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"Left Out": Perspectives on Social Exclusion and Social Isolation in Low-Income Populations

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Purpose and Goals

Experiences and perceptions of exclusion/inclusion and isolation/belonging, and their influence on perceived health and quality of life, have seldom been explored from the perspectives of both low-income and higher-income participants in a single study, and rarely using a mix of qualitative and quantitative methodologies. The purpose of this study was to examine the impact of socio-economic status on exclusion/inclusion and isolation/belonging, as well as to identify strategies (policies and programs) for enhancing inclusion and belonging for those living in poverty. The research objectives were: (1) to explore the *concepts* of social exclusion/inclusion and isolation/belonging as key dimensions of social cohesion; (2) to describe *experiences* of exclusion/inclusion and isolation/belonging, particularly among low-income people; (3) to describe *processes/practices* of social exclusion and social isolation; and (4) to identify implications for *policies* and *programs*. The two urban sites of Toronto, Ontario, and Edmonton, Alberta, were selected for the study because the social and economic policies in the Canadian provinces of Ontario and Alberta have resulted in substantial cuts to the social safety net. Statistics Canada's Low Income Cut Offs were used to determine poverty status (low income).

The experiences of exclusion/inclusion and isolation/belonging were elicited though mixed methods (i.e., qualitative, quantitative, and participatory approaches). Initially, we conducted individual interviews with low-income (n = 59) and higher-income (n = 60) people in four neighbourhoods at each site and six group interviews with low-income people (n = 35) at each site (total = n = 154). Phase II consisted of a telephone survey (modified random-digit dialling) conducted in the same neighbourhoods with low-income and higher-income people (n = 1,671). In Phase III, three group interviews (one national and one each in Toronto and Edmonton) were conducted with policy-makers/influencers and program planners representing a range of health and health-related organizations (n = 23).

Partners

We formed partnerships with local (n = 8), provincial (n = 1), and national (n = 1) agencies/organizations (see Appendix 1). Partners provided input on the research objectives, helped to formulate guidelines for the advisory committee, and advised on proposed research activities, data-collection guides, and mechanisms for communication and dissemination. This fostered research that was relevant, responsive, and applicable for use in transforming policies and programs to enhance inclusion and belonging among low-income people. Representatives from partner organizations and other agencies served on a Community Advisory Committee, which met periodically with researchers to review and revise interview guides, assist with identification and recruitment of participants, help select specific neighbourhoods in which to situate the study, and provide space in a supportive environment for interviews.

Stage of the Project

The report for this nurse-led study was completed in 2003. Survey data revealed significant relationships between self-rated health and measures of exclusion and inclusion, in that poorer health was associated with social exclusion and lack of inclusion. Both qualitative and quantitative findings revealed that inadequate financial resources, ill health, "lack of time," user fees, and unwelcoming behaviours serve to inhibit low-income people from participating in community activities. Poor health as a barrier to participation was reported by three times as many low-income as higher-income respondents (33% vs. 10%), and unwelcoming behaviours were cited by almost twice as many low-income as higher-income respondents (18% vs. 10%). Higher-income people were more likely than low-income people to belong to clubs and professional organizations.

Income was a consistent predictor of isolation and sense of belonging to the community; low-income people experienced greater isolation and less sense of belonging than higher-income people. Age, educational attainment, household income, social support received, and social support given had significant positive relationships with our measure of belonging. Better educated, wealthier respondents, and those receiving social support, were less likely than their counterparts to feel isolated. Qualitative data revealed that, for both income groups, the opportunity to receive and give supports and the benefits of reciprocity fostered a sense of belonging, although low-income people received and provided less support.

Survey participants had considerable understanding of the effects of poverty, with 91% linking poverty to health; however, only 68% acknowledged poverty's effect on exclusion from community life. Participants were most likely to attribute poverty to structural causes and least likely to favour individualistic attributions. Yet the qualitative data revealed that low-income people overwhelmingly thought that others viewed them as a burden to society — lazy and irresponsible. Participants' exposure to poverty through formal talks (courses, workshops) was strongly related to understanding the effects of poverty and to structural attributions for poverty. Most participants, in all phases of the study, favoured structural solutions to poverty as opposed to tackling the effects of poverty.

The study contributes to the knowledge base on psychosocial, socioeconomic, and political facilitators of and barriers to participation in activities, by comparing the experiences of low-income and higher-income people residing in different cities within economically homogeneous and heterogeneous neighbourhoods. The findings illustrate how the multiple causes, processes, and outcomes of social exclusion are intertwined, thereby providing in-depth information regarding the effects of poverty on quality of life. The qualitative findings give visibility to the perceptions of low-income and higher-income people regarding the impacts of poverty on social exclusion and isolation, and explicate the strategies used by low-income people to manage exclusion. Our findings indicate that individual citizens and decision-makers are knowledgeable about policies and programs that could redress/reduce material deprivation and social exclusion and that could identify strategies for enhancing social inclusion and belonging among people living in poverty. The involvement of community partners in the various processes of the research and the participation of low-income people in making recommendations for practice, programs, and policies reflect an inclusive process that values community input in decision-making.

A final report to funders was submitted November 2003. Two articles have been published (Reutter et al., 2005, 2006) and two articles have recently been submitted. Several presentations have been made at local (n = 1), national (n = 3), and international (n = 4) forums and conferences.

References

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Authors' Note

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Appendix 1 *Community Partners*

Edmonton

Edmonton Social Planning Council
Edmonton Community Services
Health Canada (Health Promotion Branch)
Alberta Human Resources and Employment
Capital Health Community Health Services

Toronto

Centre for Social Justice
East End Community Health Centre
Four Villages Community Health Centre
Lakeshore Area Multi-service Project
South Riverdale Community Health Centre