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Social integration in a reversed integration neighbourhood?

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Chapter 4

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

This chapter is based on:

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. Doi: 10.1111/jir.1220

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 are included in society. However, less research has been conducted on the psychological processes which 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:** DSPs' efforts to facilitate inclusion depends 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. Organisations responsible for support people with intellectual disabilities and which want their DSPs to make greater efforts to facilitate inclusion should pay attention to these psychological variables.

4.1 Introduction

The change from institutional care to community living has not only affected the lives of people with intellectual disabilities 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 intellectual disabilities and those without such disabilities, including neighbours, peers and so forth (Abbot & McConkey, 2006; van Alphen, 2011). Furthermore, DSPs are expected to recognise and make use of opportunities for contact between their clients and other people living in the neighbourhood.

In this study, we define inclusion⁴ as the person with intellectual disabilities 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, Otten & Vlaskamp, 2016; Venema, Vlaskamp & Otten, 2016a). Importantly, previous research has found that DSPs play an important role in the degree to which people with intellectual disabilities are included in society successfully (van Alphen, 2011; Chowdhury & Benson, 2011; Mansell et al., 2002; Mansell, 2006; Overmars-Marx, 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 (Bigby et al., 2009; Clement & Bigby, 2009; Hamlin & Oakes, 2008). Little if any research has been done 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

⁴ Inclusion is in this study defined as an equivalent of integration (Clement & Bigby, 2009). Importantly, this assumed conceptual equivalence holds in the orthopedagogical context, but not to the same extent in the social-psychological literature. Here, recent definition of inclusion is: "the degree to which an individual perceives that the group provides him or her with a sense of belonging and authenticity" (Jansen, Otten, van der Zee & Jans, 2014). Hence, the focus is much more on the psychological experience of inclusion, which makes the concept not an equivalent to integration, but rather a sub-component, which is most closely related to what has been described as psychological integration (de Vroome & Verkuyten, 2015).

between clients and neighbours. This can be an obstacle to the inclusion of people with intellectual disabilities. Therefore, in the present study we focus on the *psychological conditions which 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., 2016). 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 (Marta et al., 2014; Rise et al., 2010). 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 a lot of 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 4.1 summarizes the theoretical model underpinning the present research.

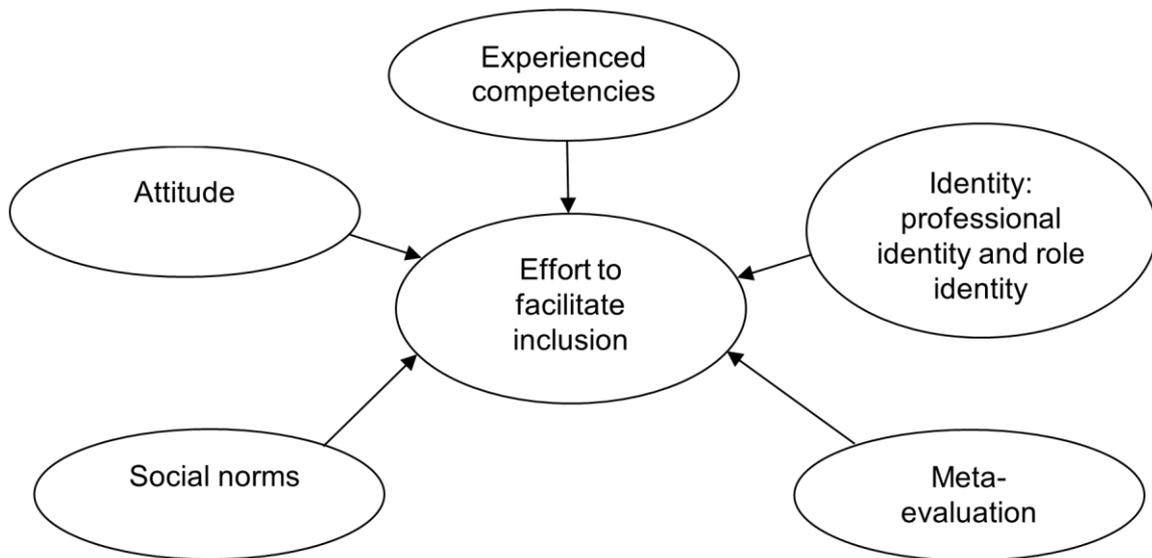


Figure 4.1. Theoretical model of concepts that influence the effort DSPs exert to aid inclusion.

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 above 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 intellectual disabilities in society. In 'ordinary' non segregation, people with intellectual disabilities move into existing neighbourhoods, while in a residential facility people with intellectual disabilities live on a fenced ground where only people with intellectual disabilities live. In 'reversed' non segregation a former residential facility is transformed into a neighbourhood by opening the facility to people without intellectual disabilities who choose to live next to people with intellectual disabilities (Venema et al., 2016a). 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 to the other two settings.

4.2 Methods

Participants and setting

The research was conducted at the facilities of a large organisation 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 outskirts of a village with 3500 inhabitants, where twenty-four homes for people with intellectual disabilities and eight day services settings were located. In every home, eight to ten people with intellectual disabilities lived, the majority of these people having severe to profound intellectual disabilities or intellectual disabilities 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 intellectual disabilities and four day services settings), the second location in a town with 45.000 inhabitants, consisting of thirteen homes for people with intellectual disabilities and three day services settings, all situated across the town. Most of the people with intellectual disabilities that live in an 'ordinary' non segregated neighbourhood had mild or moderate intellectual disabilities. Each home accommodated eight to ten people with intellectual disabilities. The 'reversed' non segregated setting was situated in the same town as the second 'ordinary' non segregated setting, consisting of twenty-one homes for people with intellectual disabilities and five day services settings. Every home accommodated three to ten people, of whom the majority had severe to profound intellectual disabilities or intellectual disabilities and behaviour and/or psychiatric

problems. Within the neighbourhood of these homes lived about 200 people without intellectual disabilities.

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 (see Table 4.1). We can only speculate as to why; perhaps the fact that some qualitative research had already been done in the 'reversed' non segregated setting reduced people's willingness to invest even more time in the survey. The participating DSPs had all completed a four year training in which they had learned how to support people with intellectual disabilities. 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.

Table 4.1. 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%

The gender ratio of the response group (23.6% men, 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 four weeks to complete the questionnaire. After two weeks they received an email reminder from the researchers and after three 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 organised to inform participants of the research results.

Instrument

We developed a questionnaire which measured the six different concepts as specified in our theoretical 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., 2016). 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 five-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 .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 ten 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 eleven 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 organise contact between neighbours and clients'.

4.3 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 (see 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 4.2 presents the internal consistency of the different scales. All the scales turned out to be at least sufficiently, and predominantly highly reliable, ranging from .70 to .89.

Table 4.2. Internal consistency of the psychological variables

Scale	Cronbach's alpha
Experienced competencies	.70
Professional identity	.84
Role identity	.89
Meta-evaluation	.89
Attitude	.83
Social norms	.83
Effort to facilitate inclusion	.80

Overall means

A couple of results are notable when considering the overall means presented in Table 4.3. 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. Finally, the

main dependent variable in the present work 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 five-point scale).

Table 4.3. Means, standard deviations and differences between locations

Concept	Total		Location						F	p
			Reversed non segregation		Residential facility		Ordinary non segregation			
	Mean	SD	Mean	SD	Mean	SD	Mean	SD		
Effort to facilitate inclusion	3.55	.76	3.46 ^a	.76	3.44 ^a	.79	3.76 ^b	.71	5.85	.003
Attitude	2.66	.70	2.68 ^{ab}	.66	2.52 ^a	.72	2.78 ^b	.68	4.00	.019
Social norms	2.82	.54	2.85 ^b	.49	2.70 ^a	.55	2.91 ^b	.55	4.44	.013
Experienced competencies	4.10	.47	4.01 ^a	.50	4.17 ^b	.45	4.15 ^b	.48	3.25	.040
Professional identity	4.51	.60	4.38 ^a	.62	4.57 ^b	.56	4.55 ^b	.60	3.13	.045
Role identity	4.76	.42	4.71	.48	4.81	.34	4.74	.45	1.61	.201
Meta-evaluation	3.83	.64	3.80	.66	3.93	.64	3.83	.63	1.27	.282

Note: all variables were measured on five-point scales with 5 indicating the most positive score. Means with different superscripts are significantly different: $p < .05$

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 (see Table 4.3). DSPs working in a '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 to DSPs working 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 to 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 to 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 to 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 (see Table 4.4). 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.

Table. 4.4. Correlations between concepts

	Effort to facilitate inclusion	Attitude	Social norms	Experienced competencies	Professional identity	Role identity
Attitude	.278*					
Social norms	.187*	.581*				
Experienced competencies	.382*	.017	.098			
Professional identity	.270*	.016	.007	.360*		
Role identity	.324*	-.042	-.021	.337*	.429*	
Meta- evaluation	.319*	-.004	.133*	.459*	.267*	.257*

* Significance < .05

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 hypothesised 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 ($R^2 = .54$). More specifically, attitude ($\beta = .27, p = .000$), experienced competencies ($\beta = .14, p = .029$), role identity ($\beta = .21, p = .001$) and meta-evaluation ($\beta = .20, p = .001$) 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 ($\beta = .00, p = .998$) and professional identity ($\beta = .08, p = .205$). However, social norms strongly correlate with the attitude towards inclusion ($r = .581, p < .001$), 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 ($\beta = .261, p = .001$), but not significant with the mediator ($\beta = .092, p = .331$). According to the Sobel test (Preacher & Hayes, 2004), the mediation effect is highly significant ($S = 2.99; p = .002$), suggesting that the relationship between social norms and effort to facilitate inclusion is fully mediated by attitude.

4.4 Discussion

Nowadays, inclusion in society is a relevant goal in support of people with intellectual disabilities (Thorn et al., 2009; Tøssebro et al., 2012). 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 a '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 intellectual disabilities usually live in ordinary neighbourhoods. These people will, on average, be better able to become included in the community than people with severe intellectual disabilities or people with a combination of intellectual disabilities 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 intellectual disabilities and psychiatric and/or behaviour problems seem particularly prone to experience less improvement, if any, in a non segregated setting compared to 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 intellectual disabilities. Nevertheless, different studies have found that people with severe or profound intellectual disabilities 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 to 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 to DSPs working in residential facilities, they have to deal with a less predictable environment (Cardol et al., 2007; Venema et al., 2016a). For example, there is a lot of 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, organisations responsible for the support of people with intellectual disabilities 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 intellectual disabilities. 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 organisations 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, though it certainly does not 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.

