**Social Inclusion: A Proposed Framework to Inform Policy and Service Outcomes Evaluation**

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Abstract

Social inclusion is recognized as a fundamental right in the United Nations *Convention on the Rights of Persons With Disabilities* (2006). Inclusion is also an explicit goal for community-based services in many countries. However, existing definitions of social inclusion are insufficient to support the development of policies and services, and the evaluation of their success in promoting social inclusion. Furthermore, existing definitions and measures tend to overlook the perspective of persons with disabilities and their significant others. Using a consensus building strategy, we developed a framework of social inclusion, which included the perspective of adults with intellectual disability. The proposed framework supports the development and evaluation of social inclusion policies and service outcomes.

**Key Words:** *Delphi method; intellectual disability; social exclusion; social inclusion; belonging; reciprocity; policy evaluation; program evaluation*

SOCIAL INCLUSION: A PROPOSED FRAMEWORK

Social inclusion is an important determinant of mental health (Kawachi & Berkman 2001; Twenge, 2000), physical health (Seeman, 2000; Wilkinson & Marmot 2003) and well-being (Berkman & Glass, 2000). Therefore, it is essential that social inclusion be promoted for all persons. However, there are subsets of the population that are particularly vulnerable to social exclusion, such as people with low socio-economic status (Wilkinson & Marmot, 2003), recent immigrants (Caidi & Allard, 2005), and persons with disabilities (World Health Organization & World Bank, 2011). The United Nations *Convention on the Rights of Persons with Disabilities* (2006) recognizes and reaffirms social inclusion as a general principle (Article 3), a general obligation (Article 4), and a right (Articles 29 and 30). Inclusion is also an explicit goal for community-based services and supports in many countries (Services and Supports to Promote the Inclusion of Persons With Developmental Disabilities Act, 2008, c. 14; Officer & Groce, 2009; Ward & Stewart, 2008).

Considering the policy and societal relevance of the concept of social inclusion, as well as the decades of research on those who are vulnerable to social exclusion, one would assume that a clear and consensual understanding of its dimensions and processes exist. However, it is evident that the concept of social inclusion lacks an operational definition (Cobigo, Ouellette-Kuntz, Lysaght, & Martin, 2012; Morgan, Burns, Fitzpatrick, Pinfold, & Priebe, 2007).  Social inclusion is often defined as the opposite of social exclusion (Burchardt, Le Grand, & Piachaud, 2002; Cobigo, Ouellette-Kuntz, Lysaght, & Martin, 2012; , Giambona & Vassallo, 2014), which is often equated to poverty and lack of employment (e.g., Government Offices of Sweden, 2010). Similarly, employment, income, and poverty indicators are often used to report on the social inclusion of adults with intellectual disability (Cummins & Lau, 2003; Department of Health, 2001). However, as Mitchell and Shillington (2002) point out, poverty is a distinct concept from both social inclusion and social exclusion.

SOCIAL INCLUSION: A PROPOSED FRAMEWORK

When measuring social inclusion, selected indicators are usually objective and associated with dominant societal perspectives rather than the views of individuals from the marginalized group (Lysaght, Cobigo, & Hamilton, 2012). However, researchers now recognize the importance of acknowledging the personal experience of inclusion from the perspectives of persons with disabilities (Hall, 2009; Mahar, Cobigo, & Stuart, 2014; Parr, Philo, & Burns, 2004). Further, realization of the importance of personal experience will likely lead to the use of different, more subjective indicators when measuring social inclusion, such as the individual's needs and wishes (Government Offices of Sweden, 2010), as well as their sense of belonging (Cobigo et al., 2014). However, it is important to recognize that results obtained from objective and subjective indicators are unlikely to be associated with one another (Martin & Cobigo, 2011; Minnes et al., 2003). The way in which social inclusion is conceptualized should determine the indicators used to measure it.

The lack of consensus on the concept of social inclusion means that there is no real way to compare knowledge across time, contexts, studies, or populations. This limits the development of benchmarks for determining whether service providers are successful in facilitating or achieving social inclusion for the persons they support (Cobigo & Stuart, 2010b; Morgan et al., 2007; Sherwin, 2010). The lack of a clear understanding as to what constitutes social inclusion, therefore, impedes policy and service development and planning, and limits opportunities for a reliable evaluation of the impact of current initiatives (Cobigo, Lysaght, & Hamilton, 2010; Cobigo & Stuart, 2010b;  Lysaght et al., 2012; Martin & Cobigo, 2011; Sherwin, 2010). An understanding of social inclusion is needed to guide decision makers and service providers in the design of efficient services, programs, and policies (Bernard, Barbe, Delahaigue, & Rolland, 2012) through the measurement of the outcomes of such efforts.

SOCIAL INCLUSION: A PROPOSED FRAMEWORK

This article proposes a framework of social inclusion that could inform policy and service outcomes evaluation and monitoring. The framework was developed through consensus-building activities to represent the perspective of academics, policy makers, and service providers, as well as persons with intellectual disability and their family members.

**Method**

**Context**

In Ontario, Canada, the Ministry of Community and Social Services recently introduced the Services and Supports to Promote the Social Inclusion of Persons With Developmental Disabilities Act (2008). This law aims to ensure that the services and supports available to adults with intellectual disability are fair and flexible, and that they promote social inclusion.

This article presents findings from a government-funded research program, the Multidimensional Assessment of Providers and Systems (MAPS), which aimed to inform Ontario on how to best capture information on the social inclusion of adults with intellectual disability. This article presents the development of the framework of social inclusion proposed by the MAPS team.

**Procedure**

The framework was developed using the Delphi approach, which is a method for structuring a group communication process in a way that effectively allows the group to deal with a complex problem (Linstone & Turoff, 2002). It involved four phases: (1) exploration of the issue of social inclusion, (2) development of a common understanding of this issue, (3) analysis of disagreements, and (4) final evaluation and development of consensus on the definition of social inclusion. Ethical clearance for the study was granted by the Queen's University Health Sciences Ethics Board.

**Phase 1 – exploring the issue of social inclusion.** The authors conducted scoping reviews on the definitions of social inclusion (Cobigo et al., 2012), approaches to improve

social inclusion (Cobigo & Stuart, 2010b), and measures of social inclusion in the workplace

(Lysaght et al., 2012). They also reviewed the literature related to important dimensions of

social inclusion, such as choice (Cobigo, 2014; Cobigo & Webber, 2012) and belonging

(Mahar, Cobigo, & Stuart, 2013; Mahar et al., 2014). The results of these scoping reviews –

reported in the previously cited articles – informed Phase 2 of this study.

      **Phase 2 – developing a common understanding of social inclusion.** The

researchers then gained an understanding of how stakeholders viewed the issue. The

stakeholders included international and local researchers, decision makers, service providers,

and service consumers and their families. International researchers and decision-makers were

consulted at a number of scientific conferences (Brown, Cobigo, Lachapelle, & Lysaght,

2010; Cobigo, Lussier-Desrochers, & Lachapelle, 2010; Cobigo & Stuart, 2010a). The

researchers also met with Local Advisory Committees and Consumer Consultation Groups in

Toronto, Thunder Bay, and Kingston (Martin & Ouellette-Kuntz, 2014). These sites were

chosen to represent three different regions of Ontario that are culturally diverse and have

varying degrees of population densities. Toronto is one of the largest cities in Canada and is

densely populated with 5,959,500 inhabitants (Statistics Canada, 2013), whereas Thunder

Bay and Kingston are more sparsely populated. Toronto is a multicultural mosaic, Kingston

and the surrounding area is rural and mostly Caucasian, and Thunder Bay has a larger

proportion of First Nations people than the other two sites (Statistics Canada, 2006a;

Statistics Canada, 2006b; Statistics Canada, 2006c). Local Advisory Committees were

composed of local decision makers, service providers, and family members of service

consumers, and included 10 to 13 members at each site. Persons with intellectual disability

were invited to join Consumer Consultation Groups, which included between eight and 10

adults with intellectual disability per site, some of whom attended with a support person.

Participation in the consultation groups was voluntary and facilitated by service agencies or

advocacy groups. Members were not recruited to necessarily represent the diversity of the local population with intellectual disability.

In addition, members of the Local Advisory Committees, local and provincial decision makers, and researchers with an interest in the social inclusion of persons with intellectual disability were invited to participate in an online survey as a structured way to build an understanding of social inclusion. Researchers who studied the social inclusion of various groups (immigrants, women, persons with disabilities) were identified through a Google search. Sixty-five persons were invited to participate in the online survey, from which 34 participated in round 1 and 31 in round 2 of the survey. All 65 potential participants were invited to respond to both rounds; it is not a conventional Delphi. However, all targeted stakeholders groups were represented in each round of the survey (i.e., researchers, decision makers, service providers, and families of service consumers). Table 1 presents the number of people from each stakeholder group that participated in the surveys. Persons with intellectual disability participated in the MAPS Consumer Consultation meetings (Martin & Ouellette-Kuntz, 2014), but they did not participate in the online survey. Because qualitative methods of enquiries may be more accessible to this population (Stack & MacDonald, 2014), group discussion through the Consumer Consultation groups was the preferred method to engage with persons with intellectual disability.

In the first round, 25 items related to social inclusion were included in the survey. (See the first column of Tables 2 and 3 for a complete list of survey items.) These items were informed by the results from the scoping reviews conducted in Phase 1. Participants were asked to indicate which of the items contributed to social inclusion. When 80% of the respondents agreed on an item, we considered that a consensus had been reached. We also considered responses to the open ended questions in the Delphi survey, as well as comments

from the members of the consultation groups to rephrase items in a way that reflected their perspective.

**Phase 3 – reconciling points of disagreements in the group's understanding of social inclusion.** Points of disagreement were reviewed and evaluated by the MAPS research team after each round of the survey and decisions were made regarding rephrasing and deletion of items. Scoping reviews completed in Phase 1, as well as comments from the online survey respondents and members of our consultation groups (Phase 2) were considered to understand the dynamic relationships between the elements of social inclusion. Decisions were made based on consensus among team members.

**Phase 4 – final evaluation and development of a consensus on social inclusion.** The proposed definition and framework of social inclusion were presented to researchers, provincial and local decision makers, service providers, as well as to service consumers and their families. Different forums were used to engage with our targeted audiences including meetings with the MAPS advisory committees, consultations with directors and managers of service agencies and policy makers, presentation to the Ministry of Community and Social Services, and peer-review through presentations at scientific conferences (Cobigo, 2012a; Cobigo 2012b; Cobigo & Lysaght, 2012; Cobigo, Mahar, & Stuart, 2012), as well as publications in scientific journals (Cobigo et al., 2012; Lysaght et al., 2012; Mahar et al., 2014; Martin & Cobigo, 2011; Webber & Cobigo, 2014).

## Results

This section reports the findings from consensus building activities on the meaning of social inclusion, informing the development of a definition and framework of social inclusion presented in the discussion.

**What Does Social Inclusion Mean to You? Findings From the Consumers Consultation**

Persons with intellectual disability were consulted through a series of group discussions where they were asked about their own definition of social inclusion. Generally speaking, they thought of social inclusion as a subjective experience: it differs from one person to another, as people have different needs and preferences. They reported feeling included when they have friends and fulfilling relationships with their families (i.e., when they do fun activities with family and friends, when people *"help [them] out"* if they have problems or feel upset, and when they *"know people who make [them] feel important."*). They also feel included when people, such as neighbours, acknowledge them (*"when they say 'hi' to you, 'how are you?',"* *"when they know your name"*). Finally, they highlighted the importance of contributing to the group, (i.e., *"feeling useful").* When asked if having money is important to one's social inclusion, they responded that money is important because without money you cannot pay for activities with your friends, or transportation to visit friends and family. They also noted that people have the right to choose to be alone, which is different from not feeling included: *"Being isolated is not the same as being alone. There are times when you want to be by yourself."*

**What Is Social Inclusion? Findings From the Survey**

In the first round of the survey, participants were asked to rate 25 items on a 3-point scale: *not relevant, relevant, highly relevant*. All items were considered relevant to highly relevant to social inclusion by more than 80% of the participants. Four items were rated relevant to highly relevant by 100% of the participants (see Table 2): (1) belonging to a group, (2) having interpersonal relationships, (3) being accepted as an individual, and (4) having reciprocal relationships. Based on these items, social inclusion is conceptualized as the experience of being recognized and accepted as an individual (in spite of differences), having interpersonal and reciprocal relationships, and belonging to a group.

In the first round of the survey, respondents agreed that the other 21 items also contribute to social inclusion (80% cut-off reached for all items). However, they raised concerns regarding the wording of some of the items, which implied imposing the values and norms of the dominant group without disabilities to the group with intellectual disability. For example, item 8 "personal characteristics" was considered judgemental if not combined with item 9 about the attitudes towards these characteristics. The notion of choice was also added to several items (e.g., life-style, daily activities, services and supports) to highlight the importance of not being subject to undue influences. In round 2, they were asked to indicate whether they agreed or disagreed with the proposed changes to the items. Table 3 presents how we considered the comments received in the first round and rephrased some of the items. Seventy percent or more of the respondents agreed with the proposed changes, with the exception of two items with which about 60% of them agreed (*Personal skills expected from an individual by the members of the community* and *Having a clean and well-maintained living accommodation, in line with one's choices and expectations from the group one wants to belong to*).

**Discussion**

Four central elements were identified by participants in our Delphi survey as being relevant to social inclusion, and these were echoed in the opinions of our consumer panels. Twenty-one additional items were deemed relevant, but the Delphi respondents suggested combining or rephrasing some of them. In round 2 of the survey, respondents reported that they agreed on all suggested changes (see the third column of Table 3). This agreement among respondents is indicative of the face validity of the proposed definition and framework. We propose to define social inclusion as the experience of being recognized and accepted as an individual in spite of individual differences, having interpersonal and reciprocal relationships, and belonging to a group. Social inclusion occurs when individuals choose their own life,

have meaningful activities that they feel capable of performing, and have a decent living

accommodation. In addition, social inclusion is better understood in a context that is

accessible and safe, and whereby the community has positive attitudes towards individual

characteristics and choices, community members support each other, and demonstrate a

commitment to monitoring social inclusion barriers and facilitators, including anti-stigma

initiatives.

**A Proposed Framework of Social Inclusion**

Social inclusion is a dynamic process (Mitchell & Shillington, 2002) that is best

understood within a framework. Social inclusion must be understood as the result of complex

interactions between personal characteristics and the environment. For example, the place

where you live is likely to influence the groups you belong to, but a living accommodation

does not by itself impact one's social inclusion. Personal characteristics by themselves do not

impact social inclusion, but attitudes of the community regarding these characteristics may

contribute to social exclusion (Link & Phelan, 2001). A framework illustrating the complex

interactions between personal and environmental factors leading to social inclusion is a more

functional means of conceptualizing this construct. However, the relationships between

variables are yet to be supported by scientific evidence, though some appear conceptually

sound based on published literature on social inclusion and related concepts. Figure 1

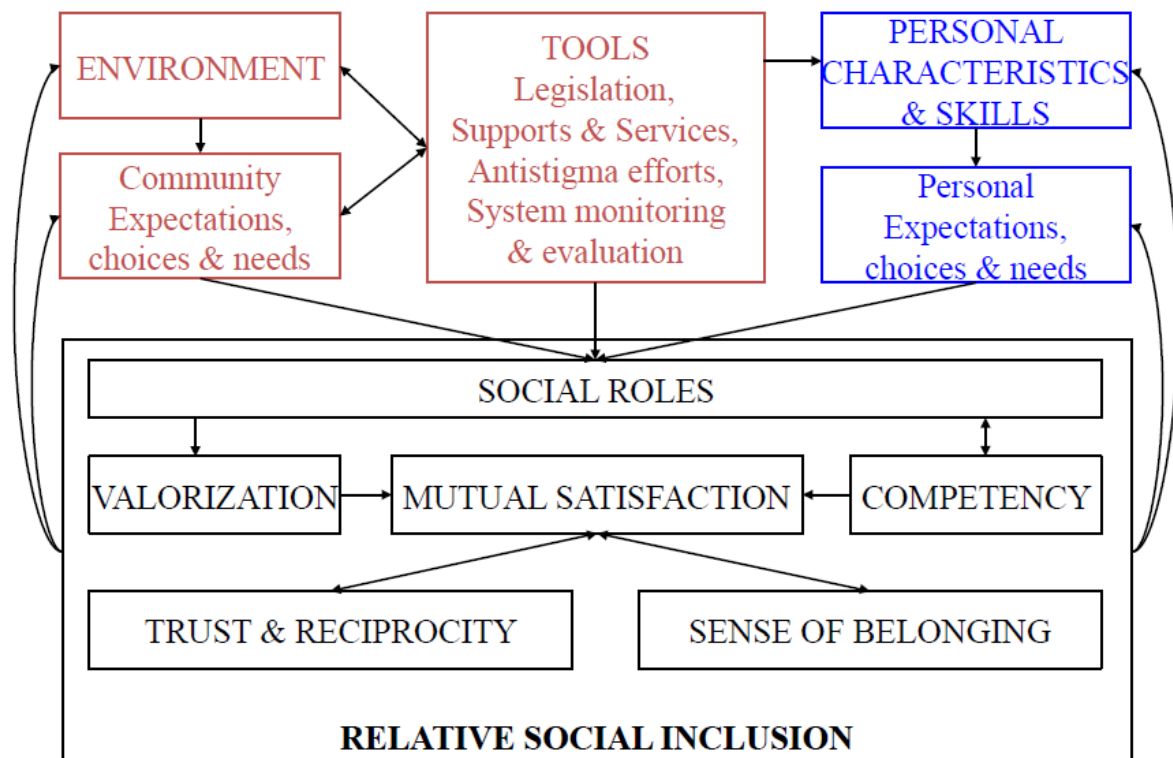presents the proposed framework of social inclusion.

*Figure 1*. Proposed framework of social inclusion.

For social inclusion to be successful from the perspective of the persons to be included, it must result in relationships characterized by mutual trust and respect (Crawford, 2003) leading to a sense of belonging. The success of social role interactions depends on how the target individual and those they associate with perceive the interchange.

The framework illustrates that social inclusion is centered on experiencing meaningful and expected social roles (Nirje, 1969; Wolfensberger, 1972). **The social roles** that we are expected to perform depend on complex interactions between **personal and environmental factors**. A social role is meaningful from the perspective of the individual when it meets his or her **personal expectations, choices, and needs**, and it is meaningful from the group's perspective when it fulfills the **community's expectations, choices and needs.** Furthermore, a social role is meaningful from the perspective of the group when it is coherent with the group's culture. Any deviation from what the group expects from an individual is a potential

determinant of social exclusion (Link & Phelan, 2001). A social role is deemed successful if the target individual feels and is perceived as **competent** and valued by others in the interaction (**valorization;** Crawford, 2003; Mitchell & Shillington, 2002). The value of a social role is defined by its relative desirability for the members of a group, and its meaningfulness (Lemay, 2006). There must be a consensus between the members of the group about the distribution of the social roles for individual contributions to be recognized and effective (Alexander & Turner, 1989; Lemay, 2006). Without such a consensus, individual actions are meaningless or perceived as deleterious, and social inclusion is likely to be compromised since the individual's social role will not be reciprocated, and will likely cease to exist. For instance, the inclusion of an individual in the workplace is more likely to be successful if the tasks he performs fit his preferences and skills, and contribute to collective goals or support others in their achievements.

Mutual satisfaction builds **trust and reciprocity** and a **sense of belonging,** which in turn enhance **mutual satisfaction**. Reciprocity relies on trust that the person has the competency to perform the expected social roles (Lemay, 2006). Negative beliefs about someone's personal characteristics and skills contribute to decreased trust and reciprocity (De Silva, McKenzie, Harpham, & Huttly, 2005). Performing valued social roles and enjoying reciprocal relationships lead to a sense of belonging to a group (Western, McCrea, & Stimson, 2007). Social inclusion must be seen as relative to an individual in a specific context (e.g., workplace, neighborhood).

Social inclusion is a developmental process; it is not a static attribute of an individual. Social roles are diverse. Some are setting-specific (e.g., employee, neighbors), whereas some are not setting-specific and lead to strong and long-lasting relationships (e.g., son or daughter, brother and sister, friend). Setting-specific roles may develop into nonspecific social roles and long-lasting relationships (e.g., a neighbor who becomes a friend). In addition, social

SOCIAL INCLUSION: A PROPOSED FRAMEWORK

roles we are invited to perform vary depending on our age, skills and previous experiences (Almedon, 2005; Lemay, 2006). Previous experiences can enhance or decrease social inclusion opportunities and outcomes by contributing to the individual's confidence in his or her competency to perform various roles, and by changing the group's expectations towards this individual. In addition, social inclusion can be influenced using a variety of **tools** to enable an individual to hold meaningful and diverse social roles. Tools which can increase social inclusion include legislation and policies, community supports and services, anti-stigma and antidiscrimination initiatives, and system monitoring and evaluation (Cobigo & Stuart, 2010b).

Survey respondents recommended that a realistic definition of social inclusion be developed so it does not remain an ideology aimed at unattainable targets. Of particular concern was the definition of the competency to perform social roles and have activities in the community. Competency must be understood in broad terms. It must include the ability to interact with others. If described as the competency to find and keep a job, to raise children or to perform other complex social roles, it is likely to lead to unattainable targets for persons with more severe disabilities.

Choice-making seems to be an overarching principle, but its contribution to one's social inclusion is yet to be explored. It is possible that some choice-making opportunities are not relevant to social inclusion (e.g., choosing what to eat), whereas others are (e.g., choosing with whom and where to live). Furthermore, participants advocated for "*true choices*" to be available for adults with intellectual disability. From the perspective of persons with intellectual disability, choice is "*true*" when they have the freedom to make mistakes (Webber & Cobigo, 2014). However, there is a paradox between promoting "*true choices*" of persons with intellectual disability and, on the other end, protecting them from abuse and harm. Choice-making requires a supportive environment (Mitchell & Shillington, 2002;

Webber & Cobigo, 2014), where individuals act to explicitly encourage choice through the provision of opportunities, options, and information. This also requires an environment in which others recognize the value of choice for individuals with intellectual disability, and their right to experience the negative and positive consequences of choice making (Algozzine, Browder, Karvonen, Test, & Wood, 2001; Barron, 2001).

**Implications for Practice and Policy in Promoting Inclusion**

A better understanding of social inclusion is crucial to the development of inclusive policies and practices. It is also essential to identify desired outcomes and valid measures to monitor progress and impact. Social inclusion is centered on experiencing meaningful and expected social roles, which involves the perspectives of the individual and the group. Therefore, indicators of social inclusion should assess whether social roles fulfill the individual's and the group's expectations and needs. Defining and measuring social inclusion using subjective measures, such as satisfaction, trust, and a sense of belonging, is supported in the literature (Lysaght et al., 2012; Mahar et al., 2014; Smyth, Harries, & Dorer, 2011). However, the perspective of individuals with a disability is often overlooked (Cobigo & Stuart, 2010b; Cummins & Lau, 2003; Lysaght et al., 2012). Social inclusion definitions should not impose the perspectives of the dominant society and should take into account individual desires, decisions, and needs (Cobigo et al., 2012). Moving forward, the social inclusion outcomes that should be measured include valued social roles, competency, reciprocity, sense of belonging, and satisfaction (Cobigo et al., 2014). As having reciprocal relationships and belonging to social groups are the core dimensions of social inclusion, the focus when measuring social inclusion should be less on the frequency and nature of activities in the community. Rather, activities must be seen as opportunities for reciprocal relationships. For instance, members of the MAPS Consumer Consultation Groups indicated that having a job

SOCIAL INCLUSION: A PROPOSED FRAMEWORK

provides opportunities to meet people, as well as money to be able to pay for recreational activities.

**Limitations and Future Directions**

As mentioned previously, the persons consulted through our Delphi approach varied across the consensus building activities that occurred in the second phase (i.e., Local Advisory Committees, Consumer Consultation Groups, and online surveys). This was done because we wanted to maximize the number of stakeholder groups represented in the consensus building activities, rather than limiting the respondents to those who participated in the first round of the online survey. Additionally, the online survey was not accessible to persons with intellectual disability. Rather, the perspective of persons with intellectual disability was gathered through meetings with the MAPS Consumer Groups. Members of the consultation groups were persons with intellectual disability from three communities across Ontario, Canada who met with the researchers three times a year to comment on research findings. One of these meetings focused on their definition of social inclusion.

The definition of social inclusion and the proposed framework were informed primarily by stakeholders living in Ontario, Canada. In this study, social inclusion was conceptualized with persons with intellectual disability as the referent group. The researchers focused on this specific population because the study was undertaken as part of a research program to inform the assessment of services and supports for adults with intellectual disability in Ontario. To confirm the cultural relevance of these findings across other populations, results would need to be reproduced in different geographical locations and across other population groups.

In this research, the elements of social inclusion were identified and a framework was developed based on these findings; however, causal links between the elements of social inclusion are not well documented or supported by scientific evidence. In addition, scientific

SOCIAL INCLUSION: A PROPOSED FRAMEWORK

evidence of the effectiveness of actions to improve social inclusion is still limited. In order to establish the directionality of relationship between variables, studies evaluating antecedents and outcomes of social inclusion are necessary.

**Conclusion**

Social inclusion is at the heart of many laws, policies, services, and supports for persons with intellectual disability, including The United Nations *Convention on the Rights of Persons with Disabilities* (2006). Understanding social inclusion is therefore crucial to the operationalization of policy frameworks, the development of programs and services, as well as the evaluation of their effectiveness. This article provides information on the main outcomes that should be targeted to improve the social inclusion of persons with intellectual disability and should be monitored to evaluate the effectiveness of services and policies.

SOCIAL INCLUSION: A PROPOSED FRAMEWORK

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SOCIAL INCLUSION: A PROPOSED FRAMEWORK

**Tables**

Table 1
*Participants in the Online Survey*

| Round 1 ($n = 34$) | Round 2 ($n = 31$) |
| --- | --- |
| 15 researchers | 15 researchers |
| 8 service providers or managers | 7 service providers or managers |
| 1 decision maker | 4 decision makers |
| 6 family members | 6 family members |
| 4 unknown | 2 unknown |

*Note*. Respondents could identify themselves as belonging to several groups. Categories are not mutually exclusive. Communication with persons with intellectual disability occurred through the MAPS Consumer Consultation meetings (Martin & Ouellette-Kuntz, 2014), not through the online survey.

SOCIAL INCLUSION: A PROPOSED FRAMEWORK

Table 2

*The Four Items That All Respondents Rated as Relevant to Highly Relevant to the Definition of Social Inclusion*

| | Participants' Ratings of Elements | |
|---|---|---|
| Survey Items | Highly Relevant | Relevant |
| 1. Belonging to a group | 83% ($n = 25$) | 17% ($n = 5$) |
| 2. Having interpersonal relationships | 83% ($n = 25$) | 17% ($n = 5$) |
| 3. Being accepted as an individual | 83% ($n = 25$) | 17% ($n = 5$) |
| 4. Having reciprocal relationships | 60% ($n = 18$) | 40% ($n = 12$) |

SOCIAL INCLUSION: A PROPOSED FRAMEWORK

Table 3

*Other Elements Contributing to Social Inclusion*

| Round 1 (*N* = 34) | Percentage of Respondents Rating the Item Relevant in Round 1 | Round 2 (*N* = 31) |
|---|---|---|
| Original Item Wording | | Suggested Changes |
| 5. Personal skills | 97% (*n* = 32) | Personal skills expected from an individual by the members of the community |
| 6. Being perceived as competent in doing activities in the community (Hall, 2009) | 85% (*n* = 26) | *Disregard in preference to the item in row above.* |
| 7. Feeling competent to perform activities in the community | 93% (*n* = 28) | Feeling capable of performing activities in the community and interacting with others |
| 8. Personal characteristics | 93% (*n* = 31) | *Items 8 & 9 combined into:* Attitudes of the members of a community towards one's characteristics and life-style choices. Attitudes comprise customs, practices, ideologies, values, norms and beliefs and their emotional and behavioural consequences. |
| 9. Attitudes that are observable consequences of customs, practices, ideologies, values, norms, factual beliefs and religious beliefs (World Health Organization, 2001) | 93% (*n* = 27) | |
| 10. Having an attribute or characteristic that conveys a social identity that is valued or devalued (Crocker, Major, & Steele, 1998) | 90% (*n* = 29) | *Disregard in preference to the item in row above.* |
| 11. Life-style choices | 90% (*n* = 28) | Making choices regarding all aspects of one's life (e.g. social relationships, activities) free from undue external influence and interference |
| 12. People will act in mutually supportive ways and do not harm each other (Partington, 2005). | 96% (*n* = 29) | People will act in a mutually supportive way and feel safe both physically and emotionally |
| 13. Receiving natural/informal support (Hall, 2009) | 96% (*n* = 29) | Receiving needed natural/informal support, including from family members |

SOCIAL INCLUSION: A PROPOSED FRAMEWORK

| Round 1 (*N* = 34) | Percentage of Respondents Rating the Item Relevant in Round 1 | Round 2 (*N* = 31) |
|---|---|---|
| Original Item Wording | | Suggested Changes |
| 14. Services that provide benefits, structured programs and operations, in various sectors of society, designed to meet the needs of individuals (World Health Organization, 2001) | 96% (*n* = 29) | Receiving the services one needs and chooses to contract, including benefits and structured programs |
| 15. People or animals that provide practical physical or emotional support, nurturing, protection, assistance and relationships to other persons, in their home, place of work, school, or at play or in other aspects of their daily activities (World Health Organization, 2001) | 86% (*n* = 27) | *Disregard in preference to the item in row above.* |
| 16. Natural or physical environment, and components of that environment that have been modified by people (World Health Organization, 2001) | 86% (*n* = 28) | Natural or physical environment which does not preclude an individual to participate in all aspects of the social, economic and political life |
| 17. Recreation, leisure and other social activities in the community | 93% (*n* = 28) | *No changes* |
| 18. Having purposeful activities that serve a need in the community | 93% (*n* = 28) | Having meaningful activities that serve a need in a defined community |
| 19. Having activities desirable for typical members of a given culture or group (Wolfensberger, 1972) | 96% (*n* = 27) | *Disregard; relevance is addressed in two other rephrased items: 'meaningful activities that serve a need…' and 'attitudes of the members of a community…'* |
| 20. Employment | 96% (*n* = 28) | *Items 20 and 21 combined into:* Having paid or unpaid meaningful activities that one enjoys and chooses |
| 21. Volunteer activities | 96% (*n* = 29) | |

SOCIAL INCLUSION: A PROPOSED FRAMEWORK

| Round 1 (*N* = 34) | Percentage of Respondents Rating the Item Relevant in Round 1 | Round 2 (*N* = 31) |
|---|---|---|
| Original Item Wording | | Suggested Changes |
| 22. Having appropriate living accommodations, its location, the way it is laid out, organized and maintained (Hall, 2009) | 93% (*n* = 28) | Having a clean and well-maintained living accommodation, in line with one's choices and expectations from the group one wants to belong to |
| 23. Policies constituted by rules, regulations, conventions and standards established by governments at the local, regional, national and international level, or by other recognized authorities (World Health Organization, 2001) | 96% (*n* = 29) | *No change* |
| 24. System monitoring and evaluation: systematic identification and measurement of the factors that hinder or facilitate social inclusion (Cobigo & Stuart, 2010a) | 93% (*n* = 28) | System monitoring and evaluation as a mean to identify barriers to social inclusion and required actions |
| 25. Anti-stigma and anti-discrimination initiatives (Cobigo & Stuart, 2010b) | 93% (*n* = 28) | Evidence-based anti-stigma and anti-discrimination initiatives |

*Note.* Percentages in column two are calculated from the number of participants that responded to each item. The *n*'s in column two refer to the total number of participants that responded to each item.