

## **An Abilities-Based Approach to Service Delivery and Professional Preparation in Adapted Physical Activity**

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Adapted physical activity professionals have embraced for some time the concept of a nonmedical model; however, traditional approaches in service delivery continue to exist. Abilities-based is not a model for service delivery; it is an approach that offers a new perspective that is based on person-centeredness, openness, and compatibility. The focus is on the person in a learning situation, not the disability, not the activity, and not the environment. Although these factors cannot be ignored, emphasis in an ability-based approach shifts to the person. Attitude within and toward service delivery is the critical point of departure in the abilities-based approach. This article discusses demystifying disability and building positive attitudes as features of this approach. It then discusses the influence of this approach on how we prepare future professionals of adapted physical activity, and it concludes with an example of an abilities-based program.

During the short history of service delivery in adapted physical activity (APA), which spans approximately 75 years, our professional philosophy has evolved to focus on disability; participation in sport, exercise, and recreation; and support services (DePauw & Doll-Tepper, 2000; Sherrill & DePauw, 1997). Our current perspective is reflected in the following definition: “. . . cross-disciplinary theory and practice that attempts to identify and solve motor problems throughout the lifespan, develop and implement theories that support access to sport and active lifestyle, and develop co-operative home school-community service delivery and empowerment systems” (DePauw & Doll-Tepper, 2000, p. 136).

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This definition demonstrates advances in our approach to service delivery in two important ways. First, it focuses on our quest to broaden the theoretical foundation of adapted physical activity, and secondly, it extends our perspective to include community and leisure activities across the lifespan and thus expands an earlier, narrower focus on instructional or educational settings. Despite genuine attempts to look beyond disability by defining APA in terms of service delivery that encompasses home, community, and school, reference to disability can be easily inferred within the phrase, "identifying and solving motor problems." Although it is much softer language, the intent is not that much different than that of the physician who is charged with diagnosing problems and prescribing solutions. Our attempts to distance ourselves from the medical model fall short in regard to our capacity to shift away from a focus on disability. For example, Block (2000) suggests that "for more information regarding . . . these disabilities, refer to an adapted physical education or medical text." He continues, "a diagnostic label does not provide much information about a student's functional abilities" (p. 207). However, in leading textbooks on APA published during the last 5 years (Auxter, Pyfer, & Huettig, 2001; Dunn, 1997; Sherrill, 1998; Winnick, 2000), all authors have included at least one section that uses a categorical approach to describe people with disability. The categorical approach, similar to the medical model, identifies specific categories of disability or impairment that are based on various factors such as diagnosis, cause, prevalence, and recommended interventions. A categorical presentation further infers that the physical activity options and adaptations for an individual can be generalized based on the disability and the associated implications. Although most authors discuss the variations that may occur between individuals with the same disability, the categorical approach represents the traditional approach to APA and reflects student demands for disability-focused information. We sense that learning about disability, a point of convergence that distinguishes APA, has become a focal point, not to the exclusion of other information such as service delivery, but as a central element. We contend that we must question our practices and assess how we prepare future practitioners.

Current practice suggests many undergraduate classes in APA follow a curriculum pattern similar to the textbooks. If this is the case, then 66% of the course is devoted to law, pedagogy, sport, and service delivery; the remaining one-third focuses on disability according to a categorical approach, an approach that runs the risk of perpetuating stereotypical perceptions of people with disability. How can this be the case, however, if only one third of a book is dedicated to a study of disability? We believe, based on our professional experience, that for many students, it is the section they have been waiting for more than any other. It answers questions about why people with disability are different. There also can exist a certain sense of authority and accomplishment that comes with mastering information on definitions, causes, aetiology, and intervention. There are students who find it easier to deal with the facts than to deal with a person. And, armed with this information, we contend it is possible, if not probable, that upon meeting someone, there is a tendency to focus on identifying his or her disability first instead of seeing the person first.

If all individuals are going to have the same opportunities for a physically active lifestyle, it is essential that practitioners focus first on the person and their abilities. In APA, the focus has shifted away from the medical model toward seeking a wide range of activity options with appropriate adaptations (Sherrill, 1998). Despite the best efforts of professional leaders in the field, however, effective

development of a noncategorical approach to service delivery is still one of the most significant challenges that we face for the current and future preparation of APA practitioners. It is an imposing task to make a profound and systemic change that truly creates a delivery system that serves the person and not the disability.

Our purpose in this article is to promote discussion and to prompt critical and reflective thinking (Sherrill & O'Connor, 1999) about the delivery of service in APA for the 21<sup>st</sup> century. We contend that our assumptions about noncategorical approaches and service delivery are not being widely practiced in the field. We propose that an abilities-based approach is an effective response to the challenge of providing appropriate active lifestyle opportunities to individuals of all abilities. Our discussion also addresses APA delivery of service from the perspective of practitioners who work as teachers as well as those who work in the community as instructors, coaches, and leaders. In addressing an abilities-based approach, we will consider current practice, we will reconsider the professional preparation that various types of practitioners need in terms of skills and attitudes, and we will offer a program example.

To explore new ways of practice, we must be prepared to question our current mode of service delivery and the implicit philosophies, attitudes, and tools that we promote within professional practice. Is it possible to create excellence in an approach to service delivery that does not address disability needs? We suggest that the reason we have not yet fully achieved this goal is that we have not found a suitable alternative to studying disability. How else will our students learn disability-specific facts? Knowledge about disability is tied to safety and indeed tied to ability. Students studying in APA want to know and need to know what they, as future professionals, will be dealing with, even if it means labeling. These genuine concerns must be confronted before we will move from our current systems of professional preparation and practice. The abilities-based approach provides a vehicle to drive new approaches and initiate new practices. In this article, we begin with a definition that is characterized by a description of key components that make up an abilities-based approach; next, the implications of instituting this approach for the preparation of future professionals is presented; and last, insights into the use of the abilities-based approach are provided through the example of a volunteer training program.

### **Abilities-Based Approach**

First, an abilities-based approach is defined by its focus on the whole person as a participant, not the disability, not the activity, and not the environment. The activity and the environment are not ignored, but the central focus is the person. It is a philosophical approach to all forms of service delivery, not a specific model for service delivery. Nor should it be viewed as a single central paradigm. It builds on the evolution of theory that has created the foundation of APA as we know it today. From wellness theory, it takes a primary focus on assessing strengths and a perspective that "the client's role is as important as the practitioner's role" (Jones & Kilpatrick, 1996, p. 263). Although language used by Jones and Kilpatrick such as "client" is dissuaded, the message of empowerment that wellness theory promotes through equating roles and the concomitant focus on strength, rather than diagnosing pathology (Cowger, 1994; Waters, Lawrence & Wetzel, 1995) is consistent with an abilities-based approach. Borrowing from ecological theory or more

accurately, field theory (Lewin, 1951), an abilities-based approach attends to the interaction of a person and the environment, both physical and social (Sherrill, 1998, p. 223). It also acknowledges adaptation theory (Kiphard, 1983; Sherrill & DePauw, 1997) that speaks to the need for individualization and provision of optimal activity experiences for everyone.

The basic tenet of an abilities-based approach is that each person has a unique constellation of functional abilities on which service delivery should be focused. Assessment in an ability-based approach matches the functional abilities of a person with the demands of participating and/or learning in a specific activity situation and focuses on increasing the compatibility between the two. Factors that influence the success of an abilities-based approach include the principles of (a) person-centeredness, (b) openness, and (c) compatibility.

### Person-Centeredness

The concept of person-centered learning is not new (Alexander, Taggart, Medland, & Thorpe, 1995; Dewey, 1923; Rogers & Stevens, 1967; Thorpe, Goodman, & Smith, 1997) but it has not been fully addressed as a concept for service delivery in APA. The principle of person-centeredness places the person, with or without disability, for whom an activity or program is being planned at the center of the planning process. Development of individualized education programs (IEP) has moved the learner from the position of recipient of the planning process to the position of participant in a team planning process. IEP determines a type of placement; it is structured by law and guided by assessment (Sherrill, 1998). An abilities-based approach recommends a refinement of the IEP understanding of learner involvement in the planning process. It recognizes "disability as neither bad nor good but rather as invested with personal meaning acquired through reciprocal interactions with the total ecology (i.e., both internal and external environments)" (Sherrill, 1998, p. 259). Therefore, the abilities-based approach suggests that the professional move from a superior role of team expert to the more participatory role of a partner who supports the individual by first learning from her or him about who she or he is as a person. Attention, therefore, in an abilities-based approach is directed away from trying to figure out what is wrong with a person and how things can be changed to better fit this person in with everyone else. Attention is directed toward interests, capacities, and abilities of the person and what supports are needed to express them (O'Brien & O'Brien, 1998, p. 20). Person-centered planning does not ignore disability; it simply shifts the emphasis to a search for capacity in the person. It also does not ignore the expertise of the professional in terms of discipline knowledge and experience, whether it is in teaching, coaching, or other forms of leadership. It does assume, however, that in the first instance, the practitioner is not an expert about the learner or her abilities. A practitioner becomes a partner when, together with the learner, he or she seeks to know about the person and his or her abilities.

One of the dilemmas that we face in delivering APA is that not every teacher/leader or coach is professionally prepared in the area of APA. An abilities-based approach reduces the significance of this issue because the approach relies on the participant and teacher, working together as partners to learn and build successful participation. This does not demise the authority of the teacher, but it does suggest a shift in power. The role of the teacher is to work with the participant in constructing the most effective learning situation.

Our current professional preparation can create a mystique around working with people with disability. Professionals both with and without training in APA preparation express fears of working with people with disability (LaMaster, Gall, Kinchin, & Siedentop, 1998; Linert, Sherrill, & Myers, 2001). Linert et al. (2001) also found that many teachers, selected from both the U.S. and Germany, believe that they are not sufficiently trained to teach students in an integrated setting. In addition, they also cite a lack of adequate assistance and other resources. Abilities-based recognizes the value of assistance and resources, and it is not based on the assumption that the teacher has specialist level training in APA. As Sherrill (1998, p. 8) suggests, "Good teaching is adapting." One cannot help but wonder if teacher fear and sense of lack of preparation is based on two very plausible factors. First, they hear about the disability or see the disability first and not the person, and second, they are apprehensive about an enormous amount of extra work for which they feel solely responsible. Person-centeredness means that not only is the person the first point of focus, but that his or her abilities have personal meaning and create from within a definition of self in unique ways. And it is because of this very individualized perspective that teachers, leaders, and participants are expected to plan and implement activities together. In abilities-based approaches, an outcome of the process is shared learning.

Not surprisingly, LaMaster et al. (1998) reported that specialists who teach elementary physical education found that the more inclusive the class, the more individualized the instruction, planning, and delivery had to be. Individualization suggests planning and program delivery based on abilities and, as a result, learning with successful participation is enhanced for every participant, with and without disabilities. A desired outcome of legislation such as the Individuals with Disabilities Education Act (IDEA) is the development of Individualized Educational Programs (IEP) and Individualized Physical Educational Programs (IPEP) that provide structure and accountability for individualized service delivery (Sherrill, 1998, p. 78). An IPEP, however, can be based on a deficit model. Therefore, in an abilities-based approach, there is a clear rejection of any interpretation of the IPEP that is written in terms of remediating deficits. An abilities-based IPEP is based on maximizing abilities. How would an abilities-based IPEP differ? It would *not* make reference to strengths and weaknesses. It would refer to the functional abilities and capacities within a person. Any reference to disability is not part of the lexicon. When reading an abilities-based IPEP, one learns more about individuals and what they can do, not what they cannot do.

## Openness

In a new abilities-based approach to APA, we propose to extend our current understanding of inclusion to encompass the promotion of a philosophy of openness. Inclusion has progressed from earlier descriptions of an event or a method as described by Rizzo, Davis, and Toussaint (1994), in which all students with disabilities are educated with their nondisabled peers in regular classes. It now permeates community, as it is viewed as a social imperative that promotes and ensures that all members share equitably in its resources regardless of their differences (Jeffreys & Gall, 1996). According to the National Institute for Urban School Improvement (2001, p. 2), "Inclusion is a philosophy of acceptance and flexibility." Over time, it has become evident that inclusion (physically, socially, and emotionally) is the outcome of valuing people equally regardless of their differences.

However, as Hastings (1995) advises, inclusion should be viewed as “a transitory concept” based on the notion that if people with disabilities are already part of society, they do not need to be included into it. All individuals are already part of the whole. Openness is a philosophical progression of inclusion. Whereas inclusion offers acceptance and flexibility, it also suggests limits. That is, we talk about inclusive schools and inclusive practices and these are defined in terms of collaborative teaching, inclusive communities, individually tailored learning, and so on (National Institute for Urban School Improvement, 2001). Indeed, guidelines for implementation are offered in terms of plans such as making action plans system (MAPS) of Block (2000). These are important highly evolved developments in service delivery, and our brief description does not do justice to the complexity of implementing such practice. However, it is not the purpose of this paper to explore the expression of inclusion in practice. Our concern is why our current implementations of inclusion in APA are not working well. “Even those who were willing to take children with disabilities . . . did not know where to begin” (Block, 1999, p. 33).

Openness shifts our thinking from implementing inclusion to approaching inclusiveness with an inquiring mind. Openness does not have limits. It is a way of thinking that can be expressed in our attitudes toward service delivery. It is without restrictions, it is nonjudgmental, it is all encompassing, it is receptive to new ideas, and consequently, it opens the possibility of transformation of the whole orientation (Wood, 1990). One might argue that this is a general goal of all education, but it is particularly salient to APA, because in current preparation of future practitioners, we tend to focus on models of service delivery and trends in educational practice (e.g. mainstreaming, integration, least restrictive environment, and inclusion) rather than encouraging new ways to thinking about and delivering service. Models rarely fit all situations, and by attempting to modify models, we are restricted in our thinking. Openness, on the other hand, is a philosophical way of thinking that is unrestricted.

## Compatibility

The ultimate key to an abilities-based approach is the compatibility of a person with the psychological, social, and physical aspects of a learning and participation situation. Over the years, there has been substantive research on the attitudes of generic service providers toward the integration of people with disabilities in regular settings (Conatser, Block, & Lepore, 2000; Kozub & Porretta, 1998; Lindstrom, 1992; Rizzo, 1984), of student teachers toward integration (Downs & Williams, 1994), and of people with disabilities toward sport and physical activity (Blinde & McClung, 1997; Goodwin & Watkinson, 2000; Place & Hodge, 2001). Largely, this research has informed us of the negative and stereotyped attitudes that restrict the full involvement of people with disabilities in regular sport and recreation programs. Why are we having so many problems with inclusion? Research findings point toward attitude: “The combination of poor attitudes and limited training further resulted in inclusion failures in many physical education programs” (Block, 1999, p. 33). Although based on very individual and complex reasons, generally speaking, negative attitudes can stem from nonworkable situations and from awkward or negative experiences. How do we move beyond negative attitudes? We cannot look to one place to improve compatibility and therefore the situation.

It is incumbent upon us as professionals to examine the learning situation from the perspective of the places of learning. Schwab (1966) identifies the places

of learning as the interaction between the four key factors: the student, the teacher, the subject matter, and the milieu. Successful compatibility relies on positive interaction within and among these four places of learning. Therefore, compatibility cannot be fixed by merely altering the environment or changing the game, the student, or the teacher. It requires the successful interaction of all four. It is the dynamic of the interaction among all four places of learning that leads to compatibility. To improve compatibility, we must consider these *interdependent* variables. When one is altered, we must consider the effect on the others. If practitioners believe that they are solely responsible for determining learner abilities, following inclusion plans, and adapting equipment, environments, and participants, the task of delivering service in generic places of learning, sport, and recreation can be daunting.

## **A New Perspective on Professional Preparation**

Moving beyond the rhetoric of inclusion will occur only when we make fundamental changes to our practice of APA and consider new ways to prepare future professionals and general practitioners. We believe the challenge lies in the ways of practice that are modeled for and studied in APA preparation. Putting an abilities-based approach into practice requires different skills and new understandings of the delivery of service.

### **Adopting Person-Centeredness**

Instituting person-centeredness starts with the willingness to learn about people as they are, rather than how you think they should be (i.e., assumptions must be abandoned). It begins with listening, active listening, that faithfully demonstrates that the person has been heard and understood. It reflects the use of simple techniques, such as learning to be positioned at eye level with a person and learning good conversing techniques such as repeating what was heard, summarizing a conversation, and sharing feelings. Although listening to the participant is the first source of information, when necessary, information can be sought from proxy sources, such as parents, caregivers, therapists, and others. However, the danger in relying solely on secondary sources is the risk that the interests, competencies, and aspirations of the person with a disability will be buried under labels, limited information, and/or the assumptions or expectations of others.

The participant should always be the primary source of information about his or her interests, goals, and abilities. Each individual is usually a knowledgeable expert about her/himself, and it is empowering for participants to convey information directly to the program provider. This includes individuals with intellectual disabilities. Motivation toward activity will likely increase when the participant becomes part of the decision-making process about the type of activity to be chosen and the goals and objectives associated with the program. Within the school environment, this approach suggests that the learner will participate in shaping the curriculum; in community programs, it suggests that person-centeredness provides the individual with a sense of ownership and the opportunity to control program direction. Difficulties are not relevant to the process until a person's goals and visions in concert with program goals and objectives are clear. Then the following question will be appropriate: "What particular assistance do you need to reach your program goals and objectives or to participate?" (O'Brien & O'Brien,

1998, p. 8). The second question may be relevant at this point as well: What are the health risks that you might face in this program? Here is where disability is not ignored but it is viewed in terms of the safety of the participant. A classic example would be the potential for injury during selected activities associated with atlanto-axial instability in persons with Down syndrome. Further inquiry may be necessary. What are your unique needs that will ensure safe and healthy participation? Viewed in this light, these are questions that you might ask anyone venturing into a new activity, people with and without disability.

Service delivery shifts from a focus on accurate diagnosis, therapeutic interventions, and developing skills in small steps to the practitioner listening respectfully and imaginatively to the person and asking good questions. Finding what works best often includes using techniques that have been previously successful, but an established formula or model is not a starting point. The starting point is recognizing the unique needs, feelings, and capabilities of each person and further acknowledging her/his growth and learning potential. The learner historically has been part of the team in the service delivery process of APA. However, in an abilities-based approach, the learner's position shifts to the position of partnering with the instructor or leader.

Thus abilities-based preparation in APA will include training that develops the following skills: listening techniques that demonstrate respect, imagination, and attentiveness; the ability to pose good questions; and techniques for sharing and the collaborative development of ideas. It will attempt to instill a strong belief in the right of individuals to enjoy activities based on their interests and their abilities, the knowledge and skills to facilitate the individual's achievement of their goals, and coauthoring of program plans.

Fundamental to working in an abilities-based model that relies on person-centered planning is the skill of identifying abilities at an individual level. Observing skills and abilities can be effectively accomplished by conducting authentic assessments (Block, Lieberman, & Connor-Kuntz, 1998), or by merely recording personal serendipitous observations, or through formal observations using appropriate tests. Regardless of the assessment method, in the abilities-based approach, assessment skills are used to evaluate the functional abilities required by an activity. We suggest that these abilities can be identified within six categories: mobility, object manipulation, cognitive function, communication and perception, behavior and social skills, and wellness. Demands can vary between different activities and for the same activity, depending on the setting or type of program. Once the activity demands are determined, then the individual's abilities are also evaluated using the same six categories. In order to improve opportunities for successful participation, the ability-match between those required by the activity and those of the individual should be maximized. If the person's abilities match or exceed the functions required by the activity, then there exists a strong likelihood that participation in that activity will be successful. The processes to achieve compatibility are the same, whether or not the individual has a disability.

## Operating With Openness

"Facilitating community inclusion is an art form" (Uditsky, 1999, p. 1) that requires community commitment. APA exists in community as much as it does in school and sport systems. Therefore, the art of encompassing all participants is the

ability to craft opportunity for participation. If a physical activity opportunity is truly inclusive, all participants will be able to join through the same procedures. The ultimate goal of inclusion through an abilities-based approach is to eliminate the concept of change based on disability in order to facilitate this participation. We suggest that this requires a philosophical position of openness, a willingness and determination not to judge or presuppose outcomes but to focus on abilities. The practitioner learns to observe behavior, to comment on and record the functional capacities and abilities of the learner, and to use inquiry to find solutions to participation for all.

Abilities-based thinking and inquiring should guide decision making in school physical education along with community recreation. From lessons in a sport to a competitive program, or from standardized school-based curriculum content to community recreation programs, an abilities-based approach is appropriate. An active living life style and the skills for a lifetime of activity are the ultimate outcome of successful APA service delivery. Indeed, creating openness should set the stage for seamless transitions into and within the community.

### Creating Compatibility

People with disabilities have traditionally had to discover innovative ways to gain access to and participate in sport and physical activity. The need for innovation has been borne out of an essentially incompatible environment and hostile practices. If we reference Schwab's (1966) places of learning to test compatibility, it is evident that any part of the interaction matrix among learner, instructor, activity, and milieu can yield incompatibility or hostility. Compatibility overlap in the abilities-based approach, therefore, compares all aspects of the learning and participation interaction to the abilities of a person within the framework of specific activities and assesses how well they match. It goes beyond the ability match between the person and activity and considers the interaction of the teacher and the milieu with the person and activity as well.

This interpretation of compatibility overlap differs from least restrictive environment (LRE) in both context and outcome. In an abilities-based approach, there is every attempt to increase the compatibility overlap by creating a better milieu. For an abilities-based approach and LRE to be similar, there needs to be a focus on the problems with the existing environments rather than an emphasis on where the person best fits. Although an abilities-based approach and ecological task analysis (ETA; Davis & Burton, 1991) operate at different programmatic levels, they can be distinguished according to a different focal point. ETA considers how a participant executes a task under specified environmental conditions, whereas an abilities-based approach is concerned with an environment that supports inclusive participation, regardless of how a task is performed.

A new perspective on the environment as a milieu requires new skills for professionals in APA. It has not traditionally been the role of the APA specialist to assess the behaviors of service providers or to assess the places where they practice. The behavior of generic providers is critical, and the accessibility and social understanding of the places where they practice is fundamental to an accepting environment. We suggest that preparation of APA professionals must provide them with auditing skills for recognizing and identifying the needs associated with modifying environments that are physically, socially, and/or emotionally restrictive.

Creating compatibility provides security that will help build confidence and nourish greater independence and less dependency. This, in turn, will encourage the learner to take responsibility that affords the opportunity to risk failure as well as experience success. Promoting independence often requires that the instructor assume different support roles. The traditional teacher-student relationship is only one way of supporting learning. Depending on the needs of the participant, physical activity professionals may assume a variety of roles to contribute to greater independence within a compatible environment. These include teacher, facilitator, coach, colearner, broker, consultant, leader, and coadvocate.

Understanding social role theory (Lopata, 1995; Raffel, 1999) can assist practitioners in adopting new roles and moving between roles. Role refers to the actions and behavior expected of persons engaged in identifiable social positions (Macionis & Gerber, 1999). We especially take note of the "self-other" character that roles have in a social setting. In other words, the role each plays in a given setting is usually done in keeping with the expectations that others generally hold for persons in that role. The teacher or coach role is generally more familiar than a consultant role. Less familiar is the colearner role. An abilities-based approach encourages both the teacher and the learner to understand and to adopt, when appropriate, colearner roles in the design and participation in programs.

Other determinants of compatibility are age, gender, and socioeconomic and cultural interactions. Professionals improve the potential for program success by learning how to assess and enhance the relevance of these factors. An abilities-based approach is ideal for creating solutions to situations that depart to a greater or lesser extent from the norm. Traditional planning often reinforces the status quo by using forms of planning that are based on the concept of a developmental model (DePauw & Seaman, 1989; Eichstaedt & Kalakian, 1993). Unfortunately, the developmental model tends to emphasize deficits from the expected developmental milestones in contrast to an abilities-based approach that seeks the expression of ability.

Consideration of the learner as a person who interacts with his or her environment is the basis on which compatibility is created. Planning a program from this perspective forces one to consider the needs, demands, and conditions that social structures place on the learner. Social structures influence our attitudes and affect policy. Today's human rights laws support equality and recognition for people with a disability and the right for a place in mainstream society, but the social norm presents a different reality. Consider the following Canadian snapshots:

1. In 2000-01, 39% of the complaint files, the largest of all categories opened by the Alberta Human Rights and Citizenship Commission, were on the basis of discrimination over physical and mental disability (Alberta Human Rights and Citizenship Commission, 2002). How can we be comfortable with the status quo when discriminatory practices are so common?

2. The un/underemployment rate among people with disabilities (70%) far exceeds the national average (7%). Can we expect physically active leisure time to be a real option given the economic implications of un/underemployment?

3. Accessible transit services (e.g., paratransit) rarely have the same hours or conditions of service provided by public mass transit. How can participation in physical activity programs be guaranteed if transportation is not available at the required times?

These findings support our concern over the existence of hostile environments in an otherwise enlightened society. The system has been legislated to recognize the abilities of all persons, but the social structures have not necessarily responded. Information about disability-related issues is a fundamental part of professional preparation. The environment goes well beyond the bricks and mortar or fences and pathways of the facilities that offer programs and activities. An abilities-based approach forces us to look beyond the person, the activity, and the place to the social system. Reflected in the compatible environment are the values or principles that guide abilities-based service delivery. Inclusion is a value that is reflected in both the place and attitudes of the people who constitute a physical activity environment. A compatible environment is welcoming and supportive.

### **Changing Practice: The Case of *Willing and Able***

#### **An Abilities-Based Approach in Action**

It is early, but there is evidence that an abilities-based approach can make a significant impact to APA service delivery. In Australia in 1995, for example, the Australian Sports Commission began a national project to support the needs of teachers and community leaders faced with the challenge of including young people with disabilities into regular physical activity programs. Practitioners were enlisted to pull together a national framework for the project. Regular and special education teachers, coaches, academics, community leaders, sports development officers, and disability rights activists pooled their collective thoughts and ideas to consider an appropriate resource and training rationale. After much deliberation, the core philosophy, regarded as integral to the project, was one that challenged the predominant ideology and practices. In Australia, established ideology and practices were essentially seen to locate the problems of inclusion on individual and personal limitations. In doing so, they de facto assigned solutions to individuals with special qualifications and job roles.

Participation in society is not contingent upon merely the individual limitations of disabled [sic] people, but rather the physical and social restrictions of an essentially hostile environment. (Barton, 1993, p. 44)

In considering an inclusive approach, the national reference group identified a number of critical issues that needed to pervade the program from the outset: inclusion as a community responsibility; education on social models, attitudes, and the concept of inclusion; practical approaches to physical activity for all; and an emphasis on ability.

In Australia, inclusion is a critical issue in education and in the broader community as many people with disabilities are taking up their federal and state rights to the provision of services within the mainstream. Sport and physical activity are a part of all this and have often borne the brunt of an increasing trend toward community inclusion in terms of what this means to equity and access. The discipline of APA is virtually unknown in Australia outside a handful of university programs. Since the early seventies, regular physical education and mainstream provision programs have been expected to provide for all people. Special education and disability-specific services are available across the integration continuum but are practiced largely through experience and a willingness to accept diversity.

Given this environment and the critical issues identified, the Australian Sports Commission began the process of resource development. The program resources needed to reflect the concerns regular service providers face on a day-to-day basis in implementing inclusive programs. These needed to encompass the key issues in a positive and friendly manner and be clear in translating theory into practice. The notion of environmental handicap was critical in examining the inappropriateness of service provision and hence the need to create environments that are no longer exclusive. This was, and continues to be, a huge challenge for the project. Not least because this approach challenges the accepted able-bodied concepts of inclusion, which are based on acceptance when the individual can be suitably modified or adapted in order to fit into existing programs. It effectively suggests that much of current provision is exclusive. It says that inclusion should be a transitory concept.

Eighteen percent of the Australian population has a disability, at least. So to talk about inclusion is a little like saying, well we're the real body and the left arm can tag along if it likes. Actually, people with disabilities are the community. We are not to be included into the community. The community ought to stop excluding. (Elizabeth Hastings at the launch of *Willing and Able*, 1995)

*Willing and Able: An Introduction to Inclusive Practices* (Australian Sports Commission, 1995), the core resource for the project of the same name, was launched in June 1995, after which the process of developing a national in-service program began in earnest. The results of an 18-month pilot program formed the basis of the *Willing and Able* in-service program as it stands today.

## Inclusion as a Community Responsibility

Structurally, the in-service program was set up in a manner that reflects community input. State management committees are comprised of community representatives from education, sport and recreation, disability services, and state and local governments. The involvement of people with disabilities at the state committee level is seen as paramount. State coordinators manage each state program and report to the state committee and the National coordinator at the Australian Sport Commission. State coordinators generally have a background in service delivery in the broad field of sport and recreation that includes service to people with disability. They are not gurus in the disability arena and are not required to have formal training in APA.

State coordinators provide training and resource support to regional teams who are responsible for the delivery of local in-services. The regional teams are made up of local teachers, both regular and special education, people with disabilities, and community workers. Again, they are not people who are highly qualified in the disabilities field; they are firmly committed to equity and access and are very good presenters and facilitators. State and regional coordinators advertise and promote programs to the general community, inviting all those interested or involved in the provision of physical activity services to attend courses in local community settings.

Courses are advertised and described in a way that focuses on individual ability in physical activity rather than disability to encourage the understanding that courses are not essentially about disability but about ability in physical activity.

Coordinators encourage diversity in participation and focus on whole school or club community participation, emphasizing the importance of shared responsibility.

### Education on Social Models, Attitudes, and the Concept of Inclusion

The course content and philosophy are well documented in presenter kits and policies and procedures manuals. These form the basis of the training provided to state and regional coordinators from the Australian Sports Commission. The presenter kit and training clearly demonstrate the importance of understanding and articulating the applicability of the social model of disability in physical activity settings. This is done overtly and reinforced throughout the program, both in a theoretical and practical manner. Various interactive presentation styles are used to challenge course participants to examine their personal understanding and attitudes to terms such as impairment, disability, and handicap. While disability is clearly a complex issue, courses attempt to demystify the perceived difficulties of working with groups that include people with disabilities. Definitions and terminology are crucial in this respect in that they can highlight the social versus medical model debate and attribute ownership of perceived difficulties away from individual pathology. Course participants are given opportunities to contribute to this debate and to formulate personal understandings of the issues. This philosophy is reflected in detail in the *International Classification of Functioning and Disability* that was recently developed by the World Health Organization (2001).

Course presenters are trained to question and challenge participants on attitudes and ownership issues. Current practices are challenged by the concept that if programs are required to adapt to accommodate young people with disabilities, then they are inherently exclusive in nature to begin with. The adapted program is the regular program in this respect. If the program remains adapted, then it is still exclusive. The ideal is to dispense with the concept of inclusion altogether. This is not to suggest that all programs and all activities should include all people 100% of the time. This is one of the misconceptions of inclusion. All physical activity programs have elements of exclusion (e.g., children only, females only, beginners only, experts only), but it is exclusion-based on the abilities required for successful participation in the specified program, not the individual's personal characteristics or the presence or absence of a disability. Participants and professionals must continue to explore inclusion within the regular activity setting. The construct of the social versus medical model approach provides a useful platform on which to launch and improve on and change traditional and able-bodied concepts of inclusion.

### Practical Approaches to Physical Activity for All

The practical component of all courses accounts for at least two-thirds of any program. There is a heavy emphasis on learning by doing, with participants encouraged to take part and interact with people with disabilities in regular activities. Activities are examined from the perspective of creating an environment that includes all participants in the most appropriate manner possible. How the environment restricts the abilities of the individual is a focus of attention, and activities are deconstructed in situations that are relevant for participants.

Facilitators of the practical sessions are members of the group, like any other. They are partners in a learning situation, exploring concepts, manipulating

circumstances. The diversity of group participation encourages the notion of shared responsibility. All participants are equally challenged to find situations that best suit the needs of young people with disabilities in activity situations. Some participants have knowledge and skills in human movement pertinent to particular impairments and some have generic sports skills, administrative experience, or experience in disability support services. Regardless of the extent of the participant's knowledge, skills, and experience, the notion of shared responsibility pervades all courses.

## Lessons Learned

Based on observations from the experience of using the abilities-based approach in the *Willing and Able* program over the past 6 years, a number of lessons to be learned have been identified. First, the concept of creating inclusive physical activity programs should not exist. The need to create inclusion by default explicitly promotes a sense of exclusion in that it suggests that good quality physical activity needs to be something other than good quality physical activity. Good quality physical activity adapts to the needs of all participants (Sherrill, 1998). Therefore, physical activity and adapted physical activity should be one and the same. Second, the responsibility for high quality physical activity is that of *all* who are involved in the process of provision. The promotion of specialists may inadvertently achieve the abdication of responsibility for inclusion by nonspecialists and therefore the promotion of exclusion. Third, the cliché of physical activity (sport) for all can be a reality given an approach that embraces, as part of a whole, the thoughts and aspirations of all people, both with and without disabilities. Merely adapting an able-bodied environment without the input of people with disabilities runs the risk of ignoring critical issues for which people with disabilities are experts. Their involvement is essential. Finally, effecting change will take time. There is no quick and easy solution in transforming an embedded system that promotes physical integration, yet in practice perpetuates exclusion.

## Conclusion

Existing approaches to APA can convey discrete messages that the person, because he or she is different, is the problem that needs to be fixed but never will be; therefore, something else will have to be adapted. The focus then shifts to the environment or the activity or some other associated aspect. Unfortunately, this often leads to attempts to adapt to impossible situations wherein a person's dignity and confidence may be at risk. A different value and message are conveyed in the abilities-based approach. It broadcasts the capacities and abilities of each person, creating a milieu that supports the expression of that capacity.

The quality of a physical activity program should be evaluated by the extent to which the program is open fully to individuals of all abilities, with or without disabilities. Programs that integrate but do not provide an opportunity for equal participation are ipso facto exclusive and should be replaced by ones that are open, accepting, and supportive. An ability-based system answers the challenge of translating theoretical and philosophical concepts into practice. It emphasizes designs that support the participation of individuals of all abilities. The focus in the process of service delivery is on the person and not on the symptoms or indicators a

particular disability. This new approach uses skills and tools from “traditional” approaches, but the technique and emphasis has shifted to recognize new values for human service delivery. We believe it will facilitate better development of positive attitudes and will lead to new methods of delivery in APA.

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