



Principles, Pillars and Practice of Social Inclusion

*Endorsed by the Forum of Non Government Agencies
at its meeting on 3 June 2011*



Introduction

The aim of this document is to provide a simple framework against which all policy can be measured or checked.

We acknowledge it is not a conclusive document but it captures the key aspects of what Social inclusion is.

Definition

Social Inclusion is a pathway to achieving social justice.

It is about creating a society where all people are valued and respected and where each person has a fair standard of living that enables them to participate fully in community life. Its goal is to increase opportunities for all people, most especially the disadvantaged, to engage with and build strong and supportive relationships with others.

Social Inclusion is about people being in control rather than being considered the objects of inclusion. It is about people having a voice.

Key Pillars that underlie the Principles

- Participation
- Cross Government and Sector Responsibility
- No Exit into Exclusion
- Social Inclusion Assessment – all policy, legislation and regulations are measured against the principles and contain strategies on how they will keep people included.

Principles Checklist

The principles are all interlinked - you cannot have one without the other.

Social Inclusion is about:

- a) Transition Points – this includes transitions in your life, transitions between services; transitions from home to school to study to work to retirement; transitions between Government Departments; transitions in structural or geographical

locations (such as moving from the city to a rural area or a house to a nursing home). It is about someone being with you, if you require them, to assist you through those transition points.

- b) Accountability and Responsibility – looking at where exclusion happens and developing solutions by changing frameworks and practices. It is about services and agencies taking responsibility for their roles.
- c) Knowledge and Information - being provided with the knowledge and information to negotiate transitions, services, make informed choices and decisions in your life.
- d) Decision Making – the right to make informed decisions about services; to make personal choices and being allowed to make them even if others may consider them to be wrong.
- e) Everyone – everyone has a responsibility for making social inclusion work.
- f) Participation – in all aspects of decision making and service provision – not just consultation. This includes the option to not participate, however the decision not to participate is a choice not the result of exclusion.
- g) Place – recognising and valuing the importance of connections to place and community.
- h) Power - Having structures and processes in place that enable equity of access.
- i) Prevention and Early Intervention – maximising the investment in universally accessible and targeted services that support people through the transition points of their life and results in interventions occurring early in a pathway.
- j) Recognition - Recognising that needs and wants change over time. Recognising that different people experience life differently as a result of religion, race, culture, gender, age, ability, sexual orientation and gender identity.

Using the Principles, Pillars and Practice of Social Inclusion

This document is designed for the following purposes:

- To be used as a tool or checklist to ensure that social inclusion has been addressed in key documents produced by the non-government organisation or the Government
- To be used as a tool for writing submissions and inform discussions that include social inclusion
- To be utilised within non-government organisations so that everyone has the same understanding of social inclusion and are speaking the same language

Practice

Case Study 1

Jack and Mary have been married for almost 40 years. They met as young adults when they both worked and lived at an institution for people with physical disability. They now live in their own home in the suburbs, where they raised one child, Kevin. As a young adult Kevin moved to Perth where he has his own business, he married a woman from Perth and they have children.

Jack and Mary both have physical disability that is quite visible, and limits their mobility. Jack and Mary have enjoyed a positive and co-operative relationship. As Mary always said, "... we can both do different things, so as long as we are both healthy we can manage as a team ...". With this attitude Mary and Jack live quiet, private, and rewarding lives together, without any formal support services.

In recent times life has become more difficult. Jack is displaying signs of diminishing health, and is now unable to 'do' a number of the jobs that has been part of his role. They therefore struggle to manage as a 'team'.

Mary is becoming exhausted. She knows that they both need some additional support. However, they are hesitant to make contact with any organisations/ professionals about their difficulties, and simply ignore any questions made by their GP about how they are coping.

They have always had avoided group activities, and service provider organisations because they remind them of the part of their lives when they lived at the institution ... and they had so little control over their own lives.

Mary and Jack want to be in control of their own lives. They recognise that with their son living in another state, and acknowledge that they have few links to the wider community. Mary and Jack understand that to realise their wants and needs for 'tomorrow' they will need to:

- Identify what help/assistance/support they currently need. They see this as the easy part as they know what will make a real difference for them.
- Find out where they can acquire, or purchase the help/ assistance/ support they have identified. Where will they start ... with the local phone book?
- Establish whether or not they can afford to purchase the services themselves. If not, identify whether they can gain a funding allocation that enables them to retain control over their own lives.

Case Study 2

Riley had been through a lot by age three. As a baby he had been left in his cot long after he had woken up. Sometimes he would cry but after a while he would give up. His mother suffered post-natal depression but had not sought treatment because she did not know this illness existed. She believed her feelings of hopelessness and despair were normal and would pass with time. She was also trying to cope with her partner's heavy drinking and aggressive mood swings which sometimes escalated into physically violent confrontations.

Depression and family violence left her with little energy to get Riley out of his cot. When she was bathing and feeding Riley it was usually hard to summon energy to smile at him.

Riley was 3½ years old when his mother joined a program called Newpin. When Riley talked to his mum he only used a few words. Other people had difficulty understanding him. Riley often felt frustrated because people did not seem to be listening to him. Sometimes he would pull and scream and grab to get attention.

The staff at Newpin were concerned for Riley's wellbeing. They suggested to his mother that Riley might enjoy preschool as a chance for him to meet other children. At preschool Riley's teacher identified that he had a significant speech delay.

This story shows that without access to intensive family support services, such as Newpin, and early childhood education, Riley's experience of social exclusion may have grown worse over time. An undiagnosed and untreated speech delay may have resulted in lower levels of literacy and lower educational outcomes over time.

Without basic language skills, Riley might have had difficulties positively interacting with his peers. This may have compounded his early experiences of social isolation and exclusion which may have continued to manifest themselves as behaviour difficulties at home and at school.

With diagnosis and support at preschool, Riley has been helped to improve his language skills, laying the foundation for improved outcomes in literacy in his early school years. At Newpin he continues to have positive social experiences through the therapeutic playgroup. Riley's mum has also developed new skills to respond to his needs and has the opportunity to receive assistance with the issues impacting on her own well-being and in developing her parenting skills.

Principles Reflected in these Case Studies

Both these case studies show the importance of the principles identified above and how each principle inter-relates with other principles.