

Clement T, & Bigby, C (2008) Breaking out of a distinct social space: reflections on supporting community participation for people with severe and profound intellectual disability. *Journal of Applied Research in Intellectual Disabilities*, 22, 264-275.

Physical presence of people with ID in the community is a necessary but not sufficient condition for inclusion - attempts to create 'inclusive communities' span 30 years since deinstitutionalisation and includes concepts of inclusion, integration, participation, involvement. Contested nature of inclusion reflected in how it is operationalised - sometimes a counting exercise of the number of engagements in mainstream settings with non disabled persons. Does this prioritise these engagements over those among people with ID? Level of ability and staffing support are identified as key mediators of community inclusion. Paper describes the Community Inclusion Framework programme which was part of the Kew institution closure and Making Life Good Project that moved 26 people with disabilities in five community based group homes. This paper details the move by five men (average age 52) with profound and multiple ID to one group home. A Community Inclusion Officer (CIO) was assigned to the house to support staff to enable residents to integrate into their community using the Community Inclusion Framework programme. Programme was premised 'on a belief about the benefits of facilitating relationships with non disabled people' - facilitation relationships with people who are not family, staff or other people with ID. CIO worked with staff to create an 'inclusion action plan' for each individual. Staff implemented the plan and sent monitoring data (activity logs) to CIO on ongoing basis. Activities were coded as 'community presence' (e.g. bus trip, cinema, eating out, shopping - essentially group outings accompanied by staff), community participation (e.g. dentist, doctor, hairdresser - 'it was possible that acquaintances can develop by repeated use) and segregated (e.g. residential house party). After 7 months, staff agreed that the pattern of activities supported in the house was similar to that established at the institution. Groups of people left the house with staff to undertake an activity which resulted in community presence. Suggests that the training on 'inclusion', the external support of a CIO and the opportunity to engage in the programme did not result in any change in activity. Staff were unaware of the State Disability Plan on inclusion and following the programme held diverse views on defining community inclusion - most didn't identify the criterion used by the researchers which was opportunities to have friendships with people who didn't have ID. Most defined situations the researchers would have defined as community presence. Staff were critical of the narrow view of community participation as defined by O'Brien - one staff stated 'community presence is the guys following us around the supermarket, participation is pushing the trolley'. Staff were also unhappy that visits to friends in other group homes were defined as 'segregated'. Led to tensions between researchers/CIO and staff. Staff didn't believe community participation was possible for some of the men due to their previous institutionalisation and their level of ability. They also perceived the State Plan to be irrelevant for their client group and that much of the training was intended to support people with milder levels of disability. 'Staff expressed the view that they did not know how to build relationships for the men in the house'. In conclusion, the authors query the 'organisational readiness' of the house to implement the programme and described the staff as thinking 'service-based, family and peer support to be more important than other sources of support'. The fact that many direct care staff work in isolated settings may be a contributing factor in why they have incongruent views to their parent organisation ethos. How willing are support staff in identifying potential activities that support community participation? What service workers can do is help people with intellectual disabilities go to places where friendships are more likely to happen. This will be in places where the same people can meet routinely so that they can make a judgement about whether they want to spend time with each other.