Depicting the Social Dimension

The Inclusion-Chart (IC) as an Instrument of Social Diagnostics.

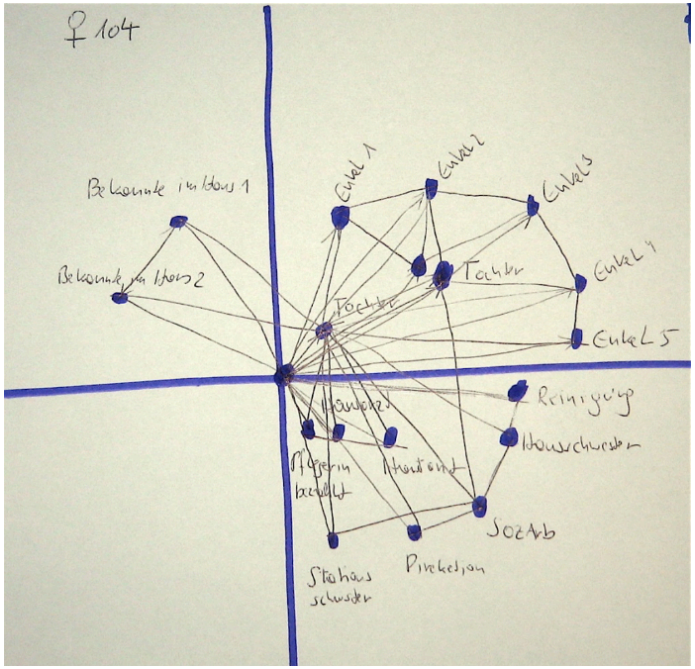
Peter Pantuček-Eisenbacher

The ‘social dimension’ is receiving more attention in the understanding of the preconditions for human wellbeing, including in the context of illness and disability. It is our responsibility to underpin our work with diagnostic and analytic instruments that can depict precisely this social field in which social work can operate.

Many diagnostic instruments are available to map and analyse person-to-person relationships through to relationship and exchange networks.

Examples of these are network charts, onto which people's relationships can be mapped. Network charts or maps are the basis for network-related counselling and interventions.

What these cannot depict is the possibility for individuals to utilise the societal infra-structure. This is nationally or trans-regionally orga-nised, it is specialised, and implemented through orga-nisations.



An essential factor of the life chances of individuals is whether and how individuals can make use of the trans-regional and specialised social infrastructure, and the extent of their access to material and non-material 'goods'. However, that omits personal network-related considerations.

Today I am presenting the social-diagnostic instrument Inclusion Chart (IC) for the first time in an English version. I conceived and first published it in 2005, and since then colleagues in Germany and Austria have participated in applying, testing and in further developing it. The current, extended instrument is version 3.

The starting-point was the attempt to collate and present in a structured way the wide range of data that is generally generated in the context of casework analysis, or so called social assessments. We saw, that in most of the assessment forms much data was sampled, but there was no structure, no heuristical way, that could lead to an overview and to consistent decisions. The instrument should enable us to gain this overview and to provide indications on where support could and should be offered.

Systems theory – and in particular the dual concept inclusion/ exclusion – offers a theoretical context in which we can order the social assessment data.

The most important functional systems:

- **Labor market**
- **Social security**
- **Financial transactions**
- **Mobility**
- **Education**
- **Media**
- **Medical care**
- **Communication**
- **Everyday support**

Functional systems + scale:

Each of these functional systems provides specific services, benefits, or activities, and we can establish whether a person has either the full or a reduced possibility to participate in a specific system, or indeed has no access to this functional system at all. This is clarified through a 4-point scale.

1. Functional systems	*Degree of inclusion*			
	fully	largely	insufficient	excluded
A. Labour market				
B. Social security				
C. Financial transactions				
D. Mobility				
E. Education				
F. Media				
G. Medical care				
H. Communication				
I. Everyday support				

The extent of inclusion is not a function of personal traits or deficits. It is the measure of a relation between the person and the social environment. Health personnel can behave in exclusionary ways to people with particular characteristics, or the organisations refuse to offer their services at all in a particular area. One diagnoses not the deficits of persons but a relation. In fact, we as social workers work with both sides: we try to influence organisations to behave inclusively towards our clients. And we try to help people on their way to inclusion, for example by counselling and by coaching.

In terms of deciding where we should and where we should not intervene, it is not only the question of the extent of exclusion that is important, but also the dynamic of the situation. If there is an acute risk of exclusion, then we intervene directly. If there are chances for an improvement, then we support these. The most difficult to address is resilient exclusion. So we included the column “Dynamic”, which is very important for the planning of our support.

functional systems + scale + dynamic:

After that, there's two more columns, one about summarised facts and one for planned intervention.

1. Functional systems	*Degree of inclusion*				*Trend (Dynamic)*
	fully	largely	insufficient	excluded	< = > >> !
A. Labour market					
B. Social security					
C. Financial transactions					
D. Mobility					
E. Education					
F. Media					
G. Medical care					
H. Communication					
I. Everyday support					

Inclusion Chart (IC3)

Client: Name, Age		Compiled by:		Created on:	
Presenting Problem					

1. Functional systems	Degree of inclusion				Trend (Dynamic)	Information	Intervention
	fully	largely	insufficient	excluded	< = > >> !	(Data and Facts)	(in process and planned)
A. Labour market							
B. Social security							
C. Financial transactions							
D. Mobility							
E. Education							
F. Media							
G. Medical care							
H. Communication							
I. Everyday support							

Last page was the first part of the form. It is backed by a manual that we have developed and in which we define what we understand by full inclusion and what by exclusion for each row. The classifications should be comparable so that the information we have accumulated for a client population can be evaluated.

The first version of the Inclusion Chart looked similar like this. At the time, I published it without expecting much back from it - at first I thought of it more as a theoretical game. What resulted was, however, countless communications from the practice. Many colleagues considered the instrument to be practical. But they were critical of some things. Specific areas of social work concern, such as for example the important field of housing accommodation, were not able to be depicted.

Soon it was clear that an instrument that should depict the social situation could not restrict itself only to the dimensions of inclusion and exclusion. We need more axes, as with a classification system.

In the second version two more axes were added:

➔ Subsistence and material livelihood;

➔ functional capacity or social functioning

We tried to remain compact. The axis 'Subsistence and material livelihood' maps 3 components: housing accommodation, goods required for everyday living, security.

2. Subsistence/ Preservation of Livelihood	adequate	largely	inadequate	not met
A. Housing accommodation				
B. Necessities and Foodstuffs				
C. Security				
3. Functional capability	very good	limited	poor	endangering

Defined criteria of need satisfaction were placed along the scale.

An adequate subsistence and livelihood in respect of the housing dimension is one in which a suitable accommodation is available:

- at least one dry and heatable room with a bed;
- the possibility to keep it safe and without others having access to it;
- space and furnishing which allow undisturbed recuperation and rest and engagement in other activities that are generally associated with 'home' (arranging the room, reading, watching TV, listening to music, writing, receiving and entertaining guests, cooking, caring for personal hygiene, undisturbed intimate communication, looking after pets, etc.)

A new column was introduced, ‘substitution’.

2. Subsistence/ Preservation of Livelihood	adequate	largely	inadequate	not met	Substitution in %
A. Housing accommodation					**0**
B. Necessities and Foodstuffs					**0**
C. Security					**0**

The question here is the extent to which a subsistent livelihood has been achieved only through social services or services provided by other people you depend on, for example relatives. Accommodation in a homeless persons' hostel, for example, would probably meet some basic needs, but it´s a 100% substitution.

That's obvious, one of social work's purposes is to help people into 'real life' from care accommodation. I don't need to explain that further.

Axis 2 complete:

2. Subsistence/ Preservation of Livelihood	adequate	largely	inadequate	not met	Substitution in %	***Trend*** *(Dynamic)* < = > >> !	***Information*** *(Data and Facts)*	***Intervention***
A. Housing accommodation					**0**			
B. Necessities and Foodstuffs					**0**			
C. Security					**0**			

Again you find the Dynamic Column, and of course the Data and the Intervention.

axis 3, functional capacity or social functioning capabilities:

3. Functional capability	very good	limited	poor	endangering	***Trend*** *(Dynamic)* < = > >> !		***Information*** *(Data and Facts)*				
A. Health											
B. Competences											
C. Caring responsibilities											
D. Level of functioning	Assessment on the GAF-Scale						Maximum Year		current		

By **competences** we mean all understandings, abilities and skills of a person that are relevant

- for the organisation of everyday life,
- for the chance to participate in society (for example, in work processes),
- for the solution of problems that crop up in the run of life,
- and for one's own position and standing in the world.

In terms of this assessment, it is not the level that was once acquired but the currently accessible level. The formal education is not assessed but the actual level, regardless of whether this was achieved through formal education or in another way.

A crucial factor in this assessment is the ability of a person to recognise one's own dependency and limits (a competent way of dealing with unknowingness).

2. Subsistence/ Preservation of Livelihood	adequate	largely	inadequate	not met	Substitution in %	***Trend*** *(Dynamic)* < = > >> !	***Information*** *(Data and Facts)*	***Intervention***
A. Housing accommodation					**0**			
B. Necessities and Foodstuffs					**0**			
C. Security					**0**			

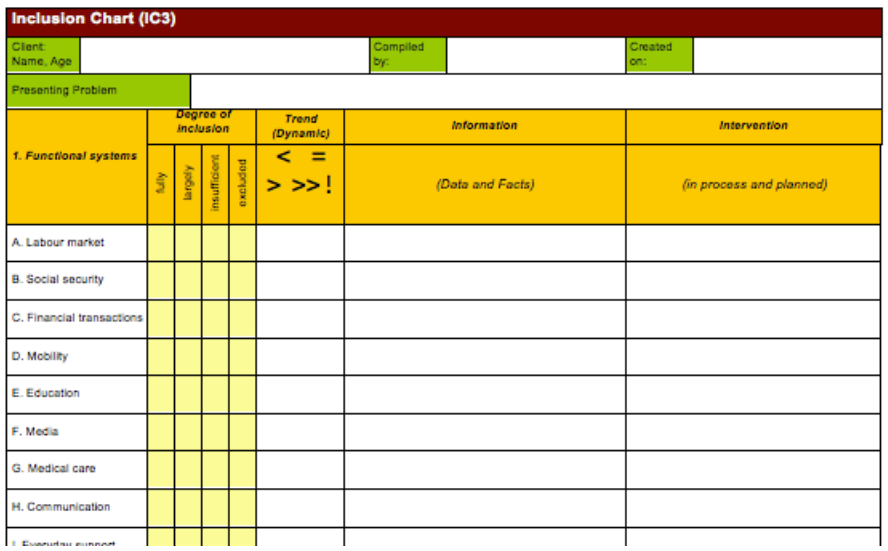
3. Functional capability	very good	limited	poor	endangering	***Trend*** *(Dynamic)* < = > >> !	***Information*** *(Data and Facts)*	***Intervention***
A. Health							
B. Competences							
C. Caring responsibilities							
D. Level of functioning	Assessment on the GAF-Scale					Maximum Year	current

caring responsibilities: is the person only responsible for him or herself, or also for other people, can she or he fulfil these responsibilities?

At the end we have adopted the General Assessment of Functioning scale from DSM, with its rough scale of functionality

A useful instrument came out of the original theoretical playing around. As we now know, it can be used very well for assessments - in a cooperative dialogue with clients.

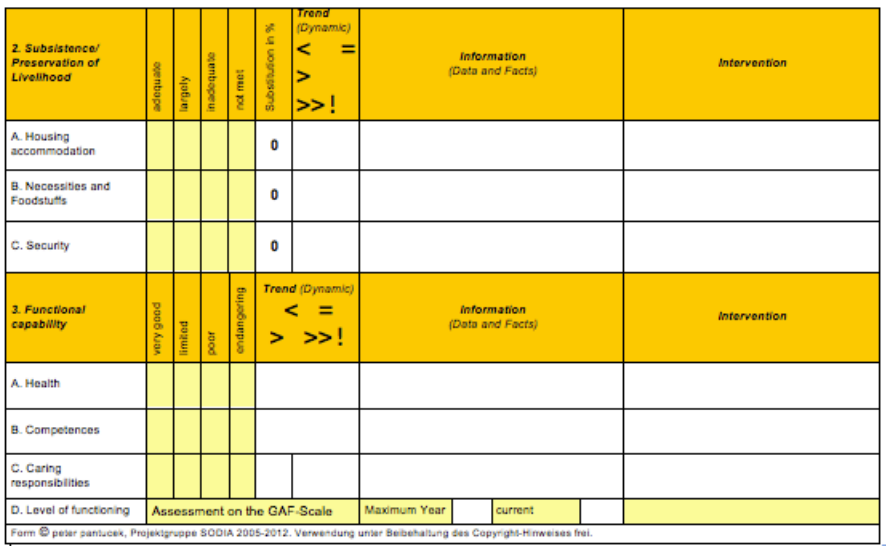
We have continually developed the instrument further and, after a period of controlled deployment where we observed its use and undertook some changes, in order to make mistakes less likely, version 3 now features in several practice fields.



Inclusion Chart (IC3)

Client: Name, Age		Compiled by:		Created on:	
Presenting Problem					

1. Functional systems	Degree of inclusion: fully	largely	insufficient	excluded	Trend (Dynamic) < = > >>!	Information (Data and Facts)	Intervention (in process and planned)
A. Labour market							
B. Social security							
C. Financial transactions							
D. Mobility							
E. Education							
F. Media							
G. Medical care							
H. Communication							



2. Subsistence/ Preservation of Livelihood	adequate	largely	inadequate	not met	Subsistence in %	Trend (Dynamic) < = > >>!	Information (Data and Facts)	Intervention
A. Housing accommodation					0			
B. Necessities and Foodstuffs					0			
C. Security					0			

3. Functional capability	very good	limited	poor	endangering	Trend (Dynamic) < = > >>!	Information (Data and Facts)	Intervention
A. Health							
B. Competences							
C. Caring responsibilities							
D. Level of functioning	Assessment on the GAF-Scale					Maximum Year	current

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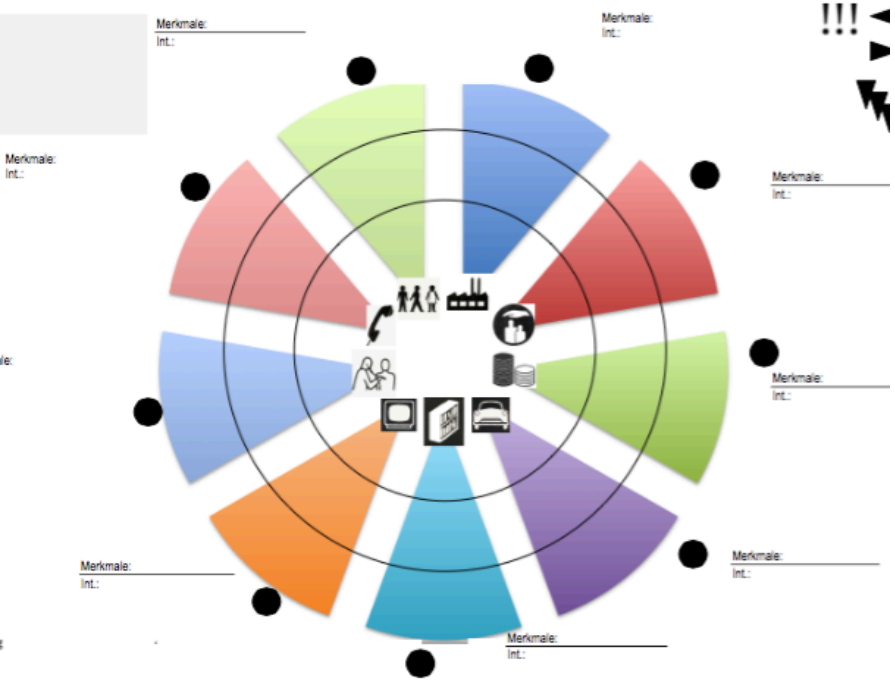

There were attempts to improve the aesthetic aspects of the presentation.

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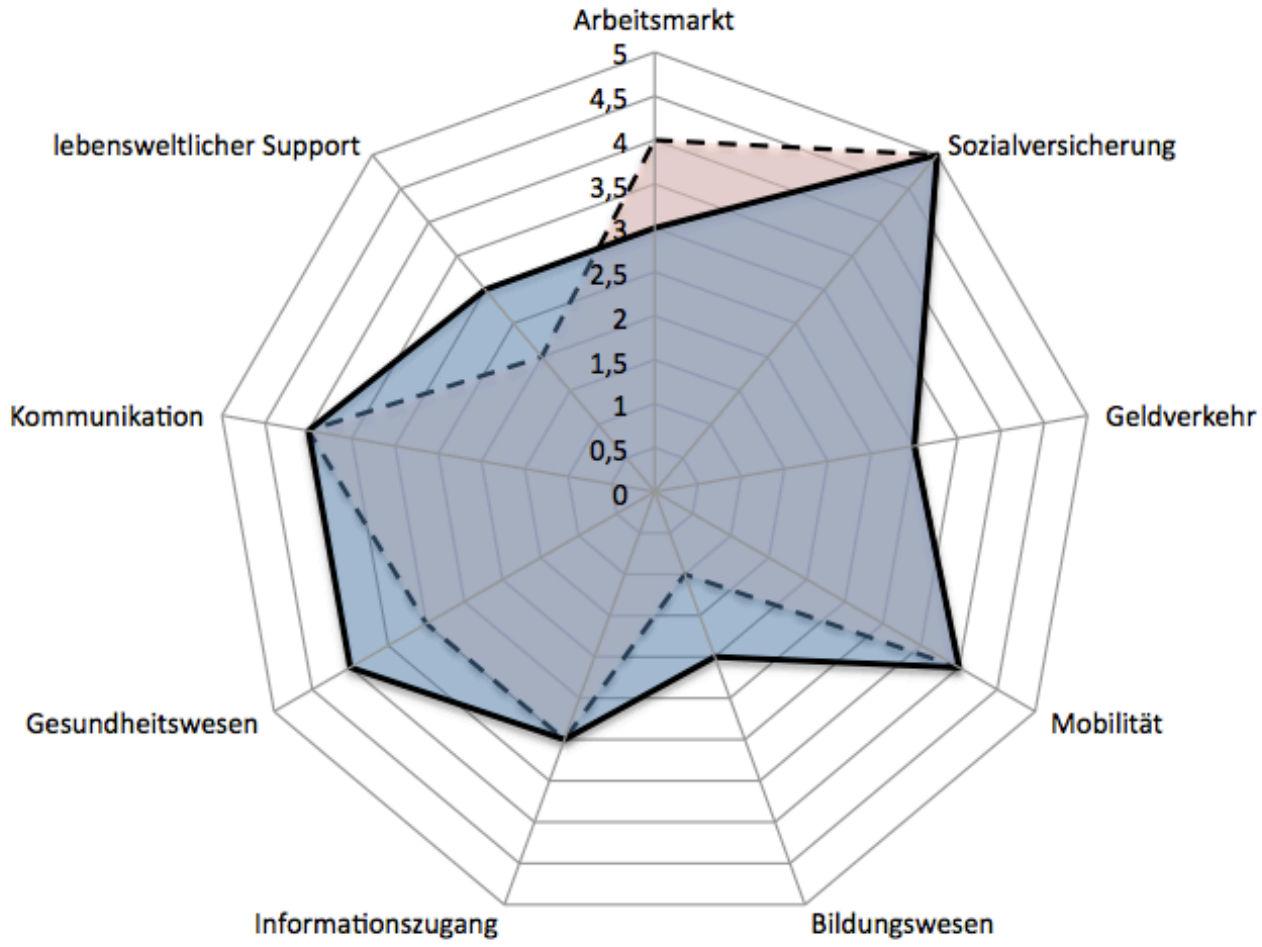
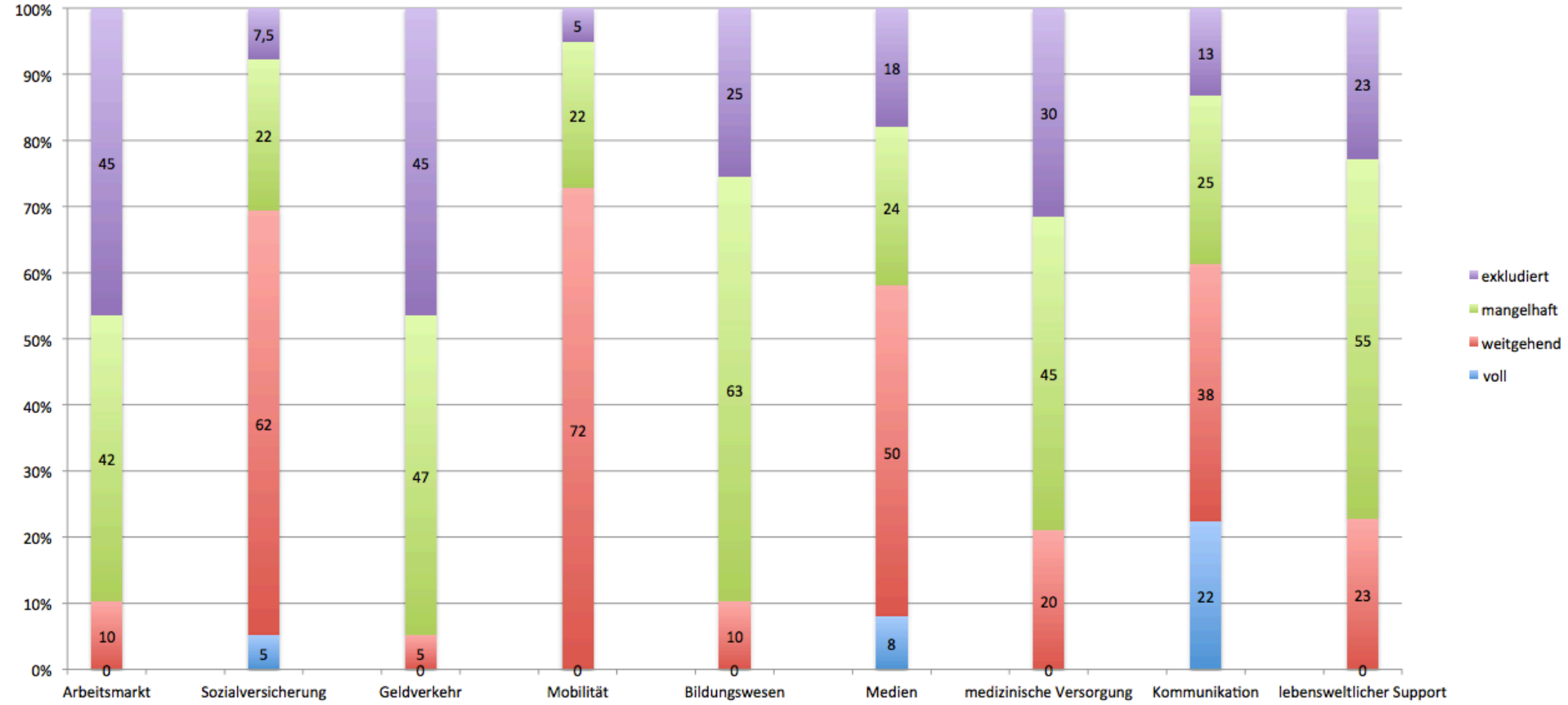


Tendenz

Funktionssysteme

The reading of the results could be improved through a visually more readily understandable graphical presentation.

In the meantime we have experience of evaluating the data we accumulated. This has confirmed that the instrument is not only helpful in individual cases but also makes it possible to make statements about the situation of client populations.



We are presently working on a further big step. The versions 1 to 3 are not useable with people who have a special social position - for example, children, for whom other systems are important and who from the outset are excluded from some functional systems (for example, they have no access to the labour market). Other examples are refugees and elderly people in residential and nursing homes.

There is an international Board (unfortunately at present only German-speaking) that discusses the further development of the instrument and determines changes.
I hope that the instrument and the manual will soon be available in English.

The website www.inklusionschart.eu as platform for the network is currently being built.

CONCLUSION

The three axes of the IC map three relatively independent perspectives and areas of intervention of social work. A general measurement for the degree of participation in social life and exchange is applied. The IC3 is suitable for a compact diagnostic of a life situation as the starting-point for care planning. At the same time it opens the possibility of meaningful statistical evaluations that allow us to make statements about the situation of social work target groups and about large-scale exclusion processes.

During the last 8 years, and through a process of dialogue with practice settings, the instrument has been applied and continually developed in various practice fields (addiction counselling, Jobcentres, youth work, social geriatrics, refugee aid and assistance, etc.). Version 4, which is currently in preparation, will provide a way to preserve the common core and comparability aspects, yet allow for target-group specific variations.

The diagnostic instrument IC3 is an example of the close inter-play of theoretical modelling and practice and it helps us to understand the core of social work expertise.

Ende