Handout 7B

Life domain	Why might people be excluded from participation? Issues to do with…		
	... the person and their family	**... community organisations**	**… health, social care and other helping services**
Employment	Person assumed to lack endurance and be unreliable in attendance and timekeeping – so question assumptions. Poor concentration, dangerous and unpredictable - a safety hazard (perhaps due to medication). Slow, lethargic, unproductive so review meds. Poor attitude to work – little perseverance (so explore the person's history of good work), victim, uncooperative, unreasonably high expectations (salary, pace of work, holidays, unwilling to adapt personal life around work) – so build self esteem and confidence. Poor education (so check out learning needs) and insufficient, irrelevant or negative work experience. Few social skills, poor appearance (so explore it sensitively) and a negative reputation – won't fit into the staff team. Lacks initiative, understanding and retention - needs too much supervision. Strong expectation of failure so tell them success stories. Loss of role and sense of identity. Lacks support from family – so engage relatives. Messy application form, weak interview.	Interviewers make negative assumptions due to inexperience and fear about disabled people – so meet up and talk about reasonable adjustments and support. Insurance, health and safety processes and blame culture. High unemployment and competition means employers unwilling to take a risk. Other employees may be intolerant (so raise awareness of diversity and confidentiality) or jealous if additional support or benefits are paid in addition to wages. Tokenism – employing people with trivial disabilities excludes others and may not lead to real accommodations. Employers want too much from employees – they put profit before people. Temporary contracts, low pay, unreasonable hours and work demands, or the role has changed since the person was appointed. Challenge supervisors who assume the person needs micro management. Deny time off for medical appointments.	Supported employment services on short-term funding - so look at fundraising). Welfare benefits trap – so look at goals and quality of life benefits of working. Staff assuming people will be worse off without doing thorough comparison – so identify the person's strengths. Over-concern about stress of working while neglecting its benefits. High unemployment in some areas. Care staff assume people will continue to be too ill or disabled to work. Health and social care appointments only available during working hours so adopt flexible working practices. Potential for people to be pushed into unsuitable work.

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Volunteering	People lack the skills, knowledge, experiences, references, confidence and communication needed to volunteer – so focus on strengths and build these skills. Unable to commit to regular volunteering as need to attend health appointments and may become unwell at some time in the future – so offer a taster to fan interest into flame. Can't get up in the morning and unreliable. Smelly or not beautiful enough for front of house tasks or smell - so discuss it. Uncertain about what to tell others about disability. Self-absorbed and unwilling to ask for help. Poorly informed about opportunities to volunteer – so provide more information. People perceive themselves as different or not able to work in this capacity. May have limited mobility – so get OT assessment.	Organisers have too narrow specification for the people they want as volunteers – so advertise opportunities and match people to them - and don't see themselves as offering training. Let staff know about people's skills. Unwilling to become reliant on 'unreliable people' or offer support due to output pressure (e.g. weekly income targets for charity shops). Range of opportunities too narrow, menial, demeaning and routine – or too demanding – so job carve, make reasonable adjustments and get them to offer tasters. Poor marketing of opportunities. Inflexible and so reluctant to accept volunteers who may miss sessions. Do not encourage tentative interest or fragile commitment by following people up so dedicate time to providing additional support. Poorly informed and so fearful of disabled people – so educate them. Inaccessible buildings and incomprehensible forms – so redesign them or make a legal challenge.	Assume people need to be helped rather than seeing them as contributors – so take an asset based approach to each person. Unwilling to provide the support required to assist the person take up volunteering. Too anxious that it will reduce welfare benefits. See volunteering as exploitation rather than contribution or as a poor substitute for a paid job – so be clear about your priorities and get welfare benefits advice. Worried that disclosure of offences will bar or that confidential information will be demanded and then not honoured so use DBS appropriately. Hopes that volunteering will lead to employment are not always realized – so recognize the positive impact of volunteering.

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Education	Person sees themselves as unable to learn, hopeless, unable to succeed, too different to belong – *inspire the learner.* Relatives have low aspirations for the person – *so engage family in seeing value*. Hard time at school. Medication leaves people too tired to attend and concentrate – so choose best time of day and review meds. Lack of motivation, self worth. Poor physical health. Mental illness or learning disability disrupts ability to concentrate, understand, learn and remember. Depression damages motivation and reduces tolerance of stress. Fear of failure – *so use small steps to grow confidence.* Patches of absence make it hard to keep up *so choose part time course.* People unwilling to accept the discipline of regular study – so build stamina and demands up over time. Detained, so unable to attend. Too poor or unwilling to spend money on the course fees – *educate relatives about the value of the activity or find a grant.*	College staff see people as ill, demanding and likely to drop out, *so combat stereotypes and offer tasters*. Segregated classes mean other tutors stay uninformed. Loose supervision structures tolerate poor staff behaviour. Opportunities to learn are too few, expensive, narrow in style, in the wrong place and with rigid deadlines, *so employ creative staff and use innovative methods. Run OU style flexible courses so people work when they can. Differentiated, age-appropriate resources.* Courses only offered in the mornings – the hardest time for some – so vary. Insufficient support for students. Wider society, relatives and co-students assume people are ill and unable to learn. Insufficient attention to the social aspect of the classroom. Tutors ignorant about disability – *so train them.* Application process too complicated and makes it hard to disclose support needs. *Fund it.*	Professional snobbery – low expectations about the ability of learners to achieve academically – *so raise them.* Don't understand education jargon and use their own, and so fail to communicate with college staff. Worry about the stress of education while ignoring the benefits. Lack of accessible child care and transport to college *– so target resources*. Learning support system does not fully recognise issues. Care services not available to support in the evening. Care staff may feel safer recommending a discrete class. Education seen by benefits people as evidence of wellness – so see the big picture. Treat the past as a predictor of the future.

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Faith & Meaning	Religious thoughts and words can be part of mental illness (such as psychotic imagery) – find events that will accommodate this. Excessive interest may disturb others. Fidgeting when others are still – so find a group that is noisy. Self esteem and hope levels too low so - look for the group's life outside religious services and help the person gradually engage. Build esteem by finding an opportunity to contribute. Lifestyle preferences (e.g. gay) unacceptable to certain groups so find a group where it is acceptable. Anxious or panicky in group situations, difficulties in communication make talking sessions hard, so find a place where it is OK to be isolated. Unable to leave the house so use religious TV and visiting faith leaders. Guilt about not keeping up with faith. Too poor to pay membership (e.g. obligatory contribution to the collection). Irregular attendance so show that other people do irregular too. Unrealistic expectations about what the faith community will provide or accept – so clarify expectations on both sides and go for full or partial participation. Can be perceived as being unreliable and may require extra support – so find a short term buddy to broker participation.	Buildings cold, no drinks or toilets, hard seats – so train on equalities, install ramps, turn on heating. Ask occupational health to advise on adaptations. Take a rug, cushion and drink. Blame people for their illness and disability. Wider society is suspicious, fearful, intolerant of belief and racist. Work on something else together to build community. Sectarianism so get accurate information out as media stories. Narrow view of who is welcome and how people should behave while here – help the faith leader to respond to low levels of self esteem and confidence. Find a high status ambassador within the faith group. Pressure to become heavily involved – so clarify the options and what is expected, especially 'partial participation'. Unreasonable demand on newcomers for lifestyle change or healing – so ensure people have accurate info before starting and key worker or friend knows how things work there. May view newcomer as an unwelcome ambassador for a group. Everyone is the 'wrong age' – so go with a relative who is the right age and encourage intergenerational activities. Not having additional resources to meet specific support needs. Lack of accessible information about groups so check out internet and libraries.	Illusion of holistic assessments means staff miss some areas of people's lives. Staff ask questions but don't follow through so people give up speaking about their spiritual lives – so train staff in diversity, faith and cultural issues and use person-centred approaches. Ask if condition restricts the person's ability to participate. Include in evaluations. Topic is avoided by staff who are muddled about the relationship between personal beliefs, delusions and cultural norms. Staff beliefs get in the way – increase knowledge and the right values. Arrange health appointments around people's religious practices, and ensure staff prioritise the person's beliefs over their own. Staff work on the wrong days and times to support people in their participation in faith groups – engage volunteers who are available, or real friendships within the target community. Change staff contracts. Ask the faith group if they do things in our available times. Lack of religious understanding or awareness of the mental health benefits of spirituality – so do a public awareness day, teach people about religious practices and share personal stories, invite faith leaders.

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Arts	Feel unskilled in relation to this activity. Too poor to pay for materials or participation – *so get a grant or concession*. Fear of being tested (auditions, comparisons with other artists) *– so emphasise that art is non-competitive*. Lack of task or social confidence – *so find out what they want to do, encourage attendance and sticking at it*. Medication can dent creativity and perseverance needed to create art. Out of practice in making personal decisions, so difficulties with artistic decisions *so make a plan in advance*. Symptoms and side effects such as tiredness, restlessness, low concentration - *so choose activities that need fewer fine motor skills*. Unable to give the commitment needed here. Assume groups to be elitist and unfriendly. May not have had access to the Arts previously and thus do not know what they could offer.	Elitist approach excludes people who seem different and assumes they are unskilled – *so offer a range of skill levels, to include poor performers*. Opportunities restricted to the most talented people who give regular commitment (or people discriminated against in casting decisions or allocation of the most menial work) – so offer easy access entry without testing. The arts *historically intertwined with status and expensive – so find cheap activities*. Information about arts opportunities is difficult to find and understand. Arts venues can be inaccessible, poorly equipped and unattractive. Arts groups poorly advertised, cliquey and unfriendly. In the past has often been accessed in groups and so can be difficult to initiate attendance on an individual basis.	Participation in the arts not seen as priority by care staff – so *value arts engagement.* Services do not hold and share information about available facilities and groups. Support available in office hours only. Family, friends and staff are over-protective. No protocols for sharing information with arts organisations. Client assessments ignore artistic aspect of life. Staff assume aspirations are unrealistic and so squash them. Arts are seen as frivolous and don't contribute to the economy, or seen as art therapy rather than about community inclusion. Staff may have stereotypical views of which Arts should be accessed by whom.

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Sports	Low motivation– *so build confidence and fitness at home.* Paranoia and anxiety make it hard to attend *so seek counselling.* Distorted body image and obsessions are hard to self-manage in the gym *so face the fear and learn a new way*. Side effects of medication (weight gain, sedation, physical appearance, lethargy) make exercise hard *so review medication, diet and take exercise at another time of day. Emphasise benefits and make it fun.* Dislike of exercise *so offer more options.* Poor coordination, strength or speed compared to others *so find a team matching your ability and build fitness*. Unrealistically high expectations of own abilities *so learn about the range and where you fit.* Needs endless encouragement and lacks confidence. Unaware of opportunities – *so share accessible info.* Too poor to fund participation, fears generated by other's stories of difficult experiences here. Smoke too much – *so test and arrange cessation programmes*. Family responsibilities. Relatives and friends not interested.	Lack of facilities in this community so travel to the next place and use what is available. Sports staff can be macho and demanding rather than nurturing, so this is hard for people with low self esteem *so use a personal trainer, or family fun days and change the induction training for gym staff.* Poor public transport to access facilities *so use dial-a-ride or share a taxi*. Admission fees too high *so negotiate concessions or devise cheap alternative*. Informal expectations demand expensive clothing and equipment *so save up or use jumpers for goalposts*. Limited support systems in the gym. Staff think that service users will put other patrons off attending *so educate sports staff and complain about attitude*. Inadequate induction, taster and information sessions.	Low expectations by staff that people may want to take up physical activity *so present evidence, or a petition of those who do.* Service focused on crisis management rather than inclusion support *so think of crises as opportunities to engage*. Insufficient time spent on supporting people to participate so give more time. Poor information about sports opportunities *so give out flyers.* Uncertainty about how much to disclose to leisure staff. Too many in-house sports activities with no move-on arrangements. Specialists (such as disability sports officer) not interested in our type of disability. Special access arrangements (eg leisure card) stigmatizing or complicated to obtain. National sports bodies and inspection agencies neglect us. Staff concerns re: risk.

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