Assignment 5: Major Paper

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Executive Summary

People with disabilities face barriers that prevent them from accessing indoor recreation programs and spaces in community centers. These barriers are external, meaning they are external to people with disabilities. Examples of external barriers include physical limitations in the built environment and the attitudinal beliefs of those without disabilities. Increasing accessibility is a process that involves step by step changes, while taking into account the abilities and interests of people with disabilities (Riley et al., 2008). Some ways to remove barriers and make community center programs and spaces more accessible include working with organizations that support people with disabilities and creating accessiblity plans to remove specific barriers (Charles & Michael, 2017 as cited in Gostic & Beyer, 1993). Another way to remove barriers is to integrate inclusive health, which is to make existing programs and services more accessible by providing equitable access and full participation (Villasencio, 2021). Primary research was conducted to find what barriers exist in recreation spaces and programs: recreation staff were interviewed, accessibility documents were analyzed, and recreation programs were observed. Some findings include implementing staff training and the importance of working with organizations that support people with disabilities. Other findings include implementing segregated programs and working to retrofit older infrastructure to remove barriers. From the research, the data shows that there are barriers in recreation for people with disabilities, but they can be removed. Some recommendations to remove them include implementing awareness training for staff, increase programming for people with disabilities, prioritize which physical barriers need to be removed in the built environment, and provide resources for people with disabilities to access subsidies or find specialized programs.

Introduction

The purpose of the paper is to find what barriers exist for people with disabilities when accessing indoor recreation centers and programs, and how can those barriers be removed. People with disabilities deserve the same recreation opportunities as people without disabilities, but different categories of barriers exist. Some examples of

categories include physical barriers such as narrow hallways, or attitudinal barriers due to stereotypes that people without disabilities have. Each community center has their own set of barriers, and it is important to find out what barriers exist to become more inclusive. Recreation is important for every person's life because it brings fulfillment, pleasure, and joy, and people with disabilities deserve to experience recreation.

The research question for this project is:

What barriers do people with disabilities face when accessing indoor recreation programs and spaces in community centers in the City of Richmond, and what can be done to remove those barriers to ensure they can participate in recreation fully?

Barriers are anything that hinders the full equal participation in society of a person with an impairment (King's Printer, 2021). Barriers can be attitudinal, physical, communication barriers, systemic, sensory, or lack of technology (Government of British Columbia, 2021). **People with disabilities** are those with long-term or short-term physical, mental, intellectual, or sensory impairments (United Nations, 2007). **Recreation programs** are activities performed in leisure, and include sport and exercise activities, outdoor, social, and similar activities with the purpose of bringing pleasure and joy (Petersen et al.,2021). In the context of this project, recreation programs are activities at a community center that is held by the community center/association or outside organizations. **Recreation spaces** are physical spaces where people access the community center and use the physical space to perform recreation or navigate the built environment. **Removing barriers** includes removing barriers in the built environment (structural) or social barriers by for example, demystifying assumptions (Rolfe et al., 2012). **Participating in recreation fully** means people with disabilities will be able to participate independently in various community activities including physical activity and recreation (Riley et al., 2008). This also means navigating recreation spaces without experiencing any physical barriers in the built environment.

Background and Context

Barriers for people with disabilities come in different categories: physical, attitudinal, informational (e.g. lack of large-print materials), systemic, or sensory (e.g. perfume use or lack of signage) (Government of British Columbia, 2021). 926,100 out of approximately 4.3 million people in British Columbia over the age of 15 has a disability (Government of British Columbia, 2021; Statistics Canada, 2022). What this means in terms of recreation is that people with disabilities represent a large population of users in community centers.

West Richmond Community Centre is a municipal community center located in Richmond, BC. Richmond is a city with 230,584 people, with people of Chinese or South Asian ancestry representing more than 60 percent of Richmond residents (City of Richmond, 2023). Some facility amenities at West Richmond include a fitness centre, multipurpose rooms, a games room, gymnasiums, and upstairs floor which includes a preschool and out of school and change rooms with showers and lockers. The Agency Advisor for this research project is Leonid Oldfield, who is the Youth Development Coordinator at West Richmond. Their role in the research project is to provide support in conducting research and providing guidance where needed.

The author's involvement in the topic area is that the author identifies as having a disability and has performed an internship with the BC Public Service at the Accessibility Directorate, which is a branch in government that works across government and disability communities to improve accessibility. During this time, the author was involved in creating the Accessibility Feedback Tool for the province, which is an online form that allows B.C residents to provide feedback on barriers when accessing government services or facilities.

Literature Review

Many people with disabilities do not have access to a full range of recreation opportunities due to a lack of skills, lack of opportunities, or injury or psychological trauma (Charles & Michael, 2017). Recreation is important for every person's life

because it brings fulfillment, pleasure, and joy, but there are barriers that prevent people with disabilities from fully accessing recreation. Accessibility for people with disabilities is important for inclusivity because from a statistics standpoint, 15 percent of the world's population lives with some form of disability (Boes, 2024). To encourage participation, organizations may provide targeted services, policies, and programs (Rivera, Smith, & Hesketh, 2024). Examples of this may include adaptive sports, special events for people with disabilities, or subsidy programs to remove financial barriers.

There is a solid foundation of evidence that there are barriers that prevent people with disabilities from accessing programs and spaces in community centers. People with disabilities have access to less recreation opportunities than those without disabilities due to fewer friends with whom to participate with in activities, skill deficits and independence, and impaired cognitive abilities and social skills (Solish, Perry, & Minees, 2010). Although access to recreation for people with disabilities has been improving, there are still barriers that need to be removed to ensure full participation in recreation. Intrinsic barriers, which are someone's own physical and mental limitations, compound external barriers, which are things external to people. Internal barriers will always exist; external barriers are what limits the participation of people with disabilities, but they can be changed (Charles & Michael, 2017). Examples of external barriers include physical limitations in the built environment and the attitudinal beliefs of those without disabilities, which can be found in community centers.

External barriers come in different categories (Rimmer et al. 2004):

1. Those in the built and natural environment
2. Economic issues
3. Emotional and psychological barriers
4. Equipment barriers
5. Use of interpretation of guidelines, codes, regulations, and laws
6. Information-related barriers
7. Professional knowledge, education, and training issues

8. Perceptions and attitudes of persons who are not disabled, including professionals

9. Policies and procedures at the facility and community level

10. Availability of resources (Rimmer et al., 2004)

External barriers can also be divided into different categories: attitudinal, communication (inaccessible language), programmatic (failure to make accommodations), social, and physical (Villasencio, 2021). To remove external barriers, recreation organizations can start by [1] contacting organizations of or for people with disabilities to identify physical barriers to facilities or services, [2] make a list of policy and communication barriers, [3] consulting organizations of or for people with disabilities, set priorities for removing physical barriers and changing policies, [4] Develop a plan to achieve compliance, and [5] Avoid making judgements based on myths, fears, or stereotypes (Charles & Michael, 2017 as cited in Gostic & Beyer, 1993).

Recreation organizations are continuously working to improve accessibility to recreation programs and services, one way being through inclusive health. Inclusive health encourages existing programs and services to become more accessible by providing equitable access and full participation (Villasencio, 2021). Some ways to promote inclusive health include creating welcoming spaces, using accessible communication (e.g. plain language), staff awareness, and developing an inclusion policy (Villasencio, 2021). For community centers to remove barriers, constant learning, adaptation, and patience must be integrated to overcome these barriers (Boes, 2024).

It is important to realize that increasing accessibility is a process that involves step by step changes, while taking into account the abilities and interests of people with disabilities (Riley et al., 2008). Each community organization will require a different plan to remove barriers, but one way to start is conduct an accessbility assessment to obtain input from people with disabilities who use a facility or community centre, (Riley et al., 2008). They can provide a lived experience perspective, which is valuable in finding barriers that the organization may not be able to see themselves.

One point of controversy in recreation for people with disabilities is balancing segregated activities and making current programs more inclusive. Historically, recreation for people with disabilities has been comprised of segregated recreation programs where people participate in groups based on disability, not on the type of activity (Mayer & Anderson, 2014). In the 1970s, there were not many programs for people with disabilities, until the 1980s where the head of Las Vegas' adaptive recreation unit created more than 100 programs for people with disabilities ("The Quiet Influence of Inclusion", 2005).

The original reasoning behind segregated programs that it was thought that people with disabilities needed programs to accommodate lower skill levels, different learning processes, or varying physical abilities (Mayer & Anderson, 2014, as cited in Fennick & Royle, 2013). However, segregated programs are legitimate, but become controversial if segregated programs are the only ones made available to people with disabilities (Charles & Michael, 2017). Segregated programs even may be preferred by the recreation partcipant (Charles & Michael, 2017 as cited in McGovern, 2005). Some benefits of segregated programming is that it creates peer acceptance, almost like a sanctuary – it also creates self esteem and provides a place for social bonding (Mayer & Anderson, 2014).

In making programs more inclusive, participation is open for everyone, and accomodations are made for people for who need it. Inclusive recreation benefits both people with and without disabilities by developing friendships, increasing one's self-image, feeling more included in the community, higher self-esteem, and decreased negative stereotypes (Mayer & Anderson, 2014 as cited in Anderson & Kress, 2003; Schleien & Green, 1992; Snow, 2013). Programs can be made inclusive by providing social inclusion training for staff to promote inclusive health (Mendez-Hodgkinson & Cervantes, 2012).

The physical activity needs of people living with disabilities are understudied (Martin Ginnis et al., 2023). Staying active is more important for people with disabilities due to risks of heart disease, stroke, obesity, diabetes, and cancer (Taking up adaptive sports:

Don't let a physical disability or limitation stop you from staying active., 2023) and people with disabilities have poorer levels of health than the general population (World Health Organization, 2011). The physical activity needs of people with disabilities are different than those without disabilities (Martin Ginnis et al., 2023), preventing people with disabilities participating in recreation due to programs not meeting their health needs.

The benefits of recreation are more crucial to those with disabilities than those without since for example (Roy, 2016), those with mobility disabilities experience atrophying muslces, losing what little amounts of movement they had left (Cooper, 1999). There is a profound amount of literature on what barriers exist preventing people with disabilities participate in physical activity, but very little research has been done to remove these barriers or develop stratgies to alleviate them (Martin Ginis, et al., 2021). Some barriers that prevent participation in recreation programs include environmental barriers and lack of adaptive equipment (Yoh et al. 2008). Furthermore, the high level of inaccessibility in outdoor environments amplifies the barriers in indoor recreation facilities, since it becomes more of an outlet for physical activity (Yoh et al. 2008).

Segregated programs were made with the thought that people with disabilities needed programs that can accommodate lower skill levels, different learning processess, or varying physical abilities (Mayer & Anderson, 2014, as cited in Fennick & Royle, 2013). There is a lack of research on the physical activity needs for people with disabilities; the physical activity needs for people with disabilties are different than those without, and more research needs to be done to find methods to alleviate this.

The different categories of barriers (attitudinal, communication, programmatic, social, and physical) can be found throughout different areas of a community centre. Some community centers may have outdated inclusion policies, or old equipment that is inaccessible, but there is always a solution to remove those barriers. Something else that is important is finding out how to make programs more inclusive for people with disabilities. Staff teaching the program will have insight into how they may adapt their program for those who need it, and a barrier to participation may be discovered.

Another point is that people with disabilities have poorer levels of health, as mentioned earlier, but performing sport is a fundamental human right where it provides freedom of movement, and the right to leisure (Roy, 2016). This is important not only to improve the health of people with disabilities, but to provide freedom and leisure, and finding a way to grant that will be part of the project's research.

This adds another way to see which barriers that need to be removed. In conclusion, the literature focuses on what external barriers exist and how they can be removed, the shift from segregrated programs to inclusive programming, and considering that the health needs of people with disabilities is different than those without disabilities.

Methodology

The methodology used for the research project is content analysis, performing interviews, and observing programs. For content analysis, 4 documents were analyzed:

- **Draft Richmond Accessibility Plan 2023-2033.** This document was chosen because the plan identifies barriers in participation for people with disabilities, as well as solutions for those barriers.
- **City of Richmond Enhanced Accessibility – Design Guidelines and Technical Specifications.** This document was chosen because it assists city staff to incorporate accessibility features that go beyond the BC Building Code for accessibility in City-owned buildings, which can help overcome barriers to the physical space in community centers.
- **City of Richmond 2023 Accessibility Initiative.** This document was chosen because it was used to give staff a resource on how to navigate barriers for people with disabilities, which can help overcome attitudinal or systemic barriers.
- **Rick Hansen Foundation Physical Space Assessment for West Richmond Community Centre.** This document was chosen because it gives staff information about what physical barriers exist in the community centre. This assessment was conducted by the Rick Hansen Foundation for West Richmond in 2018. It provides information on how physical space can be modified to overcome barriers.

Each document was analyzed using a framework (found in Appendix E) that asks questions based on the framework and literature review. Content analysis was used in the research plan since the documents researched identify barriers to participation, and how they can be removed. Content analysis is important because the information found in the documents can help guide decision making in how organizations can remove barriers.

5 people were interviewed:

- Steve Mahon – Area Coordinator at West Richmond
- Melissa Martin – Community Facilities Coordinator at West Richmond
- Vicki Barrett – Recreation Customer Service Attendant at West Richmond
- Amanda McCulley – Planner 2 – Accessibility at City of Richmond
- Isabel Wong – Community Facilities Coordinator at Steveston Community Center

The interviews were performed using the question guide found in Appendix A. Interviews were conducted in the research plan because staff who have been working in recreation have experience in working with people with disabilities. This includes listening to their experiences and receiving consultation or performing work to create accommodation or remove a barrier. The interviews are important because recreation staff have experience identifying and removing barriers, and the difficulties that come with removing barriers due to, for example, old infrastructure at a community center.

3 programs were observed:

- Active Movement for Chronic Conditions 55+ (special status)
- Special Olympics Basketball (general observation)
- Multisport – Children (general observation)

Each program was observed using a checklist of questions found in Appendix D. Observing programs was part of the research plan because there is the ability to see what barriers exist in real time, but also to see what was being done to remove barriers as well. In programs, accommodations can be identified, such as providing different activities for varying skill levels. Observing programs is important for the research plan

because the framework is able to identify what recreation programs have been doing or can do to remove barriers for people with disabilities.

During the implementation of the research plan, a challenge that was encountered was that getting through the research plan was challenging. Since this is a large research project, lots of effort was expected to be put into it, but the amount of effort was underestimated. While the effort put into actually analyzing, observing, and interviewing went as expected, getting it to all happen was challenging as well. It takes lots of time to commute to and from the community center multiple times a week to perform the research, however some of the interviews were done remotely, which helped alleviate how many trips were needed. It took work to make sure the research plan went smoothly as well; it took quite a bit of planning to fit in with responsibilities from other classes as well as work and other life priorities. The message here is not saying that researching is not a lot of work, because it is, it is more so that for it to go smoothly, it takes time and thinking to make sure it goes according to plan.

A success found in the research plan is that program observation and interviews allowed for reflection of the research topic, and also being involved more in recreation. Getting out and observing programs and talking to staff is a different experience than the author's current position in recreation, which is being at the front desk at a community center. For the past two years, there has not been much involvement for the author in recreation due to working in positions that are not in the recreation industry. However, performing the research was inspiring, and has given hope for pursuing a career in recreation once again.

Research Findings and Analysis

One finding from the primary and secondary research is that working with organizations that support people with disabilities is important to remove barriers. They can remove barriers based on what the organization can provide. For example, Special Olympics BC can remove barriers that are attitudinal and social because they provide sports programs that not only accommodate people with disabilities but provide social opportunities as well. Another example is working with the Rick Hansen Foundation to

remove physical barriers, because they can provide an assessment on what physical barriers exist in a community center. Organizations that support people with disabilities are able to provide a variety of things that community centers may not be equipped with to remove barriers.

A second finding is that training for recreation staff is important to remove attitudinal, social, communication, or programmatic barriers. During the interviews, the need for training was brought up in four out of five of the interviews. The types of training mentioned includes instructor training, education for groups that have autism or developmental disabilities, or workshops to learn about people with disabilities (an example being the 2023 City of Richmond Accessibility Initiative done by content analysis. Training is important to remove attitudinal and social barriers, but it also promotes inclusive health. Inclusive health encourages existing programs and services to become more accessible by providing equitable access and full participation (Villasencio, 2021).

A third finding is that recreation managers are all for accessibility, but there is the question of "if they could, they would". So, what is preventing community centers from removing barriers for people with disabilities?

One factor is that many community centers were built many decades ago. For example, Steveston Community Center, where Isabel Wong works, was built in 1957 (Steveston Community Society, 2007). Even in the 60s and 70s, there was not much being done to make buildings accessible in North America (British Columbia Office of Housing and Construction Standards, 2014). West Richmond Community Center is an older building, and the Rick Hansen Foundation Physical Space Assessment for West Richmond Community Centre done in the primary research identifies the barriers in the built environment. Making these changes can be difficult, because as stated in the interview with Amanda McCulley, it requires significant investment and time to perform. Balancing resources and the needs of people with disabilities is something that recreation managers must consider.

Another finding is that while inclusive health is important and should continue to be implemented, segregated programs not only have benefits, but remove barriers by removing barriers in programs for people with disabilities. For example, in Special Olympics Basketball, the environment is very inclusive and non-discriminatory. As mentioned in the literature review, segregated programs even may be preferred by the recreation partcipant (Charles & Michael, 2017 as cited in McGovern, 2005) – and that it creates peer acceptance and self esteem, and provides a place for social bonding (Mayer & Anderson, 2014). Special Olympics Basketball removes social barriers because participants will feel accepted, where other programs may present social barriers that are out of control of some participants. Inclusive health should always be promoted, but segregated programs are needed since they may be preferred by some participants (Charles & Michael, 2017 as cited in McGovern, 2005).

The last finding is that policies play a part in external barriers for people with disabilities. In the interview with Isabel Wong, she mentions that people with disabilities just need their barriers removed – not extra support and the barrier is the problem – not the disability. This attitude is spectacular to have, but sometimes policies and procedures become obstacles in removing external barriers. Policies and procedures at the facility and community level and the availability of resources are types of external barriers that can exist for people with disabilities (Rimmer et al., 2004). An example may be the high cost to retrofit a community center with new, accessible washrooms. While the barrier can be removed, the costs and procedures needed to perform it may be out of control for recreation managers.

What the data from the primary and secondary resarch means for the research topic is that there is a idea of what barriers exists in recreation programs and spaces in community centers. From the primary research, performing content analysis has shown that the perspective of organizations is important in identifying physical barriers. Recreation organizations can start contacting organizations of or for people with disabilities to identify physical barriers to facilities or services (Charles & Michael, 2017 as cited in Gostic & Beyer, 1993). The Rick Hansen Assessment performed for West Richmond Community Center identifies physical barriers in the facility, and the City of

Richmond Enhanced Accessibility – Design Guidelines and Technical Specifications provides guidelines on what can be done to remove physical barriers in the facility as well.

People with disabilities need their physical exercise needs to be met, but a combination of some or all categories of external barriers can prevent this. The different categories of external barriers include attitudinal, communication (inaccessible language), programmatic (failure to make accommodations), social, and physical (Villasencio, 2021). The primary research from observing the program Active Movement for Chronic Conditions helps since the program removes external barriers. The program uses adaptive equipment (very low resistance exercise tubing with handles) and is performed in a space where wheelchairs are able to perform the activity. The physical activity needs of people with disabilities are different than those without disabilities (Martin Ginnis et al., 2023). In Active Movement for Chronic Conditions, participants with physical disabilities are able to perform exercises that are safe for them. Some of the conditions that some participants have include cancer, parkinson's disease, or ostheoarthritis, as mentioned by the instructor. Programs like Active Movement for Chronic Conditions alleviate external barriers, and is one way that people with disabilities can participate in recreation programs.

In recreation, social inclusion is important because inclusive recreation benefits both people with and without disabilities by developing friendships, increasing one's self-image, feeling more included in the community, higher self-esteem, and decreased negative stereotypes (Mayer & Anderson, 2014 as cited in Anderson & Kress, 2003; Schleien & Green, 1992; Snow, 2013). From interviewing Steve Mahon, he states that relationships in recreation are very important. Good relationships are important to create welcoming spaces, and welcoming spaces are key for creating inclusive recreation. Creating good relationships with organizations and/or people with disabilities is important, since to remove external barriers, recreation organizations can contact organizations of or for people with disabilities to identify physical barriers to facilities or services or consult organizations of or for people with disabilities to set priorities for

removing physical barriers and changing policies (Charles & Michael, 2017 as cited in Gostic & Beyer, 1993).

Working with organizations that support people with disabilities allows for barriers for people with disabilities to be removed for participation in recreation. Working with outside organizations to receive consultation or offer programs is one way to remove external barriers (Charles & Michael, 2017 as cited in Gostic & Beyer, 1993). There are pieces of primary research that support this, including Special Olympics BC and the Rick Hansen Foundation. In relation to the research question, outside organizations remove barriers by providing accomodations and a safe space for people with disabilities and/or providing input on how community centers themselves can remove barriers in their spaces and programs.

Removing attitudinal, social, communication, or programmatic barriers is important to consider when accessing recreation programs and spaces. Staff training is important because knowledge, education, and training issues as well as the perceptions and attitudes of persons who are not disabled, including professionals are external barriers to participation for people with disabilities (Rimmer et al., 2004). Staff training was mentioned in each interview, and how implementing it can remove misconceptions. The lack of knowledge/perceptions and attitudes of people without disabilities Rimmer et al., 2004) is a barrier that people with disabilities face when accessing recreation programs and spaces, and staff training through workshops or training sessions can remove those barriers.

During the interviews, the need for training was brought up in four out of five of the interviews. The types of training mentioned includes instructor training, education for groups that have autism or developmental disabilities, or workshops to learn about people with disabilities (an example being the 2023 City of Richmond Accessibility Initiative done by content analysis. Training is important to remove attitudinal and social barriers, but it also promotes inclusive health. Inclusive health encourages existing programs and services to become more accessible by providing equitable access and full participation (Villasencio, 2021).

The aging infrastructure of community centers presents itself as a physical, external barrier when people with disabilities access indoor recreation programs and spaces (Rimmer et al., 2004). Older buildings have physical barriers in their space since they were built without people with disabilities in mind (British Columbia Office of Housing and Construction Standards, 2014). While each building may have different issues, an assessment from an outside organization such as the Rick Hansen Foundation to identify barriers in a community center. To remove the barriers, community centers can use the information from the assessment (Riley et al., 2008) and prioritize which physical barriers they can remove to ensure people with disabilities can participate in recreation.

Segregated programs remove barriers for people with disabilities by providing activities for all abilities, and by creating an environment that is inclusive and non-discriminatory. Segregated programs such as Special Olympics BC and Active Movement for Chronic Conditions create peer acceptance, increases self esteem and provides a place for social bonding (Mayer & Anderson, 2014). Non segregated programs may present social and attitudinal barriers due to judgements based on myths, fears, or stereotypes (Charles & Michael, 2017 as cited in Gostic & Beyer, 1993). Recreation programs should be inclusive of everyone, including people with disabilities, and recreation programs can be made inclusive by providing social inclusion training for staff to promote inclusive health (Mendez-Hodgkinson & Cervantes, 2012).

Recommendations

Recommendation #1

The first recommendation will be to create **opportunities for staff to be trained in awareness training to work with people with disabilities.** Some examples include attending workshops, performing activities, or listening to presentations. An example of awareness training may be attending a workshop hosted by the City of Richmond during Accessibility Week in late May, to perform the City of Richmond Accessibility Initiative. For West Richmond Community Center specifically, they can either create a workshop

to train their own staff or refer staff to workshops. West Richmond can work with organizations that support people with disabilities as well as delivering training.

During interviews with staff, it was mentioned that staff training for awareness for people with disabilities is important. To remove barriers, people must avoid making judgements based on myths, fears, or stereotypes (Charles & Michael, 2017 as cited in Gostic & Beyer, 1993). People have unconcious biases that they may not be aware, so having staff training will help dispel stereotypes or myths. Recreation managers should take into account integrating staff training for people with disabilities into their training programs. Managers can also choose the types of training they can offer – activities and workshops can help staff think about actions they can take to remove barriers for people with disabilities on their terms. Lectures/talks can provide information to remove attitdutinal or social barriesr by removing myths, fears, and stereotypes.

Recommendation #2

The second recommendation is to create more **programs for people with disabilities in mind.** West Richmond Community Center already has many programs for people with disabilites including Active Movement for Chronic Conditions, fitness classes for seniors, and they host organizations for people with disabilities including Special Olympics BC and Canucks Autism Network. Some programs they can make can include youth with autism program, as mentioned by Isabel Wong during her interview, or offer fitness programs for adults with disabilties. A workaround may be to allow adults with disabilities to sign up for these programs as well.

Programs for people with disabilities are important because the benefits of recreation are more crucial to those with disabilities than those without since for example (Roy, 2016), those with mobility disabilities experience atrophying muslces, losing what little amounts of movement they had left (Cooper, 1999). People with disabilities have poorer levels of health, as mentioned earlier, but performing sport is a fundamental human right where it provides freedom of movement, and the right to leisure (Roy, 2016). Specialized programs can remove barriers depending on what the program is offering. For example, if it is a fitness class for people with chronic conditions, it can remove

physical barriers because the exercises are accessible for all. It can also remove social and attitudinal barriers because participants can perform their exercises in a judgement free space.

Recommendation #3

The third recommendation is to **prioritize which physical barriers need to be removed in the community center.** They can be put in order using factors such as priority to remove the barrier, the investment needed, and how quickly the barrier can be removed. Community centers can receive assessments from outside organizations in order to find what external barriers exist, but what the community center does with that information is up to them. Receiving assessments is helpful because each community center will require a different plan to remove barriers, and a good way to start is conduct an accessbility assessment to obtain input from people with disabilities who use a facility or community centre (Riley et al., 2008).

To remove external barriers, community centers can prioritize which physical barriers to remove. For older community centers, their list may be different than a community center that is modern, and was built with more thought to remove barriers for people with disabilities. It is also beneficial to prioritize which barriers to remove because as mentioned in the interview with Amanda McCulley, funding will be limited. Removing barriers can be categorized in its priority in needing to be removed. For example, implementing a visual fire alarm for people with a hearing disability is mostly likely a higher priority than implementing braille features on signage. These examples come from the Rick Hansen Foundation Physical Space Assessment for West Richmond Community Centre. Once the external barriers in the built environment are identified, it is up to recreation managers to decide which barriers they want to remove in what order.

Recommendation #4

The fourth recommendation is for the **community center to provide resources for people with disabilities to access subsidies or find specialized programs.** In the

interview with Vicki Barrett, it was mentioned that there is lack of braille, and she suggested having a workshop on how to register for programs and make finding classes easier at home through registering on the city website. Some things to try include pamphlets on what subsidies people with disabilities can access, provide program guides on organizations that support people with disabilities, or large print versions of the community center's program guides. Organizations can provide targeted services and programs to remove barriers for people with disabilities (Rivera, Smith, & Hesketh, 2024).

This recommendation can come in the form in the form of a pamphlet display at the front desk, posters on a community board, and offering alternative versions of community center pamphlets and materials. This can include an electronic format and/or large print. A workshop can be offered at the community center as well where the basics of navigating the program registration website can be taught.

Conclusion

The purpose of the paper is to find what barriers exist for people with disabilities when accessing indoor recreation centers and programs, and how can those barriers be removed. Different categories of barriers exist**:** attitudinal, communication (inaccessible language), programmatic (failure to make accommodations), social, and physical (Villasencio, 2021). These are external barriers, meaning that they are external to people. Internal barriers will always exist; external barriers are what limits the participation of people with disabilities, but they can be changed (Charles & Michael, 2017). External barriers can be removed by working with organizations that support people with disabilities or by creating a plan that prioritizes which external barriers can be removed. The different categories of external barriers exist in community centers for people with disabilities.

The research methods used include interviews with recreation staff, managers, and city planners, analysis of documents that provide information on what barriers exist and how to remove them and observing recreation programs. Each research method had a framework built that used the literature review as a foundation. The findings from the

research include [1]Working with organizations that support people with disabilities to remove barriers, [2] training recreation staff to remove attitudinal, social, communication, or programmatic barriers, [3] using assessments to find physical barriers and the challenges that come with implementing the assessment in older community centers, [4] segregated programs remove barriers in programs for people with disabilities, where participating in the same type of program may present barriers, [5] inclusive health is important and should continue to be implemented, but segregated programs are needed since they may be preferred by some participants, [6] policies and procedures become obstacles in removing external barriers. These findings are ways to remove barriers so people with disabilities can access recreation programs and spaces and participate in recreation fully.

Community centers can contact organizations of or for people with disabilities to identify physical barriers to facilities or services. To remove barriers to participation, special programs need to be offered to remove external barriers, an example being Active Movement for Chronic Conditions, a program offering exercise to people with disabilities. It is important to maintain good relationships with organizations supporting people with disabilities, as they can provide programs for people with disabilities and give input on how to set policies or remove barriers. Other ways that barriers can be removed include staff training to remove attitudinal barriers or providing segregated programs to remove social barriers.

Some ways or methods to remove barriers to participation in recreation in community centers include [1] creating opportunities for staff to be trained in awareness training to work with people with disabilities, [2] create more programs for people with disabilities in mind, [3] prioritize which physical barriers need to be removed in the community center depending on resources available and the barrier's priority, and [4] to provide resources for people with disabilities to access subsidies or find specialized programs.

The first step to removing barriers for people with disabilities is to take initiative and take the right steps in finding what barriers exist. Once those barriers are found, each community center find their own ways to prioritize what barriers are removed in what

order. Including people with disabilities in recreation programs and spaces is important so they can fully participate in their community. People with disabilities represent a large population in British Columbia, and community centers must continue to support them to be inclusive of everybody who participates in recreation. Recreation is important for everybody, both people with and people without disabilities, and community centers must be willing to take the necessary steps to ensure people with disabilities can fully participate in recreation without facing barriers.

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Appendix A – Interview Questions

Interview questions:

1. Tell me about your position. Have you done any work in recreation prior to this?
2. What is one thing you think that makes recreation inclusive for people with disabilities?
3. Do you have any experience working with people with disabilities?
4. Do you think the physical space in the community centre allows for people with physical disabilities to participate in programs?
5. What would be some tools you would like to learn to further improve your ability to work with people with disabilities?
6. In your specific position, what would be something you could change to make things easier for people with disabilities?
7. What do you think community centers can add to the physical space to make it easier to access for people with disabilities?
8. What stereotypes do you think exist against people with disabilities?

Appendix B – Interview Notes

Melissa Martin

Monday February 26, 2024 at 11:00am over Zoom

1. Community Facilities Coordinator for West Richmond. Oversee association coordinators, seasonal programming, odds and ends around community. Recreation leader before, worked for community associations in special events, supervisor in Out of School Care (OSC)
2. Partnerships that benefit everyone. This includes working with organizations that support people with disabilities. Specialized training that will help individuals work with people with disabilities.
3. OSC in out of school care where children with disabilities use OSC
4. Yes – wide hallway, elevator, accessible parking, benches for sitting. Lower space in front counter, wide doors. Seating throughout facility.

5. Access to training. More funding for training.
6. Our seasonal programs. Training for programs – instructor awareness. Specialized equipment for programs, one on one support for general art programs. There is lots that can be implemented.
7. Good lighting and sound systems is not really considered, and it can be easy to overlook. Not something that can be easily changed, but parking spots for people with disabilities are far from the front entrance of the community centre.
8. Lack of education of knowledge, people make assumptions. Lack of awareness.

Steve Mahon

Tuesday, February 27, 2024 at 2:15pm over phone call

1. Started teaching hockey programs, worked in Richmond adult's roller hockey league in the 90s, worked at ice rink, UBC, Vancouver Grizzlies, 8 rinks. Richmond Youth Basketball League, Summer Slam. South Arm Coordinator, then various community centers.
2. People with disabilities require their own space/time. Their needs and requirements must be found out and met. Recreation is all relationship based.
3. Basketball BC – wheelchair basketball groups. Required special storage and access. People with developmental disabilities are a part of the team – playing or volunteering. Special Olympics, Rafael's living foundation, Canucks Autism Network. Work with them directly/indirectly. Accommodation is important – need to bring in extra staff if needed to adapt.
4. Wheelchairs – yes. Other disabilities such as hearing/visual, no. Lots of what ifs to cover everything. If someone does come forward, we can work with them to help them out. If it becomes a regular thing, then it is more feasible to act.
5. We already have the tools – id say more awareness of what is out there for people to do more. Relationships with organizations that support people with disabilities are important. Special sound systems for people that can't hear well. Education/training for groups that have autism or developmental disabilities.

6. If someone comes to me with a challenge, I have the ability for the most part to make changes. We really haven't been faced with the challenge to modify the community centre – but in terms of financial barriers, it is more of a challenge.

7. We have a Rick Hansen assessment on what we can add – I'll send it over. But generally, you don't really see it until it gets brought up. So, the assessment is good. For example, for designing the City Centre new centre, we had the accessibility council walk around the other, older sites. They bought up access to the sink, and there were no paper towels because some people needed them to clean something of their wheelchair. Braille, Bluetooth audio system embedded in the centre.

8. That people may not want to be interacted with because they may require special attention, or you may not be able to provide accommodation - because its uncomfortable since you may not be able to give. There are a lot of unknowns between people with disabilities versus people without that makes everyone feel unsure.

Vicki Barrett

Thursday, February 22, 2024 in person, 6:00pm

1. Front desk at community centre. This is my first job in recreation.

2. We provide lots of programs for people with disabilities, the Rafael Living Foundation, which is a basketball program for people with disabilities and Special Olympics. We offer a good number of programs for people with disabilities

3. I've worked with people with disabilities before here at the community centre – mostly through helping people register for programs and helping setup for spaces for programs. Also for seniors programs, we work with people that have mobility or hearing impairments as well.

4. Yes. We have elevators, wheelchair accessible showers, lots of space for wheelchairs, and entrances and exits. There are wide hallways, and we have a wheelchair accessible counter at the desk too

5. Workshops to learn about people with disabilities and participate in programs with people with disabilities to see what it is like. It is about what we don't know, learning about things we don't know will help us challenge our biases.

6. Making registration easier for programs – a workshop on how to register for programs and make finding classes easier at home. The online portal can be tricky to navigate because to find certain programs, you have to input lots of filters, which may be difficult

7. There is a lack of braille and there is no electronic format for the program guide. We should have it so there is accessible text that people with disabilities can transcribe if needed to.

8. They are looked upon as childlike and innocent – but they are not. We should not speak down to them. They are people as well, and like we should all be treated equally regardless of background, ability, and upbringing.

Isabel Wong

Thursday, March 7, 2024 at 10:00am over Zoom

1. Community Facilities Coordinator at Steveston. Oversee programming, supervision of instructors and other coordinators. Rec leader, recreation facility clerk, youth coordinator, summer coordinator, volunteer coordinator, out of school care

2. Recreation is meant to be a starting point for anybody – base level to enjoy an activity. We need to try to remove barriers in participation to meet this.

3. Support worker in out of school care, as youth coordinator – we implemented a youth program for those with autism.

4. We do the best we can – if we can make it happen we will. Old buildings really make it difficult to meet the needs of the community. We do the best we can and encourage people to participate when able to, but we do the best we can.

5. Meeting and working with disability advocates – learning from people who have first hand experiences. Education on ways on how to include more people and push us to go out of the box.

6. Planning for the new Steveston Community Centre – coming up with ways to make it accessible including signage and physical space. But for now – we may ask somebody to use a more simple font if they want to put up signage or a poster. Education and putting in the effort is important.

7. Wayfinding is really helpful, different paths with patterns for those walking sticks. Considering all users is really important – not just the majority.

8. People with disabilities just need their barriers removed – not extra support. The barrier is the problem – not the disability. It doesn't mean you are unable – things are just different.

Amanda McCulley

Friday, March 8, 2024 at 10:00am over WebEx

1. Planner 2 – Accessibility. Full disclosure - started this position in early February this year. Subject matter and leadership on accessibility. Implementing accessibility plan – the plan will be finalized in 3-4 weeks. Did day and overnight camps, and coordinated adapted recreation programs at Cerebral Palsy Association of BC

2. Adaptive recreation through modification, or provision for adaptive equipment

3. My siblings, and at Cerebral Palsy Association of BC. Colleagues have people with disabilities as well

4. Unable to answer.

5. Training with Rick Hansen Foundation on how to formally conduct Accessibility audits. Training for helping evaluate the built environment.

6. City of Richmond Accessibility plan – draft actions. Action 4.1 is evaluating programs for accessibility. And also work with disability organizations to provide recreation.

7. If older centers could be updated to new accessibility guidelines. The challenge with this is that they require significant investment and time, but it will be helpful. The infrastructure is aging in the city

8. There's a lot. Ideas they don't want to participate in the community or have meaningful lives. They aren't "good friends and lazy". This is ableism. We want people with disabilities to participate fully and we want to continue awareness on ableism.

Appendix C – Program Observations Checklist

- Is the program itself flexible if people with disabilities were to participate?
- Are the instructors inclusive of all skill levels? What happens if a participant cannot execute something?
- How does the program look to benefit the participants?
- Are there physical barriers in space?
- Do you notice any other barriers that are not physical? Attitudinal, communicative, policies?

Appendix D – Observation Field Notes

Multisport – Children

Feb 21, 2024, 5:30pm

West Richmond Community Centre Gym

Structured environment, from a general public perspective

The transition between classes in the gym was hectic. The last class that was getting out of the gym met outside with people from the Multisport class trying to get into the gym. For some, this may be a sensory overload. While it may not be part of the observation checklist, it is something worth noting.

Multisport is a class where instructors teach movement skills so they can play different sports such as basketball, hockey, soccer, and volleyball. For this session, multiple indoor soccer nets were set up, so they were doing soccer. They started with warm up by doing various movements such as jogging or skipping back and forth across the length of the gym. The instructors were patient with children who were going at different paces. In terms of the space, there was lots of space in the gym, since there were not too many children in the class. If a child with a more apparent physical disability were to participate, however, it is unknown if the activities in mind will be beneficial.

The class then learned how to pass the ball in soccer. The instructors were providing step-by-step instruction with each other on how to pass the ball. It seemed as if it was a little too simplified, but there was effort put into the explanation. The children were then paired and practiced passing the ball with each other. One thing that helped inclusivity was that the distance between students wasn't fixed, so if the distance felt uncomfortable, there was no pressure to make it shorter. The program looks to teach skills at as many different paces as possible. There was lots of room in the gymnasium for people to move around freely.

The last activity was then a challenge for shooting a soccer ball into a net, with an instructor as goalie, and everybody lined up to take a shot at the net to see how many goals everyone can score in a time limit. It looked like everyone was having fun and it made the class feel welcoming while getting everybody's heart rates up.

Special Olympics Basketball

Tuesday, February 27, 2024, 6:30pm

Structured environment, from a general public perspective.

West Richmond Community Centre Gym

Field Notes

The first thing noted was the camaraderie displayed by the coaches. Before the program started, everyone was chatting, catching up with each other, and telling each other how their day went. It is different than things like fitness classes, where people usually keep to themselves before the class starts.

Warm up began, and after warming up, the coach explained what they were going to do for today. Today's focus was on dribbling, which is a very fundamental skill to learn when first learning to play. The coach broke down how to dribble the basketball, but there was a large focus on the visual part of it. The coach said to look at their fingers, their body position, and "look at my head – it is up at all times". It is important to be good

at dribbling since it is something you can always get better at. What was noticed was that they are detailed in their explanation so players of all skill levels can understand.

They were then divided into groups. It is a program where there are players of different skill levels, and it seemed they have been doing it for a while, so the groups formed quickly. Players who were more experienced were building on their dribbling skills, doing a drill where they are dribbling while moving left and right, with the coach making sure they are doing okay. The players who were not as experienced were doing dribbles one hand at a time while staying in the same place, with the coaches using their hands to guide those who needed help with the movement. It was good to see flexibility for all skill levels and the program is made to be flexible for people with disabilities. After practicing dribbling for about 10 minutes, there was a short break.

After the break, there was going to be some scrimmages. The scrimmage was straightforward, with teams having equal amounts of people of varying skill levels. The scrimmages were encouraging, where coaches never said anything negative, only encouraging things. The atmosphere was about skill building and improvement, and everybody was in it together. The ball was passed around as much as possible, and even if not, everybody got to shoot, players had fun trying to apply their newfound dribbling skills, since the coaches were reminding them of what they learned during the drills earlier.

Overall, Special Olympics Basketball is about skill building and inclusivity. It is a strong community where players not only care about getting better at sports, but to build friendships and be able to do new things together. This is a benefit of the program

Active Movement for Chronic Conditions 55+

Wednesday, March 6, 2024, 1:00pm

Structured environment, special status granted.

The room had chairs formed in a circle in a large ballet like studio. There was an open layout and lots of room for moving around. There were multiple volunteers who were

helping out with the program. For warm up, participants could do this activity seated or standing, tapping their feet to music that is slow (below 130bpm). They were asked to tap their toe in different directions. There were two instructors leading the exercise – one doing the exercise standing up, the other sitting down. The lead instructor provided guidance to do the movement correctly. So far, people are enjoying the class. The instructor is also knowledgeable about different conditions, where they explain how certain exercises are affected if you have something such as osteoarthritis.

They then got some tubing, which is a resistance band with two handles. They performed core exercises, where the leg comes up, while again sitting or standing. There is lots of room for accommodation since people come in with different conditions where they may not be able to perform certain exercises. They then moved to shoulder exercises, where the tubing is used as resistance to perform an arm movement that is similar to "opening the fridge door". They then performed multiple more different exercises using the tubing, including a back and punching exercise. The exercises were performed with multiple variations – this was a common theme.

The class then moved on to partner work. The instructor encouraged participants to find a partner they have not worked with before. Participants needed to stand up but can use a chair to stabilize themselves. They were doing an exercise where they were facing away from each other, and stepping out, using the tubing as resistance. The instructors went around to each group, making sure they were doing it properly, and encouraging them. They then performed balance exercises, where participants leaned left and right pretending it's a surfboard – again performed with different variations.

The class then ended after some light stretching. The instructor stayed after the class to talk with the participants about their health and lives – some of them approached me and mentioned how their mobility has improved since starting the class. The participants are able to benefit because the exercises are easy to perform – they are able to do most of them at home with little to no equipment. There was lots of space to perform the class, and everyone came with a positive attitude to remove any attitudinal or systemic barriers.

Appendix E – Content Analysis Framework

- What is the goal of the document?
- Do they define terms that may need clarification?
- Do they provide any statistics or facts on accessibility or people with disabilities?
- Are there any mention of barriers in participation in recreation for people with disabilities?
- Is there any information on how to remove the barriers?
- What information is there on inclusive programming?

Appendix F – Content Analysis Notes

Document 1: Draft Richmond Accessibility Plan 2023-2033

Accessed on Feb 20, 2024

This document was chosen because it is an accessibility plan made by the City of Richmond that outlines advancing accessibility in Richmond. The plan identifies barriers in participation for people with disabilities, as well as solutions for those barriers.

Field notes:

The Richmond Accessibility Plan is made by community members, including people with disabilities, community organizations that support people with disabilities in Richmond, and the City of Richmond. There are stories and insights from people with disabilities.

The document provides a glossary of terms and mentions that one in five Canadians have a disability, and Canadians aged 65 and older represents over 38% of people living with a disability. It is almost mentioned that the prevalence and complexity of disability was found to increase as people age.

The goal of the document is to outline a multi-year accessibility plan to advance accessibility in Richmond by working with community organizations and people with disabilities. In terms of recreation, the city works with Community Associations to

provide programs and services that are inclusive and remove barriers to participation so everyone can participate. The barriers that prevent participation are divided into categories: physical, attitudinal, sensory, systemic, information and communication, and technological.

The solutions to removing barriers to participation in recreation were discussed, and they include:

- Improving the relationship between community organizations that support people with disabilities and Community Associations
- Increasing the number of accessible washrooms and changerooms
- Plans to expand active transportation networks through parks and public spaces
- Program information that is easy to find and available in accessible formats

Community Associations will strive to provide programs and services that are inclusive and remove barriers to participation so everybody can participate. Community centers also provide inclusive volunteer opportunities to build community. People with disabilities have also identified that programs and services should be expanded to reach across the spectrum of disability. This means developing more options for people who are neurodivergent, have sight or hearing loss, are Deaf, or have multiple disabilities.

Document 2: City of Richmond Enhanced Accessibility – Design Guidelines and Technical Specifications

This document was chosen because it assists city staff to incorporate accessibility features that go beyond the BC Building Code for accessibility in City-owned buildings.

Field notes:

The goal of the document is to provide information on how the City of Richmond is ensuring their buildings reflect a strong commitment to accessible design requirements. This includes community centers.

They define the Seven Principles of Design, which is a universal design that can enhance accessibility by making sure that the needs of the community are considered when new infrastructure is built. The seven steps of use are [1] equitable, [2] flexibility, [3] simple and intuitive, [4] perceptible information, [5] tolerance for error, [6] low physical effort, [7] size and space for approach and use. There is also a glossary of definitions for accessibility in buildings.

A barrier to participation in recreation is assuming that people using wheelchairs are relatively strong individuals. However, this does not consider those who aren't as strong or using a larger mobility device like a power wheelchair. Spaces are recommended to have enough space for a wheelchair to make a 360-degree turn and allow those with wheelchairs to reach over an obstruction (e.g. the front desk at a community centre.

There are more specifics, but the document provides an accessibility checklist which goes over what buildings should have for physical, blind or low vision, deaf or hard of hearing, and cognitive and developmental disabilities. It covers entrances, parking areas, signage, ramps, stairs, handrails, elevators, washrooms, and other interior elements.

There is information on how the barriers should be removed, but not really any information on how to find ways to do it. For example, the document does not explain how those running city buildings can purchase accessible doorknobs. They may be an internal resource since the document is viewable to the public as recommendations that the City of Richmond is implementing.

Document 3: City of Richmond 2023 Accessibility Initiative

This document was chosen because it was used to give staff a resource on how to navigate barriers for people with disabilities.

Field notes:

The goal of the document is to provide employees with practice scenarios to solve attitudinal, communication and technological, physical, sensory, and systemic barriers for people with disabilities.

They define what each category of barrier is about and provide terminology for certain topics, such as identity-first (e.g "Autistic person") versus person-first language ("people with Autism"). There are no statistics for people with disabilities.

There is mention of barriers to participation in recreation with people with disabilities. In the physical barriers section, there is an activity that requires you to read a news article on a person's experience with using a wheelchair after becoming paralyzed. For example, they had to circle the parking lot because the few accessible parking sports at the community centre were occupied, making their daughter late for swimming lessons.

There is not any information on how to remove the barriers, since it is an activity that makes you reflect. Instead, there are reflections and practice scenarios to get someone into the right mindset to think about solutions to removing barriers. Inclusive programming in recreation is not mentioned.

Document 4: Rick Hansen Foundation Physical Space Assessment for West Richmond Community Centre

This document was chosen because it gives staff information about what physical barriers exist in the community centre. This assessment was conducted by the Rick Hansen Foundation for West Richmond in 2018.

The goal of the document is to provide key areas of improvement in eight categories:

1. Vehicle access
2. Exterior Approach and Entrance
3. Interior Circulation
4. Interior Services & Environment
5. Sanitary Facilities
6. Signage, Wayfinding, and Communications

7. Emergency Systems
8. Additional Use of Space

There are also short-term and long-term solutions provided for some barriers as well. There are no terms to define or statistics – the document provides information on what barriers exist, and that is what the whole document comprises of.

For the key areas of improvement, they mention what barriers exist for someone who has a physical disability. For example, the first area of improvement, vehicle access, they state there is limited width and length of accessible parking spots, no marked pedestrian crossing from the parking lot, and no designated drop off zone. For the areas of improvement, it is unknown if West Richmond themselves already knew, but it is good to have an outside perspective because Rick Hansen can see what West Richmond doesn't.

The areas of improvement tell what the barriers are, but also implies what can be done. For example, an area of improvement for washrooms is to add emergency call buttons – which can be added (to remove the barrier), but it is up to the community centre to make the change. There are some short-term and long-term suggestions on how to remove the barriers in another section of the document. For example, one long-term solution is to add a fire emergency evacuation chair to be able to evacuate someone with a mobility disability from the second floor. There are many suggestions in the document, but these implementations require lots of planning and resources to happen. These solutions are good for the future and may even save lives as some solutions are for when emergency situations occur.

There is no information on recreation programming in this document.