Older adults' understandings of social inclusion: Views from a healthy ageing community program

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Abstract

Keeping older adults over 65 years of age socially included is a challenge still being addressed. Older adults' views of feeling socially included and avoiding social exclusion and isolation are individual. This ethnographic study examines the views participants have about feeling socially included in their community when attending a community healthy ageing program in Brisbane, Australia. Niche studies of social inclusion in particular settings are valuable as alternatives to large studies, because of the diversity they offer in finding out what older adults identify as making them feel socially included. Data was collected by participant observation and focus groups, with supporting member checks and brief follow-up interviews. The main finding was that the program encouraged program participants to view themselves as feeling socially mobile, mainly because of access to information resources and to the human networks the program offered. Five concerns dominated the analysis where participants felt exclusion and isolation was an issue: transport, housing and living arrangements, health, crime and personal safety, and technology use. This paper contributes to the understanding of views of social inclusion in a particular setting and brings an awareness of the types of solutions a community program can bring to older adults to help keep them socially included.

Keywords: ethnography, social exclusion, social inclusion, social isolation, older adults

The World Health Organisation estimates (2011) that by 2050, 1.5 billion people will be 65 years of age or older. This presents some challenges to society to keep older adults – those over 65 – socially included in their communities. Exclusion and isolation takes many forms and can have deep economic and health issues for older adults. The preoccupation by governments and researchers to develop insights and policies into increasing inclusion and reducing exclusion and isolation has yielded excellent results, particularly in large-scale studies (Department of the Prime Minister and Cabinet, 2010; Office of the Deputy Prime Minister Social Exclusion Unit, 2006).

Although extensive research has been carried out in Australia, there has been criticism that many results have not been able to influence social policy directions to encourage social inclusion (Redmond, 2015). Studies such as Tasmania's Council on Ageing study (Jamieson, 2011) capture older adults' views of being socially included and the issues they face that may cause exclusion and isolation. There is a gap in understanding what it means to be socially included or not (Rinta, Purves, Welch, Stadler Elmer & Bissig, 2011; Molden, Lucas, Gardner, Dean & Knowles, 2009), and this is applicable to older adults. Older adults may face some or many challenges, yet still view themselves as being socially included. Experiencing social exclusion and isolation may not always mean being disadvantaged in a society (Australian Government, 2009a). The loss of social bonds throughout the course of life is akin to experiencing physical pain, and the restoration of social connectivity can alleviate such distress (Allman, 2013; Eisenberger & Lieberman, 2005).

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Currently there are few investigations of specific views of social inclusion within a community-provided service in the published literature. This study takes place in a healthy ageing program. These programs are based on the World Health Organisation's (2006) constitution that "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (p. 1). These programs provide a place where socially inclusive practices can be implemented. Such a setting as this is voluntary to attend, unlike others where older adults may not have a choice to be (Ferrara, 2009; Grenade & Boldy, 2008).

As an ethnographic study immersed in the field and interacting with participants (Brewer, 2000) the research aims to contribute to the social inclusion literature by exploring the definitions and discourses surrounding inclusion, exclusion and isolation (Lui, Warburton, Winterton & Bartlett, 2011) and how those attending the program experience and make sense of these terms. What is actually needed to remain socially included appears subjective, and although a healthy ageing program can support this, many factors can influence the feeling of being included, excluded or isolated. The study explores the views of participants' meanings and experiences of these three concepts.

Inclusion, exclusion and isolation

There is a growing emphasis on keeping older adults socially included in society. From a research perspective, the literature on social inclusion consistently reports that it is a desirable outcome for any society. These studies generally report positive outcomes for older adults if socially inclusive practices are adopted. However, an often overlooked fact is that older adults may have different perceptions of feeling socially included, and there may even be more diverse views within older adult populations (Petriwskyj, Warburton, Everingham & Cuthill, 2012).

A common problem is that of agreeing to a definition of social inclusion and what constitutes it (Rinta *et al.*, 2011; MacDonald & Leary, 2005). Exclusion and isolation can also be problematic to define. In Australia social inclusion has been used to refer to people's need for the opportunity to participate in economic and community life, and to be treated with dignity and respect (Australia Government, 2009a). A later definition included people having the resources and opportunities to learn, work, engage and have a voice (Australian Government Social Inclusion Board, 2010). These may not fit the experience of the older adult, but do act as a definitional framework because the inclusion definitions suggest resources and opportunities are key factors which encourage inclusion. In this context, a healthy ageing centre does provide these if the older adult chooses to attend, but that does not necessarily imply all attending will report feeling socially included in their community.

The term 'exclusion' is defined as specific social processes that shut out the older adult, though they may not always be an involuntary experience (Council on Ageing New South Wales, n.d.). It also refers to the denial of a social right to go to a place or commonly having a lack of resources to achieve an older person's goal (Hayward, Simpson & Wood, 2004; Peace, 2001). Isolation can be generally defined as an older adult having minimal levels of social participation and a lack of social interactions with others (Greaves & Rogers-Clark, 2009; Greaves & Farbus, 2006; Victor, Scambler, Bond & Bowling, 2000). Exclusion may not be voluntary but isolation may be a choice. For example, an older adult may choose to be solitary if in good health, but become excluded if they care for a frail partner (Ferrara, 2009). The term 'isolation' can be used instead of exclusion to describe the state older adults may find themselves in, which is considered not desirable for them or society even though it may be a conscious choice to be isolated (Council on Ageing New South Wales, n.d.).

Understanding the diversity of older adults' issues in any community needs to be considered when implementing social inclusion policies. As Dee and Marston (2015) argue research on social exclusion should not make arbitrary distinctions between the included and excluded without an appreciation of the subjective dimensions of inclusion and exclusion. Some examples of issues and their dimension that may cause these include, health status, physical mobility, gender, whether they have a disability, sexuality, the area where they live, whether they are still working or retired, and reliance on family, friends or domestic support (Barnes, 2005; Petriwskyj et al, 2012). Warburton and Lui (2007) report factors such as living alone, living in high crime-rate areas, poor physical or mental health, and low income, amongst others, as having strong impacts on perceptions of feeling socially included. Clearly, researchers should not treat older adults as a homogenous group, even within one research site (Petriwskyj *et al.* 2012).

Although definitional issues are noted, the criticism here is that finding out older adults' views and understandings of social inclusion, exclusion and isolation may be markedly varied amongst older adults. One possible explanation may be that a healthy ageing program may offer those things needed to facilitate social inclusion, but even within a population having such needs met, some may still feel excluded and isolated. According to Coyle and Dugan (2012), isolation may not mean a person is lonely, yet isolation and exclusion can have serious effects on health if loneliness is troublesome to the individual (Hawkley & Cacioppo, 2003). In summary, inclusion, exclusion and isolation have specific definitions but older adults will view these in many ways, depending on what they are experiencing. Clearly, having different possible understandings and descriptions of these views from older adults can inform on the complexity, depth and nuances of these experiences.

Methods

This study uses ethnographic methods as an approach to the study of people in a naturally occurring setting using research methods to capture and describe the social meanings of the culture; with researchers participating in some way in the field (Brewer, 2000). Ethnographic practices are investigative and carried out in a scientific manner that help can build theories and explanations that account for people's behaviours in a cultural setting (LeCompte & Schensul, 1999a) Understanding the context the participants operate in and that account for behaviours is key (Kelly & Gibbons, 2008).

The study began with formulating a research question to guide it, followed by a general review of literature of problems older adults may face to gain a general knowledge of the field. This study sought to determine the perceptions of social inclusion of those who participate in any way in the program, and how such perceptions impact on the participant's feelings of social inclusion. The literature review gave an overview of issues that exclude and isolate older adults, which aided in understanding the potential problems they may face.

Access to the field was granted, with the existing program operating in Brisbane's outer western suburbs (Australia). It was advertised that a study was taking place and that it was not compulsory to participate. Participation was open to anyone at the centre willing to participate in the study. While participants were over 65 years of age, there were more females than males, all were retired or semi-retired, and all attended the program regularly.

The data collection instruments included field notes taken over a year of interacting with program participants and focus groups. Participant observation was done by attending the centre during the times activities were operating. The field note writing was guided by Emerson Fretz and Shaw (1995), who gave protocols of how to describe, in written form, the studied site and the actions of those in it. A further aid to validity of data was using Geertz's (1973) thick description concept, where not only were behaviours described by noting words

and actions, but also the context in which they happened; bringing a richness of detail to the field notes.

There were 43 participants in the focus groups. Written consent was obtained, and they were given the option to withdraw participation and use of data. The focus groups were recorded and transcribed, bringing richness and large range of opinions – a benefit of undertaking ethnographic research (Bloor, Frankland, Thomas & Robson, 2001; Morgan, 1997).

Data analysis commenced as soon as the focus groups began, consistent with recommendations for ethnographic research when analysing and managing vast and different types of data (Brewer, 2000; LeCompte and Schensul, 1999b). A thematic analysis was undertaken with constant comparison of data, and the frequency of issues used to identify emerging themes. This allowed comparisons of just-collected data and coded data as time went on, and is a strategy frequently used in ethnographic research (Dohan & Sanchez-Jankowski, 1998). Comparisons assist with building a set of explanations, supported by data examples, from the participants' point-of-view, and they also guide the researcher towards determining what dominate themes operate in the culture.

To support this analysis and keep the ethnographic account as free from bias as possible, data triangulation took place. It is a challenge to avoid placing one's own biases onto an ethnographic study (Chan, 2013; Plankey-Videla, 2012; Duneier, 2011; Kelly & Gibbons, 2008; Schneider, 2006; Jeffrey & Troman, 2004; Harrison, 2003; Brewer, 2000; Jordan & Yeomans, 1995; Hammersley, 1993; Thomas, 1991). The data was valid because it came directly from the participants with the focus groups, whilst field note data was valid in assisting with describing the field. To triangulate data and improve its reliability, member checks and short interviews were held after the focus groups to make sure what was reported was accurate. A member check improves accuracy, credibility and validity of the focus group and interview data (Harper & Cole, 2012; Barbour, 2001; Lincoln & Guba, 1985). This was achieved by summarising information a participant gave, reading it to them and seeing if they agreed or disagreed with it (Harper & Cole, 2012; Creswell, 2007). Asking participants to describe further experiences in brief interviews also added to the data set (Spradley, 1979).

Results

Overall, the findings suggest that most of the program's participants reported feeling socially included in their communities. The factors that influenced them to feel included, and also excluded or isolated, varied according to specific issues and the degree of concern with them. The claim here is that the participants' views of feeling socially included were enhanced by attending the program, which was expected, but indicated two ways supporting how this is achieved. These are: having access to information and resources at the program in any form (computer, paper, forms, other participants and program staff), and access to human networks that also may have information to solve problems and provide, if chosen provide a source of friendship and support.

The evidence for stating program participants expressed feeling socially included was in the way exclusion and isolation was addressed by access to information and human networks. This was illustrated by a number of concerns they raised, some of which did appear in the general literature search undertaken before data collection and analysis. The concerns that caused isolation and exclusion were consistently discussed and are shown in Table 1.

The participants reported that in many ways, to some degree or to a greater extent, the program assisted with solving problems in these areas and others. When assisted by accessing information and human networks from the program's staff and other participants, it was reported the problem that caused the social exclusion or isolation was lessened or

solved. The program therefore provided the means to work with the participants to solve these problems.

Table 1: Participants' concerns identified as possible barriers to feeling socially included

Concern	Characteristics of concerns
Transport	Scared of loss of mobility to come to program, go shopping, or go to medical appointments
	Reluctance to give up driving and their driver's licence
	Poor bus and train access, unable to understand co-ordination of multiple transport options, not being able to climb up stairs onto bus, fears of safety on public transport
Housing and living arrangements	Fear at not being able to remain in own home due to rising cost of living, rates, electricity and repairs
	Safety within living arrangements particularly if living in planned living accommodation or mobile home parks
	Issues and disputes with neighbours
Health	Loss of independence due to declining health
	Cost of medications, care and support expenses
	Health insurance costs
Crime and personal safety	Home security concerns
	Concerns and fears about leaving their homes, especially at night
	Concerns about availability of police in their area
Use of technologies	Concerns with computer hardware, mobile phones and Internet costs
	Concerns about not being able to use any technologies due to lack of training, or health issues
	Concerns about privacy and safety if using the Internet but feeling pressured to use it for finding needed information

There were also five general insights gained from the analysis. These came from observations and the focus groups data that describe some overall ways the participants felt socially included. Participants reported that:
1. their life had improved from what it was before they came to the program
2. they came to the program to obtain contact with others to provide, ideas and activities, not just gather information
3. they felt safe participating in the program by attending and often attending social other activities with others they met at the program
4. the varying degrees of an individual's health were not always barriers to attend the program and that someone at the program would be able to check with the participant if they were not regularly attending
5. the offering of computer lessons and others uses of mobile phones indirectly enabled some of them to start learning and using various technologies they needed.

The program supported these opportunities by offering access to information of any type and human networks through the choice to join groups and carry relationships from those groups to outside the program. However, further analysis was required to answer the research question about their perceptions of feeling socially included and how they impacted on feeling this way.

Older adults' views on social inclusion
The five concerns identified in Table 1 shaped the themes of social inclusion, isolation and exclusion prevention, and demonstrated how information and human networks could contribute to explaining how one feels being socially included in their community. All focus

group participants stated that one or more of these concerns determined their view on feeling socially included or not. These are now presented to demonstrate how social inclusion is interpreted and experienced by those at the program.

Transport

Access to affordable and regular transport helped participants to avoid being isolated. Some reported still having their driver's licence and valued this; wanting to keep them as long as possible. Carpooling was also willing practised by many participants who could bring others to the program. Participants said:

> *Well I can still drive; I have got my one car, so if we have to get transport from where we live it would take us all day to get here from nine o'clock.*

> *Yes, it's going to be hard enough doing without the car without having to forfeit, you know, the activities the camaraderie with everybody here, and coming here visiting and talking…yeah.*

> *Well I think we can cut the problem in half, because we can't promise you a lift because it is too hard to get here, but we can always get a lift home. So that's 50% of the problem halved, sometimes me car's broken down and my wife drives me up, and then someone's always kind enough to drive me home because it's not an imposition because it's either on your way....*

Consequently they considered losing their driver's licence, and the cost of car insurance and maintenance, to be potential exclusion or isolation issues, however, having a network of other drivers at the program lessened the worry they would not have any transport at all to get to the program.

Housing and living arrangements

Housing and suitable living arrangements create social inclusion because they a secure base to further participate in society. The majority of participants reported positive experiences in their housing and living arrangements. However, they did experience exclusion or isolation because of housing repairs and maintenance cost. The expenditure on this, and an inability to do certain chores due to health in the future, was already impacting their lives. These responses included:

> *Yes reduce our water rates!*

> *Oh, definitely water and power.*

> *It's going up again – I just got a letter about it. I think it's going to cost $60 a year or something. Don't know if that means pensioners 'cos it didn't say. But I still think it's disgusting, it's disgusting. You can't change that.*

> *I've still got to mow my lawns. I've still got to do all the maintenance. Not last year, the year before, I painted outside and…you…know as you're getting…I'm not saying I'm getting old… But I won't be able to do it.*

Nevertheless, living in one's own home is something that contributes to the feeling of social inclusion, yet the maintenance and costs of dwellings of any type is a potential threat to the participants.

Health

Participants' health, closely associated with feelings of social inclusion, was reported as satisfactory to good. A consistent theme was how the program supported in a number of ways information or access to health services. All participants felt they received support from family, friends or others in managing their health issues. This example reflected experiences of other participants when one of them said they had access to family and friends for support in health issues, but also gave support if they could. Such a response included:

> *No, my best friend's a long way away. She lives somewhere else, but I've got a network of people since I moved to Forest Lake I have friends to support me.*

> *(Interviewers): They're still contactable?*

> *Oh yes. In fact, one rang me asking me to take her to the doctor's. She doesn't drive. I don't know, I never did that – I used to get a taxi. But anyway, I was pleased that she did...*

Participants across the groups commented how getting support at the program cultivated a positive attitude towards life. As mental-health issues are important to manage in older adults' lives, these comments suggested they were aware of the value of attending the program to feel emotionally better:

> *The down side to that is that you can't get from them (program outsiders) what you can get from here. All you need when you are mentally off the track is for somebody to listen and, somehow, having that person have the patience to listen is very uplifting. Family don't want to know, they won't talk about what they've got and what they've achieved. That's not what it's about. It's not about achieving, it's about effort.*

> *Well, I always find if you're not feeling well you come down here in a group...and you forget about it...forget about what's…if you've got a headache or a backache or whatever, because you're talking and it's taking your mind off it.*

Being able to access the human networks at the program, and experiencing empathy and compassion when they were feeling unwell, fostered a sense of social inclusion because they felt they were in a place where they could be heard. Some participants worried about being seen to be a burden to others; however, most agreed that having access to those going through similar health issues was a major reason for attending the program.

Crime and personal safety

Participants were concerned about their personal safety and property crimes. Some did exclude and isolate themselves from their community by not going out of their homes unless it was to attend the program. Some experienced property theft. Yet, despite this, most felt overall safe in their community. Responses included:

> *Oh I feel quite safe really. I just know the people beside me and across the road and anyone else – the crime could be going on there…they could be selling drugs and they could be doing whatever – I have no idea and I don't want to know, so I feel quite safe.*

> *Yeah in our row, I live in an adults-only area, which is good because we all sort of know each other, I mean. The police have to come in quite often, but our*

area's okay, yeah. As I say, we always let each other know (if) we are going to be away.

Everybody's got bars in my street, but me, and I don't feel any less safe. I've got aluminium blinds outside and a few curtains, so it looks like its got bars I suppose. You know….

There were more concerns about the threat to one's personal safety, but this did not always deter participants from going out in their community:

I go walking at 6.30 in the summer. There are people out walking; I walk around the streets. I take my mobile phone; mainly the only reason is because if I fall, it doesn't bother me. But I would be aware, like if I felt like I was being stalked, you sort of, you keep an eye on who's around, but the majority of people that we meet, mainly are from other cultures and, we say hi, hello, and it's like a real friendly get-together.

It's not so much the safe business I'm concerned about, my sons get a bit concerned if I want to go to a concert at night and I catch the train...'Oh, you're on your own mum!' and everything else…and I say 'Well, that's too bad', because if I want to do something, I do it, you know. I'm sensible about how I conduct myself when I go out at night and things like that, so I don't so I don't allow that.

Now the only place I feel safe is when I'm home and got myself locked in the house.

Easing these fears was linked to the participants' views on their local police. Having formal protection and confidence in law enforcement was important to the participants:

Everybody's had things happen and I tell you what – when you've got the local police station on your fridge I've never seen a response time like it, it's like Judge Dread – they turn up in droves instantly. I don't know if it happens in other suburbs, but in my area, wow! They're on the ball. They just don't like the…they like to keep the lid on things.

If you're driving and you see a police car somewhere beside you or behind you or whatever, you are aware of them there and you're more cautious in what you do. So it would be the same if there were police walking the beat – if you see a policeman around you would feel a lot safer because you'd know there would be a policeman nearby.

Whilst there is fear of crime and personal safety amongst the participants, most were still willing to go out and had a degree of faith in the local police for protection. As this issue impacts on social inclusion when older adults refuse to go out and can become isolated, the program's participants took a different view and most continued to interact in their community.

Technology use
Technology, such as computers, mobile phones and the Internet did influence participants' views of feeling socially included because of worrying about being forced to use them and

how to obtain training to use them. To be without them or not know how to use them was considered a barrier by the participants that could lead to exclusion or isolation. Although many participants were hesitant to buy and use technology, many were willing to use it or were already using electronic devices. These extracts illustrate what participants saw as the benefits technology could offer to remain socially included:

> *I do Internet banking and pay all my bills and everything online now.*

> *I don't go the shop to pay my bills or anything anymore, and three years ago I didn't even use the computer.*

> *I read the paper on the Internet.*

> *And I play games on the computer, actually that's the reason why I came here – to download games.*

Keeping in contact with friends, family and others was especially valued by the participants, with email and social media such as Facebook being used to remain connected to others:

> *I go on Facebook and I get in touch with me family overseas and I get all these bargains for these holidays because I'm registered with all these things and yeah…I like being on the Internet. Yeah, I love it. Couldn't live without it.*

Yet technology was also viewed as troublesome and causing an unnecessary burden on the participants. For example, this participant reflected concerns about technology:

> *To me it's an absolute bugbear because I am being forced in; I am being forced into the technological age. I want to be in it, but I have this problem. And everything now is dot comma, if you're not, if it, they don't, the bushwalking club doesn't want to know me. The rugby season ticket doesn't want to know me. The soccer ticket doesn't want to know me because I don't have a dot comma. They will not send me a thing in the mail.*

Others expressed concerns over Internet and mobile phone privacy, costs of these and computer viruses, all major barriers for the participants to use technology:

> *Well it really doesn't matter these days does it? Because you're on the Internet anyway, whether you want to agree with that or not.*

> *Well they can hack your phone too, so I don't say too much on that.*

> *If you go to the Post Office to pay a bill because you are afraid of using the Internet, well, I've got news for you – you're already on the Internet, you're already on the computer, you know.*

These views suggested mixed feelings towards technology use, but also an awareness that not using them can contribute to towards feeling excluded or isolated. Participants spoke about their amazement of their grandchildren being able to use technology, but their inadequacy that they could not. This concern generated much evidence that the program participants did think about issues that could affect them and that one concern could

potentially leave them not socially included because of the growing need to access information through use of the Internet.

Discussion

The analysis suggested that overall many participants at the program felt socially included in their community. It was not clear if this was always attributed to attending the program. However, coming to it had an influence in feeling more socially included. Although it was not always clear what participants meant by being socially included, there was a high level of awareness of problems that can cause isolation and exclusion. Observations and focus group data did reveal a number of concerns arising, but concentrating on the five concerns best illustrated not only what issues caused exclusion and isolation, but also how the use of information and access to human networks fostered problem-solving support and, in turn, fostered a sense of feeling included.

There is a matching to characteristics of the social inclusion definitions presented previously (Australian Government Social Inclusion Board, 2010; Australia Government 2009b) and which the program also fosters. The program does provide support and opportunities to participate in economic and community life. It is also providing resources to learn and engage with all levels of society. Participants used the program for meeting others forming networks who could be drawn upon if the participant encountered a problem.

The results suggested that having access to information and human networks was the main influence to report feeling socially included. As an example, the discomfort about using technology to find information could be overcome by encouraging the participant to use them or asking others to help them. This support means that the participant obtained what they needed to solve an issue, in turn engaging with someone or something in society that was previously causing isolation or exclusion. The access to transport, such as other participants willing to drive those without driver's licences to the program, is another example of a problem overcome by opportunities they may not obtain if they were not attending the program.

Forming a view of feeling socially included is influenced by situations and events in the older adult's life. The results suggest the presence of a place like a healthy ageing program further influences views of social inclusion because it offers support to listen to and assist in solving any social exclusion or isolation issues. As the study was not about measurement of social inclusion, but of describing views of social inclusion, some aspects of the study need to be examined. The study did, as Petriwskyj and colleagues (2012) advised, by not treating the participants as a homogenous group. There were commonalities in concerns discussed, but even if a participant had a particular concern that did not mean they felt excluded or isolation. This is important because although many issues are well-known to cause isolation and exclusion, degrees of why they do are important to describe.

Although the study did capture the reasons why these participants felt socially included being in the program, the study did raise some concerns. First, niche studies such as these are useful for showing how social inclusion works within a program. However, although for this study it was not a goal to do so, comparing this group to those who do not attend healthy ageing programs would be useful. Ethnographic studies can be criticised because they are difficult to replicate, different researchers may obtain differing results and it is challenging to make sure what is reported is consistently from the participant's view (Nurani, 2008; Brewer, 2000). However, undertaking an ethnographic survey can assist with providing measurements to support claims, the value of this study lies in the participants' accounts of how they overcame exclusion and isolation. Clearly, the program's key – providing mechanisms, access to information resources and human networks – does provide those opportunities that may be lacking if the participant did not attend a program.

This study contributed to the understanding of how older adults describe feeling socially included, excluded or isolated and what can influence those assessments they make of them. Social inclusion will continue to be measured in future studies, but this study emphasised the role of describing meanings of it. The recommendation is that ethnographic or other field types of field studies can bring a richer depth of understanding of the experiences older adults have in what stops or hinders their social inclusion in their community and society. As the ageing population grows, new issues will arise. It is through immersion in a culture that we can capture such stories and form polices to stay ahead of exclusion, isolation and the challenges these bring.

References

Allman, D. (2013). The sociology of social inclusion. *SAGE Open, 3*(1), 1-16.

Australian Government (2009a). *A Stronger, Fairer Australia*, Canberra: Department of Prime Minister and Cabinet.

Australian Government (2009b). *Social inclusion: the origins, meaning, definition and economic implications of the concept social inclusion/exclusion*. Canberra: Department of Education, Employment and Workplace Relations. Retrieved from http://www.socialinclusion.gov.au/sites/default/files/publications/pdf/economic-implications.pdf

Australian Government Social Inclusion Board (2010). *Social inclusion in Australia: How Australia is faring*. Canberra: Department of Prime Minister and Cabinet.

Barbour, R. (2001). Checklists for improving rigor in qualitative research: A case of the tail wagging the dog? *British Medical Journal, 322*(7294), 1115-1117.

Barnes, M. (2005). The same old process? Older people, participation and deliberation. *Ageing and Society, 25*, 245-259.

Bloor, M., Frankland, J., Thomas, M., & Robson, K. (2001). *Focus groups in social research*. London: Sage.

Brewer, J. (2000). *Ethnography*. Buckingham: Open University Press.

Chan, J. (2013). Ethnography as practice: Is validity an issue? *Current Issues in Criminal Justice, 25*(1), 503-516.

Council on Ageing New South Wales (n.d.). *Social isolation draft policy position*. Retrieved from http://ntwebhost2.pacific.net.au/~cotaweb/docs/SocialIsolation.pdf.

Coyle, C., & Dugan, E. (2012). Social isolation, loneliness and health among older adults. *Journal of Aging and Health, 24*(8), 1346 -1363.

Creswell, J. (2007). *Qualitative inquiry and research design: Choosing among five traditions* (2nd ed.). Thousand Oaks: Sage.

Dee, M., & Marston, G. (2015). The social inclusion policy agenda in Australia: A case of old wine, new bottles? *Australian Journal of Social Issues, 50*(2), 119-1368.

Department of the Prime Minister and Cabinet (2010). *Social inclusion in Australia: How Australia is faring*. Retrieved from http://www.socialinclusion.gov.au/sites/default/files/publications/pdf/haif- report-2010.pdf

Dohan, D., & Sanchez-Jankowski, M. (1998). Using computers to analyze ethnographic field data: Theoretical and practical considerations. *Annual Review of Sociology, 24,* 477-498.

Duneier, M. (2011). How not to lie with ethnography. *Sociological Methodology, 41*, 1-11.

Eisenberger, N., & Lieberman, M. (2005). Why it hurts to be left out: The neurocognitive overlap between physical and social pain. In K. Williams, J. Forgas, & W. van Hippel (Eds.), *The social outcast: Ostracism, social exclusion, rejection, and bullying* (pp. 109-127). New York: Cambridge University Press.

Emerson, R., Fretz, R., & Shaw, L. (1995). *Writing ethnographic fieldnotes*. Chicago: The University of Chicago Press.

Ferrara, H. (2009). *Seniors social isolation: A scoping study*. Centre for Social and Community Research, Murdoch University, Perth. Retrieved from http://researchrepository.murdoch.edu.au/10994/1/seniorssocialisolation.pdf

Geertz, C. (1973). *The interpretation of cultures: Selected essays*. New York: Basic Books.

Greaves, C., & Farbus, L. (2006). Effects of creative and social activity on the health and well‑ being of socially isolated older people: Outcomes from a multi‑ method observational study. *Journal of the Royal Society for Promotion of Health. 126*(3), 134-142.

Greaves, M., & Rogers-Clark, C. (2009). The experience of socially isolated older
  people in accessing and navigating the health care system. *Australian Journal of
  Advanced Nursing*, *27*(2), 5-11. Retrieved from
  http://www.ajan.com.au/Vol27/Rogers-Clark.pdf.

Grenade, L., & Boldy, D. (2008). Social isolation and loneliness among older people: Issues
  and future challenges in community and residential settings*. Australian Health Review*,
  32(3), 468–478.

Hammersley, M. (1993). The rhetorical turn in ethnography. *Social Science Information*,
  32(1), 23-37.

Harper, M., & Cole, P. (2012). Member checking: Can benefits be gained similar to group
  therapy? *The Qualitative Report*, *17*(2), 510-517. Retrieved from
  http://www.nova.edu/ssss/QR/QR17-2/harper.pdf.

Harrison, N. (2003). Grounded theory or grounded data? The production of power and
  knowledge in ethnographic research. *The Australian Journal of Indigenous Education*,
  32, 101-106.

Hawkley, L., & Cacioppo, J. (2003). Loneliness and pathways to disease. *Brain Behavior
  and Immunity*, *17*, 98-105.

Hayward, C., Simpson, L., & Wood, L. (2004). Still left out in the cold: Problematising
  participatory research and development. *Sociologia Ruralis*, *44*(1), 95-108.

Jamieson, L. (2011). *A sense of belonging: Social inclusion issues for older people in
  Tasmania*. Council on Ageing Tasmania. Retrieved from
  http://www.dpac.tas.gov.au/__data/assets/pdf_file/0020/154028/A_Sense_of_Belongin
  g_Social_Inclusion_Issues_for_Older_People_in_Tasmania.pdf.

Jeffrey, B., & Troman, G. (2004). Time for ethnography. *British Educational Research
  Journal*, *30*(4), 535-548.

Jordan, S., & Yeomans, D. (1995). Ethnography: Problems in contemporary theory and
  practice. *British Journal of Sociology of Education*, *16*(3), 389-408.

Kelly, D., & Gibbons, M. (2008). Ethnography: The good, the bad and the ugly*. Journal of
  Medical Marketing*, *8*(4), 279-285.

LeCompte, M., & Schensul, J. (1999a). *Design and conducting ethnographic research
  volume 1 ethnographer's toolkit*. Walnut Creek: AltaMira Press.

LeCompte, M., & Schensul, J. (1999b). *Analyzing and interpreting ethnographic data volume
  5 ethnographer's toolkit*. Walnut Creek: AltaMira Press.

Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. Newbury Park: Sage Publications.

Lui, C., Warburton, J., Winterton, R., & Bartlett, H. (2011). Critical reflections on a social
  inclusion approach for an ageing Australia. *Australian Social Work, 64*(3), 266-282.

MacDonald, G., & Leary, M. (2005). Why does social exclusion hurt? The relationship
  between social and physical pain. *Psychological Bulletin*, *131*(2), 202-223.

Molden, D., Lucas, G., Gardner, W., Dean, K., & Knowles, M. (2009). Motivations for
  prevention or promotion following social exclusion: Being rejected versus being
  ignored. *Journal of Personality & Social Psychology, 96*(2), 415-431.

Morgan, D. (1997). *Focus groups as qualitative research* (2nd ed.). Thousand Oaks: Sage.

Nurani, L. (2008). *Critical review of ethnographic approach*. KK Ilmu Kemanusiaan FSRD
  ITB. Retrieved from http://www.fsrd.itb.ac.id/wp-
  content/uploads/5%20Lusi%20Ethnography%20Approach.pdf

Office of the Deputy Prime Minister Social Exclusion Unit (2006). *A sure start to later life:
  Ending inequalities for older people, a social exclusion unit final report*. Retrieved from
  http://www.cpa.org.uk/cpa/seu_final_report.pdf.

Peace, R. (2001). Social exclusion: a concept in need of a definition? *Social Policy Journal
  of New Zealand*, *16*, 17-35.

Petriwskyj, A., Warburton, J., Everingham, J., & Cuthill, M. (2012). Diversity and inclusion in
  local governance: An Australian study of seniors' participation. *Journal of Aging
  Studies*, *26*, 182-191.

Plankey-Videla, N. (2012). Informed consent as process: Problematizing informed consent in organizational ethnographies. *Qualitative Sociology*, *35*, 1-21.

Redmond, G. (2015). Social inclusion in Australia: What has it achieved? *Australian Journal of Social Issues, 50*(2), 115-117.

Rinta, T., Purves, R., Welch, G., Stadler Elmer, S., & Bissig, R. (2011). Connections between children's feelings of social inclusion and their musical backgrounds. *Journal of Social Inclusion, 2*(2), 34 -57. Retrieved from https://www104.griffith.edu.au/index.php/inclusion/article/view/174/135.

Schneider, J. (2006). Using multimethods ethnography to promote quality service and understand interactions among organizations. *Nonprofit Management and Leadership*, *16*(4), 411-427.

Spradley, J. (1979). *The ethnographic interview*. New York: Holt, Rinehart and Winston.

Thomas, N. (1991). Against ethnography. *Cultural Anthropology*, *6*(3), 306-322.

Victor, C., Scambler, S., Bond, J., & Bowling, A. (2000). Being alone in later life: Loneliness, social isolation and living alone, *Reviews in Clinical Gerontology*, *10*(4), 407‑417.

Warburton J., & Lui. C. (2007). *Social isolation and loneliness in older people: A literature review. Brisbane: Australasian Centre on Ageing*. Brisbane: The University of Queensland.

World Health Organization (2011). *Global health and aging*. Geneva. Retrieved from http://www.who.int/ageing/publications/global_health.pdf.

World Health Organization (2006). *Preamble to the Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference*. New York, 19-22 June, 1946. Retrieved from http://www.who.int/governance/eb/who_constitution_en.pdf

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