JÖNKÖPING UNIVERSITY
School of Health and Welfare

Being involved in the community: A qualitative study of social inclusion for people with physical disabilities in Mexico

MAIN FIELD: *Occupational Therapy*
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Summary

The purpose of this study was to describe participant experiences of how a rehabilitation centre can facilitate social inclusion for people with physical disabilities in Mexico. This research was a qualitative interview study with a semi-structured interview approach. Ten participants were recruited using purposive sampling. The participants were individuals with physical disabilities, including both mobility and visual impairments, who had a connection with the rehabilitation centre. Content analysis was used while examining the collected data. The result consisted of one main category 'individual experiences of achieving social inclusion', four categories; 'being supported by a community', 'acceptance of disability', 'the centre's work and its effect in the society' and 'the importance of work'. Each category contained several sub-categories. In conclusion, the rehabilitation centre facilitates inclusion through work opportunities and the sense of belonging to a community which has a positive impact on persons with a disability. Changing attitudes in the society by raising awareness about disability and generating an acceptance of one's disabilities were important facilitating factors.

Key words: disability, inclusion, Mexico, occupational therapy, rehabilitation centre

Sammanfattning

Att vara involverad i samhället: en kvalitativ studie av individer med fysiska funktionsnedsättningars upplevelser av social inkludering i Mexiko

Studiens syfte var att beskriva deltagares upplevelser av hur ett rehabiliteringscenter kan främja social inkludering för individer med fysiska funktionsnedsättningar i Mexiko. Studien är en kvalitativ intervjustudie baserad på semistrukturerade intervjuer. Tio deltagare rekryterades via avsiktligt urval. Deltagarna var individer med fysiska funktionsnedsättningar, innebärande både inskränkning av rörelse och visuell funktion, som hade en relation till rehabiliteringscentret. Kvalitativ innehållsanalys användes vid bearbetning av materialet. Resultatet består av en huvudkategori 'personliga erfarenheter av att uppnå social inkludering', fyra kategorier; 'att känna stöd av en grupp', 'acceptans av funktionsnedsättning', 'centrets arbete och dess effekt i samhället' och 'vikten av arbete'. Varje kategori har ett antal tillhörande underkategorier. Sammanfattningsvis framkom hur rehabiliteringscentret främjar inkludering genom att erbjuda möjlighet för arbete och en känsla av tillhörighet, något som hade en positiv inverkan på personer med funktionsnedsättningar. Det framkom även att centret arbetar med att förändra attityder mot individer med funktionsnedsättningar i samhället genom att sprida kunskap samt att individer ges möjlighet att acceptera sin funktionsnedsättning.

Table of Contents

1. Statement of the Topic and Need for the Study

In the World Report on Disability of 2011 it was reported that more than one million people live with a disability worldwide (World Health Organisation [WHO], 2011). People with disabilities represent one of the most marginalized minorities in the world. They are one of the most disadvantaged groups in society, commonly facing stigma as well as discrimination in everyday life (Arboleda-Florez & Sartorius, 2008, Satorius & Schulze, 2005). Discrimination and negative attitudes towards people with disabilities often undermine their ability to establish relationships with other individuals, especially non-disabled people (WHO, 2011). Social exclusion is one of the factors of health imbalance and is defined as the inability to fully participate in society (Van Bergen et al., 2019). Exclusion from the community can result in individuals becoming segregated and lead to the feeling of being treated like outcasts (Merrells et al., 2017).

Being excluded from society indicates that participation is devalued or prohibited. This can generate behavioural responses and influence which occupation people can participate in and the locations where occupational activities can be performed (Wilcock & Hocking, 2015). From an occupational perspective, it is vital to include individuals who are excluded, whilst additionally equipping members of society with education and training to develop skills to make all persons feel valued and respected. Occupational therapists have an important role to play in creating inclusive societies. They demonstrate the causes of exclusion and how the power of occupation can promote collaboration and respect towards differences within communities. Some of the important outcomes of occupational therapy are social inclusion, enhancing well-being and restoring health (Hocking, 2019).

The possibility to perform the following study was provided by the scholarship Minor Field Studies [MFS] which is financed by The Swedish International Development Cooperation Agency [SIDA]. The scholarship grants the opportunity for undergraduates to travel to a developing country to conduct a bachelor's thesis and gain knowledge about development issues in low and middle-income countries (SIDA, n.d.). This study was conducted at a rehabilitation centre in Mexico in the spring of 2020 in relation to the Agenda for Sustainable Development Goals of 2030. These goals are a global call for a better and more sustainable future set by leaders around the world. The Agenda consists of 17 different goals where each goal has several targets that are aimed to be reached in 2030 (United Nations [UN], n.d.a). Mexico is a signatory State to the 2030 Agenda to meet the Sustainable Development Goals (United Nations Development Programme [UNDP], 2017). The Sustainable Development Goals 1 and 10 are approached in this study. Goal 1 is about eliminating all forms of poverty and offering people around the world a chance for a dignified and safe life. Poverty has several dimensions and its causes include unemployment, social exclusion, high vulnerability and diseases (Sustainable Development Goals, n.d.a). The 10th goal aims to reduce inequalities and consider the needs of disadvantaged and marginalized populations. It is about empowering and facilitating the economic, political, and social inclusion of all people regardless of disability, ethnicity, religion, origin or gender (Sustainable Development Goals, n.d.b).

Previous research regarding experiences of social inclusion for individuals with mental disabilities in various contexts was found. However, regarding people with physical disabilities, research was insufficient. Articles concerning social inclusion related to mental disabilities will be used as related literature in this study. Based upon this, more investigation of the experiences of social inclusion for people with physical disabilities would be useful and important to fully grasp how vital role it plays in occupational therapy.

2. Background

2.1 The Concept of Disability

In the International Classification of Functioning, Disability and Health (ICF) disability is described as a complex and multidimensional concept including medical, social, physical or individual features. The concept can be described as an umbrella term for impairments, activity limitations or participation restrictions. It refers to a negative facet of interaction between the individual's health condition and the contextual factors of the individual, representing the environmental and personal factors (Diagram 1.0). This means that individuals with the same impairment can experience different forms of restriction depending on their context (WHO, 2001).

Health Condition

(disorder or disease)

Body Functions & Structure ⟷ Activity ⟷ Participation
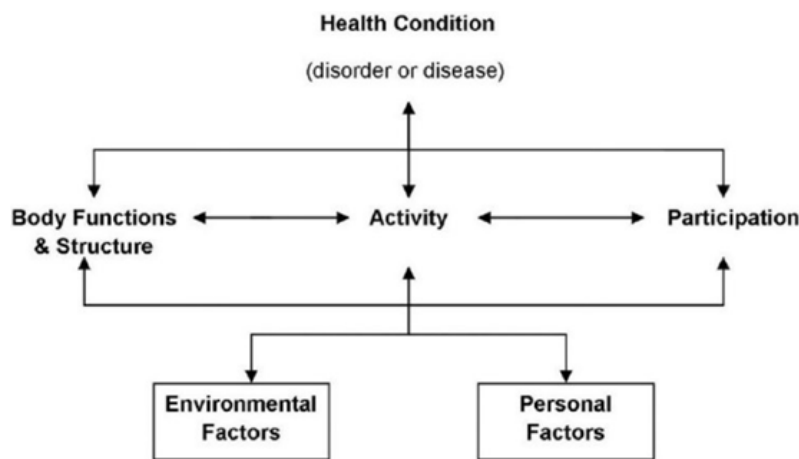
Environmental Factors

Personal Factors

Diagram 1.0: showing the model of disability according to ICF (WHO, 2001).

Taylor and Kielhofner (2017) distinguish that an individual's context may be affected by the environment and can influence the motivation and performance of an occupation. The environment can be divided into three different dimensions; the social environment including relationships and interaction, the physical environment meaning space and objects and the occupational environment involving occupational activities and overarching context. Also, the environment consists of three levels: immediate, local, and global context which influence participation in society. The occupational life of an individual may also be affected by cultural factors and social attitudes. It is important to clarify the differences between features of the environment and its effect on the individual. The environment's effect is dependent on the limitations, demands, opportunities and assets of the context for the actual individual. How these are perceived depends on the individual's habits, volition, perception of one's own ability and performance capacity.

According to the WHO (2011) every unique individual has a unique experience of living with a disability, shaped by their social and physical environments and their physiological condition. It is important to highlight that disabled people do also face common barriers and challenges that prevent full participation in society. There is an increased risk for individuals with disabilities for poor health outcomes, reduced employment, lower education attainment, and higher dependency on others. It is common that the stigma attached to impairments such as anxiety or missing a limb, can lead to limitations regarding the individual's participation in work occupations.

2.2 Social Inclusion

Social inclusion can be defined as the participation of a person in the society. It is defined as people having the possibilities, abilities, and resources to build and maintain relationships, to participate in community and to engage in education, and to work (Morgan et al., 2007). This includes the cultural, economic, social, and political spheres (van Bergen et al., 2019). Merrells et al. (2017) discuss how spending time in meaningful activities, having valuable relationships and feeling involved are three essential aspects of social inclusion. Hocking (2019) describes that it is important to recognize the difference between inclusion as a state and inclusion as practise. Inclusion as a practise focuses on inclusion in more than just an individual being present but as an active process of a community. Imagine a child with a disability going to school. This child is not genuinely included through school attendance, the feeling of inclusion is not received until they are welcomed and supported in participating in various class activities together with the other children. According to Merrells et al. (2017) social inclusion is often linked together with social integration and participation. The experience of social inclusion is unique and allows individuals with limitations to feel recognised and appreciated. Positive experiences of social inclusion are essential for the quality of life and vital for the development of individuals with disabilities to generate positive results of social possibilities and improved wellbeing.

2.3 Occupational Therapy

Occupational therapy promotes health and well-being through occupation with a client-centred perspective which enables individuals to participate in activities of everyday life. It includes working with people and communities to improve their capacity to engage in activities they find meaningful. The environment or the occupation can be modified to enhance an individual's ability to participate in occupations. Occupational therapy practitioners can work with all individuals, including people with an impairment of body function or structure, who are limited in their participation or socially excluded to become more participatory in daily activities (World Federation of Occupational Therapists [WFOT], 2010). Occupational therapists make valuable contributions to the society through recognising and challenging barriers to social inclusion (Hocking, 2019). According to Stewart (2016), in a community, people with disabilities are at risk of experiencing limited social inclusion due to insufficient access to resources for occupational participation. Occupational therapists work towards minimizing this risk through supports and services that facilitates client participation in meaningful activities. Erlandsson and Persson (2020) describe how the value of occupation is a central part of occupational therapy and can contribute to a sense of wellbeing. To comprehend the capabilities of an activity one must understand its value for the individual. One activity can have varied levels of meaning for different individuals. From an occupational perspective the concept of meaning is dynamic, therefore various occupations are perceived as meaningful in different aspects of life.

2.3.1 Occupational Justice

Wilcock and Hocking (2015) assert that occupational justice is an aspect of health and defines the concept as an individual's rights to participate in occupation regardless of one's potential, in other words, the recognition of an individual's occupational nature. It is essential to consider what the individual wants, needs and obligations are in relation to their everyday life and relationships. Occupational justice is based upon the concept of equity, or an equal protection from harm related to participation and exclusion from occupation for all members of a society. It acknowledges an individual's equal dignity, worth and need for occupation regardless of their knowledge, capabilities or experiences of participation. Furthermore, Wilcock and Hocking also describes that more people are becoming aware that some groups are experiencing occupational injustice by being excluded from beneficial occupations and that some health-depleting occupations are unfairly distributed between different groups in society. Occupational injustice is not merely about an individual not getting what he or she may want but refers to an ongoing deprivation of occupations that can cause substantive health related issues. It is argued that this distribution of occupations is a matter of justice as the conditions creating

the inequity can be changed, they are not of natural origin or immutable. As with other issues of injustice, this reality can be confronted by the empowerment of individuals, communities, and whole nations. To address this issue of occupational injustice, people must first recognize it as a problem. According to Townsend and Wilcock (2004) occupational injustice is one of the central arguments for the importance of occupational therapy. It can be argued that the relationship between occupational therapy and occupational justice is mainly based upon the profession's aim to promote social inclusion. Wilcock and Hocking (2015) describe that doing things that enhance an individual's capacity is a basis of health and well-being. Doing is also essential to being, experience a sense of belonging, and to becoming what people have the potential to be.

Taylor and Kielhofner (2017) describe doing in three dimensions: occupational participation, occupational performance, and occupational skills. Occupational participation represents the engagement in work, play and activities of daily living that characterize everyday life. Participation is affected by volition, habituation, performance capacity and the environment. Also, participation in an activity can encompass the 'doing' of a variety of things. Occupational performance includes several units of doing and can be perceived as involvement in an occupational form. This may include completing different units in several steps which then results in the performance of a whole activity. When these units are a part of a routine, they become a habit. Habits appear when voluntary choices are being made to engage in a unit. Each unit and the possible habit is, apart from volition, also affected by the social and physical dimensions of an individual's context which can either be facilitating or inhibitory of the occupational performance. The actions that form the occupational performance are described as occupational skills. Occupational skills are categorized in motor skills such as physical movement, process skills involving logic reasoning and adaptation of performance, and communication and interaction skills indicating one's ability to express intentions. Every unit requires different skills to be managed by the individual in order to perform the activity.

2.4 Context of the Study

Roughly 7.5% of people in Mexico live with a disability, which represents 9.17 million people (WHO, 2011). Mexico is a country with numerous challenges including discrimination, poverty and economic growth. In 2014 it was estimated that 55.3 million people lived in poverty which equates to 46.2 percent of the total population (UNDP, 2017).

The study was conducted at a specific rehabilitation centre and the references used about the centre are not given to maintain confidentiality. The centre is a non-governmental organization with no religious or political affiliation and is partly operated by voluntary workers. The vision of the rehabilitation centre is to establish an inclusive and social plan in relation to the issues of society, disability, and rural areas. The rehabilitation centre in question aims to help people with disabilities and their family to improve their quality of life. The centre works with people of all ages and with various disabilities, often in rural and indigenous areas, as it views this as a clear social justice matter. Since its founding, the centre has supported over 5 000 children and adults to promote empowerment and enable social inclusion and integration. Today there are over 600 people participating in the activities organized by the centre. These activities aim to increase the individual's possibility to make a living in the future and to be independent. These activities include, but are not limited to, tutoring and educational support, handcrafts and artisan work, work occupations, awareness workshops, and gardening.

The rehabilitation centre in question is one of the few organizations in Mexico that aims to enhance the quality of life and recognises the human rights of people with disabilities. Therefore, it is relevant to conduct the study at this centre as the findings could be beneficial for other organizations that aspire to enact a similar approach as well as for the centre itself to measure its success.

3. Aim of the Study

The aim is to describe participant experiences of how a rehabilitation centre can facilitate social inclusion for people with physical disabilities in Mexico.

4. Methodology

4.1 Preunderstanding

The preunderstanding regarding the centre's work of social inclusion is based upon the information given at the website of the centre prior to arrival in Mexico. This resulted in a preconceived view that the centre facilitates social inclusion. The preunderstanding of social inclusion is founded on the knowledge developed during the occupational therapy program at a university in Sweden.

4.2 Research Design

This is a qualitative study and the data collection occurred through interviews with participants of the rehabilitation centre. The data for this qualitative study was collected using semi-structured interviews. The interviews had a reference point of the ICF domain of 'activity and participation' and the different categories included in this domain, described by WHO (2001). The interviewer had an interview guide where central questions and topics were defined as according to Justesen et al. (2011). The interview guide (Appendix A) was conducted from the chosen ICF domain using a combination of the main essences from Taylor and Kielhofner (2017) and Wilcock and Hocking (2015). The interview guide originally consisted of open questions and supplementary questions because this, according to Kristensson (2014), enables more comprehensive answers. The aim of this type of interview style is to allow participants to reflect upon the given situation and questions (Justesen et al., 2011). A translator was used for the interviews to reduce the occurrence of any misunderstandings.

4.2.1 Participants

The participants were ten adults over the age of 18, they were either residents at the centre or came to the centre daily to participate in activities or work. The participants were gathered through purposive sampling, the participants were recruited through the centre. This sampling was used to gather the most relevant participants in relation to the subject of the study, as Kristensson (2014) expresses. All the participants had some sort of physical disability, including either visual or mobility impairments. Both genders were represented, all participants were able to communicate verbally and did not have any cognitive, hearing or speech impairments.

Participants were approached by the translator who gave verbal information about the study and handed out a written information letter (Appendix B). All participants who were approached agreed to participate in the study. Every participant received a consent form which was filled in and signed before the interviews started (Appendix C). Information letter and consent form were written in English and translated into Spanish by the translator before handed out to the participants. The distribution of gender and age will not be mentioned as this is not of any importance in relation to the aim of the study.

4.2.2 Translator

Due to insufficient understanding of the Spanish language, a bilingual translator was used during the interview. Preferably, the translator should be objective and not have any relationship to the centre or its clients to ensure a safe environment for the participant to speak honestly and open about his or her experiences. However, due to the remote area of the centre, the translator who was hired worked at the centre two times per week as a volunteer and was familiar with the participants. The translator had been a resident in the area for several years which generated a sense of cultural understanding and knowledge. To ensure confidentiality the translator was asked to sign a consent form prior to the interviews (Appendix D). The form was written according to the information given by WHO's Research Ethics Committees (WHO, 2009).

4.3 Data Collection

4.3.1 The Interview

The first two interviews were conducted with open questions, however the participants expressed confusion and misunderstanding regarding some of the questions. It resulted in a reformation of the questions in cooperation with the translator to reduce further misunderstandings. Some of the questions were therefore reformed from open-ended to close-ended. Where brief responses were given, follow-up questions were asked. Carlander and Carlander (2007) discusses the importance of having open-ended questions when interviewing but also mentions that sometimes a close-ended question might be necessary for a more specific answer.

The interviews were conducted during a time period of approximately 30 minutes to one hour. The interviews were performed in a gymnasium hall at the centre as this helped to provide a calm environment with a low level of disturbance which are paramount conditions for interviewing according to Kristensson (2014). During the interviews both interviewers, translator and participant were present. One interviewer had the responsibility to lead the interview and the other a more passive role. The ten interviews were equally distributed. The interviews were audio recorded and notes were made to gather complementary information. Prior to each interview every participant consented to being recorded using an audio device. To ensure a correct translation, the translator took notes on a computer while the participant was talking. According to Kristensson (2014) it is essential to make sure that all the information given during the interview is well collected, so it can be used as a correct and honest account when analysing the data.

4.4 Data Analysis

The interviews were transcribed, the process of translating the verbal word into writing, resulting in approximately 90 pages. Only the English words were transcribed but the amount of time that the interviewee or translator spoke in Spanish was noted in seconds. As no transcription program was used for absolute correct translation but merely human hearing, the accuracy of this document must be approached with a critical mindset (Kowal & O'Connell, 2014). Content analysis was used to analyse the data collected. This method was chosen as it allows a more latent analysis of the content (Graneheim & Lundman, 2004). Material from all ten interviews was used in the analysis.

The content analysis was conducted according to the steps mentioned in Kristensson (2014). The material was analysed and interpreted individually to increase credibility, also known as triangulation. Firstly, the interviews were read thoroughly before collecting the meaning units. After selecting the meaning units, the coding was initiated. The different codes were then divided into categories which later branched into sub-categories. A total number of four categories were created and each category consists of two to three sub-categories (Figure 1.0). According to Graneheim and Lundman (2004) the code should be understood in relation to the context and a category can be described as the thread through the codes. The categories can be divided into sub-categories and the sub-categories can be grouped.

Figure 1.0: example of the process of data analysis

Meaning unit	Code	Sub-category	Category	Main category
"Yeah at here I feel normal, like I didn't …I don't even have a disability."	The feeling of being perceived as normal at the centre	Perception of disability at the centre	Being supported by a community	Individual experiences of achieving social inclusion
"(…) but being in X has opened me to new attitudes to, new ways of being where I can accept my disability (…)"	Being at the centre facilitates acceptance, new attitudes and disability acceptance.	Acceptance of one´s disability through centre	Acceptance of disability	
"And so this is the work that X does … it changes attitudes and keeps bringing…uhm…a … different consciousness to people… about…that, the fact that the disability is not the same as a sickness."	The centre works with changing attitudes and spread knowledge of disabilities	Changing attitudes in the society	The centre's work and its effect in the society	
"(…) yeah, I like what I´m doing, that´s why I´m here working, I´ve been working here for 27 years."	Satisfied with work, being able to do what you like and what you want.	Work as a meaningful activity for inclusion	The importance of work	

4.4 Principles of Ethics

The principles of Autonomy, Beneficence, Justice and Non-Maleficence, as described by Kristensson (2014), were considered when conducting this study. Prior to the data collection an ethical audit according to the standards of Jönköping University was submitted.

The centre has given their consent and approval to perform the Minor Field Study. There is an ethical concern when it comes to interviewing individuals with a disability, as this group can be vulnerable. When vulnerable groups and individuals are involved in research it must be guaranteed that specific protections are in place. This is to make sure that the rights and welfare of participants are prioritised and research is conducted in a safe way (Council for International Organizations of Medical Sciences [CIOMS], 2016). Accordingly, on request of the centre and to maintain confidentiality, there are no names mentioned about where the study was conducted, and participant information such as age and gender was not captured in the study. The audio recording was saved on an external hard–drive until transcriptions were made, and after that all audio recordings were deleted. Whilst living at the centre the data collected was not discussed with anyone to ensure that participant's identities were not revealed. CIOMS (2016) argue that another significant aspect of deidentified data is to ensure that the community studied can gain from the research project and that results of the study can be shared with the community or participants if requested. In this case the centre will receive the results of this study, so that they can utilize the information if wanted.

5. Result

The main category, individual experiences of achieving social inclusion, was identified as a result of the analysis process. The main category is a common factor and is divided into four categories which consists of a few sub-categories.

Figure 2.0: Describing chart over sub-categories, categories and main category.

Sub-category	Category	Main category
Perception of disability at the centre	Being supported by a community	Individual experiences of achieving social inclusion
Feeling support at a difficult time		
Feeling like a part of a community		
Acceptance of one´s disability through centre	Acceptance of disability	
Gaining understanding of disability through centre		
The effect of understanding one´s disability		
Changing attitudes in the society	The centre's work and its effect in the society	
The opportunity to be included		
The feeling of being valued		
Work as a meaningful activity for inclusion	The importance of work	
Focus on ability not disability		

5.1 Being Supported by a Community

Within this category, the participants shared experiences about how they feel that the centre supports them in their everyday life. This category includes the different aspects of how the participants feel about how the centre creates a collateral community.

5.1.1 Perception of Disability at the Centre

The feeling of being perceived as normal regardless of one's disability was something of value for the participants of the centre. The participants expressed that at the centre they did not feel like they even had a disability but, in their society, people tend to have a different approach and mainly focus on the disability.

> *"Because in general society they look at you and they look at your disability, they don´t see you as*
> *a whole person (…) they know you better by your disability then by your name. (…) in X, you are…you are*
> *you…you are your name and that's really important.*
> *It´s a big difference. "*
> - Interview 2

5.1.2 Feeling Support at a Difficult Time

It was also mentioned that the participants felt like the centre supported them throughout difficult situations in their lives and did so with a dignified and respectable approach, which is very specific to the centre. The participants perceived the centre as a social justice-based organization, and that this separates it from other organizations - where the focus often is on money. Through contact with the centre, individuals are given the opportunity to connect with others. This is important because, in some rural areas, people with disabilities are perceived as someone who is sick or even contagious. The feeling of estrangement from family as a result of having a disability was not entirely uncommon.

> *"(…) they stopped coming to visit because they realized I wasn't gonna get better. And, you know, that made*
> *me really sad at first because they, they helped out and then they kind of lost hope […] I felt that distancing but*
> *now I try hard to keep moving forward, I´ve kinda become used to the fact that…my family, may not come to*
> *visit med in…here in X I have other people that I can talk to."*
> - Interview 6

5.1.3 Feeling like a Part of a Community

The feeling of being welcomed at the centre and belonging to a community was considered of high importance. The centre was perceived as a home and a community where participants felt both understood and respected, almost like a family. It was described that the participants sometimes felt excluded from their community because they were the only person with a disability.

> *"yeah so of course I feel like a part of the X community…not just among workers but with everyone…it's*
> *like a big family (…)"*
> - Interview 7

5.2 Acceptance of Disability

This category contains the significance of having to accept and understand one's disability and how contact with the centre facilitated this.

5.2.1 Acceptance of one's Disability through Centre

Accepting one's disability was something considered to be difficult but necessary. The realization that life changes and that one might be a bit different from others can be hard to accept deep down. The centre helps people through these situations and offers a supporting hand if needed. Helping individuals to change their attitude about their disability and therefore providing the opportunity for acceptance is offered at the centre. The understanding of not fully having accepted one's disability is essential and confronting one's disability can generate a sense of being happy with life. This often involves the integration of new attitudes and new ways of living.

"(...) but being in X has opened me to new attitudes to, new ways of being where I can accept my disability (...)"
- Interview 1

5.2.2 Gaining Understanding of Disability through Centre

A part of the process of accepting one's disability is gaining an understanding of disability issues. Through the centre the participants have been able to create an understanding about their disabilities. When gaining an in-depth understanding of the context of their disability, previous situations in life might make more sense, even though how people reacted in those previous situations would still hurt. Through the process of accepting one's disability a realization was formed that the reason for these attitudes and behaviours often lies in a lack of knowledge and understanding. In some cases, this generates a sense of slight comfort and in others it did not. It was described that before contact with the centre it was difficult to understand why one experienced problems at school with classmates and teachers. The process of understanding one's disability has helped with insight in this matter.

"(...) people would laugh at you and you would go you know 'why are people laughing?'... and you would get angry and you would feel almost ashamed... ashamed of yourself of what happened... now I realize that I'm not the person who's to blame for these kind of ...uhm...attitudes (...)"
- Interview 9

5.2.3 The Effect of Understanding one's Disability

Furthermore, it was mentioned that a person's attitude has a stronger correlation to self-esteem than the environment itself. This enlightens the importance related to the acceptance towards one's disability. The process also made participants more comfortable in talking about the situation they are in. The realization that complete acceptance of one's disability has not been achieved yet was acknowledged and how a sense of contentedness can still be experienced. The importance of understanding the entire process and where in that process one might be was perceived as central.

"Apart from my disability I think ... this has a lot to do with accepting my disability, accepting my disability, you don't give it so much weight and worry how people look at you, on the contrary you can share you[r] experiences with people and explain ... the way that you move in the world."
- Interview 3

5.3 The Centre's Work and its Effect in the Society

In this category it is revealed how the centre works with different sectors of society to create inclusion for individuals with a disability.

(…) if they don't do it people in the communities will be forgotten (…)
- Interview 4

5.3.1 Changing Attitudes in the Society

The centre raises awareness of disability issues by involving communities and engaging surrounding schools so children can acquire a knowledge of disabilities, and discrimination can be reduced in classrooms. They also have collaborations with authorities and local government, making them aware of disability issues and changing their attitudes towards persons with a disability. According to the participants, the centre discusses attitudes about disabilities and raises awareness that disabilities are not a sickness nor contagious.

(…) going to schools for example …creates…a culture where kids can be included because they learn about disabilities in… their, in their classroom …and there …is not as much discrimination that happens because of that (…)"
- Interview 5

5.3.2 The Opportunity to be Included

Individuals connected with the centre get the opportunity to achieve social inclusion, whilst people who are not granted this opportunity are often not able to achieve the same level of inclusion. It is described that inclusion can be developed through activities. Performing an activity, such as basketball, creates equality between individuals with and without disabilities. The feeling of being included through workshops at the centre is also described. Furthermore, the centre has an important role in involving individuals with disabilities in the community by including them in, for example, schools and in different community events. They help individuals who are living in rural areas and notice them. The effort and lengths that the centre goes to, to create awareness and challenge prejudice has a significant impact in the community.

"(…) the work that X does is really important because they try to get them included in their community by, you know, involving them in town party and…and schools and in their own families (…)"
- Interview 10

5.3.3 The Feeling of Being Valued

It is described that the centre has an approach where all individuals should have the same access to rehabilitation services no matter what background they have. The centre acknowledges that all individuals have value because they are human beings and should therefore have the same opportunities as other members of society. It provides tools for individuals to be included in schools and work, which creates a sense of empowerment. Through this sense of empowerment, the centre equips individuals with newly found skills and confidence which enables people to be in control of their own life outside of the centre.

"(…) but in X you recognize that everyone has value just because they´re…they´re…a human being with… with rights (…)"
- Interview 2

5.4 The Importance of Work

Being able to work is something the participants valued highly in relation to being included in a community. Within this category two sub-categories were created.

5.4.1 Work as a Meaningful Activity for Inclusion

The participants describe that the centre offers inclusion in terms of work and that this made them feel like a part of the centre. They felt welcomed and experienced a feeling of belonging through interactions with others.

> *"(…) in my experience I see X as a place that offers a type of inclusion in terms of work (…)"*
> - Interview 3

According to the participants, working is a meaningful activity and being able to perform their work of choice is important. It is also described how this occupation generates an income and how it contributes to a feeling of independence. Participating in work at the centre facilitates opportunities of learning new ways of performing tasks. Being satisfied with one's employment and to be given the opportunity to do so was valued highly.

> *"Okay, yeah well I feel that I get to participate, I always participate in the work that I do…uhm…so that I can bring an income to my house (…)"*
> - Interview 8

5.4.2 Focus on Ability not Disability

This sub-category was created based upon the perspective of being employed with a disability. In contrast to many other places in society, the participants felt that the centre does not focus on their limitations but rather on their abilities. This was largely due to being allowed to work according to their own individual capacity. The feeling of being recognized and appreciated for one's talent in a work-related situation was something of high value.

> *"(…) we all have the ability to do a lot of different things, even…despite our disabilities each person is doing something important according to what their able and disabilities aren't really limitations."*
> - Interview 8

6. Discussion

6.1 Discussion of the Methodology

6.1.1 Participants and Recruitment

The participants were originally supposed to be individuals who either lived at the centre due to need of 24-hour care or came to the centre daily to receive rehabilitation or to participate in different activities. Upon arrival it became evident that the employees of the centre had different disabilities, something which was not previously known before conducting the study. Therefore, it was decided to include these participants who worked on a weekly basis at the centre as well. This may have been beneficial as the employees had a stronger connection to the centre and its community. On the other hand, the fact that some participants were employees may have influenced their responses to some extent. This was not highly noticeable during the interviews, but it should nonetheless still be an aspect one should have in mind as it may have affected the results of this study in favour of the centre. However, as it seemed irrelevant to the study, no data was collected regarding whether the participant was a resident, volunteer or employee at the centre. The sampling method and inclusion criteria described in '4.1 Research design' were still used.

When the participants were approached by the translator, the interviewers were present which may have resulted in a feeling of obligation to participate. Furthermore, as living on site at the rehabilitation centre for four weeks and participating in daily activities, a fellowship was created with some of the participants prior to the interviews. This might also have affected the willingness to participate in the study. According to Kristensson (2014) the principle of autonomy indicates that all participation shall be voluntary. This could possibly have been altered due to the relationships that emerged with the participants.

6.1.2 Interview Guide

The interview guide was conducted to increase dependability of this study. The interview guide was written while living at the centre which might imply that the questions were affected by the cultural environment and context of the location. This can be viewed as a positive aspect as this increases the opportunity for the questions to be more comprehensible and suitable to the context from the perspective of the study. On the other hand, the interview guide was created with a narrow access to resources in terms of literal evidence and research as the access to the internet was limited. It may therefore have been more beneficial if a first draft of the interview guide was created prior to departure to Mexico, including the main aspects of the interview using professional terminology. Based upon this draft, a new interview guide could have been made that was suitable to the centre, its participants and context. This is a matter that Lundman and Hällgren Graneheim (2017) discuss.

As the interview guide at first was written with formal terminology which resulted in misunderstandings, the interview guide was reconstructed. Kvale and Brinkmann (2014) describes how interview questions should be short and simple to understand, an aspect taken into consideration when rephrasing the questions in cooperation with the translator. The translator was asked to be engaged in this process to eliminate any further misunderstanding in relation to culture and context. This issue could have been eliminated if a pilot interview had been conducted prior to the interviews with actual participants (Kvale & Brinkmann, 2014).

Furthermore, some of the questions in the interview guide were not directly correlated to the aim of this study, such as the part regarding culture. This resulted in answers that were not relevant to this study, no matter how striking. One of the topics that emerged was being excluded and discriminated against in society as a result of one's disability. As a large amount of material was retrieved within this topic, it can be argued that future research regarding this could be of high interest.

6.1.3 Data Collection

Because of the language barriers it could be difficult to notice if the participants felt uncomfortable or if any question asked could be considered offensive. As Kvale and Brinkmann (2014) assert, it must be considered that questions within a certain subject can have various effects in different cultures. It is therefore of importance to be conscious and have knowledge about the cultural context before conducting the interviews. Through participating in the work at the rehabilitation centre, relationships with the individuals were created and increased knowledge about the Mexican culture was learned. This could have reduced the risk of misunderstandings occurring. As the participants were comfortable sharing their experiences, the answers to the questions were often extensive and detailed. Supplementary questions were therefore not required for the most part. However, possible follow-up questions were prepared and included in the interview guide in advance as this can generate more detailed answers than those previously given (Kvale & Brinkmann, 2014). Due to language barriers, the interviewers had difficulty navigating the interview within the context of the study. The effect of which was that some information received during the interviews was not of high relevance to this particular study even though the material itself was very interesting.

An aspect that might have affected the participants responses is the relationship that was formed with some of the participants through work activities. This might have created a sense of having to give correct and elaborative responses favourable to the aim of this study rather than their own experiences. This could have been moderated by, as Doody and Noonan (2013) expresses, giving certain information prior to starting the interview. In perspective of this study, the type of interview could have been explained and that the aim was to hear the participants' experiences and that there was no such thing as a faulty answer could have been clarified. According to Holloway and Wheeler (2010), it is important to, when conducting an interview, establish trust and provide a comfortable surrounding for the participant so that the questions can be answered honestly. It is essential to have a relationship where there is a mutual respect and equality between the interviewer and the participant. To prevent power dynamics from occurring during the interviews all individuals present were positioned in a circle and active listing, as described by Nilsson and Waldemarson (2016), was applied in respect to the participants vulnerable position.

The transferability of this study can be discussed. Some information about the participants and the location of the centre is not revealed in respect of confidentiality, which would make the results less transferable to a different context. Furthermore, as the study was conducted at a specific centre and the purpose was to describe how this centre facilitates social inclusion, the findings may not be well applicable to other organizations.

A qualitative method was chosen because of the purpose to describe participants' experiences. The translator was fluent in English and Spanish and it can therefore be assumed that there was a low risk of questions being misinterpreted. The importance of answers being recounted exactly as the interviewee tells it to the translator was explained. However, as Morville and Erlandsson (2016) discusses, translating a language word by word might not be logical as underlying meaning and context must be taken into consideration. This might be something the translator takes responsibility doing, which could result in errors. Some of the answers given during the interviews were detailed and the translator asked clarifying questions in Spanish, without translating it into English. Therefore, a correct translation cannot be guaranteed, nor that any words were left out. According to Al-Amer et al. (2016) researchers can at any point of the research process experience difficulties regarding language translation, especially when interview data must be translated to a different language. Therefore, the reliability of the translation process is of importance as the integrity of the results can be threatened due to inaccuracies. The translator had no previous experience of translating in an interview context. There is no guarantee that the translator may leave out personal experiences while translating but when working with the transcription material there was no indication of that happening.

6.1.4 Data Analysis

As mentioned earlier, knowledge of the centre's context and its participants was gained through the opportunity to live in the residential area with other volunteers and participate in the different work tasks offered at the centre. This generated a subjective experience and perception of how the centre operates, the relationships within the community and how the centre has affected lives through individuals sharing their stories around the dinner table. Even though this generated a greater understanding of the context it might also increase the risk of bias when analysing the data. It was discovered to be difficult to only originate from the written word of the transcribed interviews and not one's subjective experiences and interpretations from the time at the centre. According to Lundman and Hällgren Graneheim (2017), the context should be taken into consideration during the analysis process in relation to the study. To increase credibility and to keep an objective perspective during the content analysis, triangulation was used as mentioned in '4.3. Data analysis'. However, due to the preconception that the centre does work with social inclusion, it can be argued that further actions could have been made to maintain an objective perspective. The interviews were transcribed literally to maintain a high level of confirmability as described by Kristensson (2014). Quotation from each interview was used when presenting the results to increase confirmability.

Content analysis was chosen as this method originally was used to analyse large amounts of data and focus on interpreting the text using different categories and codes (Lundman & Hällgren Graneheim, 2017). This decision turned out to be beneficial as a large amount of data was collected and the different steps of the content analysis enabled interpretation of the material in relation to the study. Due to the irrelevance of some of the prepared questions, a large amount of the data was discarded because it was not relatable to the aim of this study.

6.2 Discussion of the Results

The results revealed a connection between the feeling of being socially included and being able perform activities of high value. According to the participants, the opportunity to perform work tasks was acknowledged to be of importance. The discussion will focus on the aspect of how the centre works, the importance of work-related tasks and the sense of belonging.

6.2.1 Facilitating Work of the Centre in Society

It was discovered that the centre aims to change attitudes about disabilities in their society. Individuals with disabilities are sometimes viewed as being sick and contagious. In terms of employment, some participants had previously experienced that people believed that they were unable to perform work tasks because of their disability. This is an issue that the centre embraces and attempts to change in society. That the individuals are recognized and noticed is also according to Hocking (2019), essential for an individual to be able to take part in social processes. It is obvious that the centre raises awareness about disabilities in the communities and strives to reduce discrimination and exclusion. It can be concluded that these efforts can result in a change of attitudes in the communities which indicates that individuals with disabilities are more likely to achieve social inclusion. According to Devine et al. (2015) the foundation for social inclusion is social acceptance. Social acceptance is achieved when there is an equality among individuals, regardless of functional ability. Gona et al. (2018) describe how the community perceives, understands and reacts to disability is significant to the daily life of individuals who have a disability. It was evident that what the centre achieves is important because it enables people with disabilities to be socially included.

It was discovered that the centre has a different approach than other organizations in Mexico. They believe that all humans have equal rights regardless of disability. Through the centre people with disabilities get the opportunity to work, which is a human right. It is a human right to be included in occupation, cultural and political life, education and health care (United Nations, n.d.b). The

participants expressed how the centre provides opportunities to perform activities of value. This aligns with what Hocking (2019) describes, that people must have the opportunity to involve themselves in cultural, political and economic activities. This can be related to the Sustainable Development Goal 10, which emphasizes the importance of encouraging the economic and social inclusion of all people regardless of disability (Sustainable Development Goals, n.d.b).

6.2.2 Importance of Work as a Mean for Social Inclusion

It was clear that the participants valued their employment. The feeling of being able to share experiences and knowledge through working with others was described as important. Being involved in work occupations was explained as an opportunity to evolve and learn new things. In general, the participants highly valued this occupation as it facilitated the opportunity to be socially included at the centre. This was also found in a study by Smyth et al. (2011) which emphasised that the importance of engagement in an occupation often leads to a higher level of motivation to be socially involved. According to Håkansson and Wagman (2014), in some parts of the world, such as western culture for example, paid work is highly treasured. Kantartzis et al. (2012) argues that it is the unspoken assumption is that one should work, which makes it such an important part of everyday life. According to the participants, having the opportunity to work and receive an income was beneficial as it generated a feeling of independence. Because of the tasks offered by the centre the participant felt that they, if needed, would be able to make an income outside the centre. Reid and Riddick-Grisham (2015) assert that working and earning an income is considered highly valuable. Being able to take care for your own needs and your family is respected in the society. Labour and other productive activities can, for some individuals, be a part of their identity and provide meaning. Erlandsson and Persson (2020) also expresses the fact that through work occupations, the individual can engage in social situation and therefore satisfy their need of social contact. Through work the participants of this study may have created an identity and received a certain role. According to Taylor and Kielhofner (2017), individuals with a disability can be excluded from opportunities to learn or enter occupational roles. Furthermore, having a disability can also generate undesired and insignificant roles. Therefore, it can be argued that the work opportunities offered at the centre are important to maintain roles in terms of work. Dowling and Hutchinson (2008) argues that an occupation is more than what one does, it is who one is. Employment is described as an important part of human lives and how it effects the formation of identities, and that work occupations should not be underestimated in the aspect of social inclusion.

At the centre, disabilities are not perceived as limitations and all individuals work according to their own capability. This can be compared to how Wilcock and Hocking describe occupational justice (see '2.4.1 Occupational justice'). The participants also expressed the significance of being content with one's work and being able to perform activities of meaning. There was an enjoyment regarding work tasks among the participants and the sense of being appreciated for their talents was meaningful. This aligns with Kantarzis et al. (2012) view that peoples' attempts to participate in meaningful occupations enables them to become a profitable part of the society. Involving oneself in an appreciated occupation, work especially, creates the opportunity to feel included, a sense of belonging and better self-reported health. In a study by Erlandsson et al. (2011) it was shown that a factor affecting the subjective health was time spent in occupations related to paid work. It is obvious that the ability to perform this occupation has a significant influence on subjective health, but also how unreasonable demands related to labour can result in people getting sick. This was not something the participants of the centre were familiar with. Maybe this is due to different cultural norms or that working hours in Mexico differ from those in Sweden. To determine the reason for this, further research within this area would be beneficial.

This study was conducted in spring of 2020, during the global pandemic of Covid-19. The fallout of the global pandemic could, as claimed by the UNU World Institute for Development Economic Research, increase global poverty by half a billion people, representing as much as 8% of the entire human population. This increase of global poverty would be the first of its kind since 1990 (Sustainable Development Goals, n.d.a). In coherence to this, it can be argued that the work related to the Sustainable

Development Goals is more important than ever. Goal one particularly, as its aim is to eliminate poverty in all forms (Sustainable Development Goals, n.d.a). The importance of the work opportunities offered at the centre cannot be underestimated. Especially as most of its employees have previous experiences of exclusion in terms of work and are at a higher risk of falling into poverty due to their disability.

6.2.3 Enabling a sense of belonging

The participants felt a connection to the other individuals within the community of the centre. It was common that this community was referred to as family rather than colleagues or friends. The feeling of being heard and accepted when others, sometimes even one's own family, would distance themselves was expressed as reassuring. In society, the participants could sometimes feel that they were seen only for their disability while at the centre they were known by their name. Therefore, it can be of interest to discuss the importance of how attitudes and human interactions can influence the sense of belonging. Smyth et al. (2011) describe the importance of the social environment and its effect on the feeling of being included or excluded. It was made clear how the attitudes and behaviour of others in society has a strong connection to whether an individual felt included or not. The social environment can in this case as Taylor and Kielhofner (2017) describe, be the access point to relationships and people, which includes family, friends, and colleagues. The social environment also involves physical and verbal interactions, emotional support and societal attitudes. Based upon, this it can be argued that the social context of an individual, such as the one generated by the centre, is crucial to one's experience of social inclusion.

To be viewed as normal and feel respected, after experiencing situations which have generated the opposite, can be a powerful catalyst regarding one's sense of belonging to a group. According to Wilcock and Hocking (2015) the feeling of belonging is a human need which is strongly felt by the individual. Through the process of doing things together, bonds emerge, and a sense of intimacy can be experienced. In a study conducted by Frawley and Bigby (2015) it was demonstrated that involvement in a group can lead to experiencing a sense of belonging, increased social connections and ability to perform valuable occupations. These are not entirely different from what the participants of this study have described themselves gaining from the connection to the rehabilitation centre.

Being with others provides some of the elemental meanings of occupation (Wilcock and Hocking, 2015). Hocking (2019) also describes that doing is not only central to an individual's physical well-being but also to the experience of belonging and being able to become who one has the potential to be. As explained by the participants of this study, accepting one´s disability was crucial for achieving a higher appreciation for life. Through contact with the centre an understanding and acceptance of one's disability was formed and the perception of oneself was developed. This resulted in increased self-confidence and was a motivating factor to achieve one's goals. According to Wilcock and Hocking (2015), sharing one's experiences, values and interests can lead to mutual understandings and a sense of solidarity as a result of being a part of something bigger than oneself. This mutual understanding was experienced by the participants of the centre as some had similar struggles in their past. Also, they felt that the centre gave them the support they needed and did so while respecting their autonomy. The centre offered participation in different activities such as workshops that the participants felt were very helpful and generated a sense of empowerment, a concept defined by Wilcock and Hocking (2015) as having a motivation, freedom of choice, and a sense of confidence.

6.3 How Occupational Therapy Practices can Benefit from the Findings

One of the main findings of this study was how the social environment is important for an individual's social inclusion and how it enables participation in different occupations. The fact that the environment affects an individuals' opportunity to perform an activity is not new information for an occupational therapist. As mentioned in the Code for Occupational Therapists in Sweden, an occupational therapist should aim to enable occupational performance and support the individual in doing the activities he or she wishes (Sveriges Arbetsterapeuter, 2018). In some situations, this calls upon the occupational therapist to adapt the environment of the individual. This often brings the physical environment to mind. But as Kielhofner and Taylor (2017) describe, the physical environment is only one dimension of the context of an individual. The other two being the social and the occupational environment. Even though the physical environment might not be essential to social inclusion, one can argue that it facilitates the opportunity for individuals to feel like a part of the community as they can be involved physically. To work with the social environment is something occupational therapists must continue doing as it can be essential to an individual' social inclusion. Raising awareness about disability and aim to change discriminatory attitudes can be beneficial for the occupational practises at an individual, societal and group level. This study shows that occupational practises, such as the work of occupational justice, can be beneficial when performed in society through spreading knowledge.

Another central finding of this study was the importance of work-related activities and their meaning in everyday life. The concept of meaningful occupations is well-known within the occupational therapy profession. Occupational therapists are in a unique position for enabling, facilitating and identifying meaningful occupations (Withers & Shann, 2008). Regarding this study, the opportunity to perform meaningful occupations is something that should never be forgotten as this is correlated to the individual's subjective health and sense of belonging. It should also be remembered that labour is not always only viewed as something necessary to receive an income but can for some individuals be an occupation that is valuable in itself. Therefore, it is important that occupational therapists continue to strive for the inclusion of an individual through work opportunities. The aim should be, as Jacobsen (2004) suggests, to develop a society where all individuals have equal rights and opportunities to be employed.

6.4 Recommendations for Future Research

For future studies it is important to have a greater understanding of the cultural context as it differs in different parts of the world. As this was a qualitative study conducted at a rehabilitation centre in Mexico, no conclusion can be made at a national or global level. It can therefore be of interest to perform further studies at other rehabilitation centres and include more participants to have more extensive result.

A large amount of information was received regarding the feeling of being excluded in the society. Therefore, it could be of interest to conduct a study regarding how individuals with physical disabilities are treated in Mexican society. Though this may be a delicate matter it can be argued that more research in this area would be beneficial as this might generate tools of how to address the discrimination of individuals with physical disabilities that occurs all over the world.

7. Conclusion

It can be concluded that the participants experience a sense of social inclusion through the opportunities given to work, acceptance of disability, the efforts that the centre makes in the society and the feeling of belonging to a community. The work opportunities involved the possibility to make an income, learn and share knowledge, and to be viewed as someone who can perform work-tasks. Accepting one's disability can influence the perception of oneself and generate an understanding of one's disability. The achievements of the centre in the society can be identified as spreading knowledge regarding disability and changing discriminatory attitudes towards people with disabilities. The sense of belonging to the community was experienced as result of the social and inclusive environment at the centre.

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Appendix A: Interview Guide

Age:
How old are you?
Gender:
Activity limitation:
- What do you do a normal day? With "normal day" we mean what you usually do on a day, from morning to night, do you for example go to work, leisure activities or other responsibilities.
- Do you feel that there is anything particularly difficult to do in your everyday life that is connected to your physically disability?
  - For example, transportation when in a wheelchair, navigating in an unknown area when having a visual impairment.
  - Go to the store, play sports, go to a party, cooking, eating, leisure activities etc.

 Centre
- How did you come in touch with the centre?
  - What was the reason?
- What do you do at the centre?
- What is your opinion of what the centre works with?
  - Rehabilitation, going to different communities, offers rehabilitation, workshops etc.

Culture (values and norms of the society, roles, attitudes)
- How do you feel treated in the society because of your disabilities?
  - Do you feel that people have a different attitude towards you?
  - In what ways can you feel that you are treated differently in the society because of your disability?
  - Exclusion/inclusion, stereotypical roles given
- How does this make you feel? Does this make you feel different?
  - Does the norms and values of the culture prohibit the individual to carry out certain activities he/she wants to do.
  - How does it make the individual feel? (included, safety, feelings, marginalised, "only the disability", feeling exposed etc).
- What is your personal experience of how people with disabilities are perceived at the centre?
  - Do you have a chance to participate in different kind of works?
  - How do people treat you?
  - Are you given the opportunity to be a part of social activities with other participants, volunteers, workers etc.

Social inclusion (Participation in the society, gets the opportunity to contribute, participate in the activities they want to.)
- Do you think that people with disabilities are included in the Mexican society?

- What is your experience of this?
    - How do you feel included?
        - Work opportunity, participation in different occurrences/happenings in the society.
- In what way has your connection with the centre facilitated opportunities for you to be socially included?
    - How has this affected you?

Participation
- How do you feel that the centre helps you to perform the activities you want to, and if so, in what way?
    - Be able to work if want to, self-growth, personal interests etc.
- In what way do you feel that the centre has made it possible for you to participate in social activities such as festivities, sports, activities with family and friends, workshops, go to a restaurant, communication, go to the store, community advocacy etc.
    - Decrease isolation.
    - What has the centre done to create an inclusive environment (not on the centre)
- What is your role within the community at the centre? (Not just work duties).
    - What knowledges and experiences do you have that might be shared with someone else?
    - Solidarity
    - Feel like a part of the centre (positively).
    - How has this effected your everyday life?

If you would not have had any contact with the centre, how do you think your life would be different from the way it is now?

Appendix B: Information Letter

Information letter

How the study will be conducted
The study is conducted by two occupational therapy students who have been in living at the centre for 3 weeks. The study aims to describe participants experiences of how a rehabilitation centre can facilitate social inclusion. Information will be collected through interviews with individuals who are in contact with the rehabilitation centre and who are living with some sort of physical impairment. The participants shall be over the age of 18. The study will be presented in the form of a bachelor thesis of occupational therapy written in English for Jönköping University. The study is a qualitative design which means that the material will be described in a written text and quotations may be used.

The interviews will be held using a translator and both interviewers will attend each interview. Approximate time limit for each interview is 30-45 minutes. An interview guide has been created to make sure that all participants are asked the same questions and get the same opportunity to tell their point of view.

What will happen with the information
The interviews will be recorded using an audio device to ensure that all information given is collected. The audio will be stored safely and the material will not be able to trace back to the interviewee. Only the authors, translator and the participant itself will know who participated in the study and what was said during each interview. The material will be transcribed and thereafter the audio file will be deleted.
The information from the interviews will be presented in the result part of the bachelor thesis and further on discussed in relation to context and previous research.

Participation
Participation is voluntary and can at any time be abrupted by the participant without any consequences or explanation. If the participant follows through with interview but afterwards changes their mind the collected material from that particular person will be deleted immediately.

The participants will have access to the final report if wanted.

Sincerely
Vilma Andersson, anvi1595@student.ju.se
Alma Tidblom, tial1717@student.ju.se

Appendix C: Consent form Participants

Consent form regarding participation in the study project

I have received both verbal and written information about the specific study. I have had the opportunity to ask questions and I will retain a printed copy of the written information letter.

   I consent to be part of the study participant experiences of how a rehabilitation centre can facilitate social inclusion.

   I consent [to] having personal information and answers processed as described in the information letter.

   I consent to having personal information and answers retained as described in the information letter.

   I consent to having this interview audio recorded.

Date and City   Signature

……………………………………   ……………………………………

Appendix D: Consent Form Translator

Consent form regarding being an interpreter in this study project

I have received written and verbal information about the study and I have been given the chance to ask questions about it.

I consent to be an interpreter in the study participant experiences of how a rehabilitation centre can facilitate social inclusion.

I understand that professional secrecy must be used, and that the anonymity of the respondent must be respected.

Date and City   Signature

…………………………………………   …………………………………………

Responsible for this Study

To access any material used, you are welcomed to contact us at:

anvi1595@student.ju.se & tial1717@student.ju.se