Chapter 77

Mothers as Advocates of Social Inclusion for Children With Communication Disorders

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ABSTRACT

Social inclusion is based on acceptance and belonging irrespective of any status, disability, or disadvantage. The ability to communicate empowers humans in their quest for social inclusion. However, children challenged by communication disorders struggle to form friendships and make inroads into social groups. Mothers, the primary caregivers in most instances, with their intimate knowledge of their children, are considered the best advocates. This study set out to identify strategies that mothers engage in to pave the way for successful social inclusion of children with communication disorders. An online survey was conducted in different geographical locations. Mothers with children aged 6-13 years who had received speech therapy or are currently receiving speech therapy were invited to participate. Data were analyzed using a mixed methods approach. Outcomes suggest that all mothers believe in social inclusion despite facing a range of inclusion and exclusionary practices. Undeterred by these responses, mothers advocate for social inclusion by engaging in a range of strategies.

INTRODUCTION

Although human needs and abilities may vary, all humans experience a deep need to forge associations with one another through social inclusion. Inclusion arises from the idea of valuing human beings and not merely tolerating them (Frazee, 2002). Each individual is considered to have a special place in the fabric of a diverse community which works at fostering active engagement (Taylor, 2007). Social inclusion for individuals with disabilities means that they must have "access to respect, access to a sense of oneself as a whole person and access to identity as a valued contributor, a bearer of rights, knowledge and power", within communities (Frazee, 2002, p. 4). Communication, a basic human right, facilitates

social inclusion. Friendships are formed, relationships are built, independence is gained, choices are made, emotions are expressed, and learning is achieved through communication (Jones, 2002). Children with communication disorders are challenged by this task and require advocacy to equalize the power base. Mothers, usually the parent who spends the most time with children, are in a unique position to engage in advocacy for social inclusion (Ewles, Clifford, and Minnes, 2014). As children observe their mothers and become partners, they learn the art of self-advocacy (Knight and Oliver, 2007).

BACKGROUND

Social Inclusion

Inclusion is built on the belief that every individual must be an active member of their community (Diamond and Hong, 2010). The concept of a "society for all" was first formulated at the World Summit for Social Development in Copenhagen in March of 1995 (UNDESA, 1995). This was followed by the Millennium Declaration, which considers social inclusion as a stepping stone to global peace (UNDESA, 2000). In September of 2015, world leaders agreed that inclusion be a core objective in the 2030 Agenda for Sustainable Development (UNDESA, 2016). Goal 10:2 of the 2030 agenda focuses on empowering and promoting "social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status" while Goal 4 emphasizes inclusive education and Goal 16 inclusive societies and institutions (UNDESA, 2016).

Social inclusion is based on the premise that every individual regardless of ability, status or any other classification has equal dignity and is worthy contributors to society (Lombe, 2007). It has been described as a "…connection to the network of community development, it is to become more than a speck of dust, to have a forename and surname, with one's own distinctive features, skills and abilities, able to receive and give stimulus, to imitate and be imitated, to participate in a process of changing one's own life and collective life" (Busatto, 2007, p. 4). Hence, social inclusion is to have a voice that is heard, accepted, and respected (Taylor, 2007) as individuals negotiate with one another to be part of a community.

Social Inclusion of Individuals With Disabilities

Research suggests that the skills of children with disabilities are enhanced when they experience inclusion (Antia, Jones, Luckner, Kreimeyer, and Reed, 2011; Frankel, Gold, and Ajodhia, 2010). Furthermore, inclusion is socially rewarding, as friendships that would normally elude disabled children in segregated settings take shape. The children feel cared for, honored, and cherished by other human beings, thereby fulfilling a deep human need (Finke, McNaughton, and Drager, 2009). Inclusion also nurtures independence as it encourages growth and discovery (Stahmer, Akshoomoff, and Cunningham, 2011). It frees individuals to acquire a high self-worth (Diamond and Hong, 2005) and improves wellbeing, happiness, self-esteem, and mental health (Mahar, Cobigo, and Stuart, 2013; Forrester-Jones et al., 2006).

Social inclusion can take place in a private setting such as home or a public setting such as community center (Simplican, 2015). Social inclusion can also be viewed as a process or an outcome (Frazee, 2002). The process affects almost all societal activities and depends on the active participation of individuals with and without disabilities. It means that individuals without disabilities remove barriers and create a welcoming atmosphere with open communication (Hess, Molina, and Kozleski, 2006). It requires

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