



# Transforming Communities for Inclusion: Examples of practice



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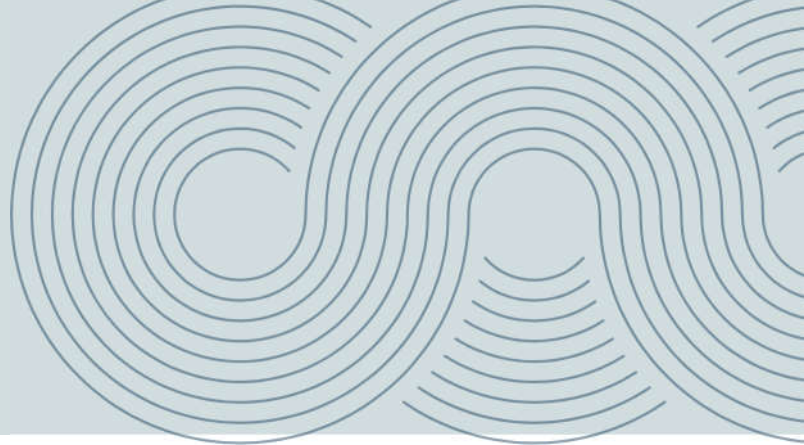
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# SETTING THE CONTEXT

Inclusion as a community of practice and as an independent strategy for community engagement is at the center of the disability and human rights discourse. This is especially so, following the adoption of the Convention on the Rights of Persons with Disabilities (CRPD). Article 19 of the CRPD (Right to live independently and be included in community) is a new human right in the history of human rights thinking.

Essentially, this human right provides that a person shall reside in a place of their choice, with persons of their choice; shall have access to a number of community support systems and services; and that, no barrier shall exist to interrupt their continuing to live lives in the community.

Gradually, countries are considering making policies and implementing of this right to inclusion, for all persons with disabilities. If realized, we can envision communities that are inclusive, with access to a variety of support systems and services for persons with psychosocial disabilities. There would be no need for closed-door institutions. Stakeholders working across all development sectors would share a common vision and plan for inclusion.

However, disability inclusion, especially the inclusion of persons with psychosocial disabilities, is yet to be realized. Various stakeholders including governments, International Non-Governmental Organizations (INGOs), donors, technical support agencies, regional and national policy-making agencies, and others must invest in 'zero barriers' environments for all persons with disabilities. They must invest in deinstitutionalization and build pathways for people to live within communities.

# INTERSECTIONS IN COMMUNITY ENGAGEMENT: HUMAN RIGHTS, INCLUSIVE DEVELOPMENT AND PSYCHOSOCIAL SUPPORT SYSTEMS FOR INCLUSION

A community of practice to foster “inclusive communities” involves deep engagement with communities. Grassroot cadres, trained in community inclusion skills, are needed, to work as a “psychosocial binder”. A “psychosocial binder” - (whether an actor or a set of actions) - brings people together on collaborative exchanges, rather than conflicted or competitive exchanges. This is helpful to bridge families and neighborhoods emotionally, in building community competencies and resources, reduce conflict, and build social connection and support. Mental health treatment does not, on its own, result in inclusion. Specific psychosocially cementing and resilience-building strategies are needed in all community development efforts.

Facilitating inclusion involves multiple entry points and forms of influence in local community contexts, through community conversations and dialogues. Natural ways of life which bring people together do exist in diverse pockets around the world, typically involving local arts, local produce, artisanship, shared hobbies, sports, festivals, etc. Such collective experiences connect people with economic resources, channeling social capital, creating local circles of care and support, and enabling local activism when there are justice issues involved. So, these are a blend of community support actions, actions to improve access to resources as well as social justice actions. Systemic social features of the communities are drawn upon for multiplying supportive resources and meeting a diversity of psychosocial and development needs.

Support, safety, and trust, belonging, mutuality and reciprocity, participation in organized groups, altruism, cultural factors/lineage encouraging social cohesion, aspiration for social and spiritual service, access to development, and a celebratory social-cultural environment make for an inclusive community picture. Building momentum around community role, mobilization, and engagement can enable communities to build back better.

Article 8 of the CRPD (Awareness) is the bulwark of inclusion programs, addressing social, behavioral, and attitudinal change toward persons with disabilities. Daily self-care practices, fostering friendships, daily recipes on cultivating mental wellness, enabling neighborhood support systems, creating a positive rumor about 'wellbeing and inclusion' through word of mouth or digitally, creating safe spaces in the community, using folk and traditional songs, using integrated arts and play- dance, drama, stories and visual arts with wellbeing-inclusion twist, makes field actions alive and participatory.



## **ABOUT THE PHOTO STORY**

This photo story tries to capture and present an inventory of inclusion practices from various regions of India. It aims to present a community of practice around inclusion and demonstrate how and in what ways can communities be transformed for inclusion. Through this photo story, we are only focusing on community support systems and not on community support services.

A 'Grassroot Conclave' was organized by one of TCI's founding members, Bapu Trust for Research on Mind & Discourse from April 6-8, 2023 in Pune, India. It was a gathering of the grassroots cadres of their partner organizations who had been trained to 'program for inclusion' and had been practicing inclusion in their communities. The traditional songs and dances, adapted to the theme of Inclusion, were powerful immersive experiences for all participants, from different cultures, celebrating land, forest, identity, connection, community and resilience; and sharing the deeply felt impact of violence, destruction and appropriation as indigenous areas change to modern slums and cities, especially on children, elderly, women and poor households.





# **INVENTORY OF COMMUNITY INCLUSION PRACTICES**





# Empathy *shivir\**

\*Tr: Gathering



Empathy *shivirs* are small gatherings of community persons. Here, in a live storying activity, they share their lived experiences around adversity and overcoming. These spaces reinforce that it is not shameful to be vulnerable in front of one's own community, that there are local heroes within one's own community. Such storying spaces lead to hope building among community persons. This helps in a shared sentiment that empathy is a community resource and not just an individual or household resource. Empathy *shivirs* act as spatial binders in building a psychosocial ecosystem and a shared language of emotional expression.

In SriLanka, another TCI founding member, Nidahas Chinthana Sansadaya -Consumer Action Forum (NCS-CAF), uses the activity of a 'Human book/library' where people stand up and share their stories, to demystify the lives of persons with psychosocial disabilities.



**Inclusion  
“pollination  
bees”!  
(Grassroots  
Partners)**

The grassroots workers play the role of “inclusion pollination bees” moving from place to place taking the message of inclusion, among households, community members and various stakeholder groups. This messaging creates a positive rumour about mental health and inclusion at the community level, facilitates stakeholder engagement, strengthens community value base and enables people to choose what is right and what is wrong with respect to disability inclusion. Messages of inclusion also highlights cultural strengths over individual resilience cultivating a sense of belonging and supports in the community.





**Using art  
forms/ folk  
songs/folk  
dances**







Local art forms have a character of being emotionally grounded in local cultures and brings the topic of emotions in a safe way before communities. In communities served by TCI members, such local art forms foster conversations and dialogues around disability inclusion.

They help in engaging on taboo topics or social justice issues in a safe way. Women use this medium to break the barriers in accessing community spaces and reclaim them. Local art forms create safe spaces for community persons to express themselves, owing to their familiarity and a culturally acceptable repertoire.



Folk songs mobilize all the sensory organs of the body and enable social connections in an embodied way presenting a natural way of cultivating wellbeing for the community. They represent colourful, often playful and vibrant ways of communicating serious topics.









# **Using games and activities**







Community persons (especially adults) learn through hands-on activities and interactive games and practice well-being during the sessions. These games foster social and behavioral change, break hierarchies, and promote peer support.

Traditional games have always existed in communities. The adaptable nature of these games transcends cultural and geographical contexts, bringing together individuals from diverse intersectional spaces, within communities.

There is cultural variance how emotions are named and identified in different cultures and languages, so these games help to relate culturally to different emotional states.

The curiosity and enjoyment of different games spark conversations around disability inclusion, providing positive mental health experiences and allowing individuals to embrace their childlike qualities, fostering laughter and spontaneity in play.







**Arts and play  
in well-being  
and  
development**

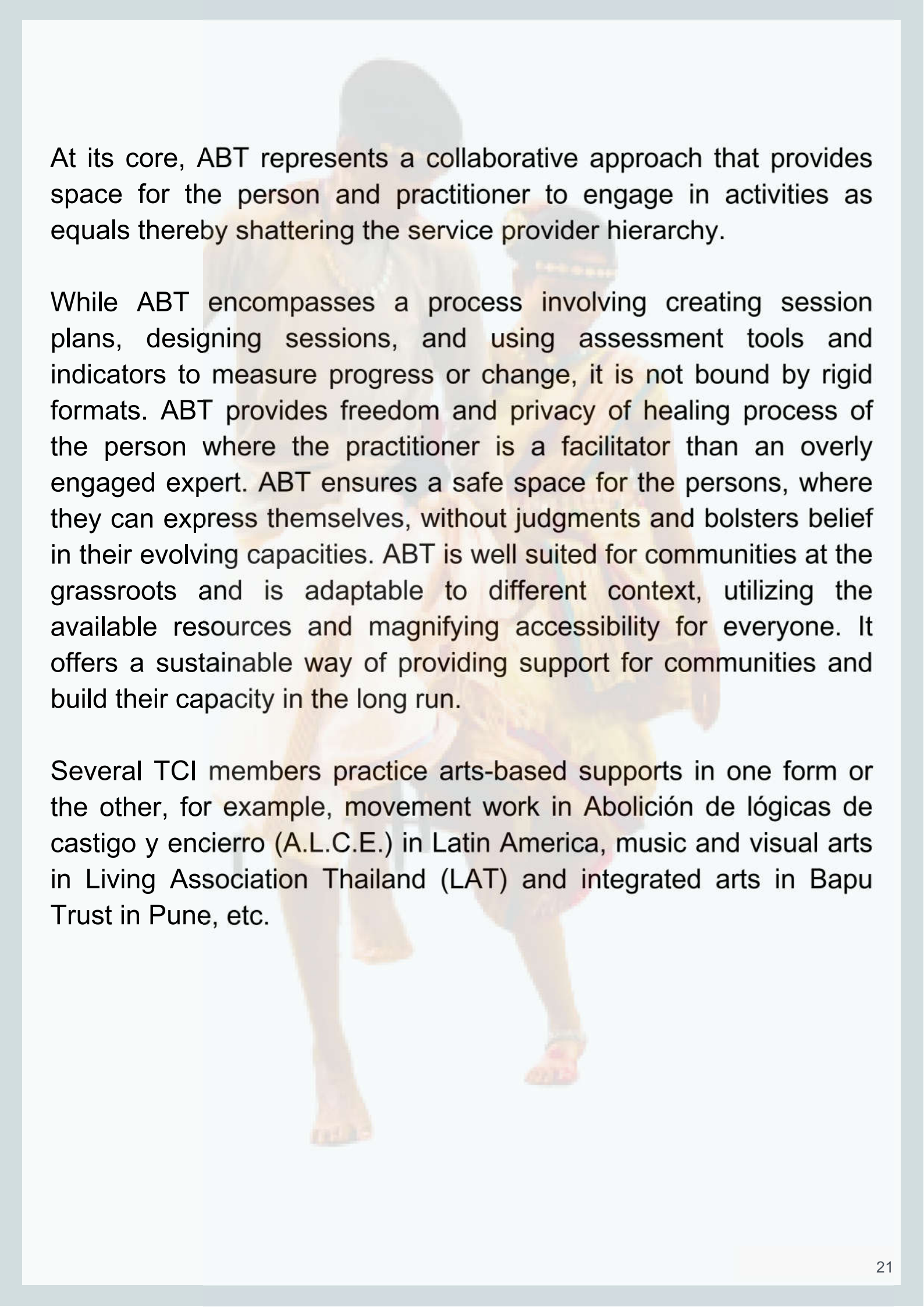






Arts-based therapy (ABT) is a specific psychosocial core skill to have. It is an alternative augmentative communication for engaging with persons with disabilities particularly those whose primary communication mode may not be language. ABT is the use of all art forms, integrated in a way to offer choices for persons with psychosocial disabilities, to accomplish their own individualized psychosocial support goals within a safe, recovery-oriented, support relationship. It is practiced and delivered by arts-based development practitioners.





At its core, ABT represents a collaborative approach that provides space for the person and practitioner to engage in activities as equals thereby shattering the service provider hierarchy.

While ABT encompasses a process involving creating session plans, designing sessions, and using assessment tools and indicators to measure progress or change, it is not bound by rigid formats. ABT provides freedom and privacy of healing process of the person where the practitioner is a facilitator than an overly engaged expert. ABT ensures a safe space for the persons, where they can express themselves, without judgments and bolsters belief in their evolving capacities. ABT is well suited for communities at the grassroots and is adaptable to different context, utilizing the available resources and magnifying accessibility for everyone. It offers a sustainable way of providing support for communities and build their capacity in the long run.

Several TCI members practice arts-based supports in one form or the other, for example, movement work in Abolición de lógicas de castigo y encierro (A.L.C.E.) in Latin America, music and visual arts in Living Association Thailand (LAT) and integrated arts in Bapu Trust in Pune, etc.





**Access to  
justice at the  
community  
level**

Justice-based forms of inclusion practices help to address discrimination against persons with psychosocial disabilities in the communities, as a part of day-to-day moral issues that people in communities negotiate. They help in providing value-based information on the personhood of persons with disabilities. Such processes mobilize opinion builders, value builders, and people who act as community cement such as altruists, social workers, and grassroots workers to be vehicles for these moral exchanges in communities.

An example from TCI communities is value-based *panchayats* (community justice system) to address individual violations of human rights (for example denial of food and fluid, denial of participation in household spaces, abuse, violence and exploitation, grabbing resources from the person such as a pension, disability allowances, etc.). These practices mobilize neighborhoods and bystander ethics to encourage community members to become moral actors when they witness any form of violence to any neighbors, relatives, etc. hence building neighborhood support for persons with disabilities. KOSHISH (Nepal) mobilizes persons with psychosocial disabilities to be the spokespersons for their own rights, by creating self-advocacy groups. Championing for Inclusive Communities in Kenya (CIC-K), Indonesian Mental Health Association (IMHA) Indonesia, Psychiatric Survivor's Association (PSA) Fiji, Nidahas Chinthana Sansadaya -Consumer Action Forum (Sri Lanka), among others have a strong social justice component in their community work. Bapu Trust (India) uses a circle of care as a community justice platform for establishing supported decision-making.

In these programs, the persons with psychosocial disabilities become ambassadors in their communities, for their own human rights and support the social reproduction of the value of disability inclusion.

# Awareness strategies

Inclusion awareness strategies carry the message that persons with psychosocial disabilities are persons first and also persons with disabilities. These strategies target communities rather than individuals with disabilities and help to bring about social behavioral change in the larger community spaces.

Inclusion messages help to create a conducive psychosocial ecosystem for individuals with higher support needs. In close-knit communities, such as a village, these strategies utilize person-to-person contact and create ripple effects via word of mouth. People are engaged through open-ended social opportunities reaching households.

It also helps to share information about programs, and service organizations, and understand community expectations, hence building a platform for starting work in the communities.

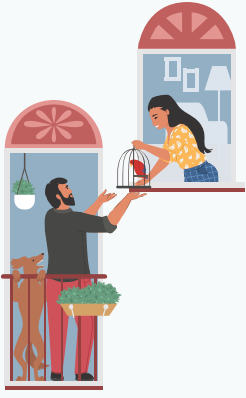
Awareness activities provide individuals and families with a safe way of approaching the organization to address their psychosocial support needs. During the pandemic, digital platforms and media were utilized, but however, for deep community engagement, person-to-person contact works better, in the experience of our members. Depending on the nature of communities, awareness strategies may vary.

For example, in urban settings, the Bapu Trust uses small to medium to large-scale strategies for the social reproduction of inclusion values ('corner meetings' target 8-10 persons at a time; poster exhibitions, about 200 persons at a time; etc.)

# ACCESS TO MAINSTREAM SERVICES

Experiences of well-being are tied to the availability of a variety of resources (specific to the disability as well as mainstream). Persons with psychosocial disabilities are often caged within a 'treatment' box. However, they need full access and inclusion to all the mainstream services on an equal basis with others.





## Preparing neighbourhood



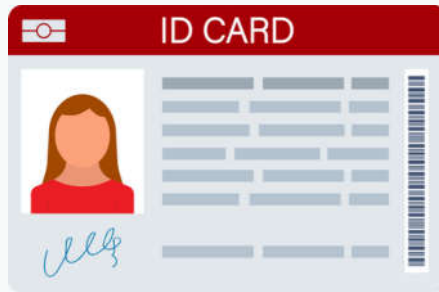
## Housing



## Food security



## Participation in political and public life



## Documentary evidence of citizenship



## Financial empowerment



## Comprehensive healthcare



## Participation in cultural and community life, leisure, recreation and sports



## Social protection

# DEINSTITUTIONALIZATION

Institutionalization directly contradicts the right of persons with disabilities to live independently and be included in the community. Hence, deinstitutionalization should be considered as a step towards enabling community inclusion of persons with psychosocial disabilities. Deinstitutionalization is a core component of a community inclusion program.

To ensure it is implemented successfully, along with ensuring access to mainstream services (covered previously), there also needs to be:

- An enabling legal environment for unconditional discharge from institutions.
- Repealing discriminatory laws and policies to restore legal capacity and access to justice.
- Providing choice in housing.
- Preparing neighborhoods as circles of care.
- Strengthening the availability of social support systems and support services.
- Preparing individuals with the practical knowledge of living in the community.
- Ensuring the removal of all barriers to the acquisition of citizenship status by persons leaving institutions.



# Working with persons with disabilities

While working with individuals with disabilities, a human rights approach should be followed that treats them on an equal basis as with others. The approach should ensure respecting the autonomy and dignity of the person, their identity and intersectionality, and validating their lived experiences.

The focus should be on strengthening the self and having a varied self-care module to build resilience. Specific psychosocial support services for persons with psychosocial disabilities, who may request the same should be offered along with a diverse range of choices.

Opportunities to increase their social capital by joining social, economic, and psychosocial groups in their communities should be offered. Nutritional, fitness, and grooming (self-development) opportunities should be made available to persons with disabilities.

One should remain open-minded, acknowledging that if someone is not responding to the choices, it may be because we haven't explored all the opportunities or choices available to them, rather than assuming it is due to their own limitations.

A “crisis” is treated, within the CRPD framework, as a crisis in the human ecosystem and not of the individual. The crisis is interpreted as a high restriction in participation and having the risk of several rights violations and deprivations, on the life of a person with a psychosocial disability.

# SELF CARE ACTIVITIES

(As shared by Bapu Trust for Research on Mind & Discourse, India,  
TCl member)

Painting to music  
Forceful breathing  
Body activation  
Chaotic movement Magic box  
Automatic writing Straw painting  
Body scan meditation  
Singing bowl meditation  
Metabhavana meditation Journaling  
Sensory meditations (touch, smell)  
Changing the story line (clay, narrative prose)  
Visualization (seed to tree)  
Safe place visualization Doodling  
Chief guest Any syllable chanting Yoga  
Anapaana meditation  
Drumming Chaotic breathing  
Gibberish meditation  
Console breathing  
Moving to music



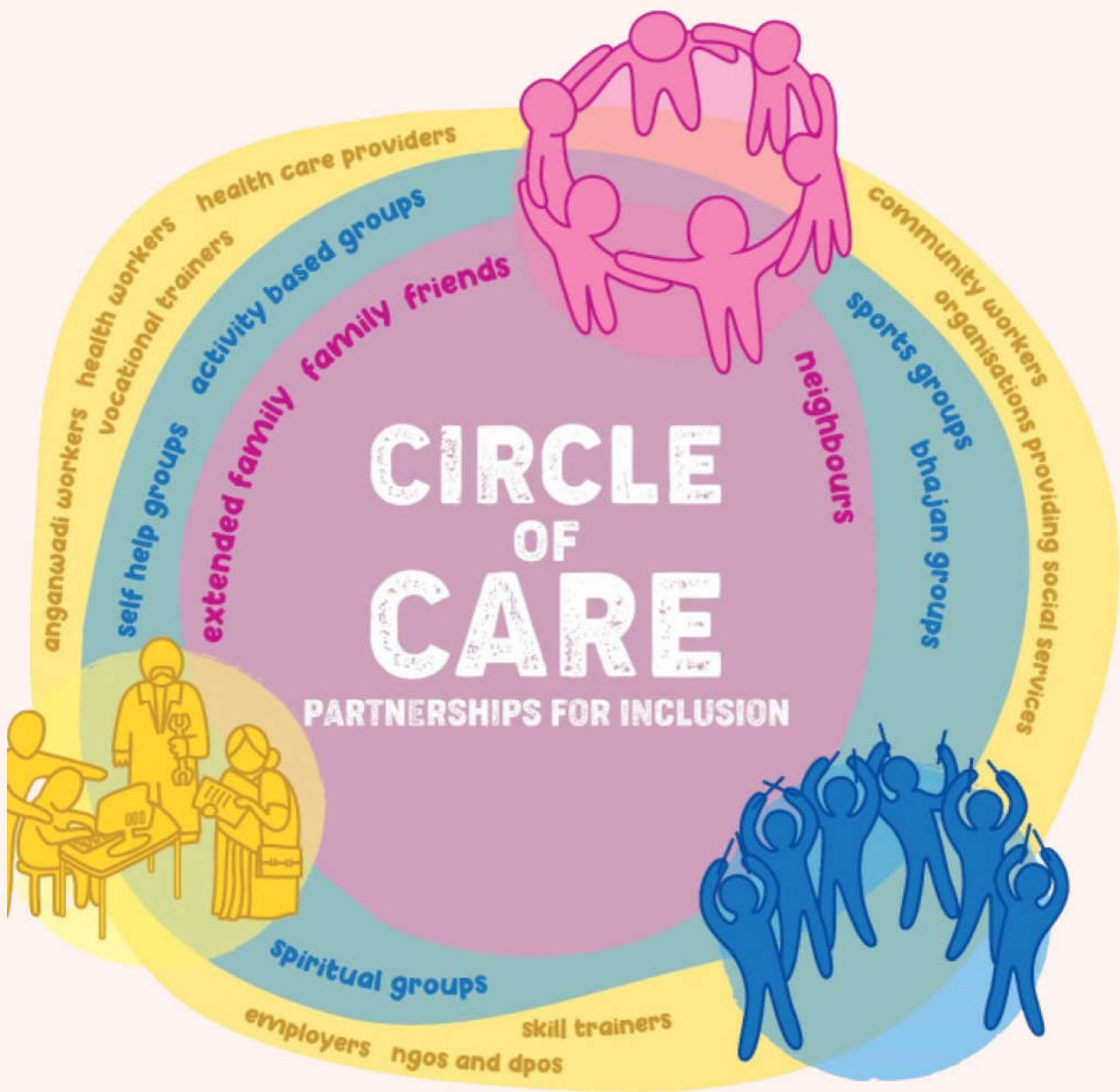
**We are sharing some designs of Seher program of Bapu Trust for Research on Mind and Discourse, India (TCI member) that illustrates their community inclusion work.**



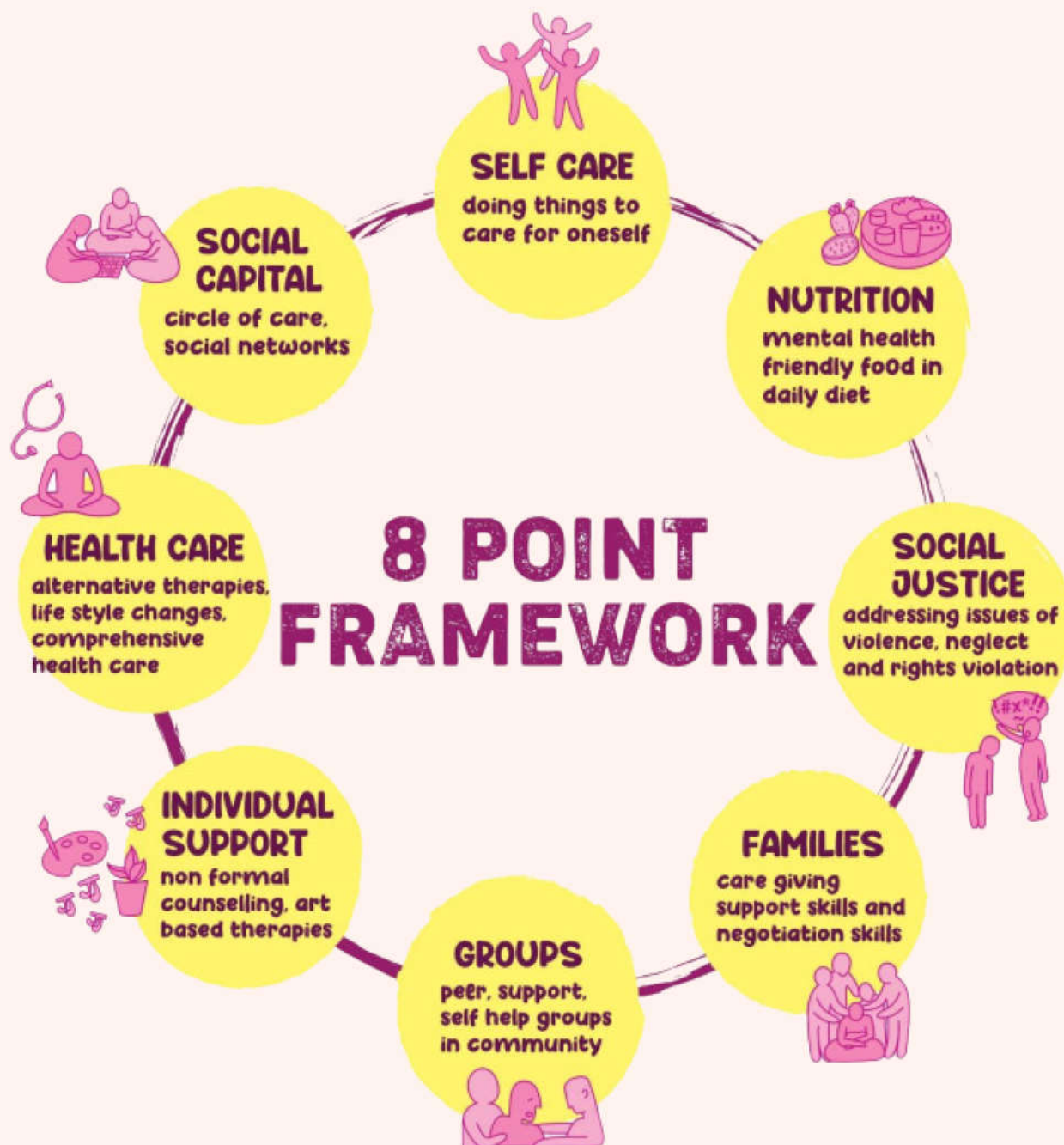
**The Mental Health Spectrum** is a valuable tool for assessing an individual's psychosocial requirements. This dynamic scale helps to comprehend a person's complete psychosocial needs, which include developmental needs, barriers to full participation, and human rights aspects. It underscores the idea that mental health is a dynamic state and is never fixed. It also aims to respect the diversity of the range of experiences of persons with psychosocial disabilities.



**Causes and conditions of psychological distress, disturbance, and disability:** This is a guiding tool that attempts at covering all possible causes of psychological distress. It moves away from the medical model of disability of blaming an individual and their biological aspects for their distress and takes into account a wide variety of reasons that could lead to distress, disturbance, and disability.



**Circle of Care:** Seher focuses on developing and strengthening support systems, including families, peer support, group support, neighborhoods, etc. to transform communities through creating circles of care. This is a tool that BT uses to enhance social capital in communities and to ensure that social actors fully participate in all aspects of life, and facilitate the inclusion of persons with psychosocial disabilities.




**Eight point framework:** This is a locally developed model of the Bapu Trust owing to years of working with communities. Interventions of the Seher program, for the inclusion of persons with psychosocial disabilities, are clustered around each domain in the framework.

# INDICATORS FOR MEASURING PROGRAM IMPACT



Inclusion is not just a value or a sentiment, it is a practice that can be documented. A list of indicators can be drawn from the organization's work plan and all the micro actions performed under each indicator can be tallied. This data can help the organization to understand what is working and what is not working for the inclusion of persons with psychosocial disabilities in their community.

Organizations can put up different designs/tools to measure impact of community inclusion programs for persons with psychosocial disabilities. The following is an illustrative list shared from the Seher program of Bapu Trust for Research on Mind and Discourse, India (TCI member).




### **Actions on spreading inclusion and awareness meetings in the community**

- a) Neighbourhood Awareness Actions
- b) Actions to build the family's capacity to support
- c) Actions to strengthen community leaders' work toward inclusion
- d) Access to social support through facilitating socialization
- e) Actions to multiply peer support networks in the community
- f) Action to sensitize local Non-Governmental Organizations (NGOs), Community Based Organizations (CBOs) and stakeholders in the community on inclusion



### **Creating an enabling legal environment**

- a) Actions to facilitate legal inclusion
- b) Access to justice at the community level



## **Actions for ensuring access to mainstream services**

- a) Actions to find Housing/independent living
- b) Access to Nutritious food
- c) Access to livelihood and employment and inclusion in workplaces
- d) Participation in political and public life
- e) Participation in cultural and community life, leisure, recreation, and sport
- f) Healthcare support
  - o Actions to facilitate healthcare support
  - o Actions to facilitate inclusion from healthcare practitioners.
  - o Advocacy with psychiatric facilities and staff



## **Actions to facilitate financial inclusion**

- a) Actions to prepare deinstitutionalized persons and communities for inclusion/ Preparations for leaving the institution
- b) Actions to obtain disability certification
- c) Access to social protection schemes
- d) Access to poverty reduction schemes



## **Working with persons with disabilities**

- a) Actions to support
- b) Actions to prevent institutionalization
- c) Actions to empower families to be inclusive and supportive
- d) Actions to support during crisis





# Future Policy Considerations

Community inclusion should be a standalone funding stream and policy, not tied to health care.

CI funding should include three main strategies: Enhancing access to mainstream services; Enhancing access to disability specific services and access to community support systems and support services.

Donors must disaggregate mental health funding from community inclusion. For effective community inclusion, investments must flow directly into communities, effecting social, behavioural change in neighbourhoods, empowering families and transforming them for inclusion.

Despite working with intangible human processes, it is possible to measure inclusion programs for impact. Developing a backend Management Information System (MIS) system, a structured documentation process, with dedicated tools and instruments can effectively track and measure creation of community support systems.

Attention needs to be shifted to other SDGs along with SDG3 on health well being. Other SDGs that are relevant are gender equality, resilient cities, peaceful and just communities etc. This should be considered in the context that there is a social fabric, and everyone is accountable for maintaining peace in communities. Social reproduction of society, towards creating inclusive communities, requires investments.

# CONCLUDING REMARKS

Social justice issues, if addressed, will have an impact on psychosocial well-being. Persons living violence-free lives, having access to food, employment, housing, an adequate standard of living, social protection, education, etc. will experience psychosocial health and well-being. Removal of social, attitudinal, economic, and legal barriers will result in mitigating the experience of disability and discrimination. The Sustainable Development Goals (SDGs), along with the CRPD, if realized for all persons with disabilities, will remove discrimination, offer opportunities, and restore a life of dignity and independence in the lives of persons with disabilities.

Inclusive communities are inclusive for all, not just persons with disabilities.

# PARTNERS

## Wellspring Philanthropic Fund

Wellspring Philanthropic Fund supports the realization of human rights and social and economic justice for all people. Our work is rooted in respect for the dignity and worth of every human being.



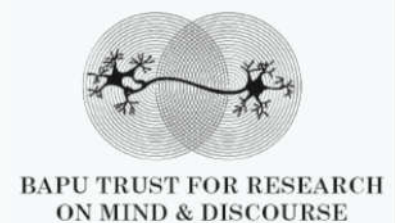
## Bapu Foundation

The Bapu Group is, located in Pune city, India. Bapu works with multiple stakeholders within the Development sector on the inclusion of persons with mental health issues and psychosocial disabilities.



## Bapu Trust for Research on Mind and Discourse

Bapu Trust has established a credible track record in services, research, advocacy, and capacity building in the disability sector over the past 21 years. The organization works in mental health from a disability inclusion and community development point of view.



## Paul Hamlyn Foundation

Paul Hamlyn Foundation is one of the largest independent grant-makers in the UK. The organization supports social change, working towards a just and equitable society in which everyone, especially young people, can realize their full potential and enjoy fulfilling and creative lives.



# PARTNERS

## International Disability Alliance

IDA is an alliance of networks. IDA brings together over 1,100 organizations of persons with disabilities and their families from across eight global and six regional networks. Together we promote the inclusion of persons with disabilities across global efforts to advance human rights and sustainable development.



## Mariwala Health Initiative

Mariwala Health Initiative (MHI) is a funding agency for innovative mental health initiatives, with a particular focus on making mental health accessible to marginalized persons and communities.



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Community Development Centre

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National Institute of Women Child and Youth Development

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Raintree Foundation

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Samaan Social Development Society

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SNEH Foundation

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The Foundation for Universal Responsibility

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Vikalp Samajik Sanstha

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Wipro Limited

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*Thank  
you!*



## **Transforming Communities for Inclusion**

Transforming Communities for Inclusion (TCI) is a global Organisation of persons with psychosocial disabilities [an OPD]. TCI forecasts a future in which all human rights and full freedoms of persons with psychosocial disabilities are realized. We are guided by the United Nations Convention on the Rights of persons with Disabilities (UNCRPD).

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