An Adult Day Program's Impact on Clients and Community

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Capstone Area of Inquiry

Bridging Relationships in Diverse Groups with Exceptional Service (BRIDGES) is a non-profit organization located in San Diego, CA, which provides community-based day programs for adults with intellectual and developmental disabilities. BRIDGES was founded and established by two former coworkers as an approved vendor by the San Diego Regional Center of the California Department of Developmental Services in August 2019. BRIDGES opened its doors just before the global COVID-19 pandemic and survived the various lockdowns and guidelines to continue serving its clients' needs.

BRIDGES was established after the founders became frustrated with what they saw as the lack of client-centered practices used by the larger service providers in which they previously worked. They wanted to create a service provider with greater transparency of client outcomes and focus on building community relationships. They intentionally started small with only a few staff members to establish more client-centered practices and procedures. The founders came from a company that served 300 clients and traded for a current client range of 6-7 with a staff of 2-3 not including the founders who also work with clients as needed. The smaller number of clients and staff allows them to have more quality control of their program. Their goal is to eventually accommodate up to 50 clients with a staff of 15-20.

BRIDGES works with clients who are adults with intellectual and developmental disabilities. Each client has an Individualized Program Plan (IPP) that contains specific objectives they would like to achieve. It is created by the client's social worker with input from the client and the vendor. Additionally, it is also common for the client's family to have input on the IPP; however, this is dependent on the client's wishes and the specific situation. The objectives in an IPP can vary based on client needs, but they are generally based on helping the client develop the necessary skills to better navigate everyday life. BRIDGES is a service provider assisting clients in meeting their IPP goals through community-based day programs.

Area of Inquiry

BRIDGES organizes community-based day program activities for small groups. There are generally three to four clients in a group led by one staff member. Groups meet for six hours a day, Monday through Friday. Through these groups, clients work on building skills and relationships by interacting within the community. They do volunteer work, visit museums, go to the gym, and participate in other recreational or community-based activities. All activities are geared toward helping clients meet the objectives outlined in their IPP.

Programs like BRIDGES can also help others in the community begin to see persons with disabilities as functional members of society. Helping build relationships between clients and the immediate community is one of the organization's goals, however, they do not currently have a way to measure those outcomes. They are interested in finding ways to measure the impact a community-based day program like the one they offer can have on the local community and if attitudes toward persons with disabilities can be improved.

BRIDGES currently conducts annual program evaluations reported to the state as a condition of receiving yearly funding for the services offered. These yearly evaluation reports include whether overall objectives were met for the fiscal year; however, there is little detail explaining how/why organizational and client goals were or were not accomplished. BRIDGES meets minimum state requirements for client outcomes and staff training but is interested in going beyond the minimum and continually working to improve organizational and client outcomes.

BRIDGES is a small organization with a staff intent on increasing the quality of life of clients who wish to work through their offered programs. Our goal through this evaluation is to assess organizational and client outcomes over time in an effort to see where improvements could be made in order to increase overall outcomes and to provide metrics that can be used to attract a wider client base. Given the size of the organization, evaluating the efficiency of the program will also be important in order for the organization to grow in a sustainable manner.

One limitation to their current program is the inability to have activities that involve providing transportation for clients they are currently using personal vehicles. Additionally, they are also facing a high turnover rate, with two staff members leaving the organization in 2022. This is consistent with turnover in this career field. The National Core Indicators Staff Stability Survey Report from 2018 shows a national average turnover rate of 51.3% for direct service providers.

With a better sense of outcomes over time, BRIDGES can substantially benefit the various stakeholders of the organization. For this project, some of the stakeholders include the organization's founders, staff members, clients, clients' families, social workers, the organization's board of directors, the local community, and the San Diego Regional Center of the California Department of Developmental Services.

Purpose of Capstone – Problem of Practice

Beyond the minimum required state reporting and program evaluation requirements, BRIDGES has not completed a program evaluation focused on improving client outcomes or discovering how the program has impacted the community in which they serve. This capstone project will perform an outcome evaluation of the currently offered community-based day program to evaluate the previous year's client outcomes, evaluate if the program has impacted how persons with disabilities are viewed in the wider community, and provide recommendations to improve client outcomes in the future.

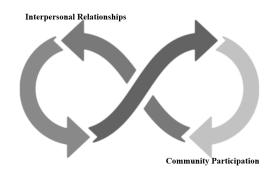
Literature Synthesis

The following literature synthesis was completed with the goals of BRIDGES in mind, specifically the goal of helping clients become more active members of their communities. Topics researched include social inclusion, community participation, and the community perceptions and experiences of adults with developmental disabilities. Given the importance of client outcomes to a program like BRIDGES, literature in that area was also reviewed.

Social Inclusion and Community Participation

A clear definition of social inclusion is difficult to pinpoint as the concept is often explained in differing and sometimes conflicting ways within the literature (Amado et al., 2013; Overmars-Marx et al., 2014; Simplican et al., 2015). The concept of social inclusion often only goes as far as the physical inclusion of persons with disabilities and does not fully explore the social implications. Simplican et al. (2015) define social inclusion as dependent on two domains – interpersonal relationships and community participation. They explain how the two domains connect in that they support each other, meaning that increasing interpersonal relationships can enhance community participation. This definition is essential because the activities conducted during the day program occur within the local community.

- Social Inclusion = Interpersonal Relationships + Community Participation (Simplican et al., 2015)
 - The two domains making up social inclusion are connected; an increase in one should increase the other.



Community Attitudes

Community attitudes toward people with developmental disabilities are featured heavily in the literature, particularly regarding negative perceptions and the prevalence of stereotypes, though there is evidence that overall attitudes are improving due to the increased social inclusion of people with developmental disabilities (Scior, 2011; Morin et al., 2013). Prior contact and knowledge of developmental and intellectual disabilities help to improve general attitudes toward that population and reduce stigma (Blundell et al., 2016; Fisher & Purcal, 2017). Recommendations to improve community attitudes include improving public awareness through public training and increasing contact through inclusive programs (Scior, 2011; Overmars-Marx et al., 2014; Fisher & Purcal, 2017).

However, the type or quality of contact with people with developmental disabilities affects how community members perceive them. According to a 2015 study focusing on the relationship between communication and attitudes, increasing contact in the community can reinforce negative attitudes (Keith et al., 2015). Focusing on the quality of the contact improves attitudes and fosters acceptance, provided the interactions are "perceived as equal, cooperative, and pleasant" (p. 24). In addition, Blundell et al. (2016) found that contact through close or meaningful interpersonal relationships was more likely to improve attitudes and suggested that research into contact needs to go deeper than simply present or absent.

Both studies above cite Allport's (1954) theory of intergroup contact which was developed as a theory to reduce racial prejudice through contact with minoritized groups and which is now used similarly in this context. Given that one of the organization's goals is to build relationships in the community, this concept of quality versus quantity of contact is essential because it provides an important insight into how contact with adults with disabilities can impact community attitudes.

- Quality of Contact > Quantity of Contact (Keith et al., 2015)
 - Increasing contact with community members can reinforce negative attitudes
 - Improving the quality of contact can improve attitudes

What factors can improve social inclusion and community attitudes?



- Interpersonal Relationships and Community Participation (Simplican et al., 2015)
- Quality of contact (Keith et al., 2015)
- General knowledge and education about disabilities (Blundell et al., 2016; Fisher & Purcal, 2017)

Community Experiences of Adults with Disability

Community experiences of adults with disabilities range in the context of places and experiences within those spaces (Walker, 1999). Places include business transaction-oriented places (e.g., a coffee house) versus those oriented toward social interaction (e.g., community volunteering) and a wide range of experiences in those places. Walker (1999) explains that those experiences include anonymity versus being known, unfamiliarity to familiarity, vulnerability versus safety, accommodations, or lack thereof, and rejection versus acceptance. Similarly, Merrells, Buchanan, and Waters (2018) concluded that adults with intellectual disabilities experience

positive outcomes of higher functional independence and positive community attitudes when they participate and are included socially in leisure activities.

Social inclusion becomes vital beyond just physical presence inclusion as society moves further toward inclusion (Amado et al., 2013). Amado et al. (2013) described four areas within the quality of life literature: "(a) measurement of the degree of integration, inclusion, and participation; (b) friendship and loneliness; (c) factors that affect the degree of social inclusion; and (d) intervention studies that have identified strategies and methods that work to increase social inclusion" (p. 361). Even with these defined areas, the exact factors that influence experiences or how to accurately measure those experiences remain unclear.

In addition, Wilson et al. (2017) concluded through their interviews with adults with intellectual disabilities that social support provided the foundation for feelings of engagement, connectedness, and belonging. Moreover, from their data collection from 41 adults with intellectual disabilities, Corr McEvoy and Keenan (2013) reported that individuals with intellectual disabilities were treated well in places such as their own homes, college, work, and services. On the other hand, they were not treated well in places such as on public transport or out and about in general.

What factors can impact community experiences for clients?

- Friendship (Amado et al., 2013)
- Feelings of engagement, connectedness, and belonging (Wilson et al., 2017)
- Environment (Corr McEvoy & Keenan, 2013)

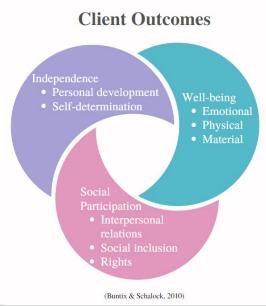


Client Outcomes

The effect of attending community-based day programs can be defined as a measurable increase or decrease in the client's quality of life (Zabrinskie et al., 2005; Schmitt et al., 2010). Schalock et al. (2010) defined "quality of life" as "a multidimensional phenomenon composed of core domains influenced by personal characteristics and environmental factors. These core domains are the same for all people, although they may vary individually in relative value and importance" (p. 21). Buntix and Schalock (2010) further defined "quality of life" to include three factors: Social Participation, Independence, and Well-being. This definition is essential as we move through the evaluation of BRIDGES to establish a basis for measuring client outcomes. Recent research by Ellen et al. (2017) suggests that community-based day programs affect clients' physical, emotional, and psychological health. Although Ellen et al. (2017) do not use the term "quality of life," it appears their focus on the positive and negative impact community-based day programs have on clients' overall health would fit well with other definitions of "quality of life."

In addition to defining a measurable factor of how community-based day programs impact clients, the literature highlighted the difficulty in evaluating what specific activities within community-based day programs result in quality of life improvements for clients (Ellen et al., 2017). Community-based day programs consist of various activities, ranging from therapeutic sports, and social gatherings, to volunteer work; however, the literature was clear that additional research was needed to determine if the type of community-based day program impacted the overall impact on a client's quality of life, or if the simple participation in a community-based day program itself was sufficient (Schmitt et al., 2010).

What factors should be measured to assess client outcomes?



- Independence
 - Personal development
 - Self-determination
- Social Participation
 - Interpersonal relations
 - Social inclusion
 - o Rights
- Wellbeing
 - o Emotional well-being
 - Physical well-being
 - Material well-being

Data Collection and Analysis

Conceptual Frame

Through this project, we seek to understand the impact of a community-based day program for adults with disabilities on the clients who participate in the program and the community in which the program's activities occur. In order to begin to understand and define this program's impact, it was first necessary to define what that impact could or should be for both populations. This need led us to use Social Inclusion/Quality of Life to define client impact and Intergroup Contact Theory to define community impact as this project's frameworks.

Simplican et al. (2015) define social inclusion as dependent on two domains – interpersonal relationships and community participation. Figure 1 illustrates how the two domains of interpersonal relationships and community participation are connected and work together to create social inclusion.

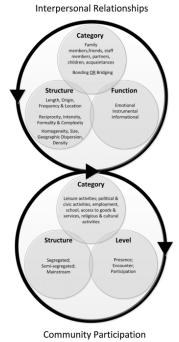


Figure 1
A model of social inclusion (Simplican et al., 2015)

We chose the aforementioned definition of social inclusion for this project because it includes aspects important to the concept of quality of life as defined by Buntix and Schalock (2010), which include social participation and well-being. This definition of Social Inclusion also includes factors that are important to the community engagement of persons with developmental disabilities, such as friendship (Amado et al., 2013), feelings of engagement, connectedness, and belonging (Wilson et al., 2017), and environment (Corr McEvoy & Keenan, 2013).

Allport's (1954) intergroup contact theory explains how contact with minoritized groups can lead to reduced prejudice. While this theory was developed initially with racial prejudice in mind, it has been adapted and used as the framework for studies focusing on community perceptions of persons with developmental disabilities. Keith et al. (2015) further explains that to improve community attitudes toward persons with developmental disabilities, the quality of contact is more important than the quantity of contact. Figure 2 illustrates the concept of intergroup theory as related to the quality versus quantity of contact.

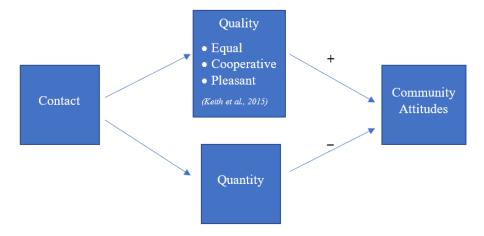


Figure 2
A model of quality versus quantity of contact

These frameworks guided the creation of the data collection tools and the analysis of data collected throughout this project. The factors defined in the frameworks aided us in determining how we coded our data, constructed interview questions, and triangulated the data between collection methods.

Research Questions

We developed the following three research questions to define and determine organization's impact on clients and the community.

- How does BRIDGES define impact on clients and the community?
- What is the program's current impact on clients?
- What is the program's current impact on the community?

The first question was vital to this project because it was needed to reveal how the organization's internal stakeholders define and view the program's impact. Understanding the viewpoints on the program's impact will reveal any similarities and differences between internal stakeholders. The following two questions focus on the program's current impact on clients and the community, which were analyzed in comparison with the stakeholder viewpoints to determine where any gaps in impact may be present.

Data Collection

We used a comprehensive approach to data collection. In order to maximize our understanding of the organization, client outcomes, and community perceptions, we conducted interviews with two founders, a board member, three parents, and a community member (see appendix for interview protocols). In addition, we analyzed existing survey results of client perceptions, and conducted document analyses of the website and internal documents. In this way, we were able to capture as much data as possible regarding the organization and client experiences.

We conducted a total of seven interviews. The interviews with the founders and board members were important to understanding how the organization defines its impact. One of the founders and the board member also work directly with clients and were able to provide insight into current client and community impact. The community member we chose to speak with owns a local coffee shop that was used for client/community interaction by the organization. They had a unique viewpoint as both a community member and community business owner who has had contact with adults with disabilities in both capacities. The interviews with parents allowed us to gain insight into the client experience with the organization which was important as we could not interview clients directly. We were also able to interview leadership within the organization, which gave us insight into the organization's intended impact on clients and the community. Interviews with families and a member of the community also gave us insight into how programs like BRIDGES can impact the communities in which they operate. The interviews were scheduled and completed according to plan via Zoom with each person and the entire capstone group present.



While we could not interview clients directly, we were provided with survey data collected by the organization, which gave us insight into how clients and their families felt about the services received. There were separate surveys for clients and the primary caregiver. The surveys were collected at the end of each year and covered 2019, 2020, and 2021. These surveys were important to understanding the client experience as they were the only source of firsthand client accounts available.

Several challenges were identified during our data collection, which needed to be mitigated to ensure a thorough analysis was accomplished. BRIDGES is a relatively new organization that started shortly before the COVID-19 pandemic and only within the last year have they been able to get to a full-time in-person day program. Therefore, the data we were able to obtain was relatively new data without the ability to compare the data over several years. Additionally, BRIDGES has a small staff that works directly with clients. Only one of the staff members agreed to be interviewed for this project; however, we were able to mitigate the concern of the limited sample size by using the interviews of the founders and parents of the clients to assist in the triangulation and validation of the interview results.

However, the biggest challenge we had during our data collection process was the inability to interview BRIDGES clients themselves to fully understand from their perspective how BRIDGES positively or negatively

impacts their lives, and if they believed their interactions in the community positively or negatively impacted the community.

Even though client interviews were not possible, we were still able to gain insight into the client perspective by incorporating data from many different angles. As previously mentioned, the surveys gave firsthand accounts from clients and families on how clients view their experiences with BRIDGES. The interviews conducted with various stakeholders gave second-hand accounts of client experiences.

Data Analysis

We used a mix of deductive and inductive coding to analyze the survey data and the interview transcripts. Our deductive codes were created from our conceptual frames and decided upon as a group. Through the coding and analysis process we also added a few inductive codes that do not necessarily fit into the conceptual frames, but are still important concepts that will aid in answering the research questions.

Coding was not applied to the website review or the analysis of the program evaluation documents because both were found to be very limited in scope; however, relevant observations of those items were recorded as they may be useful for recommendations. Observations of the website included that several links led to blank pages and the only written information included short biographies of the founder and the mission statements. While the program evaluations do not contain much information either, they do show that the program is consistently meeting or exceeding the required state metrics for client goals.

The surveys were analyzed first because we wanted to understand how the clients viewed their experiences with the organizations. Though there are only three years of surveys with limited questions, each client and family member provided comments that gave valuable insight into their experiences. It was in coding the survey responses that some of the inductive codes (e.g., communication and limitations) first became apparent.

We then each reviewed the interview transcripts separately with our agreed-upon deductive codes. We decided to review each transcript separately in case there was any pertinent information missed or if there was any disagreement on how something should be coded. Coding the interview transcripts in this manner helped us to increase the internal validity of our analysis by allowing us to check each other's potential biases.

Code Book

The code book below shows the list of deductive and inductive codes used for analyzing the surveys and interview transcripts. We included the applicable research questions, conceptual frame, and a definition for each code.

| Deductive Codes | Research Question | Conceptual Frame | Definition |
|---------------------------|-------------------|---|---|
| Feelings | 1 and 2 | quality of life | Client or parent feelings about program participation |
| Participation (group) | 1 and 2 | social inclusion | Client participation in group activities |
| Quality of life | 1 and 2 | quality of life | Life skills, independence, choice |
| Relationships | 1, 2, and 3 | social inclusion/quality of life/contact theory | Building relationships, community and group |
| Participation (community) | 1, 2, and 3 | contact theory/quality of life | Client participation in community |
| Active engagement | 1 and 2 | social inclusion | Direct interaction with group/community |
| Passive engagement | 1 and 2 | social inclusion | Low effort, minimal interaction |

| Inductive Codes | Research Question | Definition |
|------------------------|-------------------|---|
| Boundaries | 1 and 2 | Boundaries between staff and clients/families |
| Staffing | 1 and 2 | Staffing issues |
| Communication | 1 and 2 | Communication between staff and clients/families |
| Limitations | 1 and 2 | Program limitations (funding, external factors, planning) |

Code Application

The chart below shows how many times each code was applied. The most used codes were Participation (community) and Quality of Life. Communication and Feelings were also cited often. Participation (community), Quality of Life, and Communication were cited in the surveys as well as each interview transcript.

| S Ood S | Active engagement | Boundaries | Communication | Feelings | Limitations | Participation (community) | Participation (group) | Passive engagement | Quality of life | кегатопѕтрѕ | Staffing | Totals |
|--------------------|-------------------|------------|---------------|----------|-------------|---------------------------|-----------------------|--------------------|-----------------|-------------|----------|--------|
| Board Member/Staff | 4 | 4 | 5 | 1 | 3 | 5 | 1 | 1 | | 1 | 6 | 38 |
| Community Member | | | 1 | Г | | 8 | Г | | 1 | 1 | | 11 |
| Founder 1 | 2 | | 2 | 1 | | 8 | 4 | | 6 | 3 | 2 | 28 |
| Founder 2 | | | 1 | 4 | 1 | 6 | 1 | | 6 | 1 | 3 | 23 |
| Parent 1 | 2 | 1 | 4 | 3 | 1 | 1 | Г | 1 | 1 | | 1 | 15 |
| Parent 2 | 1 | 3 | 2 | 1 | | 3 | 2 | 1 | 3 | 1 | 1 | 18 |
| Parent 3 | | 1 | 1 | 3 | | 5 | 4 | 1 | 4 | 4 | | 23 |
| Surveys | | | 4 | 7 | | 2 | 1 | 1 | | 2 | | 18 |
| Totals | 9 | 9 | 20 | 20 | 5 | 38 | 13 | 5 | 29 | 13 | 13 | |

Code Co-occurrence

The chart below shows the co-occurrence of codes meaning how often codes were used together. Quality of Life and Participation (community) were most often coded together. This included the survey data as well as all interview transcripts.

| క్రారం Codes | Active engagement | Boundaries | Communication | Feelings | Limitations | Participation (community) | Participation (group) | Passive engagement | Quality of life | Relationships | Staffing | Totals |
|---------------------------|-------------------|------------|---------------|----------|-------------|---------------------------|-----------------------|--------------------|-----------------|---------------|----------|--------|
| Active engagement | | | | 2 | | 2 | 4 | | 6 | | | 14 |
| Boundaries | | | 2 | | 2 | | | | | | 2 | 6 |
| Communication | | 2 | | 1 | 1 | 1 | | 1 | 1 | | | 7 |
| Feelings | 2 | | 1 | | | 2 | 1 | 1 | 4 | 1 | | 12 |
| Limitations | | 2 | 1 | | | | | | | | 3 | 6 |
| Participation (community) | 2 | | 1 | 2 | | | 2 | | 9 | 5 | | 21 |
| Participation (group) | 4 | | | 1 | | 2 | | | 4 | 4 | | 15 |
| Passive engagement | | | 1 | 1 | | | | | | | | 2 |
| Quality of life | 6 | | 1 | 4 | | 9 | 4 | | | 2 | | 26 |
| Relationships | | | | 1 | | 5 | 4 | | 2 | | | 12 |
| Staffing | | 2 | | | 3 | | | | | | | 5 |
| Totals | 14 | 6 | 7 | 12 | 6 | 21 | 15 | 2 | 26 | 12 | 5 | |

Findings

Finding 1

Research Question: How does BRIDGES define impact on clients and the community?

Interview responses indicate that BRIDGES defines *client* impact as improvements to quality of life and *community* impact as a meaningful connection through engagement or contact. Responses also indicate that quality of life and community participation are linked.

Through interviews with two founders and one board member, we discovered that one of the program's goals is to help clients improve their quality of life. While the specific phrase "quality of life" was not said in any of the interviews, we were able to pick up on related words or phrases (e.g., independence, well-being) using Bunting and Shalock's (2010) definition of quality of life. The phrase used most often by those interviewed was "life skills" and this can be seen in the quote from one of the board members below:

What I don't think they realize is we're teaching them life skills and that's a lot of what we do is teach them, life skills.

Along with helping improve the quality of life for clients, the organization also has a goal of helping clients become more active and participatory in their communities, as well as improving how clients are received within their communities. Both founders mention community participation in the quotes below:

Independence is a big thing, community safety, stranger danger, some are learning to count money bills and change, some are learning to speak more and know that they have a voice in the group and in the community.

So, our overall goal really is to help individuals become participants in their community.

According to Simplican et al. (2015), social inclusion is achieved through a combination of interpersonal relationships and community participation such that an increase in one leads to an increase in the other and Buntix and Schalock (2010) include interpersonal relationships in their definition of quality of life. Therefore, our finding that quality of life and community participation were linked is consistent with the literature.

Finding 2

Research Question: What is the program's current impact on clients?

Interview responses, survey responses, and program evaluations indicate that clients experience improved quality of life through participation in the BRIDGES program.

Participation is a crucial part of the program, especially in-person participation, as we have found from interviews with the clients' parents post-covid. This again relates to the framework of social inclusion with the combination of interpersonal relationships and community participation.

We were told about the impact of in-person participation in the program by a parent of a client about his son's bowling experience:

Oh, he loved it, I mean he enjoyed going, you know being with the guys during the bowling. He would come home excited, giving the Bowling sign, he's nonverbal so he kind of signs a few things, but he told me about going Bowling and they really liked him because he always happy with a smile on his face.

From Keith et al. (2015), we know that the quality of contact is more important than the quantity of contact and that improving the quality of contact can improve the attitudes of community members. The impact of these positive experiences could be viewed as an improvement in social inclusion through community participation, as illustrated by the quotes below:

We are very glad we switched to BRIDGES. [Client] had been away from any day program for months before we found this program because his previous day programs didn't seem to care about his needs.

They really listened, the employees they had just seem like they were there because they wanted to be there, like this is the job they wanted when a lot of places I didn't think they would be able to handle it, but they have.

From these interviews, we were able to find further that the program can achieve an interweave of interpersonal relationships and community participation for cohesion to achieve social inclusion (Simplican et al, 2015). Further findings of these contributing factors lead to more support for increased quality of life (Buntix & Schalock, 2010).

Finding 3

Research Question: What is the program's current impact on the community?

Programs like BRIDGES can improve community perceptions and responses to the needs of individuals with developmental disabilities through community participation. However, BRIDGES does not currently have a method to determine the program's impact on the community.

All interviewees believed that interactions between the clients and the community created opportunities for increased awareness and acceptance of individuals with developmental disabilities. One parent explained their view as follows:

So by them getting out into the Community and doing things in a social way where every person in the group has an opportunity to really convey what their personality is, and who they are, and getting to as many places as possible to be in front of as many typical people in the Community, is an extremely positive thing, it is what is taking our society much further in terms of inclusion.

The belief that BRIDGES positively impacted the community was largely based on speculation, feelings, and subjective anecdotal observations by the interviewees instead of an objective measurable evaluation. One parent explained:

I think just the overall aspect of being in the community and socializing with peers and other adults with disabilities is good for them.

Most interviewees focused on the clients' regular contact with the community through various activities, such as beach cleanup, pickleball, bowling, coffee shop visits, etc. Several of these activities are examples of community interactions highlighted in the research by Keith et al. (2015) on the importance of quality of contact vs quantity of contact. Interviewees provided examples of social inclusion where clients and community members formed interpersonal relationships through quality contact (Simplican et al., 2015). In one example a retail store employee and a client bonded over professional wrestling. The retail store employee sought out the client whenever they visited the store to discuss the latest wrestling match. Another example was when the community member we interviewed explained how interactions with individuals with developmental disabilities in her small business resulted in a change in how she conducted her business. The community member stated she intentionally created an inclusive environment where people would feel safe and welcomed:

So, we had one guy who was afraid of dogs like he was just like terrified of dogs and we're in California, where everybody has dogs with them all the time....[created a new rule that everyone must] have a leash on your dogs, because you never know who's walking in here and who's not comfortable with that, like it doesn't have to be just disabilities...Somebody with that experience and just having that in the back of your head of just being like don't assume that just because you know I love dogs, that means everyone's comfortable with it

Although it is apparent there are positive impacts made on the community through program activities, BRIDGES currently has no method of measuring this impact. No surveys or processes are in place to document incidents that could be used to highlight the organizations' positive or negative impact during community engagement activities.

Finding 4

Emergent Finding

Several program administrative concerns were identified, including staffing issues, maintaining boundaries between staff and clients/families, and program accessibility. However, responses indicate that clients/families are satisfied with communication from the organization.

During our interviews, it became increasingly clear that the current staff, which included the founders and board members, were spread extremely thin. One board member explained:

I generally wake up between 3:30 and 4:30 in the morning, but I go to bed really early because that's the sweet time and there's nobody to call, nobody to talk to me, so I sit down and I can actually go through and do the paperwork; so besides being the fun dad who shows up once a week and we go play pickleball, I'm also the one behind the scenes that take care of all the paperwork.

This statement was only one of several that highlighted the need for additional staff members. Our previous discussions with BRIDGES made it clear that this finding was not new to them. They have consistently attempted to hire additional staff but struggled to identify potential staff members. It is possible that the inability to hire additional staff did not just negatively impact the current staff. There is also potential for a future negative impact on the clients and the organization's growth. One Founder stated:

We really need to hire because we're having to now say we can't take any more applications for new clients.

The inability to take on new clients hampers BRIDGES' ability to impact additional clients, community members, and organizations positively. Furthermore, employees will likely burn out from the excessive workload, which would cause long-term damage to the organization.

The last administrative finding we identified was that BRIDGES staff goes above and beyond in communicating with the client's families. Each of the client's families went out of their way to highlight how great the communication by BRIDGES was. One parent stated it:

BRIDGES understands that every single client and their family are different and are going to have different needs, it's their willingness and openness to change.

Recommendations

Recommendation 1

Improve the client/family survey to better assess client impact.

Results from the currently used client and family survey indicate that both clients and family members are generally satisfied with the program's services. However, the survey is quite limited in that there are very few questions, most of which only require a yes or no answer. Updating this survey to include more open-ended or Likert scale questions would allow the organization to gather more qualitative information from clients and families leading to a better understanding of client satisfaction and needs as well as better understanding of changes over time. Creating a separate, more in-depth, survey for family members may also be beneficial, especially in cases where clients may be limited in their ability to complete the survey.

For example:

- Instead of asking "Are you happy with your service?"
- Try asking "How satisfied are you with your services?" and include a scale of 1 to 5
- Or ask, "Describe how you feel about your services?"

It may be beneficial to review the available survey reports on the National Core Indicators (NCI) website for question ideas: https://www.ncilegacy.com/survey-reports/. The NCI surveys were developed through a partnership between the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI) in order to establish measures that can be tracked over time for performance evaluation and to have comparable data between states in an effort to create benchmarks that can be used nationally.

Recommendation 2

2.1: Develop a method to measure community engagement.

BRIDGES does not currently have a method to measure community impact or engagement. One of their goals is to have a positive impact on how adults with developmental disabilities are perceived by the community, but they have no way of knowing if they have made any impact in that area.

To start, BRIDGES should find ways to improve community engagement with their program. One way to do this could be through the use of social media apps such as Facebook, Twitter, or Nextdoor. LinkedIn may even be useful for staffing. A 2017 study on the use of social media by nonprofit human services organizations found that most of these organizations use social media to either promote events or engage with the community (Young, p. 50). Developing a social media presence could be a way to measure community engagement through the number of likes or comments on posts.

It may be helpful first to review what similar organizations are posting, the apps used, and the frequency of posts. That should give a starting point to develop a social media presence that works for BRIDGES as an organization.

2.2 Develop a method to measure community impact.

For this recommendation, we are separating community impact from engagement. Engagement through avenues like social media can help make the community aware of the program and its efforts, but that would not necessarily provide any measure of the program's impact.

To measure the program's impact, we recommend the following:

- Create a quarterly survey that can be provided to staff of frequented businesses which focuses on their perceptions of the clients and how they feel about their interactions with the clients. Making it a quarterly survey will allow BRIDGES to track any changes in perceptions over time. Questions should be open-ended or on a scale and focused on how the staff feel about their interactions with clients.
- Add questions to the client and family survey that focus on community interactions. This will allow BRIDGES to assess if clients/families notice a shift in community perceptions throughout their time in the program.
- Add a community perceptions section to the observations notes completed by BRIDGES staff after each outing. Staff already complete notes for each client to track progress toward goals. Adding information about how the staff view their client's community interactions would be another way to track that information over time.

Adding the above three elements will give BRIDGES the opportunity to begin assessing the program's impact on community perceptions of adults with developmental disabilities. Combining these elements provides perspectives of community members, BRIDGES staff, clients, and family members to give a more complete understanding of the program's impact.

Recommendation 3

Work to improve staffing issues by:

A. Establishing staff/client boundaries to avoid burnout

Currently, there seem to be limited boundaries between the staff and their time at home. In one interview, we learned that the staff member starts their day at around 4:00 AM in order to complete accounting and other tasks for the day before they begin the day program with clients. In order to avoid burnout, it is suggested to increase staffing. It was also revealed that the organization has had difficulty finding suitable candidates to help run the program activities with the clients.

If staff cannot be found to care for adults with disabilities, it could prove helpful to hire other staff to accomplish accounting and human resource tasks, even if the founders are excellent at it. They are needed more for their rapport with clients and their families than the office tasks. Having more time will provide better work-life balance and the ability to recharge for the next day. Kossek et al. (2012) concluded that those with fewer boundaries were more likely to have adverse outcomes than those who provided clarity and distinct separation of work and life.

Creating a boundary between work and life would also help staff with "job stress recovery" (Sonnentag et al., 2008). A day-level study of recovery, sleep, experiences, and affect found that if the detachment from work in the evening was low, negative activation and fatigue were predicted to occur in employees.

By forming clear boundaries, BRIDGES staff members will be able to recover from their workday to avoid burnout and be able to serve their clients at the level for which they formed the organization.

B. Improving Fundraising Efforts

BRIDGES only source of income currently is the state provided funding that is dictated by the number of clients served. They do not have a set goal or method for additional fundraising. Their current lack of funding impedes their ability to hire new staff and take on more clients. Improving fundraising efforts will help to mitigate this problem.

We recommend that BRIDGES examine funding needs, determine fundraising goals, and select a fundraising model that will help meet those goals. The Stanford Social Innovation Review (2009) presented ten different nonprofit funding models for nonprofit organizations, providing considerations and tactical tools to accomplish the goals of each model. Those tools for BRIDGES could include government contracts, special events, and sponsorship (Foster, Kim, & Christiansen, 2009). BRIDGES would likely benefit from a "Heartfelt Connector" and "Public Provider" model or a mix of these models.

C. Improving the Current Website

The organizational document analysis discovered that the organization's website was not searchable or up to date. Credibility is vital for online marketers and organizations (Long & Chiagouris, 2006). The current website likely makes the organization seem less credible to viewers, potential clients, or donors. They cannot find the organization on their own, causing the organization to lean only on referral clients. Currently, the BRIDGES website does not offer ways to build a relationship with the company. As a recommendation, the website should be easier to access and provide avenues to build relationships by incorporating bios of staff and testimonials from families to build rapport with potential clients.

Recommendation 4

Focus community engagement activities on quality activities

Interviews of the clients' family members all indicated they were happy with the activities the clients participated in; however, some interviewees reported they hoped BRIDGES would focus more community engagement activities that increased the clients' quality of life and community participation, such as physical activities and volunteer work. BRIDGES was started just prior to the COVID-19 pandemic, which created several roadblocks and barriers for the organization to overcome. These roadblocks resulted in BRIDGES being forced to limit the community engagement activities they could safely participate in; however, with the pandemic slowing down, BRIDGES should continue to identify opportunities for community engagement activities that involve quality physical interactions with other community members.

The research recommends that community engagement activities should involve activities where individuals would respond with a positive statement when questioned about their overall experiences with people with intellectual disabilities (McManus et al., 2011). BRIDGES currently participates in activities that create opportunities for positive community engagement, such as bowling, pickleball, and visits to the park. However, the activities that had the most significant impact on community perceptions were the frequent visits to coffee shops and retail stores where the clients had the opportunities to create relationships with the employees and other community members. BRIDGES should consistently identify other opportunities such as volunteer work or partnering with local businesses where relationships with community members can be created. These activities should focus on locations and activities where individuals who interact with the clients would likely feel they had positive interactions with individuals with developmental disabilities. To ensure the local businesses are the right environment for the clients, BRIDGES should conduct a pre-visit meeting with the business owner or manager and express the goals of BRIDGES and explain how the business could help create a more inclusive environment in the community for individuals with developmental disabilities. BRIDGES should also set expectations and provide examples of potential interactions with clients and what partnering with BRIDGES means.

In following the literature on social inclusion from Simplican et al. (2015) and quality versus quantity of contact from Keith et al. (2015), when planning activities, BRIDGES should pay close attention to whether or not an activity truly allows for interaction with community members. Identifying activities that are socially inclusive, where clients can interact directly with community members, or finding ways to adapt current activities to be more socially inclusive will help clients build their social skills while possibly improving community attitudes. For example, instead of just bowling near other community members, perhaps BRIDGES could work with the

local bowling alley to form a league or event where members of the community can participate in games with clients. BRIDGES could also seek out volunteer opportunities in local community organizations which would allow clients to volunteer along side community members rather than volunteer opportunities that only allow for clients to work in their program groups.

Conclusion

Through the course of this project, we found that BRIDGES is meeting the needs of their clients and fulfilling their mission. Clients have experienced improved quality of life by participating in community-based activities within the BRIDGES program. Clients and their families are generally satisfied with the services received and every parent interviewed was grateful to have found a program that could meet their child's needs. Although BRIDGES is generally meeting client needs, they do not have a current method to track community engagement or impact. The aforementioned recommendations were created to help BRIDGES continue to provide quality service to their clients while making improvements which should help them to better assess client outcomes and their impact on community perceptions.

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Appendix A

Interview Protocols

Founders

- 1. Can you describe your experience working with persons with developmental disabilities?
- 2. What were your reasons for establishing B.R.I.D.G.E.S.?
- 3. How would you describe the goals of the organization?
- 4. What do you think is the organization's desired impact on clients?
- 5. What do you think the current impact is on clients?
- 6. Can you describe typical community group activities?
- 7. Which of those activities do you think has the greatest impact on clients and why?
- 8. What is your desired impact on the community?
- 9. What do you think the current impact is on the community?
- 10. What would you say is the organization's greatest strength?
- 11. What would you say is the organization's greatest area for improvement?

Board Members

- 1. Can you describe any experiences you have had interacting with persons with developmental disabilities?
- 2. What were your reasons for joining the board?
- 3. How would describe the goals of the organization?
- 4. What do you think is the organization's desired impact on clients?
- 5. What do you think the current impact is on clients?
- 6. Can you describe typical community group activities?
- 7. Which of those activities do you think has the greatest impact on clients and why?
- 8. What is your desired impact on the community?
- 9. What do you think the current impact is on the community?
- 10. What would you say is the organization's greatest strength?
- 11. What would you say is the organization's greatest area for improvement?

Staff

- 1. How long have you been working with persons with developmental disabilities?
- 2. How long have you been employed at B.R.I.D.G.E.S.?
- 3. How would describe the goals of the organization?
- 4. What do you think is the organization's desired impact on clients?
- 5. What do you think the current impact is on clients?
- 6. What is your desired impact on the community?
- 7. What do you think the current impact is on the community?
- 8. Can you describe any significant interactions between clients and community members?
- 9. Can you describe typical group activities?
- 10. Which of those activities do you think has the greatest impact on clients and why?
- 11. What would you say is the organization's greatest strength?
- 12. What would you say is the organization's greatest area for improvement?

Community Members

- 1. When was the last time you or your staff interacted with a group from B.R.I.D.G.E.S.?
- 2. How often have you or your staff interacted with persons with developmental disabilities in general?
- 3. How would you characterize those interactions?
- 4. Can you describe what you and/or your staff learned from those interactions?
- 5. Have those interactions influenced your feelings or behavior toward persons with developmental disabilities?
- 6. What policies/procedures do you currently have in place to create a more socially inclusive environment?

Families/Caregivers

- 1. Can you describe your experience with B.R.I.D.G.E.S. as a service provider?
- 2. What do you think the current impact is on your family member?
- 3. Do you think programs like B.R.I.D.G.E.S. can impact community perceptions of persons with developmental disabilities? Why or why not?
- 4. What program activities do you think have had the most impact on your family member and why?
- 5. What would you say is the organization's greatest strength?
- 6. What would you say is the organization's greatest area for improvement?
- 7. Is there anything you would change about the program and why?