University of Groningen

The efforts of direct support professionals to facilitate inclusion

Venema, E.; Otten, S.; Vlaskamp, C.

Published in:
Journal of Intellectual Disability Research

DOI:
[10.1111/jir.12209](https://doi.org/10.1111/jir.12209)

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Publisher's PDF, also known as Version of record

Publication date:
2015

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Venema, E., Otten, S., & Vlaskamp, C. (2015). The efforts of direct support professionals to facilitate inclusion: The role of psychological determinants and work setting. *Journal of Intellectual Disability Research*, 59(10), 970-979. <https://doi.org/10.1111/jir.12209>

Copyright

Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

The publication may also be distributed here under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license. More information can be found on the University of Groningen website: <https://www.rug.nl/library/open-access/self-archiving-pure/taverne-amendment>.

Take-down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): <http://www.rug.nl/research/portal>. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.

The efforts of direct support professionals to facilitate inclusion: the role of psychological determinants and work setting

E. Venema,¹ S. Otten² & C. Vlaskamp¹

¹ Department of Special Needs Education and Child Care, Faculty of Behavioral and Social Sciences, University of Groningen, Groningen, The Netherlands

² Department of Social Psychology, Faculty of Behavioral and Social Sciences, University of Groningen, Groningen, The Netherlands

Abstract

Background Various studies have found that direct support professionals (DSPs) play an important role in determining the degree to which people with intellectual disabilities (ID) are included in society. However, less research has been conducted on the psychological processes that may influence the behavioural intentions of DSPs to actually engage with and invest effort in supporting their clients' inclusion. Five possible psychological variables are identified in the literature: attitudes, social norms, experienced competencies, identity and meta-evaluation. In our research, we tested whether these processes influence the (intended) efforts DSPs make to facilitate their clients' inclusion.

Method A structured questionnaire was sent to 927 DSPs working in one of three different locations (an ordinary non-segregated setting, a reversed non-segregated setting and a residential facility). Of these, 336 DSPs completed the questionnaire.

Results Several variables revealed differences between the three locations, specifically in efforts to facilitate inclusion, attitudes, social norms, experienced competencies and professional identity. Looking at the overall means, we found (relatively)

high scores for the experienced competencies, role identity and meta-evaluation. In contrast, the means were relatively negative regarding the DSPs' attitudes to inclusion and their assumed social norms.

Conclusions Direct support professionals' efforts to facilitate inclusion depend on their attitude towards inclusion, the experienced competencies, their role identity, the DSPs' meta-evaluation and, indirectly through attitudes, also on the assumed social norms of the relevant stakeholders. Organizations responsible for supporting people with ID and which may want their DSPs to make greater efforts to facilitate inclusion should pay attention to these psychological variables.

Keywords direct support professional, effort, inclusion, intellectual disabilities, model

Introduction

The change from institutional care to community living has not only affected the lives of people with intellectual disabilities (ID) but has also had an impact on the work of direct support professionals (DSPs). For example, DSPs in community living have to facilitate the contact between the people with ID and those without such disabilities, including neighbours, peers and so forth (Abbott & McConkey 2006; Van Alphen, 2011). Furthermore, DSPs are expected to recognize and make use of opportunities

Correspondence: E. Venema, MSc. Department of Special Needs Education and Child Care, Faculty of Behavioral and Social Sciences, University of Groningen, Grote Rozenstraat 38, 9712 TJ Groningen, The Netherlands (e-mail: Eleonora.Venema@rug.nl).

for contact between their clients and other people living in the neighbourhood.

In this study, we define inclusion as the person with ID being part of the community, which implies that he or she makes use of the facilities in the community and has contact with the people who live in that community. This contact can vary in frequency and in intensity, like from greeting to having friends (Venema *et al.* 2014a,b). Importantly, previous research has found that DSPs play an important role in the degree to which people with ID are included in society successfully (Mansell *et al.* 2002; Mansell 2006; Chowdhury & Benson 2011; Overmars-Marx 2011; Van Alphen, 2011). Most of these studies focus on the *type of support* the DSPs should give (e.g. Mansell *et al.* 2002) or the *tasks* DSPs perform to encourage their clients' inclusion (e.g. Chowdhury & Benson 2011). Moreover, failures in inclusion are explained or partly explained in some studies by the DSPs' attitudes (Hamlin & Oakes 2008; Bigby *et al.* 2009; Clement & Bigby 2009). Little if any research has been carried out on the *psychological variables*, which influence the behavioural intentions of DSPs to actually engage and invest effort in supporting their clients' inclusion. This topic is, however, very important, because even if DSPs know that they are expected to facilitate contact between their clients and other neighbours, and even if they know how to do that, they can still be unwilling to behave accordingly and to invest energy in these endeavours. For example, a DSP might consider other tasks, such as adhering to the client's daily schedule, more relevant than facilitating contact between clients and neighbours. This can be an obstacle to the inclusion of people with ID. Therefore, in the present study, we focus on the psychological conditions that can determine how much effort DSPs invest (or intend to invest) in facilitating their clients' inclusion.

Various factors have been identified in the psychological literature which can influence behavioural intentions. The most prominent and influential model in this field was initially developed by Fishbein and Ajzen (1975) as the Theory of Reasoned Action, and then refined by Ajzen (1985) as the Theory of Planned Behavior. Three factors are identified in this model, which determine whether people will develop a certain behavioural intention. First, the *attitude* towards a certain behaviour and its outcomes is highly relevant. For example, if

somebody believes that not smoking will improve health, he or she will be more prone to actually avoid smoking. However, social-psychological research has revealed that the attitude-behaviour link is not straightforward; therefore, additional factors need to be considered when seeking to predict behavioural intentions. According to the Theory of Planned Behaviour (Ajzen 1985), these additional factors are *social norms* and the *perceived behavioural control*. Social norms are defined as the perception of relevant stakeholders' attitudes towards the possibly intended behaviour (Artis & Smith 2013). In the context of our study, the social norms are the assumed opinions of family members and neighbours about inclusion (Venema *et al.* 2014a). The third and final factor, *perceived behavioural control*, consists of two components: self-efficacy and possible assistive (or obstructive) conditions in the given context (Zolait 2014). In the context of the present research, self-efficacy can be defined as the DSPs' experienced competencies in a non-segregated setting. We assume that a DSP who feels that he or she has the necessary competencies to function in a non-segregated setting will also have stronger behavioural intentions to invest effort in facilitating the client's inclusion. For the sake of brevity, in the remainder of this article we will use the term 'effort' to refer to the intention of DSPs to invest effort to facilitate their client's inclusion.

Another relevant psychological factor closely related to social norms is *meta-evaluation*: these are the cognitions that people hold about how others perceive them and their behaviour (e.g. Vorauer 2013). In the present context, meta-evaluation is defined as what the DSPs expect that the family members and neighbours think about them and their work. Research has shown that such meta-evaluation can have a crucial impact on interactions: while positive meta-evaluation facilitates interactions with others (such as between the DSPs and the neighbours), negative meta-evaluation obstructs them (Vorauer 2006; Vorauer 2013). We expect that the more positively DSPs think they are perceived by their environment (neighbours and family members), the more effort they will invest in facilitating contact between their clients and the neighbours, and in doing so, they will positively influence the inclusion process.

Finally, a factor that we consider of value to the present research is the DSPs' *identity*. Various studies

have found that considering identity could be a valuable addition to the Theory of Planned Behaviour (Ajzen 1985). More specifically, self-identity and role identity have been shown to significantly affect and improve the prediction of behavioural intentions (Rise *et al.* 2010; Marta *et al.* 2014). In the context of the present study, this means that even if they have a positive attitude towards inclusion, DSPs may not be willing to commit much effort to actually supporting it if they do not positively identify with their *professional identity*. Furthermore, they will also probably not invest effort in facilitating inclusion if they do not consider such effort to be part of their professional role (*role identity*). Therefore, we will also focus on the DSPs' professional self-identity and role identity as predictors of their effort to support their clients' inclusion.

Overall, we expect that the DSPs' actual or intended effort to facilitate the inclusion of their clients will be determined by five factors, namely, (1) their attitude towards inclusion; (2) their thoughts about whether family members and neighbours approve of inclusion (social norm); (3) their experienced competencies (behavioural control); (4) their beliefs about the opinions of family members and neighbours about them and their work (meta-evaluation); and (5) by their professional identity and assumed role as a DSP. Figure 1 summarizes the theoretical model underpinning the present research.

This study investigates the extent to which the specified variables of this model actually determine the DSPs' efforts to facilitate their clients' inclusion. Based on the previously mentioned reasoning, we expect that all five factors will affect the DSPs' effort to facilitate their clients' inclusion. Moreover, we will explore whether the DSPs' efforts to facilitate their

clients' inclusion, and the assumed predictors of such effort, will differ as a function of the *work setting* in which the DSPs are active. More specifically, we will compare the mean level of all the components of our theoretical model in three different work settings: in residential facilities, in 'ordinary' non-segregated settings and in settings that use so-called reversed non-segregation. Importantly, these settings differ in how and to what extent they attempt to increase the inclusion of people with ID in society. In 'ordinary' non-segregation, people with ID move into existing neighbourhoods, while in a residential facility, people with ID live on a fenced ground where only people with ID live. In 'reversed' non-segregation, a former residential facility is transformed into a neighbourhood by opening the facility to people without ID who choose to live next to people with ID (Venema *et al.* 2014b). Given these differences, a comparison of DSPs from these settings will permit us to determine whether the promise of 'reversed' non-segregation to create greater acceptance of inclusion efforts by the neighbours compared with 'ordinary' non-segregation projects is also reflected in the involved DSPs' more positive perceptions of social norms. At the same time, the comparison between DSPs in residential and other settings is interesting, as this population will have the least hands-on experience with inclusion, while nonetheless being able to subjectively evaluate all the components of the model. In fact, the relative lack of actual experience with inclusive efforts could, depending on the quality of such experiences, work both ways and either prompt relatively more positive or more negative attitudes, perceived social norms, meta-evaluations and perceived behavioural control compared with the other two settings.

Figure 1 Theoretical model of concepts that influence the effort direct support professionals exert to aid inclusion.

Methods

Participants and setting

The research was conducted at the facilities of a large organization in the northern Netherlands. The participating DSPs worked at one of three different locations: (1) a residential facility; (2) a neighbourhood with 'ordinary' non-segregation; and (3) a neighbourhood with 'reversed' non-segregation. The residential facility is situated in the outskirt of a village with 3500 inhabitants, where 24 homes for people with ID and eight day services settings were located. In every home, eight to ten people with ID lived, the majority of these people having severe to profound ID or ID and behaviour and/or psychiatric problems. The participating 'ordinary' non-segregated setting consists of two different locations: one in a village with 10 000 inhabitants (eight homes for people with ID and four day services settings), the second location in a town with 45 000 inhabitants, consisting of thirteen homes for people with ID and three day services settings, all situated across the town. Most of the people with ID living in an 'ordinary' non-segregated neighbourhood had mild or moderate ID. Each home accommodated eight to ten people with ID. The 'reversed' non-segregated setting was situated in the same town as the second 'ordinary' non-segregated setting, consisting of 21 homes for people with ID and five day services settings. Every home accommodated three to ten people, of whom the majority had severe to profound ID or ID and behaviour and/or psychiatric problems. Within the neighbourhood of these homes, about 200 people without ID were living.

All DSPs who worked in one of these homes or day services settings were approached to participate in this study. A total of 927 DSPs received the questionnaire. Of these, 336 DSPs completed the questionnaire

(36.2% response rate). DSPs working in a neighbourhood with 'reversed' non-segregation are proportionally less represented than DSPs working in the other locations (Table 1). We can only speculate as to why; perhaps the fact that some qualitative research had already been carried out in the 'reversed' non-segregated setting reduced people's willingness to invest even more time in the survey. The participating DSPs had all completed 4 years of training in which they had learned how to support people with ID. In their job, they had the opportunity to take courses that are specific for the target groups they support, for example, courses about dealing with aggressive behaviour or a course about medication use.

The gender ratio of the response group (23.6% men and 76.4% women) is comparable with the ratio in the overall DSP group. The mean age of the response group is 42 ($SD = 11.38$).

Procedure

The DSPs received the questionnaire (programmed using the Qualtrics software package) by email. The invitation text was the same for all DSPs. They were able to open the digital questionnaire by clicking a link and completing it online. They were given 4 weeks to complete the questionnaire. After two weeks, they received an email reminder from the researchers and after 3 weeks an email reminder from their manager. The questionnaire was completed anonymously, which meant that we were unable to contact the people who had not completed it. Later, a meeting was organized to inform participants of the research results.

Instrument

We developed a questionnaire which measured the six different concepts as specified in our theoretical

Table 1 Number of participants from three different locations

Location	Total number participants approached	Total completed questionnaire	Percentage within group (%)	Percentage of total (%)
Reversed non-segregation	399	99	24.8	29.5
Residential facility	260	117	45	34.8
Ordinary non-segregation	268	120	44.8	35.7
Total	927	336	36.2	100

model. To properly apply this model in the context of inclusion, we were able to build on evidence from a qualitative study which was performed in the same setting (Venema *et al.* 2014a). In this study, semi-structured interviews were conducted with 28 DSPs, 25 neighbours and 25 family members. All the theoretical model variables were covered in these interviews. This material allowed us to develop questionnaire items, which fit closely with the daily reality of professionals in a non-segregated setting. After developing the questionnaire, the draft version was evaluated by a panel of experts comprising several professionals in both science and practice. Moreover, it was administered to a small group of participants ($N = 10$) prior to launching the main studies. In both cases, the questionnaire was evaluated positively, suggesting that no further changes were needed.

The questionnaire started with some questions about demographic information (gender, age, years of work experience, type of work location and work location target group). The relevant variables from the theoretical model were then measured. The ordering of items in the text is the same as in the questionnaire. Participants were asked to rate statements (referring to the theoretical model concepts) on a 5-point scale ranging from 1 = totally disagree to 5 = totally agree.

Experienced competencies were measured with nine statements about basic competencies for DSPs and competencies that were related to the clients' inclusion. Higher scores meant that the participants felt more competent. 'I know how I can encourage contact between people with and without intellectual disabilities' is an example of a statement on experienced competencies.

Professional identity was measured next, with three statements referring to the DSPs' general identity as a professional. Higher scores implied a more positive value for the professional identity. An example item is 'My work fits well with who I am'. The internal consistency of this scale was 0.84.

Role identity was measured with four items about how DSPs experience their own role. Higher scores meant that they positively valued their own role as a DSP. An example item is 'It is my job to coach the clients in their behaviour'.

Meta-evaluation was defined as the assumed opinion of neighbours and family members about the DSPs and their work. Higher scores on this scale

meant that the DSPs expected more positive opinions. This factor was measured using six items. 'I think that most of the family members are satisfied with how the DSPs do their job' and 'I think that most of the neighbours have respect for the DSPs' are examples of statements measuring meta-evaluation.

Attitude was measured with 10 items on the DSPs' positive or negative evaluations of inclusion. Negative items were recoded for the joint scale. Higher scores therefore correspond to more positive attitudes. Example items are 'I think that living in a neighbourhood often has negative consequences for the clients' (recoded) and 'I think that living in a neighbourhood leads to more contact with people without an intellectual disability'.

Social norms were measured with a total of 11 statements about the assumed opinion of citizens, neighbours and family members regarding inclusion. Negative items were recoded for the joint scale, to make higher scores mean that a more positive opinion is expected from the stakeholders. Examples are 'I think that the clients' behaviour causes trouble for the neighbours' (recoded) and 'I think that most citizens are prepared to invest time into contact with people with intellectual disabilities'.

Effort to facilitate inclusion, finally, was measured with six statements on how much effort DSPs invested in inclusion and to what extent they considered inclusion to be part of their job. Higher scores meant an increase in their efforts to facilitate inclusion. Example items are 'It is part of my job to get the clients to include in the community as much as possible' and 'I make a lot of effort to organize contact between neighbours and clients'.

Results

Before testing the theoretical model, we first investigated the internal consistency of all the questionnaire scales. We then investigated the means for the relevant variables from the model (Table 3) and performed a one-way analysis of variance to determine whether there were differences between the different locations. Next, correlation and regression analyses were performed to examine the proposed model ability to predict the DSPs' efforts to support inclusion.

Internal consistency

Table 2 presents the internal consistency of the different scales. All the scales turned out to be at least sufficiently and predominantly highly reliable, ranging from 0.70 to 0.89.

Overall means

A couple of results are notable when considering the overall means presented in Table 3. First of all, the means of the experienced competencies and especially identity are high, as is, albeit to a slightly lesser extent, the mean for meta-evaluation (i.e. the DSPs' assumed appreciation of them and their work by others). This signifies the DSPs feelings of competence, they value their own identity positively

and they expect that they and their work are positively evaluated by family members and neighbours. On the other hand, the mean of the attitude towards inclusion is relatively negative (i.e. below the midpoint on the 5-point scale), and the same applies to the assumed attitudes of neighbours and family members towards inclusion. In other words, despite their positive opinion of their ability to achieve inclusion and their positive view of their identity as professional, the DSPs have relatively negative opinions about what inclusion can do for their clients and they expect that the other relevant stakeholders will share this scepticism. The main dependent variable in the present work, finally, is the effort that DSPs are willing to invest in inclusion. Here, the mean score obtained across the whole sample can be classified as moderate or slightly positive (3.55 on a 5-point scale).

Table 2 Internal consistency of the psychological variables

Scale	Cronbach's α
Experienced competencies	0.70
Professional identity	0.84
Role identity	0.89
Meta-evaluation	0.89
Attitude	0.83
Social norms	0.83
Effort to facilitate inclusion	0.80

Differences between locations

A multivariate analysis of variance, with location as the independent variable, revealed significant differences between locations on five of our psychological variables (Table 3). DSPs working in an 'ordinary' non-segregated neighbourhood put more effort into facilitating inclusion, have a more positive professional identity and feel more competent in a non-segregated setting compared with DSPs working

Table 3 Means, standard deviations and differences between locations

Concept	Location								F	p
	Total		Reversed non-segregation		Residential facility		Ordinary non-segregation			
	Mean	SD	Mean	SD	Mean	SD	Mean	SD		
Effort to facilitate inclusion	3.55	0.76	3.46 ^a	0.76	3.44 ^a	0.79	3.76 ^b	0.71	5.85	0.003
Attitude	2.66	0.70	2.68 ^{a,b}	0.66	2.52 ^a	0.72	2.78 ^b	0.68	4.00	0.019
Social norms	2.82	0.54	2.85 ^b	0.49	2.70 ^a	0.55	2.91 ^b	0.55	4.44	0.013
Experienced competencies	4.10	0.47	4.01 ^a	0.50	4.17 ^b	0.45	4.15 ^b	0.48	3.25	0.040
Professional identity	4.51	0.60	4.38 ^a	0.62	4.57 ^b	0.56	4.55 ^b	0.60	3.13	0.045
Role identity	4.76	0.42	4.71	0.48	4.81	0.34	4.74	0.45	1.61	0.201
Meta-evaluation	3.83	0.64	3.80	0.66	3.93	0.64	3.83	0.63	1.27	0.282

Note: all variables were measured on 5-point scales with 5 indicating the most positive score. Means with different superscripts are significantly different: $p < 0.05$.

in a 'reversed' non-segregated neighbourhood. They also put in more effort to facilitate inclusion and have a less negative attitude and social norms compared with DSPs working in a residential facility. Table 3 also shows that, based on their own experienced competencies, DSPs working in a residential facility would feel more competent if they worked in a non-segregated setting compared with the DSPs who actually work in a 'reversed' non-segregated neighbourhood. They also have a more positive professional identity. On the other hand, they expect more negatively social norms from neighbours and family members compared with the DSPs working in a 'reversed' non-segregated neighbourhood. There are no differences between the locations when it comes to role identity and meta-evaluation.

Correlations and regressions

As a first step to test our theoretical model, we inspected the correlations between the variables measured in this study. Importantly, this analysis revealed that the assumed outcome variable, effort to facilitate inclusion, correlated significantly with all other concepts, as expected (Table 4). Other strong correlations were found between attitude towards inclusion and assumed social norms, between experienced competencies and both identity and meta-evaluation, and between identity and meta-evaluation. All these correlations reveal a strong positive link between personal perceptions and evaluations and assumed perceptions and evaluations by others.

Main analysis

To test our full theoretical model, we performed regression analysis in which all the assumed predictor variables for the DSPs' effort to facilitate inclusion were simultaneously entered. Distinct from the correlational analysis, this analysis revealed whether each of the determinants we hypothesized in the theoretical model had an impact on effort when controlling for the impact of all other variables. The results of this regression analysis with intended effort to facilitate inclusion as the dependent variable, indicate that the assumed predictor variables account for a substantial amount of the variance ($R^2 = 0.54$). More specifically, attitude ($\beta = 0.27$, $p = 0.000$), experienced competencies ($\beta = 0.14$, $p = 0.029$), role identity ($\beta = 0.21$, $p = 0.001$) and meta-evaluation ($\beta = 0.20$, $p = 0.001$) are all significant predictors of the dependent variable which explain unique variance in the degree to which DSPs intend to or actually invest effort to facilitate inclusion. This does not apply to social norms ($\beta = 0.00$, $p = 0.998$) and professional identity ($\beta = 0.08$, $p = 0.205$). However, social norms strongly correlate with the attitude towards inclusion ($r = 0.581$, $p < 0.001$), suggesting an indirect link with the effort that DSPs invest in inclusion. This indirect link is confirmed when performing a mediation analysis in which the direct path between social norms and effort is calculated first and then attitude is added as the mediating variable. The relationship between social norms and effort to facilitate inclusion is significant without the mediator ($\beta = 0.261$, $p = 0.001$), but not significant with the mediator ($\beta = 0.092$, $p = 0.331$). According to the

Table 4 Correlations between concepts

	Effort to facilitate inclusion	Attitude	Social norms	Experienced competencies	Professional identity	Role identity
Attitude	0.278*					
Social norms	0.187*	0.581*				
Experienced competencies	0.382*	0.017	0.098			
Professional identity	0.270*	0.016	0.007	0.360*		
Role identity	0.324*	-0.042	-0.021	0.337*	0.429*	
Meta-evaluation	0.319*	-0.004	0.133*	0.459*	0.267*	0.257*

*Significance < 0.05.

Sobel test (Preacher & Hayes 2004), the mediation effect is highly significant ($S = 2.99$; $p = 0.002$), suggesting that the relationship between social norms and effort to facilitate inclusion is fully mediated by attitude.

Discussion

Inclusion in society is a relevant goal in support of people with ID nowadays (Tøssebro *et al.* 2002; Thorn *et al.* 2009). However, such inclusion relies to a large extent on the effort of the DSPs involved to facilitate inclusion (e.g. Mansell *et al.* 2002). In this context, the present research was designed to investigate relevant psychological determinants which may affect the extent to which DSPs invest effort in facilitating their clients' inclusion. Considering social-psychological theory and research on the variables which affect when and how strongly attitudes are translated into behaviour, we suggested and tested a model in which the effort that DSPs expend on inclusion is predicted by the DSPs' attitudes to inclusion, along with social norms, experienced competencies, identity (professional and role identity) and meta-evaluation. Our findings are broadly in line with this model, revealing that the effort DSPs make to improve inclusion for their clients depends on their attitude towards inclusion, experienced competencies, role identity, meta-evaluation and, indirectly through attitudes, also on the assumed social norms of relevant stakeholders.

Interestingly, we found that the DSPs working in an 'ordinary' non-segregated neighbourhood score more positively on most variables compared with DSPs working in the two other settings. This especially applies to the variables related to their own or to other parties' opinions about inclusion. An important factor which may explain this finding is that people with mild or moderate ID usually live in ordinary neighbourhoods. These people will, on average, be better able to become included in the community than people with severe ID or people with a combination of ID and psychiatric or behaviour problems, who are the typical residents in residential facilities or in a reversed non-segregated neighbourhood. People with a combination of ID and psychiatric and/or behaviour problems seem particularly prone to experience less improvement, if any, in a non-segregated setting compared with

people without psychiatric and/or behaviour problems (Felce & Emerson 2001; Mansell 2006). Our results would also be in line with the study of Bigby *et al.* (2009) who found that DSPs believe that inclusion, choice and participation are unsuitable for people with severe or profound ID. Nevertheless, different studies have found that people with severe or profound ID are able to be included in the community, but the DSPs' attitudes towards this determines to a great extent whether this target group actually is included (e.g. Clement & Bigby 2009).

Another interesting outcome is that DSPs working in reversed non-segregated neighbourhoods feel less competent in their work compared with the other DSPs. This may again be due to the severity of their clients' symptoms, along with the fact that – other than in residential facilities – the DSPs have to act in public with an audience which can be ignorant of both their clients' problems and the relevant rules of conduct. This could create tensions and feelings of insecurity in DSPs because of not knowing what will happen next. In comparison with DSPs working in residential facilities, they have to deal with a less predictable environment (Cardol *et al.* 2007; Venema *et al.* 2014b). For example, there is much traffic outside the homes of clients, many of whom are not familiar with traffic rules.

These results have important practical implications. The fact that we found all five possible predictors to have a significant impact on the DSPs' effort to facilitate inclusion indicates that all these components could be targeted in interventions. Ideally, organizations responsible for the support of people with ID and which want their DSPs to exert greater efforts to facilitate inclusion should pay attention to all the variables specified in our model. Nevertheless, targeting only some may also improve DSPs' inclusion efforts. However, considering the DSPs' scores on some of the variables measured, especially those on attitude and social norms, it is clear that there is still a long way to go. Currently, many DSPs remain quite sceptical about the likelihood of success and the added value of facilitating contact between their clients and other people in their vicinity and, interestingly, this scepticism is even greater in those who have hands-on experience with inclusion attempts. Moreover, this scepticism is also projected on the relevant stakeholders. Together, this

underlines the need to carefully monitor and support DSPs who are meant to be helping their clients in getting into contact people without ID. At the same time, it appears to be worthwhile to increase the DSPs' awareness of the importance of their role in the inclusion process, the respect this may bring them from relevant stakeholders and the possible added value that contact between clients and neighbours could imply for both parties involved. The inclusion process will not improve merely by providing DSPs information about their role in and their influence on inclusion. They need to be convinced about the importance of inclusion for all clients regardless the severity of their intellectual disabilities. This requires more training and practice. Moreover, in supporting the DSPs, the organizations should consider the complexity of their clients' problems regarding inclusion. This study found that DSPs who work with clients with greater and more complex support needs feel less competent in a non-segregated setting. These DSPs need more support in dealing with inclusion.

Obviously, our study is not without its limitations. Most importantly, it is cross-sectional. Our model treats the effort that DSPs make in facilitating inclusion as its outcome variable and assumes that the other variables are predictors. This classification of predictor and outcome variables is based on plausibility, not on proven causality and the related temporal dimension. Therefore, longitudinal designs are required to further support the model. Second, selection bias may be an issue: it is possible that only those people who were very positive or very negative about inclusion agreed and were motivated to complete the questionnaire. At the same time, we were able to collect our data in a substantial sample, and from three different types of locations. Moreover, the standard deviation is quite small, which makes it less probable that only participants with extreme attitudes took part. In sum, we conclude that this study offers substantial insights into the factors which influence the effort that DSPs commit to the inclusion of their clients, although it certainly does not, to solve the whole puzzle. Hopefully, further research will follow our findings and will help to empower professionals to successfully deal with the challenges that the inclusion of their clients may pose.

References

- Abbott S. & McConkey R. (2006) The barriers to social inclusion as perceived by people with intellectual disabilities. *Journal of Intellectual Disabilities* **10**, 275–87.
- Ajzen I. (1985) From intentions to actions: a theory of planned behavior. In: *Action-Control: From Cognition to Behavior* (eds J. Kuhl & J. Beckman), pp. 11–39. Springer, Heidelberg.
- Alphen van L. M. V. (2011) *Social Integration of People with Intellectual Disabilities in Neighbourhoods: Sitting on the Fence*. BOXpress b.v., Maastricht.
- Artis L. & Smith J. R. (2013) Emergency department staff attitudes toward people who self-harm: exploring the influences of norms and identity. *Advanced Emergency Nursing Journal* **35**, 259–69.
- Bigby C., Clement T., Mansell J. & Beadle-Brown J. (2009) "It's pretty hard with our ones, they can't talk, the more able bodied can participate": staff attitudes about the applicability of disability policies to people with severe and profound intellectual disabilities. *Journal of Intellectual Disability Research* **53**, 363–76.
- Cardol M., Speet M. & Rijken M. (2007) *Anders of toch niet? Deelname aan de samenleving van mensen met een lichte of matige verstandelijke beperking [Different or not? Participation in society of people with a mild or moderate intellectual disability]*. NIVEL, Utrecht.
- Chowdhury M. & Benson B. A. (2011) Deinstitutionalization and quality of life of individuals with intellectual disability: a review of the international literature. *Journal of Policy and Practice in Intellectual Disabilities* **8**, 256–65.
- Clement T. & Bigby C. (2009) Breaking out of a distinct social space: reflections on supporting community participation for people with severe and profound intellectual disability. *Journal of Applied Research in Intellectual Disabilities* **22**, 264–75.
- Felce D. & Emerson E. (2001) Living with support in a home in the community: predictors of behavioral development and household and community activity. *Mental Retardation and Developmental Disabilities Research Reviews* **7**, 75–83.
- Fishbein M. & Ajzen I. (1975) *Belief, Attitude, Intention and Behaviour: An Introduction to Theory and Research*. Addison Wesley, Reading, MA.
- Hamlin A. & Oakes P. (2008) Reflections on deinstitutionalization in the United Kingdom. *Journal of Policy and Practice in Intellectual Disabilities* **5**, 47–55.
- Mansell J. (2006) Deinstitutionalisation and community living: progress, problems and priorities. *Journal of Intellectual & Developmental Disability* **31**, 65–76.
- Mansell J., Elliott T., Beadle-Brown J., Ashman B. & Macdonald S. (2002) Engagement in meaningful activity and "active support" of people with intellectual disabilities in residential care. *Research in Developmental Disabilities* **23**, 342–352.

- Marta E., Manzi C., Pozzi M. & Vignoles V. L. (2014) Identity and the theory of planned behavior: predicting maintenance of volunteering after three years. *The Journal of Social Psychology* **154**, 198–207.
- Overmars-Marx T. (2011) Meedoen en erbij horen in je eigen wijk: wat is er nodig? [Join in and belonging to your neighbourhood: what is necessary?] *Nederlands Tijdschrift voor de Zorg aan Mensen met Verstandelijke Beperkingen* **37**, 244–59.
- Preacher K. J. & Hayes A. F. (2004) SPSS and SAS procedures for estimating indirect effects in simple mediation models. *Behavior Research Methods, Instruments, & Computers* **36**, 717–31.
- Rise J., Sheeran P. & Hukkelberg S. (2010) The role of self-identity in the theory of planned behavior: a meta-analysis. *Journal of Applied Social Psychology* **40**, 1085–105.
- Thorn S. H., Pittman A., Myers R. E. & Slaughter C. (2009) Increasing community integration and inclusion for people with intellectual disabilities. *Research in Developmental Disabilities* **30**, 891–901.
- Tøssebro J., Bonfils I. S., Teittinen A., Tideman M., Traustadóttir R., & Vesala H. T. (2012) Normalization Fifty Years Beyond-Current Trends in the Nordic Countries. *Journal of Policy and Practice in Intellectual Disabilities* **9**, 134–146.
- Venema E., Otten S. & Vlaskamp C. (2014a) Direct support professionals in (reversed) integration of people with an intellectual disability: impact of attitude, social norms and meta-evaluations. Manuscript under review.
- Venema E., Vlaskamp C. & Otten S. (2014b) Safety first! The topic of safety in reversed integration of people with an intellectual disability. manuscript under review.
- Vorauer J. D. (2006) An information search model of evaluative concerns in intergroup interaction. *Psychological Review* **113**, 862–86.
- Vorauer J. D. (2013) Getting past the self: understanding and removing evaluative concerns as an obstacle to positive intergroup contact effects. In: *Advances in Intergroup Contact* (eds G. Hodson & M. Hewstone), pp. 23–48. Psychology Press, New York, NY, US.
- Zolait A. H. S. (2014) The nature and components of perceived behavioural control as an element of theory of planned behaviour. *Behaviour & Information Technology* **33**, 65–84.

Accepted 24 June 2015