Inclusion health: Seeing the invisible, creating lasting change

Natalie Knowles talks about the importance of inclusion health and not expecting people to fit into "our" systems and ways of doing things. This is so important for refugees and people seeking asylum as UK mental health services are heavily based on westernised concepts and may be unfamiliar.

Natalie Knowles
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Too many people in our communities live unseen. They exist on the edges of society. Their stories are often ignored, their struggles invisible and their voices unheard. That's the essence of inclusion health.

It's about seeing the invisible – the people and stories that are too easily lost in the data or processes. People who experience homelessness, poverty, trauma, addiction or migration challenges. People who have been let down by a system that was never designed for the complexity of their lives.

When we talk about health inequalities, it can sound abstract, unachievable to make change. But behind every statistic is a heartbeat – a person who deserves to be seen, heard and valued. Inclusion health reminds us that equitable care isn't a side project; it's the true measure of a health system's integrit

Building bridges, not barriers

Across our ICB, we're working to bring the principles of inclusion health to life – not as an add-on, but as a golden thread that runs through everything we do. That means working differently. Bringing together GP's community services, hospital trusts, housing teams, specialist outreach services and people with lived experience.

It means not expecting people to fit neatly into our systems but redesigning those systems to meet people where they are. Through neighbourhood health models, we are building bridges between the NHS and the spaces where people actually live their lives. That might mean clinical outreach into hostels, offering cervical screening from our mobile bus, embedding inclusion into discharge planning, convening multidisciplinary teams to discuss the most appropriate care for our most vulnerable populations or training our workforce to understand trauma and the impact of exclusion on health. It's about recognising that inclusion isn't just a pathway, it's a mindset.

A culture of belonging

At its core, inclusion health is about connection, understanding and dignity. It challenges us to rethink how we engage with people, moving beyond traditional models of care to meet them in the realities of their lives. Instead of labelling someone 'hard to reach' it asks us to reflect: how can our services adapt to truly meet their needs? It's about designing care that listens, responds and values people first – not the system.

This work demands honesty, courage and persistence. It asks us to hold up a mirror to the inequities within our own systems and to confront the uncomfortable truth that some people experience worse care, not because of their needs, but because of the barriers we've built.

And yet, the reward is profound. When inclusion health is done well, it transforms more than outcomes – it transforms relationships and it changes lives. You see it when someone who hasn't engaged with health services for years starts to trust again. When someone accesses screening for the first time. When a person realises that their story matters.

Partnership with purpose

The strength of inclusion health lies in partnerships. Across our places, we're bringing together health, housing, local authorities, secondary care, voluntary organisations and communities to design care that truly reflects real lives. We're integrating lived experience feedback into service design, making sure those most affected by exclusion shape the solutions.

This approach isn't just compassionate, it's effective. We're seeing how small shifts in culture and connection can ripple outwards, improving outcomes and restoring dignity. Supporting our priorities of living well for longer. We are seeing partners and services work together to reduce siloed working and remove barriers.

Inclusion health is everyone's responsibility

Inclusion health challenges each of us – leaders, clinicians, commissioners and communities – to act. It asks us to listen deeply, to design bravely and to lead with humanity. Because inclusion isn't a specialist service or a short-term initiative. It's a movement towards fairness, kindness and belonging.

When we truly see people, everything changes. We stop asking, 'Why don't they engage?' and start asking, 'What's getting in their way and what can we do about it?'

This is the heart of what we do. It's not just about improving access. It's about rebuilding trust. Restoring hope. Creating a health and care system that doesn't just treat illness but values every person it serves.

Because when we include everyone – when we design for those at the margins – we build a system that works better for all of us.
Inclusion health isn't an aspiration. It's a responsibility and when we do it well, we don't just change systems. We change lives.