

Evidence Based Practice Day

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The Impact of Community Recreation on the Social Inclusion of Children and Youth with Developmental Disabilities

Search Terms: children with disabilities AND community recreation AND social inclusion, children and youth AND disabilities AND social inclusion, children AND disabilities AND inclusion AND therapeutic recreation, children AND inclusion AND recreation

Years: 2003-2013

Databases: Academic OneFile, Academic Search Premier, ProQuest, ScienceDirect

Number of Articles: 8

Summary of Research Findings

When compared with typically developing youth, children with developmental disabilities have reduced social interaction and social acceptance by their peers (Batchelor & Taylor, 2005). They also have lower levels of community participation (Bedell, Coster, Law, Liljenquirt, Kao, Teplicky, Anaby & Khetani, 2013). Since participation in community recreation programs supports social, emotional and physical development (Becker & Dusing, 2010), and children with developmental disabilities are unlikely to increase their social inclusion without planned social interventions designed to promote engagement (Batchelor & Taylor, 2005), this literature review focused on the impact of community recreation programs on the social inclusion of children/youth with developmental disabilities.

Two separate surveys were used to document patterns of community participation for children with and without disabilities (Bedell et al., 2013) and the extent to which children with developmental disabilities were included in extra-curricular and community recreation activities (Kleinert, Miracle & Sheppard-Jones, 2007). Both highlighted the need for supports in community recreation in order to overcome barriers to inclusion.

The community recreation programs discussed included play activities involving puppets and stories (Batchelor & Taylor, 2005), creative arts activities involving acting, voice and dance instruction (Becker & Dusing, 2010), and sports activities including swimming and gymnastics (Fennick & Royle, 2003). Participants were children ages four to fifteen years old who participated in programs within their communities that included them in activities with peers who did not have disabilities (Batchelor & Taylor, 2005; Becker & Dusing, 2010; Bedell et al., 2013; Fennick & Royle, 2003).

The supports that were suggested to facilitate inclusion fell into three major categories. First, direct supports to the children/youth with disabilities included individualized support from a therapist (Batchelor & Taylor, 2005), activity coaches (Fennick & Royle, 2003), personal assistance from paraprofessionals and/or teachers (Kleinert et al., 2007) and home practice with family members (Becker & Dusing, 2010). Next, peers without disabilities were involved in supporting the child with a disability (Batchelor & Taylor, 2005; Kleinert et al., 2007), most commonly in the role of a peer assistant (Becker & Dusing, 2010). Finally, community and staff training and education programs included content related to disability awareness and individualizing accommodations (Fennick & Royle, 2003; King et al., 2012; Kleinert et al., 2007; Scholl, Glanz & Davison, 2006).

When community recreation interventions were combined with inclusive approaches, statistically significant improvements in social, physical, and cognitive skills (Batchelor & Taylor, 2005; Becker & Dusing, 2010; Fennick & Royle, 2003) were documented. Additionally, peer interactions (Batchelor & Taylor, 2005; Becker & Dusing, 2010), verbalizations and body expression (Fennick & Royle, 2003), community participation (King et al., 2012) and social acceptance (Batchelor & Taylor, 2005) were enhanced.

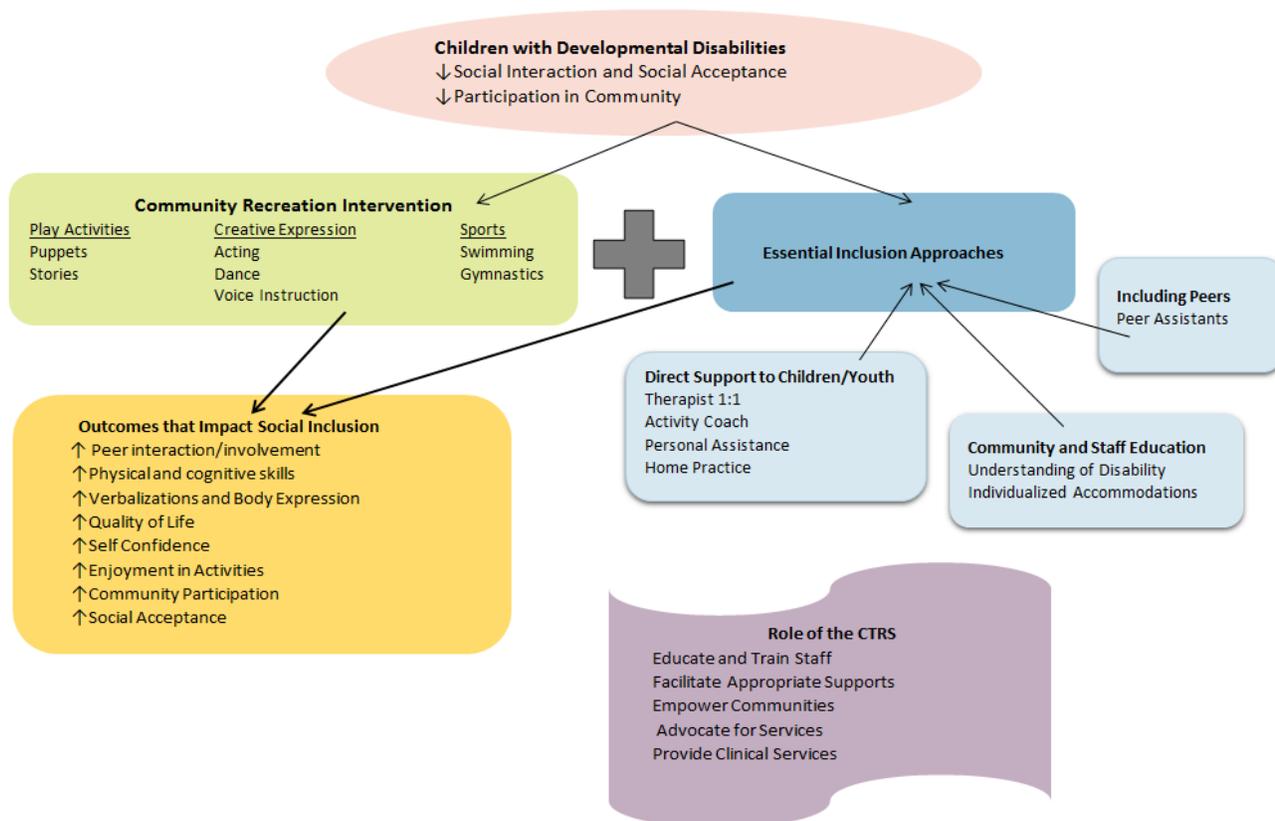
Despite some study limitations related to the environment (Bedell, et al., 2013), education (Fennick & Royle, 2003) and program funding (Scholl, Glanz & Davison, 2006), community recreation interventions appear to contribute to the social inclusion of children and youth with developmental disabilities when appropriate supports are provided.

Knowledge Transition Plan

Certified Therapeutic Recreation Specialists (CTRS's) interested in promoting the social inclusion of youth with developmental disabilities through community recreation participation should be familiar with models for inclusive service delivery. In order to maximize the social inclusion of children and youth with disabilities CTRS's should see their role as extending beyond the provision of traditional clinical services (King, Curran & McPherson, 2012; Scholl, Dieser & Davison, 2005). CTRS's possess valuable knowledge and skills that can help bring clarity to a community's vision, and contribute to the education of staff. Education initiatives might focus on increasing knowledge and understanding of disability, activity adaptation and adaptive recreation equipment. Additionally, training on therapeutic techniques that

enable staff and community members to most effectively include all participants can be beneficial. Identifying and coordinating the appropriate direct supports can also be a role of the CTRS, as can the facilitation of peer supports. Since matching individuals with activities of interest is essential, recreation therapy assessments will provide valuable information not only on supports needed, but also about appropriate activity interventions and/or community recreation programs.

Recreation in the community provides opportunities to produce a variety of positive outcomes that benefit children and youth with developmental disabilities, including increased peer interaction, community engagement and social inclusion. Therefore, CTRS's should also assume the role of advocate for inclusive recreation opportunities and the provision of appropriate supports, for this population.



References

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