Original Research

Shifting our Conceptualization of Social Inclusion

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Abstract

Objective: Social inclusion is a right as well as a goal for community-based services and supports. Yet, there is a lack of consensus as to what constitutes social inclusion, which means that there is no real way to determine and measure services effectiveness. This paper identified current key components, definitions, and conceptual approaches to social inclusion, and determined gaps in the scope and clarity of existing conceptualizations.

Method: We conducted a synthesis review on the social inclusion of persons with intellectual and developmental disabilities. We extracted data relevant to the definition of social inclusion, its key principles and elements, as well as its main challenges. We adopted a narrative approach to synthesize the findings.

Results: The main challenges in understanding social inclusion are: social inclusion is at risk of being an ideology and may lead to ineffective and potentially harmful strategies; social inclusion is still mainly defined as the acceptance and achievement of the dominant societal values and lifestyle, which may lead to moralistic judgements; social inclusion is often narrowly defined and measured as productivity and independent living, which is inappropriate for people with more severe disabilities; and social inclusion is often limited to the measure of one's participation in community-based activities.

Conclusion and Implications: Shifting our understanding of social inclusion is essential. It means: adopting a proactive perspective that moves beyond theoretical discourse and leads to the identification of tools to improve social inclusion; abandoning the moralistic perspective that tends to impose the view of the dominant group and leaning toward an approach respectful of individuals' expectations, choices and needs; defining social inclusion from a developmental perspective where one's social inclusion improves with increased opportunities to interact with others and participate in activities; and including sense of belonging and well-being in our definition and measure of social inclusion.

Keywords: participation, sense of belonging, social justice, discrimination, social exclusion, integration

Introduction

Social inclusion is recognized as a general principle (article 3), a general obligation (article 4) and a right (articles 29 and 30) in the United Nations Convention on the Rights of Persons with Disabilities (United Nations, 2006). It is also an explicit goal for community-based rehabilitation services and supports in many countries (Ward & Stewart, 2008; Officer & Groce, 2009). Yet, there is a lack of consensus as to what constitutes social inclusion [Cobigo & Stuart, 2010; Cobigo, Lysaght & Hamilton, unpublished (p. 1); Lysaght, Cobigo & Hamilton, unpublished (p. 1, 6); Martin & Cobigo, 2011]. The lack of a clear understanding means that there is no real way to determine and measure whether service providers are

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successful in facilitating or achieving social inclusion for the persons they support (Craig, Burns, Fitzpatrick, Pinfold & Priebe, 2007; Cobigo & Stuart, 2010; Sherwin, 2010). Understanding social inclusion can guide decision-makers and service-providers in the design of efficient services, programs, policies (Bond, Salyers, Rollins, Rapp & Zipple, 2004; Verdonschot, de Witte, Reichrath, Buntinx & Curfs, 2009), and the measurement of the outcomes of such efforts (Craig *et al.*, 2007; McConkey, 2007).

As part of a multi-stage effort to develop a conceptual model of social inclusion, the authors conducted a synthesis review of the scientific literature in order to: 1) identify current key components, definitions, and conceptual approaches to social inclusion, and 2) determine gaps in the scope and clarity of existing conceptualizations. The authors have been engaged in a process to define and operationalize the concept of social inclusion as part of a multi-year, government-funded research program. The overall goals of the program are to identify key indicators of social inclusion in several areas of service provision for adults with intellectual and developmental disabilities, and to establish metrics for guiding, monitoring, and evaluating services and supports outcomes.

Method

Performing a review of the literature to analyze a concept and identify points of agreement and disagreement regarding its meaning is not easily subjected to a systematic approach (Lilford *et al.*, 2001). When a concept is unclear, it is impossible to specify in advance an operational definition which could support the search strategy and guide the data extraction and analysis processes in an unbiased and consistent manner. Lilford *et al.* (2001) recommend, in that case, not attempting a systematic review (as in a Cochrane style), but searching widely in diverse databases and sources; building safeguards to limit biases, such as using a multidisciplinary team to lead the research and analyze data; and allowing some overlap in the review process so that the precise nature and scope of the review can be clarified.

As per Lilford *et al.*'s recommendations, we used a multidisciplinary approach. The research team included expertise from psychology, sociology, public health, epidemiology, occupational therapy, and policy studies. Colleagues were consulted at different stages of the review process. Some were involved from the beginning when planning the review, while others commented on the final report. We searched various databases indexing papers from multiple disciplines (including ERIC, MEDLINE, PsycINFO, Social Sciences

Abstracts, Francis, and Social Theory). We limited the search to the years 1999–2010, using descriptors such as "inclusion" or related concepts such as "integration", "participation", "social capital", and "stigma". We focused our attention on social inclusion in relation to persons with intellectual and developmental disabilities, which includes Down syndrome, autism spectrum disorders, and foetal alcohol syndrome, among others. Our search also identified relevant papers reporting findings on other groups who share similar concerns regarding their social inclusion, and particularly persons with mental health disorders. We reviewed titles and abstracts to determine the relevance of identified papers. Reference lists of selected papers were consulted to identify additional sources of information. Data were extracted when relevant to the definition of social inclusion, its key principles and elements. We also retrieved main points of discussion on the challenges and implications defining social inclusion. We adopted a narrative approach to synthesize the findings, which means that they are not reported in a quantitative way, but articulated around their main themes.

Results

The literature on social inclusion is vast. Few literature reviews have been previously published, but they were useful to grasp the main issues regarding the conceptualization of social inclusion in persons with intellectual and developmental disabilities (e.g., Hall, 2009; Verdonshot *et al.*, 2009). From our findings, we were not able to identify one consensual definition of social inclusion; however, we concluded that common elements could be described. Table 1 presents definitions of social inclusion cited in the reviewed papers. The proposed list is not meant to be exhaustive, but it provides examples that illustrate the challenges faced when trying to define social inclusion. In summary, social inclusion speaks of the full and fair access to community-based resources and activities, having relationships with family, friends and acquaintances, and having a sense of belonging to a group. It represents more than the mere physical presence, but the participation and engagement in the mainstream society.

Many authors highlight the need for a better understanding and description of what is and is not social inclusion (e.g., Lemay, 2006; Craig *et al.*, 2007; Clegg, Murphy, Almack & Harvey, 2008; Bollard, 2009; Hall, 2009; Sherwin, 2010). They urge a shift in our understanding of social inclusion so that it becomes more than a theoretical construct devoid of practical applications. We categorize the main challenges in understanding of

Table 1: Sample Definitions of Social Inclusion

Reference	Definition	Challenges
Department of Health, 2001	Enabling as many disabled young people as possible to participate in education, training or employment. Enabling people with learning disabilities to make use of mainstream services and be fully included in the local community	Social inclusion is a fluid process, not a static state
Burchardt, Le Grand & Piachaud, 2002	Largely defined in the field of disability as greater participation in community-based activities and a broader social network In the wider society, it also embraces other dimensions such as acting as consumers of goods and services or participation in economic and socially valued activities, such as employment and child-rearing Four dimensions of social inclusion: • Consumption: the capacity to purchase goods and services, i.e., income • Production: participation in economically or socially valuable activities such as employment, child rearing or voluntary work • Political activity: involvement in local or national decision-making through voting or membership of a campaigning organization • Social engagement with family, friends and community	In danger of being a mere ideological rhetoric (i.e., set of ideas that forms the basis for a political way of thinking) unless seen in conjunction with the broader concept of social capital Inclusion is a policy experienced as a moral imperative for parents/carers, particularly in relation to mainstream placement which were considered inappropriate for the majority of the young people, particularly the most severely disabled The criterion to be considered socially included is acceptance of the dominant societal values and lifestyle, leading to moralistic judgements. Lack of conceptual clarity: • Mostly defined by its apparent opposite - social exclusion • Overlap with social capital (Putnam, 2000) • In practice, narrowly conceived as employment and independent living
Bates & Davis, 2004	Ensuring that people with learning disabilities have full and fair access to activities, social roles and relationships directly alongside non-disabled citizens	
Parr, Philo & Burns, 2004	Denotes relations and practices that people with mental health problems perceive to signify their positive involvement in and "mattering" to a local setting	
Abbott & McConkey, 2006	Meeting other people in ordinary settings and being treated similarly	
McConkey, 2007	Engage in community activities and have friends	
Bollard, 2009	Ensure people with intellectual disabilities have full and equal access to health care, social roles and relationships that are equal to their non-disabled partners	
Hall, 2009	Includes three elements: involvement in activities, maintaining reciprocal relationships and a sense of belonging	

social inclusion and its critical shifts in four themes: (1) Social inclusion is at risk of being an ideology and may lead to ineffective and potentially harmful strategies; (2) Social inclusion is still mainly defined as the acceptance and achievement of the dominant societal values and lifestyle which may lead to moralistic judgements; (3) Social inclusion is often narrowly defined and measured as productivity and independent living, which is inappropriate for people with more severe disabilities; and (4) Social inclusion is often limited to the measure of one's participation in community-based activities. These four themes are detailed below.

Social inclusion is at risk of being an ideology and may lead to ineffective and potentially harmful strategies

Social inclusion is usually defined by its apparent semantic opposite - social exclusion (Craig *et al.*, 2007; Sherwin, 2010). Social exclusion (see Table 2 for examples of definitions) is described as a lack of opportunity to participate in social, economic and/or political life, and results in a rupture in the social bonds between an individual and the society, which excludes the individual from social support (Buckmaster & Thomas, 2009). Link and Phelan's work on stigma shows how perceived differences

Table 2: Sample Definitions of Social Inclusion

Reference	Definition	Challenges
Lenoir, 1974	Those who fell through the social insurance system safety net	Agreement that social exclusion is a complex construct, but lack of conceptual clarity:
Sylver & Miller, 2003	A rupture of the social bond considered central to the social contract between the state and its citizens A loss of roles and meaningful relationships and experiencing discrimination	• No consensus on which dimensions are relevant • Whether multiple and cumulative disadvantage is necessary to be socially excluded
Parr et al., 2004	Denotes more negative eventualities that involve rejection, avoidance, and distancing from other community members such that individuals are "made different" through more or less deliberate social actions reinforcing their problematic mental health status	• Overlap with many concepts: poverty, deprivation, social and material disadvantage, stigma, social model of disability, social isolation, segregation and congregation, rejection and abjection
Levitas, 2006	Captures the consequences of material deprivation in terms of restricted opportunities to participate in a wider social and cultural activities	
Buckmaster & Thomas, 2009	Those excluded from social support Breakdown in bonds between the individuals and society Lack of opportunity to participate in social, economic and/or political life	

from the dominant group are likely to lead to social exclusion, lack of power, resources, and status within marginalized groups (Link & Phelan, 2001). Yet social exclusion is not a well-defined construct as it overlaps with many others, such as poverty, deprivation, social and material disadvantage, and discrimination (Craig et al., 2007). Social exclusion and inclusion are generally seen as having a binary and exclusive relationship: if you are not excluded, then you are included (Sherwin, 2010). It is, however, unclear whether multiple and cumulative disadvantages are necessary to be socially excluded, or if one experience of disadvantage in the full range of potential material and social sources of exclusion is enough for social exclusion to happen (Craig et al., 2007). Conceptualizing social inclusion as the opposite to social exclusion contributes to the confusion and leads to an emphasis on its barriers rather than factors that may increase one's social inclusion. As many barriers are difficult to prevent, it leaves policy makers and service providers with few resources upon which to act. Without a shift in its definition, social inclusion is at risk of being mere ideological rhetoric, an aspiration that lacks targets and required resources (Clegg et al., 2008; Bollard, 2009). Policy makers, service providers, and advocates are confused by the multiple definitions and thus fail to develop effective strategies (Lemay, 2006; Sherwin, 2010).

Cobigo and Stuart (2010) propose four categories of tools to promote social inclusion. Some may increase the person's skills to perform activities and be in relationships with others. Other actions require environmental accommodations to facilitate adequate and equitable access to public goods and services, such as health services, income and social benefits, living accommodations, or leisure and vocational activities. The four categories are: (A) Legislation and policies: human rights discourses and acts that protect the positive rights and freedoms of persons with disabilities; (B) Community supports and services: a growing body of evidence demonstrates the effectiveness of community-based supports and services that are person-centered and help people assume meaningful roles and relationships in society; (C) Anti-stigma and anti-discrimination initiatives: these offer important avenues for eliminating social barriers and promoting adequate and equitable access to public goods and services; (D) System monitoring and evaluation: systematic identification and measurement of the factors that hinder or facilitate social inclusion is essential to raise awareness, design appropriate interventions and policies, and evaluate their effectiveness.

Social inclusion is still mainly defined as the acceptance and achievement of the dominant societal values and lifestyle which may lead to moralistic judgements

Given the history of segregation and institutionalization of persons with intellectual and developmental disabilities in most parts of the world, it is not surprising that thinking of social inclusion for this group of

citizens began with considerations of the physical and geographical spaces they occupied (Kimberlin, 2009). Normalization (Nirje, 1969) and Social Role Valorization (Wolfensberger, 1972, 1998) principles emphasized participation in mainstream society as an essential policy and service objective. The Social Role Valorization approach limits social inclusion to valued social roles and interactions with valued individuals. Whether or not a social role is "valued" is determined by its desirability for typical members of the society (Wolfensberger, 1998). Therefore, conceptions of social inclusion generally reflect dominant societal values and lifestyles, leading to moralistic judgements if people reject or cannot achieve the dominant norms (Clegg *et al.*, 2008; Sherwin, 2010).

When measuring social inclusion, highest scores are usually reported as optimal   closer to the desirable and valued lifestyle—even though psychometric data for the general population are rarely known (Cummins & Lau, 2003; Hammel *et al.*, 2008). Targeting the highest level of social inclusion in all aspects of life simply appears unattainable. For example, a person having a highly prestigious position might not score high on items related to leisure and recreational activity participation. On the other hand, a person who is presently unemployed might be involved in many volunteer activities. In addition, the degree of social inclusion perceived as optimal is likely to differ between individuals based on personal preferences and needs (Cummins & Lau, 2003; Hammel *et al.*, 2008). One may choose not to participate in some areas of life (for example, not voting in local or national elections). If so, should this person be considered to be socially excluded (Craig *et al.*, 2007)? Should people be free to choose the groups they want to be included in and the extent to which they are included rather than being compared to predetermined societal norms and standards (Hammel *et al.*, 2008)? There is a risk of increasing stigma and discrimination when social inclusion is defined and measured in unrealistic and moralistic terms?

The value of a social role would be better defined by the interplay between group and personal expectations, choices and needs. Both the group and the individuals have expectations, preferences, and needs that must be fulfilled through individual social roles. We suggest a shift in our understanding of the value of a social role from its desirability for typical members of the group, to the fulfillment of the group and the individual's expectations, choices, and needs. When actions of an individual are deemed useful or contributing to the public good, this person is more likely to be included in the group. This phenomenon has been described by several theorists. Turner's theory of *setting impermeability* (1989) describes how a

group may resist the inclusion of an additional member when the social roles the person performs are not congruent with the group's culture. There must be a consensus between the members of a group about the distribution of social roles for individual contributions to be recognized and effective (Turner, 1989). Without such a consensus, individual actions are meaningless. A closer look at the concept of social capital helps explain this complex dynamic (Bollard, 2009). Social capital enables members of a group to act together more effectively to pursue shared objectives (Putnam, 2000). Social capital has both structural and cognitive elements (Almedom, 2005). Structural social capital refers to relationships, networks, associations, and institutions that link people and groups together. Cognitive social capital refers to the value system that is shared by the members of a society or a group and makes them participate in relationships with others. Core values include reciprocity, trust, altruism, and civic responsibility. Sharing trust and reciprocity leads to a reduced sense of marginalization, and more satisfying social relationships (Western, McCrea & Stimson, 2007). The emphasis that social capital puts on reciprocity and trust among members of a group provides a framework to conceptualize social inclusion as a mutual exchange, rather than the acceptance or achievement of norms and standards defined by typical members of the group (Bates & Davis, 2004; Bollard, 2009).

Social inclusion is a dynamic process involving complex interactions between personal and environmental factors. The success of social role engagement emerges when both the individual in question and those associated with the chosen roles perceive a successful interchange at cognitive and structural levels. Thus, members of the group are satisfied with their role performance, and their contributions are meaningful and recognized by other members. When a personal contribution meets both the group's and the person's expectations, choices and needs, it results in mutual satisfaction and builds trust and reciprocity. Indeed, a social role exists only if it is reciprocated by others' complementary roles (Lemay, 2006). For example, to be a neighbor, you need a neighbor; to be an employee, you need an employer. Members of a group must share values such as reciprocity and trust to participate in relationships with other members (Putnam, 2000).

Social inclusion is often narrowly defined and measured as productivity and independent living, which is inappropriate for people with more severe disabilities

Although it is clear that social exclusion is broader than poverty or material deprivation, these concepts

overlap, which leads to a focus on productivity and income as measures of social exclusion and inclusion (Sherwin, 2010). Measures of social inclusion tend to be related to financial well-being, consumption and income adequacy, and solutions are primarily about employment. This leads to a restricted understanding of social inclusion when one is considered socially included because he/she has a job, but far less attention is given to his/her psychological well-being and social connectedness (Craig *et al.*, 2007; Sherwin, 2010). Even though persons with disabilities are physically integrated in the community, they may feel worthless (Hall, 2004), or they might not be expected to perform valued social roles (Forrester-Jones *et al.*, 2006; Lemay, 2006).

A lack of participation in valued social roles could at first be explained by the individual's previous experiences and skills, which may not have permitted the individual to develop the skills required to perform a given social role (Lemay, 2006). Therefore, social inclusion must be viewed from a developmental perspective where social roles are broadened based on previous experiences. Social inclusion is a fluid process, not a static state. As such, in the younger years, social roles are primarily performed within the family (son or daughter, brother or sister, etc.). When the person grows up, he or she becomes more independent and able to perform social roles in the broader community (classmate, student, employee, neighbor, etc.). A group's expectation towards its members also impacts their opportunities to perform social roles. Some might have lower expectations toward persons with disabilities than others. Negative attitudes and beliefs towards disability are likely to reduce opportunities to engage in social roles (Link & Phelan, 2001).

Social inclusion results from the sum of a person's social roles in various groups and contexts (Lemay, 2006). Social inclusion occurs when a person is able and is perceived as competent to perform social roles that are valued, i.e., that fulfill both the group and the person's expectations, choices and needs. In return, experiencing trust and reciprocity is likely to influence attitudes and beliefs of the members of the group towards the stigmatized person, and impact the group's expectations of the social roles this individual can perform. Social roles are diverse and they are built on the person's skills and previous experiences. A developmental approach suggests adapting social inclusion objectives and/or expectations to the person's level of development. Performance and productivity are not the ultimate goals of social inclusion and attainable targets must be defined for persons with more severe disabilities although they differ from social norms and standards (Hammel *et al.*, 2008).

Social inclusion is often limited to the measure of one's participation in community-based activities

Social inclusion is defined in contrast with social integration and participation, although conceptual overlaps are obvious (see Table 3). The three concepts share elements of performing activities in the mainstream society, and having relationships with members of non-marginalized groups. Definitions of social integration published in the last decade argue that the core element of this concept is the feeling of being part of a group, and thus having a sense of belonging (Cummins & Lau, 2003). From our findings, it appears that social participation is the behavioral manifestation of engagement in society. Social inclusion and integration have similar meanings and are difficult to distinguish. Both emphasize the importance of social participation, but in conjunction with subjective feelings of belonging to a group. Without targeting this subjective element, strategies aiming to improve social inclusion, integration and participation are likely to only achieve social exposure, or the mere physical presence in the community (Cummins & Lau, 2003; Hall, 2009). When measuring social inclusion, studies tend to rely on objective measures, such as the frequency of leisure or productive activities in the community (Cummins & Lau, 2003, Lysaght, Cobigo & Hamilton, unpublished). Great variability exists in the proportion of people deemed "socially included" depending on the domain and types of measures used (Minnes *et al.*, 2003; Martin & Cobigo, 2011). Objective measures tend to yield higher apparent rates of social inclusion than subjective measures (e.g., satisfaction rates of the living environment, leisure and productive activities, supportive relationships). The lack of congruence across measures leads to questions regarding their validity. Objective measures only provide a proxy of one's social inclusion, but do not describe the full personal experience.

Furthermore, for social inclusion to be successful from the perspective of the person with a disability, it should result in a sense of belonging to a group and to the development of a social network within which he/she receives natural/informal supports (Hall, 2009). Sense of belonging is interrelated with notions of community connectedness, personal interdependency and social capital (Cummins & Lau, 2003). It cannot be simply defined and measured by an objective presence in the community. Considering a sense of belonging as a dimension of social inclusion also emphasizes the fact that people belong to multiple groups (e.g.,: a family, a club or association, an ethnic group, etc.), some of which they choose and

Table 3: Sample Definitions of Social Participation and Social Integration

Social Participation

WHO, 2001	The performance of people in actual activities in social life domains through interaction with others in the context in which they live. Social life domains are: 1) domestic life, 2) interpersonal life, 3) major life activities (education/employment), 4) community, civic and social life	• Complex and multidimensional construct: • A right that is predicated upon access, opportunity, respect and inclusion • A personal and societal responsibility that required determination, advocacy, and empowerment • A means to experience social connectedness with other people and communities, pointing to issues of social capital • Lack of conceptual clarity. Overlap with activity • Usually measured as whether they met predetermined societal norms or standards No gold standard for ideal or optimal social participation
Social Integration		
Bouchard & Dumont, 1996	Mere physical presence	• Typical life experiences and conditions are the norm against which we must compare the conditions and experiences of devalued persons (Nirje, 1969)
Wolfensberger, 1998	Adaptive participation by a socially devalued person in a culturally normative quantity of contacts, interactions and relationships, with ordinary citizens, in typical activities, and in socially valued physical and social settings Social Role Valorization: Personal social integration and valued social participation which would require valued participation, with valued people in valued activities that take place in valued settings	Multiplicity of definitions and conceptual confusion: Overlap with inclusion, mainstreaming, social participation Lead to the development of problematic, ineffective and potentially harmful strategies With the Social Role Valorization: Emphasis on an added ingredient (i.e., the notion of "valued"), which limits social integration to positive and valued social roles With the person's well-being in mind, far more attention should be directed to the area of developing social capital and a sense of community
Cummins & Lau, 2003	Judging by the measurement instruments that are most commonly used, most researchers and service providers define integration as being physically present in locations that are frequented by the general public Instead, it is a "psychological sense of community that is the key construct - "the feeling that one is part of a readily available, supportive and dependable structure (Sarason, 1977)	
Lemay, 2006	Valued presence and participation of individuals with disabilities within mainstream society Increasing likelihood of positive interaction and valued relationships between an individual who is socially devalued (who is a member of a given devalued group) and members of a valued group within mainstream culture Best viewed as a sum of a person's primary and secondary roles within a number of interconnected and disconnected social settings and groups	

build (Cummins & Lau, 2003). People tend to seek interactions with others who share common interests. As a consequence, social inclusion should be understood as relative to an individual within the groups to which he or she wants to belong. A more detailed examination of the meaning of 'sense of belonging' is underway and will be published in a separate paper.

Discussion

We understand social inclusion as the result of complex interactions between personal and environmental factors which increases an individual's opportunities to contribute to society. Dynamically interacting factors work together to produce "relative social inclusion". The

"relative" aspect reflects the influence of both personal and environmental factors on one's social inclusion. Social inclusion is not an absolute or dichotomous (included/excluded) phenomenon. The level of inclusion may vary across roles, environments, and over time. For example, one may be included amongst a peer group in a social setting, but less so amidst a work group in a new job setting. Individuals may also choose not to participate or seek inclusion within a group, preferring autonomy or privacy. Social inclusion occurs with opportunities to contribute to society in a way that is meaningful to both the group and the individual. In addition, optimal social inclusion should be defined with attainable targets considering one's previous experiences, as well as one's skills. For example, children's opportunities to contribute to society have changed over time. Society's labor needs impact their expected contributions, but it is also the result of our current knowledge about the cognitive and socio-emotional development of children. Social inclusion targets must be attainable and realistic for change to occur. We suggest defining social inclusion as: (1) a series of complex interactions between environmental factors and personal characteristics that provide opportunities to (2) access public goods and services, (3) experience valued and expected social roles of one's choosing based on his/her age, gender and culture, (4) be recognized as a competent individual and trusted to perform social roles in the community, and (5) belonging to a social network within which one receives and contributes support.

These findings suggest that a shift is required to adequately address the concerns and needs of those who tend to be excluded and marginalized. Shifting our understanding of social inclusion means:

(1) Adopting a pro-active perspective that moves beyond theoretical discourse and leads to the identification of tools to improve social inclusion. To date, studies have been published on the social, physical, political or economic factors that impede social inclusion. Although they have supported public awareness movements, these findings are insufficient to develop efficient tools to improve social inclusion (Cobigo & Stuart, 2010). Rather than focusing on the causes of social exclusion, one may ask *how does an individual become socially included?*

(2) Abandoning the moralistic perspective that tends to impose the view of the dominant group and leaning toward an approach respectful of individuals' expectations, choices, and needs. In the last decades, disability discourse has shifted from a medical to a social perspective recognizing social inclusion, individual choice, self-determination, and well-being as important elements to understanding disability (Kimberlin, 2009). Strong positions have been publicly taken on the injustice of imposing dominant values on vulnerable groups. Although rehabilitation services, supports and policies embrace these principles, when measuring their outcomes they tend to use dominant values and norms as benchmarks (Cummins & Lau, 2003; Hall, 2009; Sherwin, 2010). The value of an individual contribution to the community must be determined based on attainable and realistic targets to which that the person identifies and aspires.

(3) Defining social inclusion from a developmental perspective where one's social inclusion improves with increased opportunities to interact with others and participate in activities. Attainable and realistic targets also depend on the opportunities the person previously had to contribute to the community. Being socially included requires skills and attributes that are developed through experience (Lemay, 2006). Targeted outcomes must be developmentally appropriate to the person and opportunities to grow must be provided.

(4) Including subjective measures of one's social belonging and well-being to our definition and measure of social inclusion. Measures of social inclusion must move beyond objective indicators of the number and frequency of activities undertaken in the community in order to embrace the personal experience of being socially included (Hall, 2009). Including subjective measures will ensure that the perspective of the person to be included is recognized, irrespective of conformity to social norms or dominant group identification.

Implications and future directions

When shifting the conceptualization of social inclusion, policy makers and service providers might identify new targeted outcomes for supports and policies promoting the social inclusion of marginalized groups. Subjective components of social inclusion may be more challenging to achieve and measure; however, it is crucial to adopt an understanding of social inclusion that does not overlook the perspective of those who need support to be and feel more included. Further work is required to develop a consensus on the meaning of social inclusion and its measurement.

Acknowledgments

References

Abbott, S., & McConkey, R. (2006). The barriers to social inclusion as perceived by people with intellectual disabilities. *Journal of Intellectual Disabilities, 10*, 275–287. http://dx.doi.orj/10.1177/1744629506067618.

Almedom, A. M. (2005). Social capital and mental health: An interdisciplinary review of primary evidence. *Social Science & Medicine, 61*(5), 94322–965. http://dx.doi.orj/10.1016/j.socscimed.2004.12.025.

Bates, P., & Davis, F.A. (2004). Social capital, social inclusion and services for people with learning disabilities. *Disability & Society, 19*, 195–207. http://dx.doi.orj/10.1080/0968759042000204202.

Bollard, M. (2009). A review and critique. In M. Bollard (Eds.), *Intellectual disability and social inclusion: A critical review* (pp. 5–18). Elsevier Limited.

Bond, G. R., Salyers, M. P., Rollins, A. L., Rapp, C. A., & Zipple, A. M. (2004). How evidence-based practices contribute to community integration. *Community Mental Health Journal, 40*(6), 569–588. http://dx.doi.orj/10.1007/s10597-004-6130-8.

Bouchard, C., & Dumont, M. (1996). Où est Phil? comment se porte-t-il et pourquoi? Une étude sur l'intégration sociale et le bien-être des personnes présentant une déficience intellectuelle. Québec, QC: Gouvernement du Québec, Ministère de la Santé et des Services sociaux, Direction générale de la planification et de l'évaluation.

Buckmaster, L., & Thomas, M. (2009). *Social Inclusion and Social Citizenship – Towards a truly inclusive society*. Research paper no 08 2009–10. Australia: Department of Parliamentary Services. Parliament Library. Retrieved on March 10, 2011 from http://www.aph.gov.au/library/pubs/rp/2009-10/10rp08.htm.

Burchardt, T., Le Grand, J., & Piachaud, D. (2002). *Degrees of exclusion: Developing a dynamic multidimensional measure*. In J. Hills, J. Le Grand, & D. Piachaud (Eds.), Understanding social exclusion. Oxford: Oxford University Press.

Clegg, J., Murphy, E., Almack, K., & Harvey, A. (2008). Tensions around inclusion: reframing the moral horizon. *Journal of Applied Research in Intellectual Disabilities, 21*, 81–94. http://dx.doi.orj/10.1111/j.1468-3148.2007.00371.x.

Cobigo, V., & Stuart, H. (2010). Social inclusion and mental health. *Current Opinion in Psychiatry, 23*, 453–457. http://dx.doi.orj/10.1097/YCO.0b013e32833bb305.

Craig, M., Burns, T., Fitzpatrick, R., Pinfold, V., & Priebe, S. (2007). Social exclusion and mental health: conceptual and methodological review. *British Journal of Psychiatry, 191*, 477–483. http://dx.doi.orj/10.1192/bjp.bp.106.034942.

Cummins, R. A., & Lau, A. L. D. (2003). Community integration or community exposure? A review and discussion in relation to people with an intellectual disability. *Journal of Applied Research in Intellectual Disabilities, 16*(2), 145–157. URL: http://hdl.handle.net/10536/DRO/DU:30002162.

Department of Health (2001). *Valuing people: A new strategy for learning disability in the 21st century*. HMSO, London. Retrieved from: http://www.archive.official-documents.co.uk/document/cm50/5086/5086.pdf.

Forrester-Jones, R., Carpenter, J., Coolen-Schrijner, P., Cambridge, P., Tate, A., Beecham, J., et al. (2006). The social networks of people with intellectual disability living in the community 12 years after resettlement from long-stay hospitals. *Journal of Applied Research in Intellectual Disabilities, 19*(4), 285–295. http://dx.doi.orj/10.1111/j.1468-3148.2006.00263.x.

Hall, E. (2004). Social geographies of learning disability. *Area, 36*, 298–306. http://dx.doi.orj/10.1111/j.0004-0894.2004.00227.x.

Hall, S. A. (2009). The social inclusion of people with disabilities: A qualitative meta-analysis. *Journal of Ethnographic and Qualitative Research, 3*, 162–173.

Hammel, J., Magasi, S., Heinemann, A., Whiteneck, G., Bogner, J., & Rodriguez, E. (2008). What does participation mean? An insider perspective from people with disabilities. *Disability and Rehabilitation, 30*, 1445–1460. http://dx.doi.orj/10.1080/09638280701625534.

Kimberlin, S.E. (2009). Political Science Theory and Disability. *Journal of Human Behavior in the Social Environment,19*, 26–43. http://dx.doi.orj/10.1080/10911350802619870.

Lemay, R. (2006). Social role valorization insights into the social integration conundrum. *Mental Retardation, 44*(1), 1–12. http://dx.doi.orj/10.1352/0047-6765(2006)44[1:SRVIIT]2.0.CO;2.

Lenoir, R. (1974). *Les exclus*. Paris, France: Éditions du Seuil.

Levitas, R. (2006). The concept and measurement of social exclusion. In C. Pantazis, D. Gordon, R. Levitas (Eds.), *Poverty and social exclusion in Britain*. University of Bristol, UK: Policy Press.

Lilford, R.J., Richardson, A., Stevens, A., Fitzpatrick, R., Edwards, S., Rock F., & Hutton, J.L. (2001). Issues in methodological research: perspectives from researchers and commissioners. *Health Technology Assessment, 5*, 1–57. Retrieved from: http://www.hta.ac.uk/execsumm/summ508.htm.

Link, B.G., & Phelan, J.C. (2001). Conceptualizing Stigma. *Annual Review of Sociology, 27*, 363–385. http://dx.doi.orj/10.1146/annurev.soc.27.1.363.

Martin, L., & Cobigo, V. (2011, in press). Definitions matter in understanding social inclusion. *Journal of Policy and Practice in Intellectual Disabilities, 8*(4).

McConkey, R. (2007). Variations in the social inclusion of people with intellectual disabilities in supported living schemes and residential settings. *Journal of Intellectual Disability Research, 51*, 207–217. http://dx.doi.orj/10.1111/j.1365-2788.2006.00858.x.

Minnes, P., Carlson, P., McColl, M. A., Nolte, M. L., Johnston, J., & Buell, K. (2003). Community integration: a useful construct, but what does it really mean? *Brain Injury, 17*, 149–59. http://dx.doi.orj/10.1080/0269905021000010177.

Nirje, B. (1969). The normalization principle and its human management implications. In R. Kugel, & W. Wolfensberger (Eds.), *Changing patterns in residential services for the mentally retarded*. Washington, DC: Government Printing Office.

Officer, A., & Groce, N.E. (2009). Key concepts in disability. *Lancet, 374*, 1795–1796. Retrieved from: http://www.thelancetglobalhealthnetwork.com/wp-content/uploads/Disability-CMT-1.pdf.

Parr, H., Philo, C., & Burns, N. (2004). Social geographies of rural mental health: experiencing inclusions and exclusions. *Transactions of the Institute of British Geographers, 29*, 401–419. http://dx.doi.orj/10.1111/j.0020-2754.2004.00138.x.

Putnam, R.D. (2000). *Bowling alone: the collapse and revival of American community*. New York, NY: Simon & Schuster.

Sarason, S.B. (1977). *The psychological sense of community. Prospects for a community psychology*. London, UK: Jossey-Bass.

Sherwin, J. (2010). Leadership for social inclusion in the lives of people with disabilities. *International Journal of Leadership in Public Services, 6 supp.*, 84–93. http://dx.doi.orj/10.5042/ijlps.2010.0577.

Silver, H., & Miller, S.M. (2003). Social exclusion: the European approach to social disadvantage. *Indicators, 2*, 1–17.

Turner, R.H. (1989). The paradox of social order. In J.C. Alexander & J.H. Turner (Eds.), *Theory building in sociology: Assessing theoretical cumulation*. Newbury Park, CA: Sage Publications.

United Nations (2006). *Convention on the Rights of Persons with Disabilities* (CRPD). Geneva. Switzerland: United Nations.

Verdonschot, M. M. L., de Witte, L. P., Reichrath, E., Buntinx, W. H. E., & Curfs, L. M. G. (2009). Impact of environmental factors on community participation of persons with an intellectual disability: A systematic review. *Journal of Intellectual Disability Research, 53*(1), 54–64. http://dx.doi.orj/10.1111/j.1365-2788.2008.01144.x.

Ward, T., & Stewart, C. (2008). Putting human rights into practice with people with intellectual disability. *Journal of Developmental and Physical Disabilities, 20*, 297–311. URL: http://hdl.handle.net/10536/DRO/DU:30034246.

Wolfensberger, W. (1972). *The principle of normalization in human services*. Toronto, Ontario: National Institute on Mental Retardation.

Wolfensberger, W. (1998). *A brief introduction to Social Role Valorization: A high order concept for addressing the plight of societally devalued people, and for structuring human services* (3rd edition). Syracuse, NY: Training Institute for Human Service Planning Leadership & Change Agentry (Syracuse University).

World Health Organization. (2001). In World Health Organization (Ed.), *International classification of impairments, disabilities and handicaps: A manual of classification relating to the consequences of disease*. Geneva, Switzerland.