Chapter 2

Advancing social inclusion in the neighbourhood
for people with intellectual disabilities:
an exploration of the literature

Abstract

Background

The shift from segregated facilities to community settings did not automatically lead to social inclusion for people with intellectual disabilities. Policies are increasingly decentralized but little is known about the factors which are important to realize social inclusion in the neighbourhood.

Method

An exploration of the literature of Pubmed and Socindex resulted in 28 studies eligible to be included in the analysis. The studies examined social inclusion related to intellectual disabilities published since 2000.

Results

This literature study identifies five domains barriers and facilitators for social inclusion in the neighbourhood: individual characteristics, informal network, professional care, neighbourhood characteristics and government policies.

Conclusions

The findings suggest that social inclusion in the neighbourhood is a dynamic process which shows a series of complex interactions between environmental factors and personal characteristics to provide opportunities for people with intellectual disabilities. It is recommended to include the perspectives of people with people with intellectual disabilities and other neighbourhood residents in future research on social inclusion. Specific attention is needed for the role of neighbourhood social capital in achieving social inclusion in the neighbourhood.

Introduction

Over the last decades people with people with intellectual disabilities have become more visible in society. In many Western societies large institutional settings have been declining and people with an intellectual disability have become part of neighbourhoods (Beadle Brown et al., 2007). The idea that people with disabilities can be a part of society and can also contribute to different life domains was inspired by the normalization movement during the 1980s and 1990s (Wolfensberger, 1972). The normalization principle favours social roles for people with intellectual disabilities because they enhance their social opportunities. Following these developments, the United Nation Convention on the Rights of Persons with Disabilities was adopted in December 2006 (United Nations Convention, 2006). The Convention is intended as a human rights instrument with an explicit, social development dimension. It adopts a broad categorization of persons with disabilities and reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms. One of the guiding principles is that people with disabilities have possibilities for full and effective participation and inclusion in society. Oliver (1996) marks these developments as a shift from a medical model to a social model. Cross-national variation in the uptake of a social model and the type of policies adapted notwithstanding (Jackson, 2011; Tøssebro et al., 2012), decentralization and deinstitutionalization have long since dominated the policy discourse.

The potential of this shift has not been achieved in practice. People with intellectual disabilities still encounter discrimination and rejection (Cobigo & Hall, 2009; Hall 2005). People with intellectual disabilities have been increasingly exposed to the general community, but studies raise doubt whether they actually benefit from this exposure (Cummins & Lau, 2003; Cobigo et al. 2012; Pretty, Rapley, & Bramston, 2002). On different life domains like work, education and community participation, people with disabilities are not able to participate like people without disabilities, and people with disabilities have fewer meaningful relationships and experience more loneliness. Community-based supports and person-centered and recovery-oriented services hold considerable promise for inclusion of people with mental disabilities, but they are not widely available, nor have they been widely evaluated (Cobigo & Hall, 2009). Our study fills this gap with a literature study on empirically evidence for factors that facilitate or hinder social inclusion in the neighbourhood. This will provide researchers and practitioners with a starting point for more detailed analysis and interventions.

We base our concept of social inclusion on the recent work of Cobigo and colleagues (2012). In recent conceptual reviews, both Cobigo et al. (2012) and Bigby (2012) note a lack of consensus on what constitutes social inclusion. Terms

like social inclusion, community inclusion and participation are used interchangeably, and on many points research supporting the concepts is lacking. Cobigo et al. (2012) further note that concepts of social inclusion tend to be based on models of civil and economic participation that take too little account of the perspective and experiences of the people involved, leading to inflated expectations of success. We also found that conceptualization is often limited to either concrete roles and activities, or to intangible aspects of inclusion, such as feeling accepted (Abbott & McConkey, 2006; Bates, 2002; Chenoweth & Stehlik, 2003; Hall, 2010; Schalock, Gardner, & Bradley, 2007; Uditsky, 1993; Van Alphen et al., 2009). A more comprehensive approach is rare. Cobigo et al. (2012) therefore argue that a concept of inclusion that is valid to research and to practice should be defined as (italics not in original): (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) belong to a social network within which one receives and contributes support. Cobigo's conceptualization fits in an ecological approach, which emphasizes the importance of the interactions between personal and environmental characteristics (Scheidt & Norris-Baker, 2003).

Where Cobigo et al. (2012) address inclusion in general, our focus is on inclusion in neighbourhoods. Given that people with intellectual disabilities living outside an institution will spend most of their time in their neighbourhood, it is important to gain understanding of specific neighbourhood factors in social inclusion. Our literature review is guided by the following research questions:
• What elements of social inclusion are covered in the selected studies?
• What are important barriers and facilitators for social inclusion in the neighbourhood of people with intellectual disabilities?
• Which gaps in research need to be explored in the future?

Methods

Search strategy
Because of the explorative nature of the study, we searched literature that maximized our understanding of factors that could be relevant to social inclusion. We strived for diversity and validity of possible factors, rather than aiming to be exhaustive. Studies for this research were identified in the following way.

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Searches were carried out in Pubmed (2000–2010) and Socindex (2000–2010) databases. These two databases were chosen because they each cover a large, distinct part of the relevant literature. Pubmed focuses more on medical information while Socindex contains information from a sociological perspective. Both databases contain relevant journals in the field of social inclusion and people with disabilities. To check if the databases yielded enough relevant articles we selected three reference articles, which were found in both databases. Finally the references of all the selected articles were studied to detect important omissions. We may have missed relevant studies from other databases, most notably studies from non-ISI journals, which are less likely to turn up in PubMed or Socindex. More recent literature on social inclusion (Bigby, 2012; Cobigo et al.; 2012; Lysaght et al., 2012) gives no indication that we missed important publications.

Search terms were related to social inclusion and people with an intellectual disability. Keywords used for social inclusion were inclusion, participation, community involvement, community care, social isolation, informal network. For the population we used keywords like intellectual disabilities, learning disabilities, development disabilities and some related keywords. In all search strategies, we combined several terms for people with an intellectual disability with a broad range of keywords related to social inclusion.

Procedure

Two investigators independently assessed the relevant content of the initially identified studies by using a 3-point scale (0 = irrelevant, 1 = possibly relevant and 2 = relevant). The references were scored in three phases:

Phase 1 – rating the title using the 3-point scale by using the following predefined selection criteria: period 2000–2010, English language, western cultures, aspects of the population: people with intellectual disabilities in title and/or (indicators of) social inclusion in title. References with a total score below two were discarded as irrelevant.

Phase 2 – rating abstracts using the 3-point scale on the following predefined selection criteria: abstract mentions data on adults with intellectual disabilities, and factors influencing the level of social inclusion in the local community and western cultures. Studies could score between zero and four. References with a total score below two were discarded as irrelevant.

Phase 3 – rating full texts by one investigator using the 3-point scale employing the following predefined selection criteria: the group of people with intellectual disabilities is outlined in the population characteristics, population characteristics are described, methodology is described, used measurement instruments are mentioned, factors that influence social inclusion in the local community are described and

analysed, the group of people with intellectual disabilities is mentioned separately in the population characteristics, the results are described separately for the group of people with intellectual disabilities, and the influence of factors on social inclusion in the local community is separately described as outcomes. References with a total score below two were discarded as irrelevant.
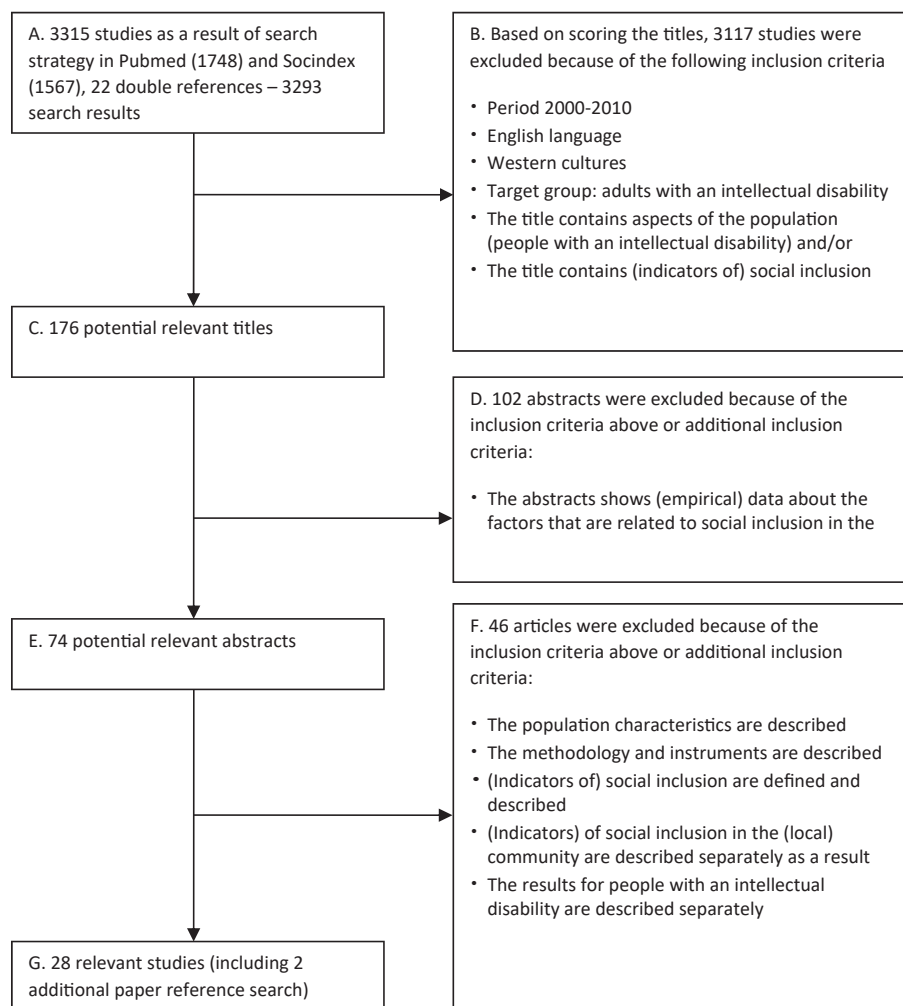
Results

The search for publications resulted in 3,315 initial hits, including 22 double references. After phase 1 176 titles remained. In the next phase we scored the abstracts of these 176 studies, and 74 abstract were identified as relevant. These 74 articles were scored by one investigator. 28 studies met the predefined selection criteria and were included in the study. An overview of this procedure is given in figure 2.1.

Thirteen studies were categorized as quantitative studies, 8 as qualitative studies and 7 as reviews. In order to get a complete overview of the important factors related to social inclusion we chose to include the review studies. We used the reviews as validation of our results. The results of the reviews are only described if they are additional to or opposing the results in the selected studies.

A methodological assessment was conducted on the thirteen selected quantitative studies, in order to get an impression of the methodological quality. A criteria list based upon different criteria lists for non-randomized studies was used (Downs & Black, 1998; Verdonschot et al., 2009b). This list consists of 15 items: describing the level of informativity (six items), external validity (four items) and internal validity (five items) (see table 2.1). In general, the selected studies have a high score on informativity. The authors describe the purpose, the data collection, the mean outcomes, the population, the response and the main findings of their study clearly. The selected studies show much lower scores on external and internal validity. Most of the studies describe the age range (external validity) and the measurement instruments (internal validity) but the other indicators for external and internal validity lack in most selected studies.

Most of the selected studies use the label intellectual disabilities for identifying the target population, but they may refer to different groups and characteristics. Often the people with intellectual disabilities are selected because they are connected to a care organization which supports people with intellectual disabilities. If the authors give more information about the target group this is incorporated in table 2.2 or in the description of the results.

A. 3315 studies as a result of search strategy in Pubmed (1748) and Socindex (1567), 22 double references – 3293 search results

B. Based on scoring the titles, 3117 studies were excluded because of the following inclusion criteria

- Period 2000-2010
- English language
- Western cultures
- Target group: adults with an intellectual disability
- The title contains aspects of the population (people with an intellectual disability) and/or
- The title contains (indicators of) social inclusion

C. 176 potential relevant titles

D. 102 abstracts were excluded because of the inclusion criteria above or additional inclusion criteria:

- The abstracts shows (empirical) data about the factors that are related to social inclusion in the

E. 74 potential relevant abstracts

F. 46 articles were excluded because of the inclusion criteria above or additional inclusion criteria:

- The population characteristics are described
- The methodology and instruments are described
- (Indicators of) social inclusion are defined and described
- (Indicators) of social inclusion in the (local) community are described separately as a result
- The results for people with an intellectual disability are described separately

G. 28 relevant studies (including 2 additional paper reference search)

Figure 2.1 – Selection procedure

The measurements used are very different. Data was gathered through focus groups, interviews, databases and questionnaires. The variation of measurements for the different elements of social inclusion is partly a consequence of different conceptualizations. We also see variation within a similar conceptualization. For example, different instruments were used to measure social relationships, like the Guernsey Community Participation and Leisure Assessment or the Life Experience Checklist (LEC) (Abraham, Gregory, Wolf, & Pemberton, 2002; Ager, Myers, Kerr, Myles, & Green, 2001; McConkey, Walsh-Gallagher, & Sinclair, 2005; McConkey, 2007). This variety in measurements shows the complexity of the concept of social inclusion, and makes it hard to compare the results of the studies. Because of this,

Table 2.1 – Quality assessment of selected quantitative studies

Studies	Informativity							External validity					Internal validity						Total
	a	b	c	d	e	f	subtotal	g	h	i	j	subtotal	k	l	m	n	o	subtotal	
Abraham et al. (2002)	+	+	+	+	+	+	6	-	-	+	-	1	-	-	+	+	+	3	10
Ager et al. (2001)	+	+	+	+	+	+	6	-	-	+	-	1	-	-	+	+	-	2	9
Beadle-Brown et al. (2006)	+	+	+	+	-	+	5	-	+	+	-	2	-	-	+	-	-	1	8
Bigby (2008)	+	+	+	+	+	+	6	-	-	-	+	1	-	-	+	-	+	2	9
Buttimer & Tierney (2005)	+	+	+	+	+	+	6	-	-	+	-	1	+	-	+	-	-	2	9
Egli et al. (2002)	+	+	+	+	+	+	6	+	+	+	-	3	-	-	+	+	-	2	11
Heller et al. (2002)	+	+	+	+	-	+	5	-	+	+	+	3	-	+	+	+	+	4	12
McConkey et al. (2005)	+	+	+	+	+	+	6	-	-	+	-	1	-	-	+	+	-	2	9
McConkey (2007)	+	+	+	+	-	+	5	-	-	+	-	1	-	+	+	-	+	3	9
Robertson et al. (2005)	+	+	+	+	-	+	5	-	-	-	-	0	-	-	+	-	-	1	6
Schwartz & Rabinovitz (2001)	+	+	+	+	+	+	6	-	-	+	+	2	-	-	+	-	-	1	9
Thorn et al. (2009)	+	+	+	+	+	+	6	+	-	+	+	3	-	-	+	-	-	1	10
Vine & Hamilton (2005)	+	+	+	+	+	+	6	-	-	+	-	1	-	-	+	-	+	2	9

a, the purpose of the study is clearly described;
b, the method of data collection is properly described;
c, the main outcomes to be measured are clearly described in the introduction or methods section;
d, the description of the characteristics of the population is sufficient;
e, the response rate is ≥70%, or the information on the non-respondents is sufficient;
f, the main findings of the study are clearly described: simple outcome data should be reported for all major findings;
g, the subjects asked to participate are representative of the entire population from which they were recruited;
h, the inclusion and exclusion criteria are described;
i, the age range is specified;
j, the study period is described;
k, the data are prospectively collected;
l, a comparison group is used and properly described;
m, the measurement instrument(s) is/are described;
n, the main outcome measures used are accurate (valid and reliable);
o, age- and gender-specific outcomes are reported;
+, positive;
-, negative.

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Table 2.2 – Characteristics of the selected studies

Author	Country	Year	Design	Data collection	Questionnaires: instruments	Sample Size	Domains
Abbott & McConkey	Ireland	2006	Qualitative study	Focus groups	-	68 people with ID	Individual characteristics, professional care and setting, neighbourhood characteristics
Abraham et al.	UK	2002	Cross-sectional study	Questionnaire and interviews	Guernsey Community Participation and Leisure Assessment SOS (social support)	50 people with mild to moderate learning difficulties	Informal network
Ager et al.	UK	2001	Cohort study	Questionnaires and diary	Life Experience Checklist Index of Community Involvement	76 people with ID	Professional care and setting
Alphen, van et al.	The Netherlands	2009	Qualitative study	Semi structured interviews	-	39 people with ID	Informal network, neighbourhood characteristics
Beadle-Brown et al.	UK	2007	Review	Explores recent literature academic journals mainly 2006	-	-	Government policies
Beadle-Brown et al.	UK	2006	Survey sample: descriptive and analytical study	Semi structured interviews	-	30 residents learning disability	Individual characteristics, informal network, professional care and setting
Bigby	Australia	2008	Cohort: longitudinal study	Interviews with staff, telephone survey with family members (20) and case studies subgroup (11)	-	24 people with ID	Informal network , government policies
Buttimer & Tierney	Ireland	2005	Cohort study	Semi-structured interviews and questionnaire	Trail Leisure Assessment Battery	34 students with ID	Individual characteristics, informal network, professional care and setting, neighbourhood characteristics
Egli et al.	USA	2002	Quantitative analyse: no design specified	Photograph rating, questionnaires and observations	Community Living Attitudes Scales of Mental Retardation Resident Lifestyle Inventory	18 residences for adults with mental retardation	Professional care and setting

Author	Country	Year	Design	Data collection	Questionnaires: instruments	Sample Size	Domains
Felce & Emerson	UK	2001	Review	Review	-	-	Individual characteristics, professional care and setting
Hall	UK	2005	Qualitative analyse	Group interviews	-	21 people with learning disabilities	Individual characteristics, professional care and setting, neighbourhood characteristics government policies
Hartnett et al.	Ireland	2008	Qualitative analyse	Questionnaire and interviews	Quality of Life Questionnaire	8 participants with severe ID	Professional care and setting
Heller et al.	USA	2002	Cohort: Longitudinal study	Interviews, review resident records, observations	Physical Attractiveness Scale	186 adults with mental retardation	Individual characteristics, informal network, professional care and setting
Hunter & Perry	UK	2006	Qualitative analyse: interviews on 2 occasions	Questionnaires, interviews and three case scenarios	Not specified	19 people with learning disabilities	Professional care and setting
Kozma et al.	UK	2009	Systematic review	Surveyed research from 1997-2007	-	-	Individual characteristics, informal network, professional care and setting
Mansell & Beadle-Brown	UK	2009	Systematic review	Evaluate available research	-	-	Professional care and setting
Mansell	UK	2006	Review	Review deinstitutionalization	-	-	Professional care and setting, government policies
McConkey	Northern-Ireland	2007	Quantitative analyse: no design specified	Questionnaire	Standard pro forma based on measures used in past research	620 people with ID	Individual characteristics, professional care and setting
McConkey et al.	Northern-Ireland	2005	Quantitative analyse: no design specified	Questionnaires	Index of Social Competence Life Experiences Checklist	106 people with ID	Individual characteristics, professional care and setting

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Author	Country	Year	Design	Method	Instruments	Sample	Focus
Minton & Dodder	USA	2003	Qualitative analyse	Interviews and observations	-	25 people with development disabilities	Professional care and setting
O'Brien et al.	New Zealand	2001	Qualitative analyse	Interviews	-	54 people with ID	Individual characteristics, professional care and setting
Richardson	UK	2000	Qualitative analyse	Participatory research	-	6 people with learning difficulties	Informal network, professional care and setting
Robertson et al.	UK	2005	Matched groups design	Questionnaires and semi-structured interviews	Adaptive Behaviour Scale / Aberrant Behaviour Checklist	64 neighbours of people with ID	Informal network, professional care and setting
Schwartz & Rabinovitz	Israel	2001	Survey	Questionnaires	Neighbourhood questionnaire / Facility managers questionnaire	208 neighbours of people with ID	Professional care and setting, neighbourhood characteristics
Thorn et al.	USA	2009	Longitudinal study	Databases facilities	-	556 people with ID	Individual characteristics, professional care and setting
Verdonschot et al.	The Netherlands	2009a	Review	Review of empirical findings	-	-	Professional care and setting
Verdonschot et al.	The Netherlands	2009b	Systematic review	Systematic review 1996-2006	-	-	Individual characteristics, informal network, professional care and setting, government policies
Vine & Hamilton	Australia	2005	Cross-sectional study	Questionnaires	ComQol / Adaptive Behaviour Scale / Vineland Adaptive Behaviour Scale / Resident Choice Assessment Scale / Life Circumstances Questionnaire	37 males with ID	Individual characteristics

we decided to focus the substantive results, and consider results on similar concepts as comparable regardless of the instruments and methods which were used. Our purpose is not to evaluate the selected studies on their used instruments but to collect as much information as possible about barriers and facilitators for social inclusion in the neighbourhood.

The selected studies were conducted primarily in the UK (12 studies), followed by (Northern)-Ireland (5), the USA (4) , the Netherlands (3), Australia (2), Israel (1) and New-Zealand (1), according to Table 2. The research designs chosen are cohort (longitudinal) studies, cross-sectional studies, qualitative studies and systematic reviews.

The author(s), country in which the study was conducted, year of publication, study design, data collection method, questionnaires, sample size and the domain of factor the selected studies address are summarized in table 2.2.

Domains of factors

The literature on people with intellectual disabilities pays little attention to environmental factors in inclusion. We therefore base our domains of factors on the ecological model of M. Powell Lawton, which has been very influential in analysing adaptive behaviours and wellbeing of older adults (Scheidt & Norris-Baker, 2003). In his environmental taxonomy, Lawton distinguished the physical environment, the personal environment (including personal relationships), the small group environment (social characteristics beyond direct personal contacts), the suprapersonal environment (policies and social structures in the local environment), and the social or megasocial environment. These environments may have a better or worse fit with individual competences, leading to varying degrees of adaptive behaviour. We summarize the barriers and facilitators for social inclusion we found in the following five domains of factors:

- individual competences: characteristics of the people with intellectual disabilities relevant to inclusion, e.g., specific skills and knowledge (15 articles)
- informal network (personal environment): support from family, friends and acquaintances (10 articles)
- professional care (suprapersonal environment): support from professionals, type of setting (26 articles)
- neighbourhood characteristics (physical environment and small group environment):, e.g. facilities in the neighbourhood, but also contact with neighbours (5 articles)

- governmental policies (megasocial environment): federal and local policies (4 articles)

Most of the studies focus on one or two domains. This means that our discussion of results within a domain may also refer to other domains.

Individual competences

Half of the articles focused on the relationship between individual characteristics and social inclusion. Several of these studies found a relationship between knowledge and skills of the people with intellectual disabilities and different aspects of social inclusion (e.g. Beadle-Brown, Mansell, Whelton, Hutchinson, & Skidmore, 2006; McConkey et al., 2005; Verdonschot et al., 2009b). Concepts of inclusion mostly pertain to the experience of valued and expected social roles, being recognized as a competent individual and trusted to perform in social roles in the community and finally belong to a social network. Authors describe different aspect of social inclusion like participation, community involvement, community activities and social support. Abbott and McConkey (2006) found that a lack of necessary knowledge of the area and literacy and numeracy skills are barriers to social inclusion. Such knowledge and skills are necessary to become an active participant in community life. Based on experiences of people with intellectual disabilities living in the community they identified four elements of social inclusion in the community: talking to people, being accepted, using community facilities and having opportunities, like the availability of staff to support them or having the freedom to go out themselves. Social and practical skills are needed for realizing these elements of social inclusion. These skills are also important for the effective use of recreation time and making friends (Buttimer & Tierney, 2005; McConkey, 2007). Functional skills and adaptive skills (for example opening a door, say hello) are important for community integration and participation (Thorn et al., 2009; Heller, Miller, & Hsieh, 2002). People with a more severe disability were more vulnerable and less able to develop the above mentioned skills (Felce & Emerson, 2001). We further see that the concept of returning a favour is quite unfamiliar to people with intellectual disabilities (Van Alphen et al., 2009), but this does not mean they are unwilling.

The studies above are clear about the necessary individual skills to improve social inclusion at large but we found only little research focusing on individual characteristics necessary for social inclusion in the neighbourhood, but there also are no indications that such local inclusion would put different demands on people with intellectual disabilities. The studies typically focus on skills related to the learning and development disabilities that define the target population, such as cognitive capacities and social skills. They show the importance of these skills for experiencing valued and expected social roles, being recognized as a competent individual and

trusted to perform in social roles in the community and belong to a social network. To create a suitable environment for social inclusion it is important that people with intellectual disabilities have or acquire skills to foster the interaction with neighbours and this would logically imply that neighbours also try to adapt to the skills of people with intellectual disabilities. Professionals support people with intellectual disabilities in these skills, and provide information to neighbours which is needed to build relationships between neighbours with and without intellectual disabilities.

Informal network

The relationship between the informal network and social inclusion was studied in 10 articles. The informal network can be a condition for social inclusion, but support from the informal network is also part of social inclusion. Belonging to a social network can also facilitate the other components of social inclusion we distinguished. Interpersonal relationships and activities enable people with intellectual disabilities to enjoy and contribute to the quality of life in their community, for example engaging in community work and being physically and socially present (Richardson, 2000). Abraham et al. (2002) found social support to increase community participation. Social support from peers was particularly important. Heller et al. (2002) concluded that family involvement was associated with higher levels of participation in activities. Families are often the primary source for expanding social networks outside the residence in the local community where people with intellectual disabilities live.

   Professionals can use the informal network of people with intellectual disabilities to realize social inclusion in the neighbourhood. The informal network can be helpful for people with intellectual disabilities to acquire social and practical skills. They are able to support a larger social network and to work on valued and expected social roles. These aspects contribute to being recognized as a competent individual and having the opportunities to perform social roles in the community, like being a neighbour.

Professional care

The domain of professional care was studied in almost all of the articles. This domain includes aspects of the facilities in which people with intellectual disabilities live and features of the staff members, in particular their attitude towards social inclusion. Living in an apartment or small group home has a positive effect on social inclusion. Small settings enable creating contacts with neighbours (McConkey, 2007; Hartnett et al., 2008; Kozma et al., 2009, Robertson et al., 2005; Van Alphen et al., 2009). But as we stressed in our introduction, moving people to ordinary neighbourhoods is no guarantee for social inclusion. Various studies and reviews of the literature show that staff can provide opportunities to people with intellectual disabilities to

develop skills that help them make friends, participate in neighbourhood activities and fulfil social roles like being a neighbour (O'Brien et al., 2001; Kozma et al., 2009; Thorn et al., 2009).

The study of Thorn et al. (2009) highlights how creating a therapeutic milieu fostering learning and practicing functional skills in real-life activities translates to increased community presence for people with severe intellectual disabilities. As we described before, these skills are important for starting social relationships in the neighbourhood. The attitude of staff has a crucial influence on creating these opportunities. Staff initiated social interactions with clients influence community activities significantly. These interactions are correlated positive staff attitudes, so indirectly these attitudes are important for community activities (Egli, Feuer, Roper, & Thompson, 2002). Other authors point out that embracing a supporting rather than a caring role contributes to social inclusion in different environments. (Abbott & McConkey, 2006; Hunter & Perry, 2006; Minton & Dodder, 2003). This means exploring the possibility of reciprocal relationships with neighbours and supporting people with intellectual disabilities in acquiring prevailing social norms and expectations in the neighbourhood. Staff can also create opportunities by organising for example open door days, barbecues or selecting activities in the neighbourhood (Van Alphen et al., 2009). In conclusion staff members can stimulate and support the complex interactions between environmental factors and personal characteristics which are described by Cobigo et al. (2012), that provide opportunities for valued social roles in the neighbourhood and belonging to a social network.

Neighbourhood characteristics

Five articles describe neighbourhood characteristics. Abbott and McConkey (2006) describe different neighbourhood characteristics that influence social inclusion, like lack of amenities in the neighbourhood and attitudes of neighbours. The authors identify a negative attitude in the neighbourhood, as well as lack of activities and information on activities as barriers to social inclusion.

Contact between neighbours and people with severe intellectual disabilities was associated with greater understanding and appreciation by neighbours (Robertson et al., 2005). Intensive neighbourhood contact is not crucial. Seemingly superficial contact, like exchange of greetings and not being ignored contributes more to a sense of belonging for people with intellectual disabilities (Van Alphen et al., 2009). Not having a facility nearby with recreational opportunities can be a barrier to leisure participation (Buttimer & Tierney, 2005). Schwartz and Rabinovitz (2001) analysed neighbourhood acceptance in a multidimensional perspective: acceptance by people in the neighbourhood depended on interactions between facility variables and characteristics of the neighbourhood population. Characteristics of

neighbours that brought them physically or psychologically closer to people with intellectual disabilities, like having young children, having a disabled relative, knowing that the neighbourhood contained a facility, and visiting the facility was positive for acceptance. Facility variables were size, degree of supervision and the strategies used by managers to gain local acceptance. The study found that these variables cannot be considered in isolation. For example visiting the facility was positive for acceptance especially for neighbours with young children or a disabled relative. Not only can we see complex interaction between environmental and individual characteristics from the perspective of people with intellectual disabilities, but these pertain to neighbours as well.

People with intellectual disabilities further noted that to feel at home, the atmosphere in the neighbourhood needs to be just right; they need to feel safe, calm and at ease. When there are instances of public aggressiveness, neighbourhood relations are tense, or when neighbours are annoying or ignore them, the sense of feeling at home is challenged (Van Alphen et al., 2009).

These results show that the availability of meeting grounds and means for activity can facilitate neighbourhood participation. Meaningful neighbourly contacts and, subsequently, inclusion, are facilitated when the local population is predisposed toward a positive attitude. On the other hand, attitudes of neighbours may become more positive as a consequence of contact with people with intellectual disabilities. However, the success of such contact may depend on the right combination of people and situations. Staff can support successful contacts by linking people with intellectual disabilities and their neighbours. They can support people with intellectual disabilities to develop contacts and participate in neighbourhood activities. Staff is also able to create meeting opportunities by involving neighbours in their activities.

Government policies

Deinstitutionalization is a policy goal in many Western societies. The number of people with intellectual disabilities in large institutions is steadily declining. But institutional practices and attitudes may persist in community settings (Beadle-Brown et. al., 2007). The four studies we have found that focus on the relationship between policies and social inclusion address the policy changes necessary to achieve social inclusion. Suggest that economic priorities may get in the way of achieving social inclusion (Hall, 2005; Mansell, 2006). But residents in community-based houses have not benefitted from recent initiatives aimed at community capacity-building such as the appointment of professionals specifically for facilitating community relationships for people with intellectual disabilities (Bigby, 2008). A solution to this seeming contradiction may be the involvement of people with intellectual disabilities in policies that concern them. The involvement of residents in policy making will

increase community integration, conclude Verdonschot et al. (2009b) in their review of the empirical findings. This involvement can be on the level of the organization or the local authority.

Discussion and conclusion

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Support in neighbourhoods becomes more important for realizing social inclusion in of people with intellectual disabilities, yet we know very little of factors that may increase or hinder such social inclusion. We discuss 28 studies and reviews that addressed five domains of factors or types of environments relevant to social inclusion in the neighbourhood. The studies addressed diverse populations of people with learning or development problems, or clients of organizations supporting people with intellectual disabilities.

Our concept of social inclusion was based on the multidimensional concept of Cobigo et al. (2012). Often, social inclusion is equated with performance of roles and activities. Cobigo et al. (2012) instead distinguish four dimensions of social inclusion: access to public goods and services, experiencing valued and expected social roles, being recognized as an individual and trusted to perform these social roles and belonging to a social network. Most studies focus on belonging to a social network and participating in activities. We can conclude that especially being able to perform a valuable role in the neighbourhood and being recognized as an individual is still investigated very little in the studies we found. Further, social inclusion is often measured in objective characteristics, i.e., the actual roles and activities performed by people with intellectual disabilities. Cobigo et al. (2012) point out that inclusion is a two-way process, not only involving an external viewpoint. The viewpoint of people with intellectual disabilities and their experiences is often lacking. Some studies focus on the subjective perspective of people with intellectual disabilities (e.g. Abbot & McConkey, 2006; Hall 2005; Van Alphen et al., 2009) and show that they can feel left out, do not feel that they belong, feel different or do not feel safe in the regular environment. These results show the importance of including the perspective of people with intellectual disabilities, because actual participation may not automatically mean that people feel accepted. Future research on the perspective of people with intellectual disabilities related to social inclusion in the neighbourhood is recommended. In order to understand why people with intellectual disabilities do, or do not, feel included it is important to gain more knowledge about exactly what neighbour social inclusion comprises, from the perspective of people with intellectual disabilities.

Social inclusion is a reciprocal process involving commitment and activity from all parties involved. Not only people with intellectual disabilities need to feel included, and need to be able to define what they consider as meaningful participation. The same goes for neighbours, who have their own perspective on meaningful contacts with people with intellectual disabilities, involving people with intellectual disabilities in neighbourhood activities, accepting people with intellectual disabilities, or supporting people with intellectual disabilities and attitudes towards people with intellectual disabilities. Most importantly, the concept of social inclusion is always related to the people or setting which someone wants to belong to. The neighbourhood setting and the people that live in it may interact in supporting or hindering neighbourhood inclusion for people with intellectual disabilities (Schwarz & Rabinowitz, 2001).

Answering the second question of the literature study gives insight in important barriers and facilitators for social inclusion in the neighbourhood. We distinguished five domains of relevant factors, based on the ecological model of Lawton (1999). In doing so, we emphasize the ecological approach inherent in Cobigo's (2012) concept of inclusion: inclusion is the result of complex interactions between personal competences and environmental demands and opportunities. Such an ecological focus is all but lacking in the empirical literature. Each domain is researched to some extent, but little empirical research focuses on the interactions between individual skills and environmental factors. For example, staff and relatives can support individual skills to achieve inclusion of people with intellectual disabilities. Milner and Kelly (2009) show the importance of empowering people with disabilities to locate themselves within the community and creating a sense of belonging. But environmental factors affect each other as well. Local authorities encourage social inclusion in their communities by creating opportunities for activities. The attitudes of neighbours are influenced by the staff and people with intellectual disabilities themselves. These (and many more) relations show the interaction between the domains and give insight in the dynamic process of social inclusion in the local community. The studies we found mainly cover two domains beside individual competences, professional care, and the informal network. Especially the influence of the small group environment and local policies on social inclusion need further study. Little is known about the relationship between characteristics of the local community and social inclusion for people with intellectual disabilities in their neighbourhood. Complex interactions between personal factors and social and cultural aspects of the neighbourhood affect individuals' experience of social inclusion (Martin & Cobigo, 2011; Van Alphen et al., 2010).

The concept of social capital (Bourdieu, 1986; Coleman, 1988; Portes, 1998; Putnam, 2000) may help to understand the complex dynamic between people with

intellectual disabilities and their local neighbours (Bollard, 2009). This term refers to social networks that share social norms. Social norms play an important role in how neighbours develop their relationships with other neighbours. Therefore, we would recommend research to gain more insight into the role of social norms in developing neighbour relations and the actual behaviours towards neighbours with, and without, disabilities.

Some limitations of this study can be identified, so data should be interpreted with caution. The databases Pubmed and Socindex were searched thoroughly for the period 2000–2010, making use of a combination of MeSH and text words that covered a wide range of the research population. We included articles found in the databases mentioned above. We are aware of the fact that more relevant publications and reports, not included in the searched databases, could exist. Important omissions were detected by searching the references of the selected authors and from the selected articles. Despite the limitations of this review, a significant number of relevant studies was selected and carefully analysed. The review articles we studied. show overlap with the empirical studies we selected. This means that the most important studies are included.

We found a relatively large number of studies from the UK. This is probably related to the fact that policies in the UK strongly focus on social inclusion. Research in other countries than the UK can show whether findings are tied to this specific context.

This will also enable researchers to address the relation between the policy context and social inclusion in the neighbourhood. Social inclusion in the neighbourhood is a widely shared policy goal across Europe and beyond, and it should be researched likewise.

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