



Achievements of the SA Social Inclusion Initiative and lessons to be learnt

Prof Fran Baum

Commissioner, CSDH

Flinders University, Adelaide



SA Social Inclusion Rapid Appraisal Research Team

- Department of Public Health, Flinders University: Dr. Lareen Newman, Kate Biedrzycki, Prof Fran Baum
- Social Inclusion Unit: Dr. Jan Patterson



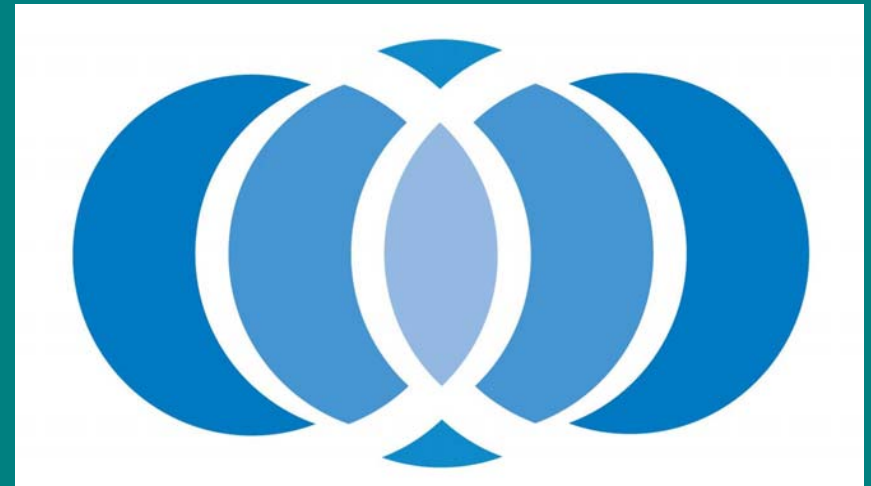
Overview of talk

- Context of CSDH and evident need for Whole of Government successes
- Importance of social inclusion to health and well-being
- Achievement of SA Social Inclusion Initiative
- Future challenges



WHO CSDOH in a nutshell

- Put SDOH on international health agenda and encourage action on them
- Improve health globally
- Reduce health inequities within and between countries



www.who.int/social_determinants/en/



Basic logic: what good does it do to treat people's illnesses



then give them no choice but to go back to the conditions that made them sick?





Commissioners

- Sir Michael Marmot (Chair)
- 18 others representing academics, politicians, civil society, senior public health bureaucrats



Baum Social Inclusion Don Dunstan Foundation April 21st 2008



Commissioners

- **Current and ex-politicians including health ministers** (Begin, Marandi, Ngilu,) EU (Berlinguer) Prime Minister (Mocumbi) President (Lagos)
- **Senior public health public servants:** Satcher (ex US Surgeon General), Foege (ex CDC - Gates) Wilensky (Bush Admin), Tibaijuka (UNHabitat)
- **Civil society** (Chatterjee, Baum)
- **Academics** (Sen, Marmot, Baum, Guo, Kurokawa, Rashad, Vagero)



Growing health inequalities

Trends in infant mortality, 1970-1999

<i>Region</i>	1970	1990	1992	1997	1999	<i>Reduction 1990-1999</i>
East Asia & Pacific	78	40	42	37	35	13%
Europe & Central Asia		28	28	23	21	25%
Latin America & Caribbean	84	41	38	32	30	27%
Middle East & North Africa	134	60	59	47	44	26%
South Asia	139	87	85	76	74	14%
Sub-Saharan Africa	137	101	100	94	92	9%
Developing countries	107	66	66	60	59	11%
OECD	20	8	7	6	6	29%
<i>(Diff. Developing countries - OECD)</i>	86	58	58	54	53	
<i>(Developing Countries/ OECD)</i>	5	8	9	10	10	

Source: World Bank, [World Development Indicators 2001](#)

Baum Social Inclusion Don Dunstan Foundation April 21st 2008



International comparison of health indicators (2003)

Country	Life expectancy at birth	Under 5 mortality rate/1000 live births	GNP (per capita)
Low income economies	58.0	126	450
Middle income economies	70.0	38	1,902
ASTI SA	62.9	8.8	
South Australia	79.8	4.5	
High income economies	78.0	7	28,550

Source: World Bank 2005 & Glover 2008 per comm
Baum Social Inclusion Don Dunstan Foundation April 21st 2008

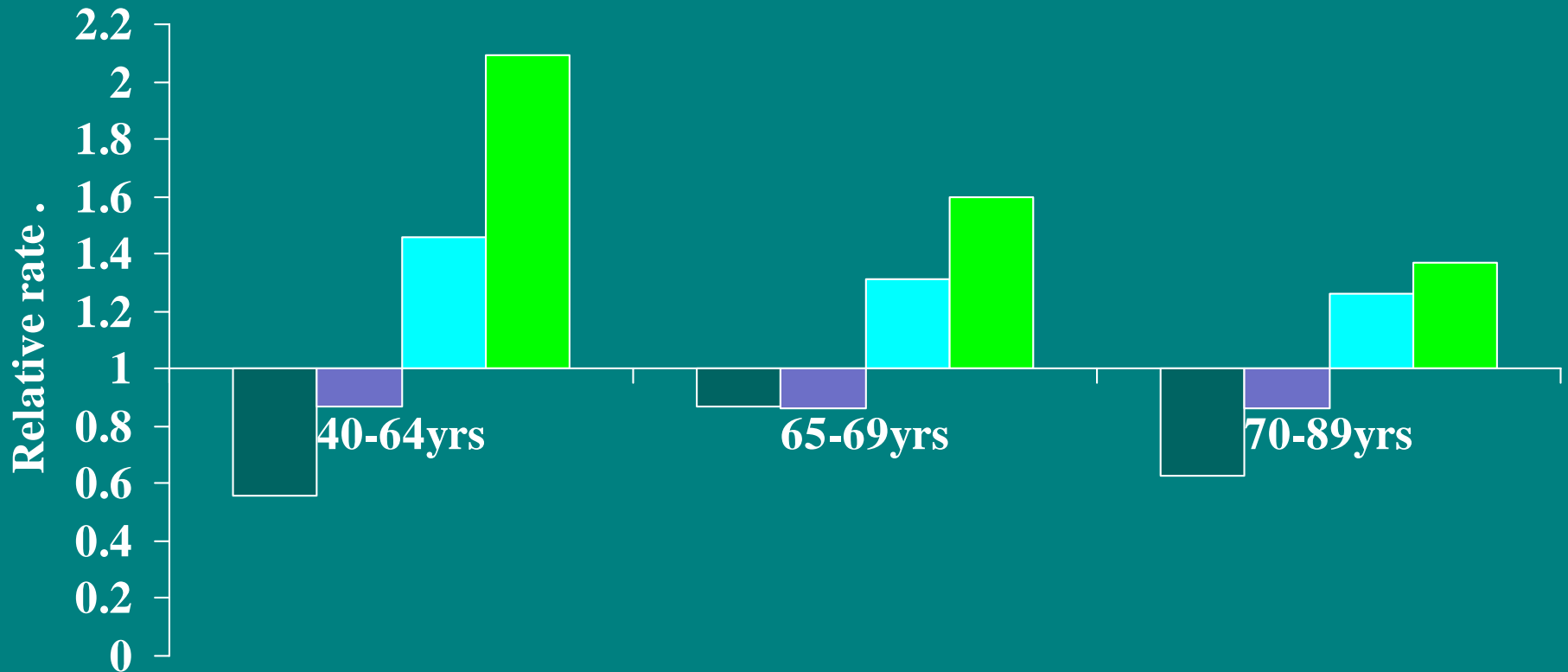


The development of a society, rich or poor, can be judged by the quality of its population's health, how fairly health is distributed across the social spectrum, and the degree of protection provided from disadvantage as a result of ill-health.

CSDH Final Report (2008)



MORTALITY OVER 25 YEARS ACCORDING TO LEVEL IN THE OCCUPATIONAL HIERARCHY: WHITEHALL



(Marmot & Shipley, 1996)

Admin Prof/Exec Clerical Other

Baum Social Inclusion Don Dunstan Foundation April 21st 2008





Not just about level of
economic development
.....more concerned with
what is done with the fruits of
economic
development.....



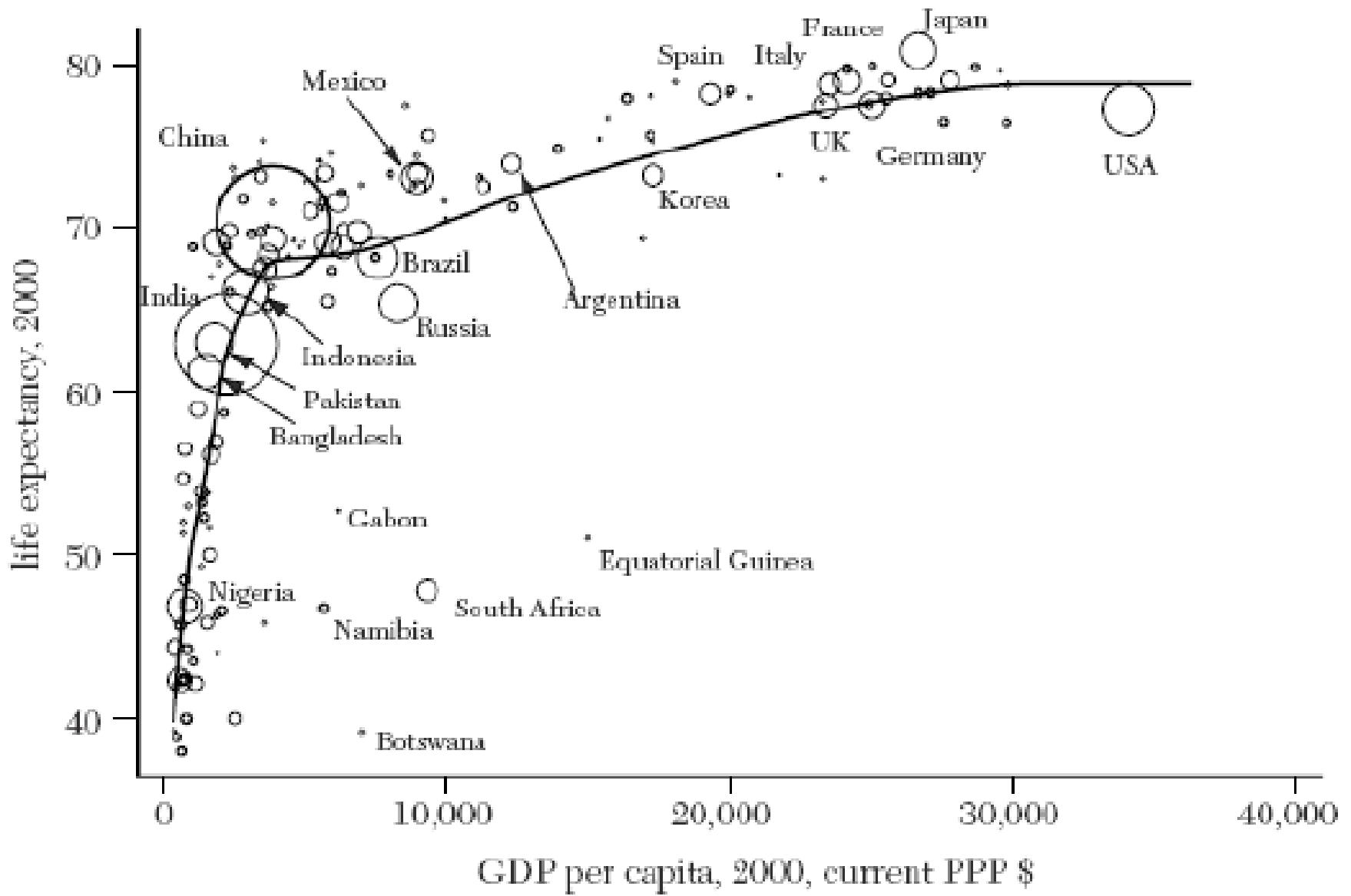
US compared to Costa Rica

Indicator (2005)	US	Costa Rica
Life expectancy at birth	77	79
IMR	7	11
Gross National Income per capita (US\$)	41,440	4,470
Health expenditure per capita (US\$)	5,711	350

Source: Baum (2007) based on World Bank, 2007
Baum Social Inclusion Don Dunstan Foundation April 21st 2008



THE PRESTON CURVE IN 2000

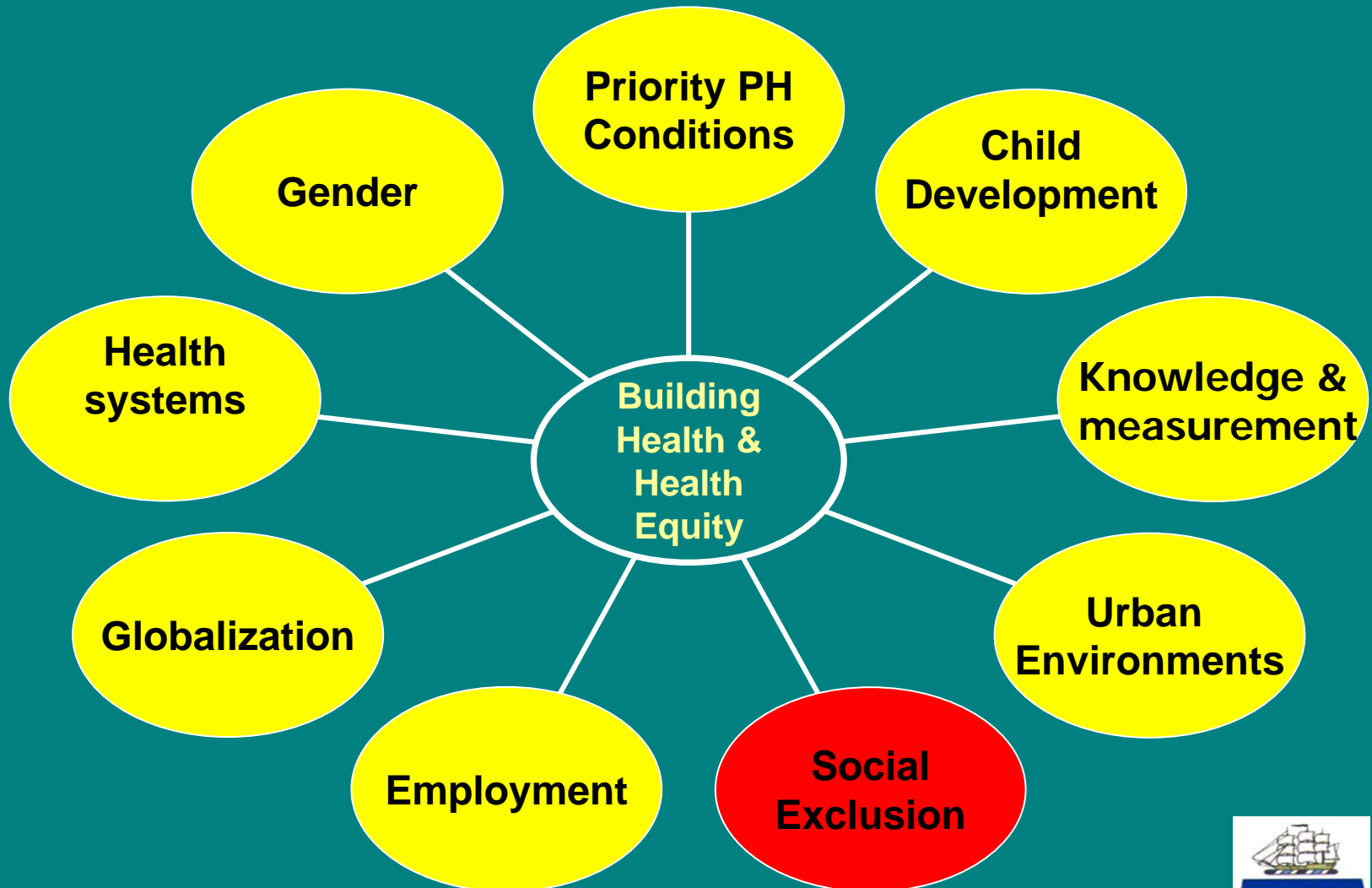


CSDH main strategies to produce report and galvanise movement and action

- Knowledge networks
- Country examples
- Genuine engagement with civil society
- Engagement with international agencies, governments,
- Changing focus/work of WHO



KNOWLEDGE NETWORK THEMES



Adelaide Symposium: Social Determinants of Indigenous Health

- Colonisation and decolonisation
- Self Determination
- Economic distribution
- Lack of data
- Land
- Dealing with racism
- Indigenous cultures, world views and 'holistic paradigm'



Baum Social Inclusion



Headline messages from the CSDH

- Need to create environments for daily living in which people can live flourishing lives in order to create health
- This means reducing processes of exclusion
- Making significant changes over a generation is possible if political will or social justice
- Strengthened public sectors leadership is essential



Social Inclusion and Health & well-being *inextricably linked.....*

Baum Social Inclusion Don Dunstan Foundation April 21st 2008



Empowerment

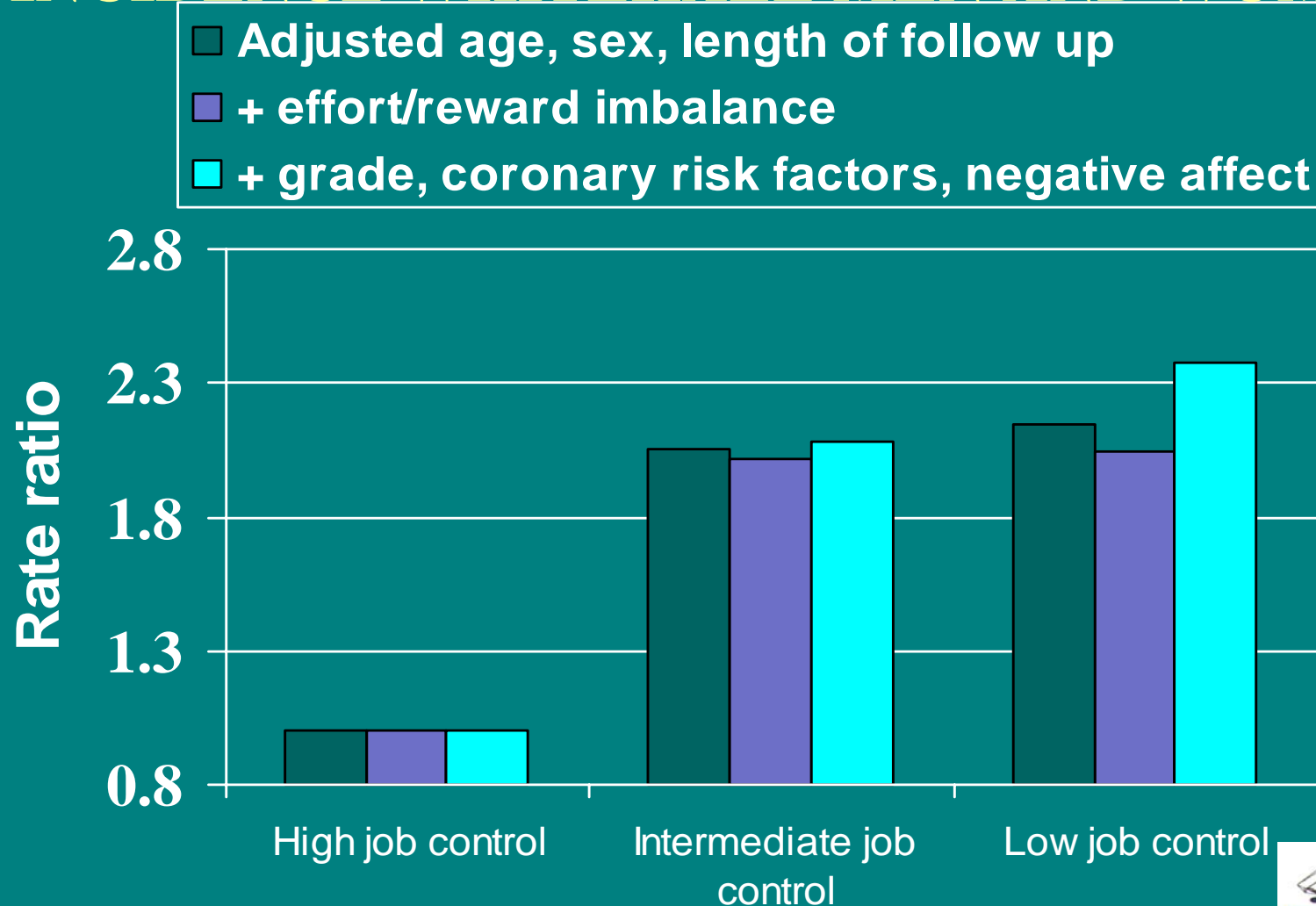
- Material
- Psychosocial
- Political

“The success of an economy and of a society cannot be separated from the lives that the members of the society are able to lead... we not only value living well and satisfactorily, but also appreciate having control over our lives.”

Amartya Sen, *Development as Freedom* (1999)



SELF-REPORTED JOB CONTROL AND CHD INCIDENCE WHITEHALL MEN AND WOMEN



Baum Social Inclusion Don Dunstan Foundation April 21st 2008

Bosma et al, 1998

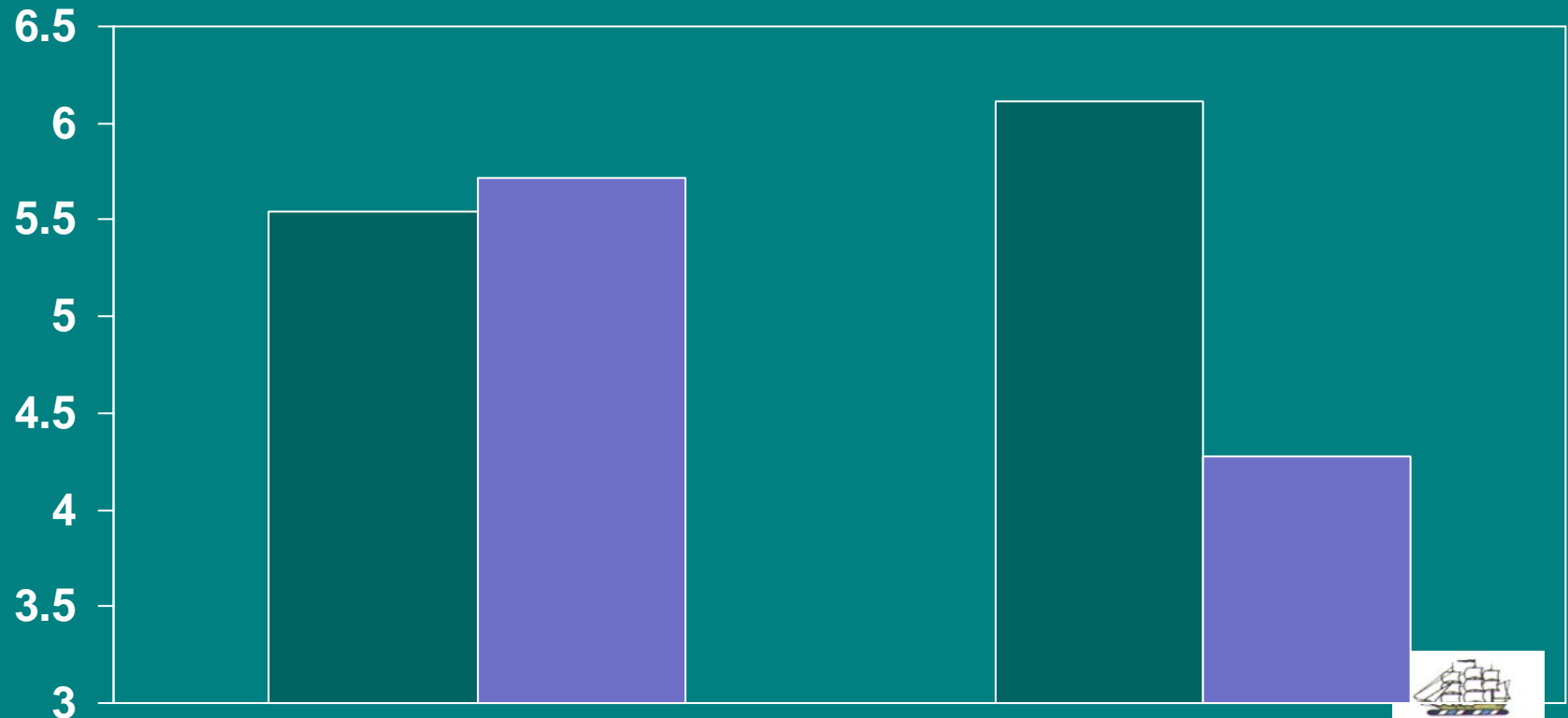


NUMBER OF MAZES SOLVED IN 15 MIN: INDIAN CHILDREN 11-12 YEARS

Caste announced?

NO

YES



Baum Social Inclusion Don Dunstan Foundation April 21st 2008

(Source: Hoff & Pandey, 2004)

High Caste Low Caste



Material

Psychological

Cultural

Political

Exclusion



**Poor health
and Health
Inequities (ie
avoidable
difference in
health status)**



Thus South Australian Social Inclusion Initiative provided an excellent case study of good practice for the CSDH

Rapid appraisal using a framework developed by the SEKN

Partnership between Department of Public Health (Lareen Newman, Kate Biedrzycki, Fran Baum) &

Social Inclusion Unit (Jan Patterson)



Approach to rapid appraisal

- Review of documents relating to SII
 - Reference reports & Govt responses
 - Action plans & Evaluation reports
 - Minutes of SI Board meetings
 - SII newsletters
 - Conference presentations
 - Reports from SIU
 - Websites DPC & SII
 - Hansard
- Interviews with 10 key informants selected by the Social inclusion Unit



Achievements of SA Social Inclusion Initiative

- Specific outcomes in relation to references – homelessness, school retention, drug
- Evidence-based action
- Independent Board
- Whole of government approach to issues
- Part of planned approach to social development – embedded within the SASP – giving public service outcome focus
- Clear and unambiguous political support and high profile



References – homelessness, school retention, drug

- Some positive outcomes in relation to each of these
- SII made these issues for whole of government
- Silo thinking still common and reinforced by budgets and reward structures SII able to make some shifts
- Attribution of change to SII is difficult and more complex evaluation required



Evidence-based action

- Commitment to evaluation
- Critical reflection part of culture
- Challenge identified for future to develop more independent external evaluation mechanisms designed to inform policy



Independent Board

- Champion – Chair of Board
- Important difference from the UK social exclusion program
- Some degree of independence for the SI Unit – reports directly to the Board and has facilitative, advisory and co-ordination role



Whole of government focus

- Broad culture change needed in encouraging co-operation between Departments
- Bureaucratic processes inhibit shifting of resources and perceived scope of core business can be limited
- Traditional budget cycle works against long term planning
- SII has been able to step back and take a considered view of thee blocks in the process



Planned approach to social inclusion – value of SASP

- Social inclusion as part of the broader plan which presents a vision
- Big challenge for governments everywhere is balance between social, environmental and economic
- SASP allows a social agenda like SII to interface with other issues through plan and role of Chair of Board



Political support

Political will and political authority [will be] the key to the success of the Social Inclusion Initiative (David Capps, 2002)

- Mandate from the top - CSDH will reinforce view that action on health equity including social inclusion to be effective needs to be led by head of government
- Location in Dept, Premier and Cabinet
- Treasury has been involved too – also crucial



Future challenges *(Drawing on CSDH SEKN)*

- Social exclusion happens because of a process
- Sustainability opposed to *projectitis* – how to make the shift?
- Beyond behaviours to structures
- Universal approach while recognising needs of those with less than flourishing lives



Exclusion consists of dynamic, multi-dimensional processes driven by unequal power relationships. These operate along and interact across four dimensions- cultural, economic, political and social

SEKN, CSDH (2007, p. 22)



Issues converge to reinforce exclusion

- Challenge for governments is to design initiatives that take a holistic view of peoples' lives
- People are excluded not because they were born into that state but because of a process of events that reflect a series of largely structural factors



The Government's social inclusion initiative....recognises that issues such as poor health, homelessness, crime rates, increasing drug use and poverty re all interconnected and their causes stem from social exclusion (Mike Rann Hansard 29/7/02)



Imagine 16 year old Deeanne living in Christies Downs Born with some intellectual disability because her mother was alcohol dependent (reflecting abuse she suffered as a child)

She drops in and out of School and has problems with her peer group, learning style and she is angry

She starts using drugs and then finds a relationship and becomes pregnant and briefly lives happily with her boyfriend but they split up and then she is homeless. She'd like a job but there is no childcare she can afford and no housing and no social support

**How does a society ensure
Deeanne is included?**



Sustainability as opposed to *projectitis*

- Long term embedded funding for cross government initiatives
- Keeping cutting edge
- Designing holistic approaches
- CSDH aims for “flourish lives” – how do we best achieve this?



Beyond behaviours to structures

- Easy to blame the victim (many people who find room to do this in Deeanne's story)
- Not good policy or evidence based
- Need to tackle structures in which we live so agency can be expressed in healthy ways



Universalism v targeting & conditionality

- Success of universal welfare systems post 2nd WW
- Withdrawal in response to neo-liberalism
- SEKN concludes: “Universal welfare systems played a role in the economic and social development of OCED countries by reducing poverty, reversing exclusionary processes, promoting social cohesion and improving population health” (p.147)



Universalism v targeting & conditionality

- Townsend reviewed OECD experience (2007: ix) “the more conditional and even punitive forms of transfer are counter productive for social cohesion, well-being and productivity”.
- Lessons for SI is need to find whole of population strategies (perhaps with some special targeting) that led to holistic responses that create inclusive societies rather than included individuals as the aim



I've sent the strongest message to our Cabinet, to the Heads of government departments. They will be judged on their ability to put social justice back at the forefront of their decision making

Social Inclusion in SA is about social justice and creating a society in which all citizens can live healthy, flourishing lives for the good of all of us

