Conceptualised Framework for Inclusion

Ballard K*

Community Inclusion and Development Unit, Scope Victoria, Glenroy, Victoria, Australia

Brief history and context

Throughout the world, societies have created different frameworks to explain disability. Some of these explanations are based in religion or morality while others are rooted in the sciences. While in some societies, people with disabilities are considered gifts of the gods or bearers of extraordinary powers, in most societies disabilities create difference, exclusion and poverty.

Historically in the western world exclusion has been used to solve the 'problem' of disability; large institutions, segregated schooling systems, and separate/specialised opportunities and services. Frameworks have tended to focus on treating disability as a physical/mental impairment of the individual, and medical or rehabilitation solutions to fix those problems. Often linked with this approach is the use of charity, which emphasises helplessness, pity, and neediness.

Opposing the medical/charity model of disability is the social or independent living model of disability. This model sees disability and inclusion as a problem of the social, economic and political systems, rather than a problem of the individual. If a person is unable to get on a bus as they have difficulty walking, this is a problem of the bus and the transport system, not a problem of the individual. In locating disability at the interface between the individual and the physical, social and political environment, it is argued that the environment should be modified to be more accommodating and inclusive for all people.

In discussing inclusion we aim to refocus attention away from individual impairments onto barriers in the individual's environment that prevented participation. This approach is both empowering and liberating for people with disabilities, promoting the recognition of all people as citizens with rights.

In discussing inclusion we also promote that individuals with disabilities drive decisions about their own lives. We support avenues for leadership that allow these individuals to lead the inclusion framework to become experts in their own directions.

History and inclusion are further intertwined through the development of technology and literacy. As the world has become increasingly educated, people with disabilities have often failed to keep up and hence become further excluded from the society. We have struggled, until more recently, to find adequate ways of supporting different types of learning.

Inclusion

Inclusion is "a powerful philosophical tool, as it implies both the possibility for, and the right of, people with disabilities to experience life fully among the people and places in their environment. Over last decades this has meant inclusion in regular schools and regular life activities enjoyed by the peers of people of all ages with disabilities" (Brown and Brown 2003).

Simply put, inclusion means 'including' everyone regardless of sex, age, race, disability, etc. An inclusive community values and celebrates diversity (Jenkin 2005).

a. Inclusion as the opposite of exclusion

Inclusion was initially described in about the mid-1980s as the opposite of exclusion and as an approach to be applied to all people with disabilities.

Exclusion is:

> "a set of rules and values that support social hierarchies and that limit participation of some people while providing rewards to other people, according to arbitrary positions within those hierarchies. Exclusion is undertaken purposively in order to provide benefits to some and not to others, and to allow exclusive access to aspects of life for selected people only" (Brown and Brown 2003).

Hence inclusion is:

> "the anti-thesis (to exclusion): it aims to break down barriers and hierarchies so that people can participate fully in the life of the environments in which they live" (Brown and Brown 2003).

b. Inclusion as part of quality of life and being person centred

More person-specific ideas are important in a quality of life approach (Brown and Brown 2003). The early application of the social model of disability ignored the reality of many people's lives, the real impact on daily lives arising from their disability (in particular, people with more severe disabilities) and was not sensitive to people's individual choices when they differed from the broad ideologies. The implications of disability beyond the effect of social structures was not recognised (Klotz 2004; WHO 2001). In response to these shortcomings, inclusion evolved to a more individually-oriented concept, based on encompassing individual rights (for access, etc.) and focussing on each person's choice and priorities given those rights. Quality of life with a series of broad life area domains became a key concept into the mid 1990s, meaning that inclusion was viewed in a more expansive manner — more holistic and lifelong (Brown and Brown 2003).

c. Inclusion as relationships (relationships between key people in person's life)

Most recently the importance of personal relationships and emotional well being has been stressed in discussions of inclusion. 'Quality of life' is being challenged as a staff/service system attempt to measure a persons well being which does not capture or guarantee the essence of a 'good life'. Rights and citizenship from the perspective of the person with a disability are necessary but not sufficient without the development of personal/human relationships between friends, family and staff (Blunden 2004). Sharing one's life with other people (chosen friends, companions) and being included in relationships is what makes human life. A good life for human beings is shared with friends (Reinders 2002).

Social inclusion is not defined by the number and nature of relationships, but their relevance and quality to each individual.

Barriers to inclusion

As a society we expect that people are mostly alike, and cater services and opportunities to fit what is considered 'normal'. Newspapers are printed in a font size that the average person can read. Public telephones are at a height that the average person can reach. Menus are written in a language that the average person can understand. And the public library sends out their 'late return notices' assuming someone had the average means by which to remember and organise to return a book.

Physical and practical barriers to inclusion for people with disabilities are as diverse as disability itself. Dim lighting can exclude people with poor vision getting around safely. Stairs can exclude people who mobilise in a wheelchair or with a walking frame from entering. 'Fiddly' buttons can exclude people who have limited use of their hands and fingers. Complicated journal articles can exclude knowledge from being shared with someone who has difficulty comprehending large amounts of information. Positions descriptions that indicate a person must hold a drivers licence exclude people who are not able to drive. All people cannot use websites that use small font and are complicated to navigate. A rough gravel path to a tourist attraction may mean that people miss out on seeing it. An IT course that can only be passed if completed within a ten-week block of instruction exclude someone who learns new skills more slowly. And a court of law that doesn't explain proceedings in a way that is understood by all involved excludes people from equitable processes.

Attitudinal barriers to inclusion

It is often said that the biggest barrier that people face with disabilities is attitudinal. An attitude that expects people with a disability have nothing to contribute will exclude this possibility. An attitude that assumes someone's opinion is not valid or important does not invite their involvement.

Often the language that we use is a reflection of attitude, hence language can either assist people to feel valued or it can discriminate. Deeming language can make a person feel excluded.

Attitudinal barriers to inclusion as viewed by the unit, are most often the result of a lack of awareness and understanding, and a lack of knowledge regarding how they might practically and economically do something differently.

A further attitudinal barrier to inclusion for people with a disability is often the disability sector itself. The sector has a history of service provision based on concepts of 'caring for' rather than 'working with'. Examples of an industry based on *help* rather than *rights* abound, and a legacy of putting people into separate and safe environments (institutions, day services, segregated schooling systems) is difficult to change. It tends to be easier to provide a separate service than to work with the broader community to ensure that services and opportunities are inclusive of all people.

Response of the disability sector

The State Disability Plan (2002–2012) reaffirms the rights that people with a disability have to live and participate in the life of the Victorian community. It focuses strongly on the ideals of person-centred and individualised service provision (via a reorientation of services) and the concurrent focus on community capacity building and stronger, more inclusive and accessible local communities.

Response of the Community Inclusion and Development (CID) unit

Scope's CID unit sits with in the strategy and service development arm of Scope Victoria. Broadly, the unit works to provide resources and support to enhance the active participation of *all* people in a more inclusive Victorian community. We believe that opportunities and services available to society should be inclusive of all people, including people with a disability. We tackle inclusion at three levels:

1. Working with individuals who have a disability to support opportunities for connecting with, participating in, and contributing to their community. We work to establish what is important to them in gaining a sense of belonging.
2. Working to support and resource change within the disability sector.
3. Working with community (including government) to ensure that opportunities are welcoming for everyone and that there is an understanding of what it means to value diversity.

Inclusion framework

Last year the CID unit involved a consultant to facilitate the process of developing a document that identified the framework within which the unit seeks to work in facilitating inclusion. This

was to articulate the rationale, goals or vision, strategies and indicators of working within this framework.

As a result of an in-depth literature review and a series of staff workshops, the emphasis of the unit's work in relation to promoting inclusion was conceptualised by three key points:

- Increasing **access to public spaces through recognising the rights** of a citizen to public roles, places, etc. That is, the opposite of exclusion. This includes rights that most community members take for granted, for example the right to live in one's own home, the right to be able to get to and to move about in public spaces and places, the right to have significant and meaningful relationships, and to work and have enough resources to live comfortably and safely.
- Increasing the likelihood of **deinstitutionalised lifestyles** by promoting more **person-centred and individualised services**. Improving **quality of life**, commencing with but not limited to, physical and material wellbeing.
- Increasing the likelihood and range of **personal relationships** within a private life (that is, not publicly regulated). This could occur with friends, staff, family, community members, and includes notions of acceptance, reciprocity, tolerance, etc. The occurrence of these types of relationships can't be mandated or insisted upon, although the conditions under which some of these types of relationships may occur can be premeditated. It is important to consider the role and perspective of everyone in such relationships and not just the person with a disability.

  The team has considered the importance of a sense 'belonging', and how we can facilitate this. 'Belonging' incorporates different things for different individuals such as feeling loved, valued, known, and having an opportunity to contribute. When working with a person with a disability we consider it vital to learn about that is important to him/her, and what it is that helps him/her feel a sense of belonging (Jenkin 2005).

  There are risks and difficulties to be acknowledged in facilitating relationships and friendships — and the team work to consider what it is about formal and informal relationships that is important to an individual.

The team has established five goals in striving to meet the overall vision of the greater community inclusion, participation, and contribution of people with a disability. Each goal is accompanied by specific strategies defining what the CID unit will do in meeting this goal:

1. The Unit will model inclusive practices in all activities within the Unit, with people with disabilities and with external organisations.
2. The Unit will support people with disabilities to choose and to live 'a good life'.
3. The Unit will work with different communities to be more inclusive of people with disabilities.
4. The Unit will work within Scope to foster and promote inclusive practices.
5. The Unit will consolidate and work as a coordinated team.