International sources suggest that Australian human service agencies must implement meaningful processes to meet increasing demands for accountability in service delivery. The development of adequate services for the disabled in Australia is influenced by the principles of normalization—the use of culturally valued means in order to enable, establish, and/or maintain valued social roles for people. It is appropriate, therefore, to evaluate client programs within a framework of these principles. This report outlines the instruments and methodology of a recent attempt to evaluate recreation programs in a large Australian nursing home and concludes with a need for caution on the application of universal evaluation instruments. (JD)
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Evaluating Recreation Programmes with Disabled Participants

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Preamble
International sources suggest Australian human service agencies must implement meaningful processes to meet increasing demands for accountability in service delivery. The development of adequate services for the disabled in Australia is influenced by the principles of normalisation. It is appropriate therefore, to evaluate client programs within a framework of these principles.

1. Introduction
The principle of normalisation was inscribed in Danish law as early as 1959 through the efforts of their Director of Mental Retardation Services, Bank Mikkelsen. Nirje (1969) defined the concept of normalisation while Wolfenberger and Thomas (1983, p.23) expanded application of the principles and described normalisation concisely:

"As much as possible, the use of culturally valued means in order to enable, establish and/or maintain valued social roles for people."

Whilst these principles took root in Canada, in the U.S. the profession of 'therapeutic recreation', as it came to be called, sought more and more specific accountability in service delivery. Recreators became engrossed in their own speciality, surrounded by specialist terminology with the development of an increasingly experimental approach to the evaluation of recreation programmes.

Speers (1976) alerted professionals to the danger in assuming that operating a service is equivalent to rendering quality service. This was at a time when evaluation in the human services was often considered underdeveloped and in need of considerable attention.

As the sophistication of service delivery increased, so too did the accountability of the professionals within the services, (Weiner, 1979; Kennedy and Lundegren 1981; Touchstone, 1984 and Kennedy 1986).
Evaluation has now been accepted as an integral part of human service planning and action. As expounded by Beachell (1981) evaluation techniques should systematically expose information for improving plans and action programmes. We need to evaluate at every stage of our programming, and with every population in our quest for greater accountability.

The process of systematic evaluation should at a minimum occur at critical phases of service planning (formative), delivery (process) and post delivery (outcome).

Feedback from the evaluation phases needs to be regular and frequent to optimise appropriate adjustments at various stages of service planning or delivery.

The April 1981 issue of the Canadian journal 'Leisurability' (Leisurability Publications Inc.) was devoted entirely to evaluation of leisure programmes for Special Populations and presented a balanced admixture of the earlier North American clinical approach and the socially liberal Scandinavian principles.

Mindful of increasingly sophisticated approaches to evaluation it was advice worthy of consideration when Hutchinson noted that professionals must remember in the expanding theoretical climate that evaluation:

"is done in the real world, usually under less than ideal conditions, requiring a compromise between rigorous research techniques and what is practical" (Hutchinson, 1981, p.3)

Certainly before formal evaluation, it may be necessary to spend some time with the staff and clients at the service, assessing and refining techniques to be used.

2. South Australia

During the last six years some South Australian services for the disabled have developed sophisticated evaluation techniques. Services such as the Intellectually Disabled Services Council (I.D.S.C.) Aged Cottage Homes and the Adelaide Central Mission use Wolfensberger's Programme Analysis of Service Systems Implementation of Normalisation Goals (PASSING) (WOLFENBERGER, et al., 1983) as a regular evaluation tool. I.D.S.C. have recently produced a local version of the PASSING manual for their own use and a team associated with Aged Cottage Homes conduct regular one day PASSING workshops and weeklong workshops.

Until 1984, the Julia Farr Centre operated independent of State control for over 100 years as the Home for Incurables on its current Adelaide site. Since incorporation within the SA Health Commission in 1984, bed capacity and occupancy has systematically declined although almost 600 residents with various physical disabilities were accommodated at the time of this project.
2.1 Evaluation project - Julia Farr Centre 1987
From a small working party within the Transport and Recreational Activities Department, which included an elected resident representative it was accepted that a focus was needed for regular process evaluation which minimised disruption to programmes and was 'owned and operated' by staff and residents of the Centre. This was not an attempt to exclude external criticism of programmes but rather, maximise the likelihood of accepting evaluation as a natural component of service provision and part of personal empowering processes. If successful, these principles would also contribute to the likelihood of continuity of programme evaluation.

The following rational behind programme evaluations was accepted as a basis for review of recreation programmes:

(I) The principles of normalisation as expressed in the paper 'Rights and Obligations of Residents (and potential residents) of the Julia Farr Centre', prepared by the Julia Farr Centre Residents Association and adopted by the Centre's Board (unpublished, 1986) were to provide the foundation principles for action.

(II) Programme objectives are essential for evaluation processes to proceed.

(III) The objectives of programme evaluation in T and RA include:
   (i) to ensure departmental activities will reflect established aims and objectives.
   (ii) to promote accountability for attainment of professional standards of service delivery
   (iii) to provide a rational base from which forward planning can proceed
   (iv) to promote accountability for resource use
   (v) to provide regular feedback to staff which will improve staff satisfaction
   (vi) to promote accountability for participants' satisfaction in recreation programmes.

The evaluation format utilized a 20 question checklist concerned primarily with the programme participant's personal integrity and social image.

The evaluation was completed by a staff/resident team consisting of:

i) the recreation programme leader
ii) two residents of Julia Farr Centre
iii) an independent, interested person approved by (a) and (b) above, and
iv) a senior T & RA staff member.
Evaluation consisted of checking criteria on a rating scale by team members with a final consensus or average ratings.

Evaluation was co-ordinated by the T & RA staff person with a maximum allocation of one day for evaluation team briefing, viewing of the programme, collation of results and concluding comments/recommendations.

The four programmes involved in this pilot evaluation were chosen to provide a variety of leadership styles, organisational structures, programme locations and participant profiles. These included a weekly programme in pottery (staff instruction on site), horse riding (volunteer instructor off-site), special short excursions (staff, and Centre's vehicle), and a monthly night-time classical music recital (invited musicians).

3. Findings
The strong positive scoring of all four programmes were encouraging and rewarding results for programme staff and resident evaluators alike. Considerable differentiation did exist between programmes and the evaluation results led to direct, practical adjustments to programme design and service procedures.

While not dismissing the importance of these outcomes (reported in The ACHPER National Journal, No. 122 Summer, 1988), the parallel findings relating to the evaluation process itself is significant for evaluations of similar programmes.

3.1 The value of having a clear basis for evaluation is unquestionable. At any time questions arise concerning processes there are founding principles to refer for assistance in resolution. Failure to have such principles may leave wide open the temptation to proceed with evaluation in response to the greatest pressure of the moment, be it external economics or a need for justification of professional evaluators.

3.2 Evaluation teams need to be small enough in size to allow for pragmatic and interpersonal communication reasons. Large teams can become unwieldy when common times are required for meetings and rather obtrusive when assessing recreation programmes at a very personal level.

3.3 Design and layout of written material relating to evaluation needs to be easily understood by all evaluators. This may require intensive pre-evaluation briefing on founding principles and protocol, as well as condensed, abridged and adopted versions of professional terminology and methodology.

3.4 The evaluation process of greatest value in the field of recreation services is one which allows for low cost, regularity and minimum disruption. In effect, much of the best evaluation is internalised and should aim at providing a proactive culture of quality consciousness.
This process is both the most ambitious and the most desirable of evaluation processes. If staff and residents feel that they are empowered not merely during the formal evaluation, but are able to extend their role indefinitely, then the potential impact of evaluation is multiplied significantly.

3.5 Support from significant stakeholders such as senior administration is essential. Encouragement and genuine belief in the value of evaluation is essential for staff and clients alike. It is also a significant factor in determining the levels of motivation to be found in conducting evaluation and implementing necessary changes as a result of findings.

Conclusion
Recreation service providers working with disabled participants must make every possible effort to appreciate individuals involved in evaluation processes.

While intelligent debate on the conventional philosophies of service provision cannot be dismissed from the evaluation process, a pragmatic approach is necessary to maximise participant involvement in the process and commitment to the outcomes.

Universal principles need not be equated with universal methodologies or practices. Local circumstances and cultural frameworks of community and organisational nature need to be considered and where necessary, taken into account when designing and implementing evaluation processes.

The evaluation process piloted at The Julia Farr Centre was an attempt to meet some of the above guidelines. On reflection, the evaluation process highlighted the need to refine further just how these factors could be applied.
References


