

BraveHeart Center for Place and Purpose: A New Community-in-Community Inclusion Model for Young Adults With Disabilities

Danilea Werner and Angie Colvin Burque

Abstract

BraveHeart Center for Place and Purpose (BraveHeart CPP) is a comprehensive post-high school, inclusion-focused partnership of university, faith, and local communities. This new initiative aims to address unmet needs of the vulnerable and underserved population of young adults with disabilities through a community-in-community inclusion (CICI) model. The CICI model was specifically designed to support opportunities for individuals with disabilities, especially those with moderate to severe challenges, to empower and increase their presence and level of participation in the community. This strengths-based model operates with a high level of respect and sensitivity for diversity and supports and enhances social skills, cognitive skills, self-esteem, creativity, and work skills for young adults with developmental disabilities. This article explains the CICI model and reviews the goals, activities, and outcomes of BraveHeart CPP's first year of operation.

Keywords: Community Inclusion, Individuals with Disabilities, Post High School

Introduction

Graduating high school is a celebrated milestone for most families. However, this landmark presents additional challenges for individuals with disabilities. The transition from high school into typical adulthood opportunities is limited for individuals with disabilities, especially those who have moderate to severe challenges. It is important to understand and implement opportunities for all young adults to successfully transition into adulthood and become valued members of the greater community.

Over the last 50 years services for adolescents and adults with developmental disabilities have changed significantly. Changes have been influenced by policy, spearheaded by the 1971 passage of the ICF/MR law, the 1973 passage of Section 504 of the Rehabilitation Act, and the 1975 Education of All Handicapped Children Act (now IDEA). These policies have paved the way for better integrated practice and community involvement (Marini, 2012) and mirror the argument in the seminal 1972 text *Normalization*, in

which Wolf Wolfensberger posits that people with intellectual and developmental disabilities should have access to lives similar to those of other adults, including living arrangements, work arrangements, social activities, and recreational activities.

Current models of developmental disability services work to emulate Wolfensberger's sentiment by integrating studying, working, living, and recreational activities (*Neely-Barnes, Marcenko, & Weber, 2008*). Individuals with developmental disabilities are now included in middle and high school classrooms and on college campuses (*Brown, Fay-Vershuur, Logan, & Rossiter, 2007*). Yet, in many instances, individuals with disabilities, especially those with moderate to severe challenges, are still experiencing limited access to integrated and inclusive services, particularly as they transition out of high school. We were interested in exploring local integrated services for individuals with disabilities post high school, which subsequently led to the creation and implementation of a comprehensive community inclusion program that supports and enhances social skills, cognitive skills, self-esteem, creativity, and work skills for young adults with developmental disabilities. Therefore, the purpose of this article is to describe the development and implementation of BraveHeart Center for Place and Purpose (BCPP) and the emerging community-in-community inclusion model.

Background Needs Assessment

When 21-year-olds who have moderate to severe disabilities graduate from high school, graduation day begins a path to small, segmented opportunities to experience a sense of purpose and belonging. This descent into social isolation results because the resources for this population lack the consistency, daily routine, positive social interactions, and connection found in high school, as well as access to health and wellness activities. In fall 2015 we conducted a small ($n = 22$ families) exploratory study to investigate the needs of young adults with disabilities who had aged out of traditional school settings. This preliminary, localized needs assessment revealed a lack of organized, consistent, and meaningful programming opportunities for young adults with moderate to severe disabilities post high school. Specifically, the time charts revealed that over 70% of the young adult's time was spent at home with another family member. Their primary activities were community based but time limited. Only 14% ($n = 3$) had 6 or more hours of coordinated weekly activities. These activities were primarily events such as Special Olympics sports (seasonal) or were parent organized. The families reported that prior to graduation most

of the weekly hours were spent in school, interacting with social peers, and working on educational and vocational goals.

The needs assessment revealed a gap in local programming for post-high school young adults with disabilities, especially those with moderate to severe challenges. As a consequence of this gap, many young adults with disabilities live quiet and mostly solitary lives during the week and become mostly invisible to the larger community. This assessment provided evidence that a population who was once included in the larger community in a thoughtful, structured way (school) was suddenly forced into a pattern of social isolation and declining health status. As described in the Grand Challenges of Social Work (an initiative of the American Academy of Social Work and Social Welfare) (Uehara et al., 2013) and throughout the literature (Berkman, Kawachi, & Glymour, 2014), there is a link between social networks and health. Therefore, the authors created a model program (BraveHeart Center for Place and Purpose) to create a direct positive impact on social isolation, enhance community awareness and inclusion of people with disabilities, and simultaneously serve as a training ground for future social workers and other helping professionals.

Program Description

The faculty drafted a proposal for BraveHeart Center for Place and Purpose (BraveHeart CPP), a comprehensive post-high school community inclusion program that supports and enhances social skills, cognitive skills, self-esteem, creativity, and work skills for young adults with developmental disabilities. After an initial design was developed, university and community stakeholders, including parents of young adults with moderate to severe disabilities, provided feedback and development assistance with the structure of the program (i.e., space, supplies, and university student interns). Community stakeholders as well as parents stressed the importance of safety for the young adults, a desire for peer-to-peer social activity, a need for increased academic opportunities, a desire for health and wellness activities, improved opportunities for defining individual purpose, and an increased sense of community inclusion. These components are also discussed in the literature on social isolation. Martin and Cobigo (2011) identified six concepts that individuals with disabilities have identified as key to inclusion: being accepted as a person, not just a person with a disability; having significant reciprocal relationships; involvement in activities; being employed; having appropriate living accommodations; and being formally and informally supported. Stakeholder feed-

back and study of the literature influenced the program design to become more reflective of community inclusion methods and strengths-based practices. Therefore, BraveHeart CPP was designed to be a health and wellness-based program for young adults with moderate to severe disabilities who have aged out of traditional school programs and are in need of a daily structured routine that cultivates mind, body, and spirit through an inclusion-focused partnership of university, faith, and general communities. The mission of BraveHeart CPP is to provide a place where individuals with disabilities are offered inclusive, integrated opportunities for continued growth in the areas of health and fitness, academic and life skills, job skills and community volunteering, and creative art exploration.

Program Logistics and Schedule

BraveHeart CPP began operations in September 2016. It is based in a local faith community in close proximity to the university campus, downtown area, and small neighborhoods. The program meets Tuesday–Friday from 8 a.m. until 5 p.m. and follows the university’s academic calendar with a fall (August–December) and spring (January–May) semester, each 15 weeks in duration. BraveHeart CPP membership is limited to 10–12 young adults with developmental disabilities. The program has five basic programmatic content areas: (1) movement and exercise, (2) learning (academic, life skills, etc.), (3) working (task assignments, etc.), (4) creating (art, music, etc.), and (5) community integration (community volunteer opportunities, etc.). A typical daily schedule is shown in Table 1.

Table 1. Tentative Daily Schedule

8:00	Arrival
8:15	Yoga
8:45	Walk
10:00	Snack
10:30	Science-math-life skills
11:00	Exercise
11:30	Lunch
12:30	Computer fun
1:00	Music/singing
1:30	Walk
3:00	Work tasks, physical activity/exercise and games
4:00	Peer social time
5:00	Dismissal

Community-in-Community Inclusion (CICI) Theoretical Model

As a new initiative, BraveHeart CPP aims to address unmet needs of the vulnerable and underserved population of young adults with disabilities through a Community-in-Community Inclusion (CICI) model. The CICI model, created by the researchers, is a strengths-based model designed to provide opportunities for individuals with developmental disabilities to empower and increase their presence and level of participation in the university community, faith community, and larger community. Therefore, BraveHeart CPP addresses social isolation by providing a place for young adults to find their purpose through community inclusion, intellectual growth and development, and social belonging.

The CICI model is based on five core principles founded in social work values and ethics (*NASW, 2017*) and based on the ecological model (*Payne, 2016*). The model assumes that communities are mutually beneficial to those who are included and integrated into shared community practice.

1. Communities are built on the assumption that everyone has a need to belong and have purpose.
2. Communities are a collection of varied and dynamic individuals, groups, and organizations. These entities form holistic subsets that are interrelated, yet function independently to meet their needs and pursue goals.

3. Community is cultivated by developing relationships that are personable, genuine, and strengths based.
4. Community is built on connection and shared lived experiences. Connection grows from consistent person-to-person compassionate and empathetic communication. Individuals benefit from ongoing relationships with reciprocal, compassionate, and empathetic communication.
5. Community cannot happen without presence. Presence provides an opportunity for individuals to be seen, heard, understood, and known. Being present takes time, patience, practice, and support.

The CICI model principles are rooted in the strengths-based perspective (Saleebey, 1996) and operate with a high level of respect and sensitivity for diversity and unique individual circumstances. To fully integrate the CICI model and guiding principles into BraveHeart CPP, daily programing is implemented via four strategies:

1. Integrate health and wellness activities throughout the daily program, with attention to supporting and empowering the individual with disabilities to monitor and track their efforts and outcomes.
2. Foster the university and faith partnership to create multiple experiences each week of inclusion, integration, and participation in and across communities.
3. Provide comprehensive and ongoing training and support to enhance effectiveness and retention of quality staff and volunteers skilled in assisting program members with self-determination and capacity-building activities.
4. Integrate community inclusion and outreach activities into daily activities to create shared experience, provide purpose, and promote reciprocal, empathetic communication.

The principles and strategies were purposefully developed to provide a supportive environment for BraveHeart CPP participants to build social capital through community inclusion. Chenoweth and Stehlik (2012) found that individuals with disabilities and their families experienced numerous barriers to building social capital, including having few resources to invest in building social capital, experiencing social isolation, and the reality of rejection. They posit that community inclusion is larger than participating in fun

activities: It is a valuable commodity important to individual and group success. Therefore, within the CICI model, the program participants are supported and trained to take on many roles that allow for self-expression, communication, connection, and overlapping participation in the center community, faith community, university community, and larger community on a daily and weekly basis. BraveHeart CPP members serve in a number of roles:

1. **Inclusion ambassador.** All program participants serve as active community liaisons. They interact with college-age peers, community residents, local business owners and patrons, and faith community members. Simplican, Leader, Kosciulek, and Leahy (2015) define social inclusion as the interaction between interpersonal relationships and community participation. Individuals in the role of inclusion ambassador are living this definition, as BraveHeart CPP was created to provide a safe place for the students to develop interpersonal relationships and participate in the community.
2. **Fit Me and Wellness Tracker.** All program participants are a part of the Fit Me Team, through participation in daily neighborhood walks, yoga, and physical education activities. Individual health and wellness profiles, including goals for the year, are completed with discussion from parents as well as participants. Each participant documents their daily exercise and physical activities, as well as weekly totals, on individual charts. This is a shared experience and an opportunity to support peers in their fitness goals.
3. **Academic and life skills learner.** BraveHeart CPP participants receive support to complete reading, science, math, and life skills lessons toward greater self-empowerment and enhanced cognitive functioning.
4. **Celebrate and support team member.** All BraveHeart CPP students contribute to the Art Helps and Heals Program—a signature BCPP program that identifies persons who are sick or elderly and would benefit from communication and social support to receive personalized communication from BraveHeart CPP students.
5. **Movie theater host.** BraveHeart CPP hosts a movie day at least once a month. The movie theater staff is involved in all areas of programming in order to prepare and execute the event. Preparation includes selecting the movies; cre-

ating advertising flyers; and distributing flyers to church staff, BraveHeart CPP volunteers, and family members. Participants design and create tickets, collect tickets, arrange the area to create a “movie theater” atmosphere, welcome moviegoers, start and stop the movie, thank visitors for attending and announce the next movie, place popcorn in containers and provide to customers, provide water bottles as requested, and perform cleanup after the movie.

Program Goals and Outcomes

The core principles and strategies of the CICI Model were created to increase community inclusion, reduce social isolation, and empower individuals with disabilities to increase their presence and level of participation in the university community, faith community, and larger community, thereby resulting in a community that is more diverse, empathetic, and connected. The following goals and activities were created to successfully implement the CICI model and BraveHeart CPP. Following each activity is a description of outcomes realized in the first year of operation.

Goal I

BraveHeart CPP will provide an operationalization of the community-in-community inclusion model. In practice, this means designing and supporting opportunities for individuals with developmental disabilities to increase their presence and level of participation in the university community, faith community, and larger community.

Activity 1a. BraveHeart CPP students will participate in consistent activities that create an experience of greater belonging in the larger community.

Outcomes 1a. Two activities, the Art Helps and Heals Program and BCPP movie theater, helped BCPP participants make repeated connections with community members and facilitated feelings of belonging.

Art Helps and Heals Program. BraveHeart CPP implemented the Art Helps and Heals Program. This program was designed to create a connection to individuals in the community who are sick, elderly, and/or lonely. The Social Work student intern collaborated with local stakeholders to identify and contact potential “adoptees.” By May 2016 the BraveHeart CPP participants had adopted

six individuals and delivered multiple pieces of artwork, handmade cards, and personalized notes.

BCPP movie theater. BraveHeart CPP held six movie theater days between January and April 2017. The student hosts performed various movie theater jobs that provided life skills training. An average of 11 BraveHeart CPP students participated in each movie day. An average of 25 guests from the community attended the movie day events, including 11 high school students receiving special education services at a local school.

Activity 1b. Interested members of the faith community will be engaged and supported in specific roles that enhance community inclusion of people with disabilities.

Outcomes 1b. From the beginning of BraveHeart CPP, two faith community members volunteered their time and talent. In October 2016 the person responsible for the faith community's Dance Ministry began volunteering each week to teach dance and movement. By May 2017, over 40 faith community members had volunteered time at BraveHeart CPP.

Activity 1c. BraveHeart CPP participants will be actively engaged in the university community.

Outcomes 1c. Integrating into the university is a core activity of BraveHeart CPP. The goal is for young adults with disabilities to interact and participate in campus activities alongside other college-age students. This interaction can promote deeper inclusion and possibly create opportunities for reciprocal communication. During the first year, the inclusion ambassadors participated in "Hey Day" activities, as well as other informal campus concourse activities during walks. They attended a university baseball game, toured the university theater, visited a petting zoo held on campus, and participated in a guided tour of the Athletics Complex. In addition, the ambassadors created art and photography that they showcased to university faculty, staff, and students in April 2017. The photography and art focused, in part, on their participation in the university, faith, and local communities.

Activity 1d. BraveHeart CPP collaborates with university schools, colleges, and programs such as Rehabilitation and Disability Studies and Social Work to train and educate future helping professionals with a strengths-based and inclusion-oriented approach to working with persons with disabilities.

Outcomes 1d. One of the primary goals of BraveHeart CPP is to engage university students from a variety of majors in a satisfying growth opportunity to expand their learning beyond the

classroom. BraveHeart CPP aims to increase student exposure to people with disabilities, specifically those with moderate to severe challenges. University student volunteers and interns are exposed to this diverse population, one traditionally defined as disadvantaged and vulnerable, while receiving a supervised educational opportunity to increase professional skills and experience. In fall 2016, BraveHeart CPP served as an internship site for three Rehabilitation and Disability Studies senior interns. In spring 2017, BraveHeart CPP successfully trained and supervised six Rehabilitation and Disability Studies interns and one Social Work intern. In addition to the interns, BraveHeart CPP served as a practicum site for six students during the first year of operation. Practicums are short-term volunteer hours served in conjunction with a major course. Practicum students were from Rehabilitation and Disability Studies, Social Work, Special Education, and Kinesiology.

BraveHeart CPP collaborated with multiple university departments and programs as well as clubs and community groups that offered additional programming and/or served as community inclusion sponsors. Community inclusion sponsors dedicated a minimum of 2 hours each week to BraveHeart CPP for 1 month. BraveHeart CPP collaborated with a music education professor to provide on-site training of eight Music Education students. Programming for BCPP students included access to a new instrument and a lesson in music creating mood. Professors in Kinesiology collaborated with BraveHeart CPP to integrate coordinated physical activity into the weekly schedule.

Activity 1e. BraveHeart CPP will participate in community inclusion and outreach activities to create shared experience, provide purpose, and promote reciprocal, empathetic communication.

Outcomes 1e. BraveHeart CPP participated in a number of community outreach and engagement activities during the first year of operation. The staff views all daily programming as an opportunity for inclusion and outreach; however, through the following specific activities, BraveHeart CPP participants helped the community, thereby increasing social inclusion. These events encourage a society that Milner and Kelly (2009) advocate—one in which all members are seen as equally important to the community.

BraveHeart CPP Trick or Treat for Cans. Trick or Treat for Cans was held on Friday, October 28, 2016 in partnership with the university bookstore. A total of 1,411 pounds was collected. Six departments and offices in addition to the university bookstore participated.

BraveHeart CPP Holiday Toy Drive. The Holiday Toy Drive was held on November 30 and December 1, 2016. A total of 110 toys were donated to the local fire department's Holiday Toys for Tots Program. In addition, 18 small blankets were donated to the local foster care program.

BraveHeart CPP Warm Blankets Drive. This activity was designed to benefit community members who are sick or elderly and have severe income challenges. BraveHeart CPP collected 100 blankets through partnership with local schools, businesses, and university departments.

Goal 2

BraveHeart CPP aims to benefit the overall health and well-being of individuals with disabilities through the provision of physical, social, and academic activities.

Activity 2a. BraveHeart CPP will positively impact the overall health and well-being of student participants through the provision of physical activities.

Outcomes 2a. All program participants contribute to the Fit Me Team through participation in daily physical activity. To encourage health and wellness, community integration, and social belonging, inclusion ambassadors participate in daily walks. The average distance walked in morning walks was 2–3 miles. Afternoon daily walks averaged 1–2 miles. All BraveHeart CPP students participate in morning yoga daily (4 days a week). In spring 2017 BraveHeart CPP interns provided baseball and track and field skills training for students participating in Miracle League Baseball and Special Olympics Track and Field competitions.

Activity 2b. BraveHeart CPP will positively impact the overall health and well-being of student participants through the provision of social activities.

Outcomes 2b. An important part of BraveHeart CPP is the inclusion of the ambassadors in social activities, including tasks that can be equated to job tasks and daily life skills. BraveHeart CPP students participated in daily setup, cleanup, and room arrangement in the center site, as well as assisted in setup and decorating for Thursday night fellowship dinners. The students also received job skills training on a visit to the University Donut Company, a local business where they were allowed to serve and operate the register for fellow students and walk-in customers. The daily walks in the community and on campus have served to increase student

recognition and social interaction with college students and university faculty and staff.

Activity 2c. BraveHeart CPP will positively impact the overall health and well-being of student participants through the provision of academic activities.

Outcomes 2c. One of the most important goals for the parents of BraveHeart CPP students was the integration of academic activities in daily programming. Therefore the program coordinator models the implementation of academic activities for university interns, who then are tasked with developing and delivering two academic lessons per week. Each lesson is observed and evaluated by student peers and the program coordinator. Lessons include writing tasks, science experiments, language usage, basic math, and more.

Discussion—Community Engagement

BraveHeart CPP supports young adults with disabilities who have aged out of traditional school settings by providing them with consistent experiences akin to those lived by peers without disabilities. Young adults without disabilities wake up each weekday and engage in a routine of behaviors, tasks, and experiences that root them in a specific place and give them a purpose for their days. By providing a structured routine that mirrors what a majority of young adults experience daily, BraveHeart CPP extends this “typical” experience to individuals with moderate to severe disabilities, providing opportunities to live, learn, work, and play in inclusive communities.

BraveHeart CPP builds social capital by allowing participants to be active, integrated, and engaged members of their immediate community as well as the larger community. Carnaby (2016) discusses the importance of fostering relationship building between individuals with and without disabilities, stating that it is highly important that the relationships be reciprocal. Through fostering reciprocal relationships, everyone is able to better support one another to build an interdependent community. Therefore, BraveHeart CPP serves as an active internship site for university students and volunteers. In addition, participants receive a variety of physical, social, and academic learning opportunities that support a higher level of self-determination and independence. Hall (2009) analyzed a variety of social inclusion studies and identified six vital components of inclusion: being accepted as an individual, meaningful relationships, involvement in activities, appropriate

living arrangements, autonomy in employment, and formal and informal supports. BraveHeart CPP integrates these components by providing a safe, active, planned daily schedule of purposeful activities to enhance quality of life with a focus on physical, academic, and social health and skill development. In addition, through utilization of the CICI model, young adults with disabilities are provided daily opportunities to engage in reciprocal communication as part of an inclusive community.

BraveHeart CPP lays a foundation for system change by creating a day-to-day, ongoing presence of young adults with disabilities in the typical structures, routines, and experiences of the university, faith, and larger communities. As demonstrated by its goals, activities, and outcomes, this program contributes to filling a gap in the community and enriches the community through enhanced interaction of young adults with disabilities. In the CICI model, there is focused attention and effort to develop inclusive communities that value the strengths of each unique person. Milner and Kelly (2009) identified five key factors for successful community belonging: self-determination, social identity, reciprocity and valued contribution, expectations for participation that were not limiting, and psychological safety. The CICI model was designed with these components in mind. BraveHeart CPP demonstrates the capacity of communities to support individual needs of persons with disabilities. It also demonstrates how planning and systematic exposure and interaction can serve as a foundation for grassroots advocacy for increased involvement in all levels of community life.

References

- Berkman, L. F., Kawachi, I., & Glymour, M. (2014). *Social epidemiology* (2nd ed.). New York, NY: Oxford University Press.
- Brown, M., Fay-Vershuur, F., Logan, D., & Rossiter, L. (2007). On campus: Pioneering inclusive education. *Developmental Disabilities Bulletin*, 35(1), 169–180.
- Carnaby, S. (2016). Commentary: Enhancing community inclusion for people with complex needs through partnership working. *Tizard Learning Disability Review*, 21(3), 140–143.
- Chenoweth, L., & Stehlik, D. (2012). Implications of social capital for the inclusion of people with disabilities and families in community life. *International Journal of Inclusive Education*, 8(1), 59–72.
- Hall, S. A. (2009). The social inclusion of people with disabilities: A qualitative meta-analysis. *Journal of Ethnographic & Qualitative Research*, 3(3), 162–173.
- Marini, I. (2012). The history of treatment toward persons with disabilities. In I. Marini, N. Glover-Graf, & M. J. Millington (Eds.), *Psychological*

- aspects of disability: Insider perspectives and counseling strategies* (pp. 3–31). New York, NY: Springer.
- Martin, L., & Cobigo, V. (2011). Definitions matter in understanding social inclusion. *Journal of Policy and Practice in Intellectual Disabilities*, 8(4), 276–282.
- Milner, P., & Kelly, B. (2009). Community participation and inclusion: People with disabilities defining their place. *Disability and Society*, 24(1), 47–62.
- National Association of Social Workers. (2017). *Code of ethics of the National Association of Social Workers*. Washington, DC: Author.
- Neely-Barnes, S. L., Marcenko, M. O., & Weber, L. A. (2008). Community-based, consumer-directed services: Differential experiences of people with mild and severe intellectual disabilities. *Social Work Research*, 32(1), 56–64.
- Payne, M. (2016). *Modern social work theory* (4th ed.). New York, NY: Oxford University Press.
- Saleebey, D. (1996). The strengths perspective in social work practice: Extensions and cautions. *Social Work*, 41(3), 296–305.
- Simplican, S. C., Leader, G., Kosciulek, J., & Leahy, M. (2015). Defining social inclusion of people with intellectual and developmental disabilities: An ecological model of social networks and community participation. *Research in Developmental Disabilities*, 38, 18–29.
- Uehara, E., Flynn, M., Fong, R., Brekke, J., Barth, R.P., Coulton, C. ... Walters, K. (2013). Grand challenges for Social work. *Journal for the Society of Social Work Research*, 4(3), 165-170.
- Wolfensberger, W. (1972). *Normalization: The principle of normalization in human services*. Toronto, Canada: National Institute on Mental Retardation.

About the Authors

Danilea Werner is an associate professor and MSW director in the Department of Sociology, Anthropology and Social Work at Auburn University. Her research interests include health and wellness of vulnerable populations, including individuals with disabilities, and community engagement. She received her Ph.D. from Saint Louis University.

Angie Colvin Burke is an associate clinical professor and field director in the Department of Sociology, Anthropology and Social Work at Auburn University. Her research interests are empowerment of vulnerable populations, community engagement, student professional development, and developmental disabilities. She received her MSW from Florida State University.