

ARC / NHMRC Research Network in Ageing Well

And the Office for Ageing, DADHC

Notes from the informal discussion on social exclusion

held on Thursday 23 November from 2:00 - 3:15 PM
during the AAG National Conference

Co-Chaired by	
Hal Kendig (Ageing Well Network)	Pamela Rutledge (Office for Ageing)

Special Guest
Chris Phillipson (RM Gibson Fellow, University of Keele, and President of the British Society of Gerontology)

In attendance	
Felicity Barr (AAG and University of Sydney)	Robyn Priest (Office for Ageing)
Helen Bartlett (University of Queensland)	Michelle Roberson (Office for Ageing)
Colette Browning (Monash University)	Cherry Russell (University of Sydney)
Julie Byles (University of Newcastle)	Kate Veech (Department of Planning)
Matthew Carroll (Ageing Well Network)	Mile Vilevski (NSW Transcultural Aged Care Service)
Michael Fine (Macquarie University)	Jenni Warburton (University of Queensland)
Elizabeth Ozanne (University of Melbourne)	

Aim of the discussion:

Michelle Roberson informed the group that the aim of the meeting is to build links between policy and research and to promote evidence-based practice.

Hal Kendig noted that social isolation has been discussed by policy makers but not been prominent recently. It has come up again more recently in the National Strategy for an Ageing Australia and in the social support models. Michael Fine commented NSW has adopted a social support model and that \$3.5M has been allocated however this model has not been adopted in other states

Chris Phillipson – Summary of the debate on social exclusion in the UK:

Chris started the discussion by describing the UK experience and noted that the social exclusion debate started in 1997 with the election of the Labour Government. Major landmarks to date include:

- The use of information on deprivation from the Breadline Britain survey to derive a measure of poverty.
- The development of an intellectual framework through think tanks such as Demos and the Institute for Public Policy Research with central figures from these think tanks like Geoff Mulgan taking up policy roles within the Government.
- The setting up of the Social Exclusion Unit in the Department of Communities and Local Government (see <http://www.socialexclusionunit.gov.uk>).
- The “Better Government for Older People” program which was launched in 1998 and is a working group that holds regular conferences (see <http://www.bgop.co.uk>).
- “A Sure Start to Later Life” which was launched by the Social Exclusion Unit last year. The program is still being rolled out however a position paper is available on the web (see <http://www.socialexclusionunit.gov.uk/downloaddoc.asp?id=797>).
- The National Service Frameworks for older people which was launched in 2001 and sets standards on health care, anti discrimination etc (see <http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/OlderPeoplesServices/fs/en>).

Comment - The “Better Government for Older People” program has made the issue of social exclusion and the needs of older people more prominent through regular newsletters, meetings etc however these meetings are mostly local feel-good activities. All of the above initiatives added together have raised awareness and energised people so there has been some impact but the full effects are hard to evaluate.

The UK Government sees pension credits and minimum income limits as central to dealing with social exclusion but also sees the need to look at changes in social centres, disengagement in urban areas, problematic neighbourhoods etc. Research is needed to take these concepts further - for example, Robert Putnam has been looking at the link between social capital and isolation (see for example *Health by Association: Some Comments*, International Journal of Epidemiology, Volume 33, Number 4, 1 August 2004, pp. 667-671(5) available at <http://ije.oupjournals.org/cgi/reprint/dyh204v1?ijkey=Y53kCd8SVMiQk&keytype=ref&siteid=intjepid&eaf>).

The four dimensions of social exclusion:

1. age-related change through the life course which can effect participation
2. cumulative disadvantage – where cohorts become more unequal as the things that held them back in early development age continue to do so as they age
3. community change such as the destabilisation of social relationships in some areas
4. age-based discrimination

(see for example Brooke E, Gardner I, Kendig H. *Improving Health and Social Isolation in the Australian Veteran community*. Commonwealth Department of Veteran Affairs – see http://www.dva.gov.au/health/research/isn_study/isn_report.pdf)

Examples of activities targeting social exclusion:

- Housing and Community Care (HACC) in each state deals with social exclusion through providing social support, transport etc
- Social housing estates are being set up as part of neighbourhood renewal plans. The idea is to bring people together on decision making, shared social activities etc.
- There has been a big push on social isolation in Queensland with a demonstration project running over 5 years just ending. There was only evaluation on the process rather than the outcome so no information on whether it reduced social isolation. Instead of introducing new initiatives they asked existing departments to apply for funding to address a component of social isolation in addition to their normal range of activities. Many departments got involved and there have been a couple of positive case studies but it is hard to know if the big expenditure was worthwhile. It is clear from this experience that evaluation of the outcomes must be built into the programs.
- The Department of Veterans' Affairs funded wellness programs to keep people out of hospital and these programs have been successful and are continuing (see Byles JE, Tavener M, Nair K et al. *A randomised controlled Trial of Health Assessments for Older Australian Veterans And War Widows*. Medical Journal of Australia, 2004, 181, 186-190 – see http://www.mja.com.au/public/issues/181_04_160804/byl10593_fm.pdf).
- The impact of social support and social networks have been assessed in a study of veterans and widows and the home visit program has been found to be more effective in those with lower levels of support.

Group differences in approaches to participation:

Chris noted that suggested that diverse groups may have different approaches to social participation. There is scope for further research on different associations to participation across groups and large scale work to measure exclusion based on this e.g. how do we measure civic participation? Voting and attendance at meetings or religious activities seems limited as it is part of a western and class-based construct.

Loneliness and social participation:

Chris noted that the reported rates of loneliness in the UK are high but what they tell us about the actual experience of daily life is unclear. Cherry Russell cited research by Clare Wengor that found that there was no correlation between objective isolation and loneliness. Julie Byles agreed that living alone is a terrible measure of loneliness. Hal suggested that a combination of factors should be considered including isolation, negative affect, and the desire for more social contact.

Disadvantaged groups:

Elizabeth Ozanne pointed out that indigenous ageing is an example of a cumulative disadvantage and suggested that if we are trying to identify excluded groups then we should look at the work done by the Social Policy Research Centre, Brotherhood of St Lawrence, Deakin University, and the Centre for Social Inclusion. Gay and lesbian older people are another example of an excluded group. Groups can also be disadvantaged on the basis of geographic location and the Victorian Department of Human Services is focussing on this.

Michael suggested that public housing estates can be islands of deprivation with the inner, middle and outer suburbs of Sydney all having different characteristics. Hal noted that poverty isn't the only factor relevant to the concept of inclusion/exclusion with gender, age, and cultural barriers and racism also playing a role. Colette Browning added that there are different expectations in different classes, groups etc and that these can change with age. She added that we shouldn't lose sight of these different factors and need to recognise the break points at which to implement interventions.

Possible research on transitions and intervention points

Chris suggested that research could be done on how people move along and experience transitions and trigger factors and identify the intervention points to change direction. Social exclusion could be combined with other factors in order to get more out of the concept.

Relationships with others:

Cherry suggested that we tend to focus on what excludes the elderly and that we should also look across the lifespan and see what older people do to contribute to others and not be excluded – e.g. caring, grandparenting etc.

Chris commented that the evidence suggests that the UK experience matches that in France, Canada and the US – e.g. Barry Wellman's Toronto study described personal communities (kith and kin) and the important notion that older people regulate their own personal communities and often find friends as important as family. Social exclusion may be about not being able to access the aspects of your community that are most important to you. This includes all relationship types including family, friend, sexuality etc.

Social exclusion versus social capital

Hal asked what the relationship is between social exclusion and social capital? Chris commented the meaning of social exclusion and social capital is still unresolved and that research is needed to identify the best networks to help people escape social exclusion and whether they are the networks of known people or a mix of known and new people – such as in the Strength of Weak Ties theory.

Jenni Warburton commented that different age cohorts may use networks differently and that this has implications on whether we should place older people in retirement villages or not. She suggested that the Baby Boomer cohort may find retirement village life unbearable. Cherry suggested that this would depend upon life stage as those in the third age just get on with life whereas in the fourth age marginalisation increases, health decreases, connections get broken etc so the vulnerability to social exclusion increases. Institutionalisation can lead to increased quality of life compare to being sick at home.

Jenni and Cherry noted that it is possible to have social capital in poor communities – such as homeless men seeing the hostel as their home.

Planned communities:

Helen Bartlett suggested that how we construct environments is critical. Master plans for multi-generational living are being developed. Research is needed on younger people in multi-generational community as they may be isolated because many of their connections will be outside the community. A key question is whether you can build in transitions in order to keep people in the community as they shift from one stage to another.

Kate Veech informed the group that the Department of Planning is working on policies to promote people remaining in the community by ensuring access to services etc that will be required through the lifespan. Michelle Roberson commented that planned communities often have a very small number of older people so there is no critical mass for these people to build the networks that they need. Cherry agreed that the age composition of the community is fundamental to the participation of older people as they need similarity and proximity.

Michael added that there is a different base of inclusion/exclusion at different stages in life. Place may not be a central factor when you are mobile but becomes more important as mobility decreases and friends die off.

Connections between policy and research:

Hal asked the group to consider the possible points where policy can have an impact and suggested the following:

- Urban design
- Planning
- Transport

Michelle asked whether there are opportunities for policy to connect into research on topics such as cumulative disadvantage etc and Hal suggested that the Network and the Office could set up a discussion forum.

Elizabeth gave the example of the WHO Healthy Ageing Communities as an example of an existing forum and Chris queried how successful this been? He noted that they have been around for years but seem to be running out of steam and not grounded in social policies.

Jenni commented that social exclusion is a complex area so translating research into policy and practice is hard. We need open discussions with policy makers free from assumptions and biases.

Cherry suggested that the ongoing discussion will throw up areas in need of attention. For example, she felt that the emphasis on healthy ageing has been positive but is has focussed on the healthy and misses the rest. As a result, it may not have had as big an impact as it should have and may have just replaced one stereotype with another. Cherry suggested that we need to consider which groups most need attention, e.g. the most disadvantaged people in real areas of suffering – like those in the fourth age that can no longer cope.

Hal added that we need to focus on those factors that are changeable and improvable. Felicity Barr suggested transport and driving as an area to target for research and policy discussion as driving is related to a sense of freedom and social inclusion and the loss of a licence can result social exclusion, especially in rural and remote areas.

Next Steps:

Chris indicated that he was interested in comparative research so would be happy for further discussion, especially on deconstructing participation and cumulative disadvantage.

Matthew Carroll will set up an email list to allow the discussion to continue and will send a summary of the proceedings to participants.

The Ageing Well Research Network and the Office for Ageing will discuss collaboration over possible future activities in 2007 including the possibility of a broader forum on social isolation.