



SYNERGIA

Understanding the factors that contribute to social exclusion of disabled people

Rapid review for Think Differently

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The opinions expressed herein are the researchers and do not necessarily reflect the views of the Ministry of Social Development.

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1. Executive summary

Think Differently, led by the Ministry of Social Development, is a social change campaign that seeks to encourage and support a fundamental shift in attitudes and behaviours towards disabled people. It works across community and national level activities to:

- Mobilise personal and community action
- Change social attitudes and beliefs that lead to disabled people being excluded
- Increase people's knowledge and understanding of disability and the benefits of inclusive communities.

To support this work, Think Differently commissioned a review of the published and grey literature to understand the factors that cause disabled people to be socially excluded. The review is designed to inform the further development of the Think Differently Campaign. This summary focuses on understanding social exclusion and its key drivers. The methods and a more detailed analysis of the key concepts are provided in the main body of this report.

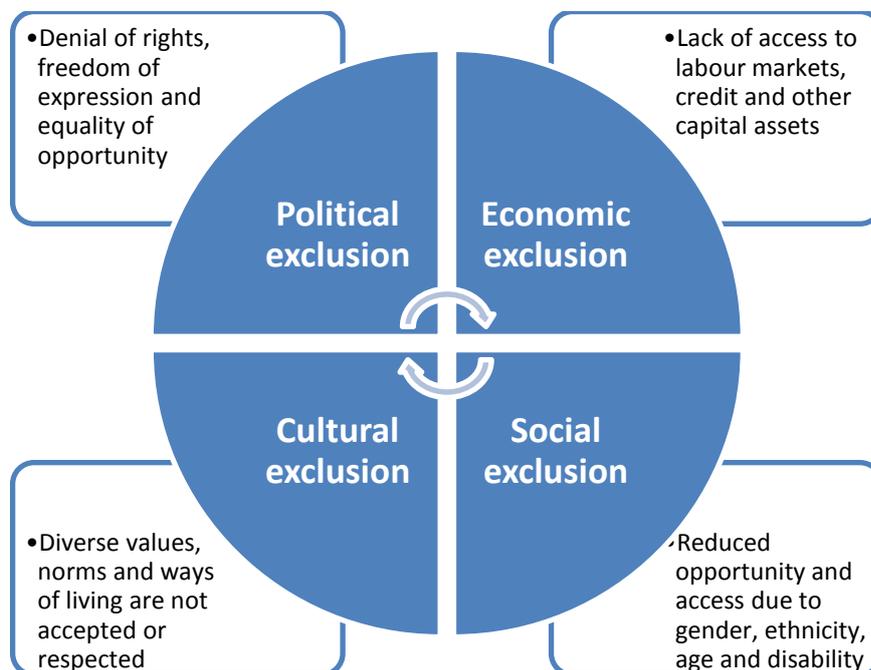
1.1 Social exclusion

Social exclusion involves the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities, available to the majority of people in a society, whether in economic, social, cultural or political arenas. It affects both the quality of life of individuals and the equity and cohesion of society as a whole (Levitas et al 2007).

1.2 Forms of social exclusion

The drivers of social exclusion are complex and multifaceted. The different forms of exclusion identified in the diagram below illustrate this.

Four key forms of social exclusion



The diagram above identifies the reinforcing nature of exclusion. For example, disabled people may be excluded from employment due to deliberate exclusion by employers (social exclusion). This exclusion is reinforced by the lack of policy or implementation of policies to promote equality opportunities within the workplace (political exclusion).

1.3 Macro-drivers of exclusion

The Social Exclusion Unit in the UK identifies three major contextual factors that contribute to social exclusion (Social Exclusion Unit 2004a):

- **Demographics** –high rates of youth unemployment, increases in lone parenting, ageing and migration are all demographic factors that can drive exclusion.
- **Labour market** –increases in low pay and the dispersion of income between groups can drive social exclusion.
- **Social policy** –changes in benefits, expenditure on housing, health and social services can increase financial divides, reduce and hinder equity of access.

1.4 People's exclusion of others

These macro-level drivers of exclusion are reinforced by people's exclusion of others. The factors that drive people's exclusion of others include:

- **mental models**, outlooks and **values** that may often be unexpressed and taken for granted,
- mental models of **difference** or **otherness**,
- understanding of the **ideal**, and
- perceptions of **valued or devalued roles**.

These ways of thinking have their roots in the exclusion of people over centuries on the basis of such characteristics as ethnicity, gender, identity, disability or other intrinsic features of people (Das 2009). For example, seeing people only in terms of their impairments and the notion of the 'typical worker' can result in discriminatory behaviour (Harma at el 2013; Foster and Wass, 2013). These mental models have enabled not only exclusion, but also discrimination, alienation and persecution in different ways (Balibar 2005; Simpson 2011).

Perceptions of valued or devalued roles also drive exclusion. Those who fill valued roles will be treated well, but those who fill devalued roles will be treated badly by others (Wolfensburger 2000). People who fill devalued roles often include those with impairments, unorthodox behaviours, body characteristics that are perceived negatively (e.g. obese, disfigured), who may rebel in some way against the social order, poor, unemployed and culturally unassimilated.

Each of these perceptions and ways of thinking can result in a range of exclusionary practices. For example, people with mental health problems are often excluded because of stigma and discrimination, and low expectations of what they can achieve (Social Exclusion Unit 2004b).

1.5 Structural and socio-economic drivers of exclusion

The key structural and socio-economic drivers of exclusion are summarised below:

Drivers	Associations and impacts
Low income	<ul style="list-style-type: none"> • Associated with unemployment • Impacts on opportunities in other areas (costs) • Disabled people are among the most low paid
Unemployment	<ul style="list-style-type: none"> • Reduces social networks and income • Associated with ill-health, low education attainment • Disability and perceptions of ability can reduce unemployment opportunities for disabled people
Education	<ul style="list-style-type: none"> • Predicts adult employment and earning • Impacts on health, depression, and civic participation, interaction skills and motivation • Affected by child and family characteristics, school factors, the relationships between parents and school, and locality factors.
Transport	<ul style="list-style-type: none"> • Restricts access to work, education, services, food shopping and socio-cultural activities • Access hindered by costs, reliability and safety • Disabled peoples' transport options can be limited by ability to drive and the lack of accessible public transport options
Housing	<ul style="list-style-type: none"> • Poor housing and homelessness contributes to poor health and well-being • Housing is affected by its cost and people's income • Low level of pay and unemployment experienced by disabled people can result in poor living conditions
Physical and mental health	<ul style="list-style-type: none"> • Drugs, alcohol, poor mental health and teenage pregnancy are drivers and consequences of social exclusion • Impacts upon employment, housing, income and access to services and social networks
Discrimination	<ul style="list-style-type: none"> • Reinforces disadvantage and affects people's self-perception, self-esteem and self-confidence
Features of local areas	<ul style="list-style-type: none"> • Crime, fear of crime, local economies and lack of social networks can drive sense of fragility and isolation

The literature has also identified the relationships and associations between the different drivers, which can result in individuals and groups experiencing multiple disadvantages.

Low incomes, unemployment, lack of education, limited access to transport, poorer physical and mental health, and discrimination are key drivers of exclusion for disabled people.

1.6 Social, community, organisational, personal and individual drivers of exclusion

The drivers of exclusion result in exclusion at a societal, community, relational and individual level. The socio-ecological model (Dahlberg and Krug 2002) is a useful means of organising the different drivers and the contexts where exclusion can occur. For example, the diagram below identifies the role of mental models and their influence on societal levels of exclusion through media portrayal, notions of body image and in policy and legislation.

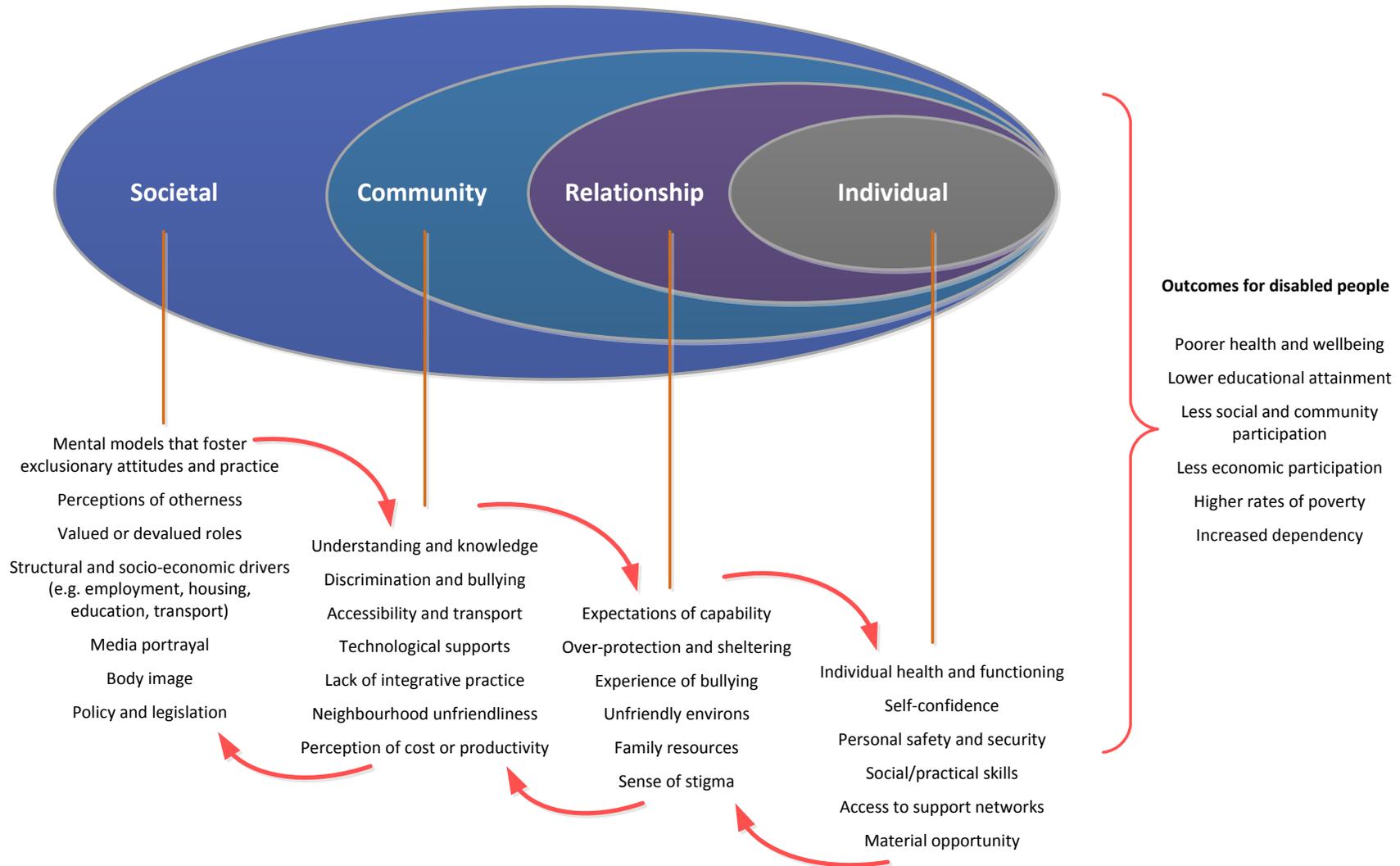
At a community level, exclusion is driven through perceptions of understanding and knowledge of disabled people, discrimination and bullying, accessibility and transport, education and employment.

Personal and social relationships also drive exclusion. Some disabled people need support from family or support workers to participate in the community, particularly given some of the structural and socio-economic barriers to inclusion. This support can be hindered by limited resources, as well as families' concerns over discrimination or bullying (Anaby et al 2013, Kramer et al 2011, Milner et al 2004).

At an individual level, drivers of exclusion relate to an individual's health and well-being, self-confidence and efficacy, access to support networks and material opportunity. These factors can limit opportunities for participation.

Taken together, these factors mutually reinforce exclusionary practice, and negatively impact on outcomes for disabled people (WHO 2011; see on the following page).

Key drivers of exclusion at a societal, community, relational and individual level



1.7 Conclusion

Social exclusion is a complex concept that is defined and discussed in different ways. There are also multiple forms of exclusion including political, economic, social and cultural (Bhalla and Lapeyre 1997, GSDRC 2014, Stewart and Langer 2007). The literature presents many frameworks for understanding social exclusion, although the roles of mental models, structural and socio-economic factors are often cited.

The key structural and socio-economic drivers identified in this review were low income, unemployment, education, transport, housing, physical and mental health, discrimination, and features of local areas, such as crime or the fear of crime (Social Exclusion Unit 2004a). The literature also identified the reinforcing nature of these drivers, which can often lead to multiple layers of disadvantage or exclusion for certain groups.

The multiple levels and drivers highlight the complexities of addressing social exclusion, and indicate the need for approaches that work at a systems level. Think Differently's social change approach offers an exciting multi-layered opportunity to address the social exclusion of disabled people. Often interventions are focused on responding to an event that has occurred, but a social change approach, such as that of Think Differently, is instead focused at challenging the deeper values and structures that form attitudes and behaviours to disabled people.

2. Introduction

Social exclusion affects people's personal wellbeing and participation in society in multiple ways. These include access to the social networks within communities that support integration and connection with others, access to community services and amenities that support a fulfilling life, and the social and financial rewards that accompany employment and education (Milner et al 2004).

For disabled people, the challenge of social exclusion is accentuated by the attitudes and behaviours that undermine their capacity to make their full contribution to New Zealand communities. For decades, until the 1980s and 1990s, disabled people were often hidden away in large institutions. Now, through the attitudes and behaviours of people, and the norms and structures of society at large, disabled people are often excluded from buildings, homes, schools, businesses, sports, community groups and an integrated, included life (Australian National People with Disabilities and Carer Council 2009).

Think Differently, led by the Ministry of Social Development, is a social change campaign that seeks to encourage and support a fundamental shift in attitudes and behaviours to disabled people. It works across community and national level activities to:

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To support this work, Think Differently commissioned a review of the published and grey literature to understand the factors that cause disabled people to be socially excluded. The review is designed to inform the further development of the Think Differently Campaign.

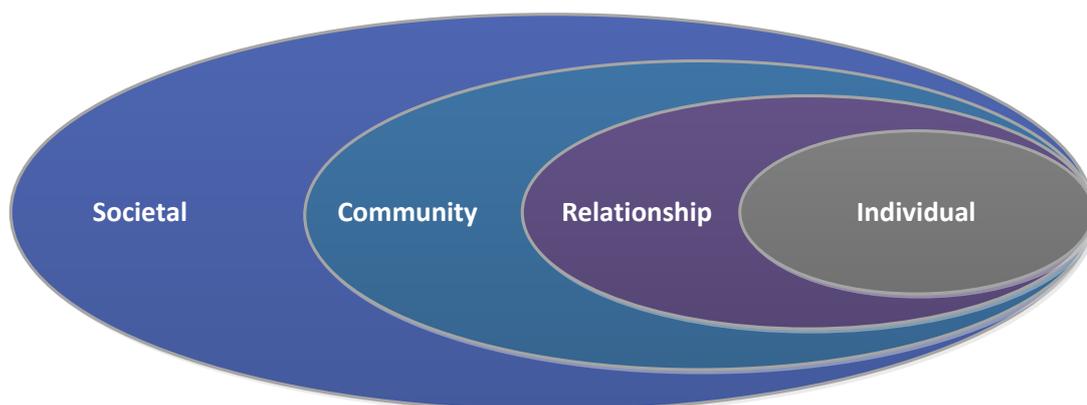
The review begins by understanding the concept of social exclusion, the key drivers and consequences of social exclusion. The review then focuses more specifically on the drivers and influencers of exclusion for disabled people. These drivers and influencers are far reaching and complex, and are underpinned by multiple causes and connections (Burchardt, 2002).

To understand these complexities, systems thinking is used to understand the underlying mental models and factors that drive exclusion at a macro level. A deeper insight into the

role of these drivers in the exclusion of disabled people at a societal, community, relationship and individual level is then provided.

The socio-ecological model is used as a lens to frame this analysis (Dahlberg and Krug 2002; Figure 1). This places individual social and health outcomes within a framework of relationship, community and societal factors. This model allows consideration of the complex interplay between these factors that taken together cause disabled people to be excluded. More specifically, this model allows us to organise the research evidence to identify the key drivers of social exclusion for disabled people and the connectivity and associations between these factors.

Figure 1: Socio-ecological model



The review is structured around the following themes:

- The concept of social exclusion and its key drivers.
- Societal norms and structures that underpin social exclusion.
- Community structures and settings.
- Factors within personal and social network relationships.
- Individual-level factors that reinforce exclusionary practices and structures.

To the greatest degree possible, this review explores different drivers of exclusion, rather than the lived experience of exclusion.

3. Method

3.1 Literature sourcing and analysis

This review draws on peer-reviewed publications and grey literature to review the factors that contribute to the social exclusion of disabled people. Specifically, databases including Scopus, PsycINFO, ScienceDirect, and GoogleScholar were searched using the following search terms (often alongside the term disability): social exclusion, media portrayal, attitudes, accessibility, transport, educational attainment, unemployment, income, housing, discrimination, relationship breakdown, crime and fear of crime, barriers to inclusion, beauty, popular culture, causes and social exclusion, values and social exclusion, social exclusion of disabled people, inclusive society, and theories of disability. The search was also supported by conducting electronic searches on Google to identify any evaluation reports and policy documents; and reviewing the reference lists of other relevant literature sources.

These approaches identified a broad range of publications that were reviewed and selected for inclusion in the review. In total, some 88 documents were reviewed for this publication, of which 34 were research papers focusing specifically on different dimensions of exclusion of disabled people. Of the research papers reviewed:

- 7 were reviews of studies.
- 14 were qualitative research.
- 7 were survey or quantitative content analysis research.
- 4 were used both qualitative and quantitative research.
- 2 were case studies (these are all listed in appendix 1).

This is a rapid review, in which key sources from the published and grey literature have been reviewed. Criteria for inclusion in the review included relevance and insight into the exclusion and/or inclusion of disabled people in New Zealand. The methods used in each study were not used to exclude studies from the review (as could be expected from a systematic review in health studies), as many important papers in this field do not use experimental methods (Social Exclusion Unit 2004a). Where feasible, the studies methods were used to assess the quality of evidence. The review also adopted a systematic and transparent approach that supports a relatively thorough exploration of the issues and drivers.

It is also important to note that establishing cause is extremely difficult in the social sciences (Social Exclusion Unit 2004a). This review is able to identify associations and relationships between key drivers and social exclusion but it is not able to attribute a causal relationship. This notion is reflected in the Social Exclusion Unit's definition of social exclusion that recognises the linked and mutually reinforcing drivers and problems (Social Exclusion Unit 2004a).

3.2 Defining social exclusion

As with many concepts, there are multiple definitions of social exclusion available in the literature. Although some of these definitions are more narrowly focused on poverty, income inequality, deprivation or lack of employment, we are choosing to adopt a broader definition that encompasses the exclusion of individuals or groups for more than just income poverty (Peace, 2001). This allows us to recognise the multi-dimensional disadvantage that social exclusion causes (see Section 3.1).

The definition adopted here acknowledges that social exclusion is a complex and multi-dimensional process. Specifically, the definition adopted here recognises that social exclusion involves the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities, available to the majority of people in a society, whether in economic, social, cultural or political arenas. It affects both the quality of life of individuals and the equity and cohesion of society as a whole (Levitas et al 2007).

3.3 Defining disability

For the purposes of this review, the definition of disability, as used by the *International Classification of Functioning, Disability and Health*, is used. Under this disability is defined as "an umbrella term for impairments, activity limitations, and participation restrictions. Disability refers to the negative aspects of the interaction between individuals with a health condition (such as cerebral palsy, Down syndrome, depression) and personal and environmental factors (such as negative attitudes, inaccessible transportation and public buildings, and limited social supports)" (WHO 2011). This broad definition is important for capturing the multiple experiences of disability.

It is important to note that the multi-faceted nature of disability means that many studies explored in this review focused on individual types of disability, such as intellectual or physical, while others had a more pan-disability outlook. Other studies focused on particular sub-groups within types of disability (for example age or ethnicity). All of these studies are included in this review, as they are encompassed within the broader definition of disability used here. The specific focus and methods of the studies reviewed are noted in the review as appropriate.

Appendix 1 details the studies explored in this review, their key methods and the particular population group they focused on.

4. Why are some groups of people excluded by society?

4.1 The concept of social exclusion

Social exclusion as a concept originated in the 1990s. It was based on the idea that citizens have rights to a certain basic standard of living and to participate in the core functions of society, such as employment, housing, health care and education. Social exclusion occurs when people suffer from disadvantage and are unable to secure these rights. As the use of the concept has grown, it has come to take on a more multi-dimensional aspect, extending well beyond poverty and material deprivation, to bring other spheres of wellbeing, such as the ability to participate in the life of the community (Bhalla and Lapayre 1997, Randolph et al 2008).

Sen has taken this even further in his framing of capabilities and functioning, which looks “at impoverished lives, not just at depleted wallets.” This view of poverty as capability deprivation has two key dimensions: the inability to interact freely with others, and restrictions on living opportunities, including employment and adequate housing (Sen 2000).

This focus on both the distributional aspects (in terms of access to income and material resources) and the relational (in terms of social ties to family, friends, local community, state services and institutions) is seen as a key value of the social exclusion concept, in that they bring together the multiple and complex interactions of disadvantage that are revealed in individuals and communities (Sen 2000, Randolph et al 2008, Bhalla and Lapayre 1997). In this frame, exclusion is most profound when people experience multiple layers of disadvantage. It is both a cause of capability deprivation and a function of capability failure (Sen 2000).

Social exclusion is also seen as both dynamic and relative. Dynamic in that it is based on past histories and future prospects of people, as much as current circumstances; and relative in that it applies only within the context and society in which people live. Finally, social exclusion involves agency; that is to say, it is not simply about individual responsibilities and choices, but can only be assessed by identifying the individuals, institutions and structures that can actively or passively exclude others (Grimaldi 2011).

4.2 The consequences of social exclusion

The consequences of social exclusion highlight the importance of creating an inclusive society. There are multiple consequences of social exclusion, and exclusion can mean different things for different people in different contexts. The causes and consequences of social exclusion are also closely connected often resulting in individuals or groups experiencing multiple forms of disadvantage. Key consequences noted in the literature relate to health outcomes, inequalities and quality of life.

The World Health Organisation identifies poor health status and inequalities as one of the key consequences of social exclusion (WHO 2008). They suggest that this inequity is driven by unequal access to resources, capabilities and rights.

WHO's analysis of social exclusion also identifies the role of exclusion in restricting participation in economic, social, political and cultural relationships. They suggest that this impacts on personal health and independence. These in turn result in other forms of deprivation or exclusion; for example, absence of paid work leads to reduced income, poorer nutrition, and limited access to services, which reinforces a cycle of poor health and limited independence.

Exclusion has also been noted for its impacts on a person's quality of life and well-being. Peace (2001) identifies the psycho-social effects of social exclusion. This may include psychological problems, relational problems, loss of identity, loss of cultural affiliations, depression, loss of purpose, poverty, and disconnection from work relationships, social relationships and family ties. These effects also have reinforcing and connecting relationships with other drivers of exclusion resulting in multiple levels of disadvantage (Peace 2001).

These consequences of exclusion will also be experienced by disabled people. Social exclusion shapes the extent and nature of participation that disabled people are able to enjoy in their communities. Exclusion also spans relationships with close family and social networks, broader community interactions, and dealings with the state.

The WHO has identified five key consequences of exclusion that create significant disadvantage for disabled people (WHO 2011):

- Poorer health outcomes: Disabled people tend to have poorer health than the general population, with greater vulnerability to secondary conditions and co-

morbidities; they also have higher rates of risky health behaviours such as smoking and inactivity, and a higher risk of exposure to violence.

- Lower educational achievements: Educational completion gaps are common across low-income and high-income countries.
- Less economic participation: Disabled people are less likely to be employed and generally earn less when employed. In OECD countries, the employment rate for disabled people, at 44%, was only two-thirds that of non-disabled people (75%).
- Higher rates of poverty: Disabled people and households with a disabled member tend to experience higher rates of deprivations, including food insecurity, poor housing, and inadequate access to health care – and fewer assets than persons and households without a disability.
- Increased dependency and restricted participation: Disabled people are often likely to be isolated and dependent on others. Reliance on informal support is common, and this can have adverse consequences for caregivers, including stress, isolation and lost socio-economic opportunities.

It is anticipated that understanding the drivers of exclusion will support Think Differently to contribute to addressing these drivers and their consequences.

4.3 The key drivers of social exclusion

The drivers of social exclusion are complex and multifaceted. The literature identifies a number of high level exclusionary processes that impact on and maintain social exclusion. While a full analysis of these processes is beyond the scope of this review, it is worth noting four key forms and causes of social exclusion have been identified from the literature:

- Political exclusion – this can involve the denial of citizenship rights, such as political participation, the rule of law, freedom of expression and equality of opportunity (Bhalla and Lapeyre 1997).
- Economic exclusion – this includes a lack of access to labour markets, credit and other forms of capital assets (Governance, Social Development, Humanitarian (GSDRC) Applied Knowledge Services 2014).

- Discrimination, based on gender, ethnicity, age and disability. This discrimination reduces the opportunity for these groups to access services and limits participation in the labour market (Stewart and Langer 2007).
- Cultural exclusion – this refers to the extent to which diverse values, norms and ways of living are accepted and respected (GSDRC 2014).

Each of these causes and forms of exclusion has multiple domains of exclusion within them. They are also interconnected and overlapping in their influence on an individual's current and ongoing exclusion. For example, people may be excluded from employment due to deliberate exclusion by employers. This exclusion is also reinforced by the lack of policy or implementation of policies to promote equality opportunities within the workplace (political exclusion).

One outlook posits that existing and maintaining unequal power relations drives exclusion at these levels, although this analysis is focused largely on the developing world (GSDRC 2014). In line with this notion, Peace (2001) notes the role of power in addressing social exclusion in Western society. When discussing approaches to addressing exclusion, she states that those in power are identifying those who should be included and the types of things that they should be included in. Peace identifies the tax and employment related policy in the UK as examples of policies informed by the perspective of those in power. She suggests that these policies are more about engaging people in the workforce and encouraging them to take responsibility for themselves than addressing exclusion. This analysis suggests that power can also play a role in the maintenance and responses to exclusion in the Western world.

The Social Exclusion Unit in the UK offers a useful insight into some of the macro level drivers of social exclusion in the Western world. Specifically, they identify three major contextual factors that have contributed to exclusion in the past:

- Demographics – this suggests that the demographic structure of the population can cause social exclusion. The Social Exclusion Unit identifies high rates of youth unemployment, increases in lone parenting, ageing and migration as key examples of the demographic factors that can drive exclusion (Social Exclusion Unit 2004a).

- Labour market – this refers to demands from the labour market, the nature of work and wages. For example, increases in low pay and the dispersion of income between groups can drive social exclusion.
- Social policy – this refers to shifts in social policy, such as the uprating, cutting or restrictions of benefits (Social Exclusion Unit 2004a). These changes can increase the income gaps between those who are earning and those who are on benefits, increasing or driving exclusion for some. Expenditure on housing, health and social services is also important here as it can reduce and hinder equity of access. This can result in poorer health outcomes and opportunities for those who are unable to access the services that they need.

The Social Exclusion Unit's review of the key drivers of social exclusion (Social Exclusion Unit 2004a) also explores the drivers of exclusion at a micro level. Specifically, they focus on the key domains of social exclusion, such as income and poverty, employment, education and skills, health, housing, transport, crime and fear of crime, social support/social capital and the impact of the neighbourhood (Social Exclusion Unit 2004a). Other analyses of social exclusion focus on the processes affecting vulnerable groups, such as children, young people, disabled people, ethnic minority groups and carers (McIntyre 2014).

To encompass the individual, community and societal domains identified in the literature, this review explores the macro drivers of exclusion through people's exclusion of others, and the structural and socio-economic drivers of exclusion. The socio-ecological model is then used as a lens to help categorise and understand the macro and micro drivers of exclusion for disabled people.

4.4 People's exclusion of others

The relational aspects of exclusion are a key focus of this review, and explore the question of why do people exclude others? The literature in this area offers a wide range of perspectives.

Relational deprivation is important both in its own right and the impact it can have. For example, not to be able to socially interact with others can be a real source of

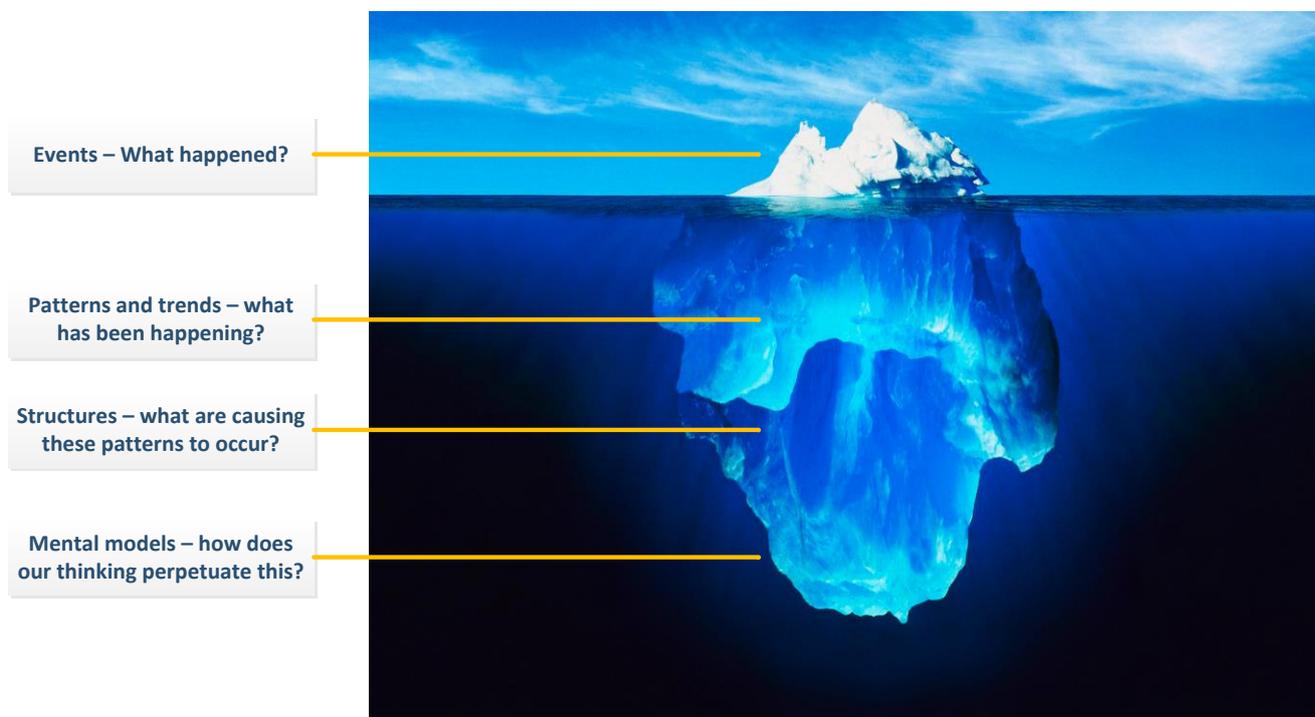
impoverishment in one's life, and at the same time, reduce economic opportunities that come from social contact (Sen 2000).

Further, relational exclusion can occur both actively, through a conscious decision to exclude (such as in withholding employment opportunities to disabled people); or passively, where there is no conscious intention to exclude but the structures of a community prevent inclusion from occurring (for example, where ageing street and transport infrastructure prevents a wheelchair user from being able to access local services and amenities) (Sen 2000).

From a systems thinking perspective, the outward manifestations of exclusion can be seen as events or experiences – often characterised as the tip of an iceberg as indicated in the diagram below. These are underpinned by:

- Patterns that show how these events have changed over time and created a history of exclusion.
- Structures that together show how different elements and relationships within a system affect each other to create exclusion.
- Mental models that in turn drive structures, which are based on our own values and conceptions of the world, why things work the way they do, and what is accepted or not accepted (Senge et al 1994, Maani and Cavanagh 2001).

Figure 2: Systems model of events, patterns, structure and mental models



Exclusion in this sense can therefore be seen as something that is grounded in deep-seated **mental models**, outlooks and **values** that may often be unexpressed and taken for granted. It is only by exploring such foundations that the underlying drivers of exclusion can be revealed and challenged. Often interventions are focused on responding to an event that has occurred, but a social change approach, such as that of Think Differently, is instead focused at challenging the deeper values and structures that form attitudes and behaviours to disabled people.

An historical theme in exclusion is that of mental models of difference or **otherness**. These have their roots in the exclusion of people over centuries on the basis of such characteristics as ethnicity, gender, identity, disability or other intrinsic features of people (Das 2009). Through these perceptions, people have ascribed values or characteristics to others, which are perceived as alien and inferior to one's own personal and community values. Otherness in particular describes a category that is quite separate to one's own identity and membership of a social group (Harma et al 2013). These mental models have enabled not only exclusion, but also discrimination, alienation and persecution in different ways (Balibar 2005; Simpson 2011). Otherness would therefore suggest that simply seeing

people with disabilities solely in terms of their impairments or regarding them as people who are different can result in discriminatory behaviour toward them (Harma et al 2013).

Central to the notion of 'othering' is an inherent *understanding of the ideal*. For example, Foster and Wass (2013) state that the notion of a typical worker contributes to disabled peoples' exclusion from the workplace. They suggest that when guided by the notion of what a typical or ideal employee should be, employers act to disadvantage disabled people. They argue that the perception of the ideal worker is a legacy of productivist theories that gave prominence to strong, healthy, productive, male workers. Foster and Wass (2013) suggest that this thinking still informs decisions relating to job descriptions, workflow, performance and remuneration. Their paper highlights how mental models have influenced the understanding of an ideal person and the value that we place on those who do not meet that ideal. These perceptions continue to influence current behaviours and attitudes towards people, and in particular those we perceive as 'others'.

One concept informing much modern exclusionary debate, particularly in relation to disability, is Wolfensberger's social role valorisation theory, which posits that the value that people attribute to various social roles tends to shape their behaviour towards people who they see in *valued or devalued roles*. Those who fill valued roles will be treated well, but those who fill devalued roles will be treated badly by others (Wolfensberger 2000). He argues that people who are devalued include those with impairments, unorthodox behaviours, body characteristics that are perceived negatively (e.g. obese, disfigured), who may rebel in some way against the social order, poor, unemployed and culturally unassimilated.

Once devalued, these people are relegated to a low social status in society, and may be stigmatised or even scapegoated for society's problems (Wolfensberger 2000, Race et al 2005). The mental models that create this process of devaluing affects these people both materially and relationally. Social role valorisation can be seen to have basis in a range of exclusionary practices; for example, a review by the UK Social Exclusion Unit noted that people with mental health problems were often excluded because of stigma and discrimination, low expectations of what they can achieve, and a lack of ongoing support to enable them to achieve (Social Exclusion Unit 2004b).

4.5 Structural and socio-economic drivers of exclusion

Many commentators in this debate frame social exclusion, within the context of globalisation, neo-liberal structural changes in the labour market and housing markets, and changes in social assistance, which have intensified disadvantage and social exclusion (Morrison 2010, Labonte 2004, Gedzune 2010). A key contention in this debate is that consideration of social exclusion must necessarily include consideration of the underlying values, processes and structures that have systematically excluded people in multiple ways (Labonte 2004). The underlying argument here is that the mental model that gives primacy to market mechanisms and the scaling back of the public sector, in turn creates processes and structures that exclude many people from participation.

Structural causes are contextual factors that contribute and maintain social exclusion. These factors are likely to be different for different groups and individuals, and may include socio-economic factors. For example, when examining the structural causes of homelessness, the Social Exclusion Unit identified the influence of housing market shortages, unemployment, inequality, relationship breakdown and policy developments, such as the closure of long-stay psychiatric hospitals (Social Exclusion Unit 2004a). In their review of key studies, they conclude that macro-level factors such as unemployment and housing affordability were the most important drivers of homelessness. This analysis is useful as it identifies the structural and socio-economic influences on homelessness.

The relationships between the structural and socio-economic drivers of exclusion are reinforcing and difficult to tease apart. Socio-economic factors such as the housing, unemployment, low income, and a lack of qualifications are all encompassed and affected by structural factors (Social Exclusion Unit 2004a). Access to appropriate housing for example, can be influenced by affordability and housing shortages. Due to their reinforcing relationship these factors are collectively discussed here.

Low income is a key driver of social exclusion and is strongly associated with employment (Social Exclusion Unit 2004a). The financial support or benefits provided through governments can also be insufficient to meet more than basic living costs. Even when employed, minimum or low wages can contribute to exclusion (Social Exclusion Unit 2004a). McKnight (2002) found that disabled people are among those that are most likely to be low paid.

Unemployment is a key driver of social and economic exclusion. Unemployment reduces the opportunity for building social networks, as well as limiting household income (Berthoud 2003). The literature also identifies the connections between different drivers of exclusion and specifically identifies the association between unemployment, ill-health, low educational attainment and a lack of skills (Social Exclusion Unit 2004a). The literature also suggests that unemployment and disability have a reinforcing relationship, as a disabled person can experience a number of barriers to being employed due to their perceived abilities (Roulstone 2010, Berthoud 2003).

Education is identified as a key driver of exclusion. Educational attainment is a predictor of adult employment and earnings (Bynner, 2001). It has also been associated with having an effect on health, depression, and civic participation, interaction skills and motivation (Social Exclusion Unit 2004a). In their review of the evidence on social exclusion and education, the Social Exclusion Unit identifies the role of child and family characteristics, school factors, the relationships between parents and school, and locality factors.

Disability could be considered to be a child or family characteristic that can influence educational attainment. While certain impairments have a direct impact on educational achievement (Kiuru et al 2011), the historical segregation of disabled children to special schools has limited educational attainment for many disabled people (Mittler, 2000). While there has been a focus on integration in most Western countries since the 1980's, Polat (2011) suggests that this has not always been coupled with the support needed to enable full participation. Exclusion from education can also limit disabled peoples' participation in the political and social life of the community (Sparkes 1999).

Transport is identified as a driver of social exclusion due to its ability to restrict access to work, education, services, food shopping and socio-cultural activities (Social Exclusion Unit 2004a). Access to transport can be hindered by affordability, reliability and perceptions of safety (Social Exclusion Unit 2003). Some disabled people's transport options may also be limited by their ability to drive and the lack of adequately designed or accessible public transport options (Kitchin 2010). There is currently limited New Zealand based data on the extent to which disabled people have difficulty accessing public transport. The Human Rights Commission (2005) suggests that transport is a significant barrier for disabled people, and especially those on low incomes or welfare benefit. They conclude by stating

that transport difficulties have a “profound influence” on disabled people’s level of social interaction at work, in education and in the community.

Housing is a key driver of social exclusion. Exclusion driven through housing can encompass people living in property deemed to be unfit or in serious need of repair, people feeling trapped in rundown housing estates and people experiencing anti-social neighbours (Social Exclusion Unit 2004a). Homelessness is the most extreme form of social exclusion and is noted for its strong association with a range of other drivers and indicators of social exclusion (Anderson and Tulloch 2000). Poor housing and homelessness or unstable housing tenure contributes to poor health and wellbeing, and can act as a barrier to making progress in other areas of life (Bines 1994). Given the lower levels of pay and unemployment experienced by disabled people, access to appropriate living conditions can also prove difficult (Social Exclusion Unit 2004a).

Physical and mental health also contributes to social exclusion. When discussing health as a driver of exclusion, the Social Exclusion Unit identifies drugs, alcohol, poor mental health and teenage pregnancy as drivers and consequences of social exclusion. They also include child accidental deaths and the premature deaths of adult men as indicators of exclusion due to their association with poverty (Office of the Deputy Prime Minister 2004). These drivers are significant for their influences on other aspects of exclusion.

Poor mental health for example, impacts upon employment, housing, income and access to services and social networks (Crane and Warnes 2000). The impact of mental health on employment is particularly significant. Adults with poor mental health have some of the lowest rates of employment for any disabled group (Crane and Warnes 2000).

Mental health is also affected by other drivers of exclusion. **Discrimination** for example, can reinforce disadvantage and affect people’s self-perception, self-esteem and self-confidence (Krieger 2000). Discrimination can drive exclusion in many ways, including exclusion from employment and access to services and social networks (Social Exclusion Unit 2004a). The social exclusion literature often discusses the discrimination experienced by prisoners, ethnic minorities and people with poor mental health (Berthoud 2003). Discrimination can also reinforce the exclusion of disabled people in education, employment and community life (Shier et al 2009, Beckman et al 1998, Abbot and McConkey 2006, Anaby et al 2013, Milner et al 2004).

Relationship breakdown has been identified as a structural factor that can contribute to the drivers of social exclusion. Specifically, relationship breakdown has been associated with homelessness, increased risk of poverty and unemployment. Relationship breakdown can also lead to lone parenting, which has also been associated with social exclusion due to its association with male unemployment rates (Social Exclusion Unit 2004a). It is important to note however, that these associations are not causal and are likely to be compounded by other structural and socio-economic factors.

Features of local areas including crime, fear of crime, local economies and lack of social networks can also drive exclusion. The analysis conducted by the Social Exclusion Unit also suggests that these drivers are most likely to affect poorer communities (Social Exclusion Unit 2004a). These factors can contribute to an increased sense of fragility and isolation (Morrison 2010, Gedzune 2010). Areas exhibiting these features of exclusion are also more likely to experience other drivers of exclusion, such as unemployment and higher deprivation (Young, 2002).

The drivers identified in this section identify the multiple and complex causes of social exclusion. The discussion has also identified the relationships and associations between the different drivers, which can result in individuals and groups experiencing multiple disadvantages. The literature often identified the associations between the drivers of exclusion and disabled people. In particular, the literature identified the role of low income, unemployment, education, transport, physical and mental health, and discrimination.

Responses to structural and socio-economic barriers to participation, with specific reference to disability, have been given voice through the social model of disability, which was developed in Britain in the 1970s (Hughes and Paterson 1997). This model was built on the premise that society disables people. Social oppression, cultural discourse and environmental barriers prevent disabled people from fully participating in society, not the disability itself (Hughes and Paterson 1997). This model suggests that when these barriers are removed disabled people will be able to engage in society on an equal basis.

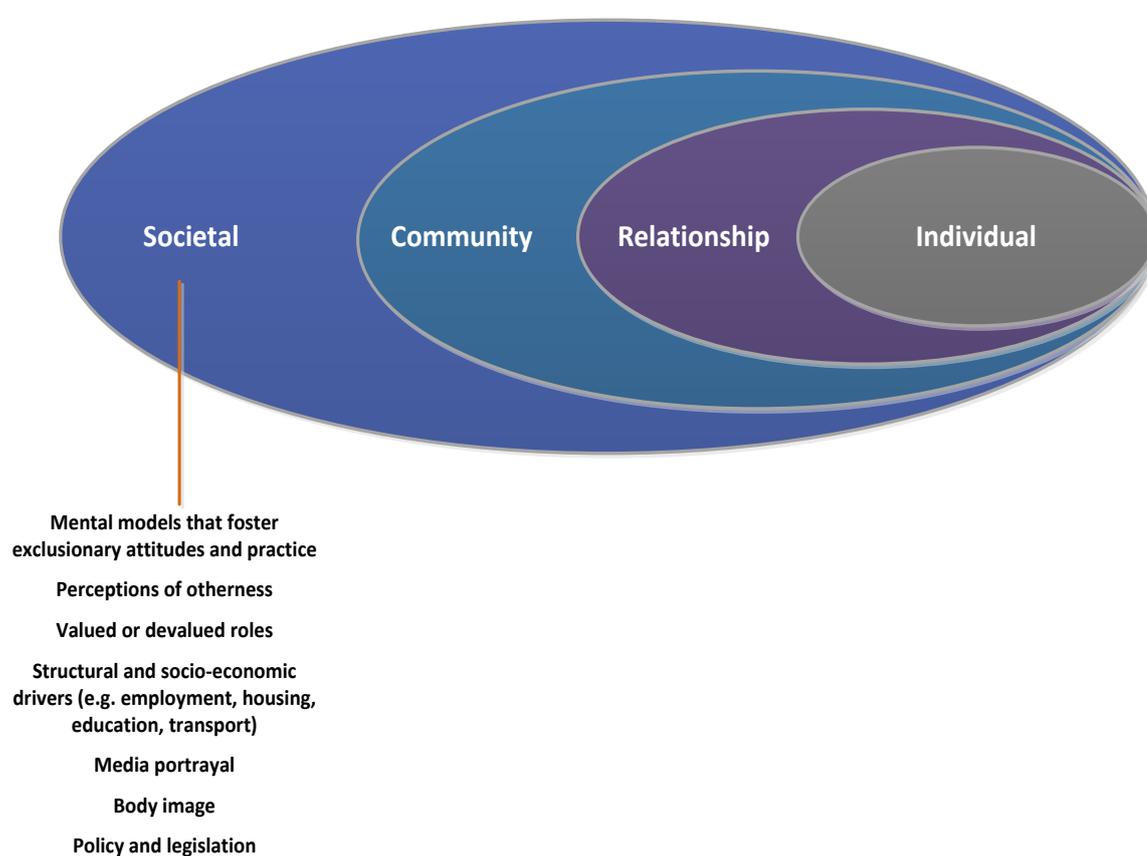
Returning to the systems model of events, patterns, structures and mental models that began this part of the discussion, the focus so far has substantially been on the underlying values and mental models that perpetuate exclusion in general. In the sections that follow, we explore more specifically how these drive and reinforce exclusion of disabled people, and which are manifested in the structures and patterns of attitudes and behaviours.

5. Social norms and exclusion of disabled people

In the previous section, we reflected on the deeply embedded societal norms that underpin many aspects of exclusion. In this section, we explore how exclusionary norms can be reflected in many aspects of disabled people's representation in society. We give attention to the deep-seated mental models which are reflected in social norms that reinforce exclusionary behaviour and attitudes.

Figure 3 below summarises the social drivers of exclusion discussed both in the previous section and in the discussion that follows, using the socio-ecological lens.

Figure 3: Societal drivers of exclusion



5.1 Media portrayal

The portrayal of disabled people in the media has been found to emphasise notions of otherness and difference in disabled people. Some common media portrayals identify

disabled people as disadvantaged, ill and helpless. This is a stigmatised view of being disabled, which can convey a sense that a disabled person's life is inferior (Samsel and Perepa 2013, Zhang and Haller 2013) and can be seen to reinforce the sense of otherness and difference. Moreover, UK research (in the highly politicised context of significant cuts to social and disability benefits since 2009), has identified a notable shift towards narrow and unsympathetic coverage of disability. Such coverage creates a divide between the 'deserving' and 'undeserving', and sends messages of burden and fraud. Reinforcing stereotypes that portray disabled people as not contributing to society contributes to social exclusion by emphasising a life of dependency as inherent to living a life with disabilities.

Aspects of media portrayal can create a sense of threat in the public consciousness. (Holton et al 2014). For example, a content analysis of the representation of autism in the US and UK news, argued that the perpetuation of stigmatic cues by media through such activities as labelling with descriptive words such as 'loner', 'destructive' or 'abnormal'; and use of descriptions of psychiatric symptoms and social skills deficits, can all serve to reinforce societal views of some disabled people as a threat. In doing so, it is suggested that journalists could be missing an opportunity to include individual viewpoints and to discuss more accurately what it means to be an individual with autism (Holton et al 2014).

The literature also notes the importance of terminology. Using negative, disablist language devalues disabled people and can create a negative self-image (Haller and Zhang 2013). Thus, even the use of positive language and images will be important steps in improving the representation of disabled people in the media, influencing public opinion and ultimately reducing social exclusion.

On the other hand, many media portrayals reflect a 'triumph over adversity' theme. This presents a heroic portrayal of disabled people, often as super-athletes who live with a disability; people who, like all elite athletes, are extreme outliers in the scale of physical ability (Samsel and Perepa 2013, Zhang and Haller 2013). These uplifting portrayals of disabled people have also created some debate on whether they set unattainable goals for disabled people and create a sense of inadequacy, or if they affirm a positive self-identity for disabled people; there is some evidence to suggest the latter (Haller and Zhang 2013).

In the New Zealand context, there is little that has been published in this regard. However, one study of the local print media portrayal of Downs syndrome in New Zealand found that

coverage tends to be critical, complex and supporting the participation and inclusion of disabled people in society; noting that internationally however, reporting can be negative towards this group (Wardell et al 2014).

5.2 Body image and notions of beauty

New Zealand, like many societies around the world, places a great deal of value in the human body. Strength, agility, athleticism and beauty are all prized characteristics. Theorists in the disability arena argue that they are all drawn from the concept of an idealised body, a concept that does not leave much room for bodies that deviate from the norm (Shakespeare 1994; Beatson 2000). Through elevating one aesthetic over another, those whose bodies inhabit a different aesthetic space can be socially excluded, able-bodied and disabled alike.

Some argue that modern concepts of beauty are a function of the dominant group that has power (primarily relatively young, white, nondisabled, heterosexual males), who can incorporate these views in the major social institutions, and at the same time impose burdens on people who lack these characteristics (Hahn 1995). It is argued that this concept of beauty is reinforced by the influence of the media and society that values thinness and body ideal. In this view, disabilities become imperfections and are stigmatised (Xenakis and Goldberg 2011).

Beneath this theoretical discussion there is an evidence base that shows people who fit notions of what is 'attractive' are more likely to be employed and thereby advantaged (Udry and Eckland 1984, Hamermesh 2011). This does indicate that there are indeed deep-seated norms around what is attractive, and heightening the challenge for people who are different and are seen to 'deviate' from the accepted norm.

5.3 Policy and legislation

While everyday social inclusion is built on the relationships that people have with one another, policy and legislation can affect how these relationships are formed and maintained. Throughout this document, there are examples that show the role of

government decision-making in the inclusion of disabled people in the wider community, from economic support to the accessibility of spaces and places.

The New Zealand Disability Strategy is an important milestone in creating an inclusive society. Published in 2001, the Strategy focuses on removing societal barriers that may inhibit disabled people from fully participating in New Zealand society. The Strategy, along with the United Nations Convention on the Rights of Disabled People in 2006, provide important benchmarks for achieving equality and inclusion for people with disabilities, based on a meaningful partnership with Government, communities and support agencies.

New Zealand's Human Rights Act (1993) sets out a broad framework to prevent discrimination. The Act specifically prohibits many forms of discrimination, including for disability. In the Act, disability encompasses a range of domains, including physical disability or impairment; physical illness; psychiatric illness; intellectual or psychological disability or impairment; and reliance on a guide dog, wheelchair, or "other remedial means." Legislative and strategic foundations such as these provide some degree of protection and support against exclusion.

While these strategies represent important steps in addressing some of the macro drivers of exclusion, the literature suggests that some responses to exclusion are driven by the very mental models that drive exclusion (Peace, 2001). Some writers argue that the rhetoric of policies can reflect the underlying mental models that drive attitudes and behaviours towards disabled people. When analysing the 'New Deal for Disabled People' in the UK for example, Roulstone (2010) suggests that rather than reducing barriers, the policy is aimed at reducing a perceived dependency culture. He uses the following quote from Alistair Darling, Chief Secretary to the Treasury in 1997, to illustrate the ways in which disabled people and the problem of underemployment is framed at a macro level: "People will no longer ask of the system, 'what can you do for me?' But 'what can I do for myself'" (Times, 1998, p. 15.). Roulstone argues that initiatives such as these will do little to change the real barriers to the employment of disabled people, which lie more in the attitudes to disabled people, which often see them as an employment liability.

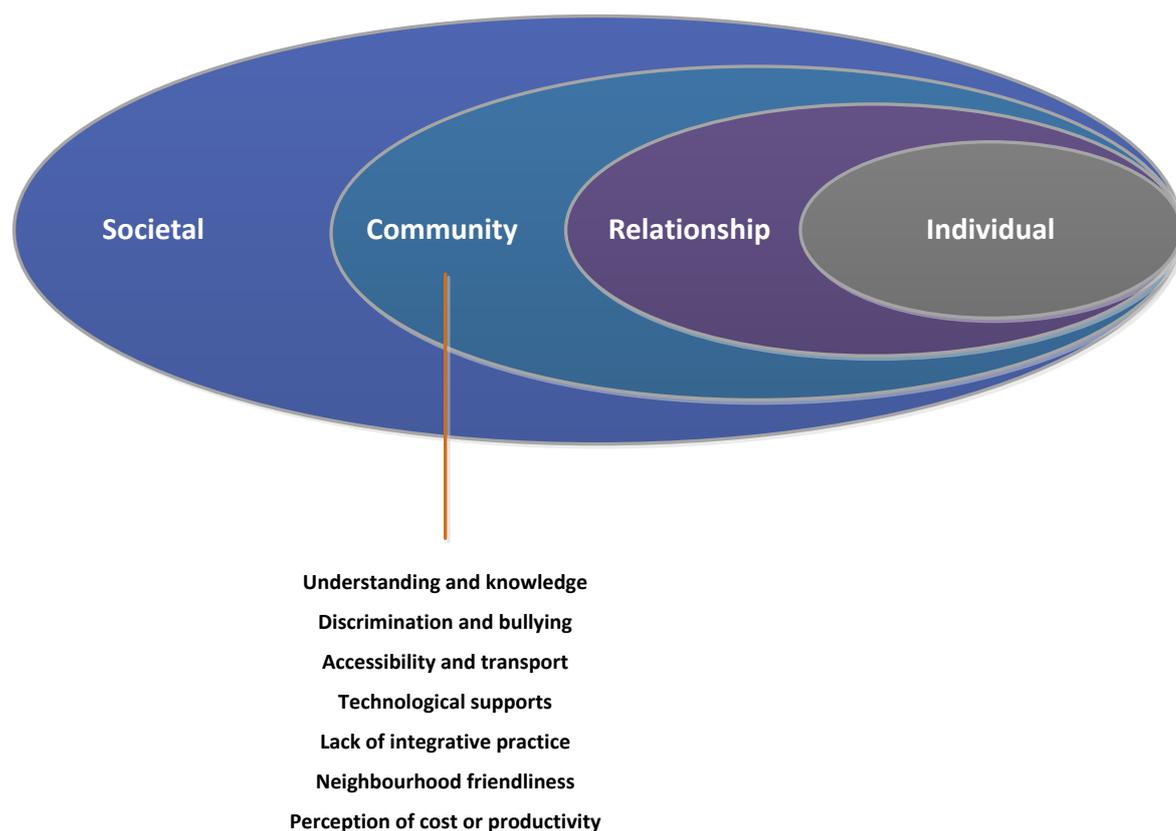
An issue identified in some studies, for example, is the absence of inclusion of disability as a priority in planning, and a lack of commitment to involving disabled people in decision making (Edwards 2001, Kramer et al 2012). These limit the extent to which disability is reflected in the development of communities, and also limit the opportunity for disabled

people to influence policy and initiatives designed to enhance their participation and inclusion. Here in New Zealand there are formal processes for disabled people's involvement in local decision-making, such as through standing committees in local government and district health boards, although their usage is variable. While these are important contributions to fostering inclusion, subsequent sections reveal that the mental models and social norms that support exclusion are reflected across many settings within society and communities. Challenging attitudes and behaviours will, therefore, not be solely addressed through formal regulation and decision-making at policy levels, but requires action across a range of settings.

6. Community processes and settings of exclusion

This section explores the key areas of exclusion that are revealed in community settings, which are summarised in Figure 4 below.

Figure 4: Community drivers of exclusion



6.1 Understanding and knowledge

Passive forms of social exclusion lie partly in the outcomes of not knowing how to include, or indeed of not knowing that one is excluding, rather than a conscious decision to exclude (Thompson et al 2011, Shields et al 2012). However, an inattentive front of house staff at a café or restaurant, or an impatient bank teller can make every day social interactions difficult or impossible for disabled people.

It is often uncertainty of how to act or relate to disabled people that creates these barriers to helpful engagement and participation (Burchardt 2003). For example, a qualitative study involving interviews with teachers in New Zealand revealed the lack of preparation that many teachers had for inclusive education. The teachers felt that greater preparation

would have enabled them to better support disabled students (Ward 2010). In addition, poor understanding of the abilities of disabled people can lead others to over or underestimate their needs. This often leads to the restriction of choices and opportunities for participation (Kramer et al 2012).

Evidence suggests that this sense of unpreparedness for engaging with disabled people often stems from lack of social contact with disabled people, and that knowledge of and familiarity with people with disability, especially consistent recent exposure, was most likely to support inclusion (Thompson et al 2011). This in turn has prompted many community-based and media¹ programmes that are intended to foster social contact in different forms (Thompson et al 2011).

6.2 Discrimination and bullying

Discrimination is identified as a key driver of social exclusion (Social Exclusion Unit 2004a). Some reports suggest being segregated, excluded, marginalised and ignored can be a daily feature of life for disabled people and their families (NPDCC 2009). The influence of discrimination on the exclusion of disabled people is twofold. At one level discrimination can lead to bullying and its associated psycho-social consequences (Peace 2001). Secondly, bullying can drive exclusion by creating fear and anxiety that hinders disabled people from participating in the community.

Disabled people often have had unpleasant experiences with discrimination and in response carry fears and anxiety about the wider community. The negative social interactions that occur can create a sense of community hostility, such that the experience of the area acts as a powerful disincentive to visiting it (Milner et al 2004, Williams et al 2008, McClimens et al 2014).

With little choice but to go to school, disabled children are particularly in need of a supportive and inclusive environment there. However, verbal and physical bullying appears to be a common experience for disabled children. In school settings, as well as community settings, this can take the form of explicit exclusion, verbal bullying such as name calling,

¹ See for example 'End the Awkward', from the UK (<http://www.scope.org.uk/awkward>)

and physical bullying. These all serve to limit the ability of children to participate in a variety of ways (Ward 2010, Lindsay and McPherson 2012, Shields et al 2012, Anaby et al 2013).

When examining the factors that drive discrimination towards children with intellectual or learning disabilities in school, non-disabled children identify the role of difference (Nowicki et al 2013). Specifically, the analysis suggested that perceptions of ability, physical characteristics, differences in behaviours and learning abilities were key drivers of exclusion (Nowicki et al 2013). These factors reflect the notions of the 'ideal' and the role of 'othering' in driving exclusion (Social Exclusion Unit 2004a).

6.3 Accessibility and transport

The accessibility of community environments and availability of transport options are key drivers of exclusion. The physical environment can easily dictate how people participate in their local community. Accessibility of buildings, building design and structure, access to public transportation and lack of ramps, elevators and parking space for wheelchairs all serve to limit participation in work, community and outdoor activities (Williams et al 2008). Specific examples identified in the literature include second storey businesses without a lift or elevator, restaurants with step entries, and no wheelchair accessible toilets, all of which pose routine problems (Anaby et al 2013, NPDCC 2009, Shields et al 2012).

Alongside accessibility, the availability of transport options is an important determinant of access. Key transport considerations for disabled people include the availability of public transport, particularly when private options are not possible; the reliability and accessibility of transport itself; the extent to which transport facilities (such as bus and train stations) and boarding options for the transport support disabled access; the scheduling options and network connectivity; and the safety of the neighbourhood (Bodde and Seo 2009, Graham et al 2014, Williams et al 2008, NPDCC 2009).

Accessibility can also drive exclusion from buildings and locations that are important for an individual's identity and well-being. In New Zealand, for example, culturally significant places such as marae and churches can cause social exclusion from both a cultural and physical accessibility perspective (Ministry of Social Development 2010; Field et al 2012).

Such settings may not be equipped for wheelchair access, or allow guide dogs, and there may be a lack of appreciation of how to be more inclusive towards disabled people, who themselves would like to make connections with their community and identity.

Various types of recreation and entertainment can become restricted or even socially exclusive activities when diverse needs are not accommodated. Access to activities such as the cinema for example, can be restricted by the limited number of cinemas and show times with the technology needed for people with hearing or vision impairments (NPDCC 2009). Art galleries or museums that do not provide audio tours, or equivalent guided tours, or prohibit touching tactile pieces like sculpture, can hinder the visually impaired from enjoying cultural treasures (Ginley 2013). These factors highlight that accessibility is not just about physical access to buildings and transport.

The availability or non-availability of accessible spaces, and the transport means to reach them, often stem from the extent to which developers, designers, planners and policy makers are willing to create environments that work for all members of the community, and not simply the non-disabled. In this regard, policies in central and local government, and within organisations, are important determinants of either supporting or restricting accessibility, and in turn to creating or restricting opportunities for social participation (Williams et al 2008, Overmars-Marx et al 2012). Alongside the policy settings, the extent to which the policies are implemented has a significant bearing on if they achieve their desired impacts, and therefore reduce or maintain exclusion. Ultimately, it is the mental models and values of policy and decision-makers that enable or prevent recognition of an exclusionary problem, and provide the impetus to addressing them.

6.4 Organisational settings

The systems, processes and culture of organisations can be powerful determinants of inclusion or exclusion. This occurs through both the formal areas of internal policy and training opportunities, and the informal environment of social support and networking.

This section focuses on two key organisational settings that are associated with two key drivers of exclusion; educational attainment and unemployment (Social Exclusion Unit 2004a). Together, these settings reveal the constraints between inclusive and exclusionary

practice, and the extent to which an organisation is willing to build adaptive flexibility into such areas as technology supports, accessibility and the social environment of these settings. The evidence reviewed in this section reflects the notion that including disabled people in the community means more than sharing the same space. Inclusion is about providing an environment that provides an equitable opportunity that enables everyone to reach their potential.

6.4.1 Education

Educational attainment is one of the key drivers of exclusion (Social Exclusion Unit 2004a). Historically, this has been driven by segregated approaches to education, although a range of barriers continue to challenge the inclusion of disabled people in education. The UN Convention on the Rights of Persons with Disabilities (UNCRPD) establishes a right for disabled people to education, including that 'persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live' (UNCRPD 2006).

There is a high level of agreement internationally that all children should be educated in mainstream school settings (UNESCO 1994). In New Zealand, as part of an increasing shift towards mainstream schools, many disabled students are integrated with non-disabled students. This drive to inclusion can cause anxiety for parents and families of disabled children. It has been demonstrated that parents of disabled children can have mixed views about integrated schooling (Palmer et al 2011). Some parents feel that segregated special education can meet the needs of individual children and shelter them from being excluded by their non-disabled peers. However, separate classes can create an insulated environment for disabled students instead of preparing them for the 'real' world; separate classes can also exclude them from forming relationships with their non-disabled peers, and vice versa (Guralnick 1994).

While integrated education is promoted at an international level, integrating disabled people into mainstream classrooms needs to be well supported. Studies have shown that education environments, for both children and adults with disabilities, have the potential to provide contexts for participation and a setting for inclusion that fosters friendships and a sense of belonging (Ward 2010, Williams et al 2008, Milner et al 2004, Holt 2003).

However, when a child with a disability does not have the accommodations he or she needs to fully participate as a student in the school community, isolation and social exclusion can be a result. Poorly integrated classrooms can disadvantage a disabled student and create boundaries even within a mixed classroom (Kramer et al 2012, Lindsay and McPherson 2012).

Studies from a range of school settings have found that the staff attitudes are a key factor in how inclusion, both academic and social, is interpreted and put into practice in the classroom. Schools where staff are open and willing to accommodate the individual needs of disabled students created a more socially inclusive environment for participation in the community (Lindsay and McPherson 2012, Holt 2003, Ward 2010).

6.4.2 Employment

Multiple factors drive and reinforce exclusion in the workplace, some of which reflect the drivers underpinning exclusion from education. There can be a lack of accommodation, a reluctance to provide accommodation, and a level of uncertainty as to how to relate to potential disabled employees or disabled co-workers (Beatson 2000, Burchhardt 2003, Williams et al 2008, Woodley and Metzger 2012).

In a globalised market economy, there are pressures for people to be productive. This can create potential within workplaces for tension and prejudice against disabled people. A lack of accommodations, such as flexible work hours, flexibility to take time off when ill and an understanding that an individual may need to take frequent breaks, can exclude disabled individuals from participating in the workplace (Williams et al 2008). This can be exacerbated by the misconceptions around the extent of accommodations that may be necessary in the workplace. Employers can shy away from hiring an individual with a disability because of the perceived cost of accommodations such as special software or workspace modifications (Beatson 2000).

Moreover, even where technical accommodations are made available, there are barriers to the integration of disabled people from the attitudes of fellow employees. For example, a study of blind people in an organisation found the most notable barriers to inclusion were lack of support in navigating the environment, identifying colleagues and support with networking at social events (Naraine and Lindsay 2011). This suggests organisations need

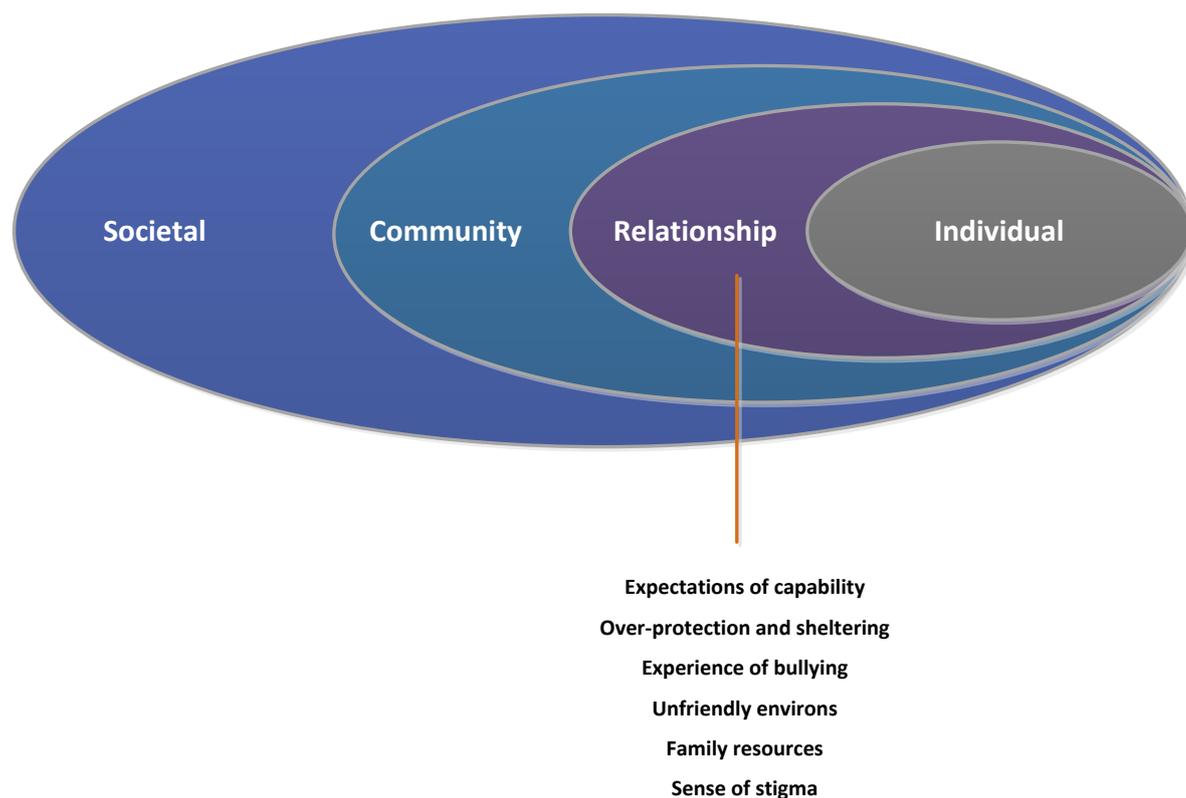
to support the social needs of disabled employees, such as being incorporated in the social life of the organisation, rather than just focusing on technological solutions.

These challenges to disabled people in the workplace are not necessarily restricted to mainstream employment settings. A study conducted on a disability advocacy organisation found a range of barriers to the contribution and progression of disabled people within the organisation. This included intrapersonal issues of skills and competence, interpersonal issues of team dynamics, time and support available, ad hoc decision-making, and unstructured organisational processes, all of which served to isolate disabled people (Radermacher et al 2010). It highlights the difficulty of overcoming entrenched norms and ways of working, even in settings that are established to support disabled people.

7. Personal and social relationship factors of exclusion

In this section, we explore a range of personal and social relationship factors that foster and reinforce exclusion, as summarised in Figure 5 below.

Figure 5: Relationship drivers of exclusion



Relationships with others make up the vast majority of our lives. Family is the first social circle a child experiences, and family provides a foundation for all other social relationships as a child grows. These first family relationships are equally as influential in the lives of disabled people (Milner et al 2004). For some parents, a child born with a disability can often mean a relationship that begins in grief (Beatson 2000). Parents often do not expect a disabled child, and a child born with a disability can often shatter parents' expectations of an 'ideal' child (Buchbinder and Timmermans 2011). This again reflects the mental models that drive our expectations of the 'ideal'.

Mental models also appear to influence social relationships. Many sources point to over-protection and sheltering, or a lack of understanding of individual abilities and needs, by parents, caregivers, peers and authority figures that restrict opportunity for activity and

neighbourhood socialising with others. These can arise from uncertainty about capability, distrust of some peers and family resources, which all restrict participation (Bodde and Seo 2009, Overmars-Marx et al 2012, Beckman et al 1998, Shields et al 2012, Anaby et al 2013, Kramer et al 2011, Milner et al 2004).

The fear that many families have of community and social participation can also stem from very real fears of the local neighbourhood. Negative attitudes in the community, experience of bullying, and safety concerns all serve to restrict the opportunities for a disabled person (Beckman et al 1998, Shields et al 2012). These stem from community attitudes and in more deeply rooted patterns of exclusion in society. These concerns also reflect the role of local community features, such as crime or fear of crime in driving social exclusion (Social Exclusion Unit 2004a).

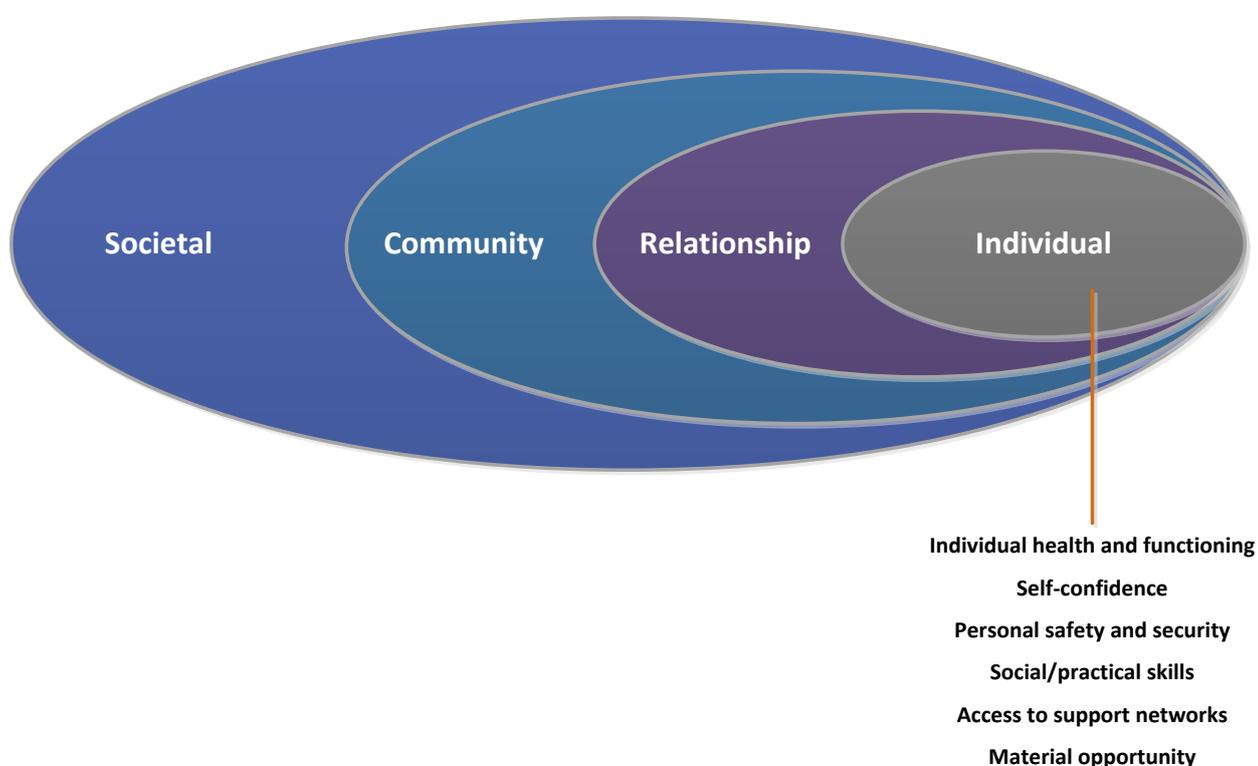
There is also some evidence in the literature that points to different cultural norms that are reflected in attitudes towards the perceived need for sheltering disabled people, as opposed to fostering their participation in the community. For example, studies of attitudes to disabled people between British South Asian and White British populations in the UK, and between White British and Hong Kong Chinese populations in Hong Kong, found the White British populations more willing to consider participation rather than sheltering (Scior et al 2010, Sheridan and Scior 2013). While more research is needed from a New Zealand context, these findings do identify the importance of considering the different attitudes and beliefs of different groups when seeking to reduce social exclusion.

A further barrier to inclusion can be the limited scope or resources of support workers for disabled people to support inclusion, or their capacity to enable the range of activity that is desired (Shields et al 2012, Abbot and McConkey 2006, Anaby et al 2013). In such instances, the resource and capacity constraints that service provider organisations may be grappling with can reduce the opportunities for social participation for their clients.

8. Individual factors of exclusion for disabled people

Alongside the features of a disabled person's family and community there are individual factors that reinforce exclusion. These are illustrated in Figure 6 below. These individual circumstances are reinforced, and in many cases driven, by the factors that lie within the relationship, community and societal levels.

Figure 6: Individual drivers of exclusion



8.1 Individual health and functioning

The UN Convention on the Rights of Persons with Disabilities recognises that disabled people have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability (United Nations 2006). However, it is well established in New Zealand that disabled people tend to have poorer health status than those of the general population. For example, males with intellectual disability have an average life expectancy more than 18 years below the life expectancy for all New Zealand males; the life expectancy for females with intellectual disability is almost 23 years below

the life expectancy for all New Zealand females (Ministry of Health 2011). This has been a longstanding concern, raised through such avenues as the Independent Monitoring Mechanism of the Convention on the Rights of Persons with Disability, which have stressed the need for government action to address this (Human Rights Commission 2014).

The importance of health status has been raised by many studies, both qualitative and survey-based, which reveal that the health status of disabled people and the demands of the disability itself can act as a barrier to participation in the community. These have been found across a range of areas such as sport and recreation, community contact and employment (Jaarsma et al 2014, Williams et al 2008, Shier et al 2009). For example, the need for personal support or care may act as a barrier, as may feeling unwell to the extent that leaving home is challenging.

Historically, disability was viewed solely as the physical, sensory or mental limitations experienced by people. These disabilities were seen as the cause of problems accessing and participating fully in life, and efforts to improve the situation were directed at improving or 'curing' the person's condition. This is often referred to as the 'Medical Model of Disability' (Shakespeare 1996). As this review makes clear however, the nature of the disability itself is only a contributor to exclusion, and exclusion is powerfully shaped by the wider social norms and environment.

8.2 Self-confidence and self-efficacy

A recurring theme in literature on the individual experience of disability, and barriers to community participation, is the personal confidence and capability of disabled people. Lack of personal confidence and capability arises from a range of exclusionary drivers.

Many studies point to personal safety and security as an important driver. This is itself often a consequence of negative attitudes in the community and bullying, and experience of a perceived unfriendly built environment (Williams et al 2008, Shields et al 2012, Beckman et al 1998, Wiesel 2009, McClimens et al 2014, Abbot and McConkey 2006, Milner et al 2004). This increases anxiety and reduces confidence in participating in the local community.

Some studies also point to the social and practical skills that may be under-developed, potentially as a result of lack of support or over-protection from carers and family networks, or through lack of social contact. These can be as simple as not knowing the options available, or choosing a suitable activity to take part in (Bodde and Seo 2009, Jaarsma et al 2014). Other cases can reflect a lack of social skills, adaptation, or behavioural problems, particularly as a result of intellectual disability (Shields et al 2012, Abbot and McConkey 2006). These individual characteristics can impact on opportunities and pathways to inclusion in the community, but are interwoven with the social and environmental factors that also drive exclusion.

Other researchers point to the pervasive influence of Western concepts of beauty that reinforce a lack of self-confidence, particularly among disabled women. They argue that this group of women often has difficulty developing a healthy image of their bodies, socialising with others and expressing themselves, especially when compared with non-disabled women (Xenakis and Goldberg 2011). Their findings reflect the influence of mental models and perceptions of the ideal on disabled women's perceptions and valuing of themselves. Further, these findings identify how societies' norms can drive exclusion through reducing a disabled person's sense of self. Unfortunately, their study also identifies how well embedded and powerful these perceptions of the ideal are.

8.3 Access to support networks

For many disabled people, the networks of family and close friends are an important gateway to the wider community. They are critical support points throughout a person's life, and particularly in transition points, such as from school to community life (McVilly et al 2006).

These networks are important for the contact and engagement that they provide, and also for the network linkages they offer with others in the extended family or neighbourhood. In a New Zealand qualitative study (comprising interviews and focus groups with disabled people), being known in the community, having community expectations of participation of disabled people, and having an opportunity for disabled people to offer reciprocal connection were all found to be important factors in supporting inclusion (Milner and Kelly 2009). A lack of support and social networks are therefore important contributors to

exclusion and isolation (Beckman et al 2009, Jaarsma et al 2014, Overmars-Marx et al 2012, Wiesel 2009, Shier et al 2009).

As discussed earlier, the extent to which these networks enable participation, choice and responsibility are an important driver of disabled people's inclusion or exclusion in the community.

8.4 Material opportunity

The material resources of a disabled person affect their ability to participate in the community. Disabled people are less likely to be in employment, and to enjoy the income and material rewards that this can bring (Roulstone 2010). They are more dependent on support from the state and personal and family networks to participate. In particular, systematic reviews of qualitative and quantitative research have found these material barriers affect participation in physical activity (Shields et al 2011, Bodde and Seo 2009, McClimens et al 2014).

A range of studies have shown that the extra limitations put on spending can prohibit inclusion in everyday luxuries like going to the movies, getting on public transport or going out to eat with friends, thus limiting participation in the wider community (Burchardt 2003, Milner et al 2004, NPDCC 2009). Significant income restrictions are often also borne by the family members of a disabled person (Beckman et al 1998, Shields et al 2012).

The cost of disability can be an exclusion factor that is often not fully addressed through government support, leaving individuals and families to dip into their own pockets to provide the services necessary for good quality of life. These costs could include adjustments to housing conditions or the purchasing of equipment. These additional expenses reduce the finances available to spend elsewhere (Palmer 2011). Government-funded benefits that are set at levels that do not meet the cost of living and the cost of impairment can create economic barriers to social inclusion. In a UK study, for example, lack of money was cited as a barrier to undertaking activities and social participation (Williams et al 2008).

Palmer (2011) also suggests the financial consequences of disability impact on the household. He suggests that low earnings, additional expenses and caring for a disabled

family member can impact on the lifestyle and standard of living of all family members. He argues that these factors can increase the risk of poor health outcomes and poverty. This analysis reflects the reinforcing nature of the key drivers of social exclusion.

9. Conclusions

Social exclusion is a complex concept that is defined and discussed in different ways. There are also multiple levels of exclusion to understand including political, economic, social and cultural (Bhalla and Lapeyre 1997, GSDRC 2014, Stewart and Langer 2007). The literature presents many frameworks for understanding social exclusion, although the role of mental models, and structural and socio-economic factors are often cited (REFS).

Mental models have been noted for their influence on our perceptions of the “ideal” and the acceptance of “others” (Maani and Cavanagh 2001, Das 2009, Harma et al 2013). These perceptions transcend across us at a global, national, societal, community and individual level, thus influencing our attitudes and behaviours. Mental models also influence the structural and socio-economic drivers of exclusion, which reflect the contextual factors that influence exclusion or exclusionary practices.

The key structural and socio-economic drivers identified in this review were low income, unemployment, education, transport, housing, physical and mental health, discrimination, relationship breakdown and features of local areas, such as crime or the fear of crime (Social Exclusion Unit 2004a). This review has also identified the complexity and reinforcing nature of these drivers, which can often lead to multiple layers of disadvantage or exclusion for certain groups.

These drivers have also been noted for their influence on the exclusion of disabled people. The role of mental models for example, is reflected in the social norms that drive the exclusion of disabled people. This is evident in the portrayal of disabled people in the media (Samsel and Perepa 2013, Haller and Zhang 2013), body image and notions of beauty, and policy and legislation (Xenakis and Goldberg 2011, Roulstone 2010).

At a community level exclusion is driven through perceptions of understanding and knowledge of disabled people, discrimination and bullying, accessibility and transport,

education and employment. These factors relate to the attitudes and actions towards disabled people, as well as the structural barriers that can restrict access to community settings, such as schools, workplaces and the community itself (Thompson et al 2011).

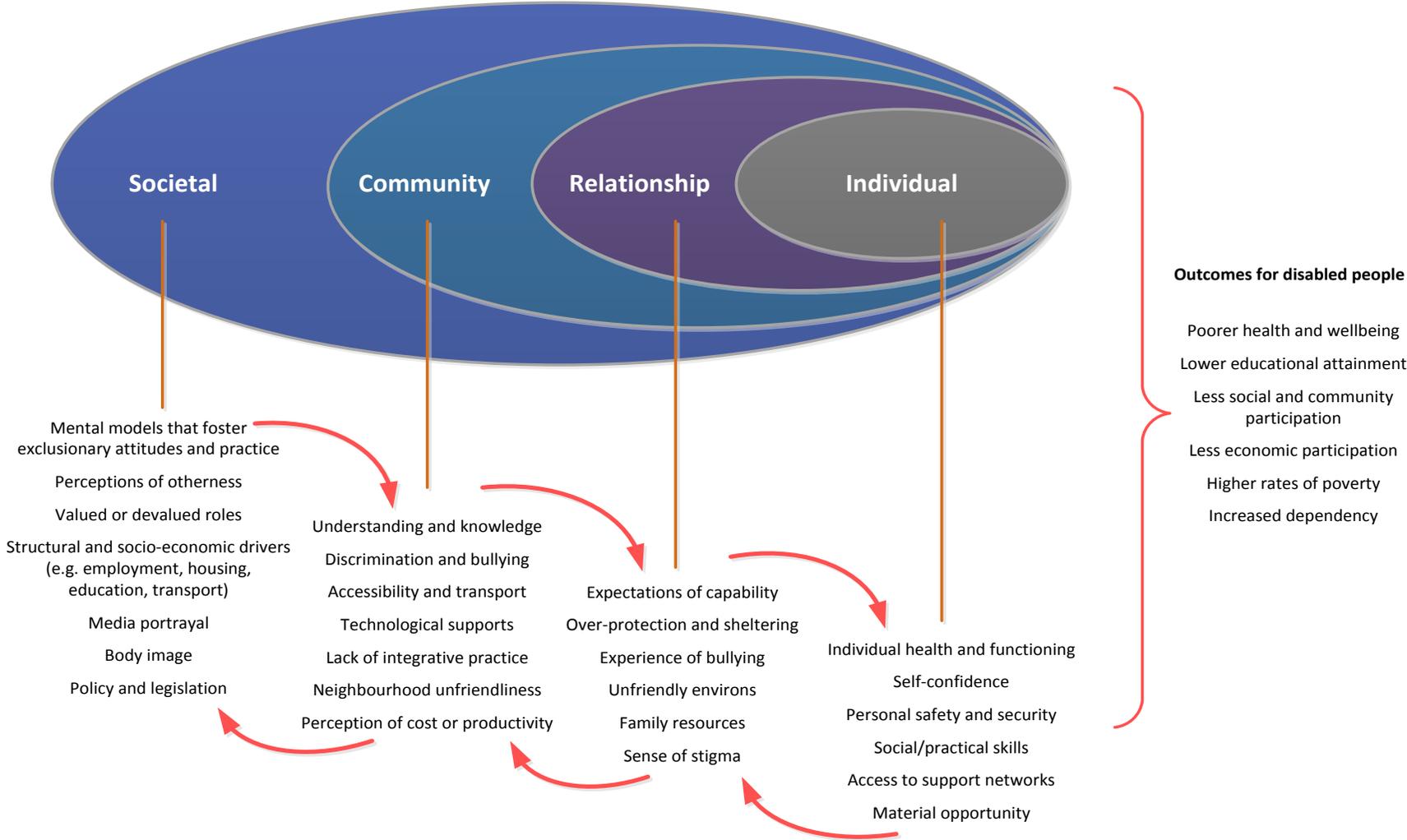
Personal and social relationships can also drive exclusion for disabled people. Many disabled people need support from family or support workers to participate in the community, particularly given some of the structural and socio-economic barriers to inclusion. The support available to support exclusion can be hindered by the resources available to support workers, as well as families' concerns over discrimination or bullying (Anaby et al 2013, Kramer et al 2011, Milner et al 2004).

At an individual level, factors that drive exclusion relate to an individual's health and well-being, self-confidence and efficacy, access to support networks and material opportunity. These factors limit opportunities for participation for structural and socio-economic reasons. The reinforcing nature of the drivers of exclusion is also evident in the research reviewed on the individual drivers of exclusion. Low income for example, is associated with poorer physical and mental health (Burchardt 2003, Milner et al 2004, Williams et al 2008, Palmer 2011). The mental models driving social norms on disability were also evident in the disabled people's perceptions of themselves, limiting their confidence and self-efficacy.

Taken together, these factors mutually reinforce exclusionary practice, and negatively impact on outcomes for disabled people (WHO 2011). This is indicated in the final socio-ecological lens diagram on the following page.

The multiple levels and drivers highlight the complexities of addressing social exclusion, and indicate the need for approaches that work at a systems level. Think Differently's social change approach, is focused on driving change from a community level across a broad range of local and national initiatives that seek to fundamentally shift mental models and social norms. In confronting embedded mental models, and resulting attitudes and behaviours, the intent is that this in turn will trigger change at a societal level. Think Differently offers an exciting multi-layered opportunity to explore the critical success factors and learnings from community-based social change projects. Often interventions are focused on responding to an event that has occurred, but a social change approach, such as that of Think Differently, is instead focused at challenging the deeper values and structures that form attitudes and behaviours to disabled people.

Figure 7: Consolidated drivers of exclusion using a socio-ecological lens



Appendix 1: Summary of findings from sources reviewed

	Author	Type and focus of study	Drivers of exclusion	Domain of exclusion
1	Bodde and Seo 2009	Review of qualitative and quantitative studies: barriers to physical activity	Transportation Financial barriers Lack of awareness of options Negative supports/over-concern from caregivers and authority figures Lack of policies in services	Individual Personal and social networks Community
2	Overmars-Marx et 2012	Review of qualitative and quantitative studies: Barriers to neighbourhood social inclusion	[NB – framed in terms of enablers] Social and practical skills Support from informal networks Support from services to engage locally Acceptance by people in neighbourhood Availability of meeting grounds and facilities and multiple interactions	Individual Personal and social networks Community
3	Wardell et al 2014	Qualitative and quantitative analysis of NZ media portrayal of Down syndrome	Positive study that showed coverage tends to be critical, complex and socially inclusive; noting that internationally, reporting can be negative towards this group	Societal
4	Holton et al 2014	Content analysis study of US and UK news coverage on autism	Creating a 'threatening space' through perpetuation of stigmatic cues and selection of certain news frames (e.g. labelling, psychiatric symptoms, social skill deficits, physical symptoms)	Societal
5	Sheridan and Scior 2013	Survey of South Asian and White British young people on attitudes to people with intellectual disabilities	Stigma and expectations that people with intellectual disabilities should be sheltered not empowered; highlights importance of cultural attitudes within societal norms	Societal
6	Jaarsma et al 2014	Systematic review of barriers to sports participation	Impact of personal disability and health Selection of appropriate sport (enabler) Social contacts (enabler)	Individual Personal and social networks

	Author	Type and focus of study	Drivers of exclusion	Domain of exclusion
			Lack of transport options Accessibility	Community
7	Shier et al 2009	Qualitative analysis of barriers to employment by disabled people in Canada	Self-esteem Lack of support networks Disability Personal care needs Employer discrimination – labelling and perceptions of disability (e.g. safety, competence)	Individual Personal and social networks Community
8	Nowicki et al 2013	Qualitative study of children’s thoughts on exclusion of disabled peers	Thoughts and actions of other children (e.g. perceptions of difference and otherness) Perceptions of ability Physical and schooling characteristics (how they look, problems with speech, understanding in class) Negative behaviours	Personal and social networks Community
9	Beckman et al 1998	Large qualitative study of families on inclusion of disabled children	Neighbourhood decline and instability Safety concerns Negative peer influences Limited resources Lack of peer social networks Family schedules Lack of proximity to support programmes Negative attitudes in community Limitations of disability itself	Individual Personal and social networks Community
10	Thompson et al 2011	Review of community attitudes to disability and response strategies	Negative attitudes to disability Misconceptions and lack of awareness Lack of knowledge or training among professionals Lack of social contact and familiarity	Community

	Author	Type and focus of study	Drivers of exclusion	Domain of exclusion
11	Wiesel 2009	Literature review and case study of experience of community	Lack of social networks; sense of personal safety and insecurity Community opposition to local care facilities	Individual Personal and social networks Community
12	Milner and Kelly 2009	NZ qualitative study on attributes supporting social inclusion	[Focus on enablers] Self-determination Being known in the community Opportunity for reciprocity Participatory expectations Psychological safety	Community
13	Radermacher et al 2010	Case study of barriers to disabled people's participation in a disability advocacy organisation	Intrapersonal – skills and competence Interpersonal – team dynamics Resourcing – time and support available Ad hoc decision-making Unstructured organisational processes	Community
14	Lindsay and McPherson 2012	Qualitative study of experiences of social exclusion and bullying for children and young people with cerebral palsy	Organisational context – attitudes and willingness to make accommodation for disabled children Challenge of accommodations highlighting difference and exclusion Lack of knowledge of disability and responses Intentional exclusion and bullying Lack of opportunities or adaptation by peers for inclusion	Personal and social networks Community
15	McClimens et al 2014	Qualitative study of experiences of the city centre by disabled people	Fears of personal safety Need for personal support Financial barriers	Individual Community
16	Edwards 2001	Survey of urban development leaders	Lack of framing disability as a priority	Societal

	Author	Type and focus of study	Drivers of exclusion	Domain of exclusion
		on involvement of disabled people	Accessibility Lack of commitment to seeking involvement in planning and decision-making View as a target population, not as partner	
17	Shields et al 2012	Systematic review of barriers and facilitators to disabled children's participation in physical activity	Knowledge and skills (physical and social, including confidence and independence) Personal preferences Parental behaviour (over protection, time, cost) Lack of social networks Negative attitudes to disability (unfriendliness, misconceptions of ability) Inadequate facilities Transport Staff capacity and attitudes Cost	Individual Personal and social networks Community Societal
18	Scior et al 2010	Cross-cultural survey of attitudes to inclusion	Stronger view of need for sheltering among Hong Kong Chinese than Hong Kong British; signals cross-cultural differences in attitudes to disabled people Lack of social contact and stigmatisation a key driver	Societal
19	Zhang and Haller 2013	Survey of disabled people's reflection of media portrayal	Framing in mass media of "supercrips", disadvantaged, or ill victims Unrealistic affirmation (albeit positive of identity) Stigmatizing aspects of being disabled, and gives rise to feeling that a disabled person's life is inferior	Societal
20	Naraine and Lindsay 2011	Qualitative study of social inclusion of blind or low vision employees	Social support within the workplace; ability of an organisation to recognise and respond to the social needs of its employees (e.g. navigating, identifying colleagues, non-visual stimuli) Transportation Accessibility (navigating the venue)	Community

	Author	Type and focus of study	Drivers of exclusion	Domain of exclusion
			Barriers to networking	
21	Abbot and McConkey 2006	Qualitative study of barriers to social inclusion among intellectually disabled people	Lack of individual knowledge and skills (lack of motivation/self-confidence) Role of support staff and service managers as gatekeepers and resourcing constraints Location Lack of amenities and opportunities Unfriendly attitudes Transport	Individual Personal and social networks Community
22	Anaby et al 2013	Review of studies of the effect of the environment on participation of disabled children and youth	Overprotectedness of parents Lack of support from staff and service providers Transport/mobility restrictions Physical accessibility of the environment Stigma and bullying Financial hardship Service availability Policy-level exclusion (e.g. segregation)	Personal and social networks Community Societal
23	Samsel and Perepa 2013	Qualitative study of teachers perceptions of disability via media	Perpetuating stereotypes, e.g. sensationalising disability, amplifying sympathy, lack of positive representation and representation in general	Societal
24	Graham et al 2014	Qualitative study of transportation challenges for parents of disabled school students	Quality of support from staff Transportation limitations creating exclusion from school programmes Sense of personal safety Equipment barriers	Community
25	Kramer et al 2012	Meta-synthesis of qualitative studies of disabled youths' perception of the environment and participation	Adult and peer understanding of individual abilities and needs Exclusion from decision-making on participation/accommodation	Social and personal networks Community

	Author	Type and focus of study	Drivers of exclusion	Domain of exclusion
			Quality of services – better if individualised to needs Lack of recognition of needs (e.g. teachers that refused to allow incontinent children to go to toilet)	
26	Milner et al 2004	Qualitative study of community participation of disabled people in NZ	Personal self-confidence Family expectations and protectiveness Lack of social networks Discrimination in the community Limited imagination of service staff Quality of support time Collective vs individual participation Availability of services	Individual Personal and social networks Community Societal
27	Williams et al 2008	Qualitative and survey research into expectations and experiences of disabled people	Personal health and disability as impairment to community participation, employment and learning Time Lack of confidence Transport and accessibility Lack of personal support for participation Employer inflexibility and lack of social support	Individual Personal and social networks Community
28	McVilly et al 2006	Qualitative and survey research of loneliness among people with intellectual disabilities	Importance of family and friends in key life transitions	Personal and social networks
29	NPDC 2009	Consultation report on experience of disabled people	Discrimination in many forms of community life Lack of accessibility System barriers to meeting needs of disabled students Under-resourced sector Poverty Accessibility of built environment	Community Societal

	Author	Type and focus of study	Drivers of exclusion	Domain of exclusion
30	Ward 2010	Qualitative study of barriers to friendship among NZ disabled students	Physical environment (e.g. narrow doorways, ramps, seating) Intentional attitude barriers (e.g. isolation, bullying) Unintentional attitudinal barriers (e.g. lack of knowledge, understanding, or awareness) Physical limitations (e.g. difficulty with manual dexterity)	Community
31	Kitchin 2010	Review of how public space can be exclusionary	Design of urban environments and segregation of disabled people in school and other community environments combine to reinforce difference and exclusion	Community Societal
32	Briant et al 2011	Exploration of UK media portrayal of disability	Identifies narrow and unsympathetic coverage of disability in media Deserving and non-deserving; Shift in coverage of disability over 7 years between 2004-2011; stronger focus on disability fraud as a tabloid theme Negative portrayal – fraud, burden, cheating Lack of study of impact of cuts Triumph over adversity a common theme but reduced in number	Societal
33	Holt 2003	Qualitative study of inclusive and exclusive practice in two schools	Interpretations of inclusive approaches can vary substantially between teachers, between schools and within schools	Community
34	Woodley and Metzger 2012	Qualitative and survey research of employer attitudes to employing disabled people	Perceptions of internal attitudes to employment Perception of fit with non-disabled employees Health and safety concerns Hierarchy of disability, i.e. concerns of particular types of disability (e.g. schizophrenia and mental illness versus physical disability) Concern with customer responses	Community

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