Collaborative Research Grant Initiative: Mental Wellness in Seniors and Persons with Disabilities

Seed/Bridge Final Report

What Can I Do? An Inclusive Recreation Initiative for Older Adults with Developmental Disabilities and Their Non-Disabled Peers – Phase 1

AUGUST 31, 2013 – Stacey Kowbel
EXECUTIVE SUMMARY
Depression in older adulthood is one of the most common mental health issues. In order to help decrease the risk of depression, individuals need to be physically and socially active. Unfortunately, persons with developmental disabilities have small social networks and continue to have difficulties participating in community activities due to the social stigmas that still exist. The academic literature and government/organization reports were reviewed for best and promising practices for social inclusion. Consultations with older adults with developmental disabilities, support staff for persons with developmental disabilities, and administrative staff in seniors’ centres were held to help identify preferred and common activities, challenges and barriers to inclusion, and potential needs in developing an inclusive recreation and leisure model for seniors. Multiple barriers to this research project resulted in a lack of participation from seniors in the community. As a result, rather than developing an inclusive recreation and leisure model, a general model of social inclusion was developed.

Through the literature and consultations, three key components to a model of social inclusion were identified: (1) community engagement, networking, and partnership building; (2) training and education; and (3) communication. This model was designed to be flexible, allowing organizations/businesses to apply it to their programs in ways that will make it successful for them. The research report provides an overview of each component in the model and identifies ways organizations/businesses can apply them. Resources will need to be identified, modified, or developed and shared with others who are seeking to accomplish social inclusion.

RESEARCH OVERVIEW
Objective(s)
As depression in older adulthood is one of the most common mental health issues, a model of social inclusion was developed to help older adults with developmental disabilities increase their social and physical activity, providing one way to help in decreasing the likelihood of depression in older adulthood.

The overall objective of this project was to reduce the risk of depression in older adults by creating an Inclusive Recreation Initiative for Older Adults with Developmental Disabilities and Their Nondisabled Peers. This initiative will help reduce the risk of depression by providing access to recreation activities and a social network for older adults, contributing to a healthier lifestyle.

The intent of Phase 1 of the project was to:

i) Investigate the best practices surrounding the development and delivery of senior programs, both in the general population as well as those specific to adults with developmental disabilities

ii) Develop a model of what this recreation initiative could look like based on models of best practice, feedback from the consumers who will be using the service, and expert advice from within the disability sector and the senior sector

iii) Develop a steering committee that includes members of the disability sector (service providers, consumers) and the senior sector (service providers, consumers) to oversee the development of the subsequent phases.

The research gathered in Phase 1 of the project was to help determine whether there are accessible services available such that a recreation program could be developed and tailored to meet the needs of the consumers, or whether the services that are available are not accessible and a recreation centre is necessary to meet the needs of the consumers.
Phase 1 of the project was to address the following questions:

1) What programs are available for seniors in Calgary and what does the admission criteria consist of (e.g. minimum age requirement)?
2) Of these programs, which ones are available to older adults with developmental disabilities? Are they required to bring a support staff with them?
3) What are the best practices for the management and delivery of seniors programs?
4) What program aspects work well in the programs available for older adults with developmental disabilities?
5) What programs do older adults with developmental disabilities want to have available?
6) How can we integrate seniors in the general population into this program/centre so that everyone is comfortable (e.g., overcoming the stereotypes of developmental disability)?

**Background**

Healthy and successful aging is important for all individuals. In order to favour health in older adulthood, the World Health Organization (WHO, 2002) believes that active aging is an important factor.

> Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. … It allows people to realize their potential for physical, social, and mental wellbeing throughout the life course and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care when they require assistance (WHO, 2002, p. 12).

An important consideration for adults with disabilities is that healthy aging does not mean just physical health or just mental health, but is a combination of physical, mental, and social health.

Depression in older adulthood is one of the most common mental health issues and is in fact the most common mental illness worldwide (Bassett & Moore, 2013; Moussavi, et al., 2007). Moussavi, et al. found that depression had the strongest effect on worsening health, compared to other chronic conditions (angina, arthritis, asthma, and diabetes); but when depression was present with another condition, this effect was even stronger. Additionally, in a literature review conducted by Chapman and Perry (2008), major depression was more common in older adults receiving home care or living in long-term care facilities.

In helping to improve depressive symptoms, physical activity is one factor that has been related to lower levels of depressive symptoms in older adults (Teixeira, Vasconcelos-Rapos, Fernandes, & Brustad, 2013; Litwin, 2012; Wright & Cattan, 2009; Fox, Stathi, McKenna, & Davis, 2007). For example, Wright and Cattan (2009) found that when older adults were involved in an exercise program, they reported enjoyment and positive mood effects. Fox, Stathi, McKenna, and Davis (2007) found that their senior participants who were more active also had higher self-ratings of mental health and well-being. Fox et al. (2007) also found that taking part in group activities increased peer support and adherence to the program. This latter point is important because as we age we tend to have fewer relationships due to factors such as social isolation because of a lack of mobility, death of aging friends, and retirement. Yet the social support network that we have as older adults can influence how we cope with different life events and can help prevent or decrease the severity of depression. Depression is thought to have a somewhat higher prevalence in persons with developmental disabilities because of the lower level of social support they often experience throughout their lives (Lavin & Doka, 1999). Presence of a strong social network has been shown to be related to lower levels of depressive symptoms (Bassett & Moore, 2013; Chao, 2011). In Taiwan, Chao (2011) found that a larger number of people in a social network, the composition of the social network (i.e., a mix of family members and friends), having more face-to-face contact with children, living with a married son, receiving emotional support, providing short-term support to significant others, and the satisfaction with social support were all related to lower depression. Additionally, Bassett and Moore (2013) found that “[t]hose with high levels of trust in other people, those who trust their neighbours, and those who perceive their neighbours to have high levels of cohesion were less likely to have depressive symptoms” (p. 100).
Access to Recreation and Leisure in Older Adulthood

Providing older adults with more opportunities to participate in physical and social activities will help to address depression in older adulthood (Cavanaugh, 1997). Access to seniors’ centres is one venue that can provide opportunities to participate in physical activities as well as developing a social network with people who have similar interests. Senior centres are one means of staying active, healthy, and building and maintaining social support networks (Cavanaugh, 1997).

Unfortunately, there are several barriers to accessing recreation and leisure opportunities for older adults with and without disabilities. Many of the barriers identified by Kowbel, Sharara, Waggar, Tymchyshyn, and Sonpal-Valias (2007) include transportation, program costs, and accessibility. Accessing recreation and leisure opportunities can be even more difficult for adults with developmental disabilities, and specifically, senior centres (personal communications from members of various Calgary disability service providers). For example, many of the senior centres in Calgary have a minimum age requirement to access services (Kowbel, et al., 2007). For the general population, physiological declines tend to begin in a person’s 50s, but these declines are slow, general declines that do not interrupt a person’s lifestyle (Cavanaugh, 1997). While adults with developmental disabilities experience the same age-related issues as everyone else, they often start experiencing the onset of aging-related declines at an earlier age (Fesko, Hall, Quinlan, & Jockell, 2012). For example, individuals with Down syndrome can experience dementia in their 30s (Prasher, 1995; Holland, Hon, Huppert, & Stevens, 2000). Therefore, for some individuals, the minimum age to access services and programs for seniors, like seniors’ centres, is a barrier. Additionally, staff at programs for seniors and seniors’ centres often lack the confidence and/or ability to assist this population, requiring individuals to be accompanied by a support staff, a luxury that is rarely possible as support ratios tend to be one to many. Finally, consumers with developmental disabilities do not always feel welcome at programs for various reasons (e.g., existing stereotypes about developmental disabilities, a potential age gap between themselves and the general population accessing senior services, etc.).

Approach and Methods

A multiple method approach was used to collect the information that included: a literature review, an environmental scan, and stakeholder consultations.

Environmental scan
An environmental scan was conducted to examine the programs for seniors that are available in Calgary, the admission criteria, and whether the programs are available to older adults with developmental disabilities. We asked:

- What are the seniors’ centres in Calgary and area?
- What are the services offered as outlined by the Directory of Seniors’ Centres in Alberta?
- What is the age eligibility?
- Is the building wheelchair accessible?
- What is the membership fee?
- What are some of the specific programs offered?
- Can the seniors’ centre accommodate adults with developmental disabilities in their programs?

Consultations
A series of focus groups were conducted with professionals in both the seniors’ (5 administrative staff) and developmental disabilities sectors (20 support staff) to:

- Obtain some of the more detailed information that may not be easily gathered or available through the environmental scan
- Determine the best and promising practices being used within Calgary community organizations providing services to seniors and to older adults with developmental disabilities.
Focus groups were conducted with 13 consumers in the developmental disabilities sector and one interview with an individual who could not make it to the focus groups to:

- Determine what consumers want and need in such a program/centre.

Attempts were made to conduct focus groups with consumers in the seniors’ sector, however we were unable to gain participation. An additional attempt was made to gather feedback from seniors through a survey, but no surveys were returned.

**Literature review**

The original intent of the literature review was to determine what the best practices are for the management and delivery of seniors programs and what program aspects work well in the programs available for older adults with developmental disabilities. Due to the difficulties in obtaining participation from seniors, the original objectives of the project were reviewed and the decision was made to revise the original objectives of the project. Because of the difficulties recruiting senior participants and the feedback received by professionals in the disability and seniors’ sectors and consumers in the disability sector, we chose to change focus and start at the beginning of the process in developing inclusive programs and look into best and promising practices for social inclusion, both for persons with developmental disabilities as well as for seniors. Academic literature, government reports, and organization reports were reviewed to examine:

- Depression in older adulthood
- The effect of physical and social activity on decreasing depressive symptoms
- Best and promising practices for social inclusion in recreation and leisure programs
- Applicable aspects of community engagement, training and education, and communication in developing a model of social inclusion.

With the change in direction for the literature review, the information gathered from the consultations and literature review was then used to develop a model of social inclusion that can be used to develop socially inclusive programs for older adults with developmental disabilities and their nondisabled peers.

**Key Findings**

The first key finding of this project was the difficulty obtaining participation from seniors. As a result of this and the feedback provided by professionals in the seniors’ sector and professionals and consumers in the developmental disabilities sector, we recognized a need to take a step back from the development of a program model and develop a model of social inclusion to assist organizations/businesses in taking the first steps in developing socially inclusive programs.

**Literature Review**

With the goal of developing a model of social inclusion, a large component of the literature review examined best and promising practices in inclusive recreation and leisure programs. Some of the key findings of the literature review include:

- In order to favour health in older adulthood, the World Health Organization believes that active aging is an important factor.
- Healthy aging does not mean just physical health or just mental health, but is a combination of physical, mental, and social health.
- Depression in older adulthood is one of the most common mental health issues and is in fact the most common mental illness worldwide.
- Physical activity and social activity have been related to lower levels of depressive symptoms in older adults.
- Despite the known benefits of recreation and leisure activity, there is a low rate of participation by older adults with and without disabilities, especially in those activities promoting physical fitness.
- There are several barriers to accessing recreation and leisure opportunities for older adults with and without disabilities (e.g., cost, transportation, accessibility).
Additional barriers exist for persons with developmental disabilities when accessing recreation and leisure opportunities for seniors (e.g., negative attitudes, requirement that support staff attend with them, minimum age requirements).

Inclusion occurs on a continuum with three levels: (1) physical integration where the individual is ensured physical access; (2) functional inclusion where adaptations are made to programs that allow for the individual's participation; and (3) social inclusion where the individual is an accepted member of the group and is involved in interactions that occur in the group.

Social inclusion has several benefits for everyone (e.g., acceptance of diversity, meet new people, make new friends, care providers can develop networks with other professionals and community resources).

Best and promising practices identified in social inclusion include: community engagement, networking, and partnership building, training and education, and communication.

Environmental Scan
Key findings from the environmental scan include:
- The age of eligibility for membership at the seniors' centres ranged from 35+ to 74+
- The majority of seniors' centres identified were wheelchair accessible
- Membership fees ranged from $5 annually to $45 annually
- The seniors' centres identified had a range of activities available, with some of the smaller centres having only one or two activities (e.g., arts and crafts, cards, education programs, meals, outreach, health care programs).

Consultations
Participants included 14 persons with developmental disabilities, 20 staff supporting persons with developmental disabilities (support staff), and 5 administrative staff at seniors' centres (administrative staff).

The activities that persons with developmental disabilities like to do are centered on socializing and the development of friendships. Overall, both staff and persons with developmental disabilities discussed that if there is an activity the individual wants to do, they find a way to access the activity. Unfortunately, many persons with developmental disabilities are confronted with challenges in accessing activities in the community, with conversations focused on barriers related to transportation, funding constraints (e.g., clients having 2-to-1 support), cost of the activity, physical accessibility, and family not wanting the individual to participant or believing they cannot participate.

When asked specifically about seniors' centres, persons with developmental disabilities generally do not access them. One reason this may be the case is that most persons with developmental disabilities indicated that they like to participate in activities with their peers with disabilities because they work at the same pace and feel more relaxed around people with disabilities. Several barriers participants identified in accessing seniors' centres include: attitude of seniors related to the institutionalization era they grew up in, the need to have a support staff present when it is not always possible, and the attitudes of the staff at the seniors' centres. In order to bridge the gap and build a more inclusive environment, support staff and administrative staff suggested: participating in activities that are of interest so there is something in common, or volunteering at seniors' centres.

A Model of Social Inclusion for Seniors
A model of social inclusion for seniors was developed and includes the three key components identified in the best and promising practices literature: (1) community engagement, networking, and partnership building; (2) training and education; and (3) communication.
Community Engagement, Networking, and Partnership Building

Five levels of community engagement can be used in developing a socially inclusive program:

1) Passive engagement
   o Passive Community Engagement can be applied in two different ways within this social inclusion model:
     i) Organizations supporting and/or members of the excluded population provide information to the community about inclusion.
     ii) Organizations/businesses in the community provide information to the community about inclusion.
   o The intent is to provide the community with information about the importance of social inclusion. The purpose is to get the message out, especially to community members who may not be participants of the programs that are inclusive or that are aiming toward inclusion.

2) Reactive engagement
   o Reactive Community Engagement is the development of socially inclusive programs. The community is reacting to the identified need by becoming inclusive. Organizations/businesses may be looking at social inclusion by:
     - Developing new programs with social inclusion as a focus during the development.
     - Revising current community programs to be socially inclusive and inviting the excluded population(s) to participate in programs.
     - Revising current segregated programs to be more socially inclusive by inviting the community to participate in their programs.
   o At this level of community engagement, organizations/businesses should be actively developing networks to (re)develop and market their programs. Their networks should include:
     - Community members
     - Members of the excluded population(s)
     - Professionals and organizations/businesses like their own
     - Professionals and organizations/businesses providing services and supports to the excluded population(s).

3) Participative engagement
   o Participative Community Engagement can be applied in two different ways within this social inclusion model:
     i) Community members and professionals from the included and excluded populations providing information.
     ii) Community members participating in the programs and being socially inclusive of the excluded population(s).
   o In working with their networks, the members of these networks and community become more fully engaged in the process. Community members and members of the excluded population(s) can provide information about:
     - The programs they are interested in participating in
     - Ways the organization/business can facilitate successful social inclusion.
   o Professionals can provide information about:
     - What they have done to ensure physical and functional inclusion
     - How they have implemented socially inclusive programs
     - What training and education programs that should be implemented,
     - What support staff can do to help facilitate successful social inclusion.
   o Social inclusion cannot happen if there are no participants in the programs; therefore, participation in the program is an important part of this level. Social inclusion also cannot occur if the excluded population is in effect ignored by the typically included population. Social inclusion within programs can happen at two levels:
     - Within the program, participants engage with each other regardless of ability or communication levels.
Participants from the typically included population develop relationships with the typically excluded population that goes beyond the program itself.

4) Empowerment
   - It is here where community becomes more involved with the whole process of program (re)development. Within this model of social inclusion, empowerment can occur in several ways:
     - An advisory committee can be created that guides the development of programs from the start and continues reviewing and evaluating the practices that are engaged to ensure successful and continued social inclusion.
     - Members of the excluded population identify programs in the community they would like to be involved in and work with their staff/organization to identify ways they can participate.

5) Leadership
   - Leadership can occur from the organization/business or individual level. Some ways that the community can become engaged within this model include:
     - An organization/business or individual can take on an advocacy role within their community and champion social inclusion.
     - An organization/business can develop a volunteer mentorship program to provide members of the community with a leadership opportunity.
     - An organization/business can take on a leadership role by becoming the resource in everything related to inclusion, including all three levels of inclusion, training, networking, and communication.
     - Individuals in the excluded population become advocates for inclusion and develop community networks and partnerships to help realize social inclusion.
     - Individuals in the included population become natural mentors within a program and work with members of the excluded population, potentially leading to full social inclusion where they become friends outside of the program.

Training and Education
Training and education was an issue that was highly relevant to the administrative staff at seniors’ centres and support staff from the disability sector. As indicated in the literature (Schleien, et al., 2009) education of all participants is important for a socially inclusive program:

1) Participants in the included population (i.e., those typically attending programs and socially accepted by the group at large).
   - Awareness training:
     - Awareness of the excluded population is an important factor to ensure the success of a socially inclusive program, whether it is inclusive of persons with disabilities, seniors engaged with youth, or another population engaged within the community.
     - Education for persons without disabilities can help to raise the awareness of what it means to have a disability, and particularly important to persons with disabilities, show what persons with disabilities can do rather than focusing on what they cannot do. Showing who a person with a disability is, what their abilities are, and the adaptations they may need to use in order to accomplish certain tasks is a key factor to overcoming these barriers.
     - Unfortunately, not all situations will allow for specific awareness training (Miller & Schleien, 2000). As a result, an organization/business will need to find ways to communicate their inclusive messages to current participants to promote social inclusion and increase awareness.
   - Facilitating participation:
     - Facilitating participation is important if it is expected that participants from the included population are to actively engage participants from the excluded population. If they have not received any education about disability or about
the person they are mentoring, they will have a hard time assisting the individual to participate and to fit into the group environment.

2) Participants in the excluded population
   - Social skills:
     - Persons with disabilities need the appropriate social skills in order to fit into any group. This is something that the family or staff can continuously work on with them to help ensure successful community inclusion.
   - Adaptive equipment:
     - Mulligan et al. (2012) found that persons with disabilities who were challenged by neurological conditions wanted training on how to use equipment in an adaptive way, on using adaptive equipment, or playing a sport in an adaptive way due to their condition, but this training was not available. In order to include this population in programs, training needs to be available to them to learn how they can still be involved.
   - Disability disclosure:
     - Disclosure of a disability can be an important communication and education experience for people not involved in that individual's life. As Dale (2009) explains though, it is not always necessary or appropriate to disclose information about the disability. It important that persons with disabilities are aware of when they should disclose their disability, what they should disclose, and how they can do this.

3) Program staff
   - Awareness training:
     - Similar to participants who are not in the excluded group, program staff need to be aware of the group their program strives to include. It is important that the program staff working with, for example, people with disabilities be aware of what an individual is capable of rather than focusing on what they are not capable of.
   - Program and equipment adaptation:
     - In making adaptations and learning how to support a person to participate, there are several different ways organizations can approach training. For example, for someone with a cognitive disability or just learning the English language, comprehension may be difficult and staff may need training to provide information in plain language, using language and terminology that everyone can understand.
     - In addition to plain language, in our organization’s experience in developing plain language resources and testing it with the intended audience, it is important to be able to understand a person’s body language when they do not understand something.
     - Bruce (2006) also observed that there was a lack of awareness about how persons cope with their disability in very different ways. To gain this knowledge, it would be effective to have the individual provide staff with the appropriate information on how they make adaptions and adjustments to complete tasks and where they may need assistance making adaptations. As there are many types of disability and each individual deals with their disability and makes adaptions in their own way, this will enhance any professional training that you provide your staff.
     - When working with persons who have physical disabilities, staff need to be aware of how they can safely use equipment in their facility and how to use adaptive equipment to facilitate the person’s participation in physical activity. Schleien et al. (2009) identified that developing a specialist position, like a Certified Therapist Recreation Specialist (CTRS), was best practice in inclusive recreation facilities. The person in this role can then take the lead in training the general staff and can be the inclusion specialist for the organization/business.
Facilitation of social inclusion:

- As staff and volunteers of programs are vitally important for the success of inclusion, inclusion training should occur on a regular basis (Miller & Schleien, 2000). Staff and volunteers need to be aware of how to prompt inclusion if it is not occurring. As part of their role, they can: reinforce positive interactions, redirect negative behaviours, ensure everyone is on task, deal with a situation that is deteriorating, and help to explain the disability a person has if that individual is unable to do so. Without appropriate training, these tasks can be difficult for someone to take on.

4) Support staff

- Program and equipment adaptation
  - Where individuals have support staff (e.g., persons with developmental disabilities, persons with high medical needs), the onus on ensuring participation through program adaptations should be shared between support staff and program staff. As support staff can be experts in their client’s needs, they can also receive training on how programs and equipment can be adapted to meet those needs.

- Networking
  - Networking skills, while important for everyone, are particularly important for support staff. This is especially true if support staff are required to help their client identify activities in the community they want to participate in. It is important that they are aware of: what the organization they work for is all about, how the organization can assist the program staff include the client (and potentially other clients) be a part of their program, how to communicate what networks they have developed, and how to continue working with their networks and keep them informed.
  - Like the CTRS position in recreation programs in Schleien et al. (2009), it may be that the organization trains someone to specialize in community networking for the purpose of inclusion. This individual would be responsible for connecting with community programs that either already provide an inclusive environment, or find ways to work with organizations who are not inclusive and find ways the organizations can work together to develop the inclusive environment.

- Facilitation of social inclusion
  - Similar to mentors and volunteers working with persons in the excluded population, support staff also need training on how to facilitate social inclusion and relationship development which can be a difficult task (e.g., Dudley, 2005). Aspects of relationship develop staff can facilitate and be trained to facilitate include such thing as: friendship skills, facilitating opportunities for friendship development, seeking appropriate situations for friendship development, and helping clients to identify their relationships that are meaningful.

Communication

It should be noted that communication is a large topic and the focus for this model will be around general communication strategies and issues that were discussed in the focus groups.

It is important to communicate with every stakeholder your organization/business has and to continue to communicate every step of the way on a regular basis. These stakeholders include:

- Participants in the included population
- Participants in the excluded population
- Program staff
- Support staff
- The community.
When communicating with a wide audience, it is important to use a variety of formats:

- Text
- Audio
- Visual (e.g., pictures, graphs, infographics).

For every message you communicate, you need to consider who your target audience is. If you are communicating a message to a population that may include individuals with lower English literacy, then you need to communicate in a plain language format. Regardless of who you are communicating with, you should always give your message:

- In the most straightforward way possible
- As clear as possible
- As short as possible
- Jargon free

With every communication you make, make sure you include the relevant information for the audience you are addressing. What your funders or potential funders want to hear will be different from what your program participants will want to hear. As an organization/business, if you do not have a communications or marketing specialist, then you should consider having someone specific to do this job. If it is not in the budget to hire this position, then you need to provide appropriate training to a few employees who will be responsible for communication.

**Communicating About Disability**

This can perhaps be one of the more difficult topics to discuss, but is one of the most important topics that needs to be discussed when social inclusion is focusing on persons with disabilities. For example, Dale (2005) suggests, in the context of youth groups, that when the disability makes participation difficult, a conversation about the person’s disability should occur with the group. Within the context of seniors, this could also be beneficial to help overcome negative attitudes that exist. In a seniors’ centre, for example, one way to accomplish this could be to implement a new policy when new members join the group:

- A welcoming social is held and everyone introduces themselves and provides some information about who they are. For persons with disabilities, this is an opportunity for them to provide information about who they are, including that they have a disability and some of the adaptations they use to participate in activities like everyone else.

The administrative staff who participated in the focus group indicated that this information would be helpful not only for their participants, but also for their staff and volunteers. Additionally, it was pointed out that more communication needs to occur about what their role would be and how they may need to provide support, especially when support staff do not show up due to illness. Administrative staff indicated that in these cases it becomes their role to provide support and they are not always confident in what support they need or should be providing. It would be helpful if this information is communicated at the beginning, and when someone does show up without staff, if they could get this communicated to them as soon as possible so they are able to adjust their schedule for the day to be able to provide the support needed.

**Continuous Communication**

One other issue that was identified through the focus groups is the need for continuous communication. From the conversations about support staff not being present, it was clear that the seniors’ centre administrator had not spoken with the support staff or organization supporting that participant. Without continuous communication, only one side is aware of these issues and challenges and the second and third parties involved cannot provide any assistance in overcoming those challenges. By engaging in continuous communication, issues and challenges can be discussed as they occur, with everyone involved, and appropriate solutions arrived at. As the administrator commented, there was not an issue that the support staff was absent and one of their staff had to provide the support, it was the rescheduling of their daily tasks that had to occur after the client arrived.
With continuous communication, it is also important to continue communicating with your participants. That way, if they are having challenges in the inclusive environment (whether they are being excluded or whether they are having difficulties including other members different from them), solutions can be developed to overcome those challenges and ensure participants are enjoying the program the way they should be.

**Conclusions**

This model of social inclusion was developed as a way to ensure programs are inclusive when they are developed, or to take a program that does already exist and make it inclusive; it is not meant as complete program development for seniors or for older adults with disabilities. When considering activities for anyone, but particularly for persons with disabilities, choice should be made available (Bigby, 2005). Without inclusive programs, choice becomes very limited. The three components discussed are meant to provide the stepping stones to making a program inclusive and breaking down the barriers that exist. Stafford (2010) comments that “[i]t starts with a community commitment to inclusion in the myriad of social, recreational, and educational programs available for senior citizens and others, and an investment in an infrastructure of support” (p. 6).

Organizations/businesses will need to use and modify tools and resources that exist in these areas to suit their needs, or develop tools and resources that they can use and share with others who are seeking to accomplish the same or similar goals.

**IMPLICATIONS FOR POLICY OR PRACTICE**

The intent of developing a model of social inclusion through this project was to provide program developers, program operators, and organizations providing support to excluded populations a way to begin the process of social inclusion. As many businesses and programs are physically accessible, one of the largest barriers that still exists, as discussed in the literature, is that of social inclusion. Adults with developmental disabilities can still be and feel excluded when attempting to access programs; they may not feel welcome when they attend because of negative attitudes from other participants or staff, or they may be told outright that they cannot attend.

As when making any change, knowing where to start and how to make the change can be one of the most difficult steps. This model of social inclusion provides the basic building blocks that organizations/businesses need to develop socially inclusive programs, or ways to make existing programs most inclusive to those who are typically excluded.

**DIRECTIONS FOR FURTHER RESEARCH**

Another area of the project that also changed was the intent to develop an advisory committee. With the changed economic and political landscape, organizations were reluctant to commit their time and resources outside their own organization. As a result, one of our ongoing activities will be to develop and strengthen networks and partnerships in order to continue moving forward with socially inclusive recreation and leisure programs.

As a model social inclusion was developed through best and promising practices and consultations with the community, it now needs to be applied and evaluated.

In February 2012, Vecova developed Club 45+ because the staff and aging clients discussed having difficulty finding appropriate recreation and leisure programs as a direct result of some of the barriers to social inclusion that were discussed in the literature review above. Club 45+ is a program that currently operates at Vecova for 2 hours, 1 day a week, solely for Vecova clients who are 45 years old or older. Club 45+ has been designed to provide clients with a “safe and familiar” environment to engage socially, educationally, and recreationally, to try different activities they may not have tried before (e.g., gardening, Xbox Kinect activities, crafting). In the first hour of Club 45+, several staff volunteer time to provide an information session on a topic of interest to them (e.g., music history, dog ownership, gardening).
Following the education aspect, clients are then given time to socialize through activities such as playing games (e.g., bingo, Yahtzee, Xbox Kinect) and watching classic movies and TV shows.

While Club 45+ has not been formally evaluated, participation regularly brings in 15 clients on a weekly basis and the numbers have steadily grown since it started in February 2012. Through the development of this model, Vecova is looking to expand Club 45+ to be an inclusive program available to seniors in the community as well as Vecova clients. Vecova is seeking funding to:

- Develop networks and partnerships
- Apply the model described to Club 45+
- Develop information and training tools they can use to make participation successful and comfortable for community members
- Evaluate the model
- Evaluate the information and training tools
- Evaluate Club 45+
- Evaluate the level of social inclusion that occurs through Club 45+.

**Knowledge Dissemination and Translation Activities**

Throughout the project, the following knowledge dissemination activities occurred:

- Community consultation information was provided to the project partners who assisted in participant recruitment
- Project information was provided to project partners in an ongoing manner, providing updates about the difficulties, requesting potential solutions to the barriers, and consulting about the changes in project objectives

The following knowledge dissemination activities will continue to occur following the completion of the project:

- Two conference presentations are scheduled: 2013 Seniors Services Grey Matters Conference and 2013 Aging and Society Conference.
- An article will be submitted for publication
- The research report will be circulated within our current networks
- An e-newsletter will be created and distributed
- With successful funding opportunities, networks and partnerships will be developed to continue working on developing socially inclusive recreation and leisure programs.

**Principal Applicant (Team Leader)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position Title</th>
<th>Topics of interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stacey Kowbel</td>
<td>Researcher, Vecova</td>
<td>Supports and services for aging persons, particularly aging persons with developmental disabilities.</td>
</tr>
</tbody>
</table>

**Project Partners (Team Members)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position Title</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lorna Ludwig</td>
<td>Services Coordinator, Vecova</td>
<td>Consultant for the disability sector</td>
</tr>
<tr>
<td>Donna White</td>
<td>Services Coordinator, Vecova</td>
<td>Consultant for the disability sector</td>
</tr>
<tr>
<td>Tracey Braun</td>
<td>Former Executive Director, Bow Cliff Seniors</td>
<td>Consultant for the seniors’ sector</td>
</tr>
<tr>
<td>Donovan</td>
<td>Director of Research, Vecova</td>
<td>Project advisor</td>
</tr>
<tr>
<td>Tymchyshyn</td>
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</table>

**Publications and Presentations**


ABOUT THE ALBERTA ADDICTION AND MENTAL HEALTH RESEARCH PARTNERSHIP PROGRAM
The Alberta Addiction and Mental Health Research Partnership Program is comprised of a broad-based multi-sectoral group, representing service providers, academic researchers, policy-makers and consumer groups, working together to improve the coordination and implementation of practice-based addiction and mental health research in Alberta.

The mission of the Research Partnership Program is to improve addiction and mental health outcomes for Albertans along identified research priority themes, by generating evidence and expediting its transfer into addiction and mental health promotion, prevention of mental illness, and innovative service delivery.

The Research Partnership Program sets out to increase Alberta’s excellence and output of addiction and mental health research findings, and to better translate of these findings into practice improvements.
REFERENCES


Ingvaldsen, A. K., & Balandin, S. (2011). ‘If we are going to include them we have to do it before we die’: Norwegian seniors’ views of including seniors with intellectual disability in senior centres. *Journal of Applied Research in Intellectual Disabilities, 24*, 583-593.


