This is the published version


Available from Deakin Research Online

http://hdl.handle.net/10536/DRO/DU:30018510

Reproduced with the kind permission of the copyright owner

Copyright: 2009, Taylor and Francis
3.1 Conclusions and reflections

Theory – the seeing of patterns, showing the forest as well as the trees – theory can be a dew that rises from the earth and collects in the rain cloud and returns to earth over and over. But if it doesn’t smell of the earth, it isn’t good for the earth.

(Rich 1987: 213–14)

Within this book we have not set out to provide an all encompassing grand theory that can account for exclusion and connectedness in all their complex and dynamic forms. Rather we have tried to illustrate how exploring the processes that lie behind exclusion and connectedness helps us understand how these arise, and are played out in everyday life. This knowledge helps us understand how practitioners in professions concerned with improving health and wellbeing, and in particular reducing inequities in these, might better shape practice to the achievement of these ends. Our theorising is not produced from some abstract exercise carried out in the academy, as the quote from Adrienne Rich above alludes, it arises from our practice and reflection on that practice, from research into that practice, and we value that mode of production.

We have noted the many different understandings about social exclusion present in the academic literature and within policy discourses. Different definitions of social exclusion exist, each produced in different circumstances, and to some extent, each meeting different needs. Our purpose has not been to craft a detailed genealogy of the term, but rather to illustrate its variety and the necessity of paying close attention to the particular definition(s) that come into play in different policy and practice situations. We have also introduced a number of different theoretical approaches to understanding exclusion and the factors that produce it, and presented the framework that we have found useful in this connection.

The framework we set out in Part 1 has a number of distinctive features in its approach to social exclusion. First, it emphasises social exclusion as: dynamic, multiple and contingent. Individuals, groups and communities usually will experience different degrees of exclusion and connectedness in different spheres of life, and these change through time as external and internal factors change. This complexity demands a nuanced and sophisticated approach to
tackling exclusion in both policy and practice. All too often however, responses are situated within the silo of a particular sector, rather than being intersectoral or multisectoral, and are based on a binary distinction between excluded and included. Second, we have emphasised the importance of language in the creation and recreation of exclusion and connectedness. Third, we have emphasised that we find a focus on connectedness (rather than inclusion or participation) as the reverse of exclusion more appropriate in terms of understanding people's experiences. In this short concluding chapter, we consider these features further, exploring some of the implications for policy and practice, drawing on the chapters and research studies presented in Part 2 of the book. We also consider briefly a research agenda for the future.

**Responding to dynamics and complexity**

We have emphasised the importance of a focus on the privileged, as a distinct group within the broader category of the included. In Chapter 2.1, Pease addressed those of us who benefit most from existing social divisions and inequalities, speaking particularly to white, middle-class, heterosexual, 'able-bodied' men; the chapter illustrated how these inequalities are reproduced by and through the daily practices and life-style pursuits of privileged groups. In Chapter 2.2, Crisp continued this type of analysis in reflecting on her own practice as a social work educator in selecting new students into the social work degree or making determinations about current students. She illustrates how she attempts, through the exercise of professional discretion, to improve social connectedness into spheres of education and ultimately employment for certain groups in the population, such as those with a criminal record. She also identifies how the exercise of such discretion depends crucially on the institutional norms and policies within which she exercises such discretion.

Individual action, interaction and identity are constrained by the operation of institutional norms, practices and policies in ways which can act as exclusionary. Chapters 2.3 by Cook and 2.15 by Taket, Foster and Cook include examples of this in operation in the welfare benefit system and health systems. Chapter 2.10 by Carey *et al.* explores the exclusionary processes applying to voluntarily childless women, illustrating the exclusionary effects of societal norms and discourses about childless women on the experience of those who have elected to be childless.

We have also shown how the experiences of exclusion and connectedness are mediated by different social and cultural factors, whose operation varies across the different levels we have considered: individual, community/local, societal. Some chapters have taken as their focus different communities of interest: carers, considered by Savage and Carvill in Chapter 2.6; immigrants, considered by Renzaho in Chapter 2.9; older people, considered by Nevill in Chapter 2.11; and bisexual young people, considered in Chapter 2.12 by Martin and Pallotta-Chiarolli in relation to mental health and substance abuse. Chapter 2.5 by Owens considers people with disabilities and analyses
the issue of access. Although there is a growing awareness of facilitators of access and societal responsibilities associated with these, considerable access issues prevail for people with disabilities. Access is influenced by the processes through which participation is achieved and by the numerous social and structural barriers that compromise participation. A common feature in all of these chapters is the demonstration that the experience of exclusion is a dynamic, rather than a static, phenomenon, and that it can be experienced in a variety of ways – it can be social, financial, educational, employment or service related, or indeed any combination thereof.

Exclusion and connectedness can also operate differently in different spheres of life. Chapter 2.4 by Henderson-Wilson illustrates this with the case of inner city high rise living in Australia, exploring how this particular form of housing can result in both exclusion and connectedness for the residents concerned, and considers the different aspects of the built environment and community activities that can foster connectedness.

Effects of exclusion produced in important areas of health and wellbeing can sometimes be positive and sometimes negative. In Chapter 2.9, Renzaho considers the complexities of the relationship between acculturation and its long-term effect of social exclusion for migrants, producing in some cases deleterious health and social outcomes, whilst in other cases the opposite. In Chapter 2.14, two contrasting examples of ‘othering’ and marginalisation through being ‘the other’, were explored. In one case, othering acted as an inclusionary process while in the other it was exclusionary.

Our framework can be viewed as adopting an intersectional approach (Sloop 2005). Intersectionality theory originated in the writings of African-American and third world feminists, concerned to counter Western feminist theory's insufficient attention to women of colour by providing a more appropriately complex and nuanced analysis that incorporated attention to other social-demographic characteristics and the relations of inequality associated with them alongside gender relations (Collins 1991; Mohanty 1991). The main premise that is pertinent here is that any particular form of inequality or oppression is modified by its interactions with other forms or inequality or oppression, and that thus the patterns of exclusion linked to these are similarly modified by interaction. In Chapter 2.1, Pease articulates an intersectional theory of privilege, and shows how this links to the creation and recreation of exclusion. Cant and Taket (2006), in an exploration of lesbian and gay experiences of primary care, showed how a consideration of the intersections of gender, race, class and occupation, together with sexuality was required. They demonstrated how the heterosexist assumptions and systems in relation to sexual health operated with quite different exclusionary effects for lesbians and gay men, and how concerns around mental health resulted in rather different presentations of self for black lesbian and gay men in comparison to those who were white.

A failure to recognise the particularity of the experience of different groups runs the risk of giving rise to what Martin and Pallotta-Chiarolli call ‘exclusion
by inclusion’ where notions of overlap are deployed as signifying inclusion while in reality meaning continued exclusion, through neglect of the non-homogeneous nature of the group and their experiences. An important part of our understanding of social exclusion is that, rather than a dichotomy of included or excluded, there is recognition of long-term processes, grounded in social dynamics and individual experiences that create different patterns of inclusion and exclusion.

Languaging exclusion and connectedness

Throughout the chapters within this book, explicitly or implicitly, the authors recognise that we make sense of the world, our understandings of it, and our place in it, through language; our use of language creates, contests and recreates power, authority and legitimation. Thus language is important in creating and recreating exclusion and connectedness. The specific chapters illustrating this most explicitly are Chapters 2.12 and 2.14.

Building connectedness

Turning now to the question of ‘what is to be done’ for those who in their professional practice seek to counter exclusion and foster connectedness, a number of working principles can be distilled. The first is the importance of empowerment based approaches; see also Wallerstein (2006), for a review of these specifically in the context of improving health and reducing health inequities. Connected to this is the recognition of the importance of autonomy: ‘Autonomy – how much control you have over your life – and the opportunities you have for full social engagement and participation are crucial for health, well-being and longevity’ (Marmot 2004: 2). Putting this together with the discussions throughout this chapter on the complex interaction of factors that create and recreate social exclusion, we can note a challenge in terms of building ‘real’ or authentic involvement for individuals and groups in different arenas of life, in ways that support their autonomy rather than remaining at tokenistic levels. Both these issues are taken up in the recommendations of the report of the Commission on the Social Determinants of Health (CSDH 2008). This will require change on the part of the (relatively) powerful, see Chapters 2.1 and 2.2, and this has been explicitly taken up in some areas of practice, for example anti-oppressive and empowerment practice in social work (Mullaly 2001).

The capacity of information and communication technology to promote inclusion was considered in Chapter 2.7 by Maidment and Macfarlane, who demonstrate how its inclusionary and exclusionary capacities vary across specific contexts at different levels from the most local to the global.

In Chapter 2.8, Stagnitti and Jennings show changes in families’ social inclusion which resulted from a program designed to increase the preliterate skills of children by building parents’ awareness and confidence, demonstrating
Conclusions and reflections

some of the careful design that is necessary to craft suitable practice to foster inclusion.

Lamaro, in Chapter 2.13, presents a fascinating example of the implementation of such practice in the challenging circumstances of rural South Africa. The high prevalence of stigma and discrimination towards HIV positive people, and their subsequent experience of social exclusion, has created opportunities for social connectedness through support group participation. This in turn is fashioning an emerging social movement breaking down barriers of stigma, and contributing to broader social change to support HIV action in this diverse and sometimes contradictory social environment.

In Chapter 2.14, Barter-Godfrey and Taket explore 'othering': marginalisation through being 'the other'. The chapter illustrates how othering can operate in multiple ways with both positive and negative effects (and indeed affects), acting as an inclusionary process in some circumstances and an exclusionary one in other circumstances. The implications of this for health care practice were explored.

The organisational challenges that can arise in terms of operationalising these understandings of exclusion in terms of service planning and provision remain to be fully understood. One organisation that has embarked on a systematic exploration of this issue is Wesley Mission Melbourne, a major NGO provider of services in the areas of aged care, counselling, disability, youth, homelessness and employment within the Australian state of Victoria. Wesley Mission Melbourne works alongside those who are most disadvantaged, inspiring them to live their lives to the fullest as valued members of the community. In late 2008, work began with the production of a background paper for the production of an organisational policy on social inclusion (Pollock 2008); this is based on the same framework for understanding exclusion and connectedness that we have discussed, and places emphasis on offering the disadvantaged both voice and choice. Over the coming years the organisation will explore the consequences of this for service evaluation, an initiative to be carried out in partnership with both staff and service consumers.

An agenda for change

Our analysis of how exclusion arises and is perpetuated points to the need for change in both policy and practice. There is a need to move away from 'victim-blaming' approaches that construct exclusion as a deficiency or shortfall in the excluded, rather than arising as a consequence of the complex interactions of a broad range of factors. The growth of critical and anti-oppressive approaches to practice in social work, as well as the growth of empowerment and strengths based approaches in health promotion, public health and other public sector services is a partial response to this, but needs to become more widespread in implementation. This will not be an easy task to achieve, since it demands, in many instances, a change in service ethos at all levels through the minutiae of practice.
As a book written by academics, it would be surprising if there were no calls for further research, and we offer no surprises here. Indeed we do see a research agenda for the future. First in this is a need for more micro-level studies of the dynamic experiences of moving into and out of exclusion and connectedness, to better understand how to foster connectedness and reduce exclusion.

Another element is connected to methodology, in that the types of enquiry that will be particularly informative for re-shaping practice will be those that involve the research participants in wider roles than just the minor role of providing data. Participatory research and participatory action research have a considerable role to play, and the quote that begins this chapter points to our valuing of these research modes. Reflective practice, an organising principle in many of the practitioner fields we have considered in this book, provides a strong basis for research into practice being carried out within practice. The challenge then becomes the dissemination of the knowledge gained beyond the local realm in which it is produced and the integration of knowledge gained from very many small, often qualitative studies. Developments in methods of evidence synthesis (Sheldon 2005; Mays et al. 2005), including the application of meta-analysis to qualitative studies (e.g. Noblit and Hare 1988; Schreiber et al. 1997; Britten et al. 2002; Campbell et al. 2003, Feder et al. 2006) have a role to play here.

We have discussed the importance of empowerment and strengths-based approaches in practice, and there is a burgeoning literature concerning the development and use of these. Amongst this we find a growing focus on the notion of resilience. A third item in our research agenda for the future is increasing our understanding of the factors that foster resilience, for the individual, family, community or even society. In line with a shift away from victim-blaming, there are dual needs for affirmative research that empowers and celebrates those usually marginalised in research and society, and, for research into resilience and the capabilities and resources that resist exclusion.

The 1990s saw the growth within public health of an explicit focus on human rights as providing the appropriate grounding for public health advocacy into the twenty-first century (Gruskin et al. 2007; Blas et al. 2008); this has also been taken up elsewhere, for example in social work (Cemlyn 2008). Such grounding is very aligned with the sorts of empowerment and anti-oppressive approaches to practices we identify above. It remains for the future to explore further how such a rights-based approach can assist, and this is an important part of the research agenda we have set ourselves.