GRASSROOTS PROJECT
ENGAGE CONNECT ADVOCATE

Living and Thriving in the Community with Support

Day Programming Without Walls

2025

Introduction

Increasingly, people with disabilities are living in their communities with support. We recognize a shared desire for people to live in their communities and have control over their lives and work. There is growing evidence of better outcomes for people living in their communities. Home and community-based services (HCBS) are an important source of support for many people with disabilities who need help to live in and be a part of their communities. Funded by Medicaid, these services are intended to support individuals with disabilities in living, working, and participating fully in their communities. But often, too many people supported by HCBS spend their day in one location doing structured activities (often referred to as "day programs"), instead of being supported to do things in the community that match their interests and choices. To ensure HCBS is used as intended to support individuals with disabilities in living, working, and participating fully in their communities, there is increasing emphasis on person-centered planning, individualized supports, and community integration. This document puts a spotlight on promising approaches to HCBS that align with these aims and support people spending their day doing things they like: Day Programming Without Walls.

Promising Model for Living and Thriving

What is Day Programming Without Walls?

Day Programming Without Walls is a promising person-centered approach and increasingly adopted model for providing HCBS. In contrast to traditional day programs, Day Programming Without Walls moves away from site-based models and brings services directly into communities. Rather than congregating individuals in a central facility, this model prioritizes access to integrated activities in real-world settings such as volunteering, pursuing personal interests, visiting libraries, parks, and cultural centers, and engaging in small-group community outings. Because of the way supports are customized, people with complex needs can be included alongside those with fewer support needs. These are the core features of Day Programming Without Walls:

1. **Community-Based Services:** Programming is centered around real-world locations rather than in an agency-owned building.
2. **Person-Centered Planning:** Activities are tailored to individual preferences and goals rather than standardized for all program participants.

3. **Small Staff-to-Participant Ratios:** Supports are individualized and allow for personalized attention and natural community interaction rather than staff supporting large numbers of people at one time in one setting.
4. **Skill Building in Context:** Participants develop practical skills within authentic settings rather than spending time in a facility working on skills that may not generalize to the actual community setting. (I'm not sure what this means "… may not generalize to the actual community setting)

In addition to these core features, the Institute for Community Inclusion (ICI), a leader in this area of research and practice, has largely—and for a long time—encouraged the use of the "without walls" approach in non-work community inclusion services where individuals spend no time at an organization's building. The approach as described by ICI includes:

- Working with individuals and small groups outside the facility and in community activities, with all necessary precautions being taken.
- Working with individuals in their homes.
- Having individuals go from their homes directly into the community, rather than going to the organization's facility.
- As feasible, combining time in the community with activities online.

Benefits to Participants of Day Programming Without Walls

Day Programming Without Walls supports the foundational goal of HCBS: to enable individuals with disabilities to live and thrive in the most integrated setting possible. Key benefits include:

1. **Increased social inclusion.** In the U.S., there are about 5,000 or 6,000 day programs providing services to more than 632,000 people with disabilities. We know that more and more day programs are based on people's interests and providing support for getting a job in the community. Even though we see this increase in support based in people's interests, most of day programs still do not provide activities related to employment, and services happen in places where people with disabilities are grouped together, separated from the community. Day Programming Without Walls, however, facilitates meaningful engagement through in-person and online activities, including those related to employment, and provides a great opportunity to implement such a structure for the long-term.
2. **Independence and choice.** Participants in day programs report greater satisfaction when they have input into their daily routines and engage in meaningful, self-chosen activities. By design, self-chosen activities in Day

Programming Without Walls promises to best meet the needs of people whose supports are complex.

3. **Improved health, safety, and quality of life.** Day Programming Without Walls provides more flexibility for supporting health, safety and overall quality of life. For example, the "without walls" model can encourage positive short-term practices such as social distancing when it's needed—like during periods of increased COVID-19 cases. These practices included remote programming, doorstep check-ins, and virtual social events, which helped maintain critical community connections and physical well-being during isolation.

Additional Benefits to Providers and States

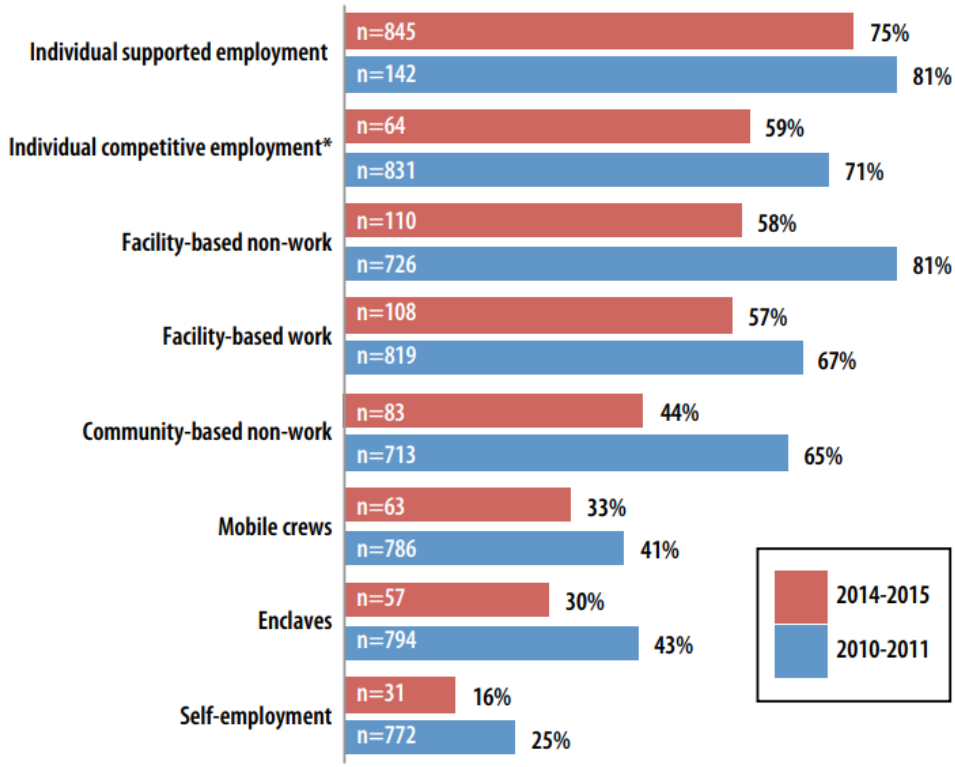
Day Programming Without Walls offers several benefits to providers and states. The benefits can be seen in terms of:

1. Cost savings, including reduced brick-and-mortar costs, reduced need for vans, selling private-pay services on a national scale, and lower labor costs.
2. Broader community involvement, including the incentivization of community building and partnerships, and connecting people to volunteers in ways that diversify the workforce of supporters.
3. Increased community inclusion and customized and competitive integrated employment outcomes in the HCBS system nationally.

When People Lack Options for 'Without Walls' Programming

Most people spend their day going to work or school, running errands, meeting friends, taking care of their home, or doing hobbies they enjoy. These activities happen in different places and are based in choice related to people's interests and goals. Many people with disabilities and their supporters remain concerned that people supported by HCBS are unable to pursue their interests and goals in the larger community, as intended by the Olmstead decision and the HCBS requirements. They also worry that reductions in employment support and other non-workday support options will make it more difficult to enact future changes. The data in Figure 1, from the 2014-2015 National Survey of Community Rehabilitation Providers (CRPs), show an over-reliance on a standardized and inflexible approach to supporting people with disabilities during the day. As a result, people who participate in day programs do not experience the same freedom and variety of activities that others enjoy during their day.

Figure 1. *Percentage of CRPs Providing a Service*



*Based on a sub-sample of 114 CRPs

https://www.thinkwork.org/sites/thinkwork.org/files/files/RP55_Final.pdf

Viewing the COVID-19 pandemic as a window into some of the foundational limitations of our current HCBS system, we can learn from what we know occurred during the pandemic. We saw many providers significantly reduce employment and non-workday services and rely on retainer (flat-rate recurring) Medicaid payments to remain viable during the public health emergency.

While retainer payments appeared to be helpful in keeping some providers financially viable through the pandemic, they also seem to be insufficient for long-term provider financial viability. The occurrences during and just after the COVID-19 pandemic illuminated a problem we know existed already. There were staffing shortages and limited options for community supports prior to the pandemic, and the pandemic added complexity to the existing challenges. We know from the NCI State of The Workforce survey that in 2023, 38% of agencies surveyed had to turn away or stop accepting referrals due to staffing issues.

How to Make Day Programming Without Walls Happen in Your State or Community

Data show that more work remains to be done to phase out facility-based day programming models. According to the 2022-23 NCI-IDD In-Person Survey, just 25% of all respondents reported they took part in groups, organizations, or communities in person or virtually. Increasing the use of Day Programming Without Walls is a good way to increase people's access to the community.

Implementation or transitioning to this model is a complex process that requires many factors to be considered, such as transportation resources and needs, staff training and support, program requirements, planning and providing for a broad range of support needs to ensure quality, and funding flexibilities/restrictions. There are opportunities to shift focus toward a "without walls" model, such as the continuing issuance of retainer payments to day program providers that allows them to maintain a revenue source and puts scarce taxpayer funding to use.

People with disabilities and their supporters at the grassroots level can play an important role in making the shift to the "without walls" model. To be successful, people need access to information that supports a growing knowledge base of what is possible and how to get there. The examples below are offered in support of this.

Examples of Without Walls Approaches

For those interested in starting or expanding their state's or community's existing "without walls" approach to day programming, there are many examples of providers that offer, or are in transition from, facility-based service to a "without walls" model. A few examples of this model include:

- The Guild School in Massachusetts developed a "without walls" program for students with disabilities that combines classroom instruction with real-world experiences. For instance, students plan grocery trips, navigate stores, and cook meals using purchased ingredients. This model teaches independence in a practical, applied way. This without walls approach is mirrored in supports offered for adults with disabilities at The Guild School.
- Attleboro Enterprises Inc.'s CBDS without walls program operates entirely in the community, offering individualized day services such as volunteering, hobby development, and skill building. Participants are picked up at home, engage in

personalized activities, and return home without visiting a centralized facility. Without walls offers the flexibility required for individuals to express self-determination, build natural supports, engage in civic pursuits, and learn to use resources outside of a program setting.

- Friendship Village of Dublin in Ohio operates a Continuing Care Retirement Community (CCRC) without walls model, delivering health, wellness, and social services to seniors living at home. This promotes aging in place while ensuring access to care. Participants in Friendship at Home have support for daily activities in their home, support to get to places like restaurants and gyms, and a case manager to coordinate all of the activities.
- Seniors Center Without Walls is a telephone- and web-based program that connects older adults to social and educational opportunities from their homes—reducing isolation while promoting engagement. Senior centers have transitioned from traditional brick-and-mortar buildings to contracting with restaurants and activity providers in the community. This has helped the organization to use funds more efficiently, serve more active seniors, and allow seniors to be more involved in their communities.
- Managed Resources Connections, Inc. (MRCI) in Minnesota is a large day services provider that is using the opportunities provided by COVID-19 to begin a long-term strategic process of moving toward 100% without walls, individualized day services, which include:
    - Plans to sell buildings or not renew leases on rentals.
    - Reductions in expenses for maintenance, heating/cooling, insurance, etc.
    - Reduced use of transportation in getting individuals to and from these facilities.
    - Being more responsive to each person's preferences and interests.
- Starfire in Ohio incorporates community inclusion, customized competitive employment, and community building into a 100% without walls, day services program. Starfire is focused on decreasing the social isolation felt by people with disabilities. Working with one person at a time, Starfire fosters relationships by connecting people to each other and uncovering individuals' talents and passions so they can thrive in their communities alongside their neighbors.
- Values Into Action in Pennsylvania provides 100% without walls day supports and individualized employment supports to people participating in the PA IDD self-directed program. By putting control of resources directly into the hands of the people using the services, it provides significant opportunities for people to craft the amount, duration, and scope of their activities in a flexible manner to meet their goals. Shifts in interests and preferences can be acted on much faster than

the traditional provider system, where requests must meander through a complex bureaucratic structure to make any significant changes.

- Mattingly Edge, in Kentucky, started as the Cerebral Palsy School of Louisville in 1950. By 1988, the Mattingly Center established a brick-and-mortar day program to serve more people in the community. In 2017, Mattingly Edge made the decision to end the day program and moved to a without walls model. The organization focuses its efforts today on supporting clients to advocate for real work, to live in homes of their own, to establish meaningful relationships in the community, and to provide customized one-on-one support to allow people to pursue the "good things in life."

HCBS Requirements: Capacity Building Information

The HCBS Settings Rule stipulates that individuals must be supported in experiencing an unregimented life that optimizes individual autonomy and independence in making life choices, as described in the regulation here. Day Programming Without Walls allows for spontaneous (minimal planning) access to community, as well as a flexible utilization (no predetermined amount of time or number of days) structure that is not available in traditional site-based approaches. People at the ground level should be working with their states and providers toward implementing Day Programming Without Walls as best practices in providing services, supports, and community infrastructure for people with disabilities in their states and communities. Implementation of these recommendations will also ensure that states and providers are working toward full compliance with the HCBS Settings Rule.

Rights Modifications

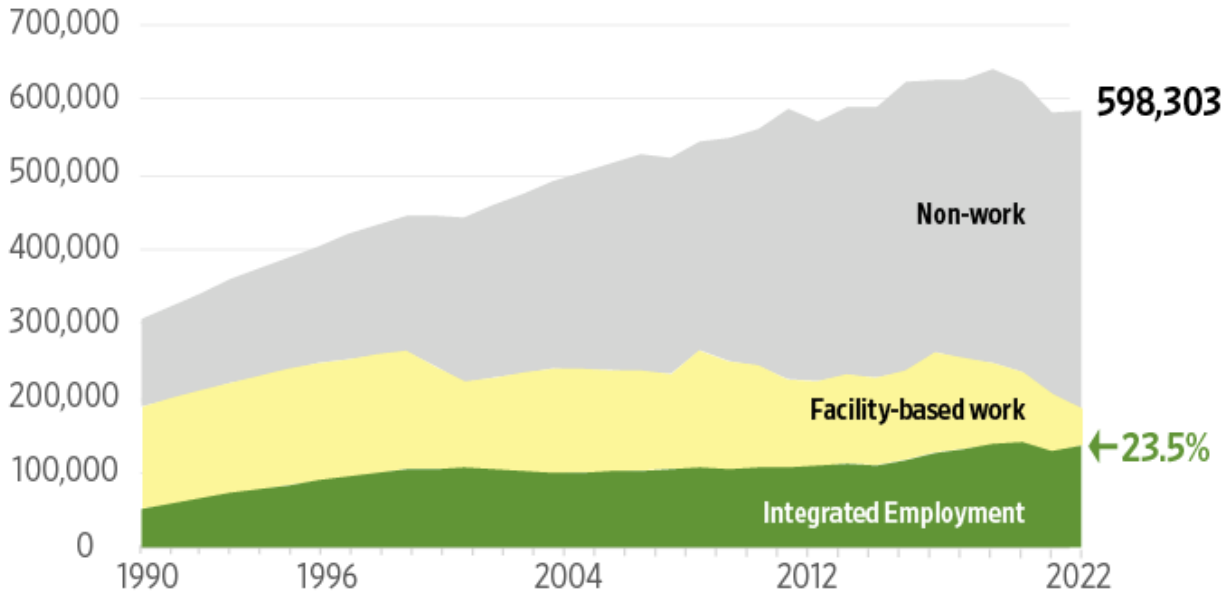
HCBS rules clearly state that HCBS settings must support full access to the greater community and seek competitive integrated employment to the same degree of access as individuals not receiving Medicaid HCBS. Any restriction on community access must follow the modifications requirements in the final HCBS rule.

In supporting this practice, a consideration for developing high-quality HCBS is to create clear and functional pathways needed to redress situations where individuals do not agree with imposed restrictions on their freedom to pursue activities outside the home. Any restriction imposed on someone against their preferences is potentially a civil rights violation or a violation of the HCBS Settings Rule and should be part of ongoing efforts to improve monitoring and response to violations.

Employment

In examining NCI-DD and NCI-AD data, we see extraordinarily low employment rates among HCBS users. We also know that there is low incidence of employment goals appearing in people's plans despite high levels of interest in working. According to ThinkWork, while the number of people with IDD participating in integrated employment services has increased, the number of people who participate in non-workday services has grown at a faster rate. It is possible that participation in these non-workday programs hinders the ability to participate in more employment-oriented activities. Any without walls design will benefit from including a decided focus on supporting access to quality employment support services such as supported and customized employment.

Figure 2. *Percentage of Integrated Employment*



www.thinkwork.org

Supporting Change in Your State or Community

Use of the many systems change tools available to support the development of a without walls approach to both day and employment services and customized, competitive employment, as viable options for people are encouraged. There are several mechanisms that can be employed including grants, existing TA contracts, challenge competitions, webinars, learning collaboratives, and State Medicaid Director Letters (SMDLs). A few specific areas on which you may focus to create more flexible without walls models include:

- **Tiered-Service Structure**: One way to support a transition to without walls day and employment services is for states to implement a tiered-service structure where a state progressively reduces capacity for congregate day programs while simultaneously increasing value-based incentives (e.g. higher rates) for providers to develop without walls approaches.
- **Employment and Day Supports**: Connect without walls day services to competitive integrated employment efforts in states. These two functions can be delivered by the same provider with the requisite structure and expertise to implement a without walls approach, creating possible administrative savings and fully coordinated supports. For instance, employment often leads to social connections that manifest after work community activities end. Having the same provider for both day and employment supports creates a more seamless service. Note that this approach requires the state to ensure robust provider qualification rules which require that CIE services are provided by certified employment specialists so that this work doesn't become one more thing on the list of expectations for DSPs providing day supports.
- **Person-Centered Thinking, Planning, and Practice**: Service providers are responsible for implementing the person-centered plan. This implies that the planning process is facilitated by competent, conflict-free staff. The jointly (do we need to spell out these acronyms on first reference?) CMS/ACL-funded National Center on Advancing Person-Centered Practices and Systems (NCAPPS) can provide necessary assistance to help ensure that providers are implementing a without walls model in a person-centered manner. In fact, DuBois et al. showed that having a goal for employment in the service plan increased the likelihood of having CIE by 450%.
- **The Limitations of Flexible Residential, Day, and Employment Services:** Many HCBS systems have service budgets and authorizations at levels that make it difficult to break from the structure of all-day, congregate day services and minimal staffing requirements in group home settings. For instance, there are reports that in some states there is not enough provider flexibility to allow people to stay home during weekdays if desired, as the residential staffing budget is reduced commensurate with authorized day program and employment hours. Structural issues like this and others would require significant guidance and technical assistance from CMS and others to allow flexible, person-centered budgeting of services and supports.
- **Self-Direction:** Support states to increase self-directed options so people can purchase with flexibility the amount, duration, and scope of services that work for them. The expansion of self-directed options should be accompanied by a

concurrent effort to recruit and train providers who can implement individualized without walls approaches to address potential demand. The quality of support to self-direct can be very different depending on the state and the individual. As states have reminded us, navigating the bureaucracy to a self-directed platform also requires literacy skills and advocacy skills that not everyone has, so making sure that anyone who wants to access self-direction is supported and empowered to do so is critical for self-direction to work as intended.

- **Civil Rights:** Any instance where a provider, guardian, state agency, etc. restricts an individual from engaging in individualized community activities according to their preferences is a potential violation of their civil rights. P&As across the disability and older-adult spectrum should be encouraged to engage awareness campaigns and conduct outreach to the populations they serve, and to report violations.

Summary

Day Programming Without Walls reflects a broader shift in disability services—away from segregation and toward meaningful inclusion. Case studies from across the U.S. demonstrate the potential for innovation, dignity, and engagement in models that meet people where they are—out in the world, not behind program walls. With thoughtful planning and investment, this model can enhance the quality of life for people receiving HCBS while strengthening the fabric of local communities. It is critical that people at the grassroots level educate others about the without walls approach and bring it to their states and/or local communities.

Appendix: Literature Review References

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Article Summaries

Pub Med Search Terms: “Community Integration Cross Disability"

Nguyen, C., Leung, A., Lauzon, A., Bayley, M. T., Langer, L. L., Luong, D., & Munce, S. E. (2021). Examining the relationship between community integration and mental health characteristics of individuals with childhood acquired neurological disability. *Frontiers in Pediatrics*, *9*. https://doi.org/10.3389/fped.2021.767206

*Have full text

Abstract-Background: Many individuals with cerebral palsy (CP) or acquired brain injury (ABI) are at higher risk of lowered psychosocial functioning, poor mental health outcomes and decreased opportunities for community integration (CI) as they transition to adulthood. It is imperative to understand the characteristics of those at highest risk of dysfunction so that targeted interventions can be developed to reduce the impact.

Methods: This quantitative, cross-sectional study examines current patients of the Living Independently Fully Engaged [(LIFEspan) Service], a tertiary outpatient hospital-based clinic. The Patient Health Questionnaire-4 (PHQ-4) and the Community Integration Questionnaire (CIQ) were administered to participants. Personal health information was also collected from participants' health charts, and participant interviews. Associations of sex and condition with the outcomes of screening for further assessment of depression, screening for further assessment of anxiety, and CI were calculated using *t*-tests and Chi-square tests.

Results: Two hundred and eighty five participants completed standardized screening tools for depression and anxiety (PHQ-4) and 283 completed the Community Integration Questionnaire (CIQ). Mean age was 23.4 (4.2) years; 59% were diagnosed with CP, 41% diagnosed with ABI, and 56% were male. A moderate proportion of the sample screened positive for further assessment of anxiety (28%) and depression (16%), and the overall

mean score on the CIQ for the sample was 15.8 (SD 5.1). Participants who screened positive for further assessment of depression and anxiety on the PHQ-4 had lower scores on the Social Integration subscale of the CIQ (p = 0.04 and p = 0.036, respectively). Females were found to have significantly higher community integration than males (p = 0.0011) and those diagnosed with ABI were found to have significantly higher community integration than those with CP (p = 0.009), respectively. A weak negative association was found between age (this is unclear) for the total sample and overall PHQ-4 score (p = 0.0417). Presence of an intellectual or learning disability/challenge was associated with a lower CIQ score (p = 0.0026).
Conclusions: This current study, highlights the need for further research to explore the unique needs and barriers faced by this population. This study may inform assessments and interventions to support the mental health and community integration of this population.

PubMed Search Terms: “Community integration cross disability”
*Have Full-text
Kashif, M., Jones, S., Darain, H., Iram, H., Raqib, A., & Butt, A. A. (2019). Kashif M, Jones S, Darain H, Factors influencing the community integration of patients following traumatic spinal cord injury: a systematic review. *J Pak Med Assoc*, *69*(09), 1337–1343.
Abstract
Background: Spinal cord injury (SCI) is a high-cost disabling condition, which brings a huge number of changes to an individual's life. The emphasis of rehabilitation has moved from medical administration to issues that affect quality of life and community integration. This systematic review was conducted to identify the factors associated with community reintegration of patients with spinal cord injuries.
Methods: Google Scholar, PEDro, Pakmedinet, AMED, BIOMED central, Cochrane Library, MEDLINE, PsychoINFO, PUBMED, ScienceDIRECT, Scirus and Wiley Online Library databases were searched by using key words 'Spinal cord injury' 'Paraplegia' or 'Spinal Cord Lesion' or Tetraplegia. They were cross-linked with 'Community reintegration,' 'Community participation,' and 'Community access.' The methodological quality of the studies included was analyzed by using McMaster University Tool and Thomas Tool. The data extracted included sample size, intervention, duration, results, outcome measures, and follow-up period.
Results: A total of 11 relevant studies were located. The evidence extracted was classified into four groups: health-related barriers or facilitators, environment-related barriers or facilitators, psychological barriers, and social barriers that are associated with community reintegration of such individuals.

Conclusions: The review revealed that there were more barriers in the form of health-related issues, personal and environmental, psychological, and social issues that hinder the community reintegration of individuals with spinal cord injury compared to facilitators. Most studies identified special challenges related to environment as it relates to the accessibility of home, public buildings, and transportation. Removing barriers related to health, environment, psychological, and social factors can enhance community reintegration of such patients.

PubMed: Olafsdottir, S. A., Hjaltadottir, I., Galvin, R., Hafsteinsdottir, T. B., Jonsdottir, H., & Arnadottir, S. A. (2022). Age differences in functioning and contextual factors in community-dwelling stroke survivors: A national cross-sectional survey. *PLOS ONE*, *17*(8). https://doi.org/10.1371/journal.pone.0273644
*Have Full-text
Abstract
Background: Our study aimed to map functioning and contextual factors among community-dwelling stroke survivors after first stroke, based on the International Classification of Functioning, Disability and Health (ICF), and to explore if these factors differ among older-old (75 years and older), younger-old (65-74 years), and young (18-65 years) stroke survivors.
Methods: A cross-sectional population-based national survey among community-dwelling stroke survivors, 1-2 years after their first stroke. Potential participants were approached through hospital registries. The survey had a 56.2% response rate. Participants (N = 114, 50% men), 27 to 94 years old (71.6±12.9 years), were categorized as: older-old (n = 51), younger-old (n = 34) and young (n = 29). They answered questions on health, functioning and contextual factors, the Stroke Impact Scale (SIS) and the Behavioural (should we leave British spelling?) Regulation Exercise Questionnaire-2. Descriptive analysis was used, along with analysis of variance for continuous data and Fisher´s exact tests for categorical variables. TukeyHSD, was used for comparing possible age-group pairings.
Results: The responses reflected ICF´s personal and environmental factors as well as body function, activities, and participation. Comparisons among age groups revealed that the oldest participants reported more anxiety and depression and used more walking devices and fewer smart devices than individuals in both the younger-old and young groups. In the SIS, the oldest participants had lower scores than both younger groups in the domains of activities of daily living and mobility.
Conclusion: These findings provide important information on needs and opportunities in community-based rehabilitation for first-time stroke survivors and reveal that this population has access to smart devices which can be used in community integration.

Moreover, our results support the need for analysis in subgroups of age among the heterogenous group of older individuals in this population.

PubMed: Matos, J., Henriques, A., Moura, A., & Alves, E. (2024). Professional reintegration of stroke survivors and their mental health, quality of life and Community Integration. *Quality of Life Research*. https://doi.org/10.1007/s11136-024-03797-8
*Have Full-Text
Abstract:
Purpose: To assess the association between professional reintegration and mental health, quality of life (QoL) and community reintegration of stroke survivors.
Methods: Using a cross-sectional study design, a structured questionnaire was administered to previously working stroke survivors, 18-24 months post-stroke. Data on sociodemographic characteristics, professional reintegration (prevalence of return to work (RTW), period of RTW, job placement, function at work, reintegration support, association of stroke with work and number of working hours), mental health (Hospital Anxiety and Depression Questionnaire), QoL (Stroke Specific Quality of Life Scale) and community integration (Community Integration Questionnaire) were reported by 553 stroke survivors.
Results: Twenty months after stroke, 313 (56.6%; 95%CI 52.4-60.8) stroke survivors had returned to work. RTW was positively associated with both global and sub-domain scores of Community Integration Questionnaire (CIQ) (global CIQ β = 3.50; 95%CI 3.30-3.79) and with depressive symptomatology (β = 0.63; 95%CI 0.20-1.46) measured by the Hospital Anxiety and Depression Scale. No significant differences were found regarding QoL, according to RTW status. For those who RTW, no significant associations were found between any of the professional reintegration determinants assessed and mental health, QoL, and community integration scores.
Conclusions: RTW seems to be associated with better community integration after stroke, but appears to be negatively associated to stroke survivor's mental health, namely considering depression symptoms. Future studies should explore the barriers to stroke survivors' RTW and the challenges and strategies used to overcome them, to allow the development of professional reintegration policies.

PubMed:
Lama, S., Damkliang, J., & Kitrungrote, L. (2020). Community integration after traumatic brain injury and related factors: A study in the Nepalese context. *SAGE Open Nursing*, *6*, 1–8. https://doi.org/10.1177/2377960820981788
*Have Full-Text
Abstract

Introduction: Community integration is an essential component for rehabilitation among traumatic brain injury (TBI) survivors, which yields positive outcomes in terms of social activities, community participation, and productive work. A factor that usually facilitates community integration among TBI survivors is social support, whereas physical environment and fatigue are most often found as barriers.
Objectives: This study aimed to 1) describe the level of community integration, fatigue, physical environment, and social support of persons after TBI, and 2) examine the relationship between community integration and these three factors.
Methods: This is a descriptive correlational study. One hundred and twenty TBI survivors living in the communities of Province Number Three (Nepal) were enrolled using the stratified sampling technique. The data were collected using the Community Integration Questionnaire, Modified Fatigue Impact Scale, Craig Hospital Inventory of Environmental Factors, and the Multidimensional Scale of Perceived Social Support. Descriptive statistics and Pearson's correlation were used to analyze the data.
Results: Community integration, fatigue, and physical environment showed a moderate level, while social support revealed a high level. Fatigue was significantly correlated with overall community integration, whereas physical environment was found to correlate with two subscales of community integration, home integration, and productive activities.
Conclusion: To enhance the level of community integration among TBI survivors, health care providers – in particular rehabilitation nurses and community nurses – should plan and implement strategies such as follow-up appointments or continued rehabilitation at home.

Google Scholar: Barclay, L., Robins, L., Migliorini, C., & Lalor, A. (2020). Community Integration Programs and interventions for people with spinal cord injury: A scoping review. *Disability and Rehabilitation*, *43*(26), 3845–3855.
https://doi.org/10.1080/09638288.2020.1749889
*Full-text: Taylor & Francis
Abstract
Aim: The focus of this scoping review was to identify the extent, range, and nature of studies that have been published regarding community integration programs and interventions that support people during the transition home from hospital following spinal cord injury.
Methods: Four electronic databases and one search engine were searched for articles published between 2010 and 2020. Grey literature and manual searches were also done.
Results: Of the 16 articles included, eight were published in peer-reviewed journals. Two of these did not include an evaluation. Study designs included – but were not limited to –

pilot studies (*n* = 2), mixed methods evaluations (*n* = 2), single-site randomized controlled trials (*n* = 3), and non-randomized, single-arm study design (*n* = 1). The articles were from the U.S. (*n* = 12), Canada (*n* = 2), Australia (*n* = 1), and the United Kingdom (*n* = 1).

Conclusion: The majority of interventions focused on addressing health-related educational needs, followed by community mobility. Goal setting and promoting self-efficacy were identified as important components, as was the importance of involvement of people with lived experience. There was a lack of focus on management of relationships, including addressing sexual needs. This review highlights the need for further empirical evaluation of implemented programs and interventions in this area, particularly in countries other than the U.S., to inform service development.

Implications for Rehabilitation:

- Successful community integration is an important outcome of spinal cord injuries rehabilitation.
- The majority of published programs focus on health-related educational needs, followed by community mobility.
- It is recommended that goal setting and promoting self-efficacy are included in programs.
- It is recommended that people with lived experience of spinal cord injuries are involved in interventions.
- It is recommended that programs include a focus on management of relationships, including addressing sexual needs. (or just … including sexuality.)

https://www.researchgate.net/publication/358896771_Community_Inclusion_for_People_with_Intellectual_and_Developmental_Disabilities_A_Call_to_Action_for_Social_Work

*Have Full-Text

Research Gate: Presnell, J., & Keesler, J. (2022b). Community inclusion for people with intellectual and developmental disabilities. A Call to Action for Social Work. *Advances in Social Work*, *21*(4), 1229–1245. https://doi.org/10.18060/25512

Abstract

Many people with intellectual and developmental disabilities (IDD) are isolated and lack meaningful opportunities to participate and develop social networks within their communities. Sharing membership with a community that fosters connection and belonging is essential to well-being. As a human rights profession, social work is uniquely situated to overcome the macro barriers that prevent full community inclusion for people with IDD. However, the experiences and needs of those with IDD have largely been left out of the profession's discourse on diversity and oppression. This article presents a call-to-action for social workers to engage in strategies and solutions to

resolve macro barriers to community inclusion, to dismantle the injustices that people with IDD continue to experience, and to move the promise of community inclusion from rhetoric to reality. Social workers can promote community inclusion for people with IDD through a variety of approaches, including using a human rights-based framework, aligning with person-centered planning, fostering evidence-based practices, using participatory action research, increasing disability content in social work curricula, and engaging in community action and advocacy.

Google Scholar Search Terms: "Cross disability community integration"

Bredewold, F., Hermus, M., & Trappenburg, M. (2020). 'Living in the community' the pros and cons: A systematic literature review of the impact of deinstitutionalisation (use this spelling?) on people with intellectual and psychiatric disabilities. *Journal of Social Work*, *20*(1), 83–116. https://doi.org/10.1177/1468017318793620

*Have Full-Text

Abstract

Summary: How did desinstitutionalisation (use this spelling or the American spelling? I am leaving it as throughout) affect the lives of people with intellectual disabilities and people with a psychiatric background? This paper contains a systematic literature review on the consequences of deinstitutionalisation for the target groups, their social network, and society at large. PubMed and Online Contents were searched from 2004 until February 2016. Inclusion criteria were 1) article describes a) consequence(s) of deinstitutionalisation, 2) in Western countries, and 3) the target group(s) include people with psychiatric or intellectual disabilities. Sixty-one papers were found and analized to establish positive, negative, or mixed results.

Findings: The positive effects pertain to the quality of life of people with disabilities after deinstitutionalisation. They learned adaptive skills and receive better care. Negative effects relate to more criminal behavior by the target groups, victimization of the target groups, and physical health issues. Life for the most severely afflicted people with disabilities deteriorated when they moved to smaller group homes in the community. Mixed effects were also found. It is not clear whether deinstitutionalisation leads to real inclusion in the community. It is equally unclear whether it is cheaper than large-scale institutional care. Only a few studies investigate the effects on family members, but some show they are overburdened.

Applications: Social workers catering to people with disabilities should pay attention to risks for their health and safety and keep an eye on family members. Those who are asked to advise on deinstitutionalisation should consider that this may not benefit the most severely afflicted.

PubMed Search Terms: cross disability and community integration

Jun, W. H., & Choi, E. J. (2019). The relationship between Community Integration and mental health recovery in people with mental health issues living in the community: A quantitative study. *Journal of Psychiatric and Mental Health Nursing*, *27*(3), 296–307. https://doi.org/10.1111/jpm.12578

*Full-Text NOT available

Abstract

What is known on the subject: Mental health treatments have become patient-centered. Evaluating recovery in people with mental health difficulties living in the community can help to develop better client-centered services. Community integration is critical to recovery in patients with mental health difficulties.

What does this paper add to existing knowledge? This is the first study to use a single integrated measure of mental health recovery to evaluate the effect of community integration. Physical community integration was the easiest goal for most to reach. Developing independence/self-actualization was harder. In mental health recovery, most people were able to overcome stuckness (not sure what this word should be …). Developing abilities for basic functioning was harder. Participating in mental health center day programs promoted mental health recovery in people with mental health difficulties living in the community. Independence/self-actualization, psychological integration, and social support improved mental health recovery in people with mental health difficulties living in the community.

What are the implications for practice? There is a need to develop and actively promote programs that attract people with mental health difficulties living in the community so that they will actively use mental health center services. Offering systematic social skills training and occupational rehabilitation therapy to people with mental health difficulties living in the community may help them function independently. To foster a sense of belonging, mental health service programs should provide volunteer opportunities for people with mental health difficulties living in the community. Mental health nurses should serve as a social support resource for people with mental health difficulties living in the community by providing education to family and friends on how to support patients' recovery, and invigorating integration projects such as "making healthy friends." Abstract Introduction: Although community integration of people with mental health difficulties and a consumer-centered recovery paradigm are of global importance, little research has been conducted on community integration factors that directly affect mental health recovery. Aim: This study investigated the relationship between community integration and mental health recovery in people with mental health difficulties living in their communities in South Korea. Method Data were collected from 155 people with mental health difficulties living in the community, using the Self-

Reporting Scale of Community Integration and the Mental Health Recovery Measure (Korean version), and analyzed using hierarchical regression analysis. Results among the community integration subscales, independence/self-actualization, psychological integration, and social support were significant factors in mental health recovery, explaining 47.3% of the variance. Discussion: An effective intervention strategy for mental health recovery of people with mental health difficulties living in the community may reinforce community integration by carefully considering independence/self-actualization, psychological integration, and social support. Implications for practice mental health nurses should provide intervention to people with mental health difficulties living in the community to help them develop strategies for functioning independently, experiencing a sense of achievement, and developing a sense belonging in the community.

Deep Dyve Search Terms: “Cross Disability and community Integration" (since 2019)
Pasin, T., & Dogruoz Karatekin, B. (2024). Determinants of social participation in people with disabilities. *PLOS ONE*, *19*(5). https://doi.org/10.1371/journal.pone.0303911

Google Scholar Search Terms: “community integration cross-disability"
Evans, C., Block, P., Milazzo, M.C. (2020). Rethinking Community in Disability Studies: Chosen and Ascribed Communities or Intersecting Communities and Communities in Conflict. In: Jansen, B. (eds) Rethinking Community through Transdisciplinary Research. Palgrave Macmillan, Cham. https://doi.org/10.1007/978-3-030-31073-8_9

Abstract

A shared biocitizenship (not sure what this means … industry lingo?) via individual health diagnoses or perceived disabilities can create unintended communities of people, ‘ignoring larger social inequities’ (Roberts 2010). Likewise, communities deliberately forged from the need or choice to respond to social inequities and demands for support, collective voice, and power may, on the one hand, promote belonging, collective learning, and coexistence, but, on the other hand, preclude and exclude people’s agency in other ways. Weaving narratives of diverse disability communities from empirical research, in this chapter Cassandra Evans, Pamela Block, and Maria Milazzo examine varied trajectories of freely chosen and involuntary disability community groups, such as Autistic people’s virtual and in-person communities, an on-ground summer camp program (that leads to a virtual community) for teens diagnosed with multiple sclerosis, and finally, those living in community-based, public mental health housing sites. Reflecting upon the concept of community within society, the authors argue that these varied collective community experiences — deliberate and accidental,

virtual and in-person — can be productive as well as tense because of social, economic, and political intersections influencing these associations.

Google Scholar Search Terms: “Cross-Disability community integration” (2020-2024)

Shanouda, F., Duncanson, M., Smyth, A., Jadgal, M.-E.-L., O’Neill, M., & Yoshida, K. K. (2020). Cultivating Disability Leadership: Implementing a Methodology of Access to Transform Community-based Learning. *Canadian Journal of Disability Studies*, *9*(5), 380–413. https://doi.org/10.15353/cjds.v9i5.702

Abstract

In this paper, we describe a methodology of access developed and applied during a three-year project in the Niagara region focused on cultivating the next generation of disability leaders. We describe the theoretical approach to the project and highlight the significance of doing this work in Niagara. A literature review of adult, transformative, and community-based learning scholarship revealed that little research or writing has focused on describing a thorough approach to access in transformative projects in community-based settings. Writing with two participants from the study, we elaborate on the five dimensions of our approach: 1) funding, 2) local and focused, 3) intimate, relational, and interdependent, 4) curating access, and 5) welcoming disruption. We also describe the tensions in taking on this work. We conclude with an invitation to scholars, community groups, and organizations to consider integrating our methodology in their next research project.