The practice of inclusion – connecting Person Centred Approaches and Community Building activity

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Disability Means Possibility



Background

- Now a lengthy history of inclusion work
- Three emerging contexts in Victoria:
 - 1 Focus on person centred approaches (particularly Person Centred Planning)
 - 2 Re-orientation of services to be individualised, includes modes of individualised funding (brokerage, direct payment) AND ways to individualise group-based services, and to 'unbundle' their block funding to be allocated to individuals
 - 3 Increasing focus on inclusion work from the service level rather than the discrete activity of 'community inclusion' workers in or outside disability agencies
- Continued focus on social change changing communities, services etc to be more inclusive



Twin demands in inclusion work

- Person centred approaches and individualised service delivery
 - enables people with a disability to identify what is important to each individual to live a good life with support tailored to access greater opportunities
- Community development and community inclusion (including community capacity building)
 - aims to change relationships, practices, structures and discourses to develop inclusive and welcoming communities.





Two directions of inclusion work

Key question is:

How do we foster individuals' capacity and simultaneously foster communities' capacity to connect with each other in a positive and meaningful way?





Today discuss 4 challenges

Around:

- Definitions and language
 - Understanding and communicating about the work
- The practice of inclusion
 - Staffing and co-ordinating the work
 - Valuing and documenting the outcomes





Defining the work

- "community inclusion" and "community participation" often used interchangeably
- Bigby, Clements, Johnson (2007) identify there is lack of clarity among grass roots workers about what terms such as "community", "inclusion", "participation" etc mean





Presence or participation

Clements, Bigby, Johnson (2007) adopt O'Brien's definitional distinction between:

- Community presence:
 - "sharing of ordinary places that define community life". Involvement in everyday settings, everyday activities, and everyday schedules
- Community participation:
 - "the experience of being part of a growing network of personal relationships that includes close friends".
 Beyond impersonal and temporary

(O'Brien, 1987: 177)





Focus on 'presence'

- Clements et al (2007) studied the experience of 16 residents of newly established CRUs (after closing an institutional residential facility).
- Find staff have divergent understandings of 'inclusion' and 'participation'.
- Staff understandings aligned with the idea of 'community presence', ie focused on 'access' and 'tourism'.



Example of 'presence'

"When we get to the shopping centre we are taken to a cafe/juice bar. The four men [residents] are seated around a table and Simon and Shelagh [staff] go to the counter. They come back with four identical drinks (orange-based drink) and doughnuts. I go and order my drink."

(Clements et al, 2007: 39)





Scope research found much larger range of outcomes from inclusion work

 2007 Scope conducted research into 'person centred community building' and interviewed practitioners who were considered to be doing quality work

 Found the following sorts of identified outcomes:





Reported outcomes of inclusion

- Knowing more people
- Re-established connections with family
- Friends and networks
- Increased volunteering and mentoring by people with a disability
- Known by and connected to people in local neighbourhood
- Wider informal networks
- Valued for their contribution
- Increased safety (via increased visibility and presence)
- Increased skills and communication skills
- Increased independence (ie level of control and initiative)
- Political and civic activism
- Increased confidence, trust etc
- Improved mental health (decreased stress, anxiety)
- Increased personal responsibility for household
- Material gains (eg free gym membership in return for volunteerism)
 (Wilson & Jenkins, 2008 in print)

Beyond 'presence' and 'participation'

- This range of outcomes goes beyond the presence / participation definition.
- Return to O'Brien's full definition of normalisation or 'quality life' outcomes for individuals
 - Presence
 - Participation
 - Choice
 - Competence
 - Respect





Outcomes of inclusion for individuals

Community presence:

 "sharing of ordinary places that define community life." Involvement in everyday settings, everyday activities, and everyday schedules

Community participation:

 "the experience of being part of a growing network of personal relationships that includes close friends" Beyond impersonal and temporary.

Choice:

 "experience of autonomy both in small, everyday matters (eg what to eat or what to wear) and in large, life-defining matters (eg with whom to live or what sort of work to do)"

Competence:

 "opportunity to perform functional and meaningful activities with whatever level or type of assistance that is required"

Respect:

 "having a valued place among a network of people and valued roles in community life". Beyond a narrow range of stereo-typed, low-status roles that restrict opportunities to be seen and valued as individuals.



ctivities

Return to example of 'presence'

"When we get to the shopping centre we are taken to a cafe/juice bar. The four men [residents] are seated around a table and Simon and Shelagh [staff] go to the counter. They come back with four identical drinks (orange-based drink) and doughnuts. I go and order my drink" (Clements et al, 2007: 39).

 Using O'Brien framework – identify what's not happening here to determine how to strengthen this piece of 'inclusion' work.

Challenge 1:

Finding the right language to communicate this set of ideas about what we aim to achieve for individuals



Adapted from O'Brien, 1987: 179





The practice of inclusion – how to do it.

Return to twin thrusts

- Person centred approaches and individualised service delivery
 - enables people with a disability to identify what is important to each individual to live a good life with support tailored to access greater opportunities
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What this means is work across multiple dimensions

- As a result we see three 'orientations' or levels of the work:
- Individual person-centred work leads to inclusion work (micro)
- 2. Opportunities being sought and created in community (meso)
- 3. Broad level community, organisational and structural change (macro)





Orientation 1: Individual person-centred work leads to inclusion work (micro)

Community building and inclusion happens in direct response to the expressed interests, needs, aspirations of specific people with a disability.

Example 1: Implementing a person centred plan

The planner supported Jane, who wants to live in the community, to access services that are not disability oriented and to obtain employment. The problem has been that staff within her house or day program are short of time and unable to support Jane to follow through things, appointments etc.



Wilson & Jenkins (2008): 6 case studies documented in research - who does the work? Planner (1) Leisure/inclusion worker (2) Day service co-ordinator (1) therapist (2) = largely disability service providers



Orientation 2:

Opportunities are created in community

Community building and inclusion requires workers to be proactive in identifying, creating and offering opportunities to people with a disability.

Example 2:

A sailing program is run through a partnership with YMCA whereby people with a disability run the sailability program to train school children, in return for free access to the YMCA pool and subsidised gym memberships. Started via recreation worker initially running sailing program for people with a disability.



Wilson & Jenkins (2008): 4 case studies - who does the work?

Day service (1) Leisure/inclusion worker (1)

External State-wide disability agency (1) Local disability service (1)



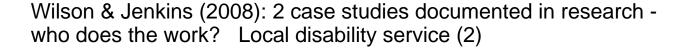
Orientation 3:

Broad level community change

Community building and inclusion focuses on broader structural and attitudinal work.

Example 3: changing from a disability to a community organisation

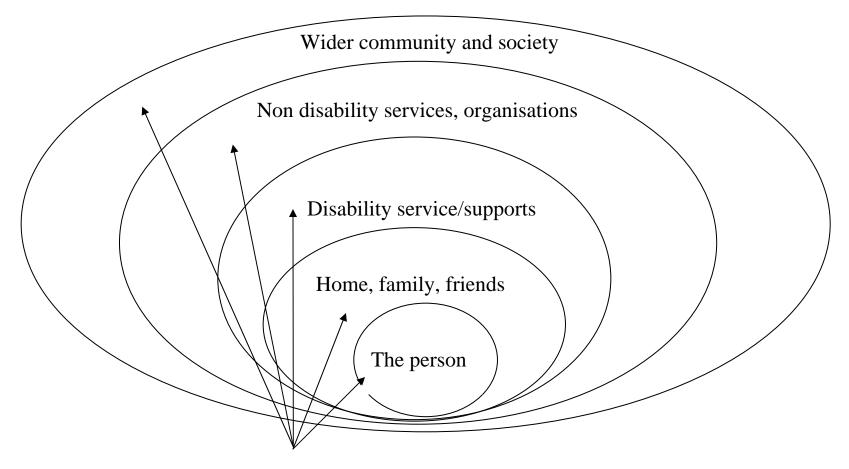
Through the organisational strategic plan, a disability service provider redefined their relevance to people with a disability, community and government. The organisation now defines itself as a community organisation rather than a disability organisation. This includes successfully tendering to run the local Recreation Centre (community centre), including delivering a range of community activities and 2000 people per week accessing the centre. Inclusion occurs as a result.







Work across range of dimensions



Work to address barriers to inclusion (ie attitudes, knowledges, skills, relations, practices, behaviours, policies, structures) in all environments





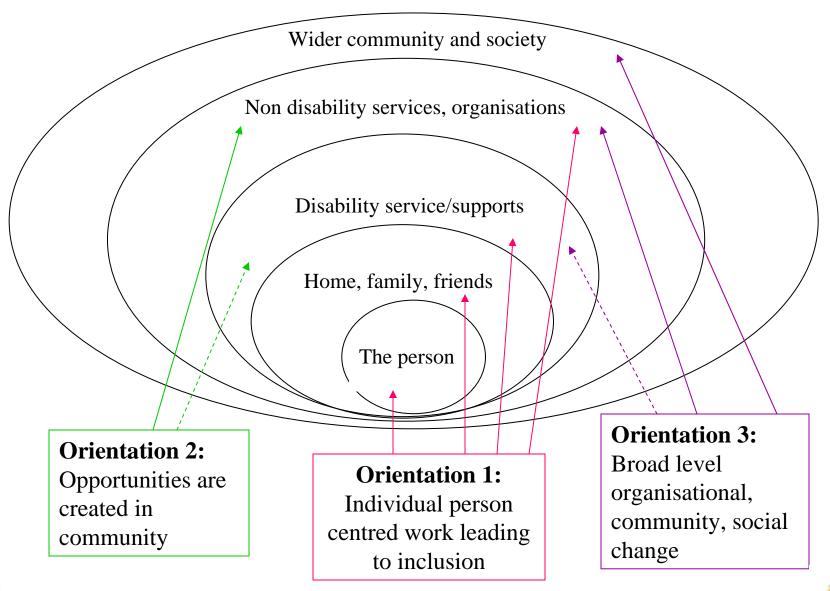
Challenge 2

- Staffing the work placing the resources to work at all levels
- "everyone's job" (Wilson & Jenkin, in print)





Staff resource across all levels





Staffing across all levels

Work to address barriers in non disability organisations

Work to address personal and home barriers

Orientation 1

workers

person

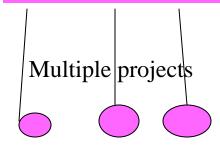
Work to address barriers in disability services

Work to create opportunities in non disability organisations / community

Multiple projects

Orientation 2 workers

Work to create opportunities and overcome barriers of policy, program delivery, facilities, infrastructure etc across organisations, communities



Orientation 3 workers

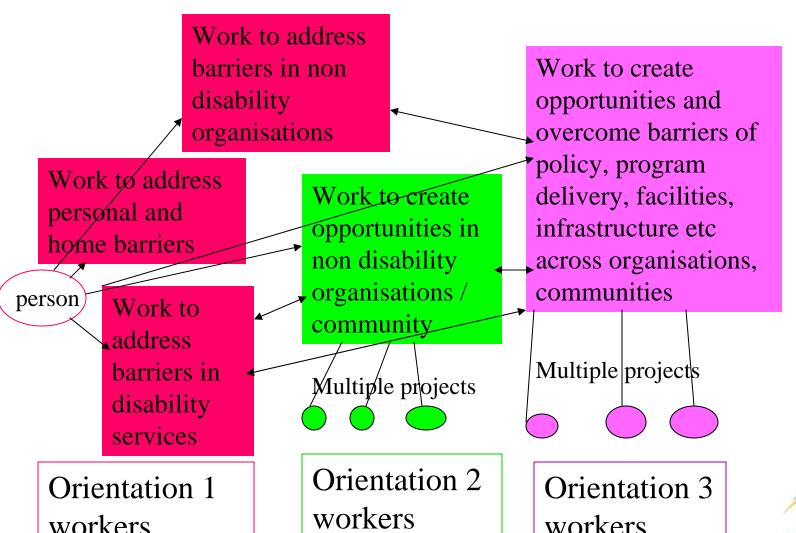




Challenge 3

- Co-ordinating the work across and between all levels
 - Eg work around accessing public transport or taxis
 - Eg. Changes to one organisation's policies and funding may need wider policy and program change above it: eg of neighbourhood houses, community centres, sporting groups, shopping outlets
 - Eg linking people with disabilities with similar interests, linking people with and without disabilities

Co-ordinating the work across and between all levels





workers

workers



Challenge 4: valuing and documenting outcomes across the levels

- This type of work leads to outcomes at the levels of:
 - Individual
 - Family
 - Service organisations (disability and non disability)
 - Community (broadly)
 - Government and larger structures
- Need to identify outcomes of importance and ways to measure / document

Range of outcomes identified in research

- Individuals and families (as discussed previously)
- Service provider:
 - increasingly flexible approach
 - increased staff skills
 - changed staff attitudes (patience)
 - changed resources and structures (job descriptions and work hours, new finance tools)
 - changed role of service in community (new relationships and partnerships

Community

- attitude change
- new partnerships and relationships with disability groups (mobilising shared equipment, expertise and increased funding)
- change of ownership of services / initiatives (now owned by community)
- DEAKIN DEAKIN DEAKIN
- valuing of and preference for inclusion activities
- increased skills and transferring skills across community



Other factors and challenges

Identified barriers to the work

- Insufficient time, lack of availability of staff with suitable skills
 - Available staff have wrong attitude, staff turn-over, high workload and inability to follow through
- Lack of resources and funding
 - Reliance on over-stretched volunteers, lack of expertise during required hours, too much time spent on finding funds
- Personal characteristics of person with a disability
 - Fear, lack of confidence, changing needs, poor or changing health, age
- Dominance of old model need new model of staff as 'facilitators', staff need flexibility and adaptability
- Lack of appropriate equipment
- Lack of personal finances or control over this
- Administrative load and lack of appropriate systems to manage individual funding issues

Agenda for the future

- Work on our practices around these four challenges and share our results
- 1 Defining and communicating the nature of inclusion
 - presence, participation, choice, respect, competence
 - three levels or orientations of the work
- 2 Staffing / resourcing the work across the 3 levels: micro, meso, macro
- 3 Co-ordination across and between levels
- 4 Valuing and documenting the breadth of outcomes



References

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