

Inclusion Traffic Lights – positives and negatives

	Positives	Negatives
Red - disability building, segregated group	Easier for staff in some ways. Provides a break from responsibilities and	Segregated from others, surrounded by paid staff. Little 'community presence'.
	a rest for relatives.	May be far from home.
	Non-judgemental place of safety, clear boundaries, security and acceptance – safe place to experiment.	Boring routines with little choice, variety of activities or opportunity for independent risk taking.
	Can be cheaper in the short term.	Nothing to talk about (apart from illness) as no
	Easy to target, assess, intervene, measure and audit intensively.	common bond and everyone has done the same things here.
	Common experiences build peer support	Negative self-identity.
	and long-term friendship.	Hard if surrounded by people who are more unwell or 'differently ill'.
	Popular with some people and less embarrassing for some staff.	People learn negative behaviours from each
	Familiar and valued culture for some, can	other and staff can be over-tolerant.
	offer high status (big fish, small pond) in an accepting sanctuary.	Minorities don't attend or are poorly served.
Amber - ordinary building, segregated group	Common bond, so easy to start friendships.	Geographical integration but social segregation – illusion of inclusion.
	Can practice running it ourselves. More community involvement and	Money and time used on room hire, not support.
	independence than red.	Activities limited to those suitable for the group.
	More opportunities for experiences and potential for contact with other building users.	Mainstream opportunities in view but out of reach, so hard to connect to other building users.
	Variety of non-stigmatised buildings to choose from.	Teaches the public that people should be batched into separate places, so community
	Provision can be local to people's home.	can abdicate responsibility.
Green – side by side with the general public	Paid jobs and positive roles in the community help people see themselves as like other citizens.	Pressure to succeed in unfamiliar setting may be risky, stressful and failure damages wellbeing.
	Can help people retain lifelong connections and be an opportunity for new friends and new conversation topics.	The support needed may constrain opportunities or mark out the person as different.
	General public people treat people using services the same way as others, so it feels 'normal'.	The public and venue staff may be unskilled in supporting people or abusive, demand compliance with strict norms or say NIMBY.
	Educates the community and can lever their money in.	Hard to contain crises or hide mistakes from media.



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Red - disability building, segregated group	May provide free stuff. Can keep the public safe from the tiny minority of violent people. 1-stop shop for people using the service, relatives and other agencies. Concentration of specialists who can see everyone quickly and supervise intensive interventions. People can pool resources. May develop specialist skills of staff. Cope with those who are very challenging or distressed by creating a controlled and planned therapeutic environment. Signals seriousness of the situation. Wheelchair friendly. Can be 24/7.	Amplifies stigma, bullying, misuse of power, abuse, sick role and career. Institutional (one size fits all) approach disempowers and stifles individuals. Artificial routines stunt growth and thinking. Focus on specific problems rather than the whole person and their strengths. People get stuck, fearful and dependent with few hopes of recovery and inclusion. Money used on buildings, not support. People lose their job, partner, home, friends, status. Big step-down on discharge. Community abdicates responsibility.
Amber - ordinary building, segregated group	Chance to see other people and how they live. Can try out new things with the support of familiar people and a continuing sense of identity. Tolerant and can contain difficult behaviour and provide extra support. Easy to contact staff and may give access to new funding sources. Venue staff may have insecure jobs so be very creative and resourceful.	More 'goldfish bowl' public display of difference— proximity without relationships. Rules created by other groups and you have to ask to use things. Poor or missing facilities. Rules on funding may restrict eligibility. Amber groups like to meet with similar groups e.g. disabled football leagues.
Green – side by side with the general public	Activities available over more days and times. Increases personal skills, responsibility, self-confidence and self-esteem. More opportunities for support from the informal community, so the person may get more support. It is what many people want and fits with recovery ethos. It can be a discreet service if people enter 'anonymously' and receive subtle support. Gives people an opportunity to make a contribution and feel they belong to the wider society. Seen as citizen not 'service user'. Less controlled setting. Aids discharge.	Lonely in a hostile (fragmented, discriminating, racist) community and lost to service. Fear of independence, discharge or being 'on show'. Some people are unable to cope with so many choices. Inaccessible buildings that have no disabled loos. Expensive - travel costs, entrance fees - and more work for providers and carers. Staff can't control group culture, may be more at risk and are expected to work themselves out of a job. Some people don't want to be included, may be afraid of failure or feel unsafe.

