

Strategies to Promote Accessible Cost-Effective Advocacy and Generic Community

Background: Generic community agencies are created to serve the local community yet often people with disabilities who live in poverty, belong to racial or ethnic minorities, or who have "non-traditional" disabilities do not use the community services they may need. A shared perception is that the agencies and services are not typically accessible and/or welcoming to people with disabilities. Accessibility issues are not just due to the physical environment, but also to prevailing policies, practices, procedures, and attitudes. Thus, the degree to which a person's condition is "disabling," often depends on the accessibility of the environment or community in which he or she lives.

Research questions:

1. What are the barriers that people with disabilities face when trying to use generic community services?
2. How can accessibility to generic community services be improved?

Purpose and anticipated benefits: This project developed materials for generic agency staff training with a goal of improving opportunities and appropriate supports for people with disabilities. By accessing generic community services, people with disabilities can participate more fully in their communities.



Who: Daryl Mellard, Ph.D., project director and principal investigator and director of Division of Adult Studies at the Center for Research on Learning at the University of Kansas, (as viewed in photograph to the left) was assisted by Jean Hall, Ph.D., University of Kansas, and Kathy Parker, M.S., University of Kansas Medical Center.

When: 2002-2003

Method: The project began with a review of available literature to assess the current status and best practices in making generic community services accessible and to identify instruments appropriate for measuring the outcomes of the project efforts to increase access. Focus groups of consumers and staff from community services and businesses helped to assess problem areas and best practices for needed materials and ways to evaluate the outcomes of the materials and training. During field testing, materials were evaluated and revised.

Results: Consumers said they wanted agencies to avoid preconceived notions about "appropriate" jobs for people with disabilities, appreciate clients' abilities/strengths and limitations, and feel comfortable with people who have disabilities. They wanted respect for confidentiality and implied trust of shared information. Also mentioned were a desire for the use of positive images of people with disabilities in outreach materials and

specified training/services available, especially that services are available to people with disabilities. Job seekers with disabilities said they encountered numerous barriers to accessing appropriate services in the One-Stop service system.

Conclusion: Centers for independent living have an excellent opportunity to partner with their local One-Stop centers to ensure that job services are accessible to people with disabilities in their communities. Both job seekers and service providers need additional information and support to make the One-Stop system work well for people with disabilities.

Project output: A significant result of this study has been "One-Stop 101," a comprehensive set of CD-ROM based materials including an overview of the One-Stop system and how centers can get involved in their governance and service delivery, staff development, One-Stop newsletter articles, etc. One-Stop 101 includes One-Stop Info for Centers for Independent Living, Outreach to Underserved Populations, Staff Development for One-Stops, Newsletter Articles, and Mystery Customers.

Other products are journal articles — "One-stop career centers and job seekers with disabilities: Insights from Kansas" (*Journal of Rehabilitation*, 2005, 71, 4, 38-47) and "A vicious circle: Observations on individual and system barriers to employment for people with disabilities" (submitted to *Disability and Rehabilitation*) — and position papers, collaboration and testimony: Other activities were the coordination with the Kansas Medicaid Buy-In program, Kansas Commission on Disability Concerns and Vocational Rehabilitation to implement a Disability Navigator position within a Kansas One-Stop center; coordination with Kansas Advocacy and Protective Services (now the Disability Rights Center), Kansas Cooperative Development Center and Independent Living Council of Kansas to develop a white paper on Kansas One-Stops for the governor; and coordination with American Psychological Association and the Consortium for Citizens with Disabilities for national testimony on WIA reauthorization.