinet. Neither you nor your agency will, in any way be identifiable, in the presentation of data.

Your return of the enclosed questionnaire in the next two weeks will serve as consent to participation in the study. I would be happy to discuss the study further or answer any questions you might have. You may contact me at 974-4363 or 546-7715. Thank you for your participation.

Sincerely,

Cathy Brown
Graduate Assistant

VITA

Catherine Tuohy Brown was born in Mobile, AL on October 10, 1966. She graduated from McGill-Toolen High School in May of 1985 and enrolled at The University of South Alabama the following September. She earned a Bachelor of Science in Leisure Services with an emphasis in therapeutic recreation in 1990. Catherine successfully completed the National Council for Therapeutic Recreation Certification examination and maintains certification at the professional level as a Certified Therapeutic Recreation Specialist. She worked for Charter Hospital of Mobile and the Mobile Mental Health Center as an Activities Therapist before moving to Knoxville.

Catherine accepted a research assistantship and enrolled in The University of Tennessee in the Fall of 1992. While working toward her Master of Science degree in Recreation and Leisure Studies, she was named as an outstanding graduate student in the department. Catherine is currently teaching two undergraduate courses in the Department of Health, Leisure, and Safety Sciences.