

A Critical Review of Social Exclusion and Inclusion Indicators: Implications for the Development of a Canadian Framework¹

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The development of a conceptual framework to measure social exclusion (SE)/inclusion (SI) (SE/I) requires a sound grasp of how these terms are understood in the literature and existing frameworks. This paper provides a critical review of SE/I concepts and indicators used in the academic and policy discourses and concludes that confusion continues to exist over the notion of these constructs as both *processes* and *outcomes*. A proposed framework differentiates these SE/I elements and posits that SI processes are hypothesized to differentially impact on SE outcomes in various domains relative to individual's or groups' social status or geographic location. The SI and SE indicators across levels and domains in the Canadian context should undergo technical analysis and consensus by and among various stakeholders to raise societal awareness and political commitment and dictate the challenges in quantitative and qualitative data collection, analysis, innovation and maintenance to monitor Canada's progress in creating an inclusive and equitable society.

The objective of this paper is to provide a critical review of social exclusion and inclusion (SE/I) concepts and indicators used in the academic and policy discourses and to propose strategies for the development of a conceptual framework of SE/I for Canada. An understanding of how the terms social exclusion and inclusion are understood and conceptualized in the literature and existing frameworks is critical to the

development of a conceptual framework and its subsequent measurement. In this regard, the paper presents findings related to understandings, definitions and conceptualizations of SE/I in Canada and internationally. Next we review some of the key issues identified concerning the measurement of SE/I. We conclude with a description of a proposed framework for conceptualizing and measuring SE/I in Canada.

LITERATURE REVIEW

The formal concept of “social exclusion” originated in France in the 1970s where it emerged as a response to the erosion of the welfare state, downward economic shifts, and increasing population diversity (Ebersold, 1998). The notion of social exclusion gained prominence after the end of the post-World War II economic boom because of the appearance and growth of large segments of the population experiencing labour market exclusion, homelessness, child poverty, and family breakdown

(Shields et al., 2006). In Canada, social exclusion is considered one of the eleven social determinants of health identified in the Toronto Charter for a Healthy Canada (Raphael, 2004). It is increasingly being applied to immigrants and racialized groups (Galabuzi, 2006; Labonte, 2002). It is also emerging as a cornerstone of several provincial social development plans.

In Europe, the enlargement of the European Community (EC) and a large body of literature that argued

for a shift in focus from income poverty to multi-dimensional social exclusion resulted in social inclusion becoming a cornerstone of social policy (Marlier et al., 2007; Whelan and Maître, 2005). This conceptual shift was accompanied by a change in emphasis from *outcomes* across exclusionary domains to social inclusionary *processes*, resources and conditions that contribute to social inequalities. Social inclusion is considered by many to be a normative, values-based concept identifying the type of society we want to live in and the changes needed to build that society (O'Hara et al., 2006). In Canada, non-government organizations have been involved in the conceptualization of social inclusion for vulnerable population groups including children and persons with disability. Inclusive citizenship which is about valued participation, valued recognition and belonging, wherein citizens are nurtured to their fullest capacities, has been discussed as a goal for Canadian social policy (Richmond and Saloojee, 2005; The Roeher Institute, 2003).

Multidimensional, dynamic, relative, agency and relational are the commonly used terms in the peer-reviewed literature and policy research institute reports to describe and explain SE/I.

The *multidimensional* nature of social exclusion has been recognized in several papers and reports (Byrne, 1999; Burchardt et al., 2002; Levitas et al., 2007; Atkinson et al., 2002; Saunders et al., 2007; Scutella et al., 2009). However, it was not always clear whether the authors were distinguishing between multidimensional *sources* of SE/I (e.g., poverty, racism, social isolation) or *outcomes* (e.g. economic, social /political participation, health), or a combination thereof. In Canada, Galabuzi (2002, 2006) proposed that a minimum of four aspects of social exclusion be considered: economic exclusion, exclusion from social goods, exclusion from civil society, and exclusion from social production. This definition makes explicit that SE involves multidimensional processes that influence the wellbeing and quality of life of individuals and communities.

Dynamic refers to the notion that experiences of SE/I are subject to change as policies, conditions and community norms affecting economic, social and political opportunities vary over time (Byrne, 1999; Levitas et al., 2007). It is well recognized that early life experiences through childhood, youth, and midlife impact on an individual's health and social outcomes (Kuh and Ben-Shlomo, 2004). Several scholars (e.g.,

Poggi, 2007; Scutella et al., 2009) discussed the longitudinal and intergenerational issues associated with the persistence of poverty and deprivation and these are reflected in the indicator selection of several SE frameworks. However, less attention has been paid to the dynamic nature of SE/I given the changing societal values and collective norms towards groups marginalized by gender, sexual orientation, racialized status, religion, age, health status, marital status, disability, political views, etc.

Relativity refers to the notion that SE/I is comparative to a social or geographic population group and a point in time (Mitchell and Shillington, 2002). Consistent with the notion of relativity is social inequality, or the unequal access people have to material and non-material resources, supports, provisions and opportunities, that is created, reproduced, institutionalized and perpetuated by people who have the most resources (Ringgen, 2006). The notion of relativity is also consistent with *intersectionality*, a theory which seeks to examine the ways in which various socially and culturally constructed categories (such as ethnicity, racialized status, gender, immigrant status, age, sexual orientation, religion) do not act independently but rather interact on multiple levels creating a system of oppression that contribute to inequality in society (Hankivsky, 2005). For example, the Framework for Documenting Equality Rights in Canada provides federal, provincial, territorial and municipal governments, community and non-governmental organizations, academics and think tanks with a conceptual frame that may be used to examine inequities among groups that correspond to human rights grounds in Canada e.g., Aboriginal identity, age, disability, ethnic origin, family status etc. (Canadian Human Rights Commission, 2010). Although its focus is mainly on documenting inequalities in outcomes in several domains (e.g. income inequality, employment, housing, health), it also addresses access and employment equity.

Agency refers to the notion that the main sources of SE/I lie beyond the individual, in structures such as workplaces, unions, employers, and governments (Atkinson, 1998). This recognition of agency in SE differs from sociological definitions of *agency* that focus on the capacity of individuals to act independently to make free choices. SE/I is more consistent with definitions of *structure* that emphasize the organizational or political barriers that limit opportunity and choice (Frohlich and Potvin, 2010). Definitions of social

exclusion that recognize inequities in the distribution of resources and differential access to opportunity (e.g. Levitas et al., 2007; Popay et al., 2006) make explicit the notion that SE is characterized by structures and processes at multiple levels that impact on the lives of individuals and communities.

Relational makes clear the notion that SE/I is a dynamic 'process' driven by unequal power relationships, especially in access to power and decision-making about policies, programs and resource allocation (Popay et al., 2008; Room, 1995). Power is deeply embedded in social institutions, structures and systems. Building on the work of McIntosh (1988), Carasthatis (2008) describes White privilege as 'unearned advantages which are conferred systematically to members of a social group in virtue of their group membership'. That social groups gain status and power at the expense of others contributes to social stratification in society (Olsen, 2011).

Connectivity refers to the notion that there are cumulative and compounding effects of the interconnected aspects of social exclusion (Farrington, 2002). Thus, several studies suggested the need to consider interrelatedness in terms of its depth, sources and outcomes on society. Individuals are considered in deep exclusion when they are excluded on multiple dimensions and that their thresholds may vary across different stages of their life course (Miliband, 2006). Bradshaw et al. (2004) distinguished between *macro-drivers or triggers* of SE, specifically homelessness, which was a direct source of social exclusion, and *risk factors* that increased the vulnerability of a category of individuals. Levitas et al. (2007) recognized the

connectedness of the drivers of social exclusion in terms of its domains such as low income, unemployment, education, ill-health (including substance misuse, child accidental death and mental health problems), housing (especially homelessness), transport problems, crime and fear of crime, and its outcomes. *Organizational and social structures of a society that limit life choices, chances and future opportunities may have cumulative and interactive effect. For example, policies that produce inequalities in housing and labour markets can also produce inequalities in education (e.g., schools with fewer resources) (Mickelson, 2001) and health (Patychuk and Hyman, 2009).*

In summary, there are no universally accepted ways to conceptualize and measure the constructs of social inclusion and exclusion. There is, however, some degree of consensus on some of the common features of SE/I. There remains some confusion over the conceptualization of these constructs as both *processes* and *outcomes*. The term 'social exclusion' was often used to describe what may be better understood as social inclusionary processes, for example policies, programs, social conditions and collective norms that contributed to how individuals and communities experienced social exclusion in various domains. Current perspectives on SE/I in the EU, Sweden, Canada and Australia define SI in terms of the social inclusion processes necessary to combat social exclusion outcomes and contribute to social cohesion overall. The identification of outcomes is highly normative and is determined to some extent by public and political opinion and norms regarding equalities of opportunity, condition and outcomes.

REVIEW OF EXISTING SE/I FRAMEWORKS

In this section we review frameworks and/or plans related to SE/I that have been proposed and/or implemented by academic research units, organizations, countries and country-states. Among the international frameworks reviewed were development plans and research studies of multilateral organizations such as the EU, WB, UNICEF and WHO, as well as reports from national government and academic institutions. Canadian frameworks included provincial plans addressing poverty and social exclusion and frameworks examining social exclusion or inclusion developed by government, academic and non-profit organizations.

Three major types of frameworks were identified: *Research, Policy development and Monitoring and evaluation* (Table 1). Research frameworks include formal studies aimed at clarifying the concept of SE/I to measure and identify appropriate policies to address exclusionary conditions and almost half of the identified documents were prepared in this context. These studies aimed mainly to inform the development of indicators recognized the multidimensionality, dynamic and cumulative features of SE/I as previously discussed. Moreover, the distinction between SE/I as process and outcome were pointed out including the attention given to the general population while

TABLE 1. SE/I Frameworks and Policy Contributions

Framework	SE/I Research	Policy Development	Monitoring and Evaluation
Eurostat (1998)	X		
Eurostat (2010)			X
European Union (2001/2008)			X
World Health Organization		X	
UNICEF	X		
World Bank	X		
UK (Levitas et. al 2007)	X		
UK (NPI)			X
Australia (Saunders et al, 2008)	X		
Australia (Scutella et al, 2009)	X		
Sweden			X
Canada (Laidlaw, 2002)	X		
Canada (Shookner, 2002)		X	
Canada (Roehrer Institute, 2003)	X		
Canada (Inclusive Cities Canada (ICC) Edmonton/ O'Hara, 2006)		X	
Canada (Quebec)			X
Canada (PRI/Burstein, 2005)		X	

being sensitive to at-risk or vulnerable population groups.

The multidimensional nature of SE/I was recognized in the identification of multiple themes or dimensions that reflected each respective framework's key objectives. Almost all of the documents reviewed highlighted poverty as the main feature or dimension of SE/I but most highlighted the need to broaden the scope to other concepts and measures of social disadvantage including deprivation and capability. For instance, Saunders et al. (2008) argued that measuring social advantage should not only rely on income poverty measures but should consider measures of deprivation and social exclusion as well.

Several frameworks recognized the role of institutional structures and processes in promoting or constraining rights and responsibilities. For example, the Eurostat framework drew from the work of Ringen (1995) which recognized that people have choices and constraints which determine their choices and their outcomes in various domains. It acknowledged that SE/I is both an outcome and result of people's choices and constraints which can be understood by looking at *resources*, the personal characteristics which are beneficial for a person's position in society and which determine the range of options people have for choosing a way of life; *arenas*, the structural constraints to the choices people have in arranging their lives and *outcomes*, the result of the choice people make for a

particular way of life. This framework argued that the risk of social exclusion occurs when individuals and households are dissatisfied with their current situation and role in society, and are unable to bring about sustainable improvements because they lack the means and confidence, and/or because of discrimination'. In 2000, the Laidlaw Foundation (Canada) made a distinction between promoting social inclusion (i.e., policies to address failures in existing social and economic structures that fail to create inclusive conditions for all citizens) as much as preventing social exclusion (i.e., policies to integrate the marginalized into fundamentally just and sound structures).

Consistent with dynamic and relative considerations, the majority of documents identified population groups at risk of exclusion, for example, children (0-17), youth (18-24; 15-24), working age adults, mid-life groups (50-64), seniors (65+), women, minority sexual identity groups, single women, unattached individuals aged 45-64, lone-parents (women), low income large families, low-income neighbourhoods, persons with disability, persons with work-limiting disabilities, immigrants and recent immigrants, minority religious groups, persons with ill-health, Aboriginal people (on and off—reserve), unemployed, the homeless, drug addicts, rural dwellers, and people leaving institutions.

Two frameworks recognized that the severity and persistence of social exclusion vary over the course of life. First, Levitas et al., (2007) expanded the concep-

tualization and analysis of deep exclusion (Miliband, 2006) through the analysis of exclusionary states across stages in the life course—children, working age adults and older people—and causality among SE/I domains/dimensions. Scutella et al. (2009) expanded these lifecycle stages into five: childhood, late teenage and early adult years, prime age working and family formation years, the later working and pre-retirement period, and retirement. They explained that human capital investment and social development are relatively more important for younger people. Employment and welfare reliance are relatively more important through the working years. As people approach retirement age, health and wealth accumulation become more critical. These turn out to be more important beyond retirement along with social capital. The study also located people along a continuum of SE: 1) Chronically excluded—experiencing multiple dimensions of exclusion that persist over time; 2) At risk of chronic exclusion—experiencing multiple dimensions of exclusion at various points in time; 3) Marginally excluded—experiencing one or few dimensions of exclusion at various points in time; 4) At risk of exclusion— one or few dimensions of disadvantage at one point in time; 5) Not excluded—no dimension experienced at any point in time.

Some SE/I frameworks were produced to aid in policy formulation and/or refinement. These frameworks recognized the interdependence of the concepts of poverty, health and SE/I—which could be viewed as both determinants and outcomes. The critical role of policy coordination between and among government, civil society and excluded groups was emphasized. The WHO report (Popay et al., 2008) aimed to clarify the meaning of social exclusion in the context of health inequalities and to identify policies and actions to address it. Building on this report, Shookner (2000) proposed using an “inclusion lens” to create public policies that not only address the determinants of health but that are also inclusive and distinguish between *elements of exclusion* and *elements of inclusion*. The former includes poverty, disadvantage, inequality, discrimination, barriers to access, disability, isolation and marginalization. Corresponding to each of the exclusionary elements are the elements of inclusion which include adequate income, reduced disparities, human rights, access, ability to participate, valued contribution, belonging and empowerment. The Inclusive Cities Canada (ICC) study prepared by O’Hara

(2006) provided a similar social inclusionary lens in the development of indicators for promoting social and health inequalities particularly in the case of the city of Edmonton. The paper shows the degree to which the ICC dimensions and the social determinants of health (SDOH) can be integrated and mutually supportive to develop social inclusion health indicators in the city’s effort to build a more welcoming and socially inclusive city that are important for its residents and newcomers.

Our review also identified frameworks considered to be “operational” as they are being used by government (international, national, regional/nation-states) and/or non-government bodies to adopt and implement them to monitor and evaluate social exclusion progress and policies. For example at the international level, the EU adopted the goal of eradicating poverty within a decade and in March 2001 agreed to monitor the progress made in achieving these objectives by adopting a set of commonly agreed social inclusion primary and secondary indicators. Operational frameworks have been found to exist at the country level (e.g. Sweden), country-region/province (Quebec) and those implemented by non-government institutions (e.g UK/NPI).

In summary, the SE/I frameworks we reviewed demonstrated a great deal of breadth in purpose and scope, largely tied to the institutional and policy context in which they were developed. Most frameworks acknowledged that poverty is not sufficient to consider in SE/I frameworks and should include other dimensions of life experienced by individuals and communities that may or may not be associated with poverty. The recognition of the interconnectedness of agency and process is essential for the development of frameworks that support both vertical and horizontal integrated approaches to address SE/I. The framework adopted by the WHO is a good example of a holistic approach that recognized the interrelated influences of power, social status, proximal and intermediary determinants that impact on health as an exclusionary domain. Finally, while most frameworks have a key mandate to address poverty and/or social exclusion among the most vulnerable and /or those individuals at greatest risk of exclusion in multiple areas, social inclusion frameworks have a greater emphasis on addressing processes that contribute to inequities among individuals, communities and the population as a whole. Here the indicator development is not as well-developed.

LITERATURE REVIEW ON SE/I INDICATORS

There is a great deal of variation in the type and presentation of indicators to measure SE/I processes and outcomes that reflect differences in the purpose and scope of frameworks and the limitation of existing data collection systems. However, the criteria used to select indicators are not always clear from theoretical frameworks. For example, for EU and OECD indicators, comparability is key. The OECD report considers the minimum degree of indicator comparability across countries, the minimum number of countries for which data must be available and the ability to disaggregate indicators by social characteristics such as age, gender and family type. Existing frameworks focus largely on the measurement of SE outcomes, probably because outcome information is more readily and easily captured in national and regional data collection systems. In some jurisdictions, such as the UK, administrative data can be used to identify health and social inequities. The same is not true in Canada.

Several frameworks also captured macro- and meso-level outcomes (e.g., Gini coefficients, neighbourhood income inequality and regional variations in low income rates). However, few frameworks were able to operationalize exclusion in more than one domain (i.e., deep exclusion) or persistent poverty through the life-cycle which would necessitate the collection of longitudinal data or the use of linked databases.

With the exception of certain poverty indicators most frameworks did not collect data for all of the

critical intersections that were identified by the Equality Rights Framework (Canadian Human Rights Commission, 2010). However, many did focus on age-specific population groups and /or gender. For example, the EU (2010), WHO, UNICEF and the World Bank examined some of these critical intersections. The Poverty Site in the UK provides a good example of the compilation of UK indicators (mostly derived from NPI) by age, geography, disability status, gender and ethnicity (Poverty Site, 2011).

Few frameworks or studies went beyond the conceptualization of SI. The MIPEX provides an innovative example of how indicators may be developed to monitor and evaluate policies in different domains. In Canada, several reports proposed themes or indicators of SI at the national level (e.g., the Roeher Institute, Laidlaw Foundation, PRI) and meso-levels (O'Hara et al., 2009; Esses et al., 2010). Several provincial poverty reduction strategies included SI process indicators. Patychuk and Hyman (2009) included examples of a wide range of social inclusionary processes that should be monitored in Canada including: macro and meso-level laws and policies (e.g., laws and policies addressing: income adequacy/poverty, income inequality, concentration of wealth, reduction in living standards/social protection, discrimination/racism) and macro and meso-level results of the implementation of laws and policies in terms of the availability and accessibility of services (e.g. educational subsidies, health services).

PROPOSED SE/I CONCEPTUAL FRAMEWORK AND INDICATORS FOR CANADA

The development of our framework was shaped by an equity vision through which inequities are viewed and understood in terms of differences in life experiences and outcomes across multiple domains which are unfair, avoidable and a threat to social equality and population wellbeing (Patychuk, 2011). Many Canadians experience inequitable access to resources and opportunities and inequitable outcomes because of their socio-cultural and /or geographic location in society. We posit that these inequities may be reduced by altering the 'processes' (policies, conditions, norms and values) that contribute to social inequalities especially for persons marginalized by gender, class, racialized status, disability, sexual orientation, age, etc. These include, for example, the evaluation, adoption

and promotion of policies to reorganize societal and institutional arrangements to ensure equal access to society's resources, opportunities and life chances, change social norms and conditions and to validate difference, diverse identities, as well as multiple and intersectional experiences as central to the human experience. The ultimate goal is the creation of an inclusive and healthy society where all residents can develop the full range of their human capacities, keep all its members within reach of common aspirations and fully participate in a valued way through the development of democratic space. The following explains the key terminologies used in our proposed framework for the development of SE/I indicators in Canada:

Social inclusion is defined as the structural processes (i.e., policies, conditions, norms and values) that need to be addressed to reduce the vulnerability of population groups and inequities in the population as a whole. This differentiation of SI in terms of processes and SE in terms of outcomes is consistent with emerging scholarship in SE/I literature and frameworks which specify that the analysis of SE should include not only the *outcomes* but the *processes* that produce inequities. Thus, it is important, for example, in a country perspective, to consider “how policies/actions address the complex and dynamic relational processes that generate social exclusion and ultimately impact on individual and population health and well-being” (Popay et al., 2006). In the same manner, there is also a recognition that the responsibility for inclusion rests with inter-sectoral activities involving public (government), private (including non-profit) institutions and individuals.

Social exclusion is defined as the inequities in outcomes that exist among individuals and across social groups and geographic units based on their differential access to resources, opportunities for participation and power. This definition is consistent with the definitions of SE as a “state” (vs. process) (Popay et al., 2008) and with current discourses on health equity (Braveman, 2006).

Domains are defined as the intersecting fields or arenas in which SE is present that relate to inequities in various resources and opportunities. These may include a range of outcomes (e.g., economic, socio-cultural, political/civic, health, education, transportation etc.) that span various related themes.

Levels are defined as the social plane within which SI processes (and their corresponding set of SE indicators) occur or can be analysed. Four levels may be conceptualized: 1) Global (e.g., economy, multinational corporations, international agreements and covenants (e.g. Human Rights), trade agreements, climate change, social norms, politics, culture, human rights, environment, technology, wars, etc.); 2) Macro (National/Provincial); 3) Meso (Place/Community); and 4) Micro (Family/ Individual). According to this perspective, *processes* occurring at the global level influence and interact with macro, meso and micro processes and vice versa. For example, a global recession will influence the resources available and the decisions that are made by various levels of government and the private business sectors which in turn

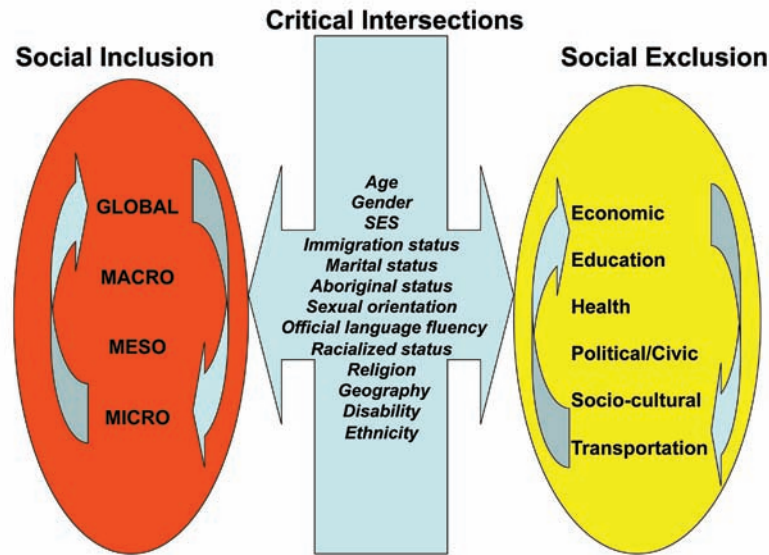
will influence jobs and other opportunities for families and individuals.

Critical Intersections are factors which policy analysts at various levels and scholars must consider when employing an equity lens in the analysis and reporting of population data (Ontario MOH, UK, Braveman, 2006). It is recognized that ways of exposing, measuring and identifying inequities continue to evolve and will vary according to purpose and data availability (Panychuk and Seskar-Hencic, 2008). In Canada, critical intersections may include: age, gender, SES, marital status, geography, dis/ability, immigration status, ethnicity, racialized status, Aboriginal status, religion, sexual orientation, official language fluency. These intersections are consistent with those outlined in the *Canadian Human Rights Act*, that states, “all individuals should have an opportunity equal with other individuals to make for themselves the lives that they are able and wish to have and to have their needs accommodated, consistent with their duties and obligations as members of society, without being hindered in or prevented from doing so by discriminatory practices based on race, national or ethnic origin, colour, religion, age, sex, sexual orientation, marital status, family status, disability or conviction for an offence for which a pardon has been granted.” In 1982, with the repatriation of the Canadian constitution, these rights were firmly entrenched in the Charter of Rights and Freedoms, guaranteeing among others, equal protection and benefit of the law, and freedom from discrimination on the basis of gender, religion and racial or ethnic origin. In addition, the *Citizenship Act* provides that all Canadians, whether by birth or by choice, enjoy equal status, are entitled to the same rights, powers and privileges and are subject to the same obligations, duties, and liabilities.

Our conceptualization of critical intersections is consistent with intersectionality theory and connectivity. According to our proposed framework individuals may experience differential access to resources and opportunities and inequitable outcomes across several domains over their life course creating conditions of deep exclusion and/or persistent poverty.

Figure 1 shows a graphical representation of our conceptual framework, encompassing the broad interrelationships between social exclusion and social inclusion and the macro, meso and micro levels in which inclusionary and exclusionary processes and outcomes operate. Social inclusion processes (i.e. policies,

FIGURE 1. Social Exclusion and Inclusion Dynamics in the Canadian Context



conditions, norms and values) at multiple levels are hypothesized to differentially impact on social exclusion outcomes in various domains depending on an individual's or groups' social status or geographic location.

Four levels of processes are considered. *Global-level* processes include conditions such as the global economy, social norms, politics, culture, human rights, environment, technology, wars etc. that may have an international impact. *Macro-level* processes include conditions and policies that largely impact on the country and its citizens (e.g. regional economic crisis, war, climate change); state policies in the areas of fiscal, social, immigration, and infrastructure policies; governance (e.g. federal/provincial leadership structure; private-public partnership, etc.); access and availability of resources (e.g. tax relief, child benefit, pensions, etc.); and varying policies under the jurisdiction of the federal and provincial government in terms of labour, social, housing, health, education, transportation policies including representation at the senior level of power. *Meso-level* process include policies, programs and services that promote availability and access to community and neighbourhood resources as well as decisions concerning land-use and zoning. These are often the level where inequities are most visible. *Micro-level* processes largely include the acquisition of family and individual human capital particularly with respect to education and skills development.

Four types of interrelated processes are conceptualized that influence population outcomes: *Laws and policies* (e.g., income security and distribution, housing, multiculturalism, immigration, health) clearly influence the opportunities afforded to individuals and communities and quality of life as a whole. *Availability, accessibility and adequacy of resources and opportunities* influence the distribution of necessary and desired conditions and services (e.g., community, education, transit, parks, health care, social capital) to individuals and communities and their ease of uptake. *Governance and spending* influence the amount of spending that is available to support developmental programs (e.g. housing, community, institutions). *Values and norms* (e.g., family, social, cultural, political) influence decision making processes, government priorities, community social environments and the daily lives of individuals in a family, at school or at work.

The complexity that exists within many of the identified critical intersections is well-recognized. Spatial intersections are relevant to all outcomes and processes. There are multiple spatial intersections that may be considered e.g., rural/urban, Northern, provincial, municipal and neighbourhood. Ideally, the analysis and reporting of social exclusion outcomes would be by multiple critical intersections e.g., age, gender and other social and geographic identifiers. Patychuk and Hyman (2009) suggest Equity Analysis would ideally include at least one variable from each of these identifiers:

TABLE 2. Multiple critical intersections in Equity Analysis

Geo-Demographic	Ethnocultural / Immigration	Socio-economic
Age	Immigration Status	Income / Source of Income
Children	Ethnicity / racialized groups	Low income rate
Youth	Official language fluency	Education
Seniors	Aboriginal	Employment Status
Gender	Francophone	
Northern		
Rural		
Health regions		
Neighbourhoods		

The arrows in Figure 1 indicate that there is a reciprocal relationship between social inclusion processes and social exclusion outcomes at all levels. The various critical intersections identified are influenced by and differentially influence social inclusion and social exclusion outcomes, respectively.

Six domains of social exclusion are conceptualized for the Canadian context: Economic, Health, Political/Civic, Socio-Cultural, Education, and Transportation. The transportation domain is unique and original to Canada.

- The Economic Domain includes outcomes related to the sub domains of poverty, employment and housing and their constituent components. It measures the level and distribution of income and wealth, poverty rates, income volatility, and economic security, including the security of jobs, food, housing and the social safety net (CIW, 2010). The list also includes some of the EU indicators of low income status and depth of poverty as well as work-related SE measures. Measures of socio-economic status commonly used in health equity analysis (income, occupation, education) may be proxies for the distribution of power, wealth and status which are harder to measure but are fundamental causes of social status differences.
- The Education Domain includes outcomes related to the sub domains of educational participation and attainment as well as skills and competence. Participation measures the literacy and skill levels of the population, including the ability to function in various societal contexts and plan for and adapt to future situations (CIW, 2010). It also includes the EU indicator that measures those not having

education or training as well as those with low educational attainment.

- The Health Domain includes outcomes related to the sub-domains of personal wellbeing, general health status, physical health conditions, functional health, mental health, health behaviours and health care. It measures the physical and mental wellbeing of the population, life expectancy, behaviours and life circumstances that influence health, health care quality and access, and public health services (CIW, 2010). Other indicators proposed by the research team include those related to cancer screening, availability of health insurance for prescription drugs, dental care and eye care costs.
- The Political / Civic Domain includes outcomes related to the sub domains of political participation, civic participation, and justice. The indicators measure the participation of citizens in public life and in governance; the functioning of Canadian governments with respect to openness, transparency, effectiveness, fairness, equity and accessibility; and the role Canadians and their institutions play as global citizens (CIW, 2010).
- The Socio-Cultural Domain includes outcomes in the sub domains of social participation, social capital, community safety, leisure and attitudes towards others and community. It measures the strength, activity and inclusiveness of relationships among residents, private sector, public sector and voluntary organizations; and activity in the very broad area of culture, which covers all forms of human expression, the much more focused area of arts, which includes performing arts, visual arts, media arts and art facilities and institutes, and

recreation activities; and subjective and objective experiences of time (i.e. time pressure, time spent care giving).

- The Transportation Domain encompasses outcomes related to personal mobility that includes accessibility to personal mobility tools (money, license possession, car ownership, physical capacity, primary mode of travel), spatial opportunities, availability and quality of transport alternatives to car use (including public transit and demand-

responsive transport services) as well as the availability of transport social support from friends and family.

SI may be operationalized in terms of four broad processes: 1) Laws and policies in achieving social equity; 2) Access, availability and adequacy of resources and opportunities; 3) Governance and spending, and 4) Values and norms. The specific SI processes occur at the macro, meso and micro-levels.

SYNTHESIS AND ANALYSIS OF GAPS AND POLICY IMPLICATIONS

Canada has yet to develop a unified and interprovincial/territorial SE/I policy framework; this report provides an approach to guide this policy activity. The proposed framework is based on the vision and goal of creating an inclusive and equitable Canadian society by addressing the processes that contribute to inequities across social groups and geographic units. This vision is captured in the framework and in the identification of the SE/I indicators that reflect this perspective using existing Canadian data and/or dictate the challenges in data collection and maintenance. It should be emphasized that the SI process indicators and SE outcome indicators that may be measured across levels and domains for the Canadian context should undergo technical analysis as well as objective deliberations by and among various policy analysts and stakeholders to raise societal awareness and political commitment.

Our review of current operational frameworks reveals that the development of an SE/I indicator system is an evolving process that is continually refined as new knowledge is generated from research and policy evaluation and reflects emerging economic and social issues of the evaluation period. As with the frameworks reviewed, our proposed framework addresses not only poverty and/or social exclusion among the most vulnerable and /or those individuals at greatest risk of exclusion in multiple areas, but also identifies the processes and conditions that contribute to inequities among individuals, communities and the population as a whole.

In the *ideal* situation, data on *processes* that impact on social exclusion *outcomes* would be collected and monitored on a regular basis. This includes data on the expected impact of policies on vulnerable social and geographic groups. Similarly, data on social exclu-

sion outcomes in all the identified domains would be collected and/or monitored. The collection and analysis of this data would require leadership and the cooperation and coordination of all levels of government and the private sector. Decisions would have to be made as to the acceptability and sufficiency of data that is already available and collected on a regular basis vs. the need to develop separate modules or surveys to collect this information. *Pragmatically*, though, much of the outcome data that measures the extent of social exclusion in multiple domains is already being collected and may be compiled fairly easily. For example, extensive information on population trends in various domains is already collected by the Statistics Canada, CIW and specific domain sectors, e.g., health, education, labour force. However, this information is not always sufficient to comprehensively identify social or geographic groups experiencing intersecting forms of social exclusion nor all of our identified domains e.g., transportation, nor to identify the key drivers of social exclusion at multiple levels. With respect to the latter, considerable commitments and resources need to be placed on the identification and collection of social inclusion process data.

There are policy, informational and research gaps that need to be addressed to adopt and implement a framework to examine SE/I in Canada. Firstly, an explicit recognition of the role of social inclusion processes in the reduction of population inequities and the creation of an inclusive society must be recognized prior to the adoption and implementation of a national SE/I framework.

One of the key informational gaps identified was the adequacy of Canada's existing data collection system to capture comprehensive multi-level data on SE/I considering the breath of domains involved and the

presence of multiple critical intersections. Therefore, decisions will have to be made about whether the necessary information could be gleaned from the existing Statistics Canada data or whether a unique Social Inclusion/Exclusion module may need to be introduced. Experiences from other jurisdictions suggest that these decisions are best made once a government makes a commitment to SE/I and dedicates resources to the establishment of a research and policy unit responsible for the implementation, monitoring

and evaluation of national goals. Finally, the literature review identified some major research gaps that need to be addressed with respect to the measurement and collection of data on SE/I. To date there has not been a great amount of Canadian research in this area with the exception of researchers in Quebec and Ontario (Pampalon et al., 2008; Matheson et al., 2006) who are developing marginalization indices and /or who are developing measures of health equity (Patychuk and Seskar-Hencic, 2008).

CONCLUSION

This paper adds to existing Canadian and international work on poverty reduction and health equity by proposing an SE/I framework and measures that capture the multi-level processes of social inclusion that contribute to inequities in social exclusions in multiple domains for individuals and groups of various social and geographic locations. Indeed, there is a clear need for leadership to put SE/I on the national agenda. As new understandings of the concepts of social exclusion and inclusion emerge, it is imperative that national/provincial frameworks be developed to

measure and monitor these processes and outcomes. In particular, we recommend the adoption of a Canadian SE/I vision and framework, the setting of national SE/I goals and objectives, the adoption of the SE/I framework at different levels of government and the establishment of a special unit within the federal government to develop, implement and coordinate SI policies across departments and levels of government and to research, identify, collect and analyse data on SE/I in Canada.

NOTES

1. This paper is based on the progress report submitted to the Human Resources and Social Development Canada (HRSDC) in March 2011. Not for quotation until the final report is made available for public use by HRSDC.

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BIBLIOGRAPHY

- Atkinson, A.B., *Social Indicators: The EU and Social Inclusion*, Oxford: Oxford University Press, 2002.
- Atkinson, A.B., Social exclusion, poverty and unemployment. In *Exclusion, employment and opportunity*, A. B. Atkinson and J. Hills, eds. CASE paper 4. London: London School of Economics, Centre for Analysis of Social Exclusion, 1998.
- Bradshaw, J., Kemp, P., Baldwin, S. and Rowe, A. (2004) *The drivers of social exclusion: A review of the literature for the Social Exclusion Unit in the Breaking the Cycle series*, London: SEU/ODPM.
- Braveman, P., Health Disparities and Health Equity, Concepts and Measurement. *Annu. Rev. Public Health*, vol. 27, 2006, p. 167-94.
- Burchardt, T., Le Grand, J., and Piachaud, D., Degrees of Exclusion: Developing a Dynamic, Multidimensional Measure. In J. Hills, J. Le Grand, and D. Piachaud (Eds.), *Understanding Social Exclusion*, Oxford University Press, 2002, p. 30-43.
- Byrne, D. S., *Social Exclusion*. Buckingham: Open University Press, 1999.
- Canadian Human Rights Commission, *Framework for Documenting Equality Rights*, 2010. Retrieved May 2011 from http://www.chrccdp.ca/pdf/framework_equality.pdf
- Canadian Index of Wellbeing (CIW). Domains of Wellbeing. 2010. Retrieved Sept 2011 from: <http://www.ciw.ca/en/TheCanadianIndexOfWellbeing/DomainsofWellbeing.aspx>
- Carastathis A. Interectionality & Feminism, 2008. Retrieved Sept 2011 from: <http://www.kickaction.ca/node/1499>
- Ebersold, S., *Exclusion and Disability*. Organization for Economic Co-operation and Development: Centre for

- Educational Research and Innovation, 1998. Available: <http://www.oecd.org/dataoecd/20/17/1856907.pdf>
- Esses, V., L.K. Hamilton, C. Bennet-AbuAyyash and M. Burnstein, *Characteristics of a welcoming community*, Report to CIC, 2010. Available: http://www.welcomebc.ca/local/wbc/docs/characteristics_welcoming_community.pdf
- EU. Combating poverty and social exclusion 2010 edition. A statistical portrait of the European Union, 2010.
- Farrington, F. (2002). "Towards a Useful Definition: Advantages and Criticisms of "Social Exclusion"". Available online: <http://socsci.flinders.edu.au/geog/geos/PDF%20Papers/Farrington.pdf>
- Frohlich, K. L., & Potvin, L. (2010). Commentary: Structure or agency? The importance of both for addressing social inequalities in health. *International Journal of Epidemiology*, 39(2), 378-379.
- Galabuzi, G. E., Social Exclusion. *A Paper and Presentation given at The Social Determinants of Health Across the Life-Span Conference, Toronto, November 2002.*
- Galabuzi, G. E., *Canada's Economic Apartheid: The Social Exclusion of Racialized Groups in the New Century*. Toronto: Canadian Scholars Press, Inc., 2006.
- Hankivsky, O., Gender Mainstreaming vs. Diversity Mainstreaming: A Preliminary Examination of the Role and Transformative Potential of Feminist Theory. *Canadian Journal of Political Science*, 2005, p. 977-1001.
- Kuh, D., and Ben-Shlomo, Y., Introduction. In D. Kuh, and Y. Ben-Shlomo, *Chronic Disease Epidemiology*. Oxford: Oxford University Press, 2004.
- Labonte, R., Social Inclusion/Exclusion: Dancing the Dialectic. *A Presentation given at The Social Determinants of Health Across the Life-Span Conference, Toronto, November, 2002.*
- Levitas, R., Pantazis, C., Fahmy, E., Gordon, D., Lloyd, E., and Patsios, D., *The Multi-Dimensional Analysis of Social Exclusion*. Department of Sociology and School for Social Policy, Townsend Centre for the International Study of Poverty and Bristol Institute for Public Affairs, University of Bristol, 2007.
- Marlier, E, T. Atkinson, B. Cantillon et B. Nolan, *The EU and Social Inclusion: Facing the Challenges*. Policy Press: University of Bristol, 2007.
- Matheson, F.I., Moineddin, R., Dunn, J.R., Creatore, M.I., Gozdyra, P., Glazier, R.H. Urban neighborhoods, chronic stress, gender and depression. *Social Science & Medicine* 2006 11;63(10):2604-2616.
- McIntosh, P. White Privilege: Unpacking the Invisible Knapsack. *Beyond Heroes and Holidays*. p 83-86. 1988. Reprinted in Winter 1990 issue of *Independent School*. Retrieved Aug. 2011 from: <http://www.iub.edu/~tchsotl/part2/McIntosh%20White%20Privilege.pdf>
- Mickelson, R.A. Subverting Swann: First- and second-generation segregation in the Charlotte-Mecklenburg schools. *American Educational Research Journal* vol. 38, 2001, p. 215-252.
- Miliband, D. (2006) *Social exclusion: The next steps forward*, London: ODPM.
- Mitchell, A., and Shillington, R., *Poverty, Inequality and Social Inclusion*. Laidlaw Foundation, 2002.
- Olsen, G.M., *Power and Inequality A Comparative Introduction*. Oxford University Press, 2011.
- O'Hara, P., *Social Inclusion Health Indicators: A Framework for Addressing the Social Determinants of Health*. Edmonton: Edmonton Social Planning Council and Inclusive Cities Canada, 2006.
- Pampalon, R., Hamel, D., and Gamache, P., *A Deprivation Index for Canada*. Ottawa, 2008.
- Patychuk, D., Health Equity and Racialized Groups: A Literature Review, Prepared for Health Nexus and Healthy Equity Council, Toronto, 2011.
- Patychuk, D., and Hyman, I., *Income Adequacy and Processes of Marginalization and Social Exclusion*. Prepared for Public Health Agency of Canada, Strategic Initiatives and Innovations Directorate, 2009.
- Patychuk, D., and Seskar-Hencic, D., *First Steps to Equity. Ideas and Strategies for Health Equity in Ontario 2008-2010*, Toronto, 2008.
- Poggi, A., Does persistence of social exclusion exist in Spain? *Journal of Economic Inequality*, vol. 5, no. 1, 2007, p. 53-72.
- Popay, J., Enoch, E., Johnston, H., and Rispel, L., *Social Exclusion Knowledge Network (SEKN)*. The Central Co-ordinating Hub for the SEKN. Submitted to the Commission of Social Determinants of Health, World Health Organization, 2006.
- Popay, J., Escorel, S., Hernández, M., and Johnston, H., *Understanding and Tackling Social Exclusion*. Final Report to the WHO Commission on Social Determinants of Health From the Social Exclusion Knowledge Network, 2008.
- Poverty Site *The Poverty Site - The UK site for statistics on poverty and social exclusion*, 2011. Available: <http://www.poverty.org.uk/index.htm>
- Raphael, D. (ed.), *Social Determinants of Health: Canadian Perspectives*. Toronto: Canadian Scholars' Press, 2004.
- Richmond, T. and Saloojee, A., Introduction. In T. Richmond and A. Saloojee (Eds.), *Social Inclusion Canadian Perspectives*. The Laidlaw Foundation, 2005.

- Ringen, S., *Reflections on Inequality and Equality*. Social Science Research Center Berlin (WZB), 2006. Available: <http://bibliothek.wzb.eu/pdf/2006/io6-201.pdf>
- Ringen, S., Well-being, measurement and preferences. *Acta Sociologica* vol. 38, no. 2, 1995, p. 3-15.
- Roeher Institute, *Policy approaches to framing social inclusion and social exclusion: An overview*. Toronto: The Roeher Institute, 2003.
- Room, G. (ed.), *Beyond the Threshold*. Bristol, United Kingdom: Policy Press, 1995.
- Saunders, P., Naidoo, Y., and Griffiths, M., *Towards New Indicators of Disadvantage: Deprivation and Social Exclusion in Australia*. Sydney: Social Policy Research Centre, 2007.
- Saunders, P., Yuvisthi, N., and Griffith, M., Towards New Indicators of Disadvantage: Deprivation and Social Exclusion in Australia. *Australian Journal of Social Issues*, 2008, p. 175-194.
- Scutella, R., Wilkins, R., and Horn, M., *Measuring Poverty and Social Exclusion in Australia: A Proposed Multi-dimensional Framework for Identifying Socio-Economic Disadvantage*. Melbourne Institute Working Paper Series Working Paper No. 4/09. Victoria: Melbourne Institute of Applied Economic and Social Research, 2009.
- Shields, J., Rah, K., and Scholtz, R., *Voices from the margins: Visible minority immigrant youth experiences with employment exclusion in Toronto*, Joint Centre of Excellence for Research on Immigration and Settlement - Toronto (CERIS) Working Paper Series, No. 47, no. 62, May 2006.
- Shookner, M., *An Inclusion Lens: Workbook for Looking at Social and Economic Exclusion and Inclusion*. Ottawa: Health Canada, 2000.
- Whelan, C. T. and Maître, B., Economic Vulnerability, Multidimensional Deprivation and Social Cohesion in an Enlarged European Community, *International Journal of Comparative Sociology*, vol. 46, no. 2, 2005, p. 215-239.