# Networking

# Social exclusion and *embracement*: a helpful concept?

**Ambra Burls** School of Community Health and Social Studies, Anglia Polytechnic University, Chelmsford, Essex, UK and **Woody Caan** School of Health Care Practice, Anglia Polytechnic University, Chelmsford, Essex, UK

Certain observations arose from the implementation of multicentre research on 'ecotherapy'. Very diverse community groups of people with a range of disabilities, undertaking horticulture and nature conservation as a therapeutic and social enterprise, provided an unexpected conception. We coined the term *embracement* to capture the meaning of an activity we found in many 'bottom-up' examples of social inclusion. Self-organizing groups grow by the members' choosing to embrace a common identity, which included and integrated health, social and environmental dimensions. Embracement is self-directing, spontaneous and collective, with the potential group members being the driving force.

**Key words:** embracement; reconnection; self-directed inclusion; spontaneous

Within research networking, the authors have encountered a phenomenon that may not have been reported before. These observations have arisen from A.B.'s professional doctorate research at APU in Essex, supervised by W.C. The provisional title of her thesis is *Ecotherapy and its Applications to Practice and Education*. Ecotherapy includes activities such as horticulture and wildlife conservation, undertaken by community groups with one goal (among many) being improved health through connection or reconnection with the natural world. In practice, groups are self-selecting and individuals have a wide diversity of disabling conditions which are also causes of long-term social exclusion. Many participants have mental illness or learning disabilities, but a variety of physical disabilities and adverse social circumstances (e.g. imprisonment, homelessness, institutional care, unemployment) are also found.

We have coined the term *embracement* (which has previously been used in the sense of adopting new technologies or beliefs) to capture the meaning of an activity we discovered in many 'bottom-up' examples of social inclusion. Self-organizing groups grow by the members' choosing to embrace a common identity, which included and integrated health, social and environmental dimensions. Embracement is self-directing, spontaneous and collective, with the potential group members being the driving force.

We are observing a pattern to this phenomenon. First, in the course of interacting with the natural world, over time, the social exclusion experienced by so many service users decreases in conjunction with their growing and creative involvement in the environment. Second, social inclusion develops from 'the bottom up'.

Existing professional terminology like 'empowering' or 'enabling' (which assume prior goal setting or sharing of expert knowledge or expert facilitation) do not adequately capture these observations. This participatory activity can connect the socially isolated and disabled person (on their terms) with the wider community and the natural world, from which, as individuals, they have been disconnected. The activity of embracement is not unprecedented, but we propose a new framework to uncover, understand and evaluate

Address for correspondence: Ambra Burls, School of Community Health and Social Studies, Ashby House, Brook Street, Chelmsford CM1 1UH, UK. Email: a.burls@apu.ac.uk

it. This concept may have been missed in the past because it seems to arise predominantly in the life stories of voiceless people (discounted by reason of their disability and poverty). The World Health Organization principle of empowerment 'means *giving* people control over their own health' (Kemm and Close, 1995: 14–15), but embracement involves *taking* control. Bennet and Murphy (1997: 144–45) observed that empowerment 'does not necessarily lead to participation and participation does not necessarily lead to empowerment'. There is a global need for new methods to evaluate the processes of public participation and public health (Abelson *et al.*, 2003).

Belonging and embracing within community groups necessitates different professional roles to the therapeutic groups in statutory mental health services with which the authors have been so familiar (Buijsse *et al.*, 1999; Caan *et al.*, 1996).

Championing social inclusion is now recognized as an imperative for health professionals (Huxley and Thornicroft, 2003). In the UK, the Social Exclusion Unit (2003) has foreseen a need to examine the broader issues of social participation and access to services. If there is a professional role within embracement, it may be in creating opportunities for people to experience, for example, a 'taste' of ecotherapy – opening a door to the self-inclusion process. This could meet the aspiration of the Neighbourhood Renewal Unit (2002) for local communities: 'It is essential that they have the opportunity and the tools to get involved *in whatever way they want*' (p. 11).

Future research will determine:

- Is the impetus towards social self-inclusion helped by professional input?
- Does this have any impact on health?

## References

**Abelson**, J., **Forest**, P.-G., **Eyles**, J., **Smith**, P., **Martin**, E. and **Gauvin**, F.-P. 2003: Deliberations about deliberative methods: issues in the design and evaluation of public participation processes. *Social Science and Medicine* 57, 239–251.

**Bennet**, P. and **Murphy**, S. 1997: *Psychology and health promotion.* Buckingham: Open University Press.

**Buijsse**, N., **Caan**, W. and **Fowler Davies**, S. 1999: Occupational therapy in the treatment of addictive behaviours. *British Journal of Therapy and Rehabilitation* 6, 300–307.

**Caan**, W., **Rutherford**, J., **Carson**, J., **Holloway**, F. and **Scott**, A.M. 1996: Auditing psychiatric day hospitals: the user's views in an inner city setting. *Journal of Mental Health* 5, 173–82.

**Huxley**, P. and **Thornicroft**, G. 2003: Social inclusion, social quality and mental illness. *British Journal of Psychiatry* 182, 289–90.

**Kemm**, J. and **Close**, A. 1995: Health promotion. *Theory and practice.* Basingstoke: Macmillan.

**Neighbourhood Renewal Unit**. 2002: *Changing neighbourhoods, changing lives. The vision for neighbourhood renewal.* London: NRU.

**Social Exclusion Unit**. 2003: *Tackling social exclusion. Achievements, lessons learned and the way forward.* London: SEU.