

SOCIAL INCLUSION

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Introduction

Ratha is a 15 years old young person full of energy and likes to dance but is not in regular school due to his biological condition, Trisomy 21 (an extra arm in the 21st chromosome), also known as Down Syndrome. At birth he did not cry vigorously like the others and was slow to develop. When the parents took him to a reputed children's hospital in Phnom Penh, the physicians told them, 'Your child is a waste of life!' They were devastated and depressed. The parents were concerned that Ratha had been excluded from educational and health services, but what about social inclusion?

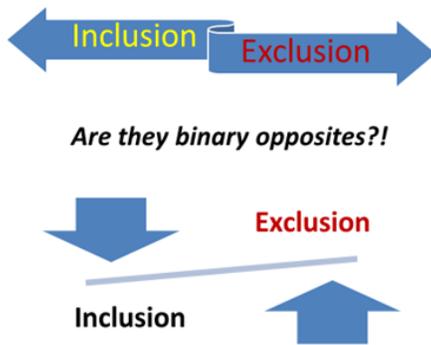
Often a child or a person is excluded, because he or she looks different (e.g. Ratha), or darker (brown or black), has different sexual interest (LGBT-lesbian, gay, bi or transsexual) or comes from elsewhere (immigrants, refugees). While exclusion is obvious, understood and often questioned, the issue of social inclusion is not entirely grasped and therefore the avenues for social inclusion are left unexplored. *Is the opposite of exclusion can be considered as inclusion, how social inclusion can be defined?*

Social inclusion is defined as the process by which efforts are made to ensure equal opportunities that everyone, regardless of their background, can achieve their full potential in life. Such efforts include policies and actions that promote equal access to (public) services as well as **enable citizen's participation in the decision-making processes** that affect their lives (UNDESA, UNESCO, UNHABITAT - Paris 2007).



Social inclusion means people who are excluded are listened to and they feel included in their communities

Social Inclusion vs Exclusion



Social exclusion means the lack of opportunity to participate in the social, economic and political systems of the society.

Social inclusion means the exact opposite: being actively engaged in the social, economic and political systems, and consequently feeling a sense of belonging and having more choices and opportunities in life.

When master Ratha was excluded, her parents were angry because the way the child's future was negatively portrayed by health care professionals. His mother remarked, 'How dare they could say that my child is a "waste of life". The hospital staff just expressed their inability to help the boy, unaware of the dimension of social inclusion and the rights of the children for quality life, despite the challenges in the body structure and function that Ratha was born with. The United Nations Convention of the Rights of Persons with Disabilities (UNCRPD) and the International Classification of Functioning, Disability and Health (ICF) (refer to page 5) have added new dimensions by recognising the role of environmental factors as well as the health conditions related to disability and participation in society but falls short in the context of social inclusion.

When Ratha was nine years his parents came to know about the Center for Child and Adolescent Mental Health (Caritas-CCAMH), where they received psychoeducation and the boy took part in the activities for daily living training. He became independent in taking care of himself, -he brushes, takes bath, can eat without assistance and goes to a special school. Ratha has been included in health and education sectors, but can he be considered socially included. He participates in the dance and music therapy sessions along with his peers once a fortnight at Caritas-CCAMH and feels connected. Some consider participation, connectedness and a sense of belonging, citizenship and rights as hallmarks of social inclusion. Only the future can predict how Ratha will be exercising his rights as a citizen¹. Does he have the capability to participate as a citizen in the decision-making process in his life or will he be excluded forever is the concern of Amartya Sen and others². Globally, about 1 in 7 people have a disability and about 2.54 million people are refugees. It is important to understand the multi-dimensional aspects of the social inclusion process in order to engage with the people who are vulnerable for exclusion and make the necessary steps to ameliorate the situation.

¹ Cordier R et al. (2017). A Systematic Review Evaluating the Psychometric Properties of Measures of Social Inclusion. *PLoS One*, 12 (6), e0179109.

² Sen A. (2000). *SOCIAL EXCLUSION: CONCEPT, APPLICATION, AND SCRUTINY*. Social Development Papers No. 1, Office of Environment and Social Development Asian Development Bank.



Refugees, minorities and people with psychosocial and other disabilities are not always treated the same as other people. This is not fair.

Barriers for Social Inclusion

People with chronic illnesses (HIV/AIDS, Leprosy, Tuberculosis), psychosocial (depression, drug abuse, psychosis) and other disabilities (hearing and visual impairment, landmine victims, autism and cerebral palsy), sexual (lesbian, gay, bisexual and transgender), religious minorities (Muslim), refugees (Rohingya) and trafficked women find themselves not accepted in society, and are actively excluded. Perceived stigma and shame attached the condition/situation or the Karma belief system (that the current situation is due to misdeeds in previous birth) are the barriers for social inclusion. These (refer boxes) were the barriers to social inclusion as perceived by people with intellectual disabilities³.

Personal abilities and skills

- Lack of self-motivation/confidence
- Lack of knowledge about healthy living
- Poor literacy and numeracy skills
- Poor knowledge of the area

The home/scheme

- Location
- Lack of accessible, affordable transport
- No company to go 'out' with
- Few community activities/facilities

'Nothing for Us without Us'⁴ is a movement and a voice emerging from the excluded persons themselves who demand acceptance, understanding, consultation, participation and above all decision making in a way they would like to be included with dignity to chart their own destiny. The key component of social inclusion is giving voice to the disempowered because of their body functions (dysfunctions), structure, orientation, psychosocial and economic and political situation.

In order to fathom the process of exclusion it is important to know the barriers for inclusion in the eyes of the marginalized and excluded themselves. The programs that promote social inclusion should take into account the barriers, both subjective (as perceived by those vulnerable for exclusion or excluded) and objective (the prevailing systemic barriers).

The community

- Negative attitude of the community
- No information available on activities/events
- Not enough activities available
- Few links with the home/scheme
- Availability and access to work placements
- Not enough advocacy and volunteer groups

³ Abbott S and McConkey R. (2006). *The barriers to social inclusion as perceived by people with intellectual disabilities*. *J Intellect Disabil*. 10(3), 275-87.

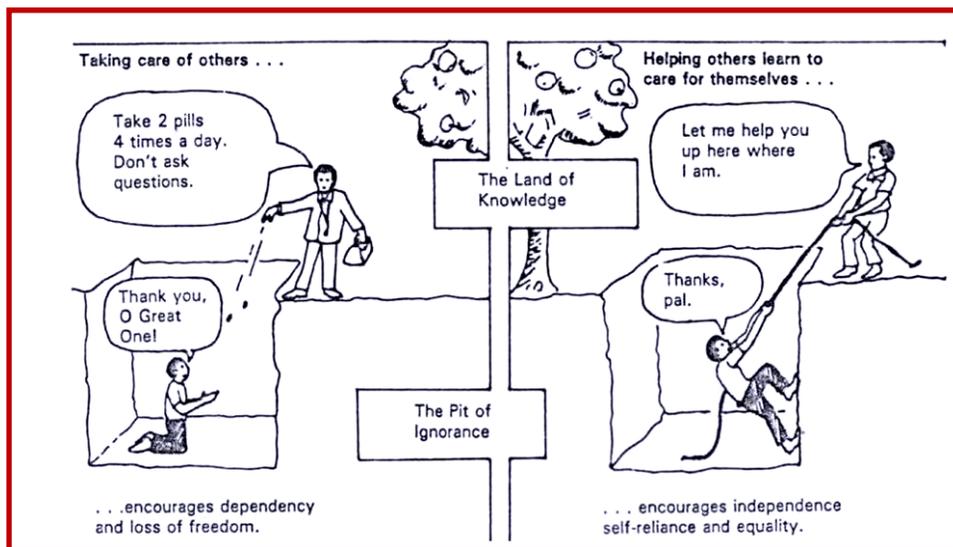
⁴ Callus A, Zahra A. (2017). *Nothing about us without us': disabled people determining their human rights through the UNCRPD*. https://www.um.edu.mt/__data/assets/pdf_file/0007/336454/1.ANNE-MARIECALLUSANDAMYCAMILLERI-ZAHRA.pdf.



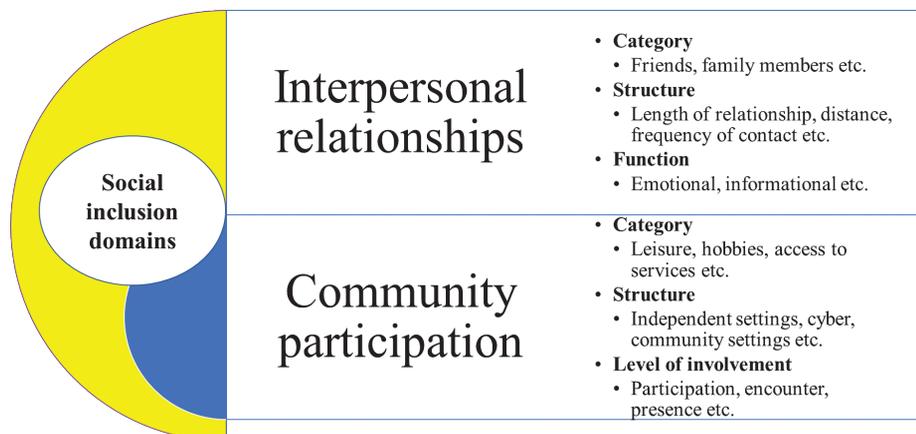
Minorities, refugees and people with psychosocial Disabilities are not involved or listened to. This stops them from having choice and control.

Empowerment, family and friends as 'social capital'

Poverty, disability and lack of literacy is a vicious cycle and many persons, particularly in the low and middle income countries (LMICs) are trapped in this situation. They struggle financially to make ends meet, feel socially isolated or lonely, have limited access to community resources and no 'voice' and influence over decisions that affect their lives. The effort of development workers is most often restricted to provide health and educational services, and the excluded remain passive recipients of service with no voice of their own how and what aspect of life they would like to be included. Empowerment is to provide appropriate knowledge and skills for the person, so that she/he can understand the context, question the status and will be able to decide upon the means and strategies to become part of the society.



Relationships with family and friends define and shape the identity of oneself more than just getting help and support from services providers.



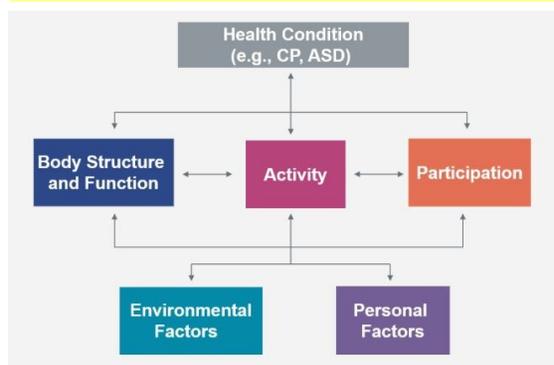
Happiness and health come from having positive relationships and people who are socially challenged get to know and understand the world through family and friends, who are the 'social capital'. Through existing friends, one can make new friends and achieve things that cannot be done by her/himself in isolation.



Empowerment means people with disabilities and those vulnerable for exclusion are involved in making decisions that affect their lives.

ICF framework and Social Inclusion

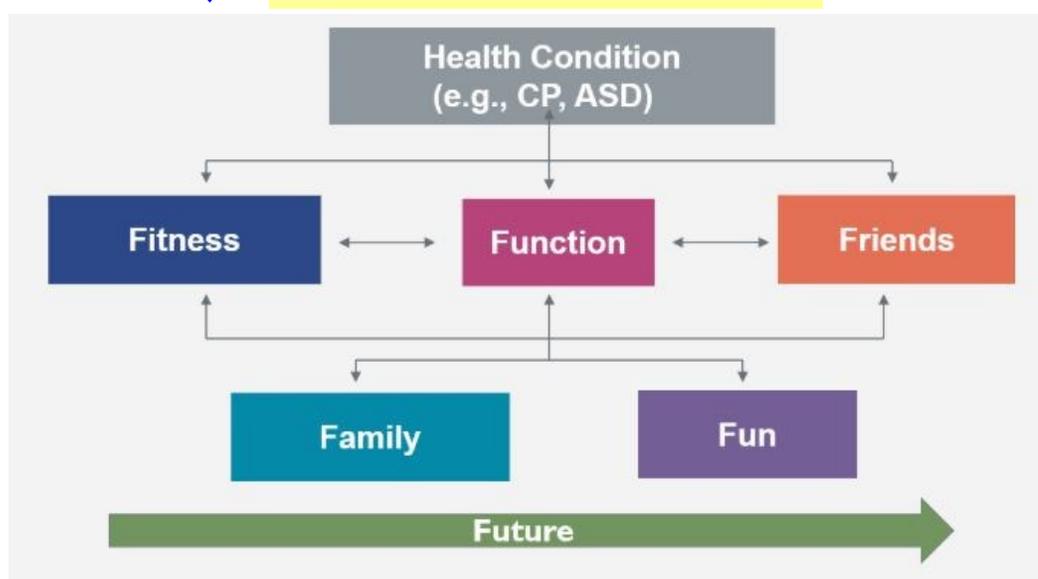
Conventional ICF model



Disability is often looked upon as medical problem that needs to be fixed. The International Classification of Functioning, Disability and Health (ICF) has seen disability in the new frame work emphasizing environment and participation. However, this framework remains inadequate for social inclusion of children of refugees, minority and children with special needs, such as autism, intellectual disability, epilepsy etc.



Functional ICF model (5+1F)



It is important the children are encouraged by family members and friends to participate in all spheres of life including fun activities⁵. The functional ICF model (5+1F) has given a new dimension. Body structure is replaced by fitness, activities by function, participation by friends, environment by family and personal factors to fun. As child is a growing individual future is brought in to the frame work as well, which is more comprehensive in the context of social inclusion of children.



⁵ Maxwell GR, Granlund M and Augustine L (2018) Inclusion Through Participation: Understanding Participation in the International Classification of Functioning, Disability, and Health as a Methodological Research Tool for Investigating Inclusion. *Front. Educ.* 3:41.



People with all types of psychosocial and other disabilities and challenges should be involved in decisions about how to solve problems that affect them.

Social and Educational Inclusion - a case study

Promoting Social and Educational Inclusion in India

Effecting change to improve lives is invariably a slow and often challenging process. However, when individuals or in some instances whole communities find themselves marginalised in the societies in which they live, consideration needs to be given not only to how they can be better included in the everyday aspects of those societies, but also how this may be managed in a sustainable manner.

In India a number of factors have converged that have resulted in many millions of individuals being excluded from access to basic social and economic opportunities. Discrimination based upon poverty, caste, tribal status, disability, religion and gender continues to be a feature of everyday life for many people. Understanding the inter-relationship between these identifying factors is a critical step in the development of strategies and systems that aim to create a more just and equitable society. For example, recognising that families who live in poverty are more likely to have a child with a disability and that this in turn presents challenges in gaining access to education is an important first step in understanding how best to work towards inclusion.



Agencies working in India, as elsewhere in the world have often focused upon single issues as a means of improving the lives of others. Non-Governmental Organisations have done excellent work in improving lives, providing resources and raising awareness in respect of their areas of concern. There are for instance many such organisations working in areas of disability who have undertaken excellent work in promoting understanding and providing supportive facilities for children. But for sustainable progress in tackling exclusion and creating justice and inclusion a much more co-ordinated approach is required.

Examples of more collaborative working where agencies from across the disciplines including health, education, housing, employment and social care are coming together to plan and implement systems for change, are emerging in some parts of India. Such initiatives demand that information is shared, goals agreed and the workload apportioned across services to achieve the desired outcomes.



Organizations or communities can help make sure people with disabilities and other challenges are listened to and feel included.

One such approach can be seen in a rural district of Telangana State in India. Here, an organisation whose initial focus was upon the identification of families who have a child with disability and the provision of therapeutic services for these children has begun to consider a more holistic response to the difficulties that these families experience. This began with an acknowledgement that if parents were expected to attend clinics for therapeutic interventions this required that they made expensive journeys and needed to lose a day's work. Such situations, whilst providing essential therapy to children may well add to a family's financial burden. An organisation focused upon the provision of therapy therefore found it necessary to consider how a transport system could be created to enable parents to access the services that their children needed. The engagement of a modified electric rickshaw with a driver has enabled children and parents to travel to clinics set up within the rural communities. Services previously only available in Hyderabad are now being developed locally and more children are accessing these.

The professionals who have established this model are now engaging with schools to identify their needs if they are to enrol children with disabilities in their classes. Raising awareness amongst employers is also seen as an essential step towards providing greater opportunities for families living with disability. At the heart of this process is a commitment to full involvement of families and people with disabilities in every decision made. Those parents in these rural communities in India who feel that they are not only consulted, but who have played a part in development have become effective leaders for change and are important leaders in ensuring sustainable service provision.

-Prof. Richard Rose, University of Northampton, UK



The elements of inclusion

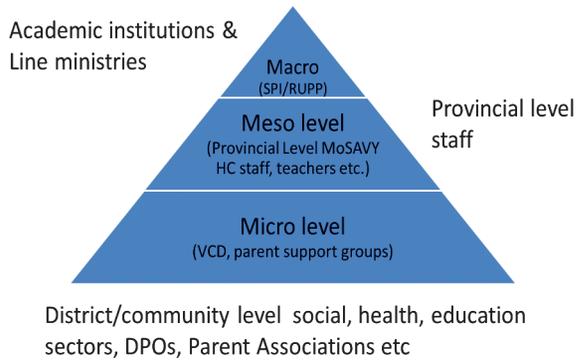


Training people with disabilities and others who are likely to be excluded and to help them have better relationships with their friends and families.

Social Inclusion in Cambodia

The information on opportunities for participation are not disseminated properly and persons with disabilities (PwDs) and other marginalized groups remain unaware about many policy dialogues underway. Members of vulnerable groups might be discouraged from participating for fear of further discrimination, which are barrier for social inclusion in Cambodia. Education, training and cooperation with local authorities will motivate members of vulnerable groups to join policy dialogues⁶.

Strengthening Social Work institutions to Promote social inclusion



In the above context Caritas Cambodia has taken the initiative to strengthen the social work sector in Cambodia to promote social inclusion in active collaboration and partnership both with the government and non-government sectors involving Ministry of Social Veteran and Youth Rehabilitation (MoSAVY), the three dioceses, St. Paul Institute (SPI)-Takeo, Department of Social Work-Royal University of Phnom Penh (RUPP).

While Caritas Cambodia is the active collaborating partner at macro level, Caritas-CCAMH, Caritas Siem Reap and Caritas TEH (Takeo Eye Hospital) field offices implement the social inclusion program that involve children with neuro developmental disorders, people living with HIV/AIDs, those in prison, chronic diseases and visual impairment, respectively. This action research program is to be carried out in Battambang, Kampong Chhnang, Kompong Cham, T'Beng Kumum, Kandal and Takeo provinces.

Caritas Cambodia partners for social inclusion

Six Provinces in three dioceses

• **Tonle Sap:**
Battambang,
Kampong Chhnang



• **Mekong:**
Kampong Cham,
T'Beng Kumum

• **Chaktomuk:**
Kandal, Takeo

The Catholic university, Freiburg, Germany, SPI and RUPP-Cambodia are the research partners, some of whom might send their students of social work for field placement at Caritas-CCAMH.

⁶ *Disability Action Council -Cambodia (2017). PROMOTING SOCIAL INCLUSION IN CAMBODIA*

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Collect information about how people with disabilities and other challenges can be involved in making decisions, and listened to and included in their communities.