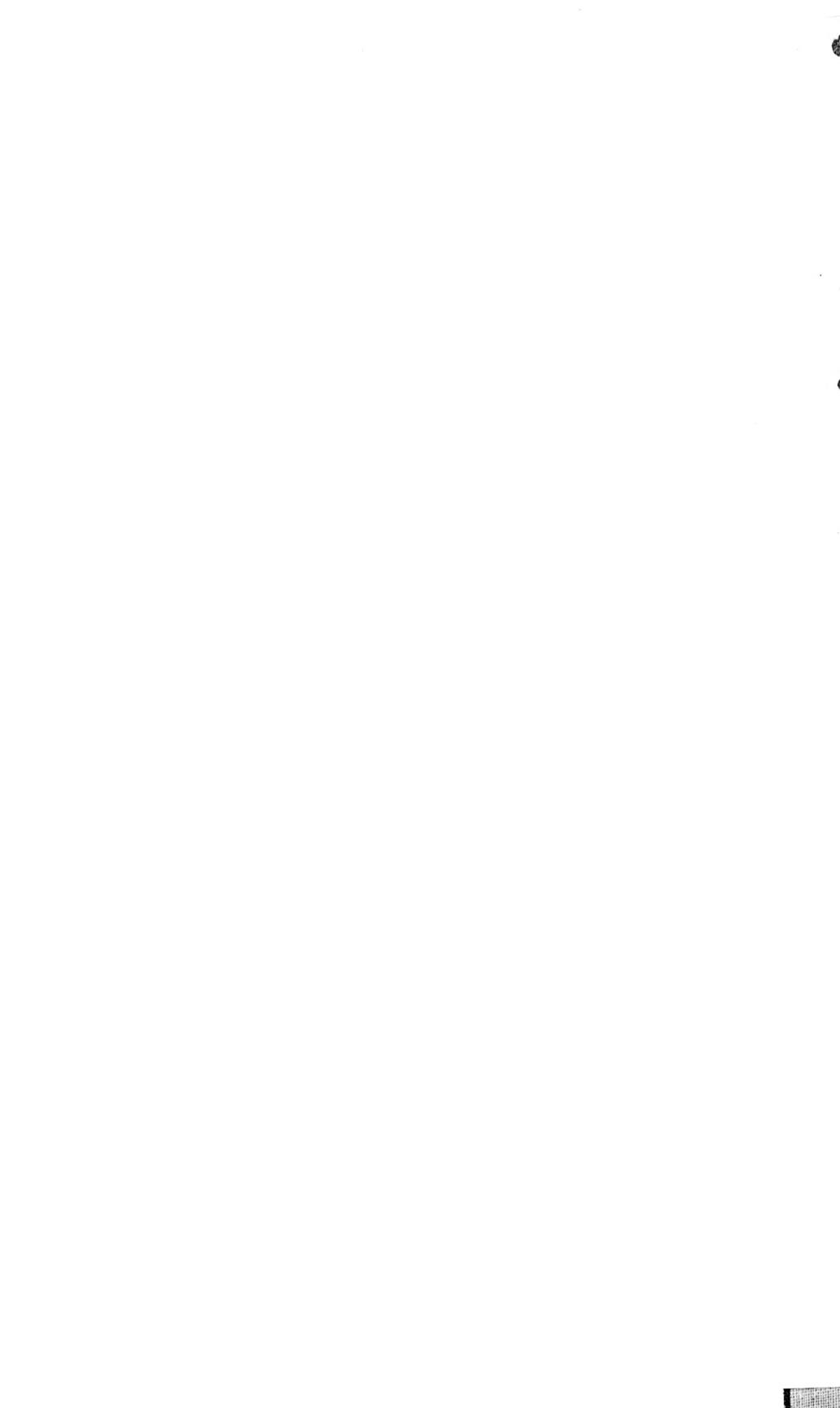
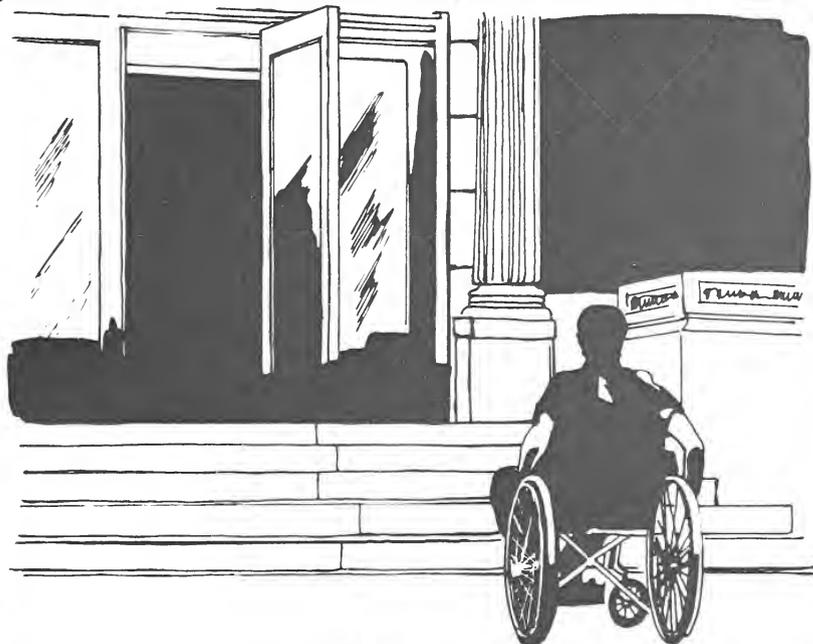


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PROVIDING COMMUNITY RECREATIONAL OPPORTUNITIES

FOR THE DISABLED

SHIRLEY BUSHELL
JERRY D. KELLEY

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This publication was prepared by the Office of Recreation and Park Resources, Department of Recreation and Park Administration, College of Physical Education, and the Cooperative Extension Service, College of Agriculture. The authors are: SHIRLEY BUSHELL, former graduate student at the University of Illinois at Urbana-Champaign and now instructor at the University of Wisconsin at La Crosse, and JERRY D. KELLEY, assistant professor and therapeutic recreation specialist.

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WHAT IS THE PROBLEM?

Most of us use public recreation and park facilities as a matter of course. In the process, we climb stairs, go through doors or turnstiles, and use fountains, diving boards, rafts, restrooms, and dressing and shower facilities.

We engage in these activities, and many more, and take for granted that everyone has the same right. After all, public recreation, park facilities, and programs have been selected and developed with the needs, desires, and preferences of the average citizen in mind. Unfortunately, the design of public facilities presumes that everyone is "average." Thus, we have facilities and programs geared to the average American, usually excluding persons disabled by physical or mental handicaps, age, and visual or hearing impairments.



HOW IMPORTANT IS RECREATION FOR THE DISABLED AND HANDICAPPED?

There still may be people in your community who would feel that recreation for disabled and handicapped individuals is not a pressing concern which would merit much public attention. Yet, to children, who live in a world of play, recreation has significant impact on their growth and development. Through play children explore the world around them, gaining awareness and knowledge through interactions with other children, adults, and the environment. In addition, they learn about themselves—their own evolving physical and intellectual capacities. The denial of such experiences may have serious negative consequences upon their physical and emotional development.

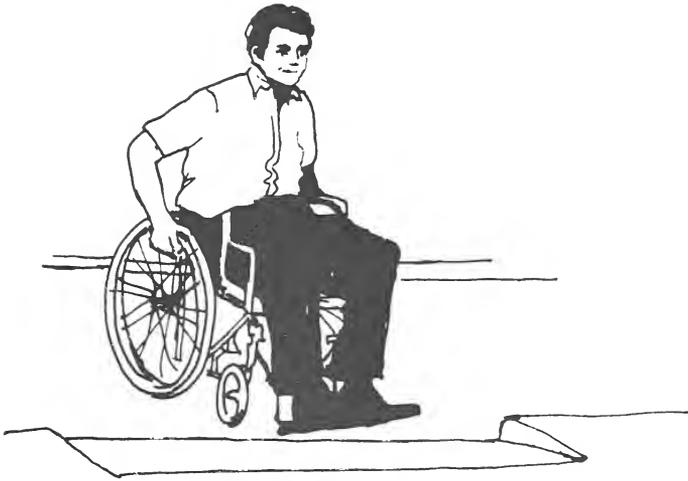
For adults and older citizens, recreative experiences are equally essential. Recreation can contribute significantly to physical, intellectual, social, and emotional fulfillment. Meaningful leisure experiences can enable people to fulfill their desires for enjoyment and achievement, as well as offer them opportunities for relaxation and refreshment. These needs are important to everyone, especially in a nation which provides ever-increasing amounts of leisure time.

WHO ARE THE DISABLED?

The disabled are, first and foremost, human beings. However, they are individuals who, because of impairments, are limited or restricted in executing some skills, performing tasks, or participating in certain activities, movements, or patterns.¹

For a variety of reasons, the disabled find themselves an atypical part of the national population. They may have survived polio or diabetes, cerebral palsy, multiple sclerosis, or a birth defect. They may have survived an accident or disease which brought hearing or visual impairments, amputations, or other disabling conditions. Many have only temporary impairment, but many others suffer permanent disabilities. Like everyone else, the disabled have the right to as full and complete a life as possible. Imposed isolation only turns disabled people into handicapped people, as is indicated by the definition generally accepted by the National Therapeutic Recreation Society: "Handicapped refers to individuals who because of impairments or disabilities are adversely affected psychologically, emo-

¹ American Association for Health, Physical Education, and Recreation in cooperation with the Bureau of Education for the Handicapped, U.S. Department of Health, Education, and Welfare. *Guidelines for Professional Preparation Programs for Personnel Involved in Physical Education and Recreation for the Handicapped*. Published by the American Association for Health, Physical Education, and Recreation. 1973.



tionally, or socially.”² The disabled should be educated and equipped to function in society, not ignored and over-protected. Most importantly, they should not be deprived of full access to recreation and leisure services because of their disability.

Approximately 15 to 20 percent of the American population are disabled.³ Two nationwide surveys indicate that the number of disabled persons with chronic, work-limiting conditions is about 12 to 16 percent of the total population.⁴ The Bureau of Education for the Handicapped reveals that there are seven million children in the country who have permanent physical disabilities.⁵ This amounts to 10 percent of the population which is under 21 years old. The estimate for the state of Illinois would be about 550,000 permanently physically disabled people in this age group. This figure does not include the mentally retarded, or mentally ill children in the state under the age of 21.

Another 10 percent of the U.S. population are Americans over 65 years old.⁶ It is estimated that the great majority of these people do not live in institutions, but still find themselves limited by social or physical disabilities associated with age. There are more than one million people over 65 years old in Illinois.

² *Ibid.* Guidelines for Professional Preparation Programs for Personnel Involved in Physical Education and Recreation for the Handicapped.

³ Recreation for Disadvantaged People. A report prepared for the Nationwide Outdoor Recreation Plan by Work Group G, Washington, D.C., January, 1973 (preliminary draft) p. 5.

⁴ *Ibid.* Recreation for Disadvantaged People.

⁵ Office of Recreation and Park Resources, University of Illinois at Urbana-Champaign. Development of a Two-Year College Curriculum in Therapeutic Recreation. Unpublished project proposal. 1972.

⁶ *Op. Cit.* Recreation for Disadvantaged People.

According to one recent study, Illinois alone is estimated to gain more than 15,000 new permanently physically disabled persons each year.⁷ Clearly, Illinois, as well as the nation, will continue to have an increased number of disabled persons who will have many needs, not the least of which will be recreation programs and services.

HOW THE DISABLED HAVE BEEN EXCLUDED FROM RECREATIONAL OPPORTUNITIES

Those who are disabled often have their condition compounded by their inability to gain equal access to the goods and services available to the general community. A stoic determination is required by those who wish to use the public facilities which their able-bodied counterparts take for granted. There are two prevalent barriers which prevent the disabled from readily taking advantage of public recreation programs — architectural barriers and attitudinal barriers.

Architectural Barriers

Architectural barriers can be quite ordinary things, like steps, curbs, revolving doors, escalators, restrooms, public telephones, water fountains, light switches, or public transportation. If a person is in a wheelchair, wears braces, or is blind, everyday objects can easily become obstacles to the simplest activity. Often overlooked is the fact that many able-bodied people, such as those with baby carriages or grocery shopping carts, also suffer inconvenience due to inaccessible structures. As long as architectural barriers exist, there is really no equality of opportunity in public facilities for the disabled person.

More than 40 states require that buildings constructed with public funds be made readily accessible for the disabled. Illinois was one of the first states to have laws requiring public facilities to be structurally accessible. Buildings constructed with federal funds also have similar architectural requirements. The federal law further requires that whenever public structures undergo extensive alterations any structural barriers to the disabled be eliminated as part of the construction contract.

Standard specifications for facilities for the handicapped in Illinois,⁸

⁷ Mall, Paul C. Feasibility Study for the Physically Handicapped, 1971-72. A research and development report of a cooperatively funded project between the State of Illinois, Board of Vocational Education and Rehabilitation, and Amundsen-Mayfair College. Published by the Board of Vocational Education and Rehabilitation, State of Illinois, 1971.

⁸ Standard Specifications for Facilities for the Handicapped. Department of General Services, Office of Supervising Architect, 705 State Office Building, Illinois 62706.

which apply to all new construction of buildings and facilities used by the public, exceed federal standards. At present, however, there are no laws requiring older buildings to be structurally modified to comply with these requirements. Since many facilities, including recreational buildings and parks, were constructed before such laws were passed, and well before public awareness of architectural barriers became more widespread, many buildings and facilities remain inaccessible to the disabled. As such, they do not even meet the following minimal requirements:

- ground-level entrances or ramps;
- elevators in addition to steps;
- easily opened doors wide enough for wheelchairs;
- restrooms with wide stalls, out-swinging doors, and grab-bars; and
- level or ramped walkways and curbs.

Attitudinal Barriers

The existence of architectural barriers poses problems which can be remedied through physical modification of facilities. Attitudinal barriers, which also restrict the use of facilities and which limit participation in many activities by disabled persons, present more subtle problems.



Myths and misconceptions, which are a result of misinformation or lack of information, seem to be the cornerstone on which some of our attitudes are based.

Misinformation and lack of information are two contributors to stereotyping of humans — we notice one or two of their most outstanding characteristics and ignore other, perhaps more valuable, qualities. In the case of a person who is disabled, the more visible and obvious the disability, the more likely it is that the disability will become the main focus of classifying that individual.

Consequently, a person without an obvious disability, might be classified by a clerk as “that customer,” while a person with an obvious disability marked by such things as a wheelchair or white cane, might in the same situation be referred to by the clerk as “that crippled lady” or “that blind man.” Similarly, an able-bodied, skilled typist might be stereotyped as “a skilled typist,” while another skilled typist, who happens also to be blind, is “a blind person” or at best “the blind person who types well.” The disability, in this case blindness, becomes the characteristic of primary interest, rather than centering attention on the ability to type. Stereotypes must be diminished by considering people in terms of their abilities, not disabilities, and not on the basis of myths, fears, or ignorance.

When we rely on misinformation or lack of information, we cannot expect to be just to the person who is disabled. Ill-formed attitudes based on erroneous beliefs help maintain a vicious cycle for people who are disabled. One common attitude views disabled persons as dependent, pitiful, and childlike. If adults react to a disabled child or adult as if they expect dependence and childish behavior, that disabled person is not likely to perceive himself as capable of independence, or as someone who can be respected or who can achieve. On the other hand, when we perceive and expect a person who is disabled to be resourceful, with a potential for a full and rewarding life, independence and life can be enhanced.

We must begin to change archaic attitudes, so disabled people are no longer systematically and unthinkingly excluded from participation in activities and use of community resources.

WHAT YOU CAN DO, AND HOW

While information alone is often insufficient to overcome deep-rooted prejudice, it can deal a blow to ignorance, myths, and fears, and can disintegrate stereotypes. Getting to know people who have a disability, one can better understand the actual problems and potentialities of the disabled. Increased awareness may also be achieved through less direct methods.

Some ways to do this are:

1. Invite experts to speak to your local clubs and community groups.
2. Read publications and view films on the topic.
3. Visit existing facilities and programs which serve the disabled.
4. Work as a volunteer at an institution or agency for the disabled.

General information on publications and films, as well as speakers and facilities, can be obtained from the list provided on page 19.⁹ In addition, the following sources might be contacted:

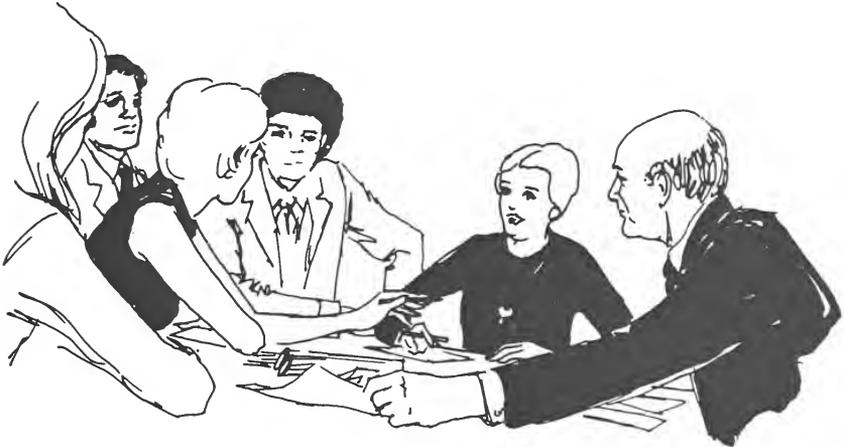
Therapeutic Recreation Consultant
Cooperative Extension Service, Office of Recreation and Park Resources
University of Illinois
312 Armory Building
Champaign, Illinois 61820

Director, Rehabilitation-Education
105A Rehabilitation-Education Center
Champaign, Illinois 61820

Illinois Park and Recreation Society
600 East Algonquin Road
Des Plaines, Illinois 60016

Governor's Committee on Employment of the Handicapped
188 West Randolph Street, Room 2800
Chicago, Illinois 60601

⁹ Berryman, Doris. *Serving Disabled Children*. New York University School of Education, 1971.



State Department of Mental Health
160 North LaSalle Street, Room 1500
Chicago, Illinois 60601

Illinois Nursing Home Association
Professional Building
220 East Cook Street
Springfield, Illinois 62704

State Department of Public Health
1130 South Sixth Street
Springfield, Illinois 62706

National Easter Seal Society for Crippled Children and Adults
2023 North Ogden Avenue
Chicago, Illinois 60612

Local county extension offices, local organizations for the disabled, existing handicapped groups, colleges and universities with rehabilitation programs or therapeutic recreation curricula, councils of social agencies, local nursing homes, other institutions for the ill and disabled, and American Red Cross chapters are also often fine information sources. Most of these sources are directly concerned with improving prospects for the disabled person and are usually more than willing to help anyone interested in learning more about disabled members of our society.

HOW CHANGE CAN BE IMPLEMENTED

While you might be able to correct some of your own misinformation by pursuing the suggestions listed above, what of the thousands within your community who do not have accurate knowledge of or contact with the disabled? How can others become equally well informed? What can be done to overcome architectural barriers or to expand recreation programs and services to include the disabled? Beneficial changes can be brought about in many ways by people who care.

Two principles which should guide any person or group in implementing change are: *Make every effort to integrate disabled persons into existing programs. Try to locate and work through existing public park or recreation organizations, agencies, or boards.* Cooperate with existing agencies — they may be looking for your support to begin making changes; they may need support to maintain or follow through on action projects already undertaken. Even if agencies are not making efforts to overcome barriers or to expand programs and services for the disabled, they are probably willing and able to support others in efforts to expand opportunities and improve conditions for the disabled.

For those who are really motivated to make a concerted effort to remedy some of the problems with which the disabled are confronted, the following action project guidelines are presented. Remember, existing agencies may provide considerable assistance in accomplishing any number of the following guidelines.

ACTION PROJECT GUIDELINES

Action projects, which demand two prerequisites — becoming informed and becoming involved — are organized efforts undertaken to bring about desired changes. The flow chart below exemplifies a basic process for implementing change and can be helpful whether you are concerned with attitudinal barriers, architectural barriers, or programs and services.

While the principles selected will differ according to the local situation and need, the basic process described below can be used no matter what kind of change is desired.

Gather Initial Information

Make local inquiries to determine what has been and is being done. You may eliminate duplicating efforts by supporting an already existing action project. Two places to make inquiries are:

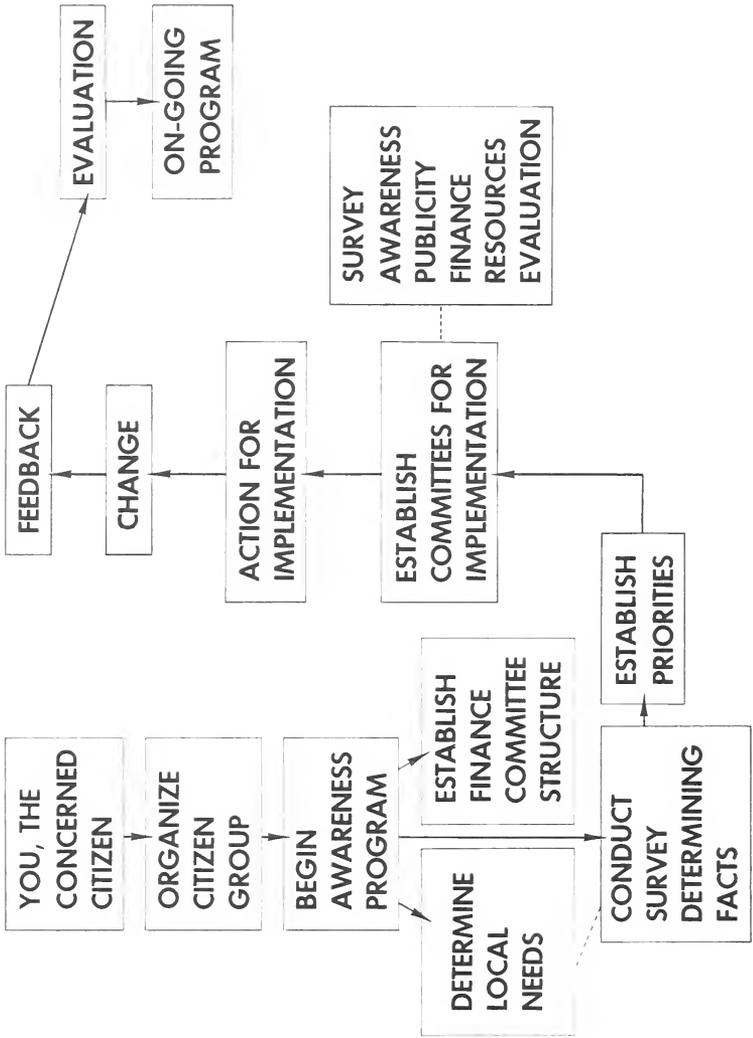
- The local Chamber of Commerce.
- The State Governor's Committee on Employment of the Handicapped. This committee can refer you to the closest Project Break-Thru-Program which is operating in Illinois.

Form a Citizens' Action Group

Organize a group of citizens similarly concerned with improving a particular area apparently in need of change. If local inquiries reveal no existing citizen action groups, start one that includes:

- The disabled themselves, who can be found in every community. Initial contacts can be made wherever recreation programs for the disabled exist, at rehabilitation centers and service organizations dealing with the handicapped, and through personal referrals.
- Parents of the disabled.
- Knowledgeable representatives from local colleges and universities having a rehabilitation program or a therapeutic recreation curriculum.
- Representatives from the local council of social agencies.
- Political leaders, such as the mayor, town councilmember, or park board commissioner.
- In the case of architectural barriers, a lawyer and an architect, if possible.

FLOW CHART FOR CREATING COMMUNITY ACTION



- In the case of programming, a therapeutic recreation specialist, who may be located through the Illinois Therapeutic Recreation Society via the Illinois Park and Recreation Society, if possible; local recreation workers or directors of public recreation and park departments and boards.

The Coordinating Council

Create a coordinating council composed of representatives of many agencies, or designate one agency to provide coordination and to assist in locating resources. Begin an awareness program for action group members. If the core group is well represented, appropriately qualified group members may act as lecturers or discussion leaders and may help acquire information-laden films or publications.

The Survey Committee

Determine the extent of local needs by forming a survey committee. The direction of the committee's thrust will depend on its initial interests.

If you are concerned with determining the degree to which facilities and buildings are accessible to and useable by the disabled, gather background from city engineers, local general service administration personnel, local architects, and park commissioners. Review Standard Specifications for Facilities for the Handicapped.¹⁰ Use the checklist supplied by the Governor's Committee on Employment of the Handicapped in making site visit tours of public recreation and park facilities, and possibly of restaurants, movie theaters, shopping stores and malls, and recreation centers.

If you want to find out if public recreation programs exist which include or have been established specifically for the disabled, similar site visit tours could be made.

If you are interested in the extent to which the disabled utilize existing public recreation and park facilities, and the extent to which they might be utilized if programs were established, you can undertake phone, mail, or informal interview surveys of the disabled in the community.

Public Informational Meetings

Conduct public events to inform or demonstrate to the public the capabilities of the disabled. This may have the effect of informing others of the action group's progress to date, and will help remove attitudinal barriers.

- Hold open discussion groups and invite lecturers.
- Offer demonstrations and public meetings.

¹⁰ *Op. Cit.* Standard Specifications for Facilities for the Handicapped.

The Publicity Committee

Establish a publicity committee to inform, and possibly involve, the general public in your project. You might have subcommittees for newspapers, television, and radio.

Establish Goals

Establish priority needs based on the information gathered. Clarify the action project's goals, such as:

- Informing the public of the rights, needs, and abilities of the disabled.
- Removing architectural barriers from existing facilities.
- Adapting equipment or programs so the disabled may enjoy recreative experiences equal to those of people who are not disabled.

Obtain Help From Experts

Contact individuals and agencies who can help create change. These may vary depending on the type of goal selected, and should include appropriate "experts."

Generally helpful are public park and recreation administrators and board members; the disabled themselves or their parents; private, non-profit agencies which provide services to the disabled; and town committeemen and other local, influential citizens.

In the case of attitudinal barriers, contact appropriate communications media representatives, such as newspaper, radio, and television officials, library representatives, and retail outlets and businesses or shopping mall representatives.

In the case of architectural barriers, consult state and local officials, local architects and lawyers, building code inspectors, engineers, and contractors.

Consider Alternatives

Meet to consider alternatives of action to reach your goals.

To reduce attitudinal barriers, consider television spot announcements, television specials, guest speakers on radio talk programs, public meetings, lectures, discussion groups or demonstrations, exhibits in libraries, schools, stores and malls, open house days for the general public at institutions and agencies serving the disabled, and visits and tours.

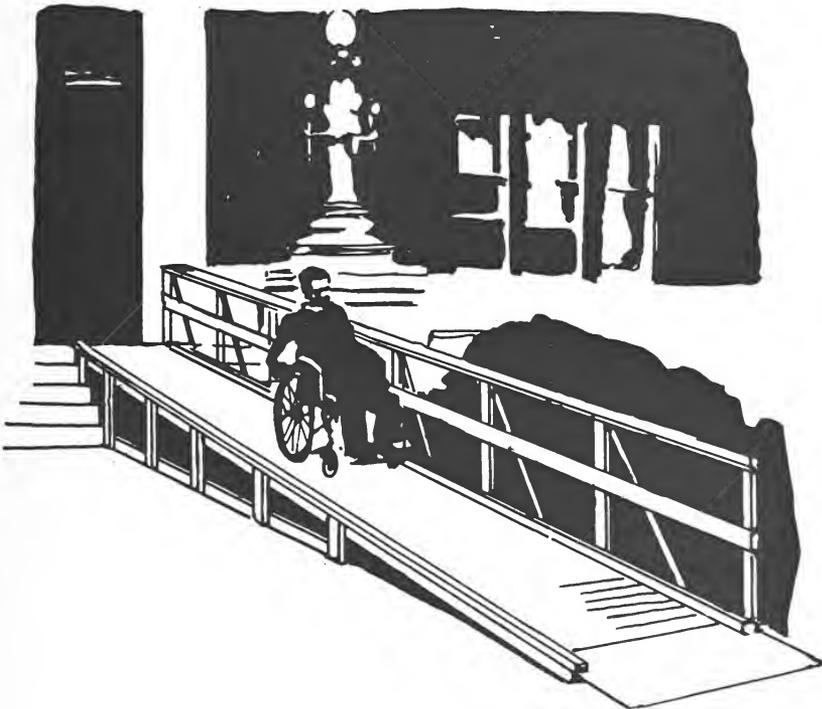
To reduce architectural barriers, consider restructuring older facilities to conform to present standards or forming watchdog committees for new buildings under construction to ensure continued compliance with state standards. Be certain to think through potential change, always starting with how much work would be required to restructure specific buildings and facilities. For example, how much good can be done by installing

ramps in buildings, thereby allowing wheelchair entry, only to discover that bathroom doors are too narrow to permit access, or that most recreational activities do not take place on ground-level floors in buildings with no elevators?

To make programs useable by the disabled or to initiate separate programs, consider adapting what exists as a preferable alternative to forming new, separate facilities or programs. Almost any individual or group can go a long way toward ensuring that public facilities reflect the needs of the disabled, without having to construct separate facilities or make major alterations in existing facilities. For example, to adapt a park nature trail to accommodate the blind, experts might suggest handrails or ropes along the paths, braille identification, or large-scripted print identifying trees and aromatic flowers, or perhaps an automatic-repeat recording describing the trailway.

Other Steps in the Process

- Reconvene to determine which changes are viable, considering human and financial resources.
- Realign committees to carry out chosen action projects, designating authority and responsibility as necessary and appropriate.



- Establish a finance committee to cover costs or, depending on the local population and anticipated project, retain the services of a professional fund-raising firm.
- Perform follow-up evaluations, and establish standing committees to consider continued projects for the disabled.

Decisions made in community action projects must be based on the specific needs of your particular community. In planning facilities with the disabled in mind, there is no substantial extra cost to make facilities accessible. Fortunately, most of the modifications that are required to make already constructed public facilities accessible to and useable by the disabled are minor. The cost, time, money, and effort are minimal compared with the opportunities such modifications in facilities and programs make possible for the disabled. In addition, many modifications, such as adding ramps to supplement or replace steps, are of benefit to all members of the community and are considered safer than the objects they replace.

SOLUTIONS TO FREQUENT PROBLEMS IN MAKING RECREATION SERVICES AVAILABLE TO THE DISABLED

A nationwide survey of over 600 agencies of all types was conducted at New York University. It revealed the following solutions to several problems in making recreation services available to disabled children and youth.¹¹ Of course, many of the solutions can also be applied to programs for disabled adults. By becoming aware of these common difficulties and how they may be improved, you may be more able to take steps to prevent many problems from the start, or at least to deal with them more effectively if they are encountered.

Problem: Overcoming reactions of able-bodied users of recreation facilities.

Apprehension on the part of able-bodied users of facilities is susceptible to a number of solutions, mostly dealing with reducing the fears of the able-bodied by helping them meet and get to know the disabled users.

1. Give preliminary talks to able-bodied participants informing them of the needs of the disabled who would be joining the program.
2. Hold small group conferences to work out problems of integration.
3. Invite apprehensive parents to see how the disabled and able-bodied work, learn, and play together.
4. Where attitudinal barriers are too strong to be readily broken, establish separate programs.

¹¹ *Op. Cit.* Serving Disabled Children.

Problem: Overcoming transportation difficulties.

1. Use car pools formed by volunteers, staff, or parents, all well covered by liability insurance.
2. Teach the disabled participants, whenever possible, how to use available public transportation.
3. Have the recreation agency rent or buy its own bus.
4. Request that county recreation departments make their own busses available to transport disabled individuals to and from agencies with recreation programs.

Problem: Overcoming architectural problems.

1. See suggestions on page 6.
2. Utilize portable, temporary ramps.
3. Help disabled children and adults in and out of buildings through delivery entrances. The use of such entrances, which are wide enough for wheelchairs and usually have ramps and elevators available, while sufficient to "get the job done," is demeaning and should take second place to replacing front door stairs with permanent ramps.
4. Schedule as many activities as possible on the ground floor.



Problem: Overcoming anxieties of parents of the disabled.

1. Make known to parents the number and kinds of activities the disabled have and can engage in. For example, show by demonstrations, films, or publications, that the disabled can participate in wheelchair sports, water-skiing, and bowling for the blind, etc.

2. Hold detailed consultation with parents on a continuing basis or provide therapy whenever practical.

3. Encourage parents to join other programs in agencies that offer recreation services.

4. Involve parents and their children in family recreational activities.

5. Keep parents continuously up to date on the progress of their children.

Problem: Overcoming logistics and scheduling problems.

1. Schedule disabled participants into regular programs whenever possible.

2. Provide programs for the severely disabled in the morning and early afternoon, when facilities are not being used by their normal population.

Problem: Solving financial difficulties.

1. Apply for (more) local, state, and federal money. University personnel, as well as agencies like the Department of Health, Education, and Welfare and its Bureau of Education for the Handicapped, might be contacted to locate grant funding.

2. Publicize in an effort to gain more and larger contributions.

3. Consolidate programs of several agencies into one comprehensive program.

4. In small towns or rural areas, three or four communities may combine resources to establish programs serving the disabled of those areas at one central facility, with each community financing an appropriate share.

Problem: Recruiting the disabled.

1. Publicize in newspapers and on radio and television.

2. Recruit from health agencies, special education departments in school systems, public health nurses, hospitals, and clinics.

3. Recruit directly from nursing homes, old age homes, and other institutions rehabilitating or caring for the disabled.

Problem: Maintaining safety of the disabled.

1. Schedule activities to avoid peak periods of crowding.

2. Supplement staff with volunteers, all of whom make extra efforts to be attentive and observant.

3. Note that many programs do not include the disabled for fear of high risk. A New York University survey revealed that the accident rate for disabled children was about the same as for able-bodied children — and in some cases even lower.

A MANDATE FOR YOU

You need to ask several questions when evaluating the range of services available to the disabled in your community. Are programs and facilities designed with the disabled in mind? Are the disabled getting an appropriate share of public resources? Are facilities available and accessible to them? If special equipment or adaptations are necessary, can they be obtained?

Almost any survey conducted will show that the disabled do not receive a fair share of the public recreation and park services. What can you do? Become informed. Become involved. You can make changes. Do something today.

SOURCES OF INFORMATION ON SERVICES FOR THE DISABLED

The following national organizations offer information on specific disabilities, and some of them publish materials regarding recreation for the disabled.

American Foundation for the Blind
15 West 16th Street
New York, New York 10017

American Heart Association
44 East 23rd Street
New York, New York 10017

Joseph P. Kennedy, Jr. Foundation
1411 K Street, N.W.
Washington, D.C. 20005
(Information on mental retardation)

Muscular Dystrophy Associations of America
1790 Broadway
New York, New York 10019

National Association for Mental Health, Inc.
10 Columbus Circle
New York, New York 10019

National Association for Retarded Children
420 Lexington Avenue
New York, New York 10017

National Association for the Deaf
Suite 318
2025 I Street, N.W.
Washington, D.C. 20006

National Foundation — March of Dimes
800 Second Avenue
New York, New York 10017
(Information on birth defects)

National Multiple Sclerosis Society
257 Park Avenue South
New York, New York 10019

National Easter Seal Society for Crippled Children and Adults, Inc.
2023 West Ogden Avenue
Chicago, Illinois 60612

National Wheelchair Athletic Association
40-24 62nd Street
Woodside, New York 11377

National Wheelchair Basketball Association
Student Rehabilitation-Education Center
University of Illinois at Urbana-Champaign
Champaign, Illinois 61820

President's Committee on Mental Retardation
Washington, D.C. 20201

Secretary's Committee on Mental Retardation
United States Department of Health, Education, and Welfare
Washington, D.C. 20201

United Cerebral Palsy Associations, Inc.
66 East 34th Street
New York, New York 10036

The agencies and organizations below offer a variety of materials and publications on planning and conducting programs, designing and adapting facilities, and meeting specific needs, as well as other aspects of providing recreation services for the disabled.

American Association of Health, Physical Education, and Recreation
1201 16th Street, N.W.
Washington, D.C. 20036

American Camping Association
Martinsville, Indiana 46151

American National Red Cross
18th and E Street, N.W.
Washington, D.C. 20006

Council on Exceptional Children
1201 16th Street, N.W.
Washington, D.C. 20036

Council of Jewish Federations and Welfare Funds, Inc.
315 Park Avenue, South
New York, New York 20036

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Cooperative Extension Service
Department of Agriculture
Washington, D.C. 20205

Illinois Governor's Committee on Employment of the Handicapped
State of Illinois
188 West Randolph Street, Room 2800
Chicago, Illinois 60601

Library of Congress
Division for the Blind and Physically Handicapped
1291 Taylor Street, N.W.
Washington, D.C. 20542

National Board of the Young Men's Christian Association of the United
States of America
600 Lexington Avenue
New York, New York 10022

National Recreation and Park Association
1601 North Kent
Arlington, Virginia 22209

National Therapeutic Recreation Society
1601 North Kent
Arlington, Virginia 22209

Play Schools Association, Inc.
120 West 57th Street
New York, New York 10010

EXAMPLES OF COMMUNITY PROGRAMS FOR THE DISABLED

North Suburban Special Recreation Association

The North Suburban Special Recreation Association (NSSRA) is comprised of ten northern Illinois communities that include Deerfield, Glencoe, Glenview, Highland Park, Highwood, Kenilworth, Northbrook, Wilmette, and Winnetka. The member park districts and recreation boards of these respective communities have joined together to develop a unique and interesting program of recreational activities for the disabled. Included in NSSRA's philosophy is the concept that everyone, in spite of individual limitations or disabilities, is entitled to equal recreation opportunities.

The close geographic proximity of all the communities, plus the observed need for special programs in each community precipitated the development of this coalition. Each park district or recreation commission is represented on the board of directors, and funding is equally shared by the member boards. There are fees charged for some activities provided by the association, but "scholarships" are available for those unable to pay. Non-residents of the member park districts may participate in the various programs if space is available by paying a fee equal to a resident's fee plus 50 percent.

Types of disabled people served include those with mental and physical disabilities. Programs are offered six days per week with special activities for teens and young adults on Friday and Saturday evenings. Although all ages are accepted, special emphasis in programming is placed on school-age youngsters. The diverse programs offered include dance, creative drama, woodworking, yoga, photography, teen club, and child development.

Main Niles Association of Recreation for the Handicapped

Main Niles Association of Recreation for the Handicapped, similar to the NSSRA, has joined neighboring park districts and recreation boards for the primary goal of serving the disabled. Main Niles Association is made up of seven distinct communities. Those communities are Des-Plaines, Gulf Main, Lincolnwood, Morton Grove, Niles, Park Ridge, and Skokie, Illinois.

An article of agreement was signed by the membership boards in October of 1972, and a director was hired in December of that same year. In its first year of operation, Main Niles Association has served over 300 disabled citizens. Each park district is subsidizing the program by tax money collected in the general revenue fund. Other support is channeled into the program by participation fees collected. As of now there is no

tax base specifically for programs for the disabled, although enabling state legislation has been passed. Illinois Senate Bill 647 allows districts to collect a special tax, over and above present park district taxation, for provision of special recreation programs for the disabled. Main Niles Association plans include sponsoring such a referendum in the future.

The on-going program utilizes 120 volunteers, including teachers, teens, and young adults, as well as other interested citizens. The largest program, in terms of participation, is a summer day camp. In its first year, over 260 children and young adults participated. Disabilities served include the mentally retarded, mentally ill, emotionally disturbed, and physically disabled.

At present Main Niles Association offers both centralized and decentralized activities. Each member community of the association has its own decentralized activities, while some activities are provided in only one area or facility. In the latter instance, transportation to the activities is necessary.

Much of Main Niles Association's immediate success in the community stems from community education programs, cooperation of neighboring communities and school districts, and the identification of those disabled citizens residing in the area.

Champaign Park District's Program for the Disabled

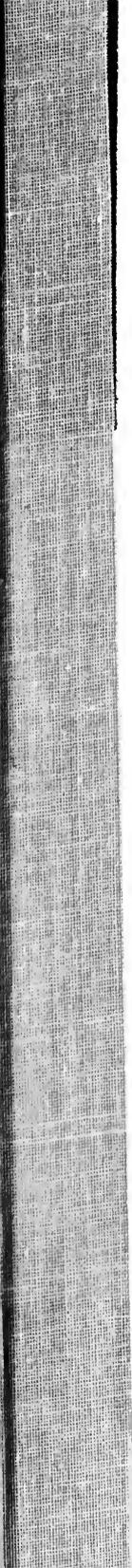
The Champaign Park District operates a year-round program for the disabled separate from the program provided for the "normal" population. Most participants in the program are children and young adults. The program serves people with mental, orthopedic, visual, hearing, and multiple disabilities. Nearly 100 participants are involved in the various activities.

This program, like most programs for the disabled, relies heavily on the community for donations and cooperation. Many local civic groups, state agencies, and private organizations contribute in various ways to make the program a success. The school district in Champaign allows the use of its facilities for some of the programs.

Financially, this program for the disabled operates in rather narrow straits. Some funds are provided by the park district, but it is only enough to hire one full-time staff member. Transportation is a big problem, but present plans include the purchase of a bus for participant use.

Program offerings emphasize outdoor and community activities which are parallel to the basic program philosophy. The philosophy includes the notion that although you may have a special or disabling condition, that condition should not prevent you from living a rich, full life.





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