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# Neighbourhood social inclusion from the perspective of people with intellectual disabilities: Relevant themes identified with the use of photovoice

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## Abstract

**Background:** Earlier studies show that to gain more understanding of the concept of social inclusion, the views and experiences of people with intellectual disabilities are needed. The aim of this study was to investigate their perspective on neighbourhood social inclusion from an ecological point of view.

**Method:** We carried out a photovoice study with 18 people with intellectual disabilities in three neighbourhoods in the Netherlands. Participants took photographs in their neighbourhood they considered relevant, and these photographs were discussed during an interview.

**Results:** Six themes emerged from qualitative analysis: attractiveness of the neighbourhood, social contacts in the neighbourhood, activities in the neighbourhood, social roles in the neighbourhood, independence and public familiarity.

**Conclusions:** As regards neighbourhood social inclusion, participants were often focused on small and informal activities and situations. Public familiarity proved very important. Framing the concept of neighbourhood social inclusion within an ecological approach may help to better understand processes of social inclusion.

## KEYWORDS

neighbourhood, perspective of people with intellectual disabilities, photovoice, public familiarity, social inclusion

## 1 | INTRODUCTION

The Netherlands has a long tradition of institutional care for people with intellectual disabilities. People with intellectual disabilities were placed in large institutions often separated from society (Schuurman, 2002). From the 1950s onwards, models of social care were developed and social inclusion of people with intellectual disabilities has become a focus of care organizations and policy makers in many Western countries (Beadle-Brown, Mansell, & Kozma, 2007; Overmars-Marx, Thomése, Verdonchot, & Meininger, 2014). In the Netherlands, this development has been encouraged by government policy since the 1990s (Ministry of Health Welfare and Sports, 1995). Large institutions were closed and care provision increasingly became organized around small-scale group homes situated in ordinary

neighbourhoods (Nieboer, Pijpers, & Strating, 2011). The development of deinstitutionalization was inspired by the normalization model, which held that people with disabilities could also contribute to society (Wolfensberger, 1983). This principle asserts that people with intellectual disabilities should have opportunities to live like other citizens (Oliver, 1996) and proposed smaller community-based services to allow for more opportunities for self-determination and choice making than larger, congregate settings (Van Alphen, 2011). This increasing awareness of human rights encouraged further developments regarding systems of care and support in the community (Collins, 2015). Despite the developments of deinstitutionalization and policies focusing on social inclusion, society's views about people with intellectual disabilities do not seem to have changed to any marked degree (Cummins & Lau, 2003; Overmars-Marx et al., 2014;

Verdonschot, De Witte, Reichrath, Buntinx, & Curfs, 2009a,b). Until now, the movement from institutions to neighbourhoods has been mainly a physical development, and the desired social change has not occurred. In itself, spatial location (or relocation), does not seem to be a sufficient condition for realizing social inclusion (Meininger, 2013). This might be because inclusion policies ignore the exclusion faced by people with intellectual disabilities in society. They may have left the geographical places of exclusion, but the discriminatory context into which they move remains unchanged, and they are still regarded as "other" (Hall, 2005; Meininger, 2013). Spaces are more organized in a way that allows people with intellectual disabilities to live in the presence of others. However, if these spaces are to facilitate true inclusion, this requires not only adjustments from people with intellectual disabilities, but also changes within society (Clegg & Bigby, 2017). The difficulty in translating changes in geographical location into changes in people's lived experience suggests that more knowledge about the process of social inclusion is needed to realize the goal of social inclusion.

Cobigo, Ouellette-Kuntz, Lysaght, and Martin (2012) use an ecological approach to conceptualize social inclusion. They define social inclusion as a series of complex interactions between environmental factors and personal characteristics that provide opportunities to: access public goods and services; experience valued and expected social roles of one's choosing based on his/her age, gender and culture; be recognized as a competent individual and trusted to perform social roles in the community; and belong to a social network within which one receives and contributes support. This ecological approach is in line with the environmental taxonomy of Lawton (Lawton, 1999; Scheidt & Norris-Baker, 2003). The theory of Lawton assumes that behaviour is an outcome of personal and environmental characteristics and the interaction between these personal and environmental characteristics. Lawton distinguished the physical environment, the personal environment (including personal relationships), the small group environment (social characteristics beyond direct personal contacts), the suprapersonal environment (policies and social structures in the local environment), and the social or megasocial environment. These environments may have a better or worse fit with the individual resources and needs, the so-called person-environment fit (Lawton, 1999; Overmars-Marx et al., 2014; Scheidt & Norris-Baker, 2003). Applying this ecologic approach to neighbourhood social inclusion of people with intellectual disabilities, we distinguish the following environment aspects:

- Physical environment: physical characteristics of the neighbourhood.
- Personal environment: individual relationships with family and friends in the neighbourhood.
- The small group environment: contacts with neighbours/attitudes of neighbours regarding people with intellectual disabilities.
- Suprapersonal environment: support from staff (working in the group home situated in the neighbourhood).
- Megasocial environment: organizational and local policies (focused on social inclusion in the neighbourhood).

This study focuses on the perspective of individuals with intellectual disabilities on neighbourhood social inclusion. Cobigo et al. (2012) state that up until now social inclusion is often measured in objective characteristics, that is the actual roles and activities performed by people with intellectual disabilities and researchers have rarely explored the views and experiences of people with intellectual disabilities. Some studies focus on the perspective of people with intellectual disabilities (e.g., Abbott & McConkey, 2006; Hall, 2005; Van Alphen, Dijker, Van den Borne, & Curfs, 2009) and show that they can feel left out, do not feel that they belong, feel different or do not feel safe in ordinary neighbourhoods. These results show the importance of including the perspective of people with intellectual disabilities, because actual participation may not automatically mean that people feel accepted. To understand why people with intellectual disabilities do, or do not, feel included it is important to gain more knowledge about exactly what neighbourhood social inclusion comprises from the perspective of people with intellectual disabilities. The aim of our study is to gain a better understanding of the perspective of people with intellectual disabilities on social inclusion in the neighbourhood and in our discussion we will specifically pay attention to how this perspective relates to the environmental taxonomy of Lawton (Lawton, 1999; Overmars-Marx et al., 2014; Scheidt & Norris-Baker, 2003).

## 2 | METHODS

### 2.1 | Dutch context: care for people with intellectual disabilities

Long-term care in the Netherlands was reformed comprehensively in 2015 and is now regulated by three acts of law. The first, the Long-term Care Act (*Wet langdurige zorg*), regulates care in institutions (residential care) and in the community (home care) for people who need 24-hr supervision. Home nursing care and personal care are regulated by the Health Insurance Act (*Zorgverzekeringswet*) and funded via health insurers. Other support for people living at home is regulated by the Social Support Act (*Wet Maatschappelijke Ondersteuning*) which places the responsibility for the implementation with the municipality (Kroneman, Boerma, Berg, van de, Groenewegen, Jong, de, & Ginneken, 2016). Our study includes people with mild to moderate intellectual disabilities (93% of the people with intellectual disabilities in the Netherlands). People with intellectual disabilities experience difficulties on a cognitive and conceptual level but also in social skills. Society, in the current opinion, should provide people with intellectual disabilities with the opportunities to live as normal citizens (Oliver, 1996). In the current situation, people with mild to moderate intellectual disabilities either live in group homes in the community where they receive 24-hr residential care or they are supported in their homes under the responsibility of the municipality (which is referred to as ambulant care in the Netherlands). This study includes both people with intellectual disabilities living in group homes and people receiving support at home.

On average, the group homes included in our study house 15 people with intellectual disabilities.

## 2.2 | Recruitment and selection of participants

The first author selected the neighbourhoods and group homes in cooperation with the four service providers involved in the research project. The selection criteria were: representation of the four service providers; variation in neighbourhood types; and a variation in the types of disabilities among the residents (in the group homes). Based on these selection criteria 18 participants with intellectual disabilities were included in our study. All participants lived in three neighbourhoods in small towns in the eastern part of The Netherlands. Two of the neighbourhoods were situated in small towns with approximately 15,000–20,000 inhabitants in low urbanized areas. The neighbourhoods differed in their level of facilities. Both offered shopping, catering and leisure facilities, but one had a greater availability of the various facilities that attracted people from across the region, while the other had more of a village-like atmosphere. Both neighbourhoods had fairly similar sociodemographic

characteristics, with a relatively high percentage of people aged above 65 years (23% and 26%, compared to 17% of the Dutch general population) (Centraal Bureau voor de Statistiek, 2014). The average income of neighbourhood residents was defined as just below the average income of the general Dutch population (€29,500): between €24,400 and €26,600 gross per year. Both neighbourhoods were known as sites where a modern kind of neighbourliness played an important role. In the past, there had been a strong sense of neighbourliness (*noaberschap*). Neighbours were expected to support each other practically and emotionally. By the time of our study, this original concept of neighbourliness had developed into its current form. Supporting each other and reciprocity were still key elements of “modern noaberschap.” However, the obliged character of “noaberschap” is replaced with a sense of mutual responsibility and trust (Abbas & Commandeur, 2012). The third neighbourhood was a suburb of a small town with a population of 55,000 inhabitants. This neighbourhood had high levels of socio-economic deprivation. Neighbourhood residents had an average gross yearly income of €21,200—below the national average—and a relatively high percentage (47%) of residents were in the 40% of the lowest incomes in

**TABLE 1** Participants

	Gender	Age	Town	Group home or ambulant care	History in the neighbourhood
A	Male	65	Town A	Group home	3.5 years in this group home, born and raised in Town A
B	Female	48	Town A	Group home	7 years in this neighbourhood
C	Male	38	Town A	Group home	7 years in this group home, born and raised in Town A
D	Male	53	Town B	Group home	13 years in this group home, born and raised in Town B
E	Male	48	Town B	Group home	7 years in this group home, born and raised in Town B
F	Female	54	Town B	Group home	7 years in this neighbourhood
G	Female	64	Town B	Group home	2 years in this group home, before in another group home in Town B
H	Male	61	Town A	Group home	6 years in this group home, born and raised in Town A
I	Female	48	Town A	Group home	5 years in this neighbourhood
J	Male	42	Town A	Group home	3 years in this neighbourhood, lived in Town A before
K	Female	30	Town A	Group home	11 years in this group home, born and raised in Town A
L	Male	51	Town B	Ambulant care	2 years in this neighbourhood
M	Female	47	Town C	Group home	4 years in this group home, 5 years in Town C
N	Female	42	Town C	Group home	1 year in this neighbourhood, lived in Town C since she moved to the Netherlands
O	Female	65	Town B	Ambulant care	1 year in this neighbourhood
P	Male	24	Town B	Ambulant care	1 year in this neighbourhood
Q	Female	33	Town C	Ambulant care	1.5 years in this neighbourhood
R	Female	64	Town A	Ambulant care	7 years in this neighbourhood

the Netherlands (Centraal Bureau voor de Statistiek, 2014). Like the other two neighbourhoods, this neighbourhood contained a relative high percentage of people aged above 65 years (25%). The group home included in our study was situated in an apartment building and residents have their own apartments spread over three blocks of flats.

Thirteen participants were living in group homes and five participants were living independently and received support at home (ambulant care). Participants were asked to participate in our study by staff members from the group homes involved in our study. They were selected on the criteria of being able to understand the informed consent, the instruction of the method and the nature of the assignment. This meant being able to take the photographs together and verbally reflect on the content of the photographs. Ages ranged from 24 to 65. Nine participants had been living in the specific neighbourhood for over 5 years. Six participants were born and raised in the area in which they still lived (Table 1). According to staff, all participants had a mild to moderate intellectual disability. Two participants were diagnosed with down syndrome, one participant used a wheelchair and in some cases participants also had mental health problems (e.g., autism; we cannot provide exact figures of mental health problems because details of the diagnoses were not discussed with participants or staff, but two service providers offered support to people with intellectual disabilities and mental health problems).

## 2.3 | Data collection

Involving people with intellectual disabilities in research is not without difficulties. Booth and Booth (2003) suggest that photovoice might be useful in conducting research with vulnerable populations because it does not presuppose the ability to read or write. One of the main goals of photovoice is to give participants the opportunity to record and reflect on their own lives (Wang & Burris, 1994, 1997). Photovoice allows scientists to include people in research who for example have difficulties with direct communication (Finlay & Lyons, 2002; Jurkowski, 2008; Sigstad, 2014). It enables participants to share their story and reveal their voice, supported by photographs they took themselves. The method was originally developed by Wang and Burris (1994, 1997) to gain more insight into the perspectives of rural women in China on their health. Photovoice provided their participants with a voice, that empowered them to advocate for changes in their living environment (Wang & Burris, 1997).

To include people with intellectual disabilities, we used the (guided) photovoice approach developed in the study of Overmars-Marx, Thomése, and Moonen (2017).

### 2.3.1 | Preparation stage

Each participant was provided with written information and was invited for an individual meeting with the researcher. During this meeting, participants were informed about the nature and procedure of the research. We informed the participants about the confidentiality of the study and the anonymization of data. This involved

an instruction and an information exchange between the researcher and the participants. All participants signed the written consent form in the presence of the researcher. The consent form contained information about the nature and purpose of the research, the use of photographs, and the anonymization of the outcomes. Photographs taken in the second stage of our study were only used as input for the interview in the third stage. Photographs were not analysed or published. All participants felt safe (enough) to photograph aspects of their neighbourhood, in most cases together with the researcher (stage 2). In four cases, the preparation stage was partly integrated in the picture taking stage. In these cases, the informed consent procedure and taking the photographs were combined into one session.

### 2.3.2 | Taking the photographs

During the (guided) photovoice walk, participants had the option to take photographs themselves or to instruct the researcher to take photographs for them. This could also prevent problems such as not being able to handle the camera, being unwilling to return the camera or taking too many photographs. The option of taking photographs without the presence of the researcher was also available. Participants were asked to photograph important places and people in their neighbourhood; that is places where they felt (un)comfortable and people who were important to them. In other words, people or places which had a positive or negative impact on how they felt in their neighbourhood. Only one participant took photographs without the presence of the researcher. The participants or the researcher took photographs of important spots and people in their neighbourhood with a digital camera. On average, this resulted in approximately 14 photographs of a variety of pleasant or frightening places and important people in the neighbourhood (range 4–33). People were only photographed with permission and with the commitment these photographs will not be published. There were a limited number of people in the photographs. All photographs were printed by the researcher. The photographs were also stored on the computer.

### 2.3.3 | Individual interview

To limit the influence of staff member or peers, with each of the 17 participants an individual interview was conducted. During this stage, the first author—in some cases together with a research assistant—tried to facilitate an environment where participants felt safe (e.g., Bugos et al., 2014). In most cases, participants were interviewed in their own apartment or room. Two participants were interviewed in a joint room and when another resident walked in, they felt uncomfortable and stopped telling their story. They could continue after the other residents left the room. One participant dropped out before the interview. For this participant, the information gained during the guided walk was used in the analysis. Before the interview, the researcher and/or the participant sorted the photographs. This process supported participants in telling their stories. In one case, the participant was able to group the

photographs herself and she could elaborate on a theme corresponding with a group of photographs. In most cases, the researcher guided this process. The researcher then developed an interview guide that provided participants with the broadest opportunity to tell their own story. During the interview, participants were asked to describe what was on the picture and why they took this picture. Open-ended questions were used during the interview. To encourage participants to tell more, we used follow-up questions or we asked for examples. At the end of each interview, we asked participants if there were any photographs they might have wanted to take but did not take and whether they wanted to say more about the neighbourhood.

### 2.3.4 | Data analysis

All interviews were recorded and transcribed verbatim. The interview transcripts were content analysed using ATLAS.ti software (Scientific Software Development GmbH Berlin, Germany). The coding process was based on elements of the grounded theory techniques (Strauss & Corbin, 1990). Our approach was aimed at providing thorough descriptions and interpretations of social inclusion in the neighbourhood from the perspective of people with intellectual disabilities. The first stage was open coding (Glaser & Strauss, 1967). During the coding process, we engaged with the material by reading the transcripts over and over again. During the next stage, we performed axial coding (Strauss, 1987) and classified the codes into categories, or subthemes. The coding process was an iterative process: categories were adjusted during the process by comparing them within and across different transcripts. After the axial coding, the codes were grouped into broader themes. A sample of interviews was analysed by a second researcher. While analysing the interview transcripts we continuously reflected on the process and the findings obtained (Yanow, 2003). By classifying the data, creating concepts based on this classification and connecting these

concepts, we aimed to achieve rich descriptions of social inclusion in the neighbourhood (Dey, 1993).

## 3 | RESULTS

We identified six themes related to neighbourhood social inclusion: attractiveness of the neighbourhood, social contacts in the neighbourhood, activities in the neighbourhood, social roles in the neighbourhood, independence, and public familiarity (see Table 2). All participants narrated stories about the attractiveness of the neighbourhood and social contacts in the neighbourhood. Activities in the neighbourhood were also mentioned by most participants. More than half of the participants told stories about social roles in the neighbourhood and independent living. Half of the participants stressed the importance of “public familiarity.” Blokland and Nast (2014) define public familiarity as the implicit relationships that contribute to recognizing others and being recognized by others in public spaces. The themes are described separately but the correlations between the identified themes are also addressed in the separate descriptions.

### 3.1 | Attractiveness of the neighbourhood

The participants in our study emphasized the importance of the atmosphere in the neighbourhood. This atmosphere was created by, for example the presence of a nice park nearby, but also by the presence of shops, pubs and restaurants. About half of the participants explicitly mentioned the presence of a park, a petting zoo or benches to sit on. Participants liked to walk through the park or sit on a bench to watch other people. “We go there for a walk. It is nice and quiet.” (Participant Q from town C), “We go for a walk to the petting zoo and look after the animals even it is raining.” (Participant G from town B) Other participants also told positive stories about their walks to the

Theme	Codes
Neighbourhood social inclusion	
Attractiveness of the neighbourhood	Level of facilities Green spaces/parks
Social contacts in the neighbourhood	Intensity of contact with family, acquaintances/friends, neighbours, other residents and staff members
Activities in the neighbourhood	General activities in the neighbourhood: sport, funfair, lunch club Activities focused on meeting neighbours: barbecue, drinking coffee Activities involving people with intellectual disabilities
Social roles in the neighbourhood	Regular, sheltered and voluntary work in the neighbourhood Small tasks in the neighbourhood
Independence	Facilities nearby Own room
Public familiarity	Meeting people in the neighbourhood—being recognized Social contacts related to the interaction with shops assistants, performance in social roles and attendance at neighbourhood activities

**TABLE 2** Overview of themes and codes relevant to social inclusion in the neighbourhood

shopping area, for example. "Sometimes, when I am not working, I just walk around. I go to the shopping centre to visit some shops and buy groceries." (Participant N from town C)

All participants but one took photographs of shops, restaurants/bars or other facilities (range 2–17). They were familiar with the people who work in the shops, bars or restaurants and liked to chat with them. Sometimes they knew these employees from their shop visits and in other cases, they had met them in another context. "He is behind the counter. He is nice." (Participant I from town A) "When the funfair is in town, I go to the cafeteria. It's nice. An acquaintance of my brother's works there." (Participant K from town A)

A participant from town B was an exception. He did not like the atmosphere in the neighbourhood and missed his old one. His experiences with shop assistants were quite negative: "When I ask for something, they just point at the product and then I must take it myself. This is strange because I don't know the shop." (Participant L from town B)

### 3.2 | Social contacts in the neighbourhood

Participants hardly took any photographs of people but during the interview, all of them told stories about social contacts in the neighbourhood. Social contacts were important in providing participants a positive feeling about the neighbourhood. For example, meeting someone in the street and having a chat or being able to visit a family member nearby and spending time together made participants feel at home in the neighbourhood. Social contacts in the neighbourhood vary among participants in (a) the kind of relationship with the other person and (b) the intensity of the contact. Stories were told about family members, but also about the contact with shop assistants. And these contacts had a wide range of intensity, from superficial to extensive contact. In this section, we make a distinction between social contacts with family members who live in the neighbourhood, with acquaintances and friends in the neighbourhood, with neighbours, with other residents and with staff members from the group home.

Some participants had many family members living nearby, whereas other participants had lived in this neighbourhood for only 1 year, and did not have any contacts close to home. Two participants from town B with a moderate intellectual disability had much support from members of their family, who lived a couple of blocks away. They undertook activities together, such as shopping, and visited them often. "My brother asked me to be a referee at the football club. I see him often, which is nice." (Participant D from town B)

Also, four participants from town A were born and raised in their neighbourhood. They had family and acquaintances in the neighbourhood. Three of these participants mentioned joint activities like shopping, visiting each other or celebrating anniversaries together in a restaurant. Spending time together in their neighbourhood gave them a positive feeling. "This is my brother's house. Our contact is nice. We drink coffee and watch television." (Participant K from town A)

Participants hardly mentioned any friends in the neighbourhood. Some participants had acquaintances whom they know from their past, through their family or work. One participant made a friend in the neighbourhood. Her friend's husband was the owner of the pub next to the group home: "...Yes, at one time she had a holiday and also came to visit the pub. He introduced her to me: 'This is my wife'. She loved my dog." (Participant B from town A) The same participant demonstrated that having many contacts does not automatically mean that there is no need for more contacts. She told stories about the contacts she had in the neighbourhood; with neighbours, with her boss, with her contacts through voluntary work, but she still missed a person to, for example, go to a bar with or to go shopping together with. She had taken a photograph of a community centre in the neighbourhood, where she followed a course, "I know you," to extend her social network. This is what she said about it: "For a course assignment, I organized a high tea at my place. Someone from the course helped me. That was nice. We met a couple of times afterwards but since September there's no more contact. I don't know what happened."

Ten participants told stories about their contacts with neighbours. Apart from the friendship with a neighbour mentioned above, contact with neighbours was limited to greeting or having a small chat. Two participants from town B attended a barbecue where they met neighbours but both mentioned that these contacts did not continue after the barbecue. One participant from town A also mentioned contact through a barbecue meeting. Another participant—living independently—from town A met her neighbours during joint activities in the apartment building. "On Wednesdays, there is a gym activity and on Mondays we drink coffee together. If there is a communal activity we have contact and when we meet we say hi. We don't visit each other, but I don't feel the need to." (Participant R from town A)

Two participants from town C lived in a flat and their contact with neighbours was limited. During the interview, one participant mainly focused on not having any problems with neighbours and the other participant mentioned the talks she has with her neighbours. "My neighbour is sweet. First there was no contact but now if she sees me, she asks how I'm doing and how things were at work." (Participant N from town C)

Fifteen participants told stories about other residents with intellectual disabilities in the group or the apartment complex. There were both positive and negative stories. Most of the participants maintained good relations with the other residents. They had meals together and sometimes undertook joint activities, such as shopping, going to the gym or visiting the theatre: "Yesterday we were together in the communal living room (...) We have lunch together on Saturdays." (Participant G from town B)

Two participants mentioned a close friendship with another resident and one participant had an intimate relationship with another resident from the same group home: "...Yes, a really close friendship. Staff members also say: you two get along very well." (Participant A from town A)

Three participants brought up negative situations with other residents: "We (me and my dog) were once physically assaulted by one of the other residents. That's why I want to move (...) I don't feel safe here." (Participant B from town A). One participant from town B uttered his disappointment about the fact that in contacts with other residents, most of the time he had to take the initiative.

Finally, 13 participants told stories about their contact with staff members. Only two of them were negative about staff. In both cases, the issue was a lack of trust. One story concerned the assault mentioned above; the other participant disliked the fact that personal information she provided was available to all staff members. In general, participants were positive about the relationship they have with staff members. Sometimes staff members came along when they go shopping or drink coffee with them. Staff members were in some cases seen as important to tell your story to. "If I have a problem, they come immediately. (...) I can tell my story to her (...) This is nice (...) she understands me." (Participant N from town C)

### 3.3 | Activities in the neighbourhood

Nearly all participants were involved in various activities in the neighbourhood. Five participants mentioned sports activities in the neighbourhood, such as fitness and swimming. Going to a gym also led to more contacts, for example with the sport instructor. Four participants mentioned the neighbourhood barbecue. They were all enthusiastic about the event: "...Nice, this year the neighbours organize the barbecue." (Participant P from town B)

Two participants from town A and one from town B were involved in activities in their apartment complex together with older people. They drank coffee together, attended church services, went to gym classes, did creative activities or listened to choir performances. One of the participants mentioned that if there were no activities like these, she might get lonely. The other two also mentioned feeling positive about these activities.

Some participants visited annual events in their neighbourhood, such as the funfair, markets or the flower parade. One participant—living independently—from town B joined a lunch club organized by the local welfare organization. He lunched with three older ladies. He enjoyed having lunch together and this led to a more frequent contact with one of the older ladies: "It's nice. Those people around me. (...) Having a chat together." (Participant L from town B)

Apart from participating in regular activities, nine participants told stories about activities with people with intellectual disabilities. Once a week, the welfare organization opened its doors for a coffee get-together. Two participants in ambulant care visited this open door moment. Participants were also involved in cooking, creative clubs, and sports for people with intellectual disabilities. The contacts they had during these activities were considered valuable.

Two participants from town C were not involved in any activities in the neighbourhood. One of them mentioned she would like to participate in a card club or a floral arrangement course. However, she did not have enough time and was not familiar with the opportunities in the neighbourhood.

### 3.4 | Social roles in the neighbourhood

Two participants from town A had regular work in the neighbourhood. One of them had a close relationship with her boss and his family and the other participant worked in the market, which made him a well-known figure in the neighbourhood. In both cases, regular work made them feel at home in the neighbourhood, because of the social contacts it brought with it. How important this is, was also illustrated by another participant, who used to work at the market on Saturdays. Because of health problems he could not do this anymore. During the interview, he repeatedly said how he missed this work and the contact with customers and colleagues. Also, participants talked about their jobs with pride: "...We used this coffee machine during the flower parade here in town A. The mayor was also there." (Participant B from town A)

One participant who worked in the neighbourhood also volunteered at the church. This voluntary work was very valuable to her. Another participant will become a volunteer after his retirement. He was looking forward to this. He is going to distribute meals with his car.

Six participants performed sheltered work in the neighbourhood. In this job, contacts were limited to other people with intellectual disabilities and these contacts usually did not extend beyond the sheltered work setting.

Some participants mentioned that, apart from being active in regular, voluntary or sheltered work, they perform small tasks in their neighbourhood. They perform social roles, for example babysitting for a friend (who lives in another neighbourhood in the same town), helping in a bar, working as a DJ (in the past), raising the Dutch flag or serving as an assistant referee on the soccer field. "I like to serve coffee, wear nice clothes. (...) I can play the waiter. (...) I really want that." (Participant D from town B). These relatively small social roles give participants a "feeling of pride" and also create opportunities to extend their social network. Two participants also referred to tasks within the group home: returning empty bottles to the supermarket and posting letters.

### 3.5 | Independence

The photographs participants made of their own apartments, the streets where they walked, and the shops they visited also represented their independence. In 15 interviews, the topic of independence was discussed. Independence was related to visiting shops on their own, joining a cooking course, being able to withdraw to your own apartment/room whenever you feel the need. Participants who can ride a bicycle or walk safely in traffic, could easily visit shops or family nearby. Two participants from town B needed support in traffic. One of them mentioned that he would like to visit his family on his own. The presence of shops nearby was helpful for participants' independence: they could easily visit the shops without any assistance of staff members. "It is important to learn to go shopping. It is going pretty well. I need to ask the receipt and give it to the staff members." (Participant E from town B)



Most of the participants enjoyed having their own apartment. They did their own housekeeping and some of them even managed their own accounts. But most important to them is having a place of your own where you can be on your own whenever you like. Participants mentioned the possibility to have meals on your own, listen to music or watch television. It is also a place where you can be alone, away from the other residents. "My neighbour resident always walked in. I don't want that. Now I lock the door." (Participant I from town A)

One participant from town C told a story about not feeling comfortable in her own apartment. The apartment was at the top floor and she heard noises from outside. This apartment was the only one available at the time. She brought up her feelings with staff members but they said they could not do anything. She felt like she had no choice. She was not happy with this situation.

### 3.6 | Public familiarity

During the interviews, half of the participants explicitly mentioned the importance of being known in the neighbourhood. Some participants knew many people in the neighbourhood and were often recognized. "Everybody knows everybody. It is very important because I live here. On Saturdays, there is market and I like it." (Participant H from town A) A third of the participants was born and raised in the area they still lived in and link public familiarity to having many family and acquaintances nearby. This public familiarity provided participants a feeling of being at home in the neighbourhood.

A long history with the neighbourhood appears to contribute to public familiarity, but performing social roles, for example working at the market or being a volunteer at the church, can also help. "I know some people in the shops and they know me from the market. Having a chat is very important during my work." (Participant C from town A) Other factors that can contribute to public familiarity in the neighbourhood are visiting shops, bars and restaurants or participating in neighbourhood activities. Participants told stories about how they developed social contacts while visiting shops or while attending an activity in the neighbourhood. Participants experienced these social contacts as valuable. This is best illustrated by one participant, who took photographs of all the shops she visits, including a shop assistant.

Two participants, who lived in the suburb of town C, did not experience much public familiarity in their neighbourhood. Both of them had been living in the neighbourhood less than five years, did not participate in any activities, and had limited contact with neighbours. One of them mentioned that it is nice when a neighbour greets you in the street. They felt safe in the neighbourhood but, compared to other participants from town A and town B, their work and family contacts were mainly outside the neighbourhood.

## 4 | DISCUSSION

In recent decades, people with intellectual disabilities moved away from the large institutions, and became geographically located in

ordinary neighbourhoods. Living in these ordinary neighbourhoods, might offer opportunities for social inclusion. However, this depends on whether society's ideas about what is "normal" have changed, and whether (and to what extent) people labelled with intellectual disabilities in fact meet, connect and associate with other people (Meininger, 2013). The aim of this study was to gain a better understanding of the perspective of people with intellectual disabilities on neighbourhood social inclusion and reflect on these results by using an ecological approach (Cobigo et al., 2012; Lawton, 1999; Scheidt & Norris-Baker, 2003).

Using photovoice, we were able to identify six themes linked to neighbourhood social inclusion: attractiveness of the neighbourhood, social contacts in the neighbourhood, activities in the neighbourhood, social roles in the neighbourhood, independence, and public familiarity. The identified themes largely correspond with the conceptualization of Cobigo et al. (2012), as they also emphasize the importance of social roles and a social network in creating social inclusion. However, the perspective of people with intellectual disabilities brought up some more detailed aspects of neighbourhood social inclusion. Where Cobigo et al. (2012) focus on the broader and extensive aspects of social inclusion, such as having access to public goods and services, or having a social network focused on social support, our participants particularly attached importance to the small and more informal activities and situations in the neighbourhood, which create the seemingly superficial social contacts, which we called public familiarity. These aspects were not explicitly outlined in the work of Cobigo et al. (2012). Our participants specifically valued opportunities to (a) visit shops independently, (b) perform (small) social roles, (c) attend neighbourhood activities and (d) meet family and acquaintances in the street. These aspects of social inclusion provided them with an opportunity to create and maintain social contacts in the neighbourhood. According to the stories of our participants, these social contacts, linked to public familiarity, contributed to a feeling of being at home in the neighbourhood. In cases where public familiarity was absent, participants felt less connected to their neighbourhood. These findings suggest that public familiarity could be identified as a significant aspect of neighbourhood social inclusion from the perspective of people with intellectual disabilities (e.g., Blokland & Nast, 2014; Bredewold, Tonkens, & Trappenburg, 2016; Van Alphen et al., 2009). In the next section, we will further reflect on our outcomes related to an ecological approach, address some practical implications within this reflection and provide limitations and implications for future research.

### 4.1 | Reflecting on the ecological model and practical implications

Participants In our study emphasise the importance of the *personal and physical environment* (e.g., Lawton, 1999; Scheidt & Norris-Baker; Overmars-Marx et al., 2014) related to neighbourhood social inclusion. First, being born and raised in the neighbourhood, and consequently having a lot family and acquaintances (*personal relationships*) nearby, contributes to the

public familiarity that appears to be important for a feeling at home in the neighbourhood (see also Blokland & Nast, 2014; Bredewold et al., 2016; Wiesel & Bigby, 2014). Additionally, there are other aspects, related to the *physical environment* of the neighbourhood, which increase the opportunity of meeting people in the street and having a small chat. Our participants narrated stories about the valuable contacts they have with shop assistants in local shops. This finding is in line with the studies of Wiesel, Bigby, and Carling-Jenkins (2013) and Bredewold et al. (2016), who found local shops to be of great importance to the people with intellectual disabilities, because they provide recognition and thus contribute to public familiarity (Blokland & Nast, 2014). This recognition is also gained by performing social roles in the neighbourhood. These social roles varied from occasionally assisting in a pub to having a full-time job in the neighbourhood. All kinds of social roles provided opportunities for creating social contacts and contributed to a feeling at home. Lastly, in some cases, participating in neighbourhood activities led to valuable social contacts. Attending neighbourhood activities offered opportunities for meeting neighbours and contributed to familiarity feeling at home (see also Wiesel & Bigby, 2014). Performing social roles and attending neighbourhood activities relates to the *small group environment* that consists of the contacts with neighbours and the attitudes of neighbours towards people with intellectual disabilities. The neighbours' attitudes are crucial because they are the most important partners for achieving social inclusion in the neighbourhood. Overmars-Marx, Pepping, and Thomése (2018) show that neighbours appreciate social roles performed by people with intellectual disabilities and these social roles might change perceptions neighbours have about people with intellectual disabilities. Neighbours welcome people with intellectual disabilities at neighbourhood activities and appreciate initiatives from group homes in organizing activities (Overmars-Marx et al., 2018). It seems that contact characterized by built-in boundaries is helpful; rules within the situation are clear and boundaries are given (Bredewold et al., 2016). The contact between people with intellectual disabilities and their neighbours is restricted and consists of fixed roles and structures; for example during a neighbourhood activity or an encounter between an individual with intellectual disabilities and a shop assistant. Staff members can support in setting out rules, supervising compliance to these rules and clarifying roles to encourage positive contacts between people with intellectual disabilities and neighbours (*suprapersonal environment*). They play a pivotal role in encouraging social interactions between people with intellectual disabilities and their neighbours (see, for example, Abbott & McConkey, 2006; Overmars-Marx, Thomése, & Meininger, 2017; Overmars-Marx et al., 2014; Van Alphen et al., 2009). Most participants were positive about their relationship with staff members and staff might seize this positive relationship as an opportunity to encourage social inclusion in the neighbourhood. Staff members could, for example, create opportunities for their residents to perform (small) social roles and to attend activities in the neighbourhood.

However, the study of Overmars-Marx, Thomése, and Moonen et al. (2017) and Overmars-Marx, Thomése, and Meininger et al. (2017) found little evidence of neighbourhood social inclusion being part of the group home staff members' professional role identity. In general, staff seemed to have difficulty coping with the dilemmas they faced concerning neighbourhood contacts, and often highlighted the risk that their residents might be harmed—a priority that corresponds with the caring aspect of their role (see also McConkey & Collins, 2010; Salmon, Holmes, & Dodd, 2013). In most cases the needs and wishes of residents regarding the neighbourhood is not a standard topic of discussion between staff and residents and neighbourhood social inclusion is not incorporated as a standard aspect of their individual support plans (Overmars-Marx, Thomése, & Moonen et al., 2017; Overmars-Marx, Thomése, & Meininger et al., 2017). The aim of our study was not to compare the participants living independently and participants in group homes but to gain as much information as possible about the process of social inclusion from the perspective of people with intellectual disabilities living in ordinary neighbourhoods. However, we found a small indication that suggests differences between the two groups. People supported in their home situation seemed to be more involved in general neighbourhood activities (e.g., barbecue) and in one case there was also a connection with the welfare organisation. Although the number of participants is small, it might be that staff supporting people living independently is more inclined to explore opportunities in the neighbourhood and to discuss these opportunities with the people they support. We would therefore recommend collaboration between group home staff and staff supporting people in their home situation. Finally, we point out the role of organizational and local policies, the *mezasocial environment*, in creating opportunities for neighbourhood social inclusion (e.g., Overmars-Marx et al., 2014). First, we recommend that service providers support staff members to embrace a supporting role—that includes discussing residents' interests regarding the neighbourhood—and to explore opportunities in the neighbourhood that are important for advancing social inclusion (e.g., Abbott & McConkey, 2006; Van Alphen et al., 2009). Second, we advocate that service providers carefully consider where to locate their residents. The physical layout of a neighbourhood can provide opportunities for and barriers to social inclusion (e.g., Skjaeveland & Garling, 1997; Van Alphen et al., 2009). These aspects should be considered in the planning of the location of services for people with intellectual disabilities. In response to the findings of our study, service providers could think about characteristics such as the presence of meeting areas, and opportunities to visit shops and other facilities independently. Locating residents in lively neighbourhoods seems to advance social inclusion in the neighbourhood. Besides these physical aspects of the neighbourhood, we recommend service providers pay attention to residents' needs and locate them close to their significant social contacts, as living in close proximity to family and acquaintances proved to be important for feeling at home in the neighbourhood.

## 4.2 | Limitations and implications for future research

Participants in our study were mostly positive about their neighbourhood. This seems remarkable, given the fact that other studies show that people with intellectual disabilities still encounter discrimination and rejection (Cobigo & Stuart, 2010; Hall, 2005). This could be explained by the selection of our participants. In most cases, participants were selected by a staff member. Staff members may have had the tendency to select participants who feel comfortable in their neighbourhood. Participants who had difficulties within their neighbourhood may have felt uncomfortable telling stories about their experiences. This selection might have led to an underrepresentation of aspects related to stigmatization. As we found in earlier studies, people with intellectual disabilities do face discrimination and rejection as a result of social stigma (Bredewold et al., 2016; Jahoda & Markova, 2004). The study of Jahoda, Wilson, Stalker, and Cairney (2010) shows that stigmatized groups are often aware of their negative social representations (Crocker & Quinn, 2000) but they tend to show acceptance of these circumstances (Jahoda & Markova, 2004). This suggests a reality that makes it hard to uncover feelings of stigmatization among people with intellectual disabilities. This might be why these processes of social stigma were not an explicit outcome of our study. We would suggest further research on the concept of social stigma and its influence on the lives of people with intellectual disabilities in their neighbourhoods.

Another explanation might be that people with intellectual disabilities living in small towns experience less “big city issues” and that small towns provide more opportunities for public familiarity. Wiesel and Bigby (2014), for example, found more contact between neighbours with and without intellectual disabilities in country towns in comparison with metropolitan suburbs. Relationships between neighbours might be more intensive and more focused on assistance, compared to other neighbourhoods (Van Alphen, Dijk, Van den Borne, & Curfs, 2010). We would recommend further research from the perspective of people with intellectual disabilities in more urbanized areas.

The use of photovoice provided participants with intellectual disabilities a platform to have their voices heard. Supported by photographs, they could tell their stories about the neighbourhood. Although in most cases this worked out well, in some cases it was difficult to obtain more insight into participants' situation and experiences. In these cases, even follow-up questions did not result in more detailed information. During the interviews we observed how photovoice empowered participants to tell their own story. Some of the participants were well able to categorize photographs in themes and reflect on these photographs by telling stories about aspects of the neighbourhood. However, in some interviews participants went off-topic or emphasized one topic. And although photographs provide the opportunity to guide the interview to useful terrain by redirecting the participant to the next photograph (e.g., Bugos et al., 2014), in some cases participants elaborated on one topic (visiting shops) or their stories gradually

moved away from the neighbourhood. For example, one participant felt lonely. This was not specifically related to the neighbourhood, but it might be solved within the neighbourhood. Therefore, we considered this kind of stories also as relevant to our research. The stories of participants were evaluated and analysed in relation to the topic of research.

Despite the challenges, we would definitely recommend the use of photovoice in future studies. It gives participants an active role in the research process and encourages participants to be open and tell stories (e.g., Overmars-Marx, Thomése, & Moonen et al., 2017; Overmars-Marx, Thomése, & Meiningen et al., 2017).

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