

# **Social Inclusion In Practice;**

**Applying the principles of the IEPCP Social Inclusion Framework**

17 March 2022



# Why Social Inclusion?

If we are concerned about equitable health and life outcomes, we must concern ourselves with promoting social inclusion.

*“being included in the society in which one lives is vital to the material, psychosocial and political empowerment that underpins social wellbeing and equitable health”  
World Health Organisation 2008*

*“Social inclusion matters for itself and because exclusion is too costly. Promoting social inclusion is important to build a shared prosperity for all” World Bank 2013*



# SOCIAL INCLUSION FRAMEWORK

DECEMBER 2020

## DEFINITION OF SOCIAL INCLUSION

This framework adopts the definition of social inclusion described by the Australian Social Inclusion Board (2008 – 2013)

**BEING SOCIALLY INCLUDED MEANS THAT PEOPLE HAVE THE RESOURCES, OPPORTUNITIES AND CAPABILITIES THEY NEED TO:**

- LEARN** participate in education and training
- WORK** participate in employment, unpaid or voluntary work including family and carer responsibilities
- ENGAGE** connect with people, use local services and participate in local, cultural, civic and recreational activities
- HAVE A VOICE** influence decisions that affect them



This framework emphasises the relationship between the two key elements of this definition i.e. between having the resources, opportunities and capabilities *in order to* Learn, Work, Engage and Have a Voice. It promotes work that addresses the social factors which determine whether people do have the resources, opportunities and capabilities they need.

Social Inclusion can also be seen in the context of the International Declaration of Human Rights (United Nations 1948) which articulates that everyone has the right to education and to take part in the cultural life of the community (article 27) and to take part in the governance of the community (article 21).

This framework recognises that social inclusion is dynamic (changes over time) and varies according to circumstance and location).

Department of Prime Minister and Cabinet 2013

## THE SOCIO-ECOLOGICAL MODEL OF HEALTH

The socio-ecological model identifies that social norms, practices and structures that operate at the individual and relationship, community, institution and society levels determine social outcomes, such as social inclusion. Social norms are beliefs, values and attitudes. Social practices are the expression of these norms in behaviour and social structures are the formal and informal processes through which we organise our society. Formal structures include laws and regulations, informal structures include hierarchical "ranking" of people.

Societal norms, practices and structures are influenced by and influence each other. For example, democratic countries can enact a law if it reflects the attitudes of enough of the population. Equally once a law is in place people's attitudes and practices will change. A recent example of this is the introduction of the social distancing requirements during the COVID-19 pandemic.

Originally developed by Bronfenbrenner in the 1970s (Bronfenbrenner 1979) as a theory to explain childhood development, the socio-ecological model of health has been used widely in health promotion to inform a determinants approach. It has recently been used in Change the Story as the basis for action to prevent violence against

women (Our Watch et al 2015). It is used here to help us identify and understand the drivers and processes that promote or inhibit social inclusion. It prompts us to explore the often otherwise intangible norms and beliefs that inform, and are reinforced by, practices and structures that determine whether people have the resources, opportunities and capabilities they need to Learn, Work, Engage and Have a Voice. Applying the socio-ecological model to thinking about social inclusion in this way provides the starting point for taking action at the societal rather than the individual level (Figure 2).

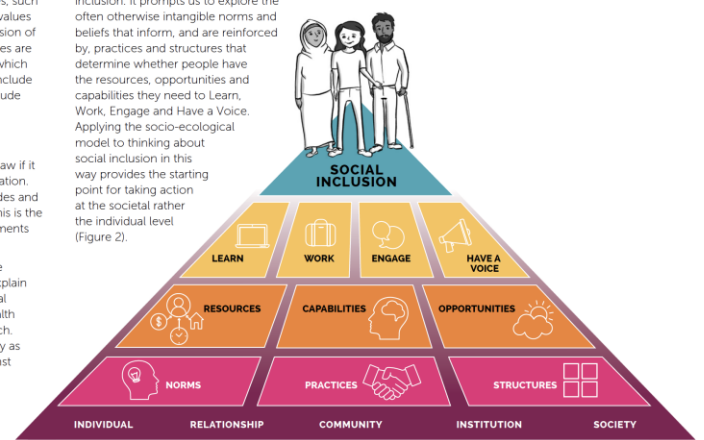


Figure 2

## BEING SOCIALLY INCLUDED MEANS THAT PEOPLE HAVE THE RESOURCES, OPPORTUNITIES AND CAPABILITIES THEY NEED TO:



### LEARN

participate in education and training



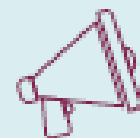
### WORK

participate in employment, unpaid or voluntary work including family and carer responsibilities



### ENGAGE

connect with people, use local services and participate in local, cultural, civic and recreational activities



### HAVE A VOICE

influence decisions that affect them



## RESOURCES

- Good health
- Transport
- Safe environment
- Housing
- Adequate income
- Urban design
- Social infrastructure
- Community facilities

## OPPORTUNITIES



- Freedom from discrimination  
eg. based on gender, race,  
ability, age, faith, sexuality
- Options, a variety of means
- Accessibility

## CAPABILITIES



- Freedom to choose
- Physical capacity
- Emotional capacity
- Self respect
- Adequate nutrition



SOCIAL  
INCLUSION



## SOCIAL INCLUSION



LEARN



WORK



ENGAGE



HAVE A VOICE



RESOURCES

CAPABILITIES



OPPORTUNITIES



NORMS

PRACTICES



STRUCTURES



INDIVIDUAL

RELATIONSHIP

COMMUNITY

INSTITUTION

SOCIETY



Our work promoting social inclusion focusses on

fostering the environments and systems,  
the community, institutional and societal norms, practices and  
structures

**THAT DETERMINE**

whether people have  
the resources, opportunities and capabilities

**THEY** need, to

Learn, Work, Engage and Have a Voice.

# SOCIAL INCLUSION A DETERMINANTS APPROACH

Being socially included means that people have the resources, opportunities and capabilities they need to:

-  **LEARN** participate in education and training
-  **WORK** participate in employment, unpaid or voluntary work including family and carer responsibilities
-  **ENGAGE** connect with people, use local services and participate in local, cultural, civic and recreational activities
-  **HAVE A VOICE** influence decisions that affect them

## A snapshot example:

Health promotion practitioners (HPPs) from Carrington Health, LinkHC and AccessHC implemented an engagement strategy with residents from social housing in each of the catchments to enable the residents to **Have a Voice** about their priorities for improving liveability in their areas.

This process highlighted the need for improved resources, opportunities and capabilities for digital inclusion, which was particularly relevant during the time of COVID-19 lockdown.

As a result the HPPs are working with community members to build the capacity of local providers of digital mentoring and training programs to engage with, and meet the needs of, these communities.



## NORMS

Social norms are beliefs, values and attitudes. Norms that promote social inclusion include the belief that everyone has an equal right to participate in society, regardless of their gender, race, ability, age, faith or sexuality.

## PRACTICES

Social practices are the expression of norms in behaviour. Practices that promote social inclusion include deliberate analysis of participation data to ensure certain groups are not missing out, organisational cultural competency training, building transport infrastructure that enables access and providing a range of options for participation.

## STRUCTURES

Social structures are the formal and informal processes through which we organise our society. Social structures that promote social inclusion include organisational policies and procedures that support equal opportunity and commit resources to attaining it, such as after-hours services, access to interpreters, accessible building infrastructure.



If we are concerned about equitable health and life outcomes, we must concern ourselves with promoting social inclusion.



## Equal



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.

## Equity



In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.

## Equality

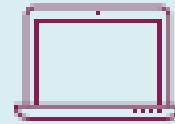


In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

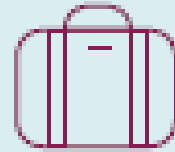
# Relational concepts

Social Issue	Definition *	Will addressing the determinants of SI address this issue
Social isolation	Separation from others, a state of having minimal contact with others	☑
Loneliness	Negative feeling experienced when social needs are not met	?
Social Capital	Social relationships that have productive benefits, acknowledges the value of social networks	↔
Social Cohesion	Where societies work towards the wellbeing of all members, fight exclusion and marginalisation and create trust and belonging	↔
Community Connection	Individuals are connected to and feel valued by their community, beyond family and friends	☑
Social Exclusion	Key definitions focus on either <ul style="list-style-type: none"> <li>• individuals/groups who share common characteristics</li> <li>• Factors in society that allow such characteristics to enable disadvantage and powerlessness</li> </ul>	(☑)

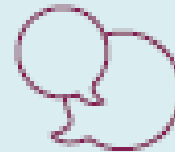
# *Case Studies*



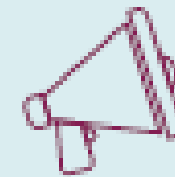
LEARN



WORK



ENGAGE



HAVE A  
VOICE