



Social Inclusion, Research, and Practices in the Health and Social Sciences

1

Setting the Scene

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Abstract

Social inclusion emerged as a concept to respond to the increase of socially excluded and marginalized populations in the 1980s and 1990s. It has echoed pragmatics of “social, economic, and political participation” and engagement and can help to create “a sense of belonging” for divergent groups in society. Nowadays, social inclusion is perceived as a social determinant of health and plays an integral role in the promotion of health and well-being, particularly among those who are socially excluded and marginalized in society. The concept of social inclusion is explicitly related to equality, social cohesion, and human rights. The focus of social inclusion is on obstacles that prevent individuals from engaging meaningfully in society. It embraces a positive process rather than focusing on problems and difficulties experienced by people. Social inclusion emphasizes the essence of an inclusive society where people who lack the opportunity to engage in different aspects of society become more socially included. This chapter sets the scene of this handbook. It provides some back-

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ground for further chapters in this handbook. First, it discusses the concept of social inclusion. Then it examines the closely linked concept of social exclusion. The next section is dedicated to social inclusive research methodologies that researchers can adopt to ensure greater social inclusion within society. The chapter concludes with discussions about means and strategies for the promotion of social inclusion in society.

Keywords

Social inclusion · Social exclusion · Inclusive society · Social determinants · Research methodologies · Promoting social inclusion · Social inclusion programs and systems

1 Introduction

Belonging, or feeling socially connected to others in a meaningful way, is critical to human functioning. (Claypool & Bernstein, 2019, p. 49)

The focus of this handbook is on social inclusion in the health and social sciences. Social inclusion emerged as a concept to respond to the increase of socially excluded and marginalized populations in the 1980s and 1990s. It echoes pragmatics of “social, economic, and political participation” and engagement and can help to create “a sense of belonging” for divergent groups in society. Nowadays, social inclusion is perceived as a social determinant of health and plays an integral role in the promotion of health and well-being, particularly among those who are socially excluded and marginalized in society (Mamatis et al., 2019, p. 4).

The concept of social inclusion is explicitly related to equality, social cohesion, and human rights. The focus of social inclusion is on obstacles that prevent individuals from engaging meaningfully in society. It embraces a positive process rather than focusing on problems and difficulties experienced by people. According to Ronzi et al. (2018, p. 2), the concept of social inclusion is not simply the intended opposite concept of social exclusion. It signifies the opportunity for people to “cultivate social relationships, have access to resources and feel part of the community they live in.” Social inclusion emphasizes the essence of an inclusive society where people who lack the opportunity to engage in different aspects of society become more socially included.

This chapter sets the scene of this handbook. It provides some background for further chapters in the volumes. First, it discusses the concept of social inclusion. This is followed by the closely linked concept of social exclusion. The next section is dedicated to social inclusive research methodologies that researchers can adopt to ensure greater social inclusion within society. Finally, it looks at ways and strategies for the promotion of social inclusion in society.

2 Social Inclusion

Social inclusion is “a multifaceted construct” (Canas & Staples, 2018, p. 29). The concept embraces both a social and physical state, resulting in “emotional experience, across a spectrum of inclusion/exclusion.” Social inclusion, as defined by Hall et al. (2019, p. 2), embraces “feeling accepted, having an individual and collective agency to determine participation, and the removal of structural and attitudinal barriers to participation.” According to Mlinar et al. (2016, p. 1), social inclusion refers to the “capacity to be actively included in society and contribute to society in an economic, social, psychological, and political sense.” For some, social inclusion is referred to as the “process of improving the ability, opportunity, and dignity of people disadvantaged on the basis of their identity to take part in society” (Tancharoenathien et al., 2018, p. 3).

At the macrolevel, social inclusion is linked to access to affordable education, equal employment opportunity, and its legislation, as well as gender and cultural norms. At the microlevels, social inclusion/exclusion is distinct from, but highly associated with, poverty, as well as occupational status, income, and social networks relating to gender, ethnicity/race, and religion.

Social inclusion embodies perceptions, expectations, and attitudes about the meaning of belonging to a group. The desire to belong is an acutely inescapable human impulse, and it is so powerful. Belonging signifies “acceptance without judgement, being treated equally and having voice” (Scorgie and Forlin, 2019, p. 5). It focuses on the strengths and abilities of a person instead of their deficiencies (Scorgie and Forlin, 2019). Belonging is crucial for the well-being of individuals (Freedman et al., 2016). Exclusion takes away the feeling of belonging to the group. Freedman (2016, p. 3) suggests that the “threat to belongingness” is seen as the foundation “threat of social exclusion.”

Social inclusion stems from the ideal of an inclusive society where each individual feels valued, differences between individuals and their rights are respected, needs of each person are met, and everyone can live with dignity is “the norm” (Mlinar et al., 2016, p.1; Mamatis et al., 2019). An inclusive society is a society in which individuals are able to meaningfully engage in social, cultural, economic, and political structures (Mamatis et al., 2019). Social inclusion helps to explain why some individuals are situated at the center of society or its margins, as well as the consequences of the social layer in society (Mlinar et al., 2016: 1).

Social inclusion has also been perceived as a social determinant of health (Louw et al., 2019; Mamatis et al., 2019). Social determinants of health are described by the World Health Organization (CSDH, 2014, p. 1) as “the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live or die are, in turn, shaped by political, social and economic forces” (see also WHO, 2017). Social determinants of health are created by “the multilevel distribution of money, power, and resources” (Compton & Shim, 2014, p. 4), which are influenced by other factors including social class, gender,

ethnicity, and geographic locations (Birn et al., 2017; Liamputtong, 2019). This social condition is the most influential foundation for good health or illness. Thus, social determinants can be perceived as “causes of the causes,” that is, as “the foundational determinants which influence other health determinants” (AIHW, 2016: 129; Marmot & Bell, 2016). They are also the root cause of health inequities, the unjust and preventable discrepancies in health status, that are witnessed within and between nations around the globe (Gleeson & Chong, 2019; WHO, 2017).

Social inclusion is also seen as a human rights issue (Hall et al., 2019). Human rights are rights which are fundamental to all societies and belong to all individuals in society. Human rights signify that each individual, regardless of gender, culture, ethnicity, religion, age, sexuality, and (dis)ability, has the same basic human rights (Taket, 2019). They are an internationally defined position of principles that can be used to “assess and redress inequality,” as well as to “advocate for, and even enforce, a fairer distribution of resources in the world” (Miles, 2019, p. 110). Historically, there have been two types of human rights: civil and political rights (including freedom of expression, privacy, and life) and social, cultural, and economic rights (such as food, housing, education, and health) (Miles, 2019; Taket, 2019).

Considering principles of human rights can increase the effectiveness of attempts to confront social determinants of health, particularly for those who are socially excluded and marginalized. The attainment of human rights is not only a moral and legal obligation of society but is also crucial for the health and well-being of individuals and their communities. Miles (2019, p. 122) contends that a human rights approach draws “attention to the structural causes of health inequities and ensure active participation of those most affected.”

Social inclusion is a crucial component of quality of life for many individuals because it increases their sense of belonging and allows them to become contributing members of society (Werner & Hochman, 2017). It has been suggested that social inclusion enhances self-esteem, confidence, mental health, independence, and decision-making capacity that result in better well-being of many people who occupy marginal positions within society (Werner & Hochman, 2017). Research has shown that there is a link between social inclusion and positive influences on health and well-being (Mamatis et al., 2019). For young people with intellectual disabilities, social inclusion is seen as a critical determinant of their health. These individuals are perceived to be one of the most marginalized groups in society (Browne & Millar, 2016). They have limited opportunities to develop meaningful social networks with others and are frequently excluded from social engagements and in the workforce. Social inclusion facilitates the ability for these individuals to meaningfully participate in social and economic environments within society (Louw et al., 2019).

3 Social Exclusion

Closely related to the concept of social inclusion is social exclusion. Social exclusion is a multifaceted mechanism and is driven by “unequal power relationships” across four key elements – social, cultural, economic, and political (Bullock et al., 2017;

Taket et al., 2014). It may occur at different levels: the individual, family, community, nation, and global (Meyer et al., 2018). Social exclusion is marked by unequal access to rights, capabilities, and resources and may result in health inequalities. Social exclusion renders some individuals or groups socially vulnerable as it is the “process of marginalising individuals or groups of a particular society and denying them from full participation in social, economic and political activities” (Tancharoenathien et al., 2018, p. 3). Thus, these individuals or communities may be unable to prevent negative circumstances that impact their lives, health, and well-being.

The concept of social exclusion emerged in France in the 1970s. The term *Les exclus* (the socially excluded) was used to depict the circumstances of individuals who existed on the margins of society. They were excluded from secured employment as well as the income safety net of the welfare state. According to Pierson (2016, p. 5), “*les exclus* lacked the substantial rights of *les citoyens*, either in practice, because they were victims of discrimination, for instance disabled people, or because they were not citizens of the state, such as immigrants.”

Several factors work to preclude certain individuals and groups from access to, and use of, health and social services, and from engaging in economic activities and policy development. Social factors such as gender, social class, ethnicity, caste, Indigenous origin, and religion as well as diseases such as tuberculosis and HIV/AIDS, and migration and displacement status and disability, may lead to social exclusion (Brennan-Ing, 2019; Clendon & Munns, 2018; Maximova et al., 2018; Tancharoenathien et al., 2018).

Social exclusion has changed the discourse around poverty, deprivation, and inequality. Many researchers, practitioners, and policy-makers have realized that social disadvantage is a multistructural manifestation, encompassing a multitude of circumstances in a person’s life (Abello et al., 2016; Pierson, 2016). Being excluded from participation in social life prevents individuals from attaining their full capacity. For instance, children growing up in a poor household are likely to be at risk of becoming socially excluded from important opportunities such as education and secured employment, which can result in intergenerational poverty. Due to the dominance of Western education and health systems, cultural minority groups are frequently socially excluded from some significant aspects of community life. Individuals belonging to sexually diverse minorities such as gay, lesbian, bisexual, transgender/transsexual, or intersex (LGBTI) groups are at especially high risk of social exclusion. Individuals with disabilities tend to be seen to lack capabilities and are often being excluded from societal participation. This will have profound negative impacts on their health and well-being (Clendon & Munns, 2018).

Stigma and discrimination are the core determinants of social exclusion (Hall et al., 2019; Liamputtong and Kitisriworapan, 2019). The foundation of stigma lies in “differences.” These differences can be in physical appearance, personality, age, gender, sexuality, illness, disability, and specific behaviors which evoke discontent, abhorrence, panic, or sympathy from others. Stigma, according to Irving Goffman (1963, p. 3), is a “devaluation” process that is interlinked with stereotyping and prejudice. It is used by individuals to interpret specific traits of others as

“discreditable or unworthy,” and this results in the person stigmatized becoming “discounted” or “tainted” (Thomas, 2006, p. 3175). Those who are stigmatized will then be “disqualified from full social acceptance” (Goffman, 1963, preface). This eventually leads to discrimination and social exclusion of people.

Individuals living with epilepsy frequently encounter stigma associated with the disease (Mlinar et al., 2016). The stigma they experience reduces their social capital, lowers their quality of life, and contributes to higher levels of mental health problems. Clearly, the discrimination and stigmatization these individuals experience are social determinants of ill health and inferior social expectation (Mlinar et al., 2016). Similarly, people living with HIV/AIDS experience a high level of stigma and discrimination in their everyday life (Brennan-Ing, 2019; Liamputtong, 2013a, 2013b). Often, they are socially constructed as the “other” who is “disgracefully different from and threatening to the general public” (Zhou, 2007, p. 2856).

Mental illness stigma is a significant health and well-being obstruction among people living with mental illness (Fox et al., 2018). Stigma and discrimination resulting in social exclusion have an immense impact on individuals with mental illness. Stigma and discrimination can lead to poor self-esteem, and disrupt help-seeking attempts and access to health care for people with mental illness. This can constrain their recovery (Hall et al., 2019). Stigma often portrays individuals with mental illness as “dangerous, unpredictable and unintelligent.” These beliefs are produced through “discriminatory and exclusionary behaviour” (Hall et al., 2019, p. 2). In all corners of the world, people living with mental illness are ostracized, blocked from employment, and denied sexual, reproductive, and legal rights to vote (Hall et al., 2019).

Certain individuals and groups are often socially excluded from mainstream society. They tend to belong to a marginalized group (Cherayi et al., 2019; Maximova et al., 2018; Wesselmann et al., 2019). These include, for example, homeless persons, prisoners, drug users, sex workers, ethnic minority groups, migrants and refugees, people with mental illness, and members of the LGBTI community (Marmot, 2018). Homeless people and people with mental illness are among the most socially excluded groups. They experience discrimination and exclusion in their everyday lives (Bullock et al., 2017). Ethnic minorities have often been excluded through covert and overt discrimination in access, policy, and regulation (Canas & Staples, 2018; Morville & Jessen-Winge, 2019). Tribal and Indigenous peoples hold lower social status and have limited voice and poor health outcomes (Tancharoenathien et al., 2018). Refugees are often subjected to human rights violations, in the form of sexual abuse (Morville & Jessen-Winge, 2019). In India and Nepal, those who belong to the lowest caste have been subjected to disrespect and indignity for centuries (Tancharoenathien et al., 2018). In India, Cherayi et al. (2019) examined the social exclusion of children of tribal unwed mothers and revealed that these children have poor social integration, experience conflict in their social interactions and lack of social support, and are poorly accepted by peers. Social exclusion characterizes their everyday school and communal life.

The repercussions of social exclusion are marked. Often, it renders excluded individuals and groups invisible and voiceless in the society in which they reside.

The consequences of social exclusion also lead to poverty, low social status, low human capital endowments, restricted access to services and employment, and low social participation (Tanchaoenathien et al., 2018). Social exclusion impairs access to opportunity and social support. It carries a loss of dignity and a sense of shame, which can have deep emotional and psychological repercussions (Pierson, 2016). People who have encountered social exclusion may encounter intense emotional and physiological effects because social exclusion can hamper four basic human needs: “belonging, self-identity, control and to live a meaningful existence” (Liddell & Courtney, 2018, p. 2). Often, they exhibit emotional responses such as sadness, shame, embarrassment, and anger. Indeed, many socially excluded people have expressed the feeling of “a threat to their overall perceived humanity” (Wesselmann et al., 2019: 2). Social exclusion can also make people feel like they are socially devalued. They may feel that they are not an important member of society. For individuals who experience chronic exclusion, they may develop acute psychological problems such as feelings of helplessness, alienation, depression, and existential meaninglessness (Riva et al., 2017). Research has suggested that chronic exclusion may lead to self-harm and suicidal ideation (Wesselmann et al., 2019). Individuals who are socially disconnected from others have between two and five times the risk of dying from all causes, compared to people who have strong ties with family, friends, and community (Berkman & Glass, 2000). Those who receive less social and emotional support are more likely to experience depression.

The concept of social exclusion has become a focus of politics in several nations. There have been political activities to fight both the causes and consequences of social exclusion. In Europe, the term “social exclusion” echoes an acceptance of the multifaceted nature of social disadvantage and the importance of political agency in addressing social exclusion. Thus, there was the inauguration of the British Social Exclusion Unit (SEU) by the Blair government in 1997. In Australia, when the Rudd Labor government came to power in 2007, social exclusion/inclusion was at the foreground of government policy. Both Federal and state governments enacted Social Inclusion Units. Many Australian policies were aimed at achieving a “socially inclusive society” (Abello et al., 2016, p. 637; see also Pierson, 2016; Fahmy et al., 2018).

4 Inclusive Research Methodological Approach

Research is carried out to better understand our lives and the lives of others, to extend knowledge, to bring about political or social change. (Salmon et al., 2018, p. 269)

Methodologically, to promote social inclusion and reduce social exclusion, inclusive research methodologies need to be embraced (Williams et al., 2015). Inclusive research is a discursive term that encircles participatory and emancipatory wisdom where individuals who are the center of the research are engaged in its design and conduct (Edwards & Brannelly, 2017). Inclusive research refers to the approach whereby the “research is of concern and benefit to the research participants, reaches and represents their grounded knowledge, and treats them with respect” (Edwards &

Brannelly, 2017, p. 272; see also Warmsley & Johnson, 2003; Nind, 2014). According to Johnson et al. (2014, p. 83), inclusive research not only can contribute to the knowledge of the issues examined, but it can also “provide a means for people to take power in their own lives.” Importantly, inclusive research “can be used. . . to promote and support change” in society (Johnson et al., 2014, p. 83).

The term inclusive research was coined by Jan Walmsley (2001) in her influential work with people with intellectual disabilities. The term inclusive research encompasses both participatory research which signifies that individuals with disabilities “work in partnership with academic researchers,” and emancipatory research which conveys that “the aspiration is for people with disabilities to lead and control the research, changing the relationships of research production” (Strnadová & Walmsley, 2018, p.133). In her later writing with Kelly Johnson (Warmsley & Johnson, 2003), the term inclusive research was used to embrace various research approaches that have traditionally been termed “participatory” or “emancipatory.” They (2003, p. 10) write:

Such research involves people who may otherwise be seen as subjects for the research as instigators of ideas, research designers, interviewers, data analysts, authors, disseminators and users.

Inclusive research practice arose from the striving for equality in the late twentieth century (Walmsley et al., 2018; Warmsley & Johnson, 2003). It emerged during the rights movement that proclaimed “nothing about us without us.” It was seen as an ultimate channel to push for meaningful social roles for people with intellectual disabilities (Warmsley & Johnson, 2003). Essentially, inclusive research is “value-driven.” It aims to change society where people with intellectual disabilities become active contributors and partners in research (Strnadová & Walmsley, 2018). Inclusive research sets out to “give voice” to people with intellectual disabilities (Strnadová & Walmsley, 2018; Warmsley & Johnson, 2003).

Inclusive research practice emphasizes the sharing of power between academic and research participants who are often referred to as “co-researchers” (Warmsley & Johnson, 2003; see also Salmon et al., 2018; Walmsley et al., 2018). Inclusive research seeks to curtail the inequality of power that shapes traditional research processes and to widen the role of research participants (Novek & Wilkinson, 2019). Melanie Nind (2014, p. 3) suggests that inclusive research can be usefully seen as “research that changes the dynamic between research/researchers and the people who are usually researched.” Inclusive research is conceived as “research *with, by* or sometimes *for* them,” and in opposition to “research *on* them” (original emphasis) (see also Milner & Frawley, 2019). It is a research practice that represents the radical change from research *on* individuals, to research *with* them. Inclusive research epitomizes the encouragement to engage individuals in the construct and management of research “about them, reach and represent their lived experience, respect them and value different ways of knowing” (Nind, 2017, p. 278).

Inclusive research is suitable for exploring perspectives that are based on the lived experience of individuals (Nind, 2017; Nind & Vinha, 2012). Inclusive research

practice, thus, shares commonalities with the qualitative inquiry, particularly the concern with grounding research in the lived experience of research participants (Clendon & Munns, 2018; Novek & Wilkinson, 2019). Importantly, Novek and Wilkinson (2019, p. 1056) suggest that participating in qualitative research can “contribute to the well-being and social inclusion” of the research participants.

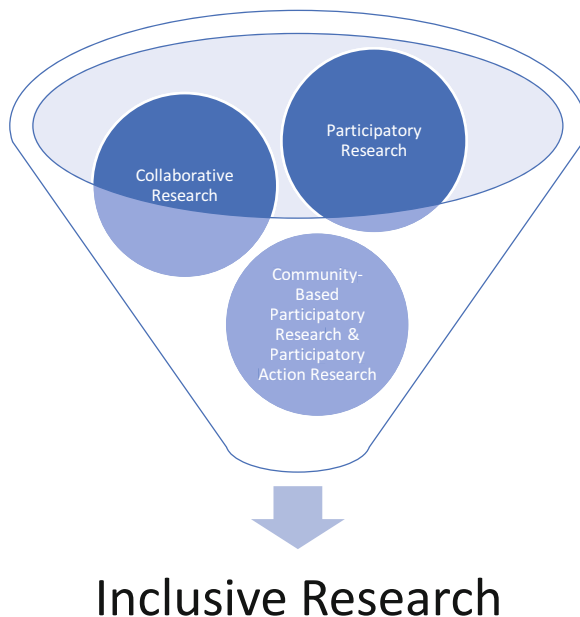
According to Melanie Nind (2014, p. 1), inclusive research includes a number of research methods and approaches that include “participatory, emancipatory, partnership and user-led research – even peer research, community research, activist scholarship, decolonizing or indigenous research.” Research approaches such as collaborative research, participatory research (PR), and community-based participatory action research (CBPR) have also been referred to as inclusive research methodologies. Nind (2014) suggests that inclusive research can alternatively be perceived as collaborative research or participatory research, participatory action research (PAR), and community-based participatory research (CBPR).

From the discussions above, inclusive research can be seen as comprising a few salient components, and these include collaborative research, participatory research, and PAR and CBPR as presented in Figure 1.

Nind (2014) suggests that the term inclusive research can be adopted across disciplines and research fields within the paradigm of social inclusion (see also Clendon & Munns, 2018; Frankena et al., 2019; Novek & Wilkinson, 2019). According to Walmsley (2004, p. 69), “inclusion can, quite appropriately, take different forms,” and there is no single “right way to approach inclusive research.”

This handbook also includes inclusive research methodologies and examples used in health and social sciences. However, as the Handbook includes examples

Fig. 1 Proposed components of inclusive research



of research that promotes social inclusion in areas beyond the intellectual disability field, the term (borrowing from Nind & Vinha, 2014 and Nind, 2017) “doing research inclusively” will be used in this handbook.

5 Promoting Social Inclusion

The challenge is to bring socially excluded populations in from the cold—literally and metaphorically—and to provide them with the opportunity to be part of a diverse and flourishing society. (Marmot, 2018, p. 186)

Addressing the dilemma of social exclusion is an acknowledged ethical and moral antecedence around the globe (Canas & Staples, 2018). Dealing with social exclusion, often through promoting social inclusion, is a global challenge for all societies (Schailée et al., 2019). The reduction of social exclusion can be achieved by planning for and achieving social inclusion. There are some markers of inclusion to benchmark progress. These include freedom from fear and violence, freedom from stigmatization, and access to knowledge, resources, health, and social care (Canas & Staples, 2018). There are programs and interventions that can enhance social inclusion in socially excluded groups. Arguably, in order to promote cohesion and equity in communities and nations, health and social service practitioners and policy-makers need to implement strategies that can overcome social exclusion (Clendon & Munns, 2018).

At a very simple level, social inclusion can be achieved through collaboration, provision of resources, and respecting social and cultural differences (Morville & Jessen-Winge, 2019). Many programs have been developed to promote more social inclusion in society. For example, Bould et al. (2018) developed a supported dog-walking program to assist people with intellectual disabilities interact with others in the community. The authors reported greater confidence in social exchanges among these individuals. Hall et al. (2019) argue that promoting social inclusion of people with mental illness is an intrinsic aim of human rights and global mental health for achieving people-centered mental health care. Interventions to promote social inclusion aim to reduce the consequences of attitudinal, behavioral, and structural forces of social exclusion (Hall et al., 2019). In many developed nations, the social inclusion of people with mental illness has been endorsed through community-based mental health, housing and employment services, antistigma activities, and legislative protections.

People living with dementia as well as their caregivers frequently confront obstacles to social inclusion. Addressing social exclusion necessitates attentive consideration to establishing accessible, affordable, and nonstigmatizing programs that enhance social inclusion within household, community, and institutional care settings. Skinner et al. (2018) contend that arts-based health programs including painting, music, and dance can assist in the improvement of the emotional, physical, and neurological well-being and health of people living with dementia. These programs can also provide opportunities for cultivating greater social support networks

(Skinner et al., 2018). According to Skinner et al. (2018, p. 2), dance deserves great attention for social inclusion among people living with dementia because it can help these individuals gain access to more opportunities for expressing their emotions, thoughts, and memories, as well as interacting with others. Dance, depending on its mode, can offer a means for physical connection. Accordingly, “dance programs support the expressive capabilities of people living with dementia, which frequently are undermined by discourses that focus on the cognitive decline associated with dementia and fail to consider the body’s power of expression” (Skinner et al., 2018, p. 2). Thus, dance programs are particularly suitable for enhancing social connections among people living with dementia despite the social challenges resulting from their conditions.

At a community level, sport is often perceived as “an inclusive environment” in which individuals from all abilities and backgrounds can take part. Sport can result in many personal, social, and health benefits (Schailleé et al., 2019, p. 885). Particularly, community sport initiatives are more informal and hence accessible and affordable to local people. Often, they are locally focused initiatives and need modest budgets to run. They are more than “just” sport programs in the community. Often, community sports aim to challenge social, cultural, and political inequality (Schailleé et al., 2019).

At a societal and global level, social inclusion can be enhanced by the social justice framework. As social inequalities are the consequence of social exclusion, they can be addressed through the concept of social justice (Commission on Social Determinants of Health, 2014; Miles, 2019). Social justice refers to “systemic and structural social arrangements that improve equality and include the fair distribution of resources, equal access to opportunities and rights, and protection of the marginalised and vulnerable” (Miles, 2019; Taket, 2019). As social inclusion is a social determinant of health equity, attaining equity is thus social justice. Structural determinants of social inclusion, including employment and education, are accommodating to the sustainable improvement of social exclusion.

Globalization has led to social exclusion in many nations around the globe. Despite its intention of benefiting society, globalization has instead generated social inequality and stress within different segments of society. Social exclusion can be combated through the provision of equal opportunities for education and access to work and employment to all marginalized people of society. This would help to change the social structure and allow marginalized people to achieve desirable outcomes (Nagla, 2014).

In global public health, it has been generally accepted that social justice approaches to health are essential. People have the right to achieve good health outcomes (Commission on Social Determinants of Health, 2014; Miles, 2019). According to Turnock (2016, p. 19), social justice is the “foundation” of global health. Social justice suggests that global public health is essentially “a public matter.” The consequences of social injustice by means of ill health, disease, and death are the reflection of “the decisions and actions that a society makes, for good or for ill.” Social justice means that there is an equitable distribution of benefits and burdens among people. Social injustices happen when some burden is unwarrantedly

placed on some individuals and groups and they lack access to some benefit to which they are entitled. Turnock (2016, p. 19) contends that “if access to health services, or even health itself, is considered to be a societal benefit (or if poor health is considered to be a burden), the links between the concepts of justice and public health become clear.”

The recently emerging concept of “inclusion health” deserves a mention here. Inclusion health refers to an approach that challenges extreme social and health inequities among groups who share disadvantageous lived experiences and risk factors such as trauma, violence, and poverty that result in social exclusion (Fitzpatrick et al., 2012). Thus, these individuals experience extremely poor health, multiple morbidities, and early death (Aldridge et al., 2017; Luchenski et al., 2018, p. 266). In combination with these problems, they also experience difficulties accessing health and social care (Elwell-Sutton et al., 2017). According to Luchenski et al. (2018, p. 266), the key aims of the inclusion health approach are “to highlight the magnitude and consequences of extreme inequity, the need for preventive and early intervention approaches, and improved access to essential services for individuals harmed by exclusion.” Examples of inclusion health approaches are peer and community-led programs that embrace social capital to promote social and health inclusion. Some programs emphasize peer-mentoring within marginalized groups; others work with peer workers to promote changes in health-related lifestyle, improve access to health and social care programs, or promote community capacity through the development of affiliations that respond to the needs of the community.

Reducing health and social inequalities in the globe has been a strategy of the Sustainable Development Goals (SDGs) that calls for an attempt to “leave no-one behind,” regardless of their sociocultural, economic, and political status (United Nations General Assembly, 2015). These goals can be adopted to enhance social inclusion in societies. There are several goals that are relevant to the promotion of social inclusion, and these are presented in Figure 2.

As evidenced, health equity can be achieved by improving health care. For instance, the Universal Health Coverage (UHC) for all is a strategy for ensuring health equity within and between nations (United Nations General Assembly, 2015; Wickramage et al., 2018). This is reflected in SDG Goal 3.8 which aspires to “achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all” (United Nations General Assembly, 2015, p. 16). To achieve UHC, the nation will need to pay greater attention to the broader aim of health equity and the strengthening of health care systems. Thus, no one will be left behind.

6 Conclusion and Future Directions

As seen in this chapter, social exclusion has a great impact on the lives, health, and well-being of many individuals and communities around the globe. Social exclusion has led to many social and health inequalities in the world. There are millions of



Fig. 2 Sustainable Development Goals

people who are still socially excluded in societies. Social inclusion for all needs to be addressed. In discussing health inequalities in the world, Sir Michael Marmot (2018, p. 188) remarks that “we need the involvement of society as a whole to tackle the causes of the causes of social exclusion and its dramatic health consequences.” He suggests that not only is this “the right thing” to do, but it might also “save money” of the nation and the world. As health is just one aspect of social inclusion, his argument can be extended to all social inequalities witnessed.

The Handbook covers a wide range of issues about the social exclusion/inclusion paradigm. These include the theoretical frameworks that social inclusion can be situated within, research methodologies and ethical consideration, research methods which enhance social inclusion (PAR and inclusive research methods), issues and research that promote social inclusion in different communities/individuals, and programs and interventions that would lead to more social inclusion in society.

The reader or user of this handbook will learn about concepts of social inclusion/exclusion and theories relating to social inclusion/exclusion. The reader will also learn about research methodologies and programs/interventions that can enhance social inclusion in different population groups. As examples from the research will be included in this handbook, the reader will be able to see real-life situations that can promote social inclusion in different groups that can be adopted in their own work. A good understanding of the variables that can lead to the inclusion or exclusion of people in society should lead to more sensitive health and social care for vulnerable and marginalized groups. This should ultimately move the dial closer toward no one being left behind in society, resulting in more just societies around the globe. This will result in a more just society around the globe.

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