What Can I Do? An Inclusive Recreation Initiative for Older Adults with Developmental Disabilities and their Nondisabled Peers: Phase 1
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Background
Depression is one of the most common mental health issues for older adults. Engaging in physical and social activity helps reduce the risk of depression. Some researchers argue that people with developmental disabilities have higher rates of depression because they have less social support throughout their lives (Lavin & Doka, 1999). People with developmental disabilities often have small social networks. They may also face discrimination, which leads to difficulty participating in community activities.

Research has shown that physical activity in older adults often leads to fewer symptoms of depression (Teixeira, Vasconcelos-Raposo, Fernandes, & Brustad, 2013; Litwin, 2012). One study found that when older adults were involved in an exercise program, they enjoyed themselves more and felt happier (Wright & Cattan, 2009). Another study showed that seniors who were more active rated themselves as having better mental health and well being than seniors that were not (Fox, Stathi, McKenna, & Davis, 2007).

A lack of social engagement can also be a problem for older adults. Seniors often have fewer relationships because they are retired from work, they may have trouble leaving the house, and their aging friends may be passing away. Helping older adults access seniors centres will give them opportunities to participate in physical and social activities (Cavanaugh, 1997). This is one way to reduce depression in older adulthood.

Unfortunately, older adults with and without disabilities can face barriers to accessing activities. Issues of transportation, accessibility, and program costs have been identified as some of the most common barriers (Kowbel, Sharara, Wagar, Tymchyshyn, and Sonpal-Valias, 2007). The minimum age required to access programs and services for seniors can also be a barrier for adults with disabilities who often experience age-related declines much earlier than the general population (Fesko, Hall, Quinlan, & Jockell, 2012).

Additionally, people with developmental disabilities may not feel welcome at senior’s centres. This can occur because staff do not have the confidence or training to assist this population. Therefore, policies may require individuals with disabilities to be accompanied by support staff. This luxury is rarely possible, as most people with disabilities do not have a full time support worker. Other participants may also be uncomfortable around people with developmental disabilities, especially if they are much younger than the senior population.

Objectives
Overall objective:
- Reduce the risk of depression in older adults with developmental disabilities by creating an initiative to help increase their social and physical activity.

Phase 1 objectives:
- Investigate best practices for development and delivery of seniors programs. Look into sources about the general seniors population, as well as adults with developmental disabilities.
- Develop a preliminary recreation initiative model based on best practice research, feedback from potential users, and expert advice.
- Develop a steering committee that includes members of the disability and seniors sectors to manage the development of later phases.

**Method**

A multiple method approach was used. This included an environmental scan, a literature review, and focus groups.

The environmental scan examined the following: currently available programs for seniors in Calgary, Alberta, admission criteria for these programs, and availability of programs to older adults with developmental disabilities.

The literature review searched academic, government, and organization reports to find out about best and promising practices for social inclusion of seniors and people with developmental disabilities. The relationship between depression and recreation programs was also investigated.

Focus groups were conducted with five administrative staff from the seniors sector, and twenty support staff from the disabilities sector. The purpose was to find out about best and promising practices currently used by community organizations in Calgary. Organizations that provided services to seniors and older adults with developmental disabilities were specifically targeted. Focus groups were also conducted with thirteen program participants from the disability sector to find out about their wants and needs from programs and service centres.

**Results**

The information gathered was used to create a model of social inclusion. This model can be used to help businesses and organizations who are taking the first steps to develop socially inclusive programs for older adults with developmental disabilities and their nondisabled peers.

The model includes three key components that were identified in the best and promising practice literature: (1) community engagement, networking, and partnership building, (2) training and education, (3) communication.

**Conclusions**

The model of social inclusion was created with two purposes in mind: (1) to help new programs develop in a socially inclusive way, (2) to revise existing programs and make them more socially inclusive.

Often individuals with disabilities do not have options when it comes to programming and this is very limiting for them. By making programming more inclusive, it gives them options. Without inclusive programming, choice becomes limited (Bigby, 2004). The three components of the model are meant to provide the stepping stones to make a program inclusive and break down existing barriers. However, this is just a starting point. To create socially inclusive programs, businesses and organizations will need to modify or develop tools and resources they can use and share with others who are working toward similar goals.

**Lessons Learned**

One of the lessons that came out of this research is the importance of fully involving participants of typical leisure programs to help develop a socially inclusive program. Regular participants able to identify the existing challenges and provide suggestions about revisions that promote inclusion. Including individuals without disabilities in the conversation can help to break down some of the misconceptions about individuals with disabilities. There is a risk to excluding regular participants in program development, because it may cause inclusion to be seen as an unwelcome change which could lead to considerable opposition.

The full report can be found at [www.mentalhealthresearch.ca](http://www.mentalhealthresearch.ca).
References

About the Author: Stacey Kowbel earned her PhD in Psychology in 2006 and has worked as a researcher in the Community Disability Field for Vecova Centre for Disability Services and Research since 2005. Since entering the field, Stacey has worked on various research projects that work towards improving supports and services for persons with disabilities and their quality of life. A primary focus of her research has been aging individuals with developmental disabilities. She has looked into various issues that affect this population, such as social inclusion, community participation, and housing support needs.