Social Exclusion: Contested Meanings in Research, Policy and Experience

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Abstract

This thesis takes a critical inquiry approach to the concept of social exclusion, which has become a prevalent feature of the contemporary social policy lexicon. However, social exclusion, and related terms such as social inclusion, social cohesion and social capital are not used in ways which convey a shared meaning. On the contrary, these terms are used in ways which reveal contested assumptions about the nature of exclusion and inclusion, how these social phenomena are caused, and how they may be addressed effectively. This research study takes an innovative methodological approach in that it explores and makes visible the diverse and contradictory meanings that practitioners and community members hold for social exclusion, and gives those meanings equal stature with the views of academic researchers and policy makers, as they are presented in the scholarly research literature and associated policy documents.

The research methods used are in-depth, individual, semi-structured interviews, based on open-ended questions. Interviews were conducted with seven practitioners and fifteen community participants experiencing a social inclusion focused health promotion program. The document analysis focused on government policies and related guidelines which provide the policy framework for such programs. In addition, given that the conception of social exclusion and related terms constructed by academic researchers is part of the focus of the research, the literature review contributes to document analysis as well as situating the research in the international research context.

Critical analysis of the data reveals that the approach taken to social exclusion/inclusion in relevant policies differs markedly from the ways in which practitioners and community members experiencing those policies conceptualise the nature of those social phenomena. This thesis concludes that if the distressing, and increasingly common experience of social exclusion is to be reduced, social policy must address both participation and exclusion by reducing exclusionary obstacles to ordinary participation in everyday life. In particular, social policies are urgently required which ensure timely, universal access to effective publicly provided services, and which provide leadership around developing a diverse society with a social conscience—not just an economy.

Statement of Authorship

Except where explicit reference is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis by which I have qualified for or been awarded another degree or diploma. No other person's work has been relied upon or used without due acknowledgement in the main text and bibliography of the thesis.

Signed: Signed:

Dated: Dated:

Kate (Catherine B.) O'Brien Brass   Associate Professor John McDonald

Candidate   Principal Supervisor

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Human Research Ethics Committee (HREC)

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Ethics <u>approval</u> has been granted for the following project:

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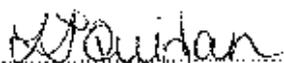
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Chapter One

Introduction

This thesis reports on a research study which takes a critical inquiry approach to the concepts of social exclusion, inclusion and related terms. Analysis of international research literature and relevant policy documents reveal that these terms have become a prevalent feature of the contemporary social policy lexicon. However, in spite of this prevalence, or perhaps because of it, social exclusion, social inclusion and related terms such as social cohesion and social capital are not used in ways which convey a shared meaning. On the contrary, preliminary analysis of the relevant research literature and policy documents at the beginning of this research study, showed that the meanings constructed for those terms reveal contradictory assumptions about the nature of exclusion and inclusion, how these social phenomena are caused, and therefore how they may be addressed effectively. To contribute to an increased shared meaning for social exclusion and inclusion, this research critically analyses the qualitatively different meanings constructed for these terms by researchers, policy makers, practitioners and community members in a particular context. Finally, this thesis compares and contrasts the constructions of meaning that emerged from that analysis to identify the implications of such diverse meanings for effective policy implementation.

To set the scene for the remainder of the thesis, this introductory chapter outlines the context in which the research is situated and presents the rationale for the particular research on social exclusion, inclusion and related terms undertaken in this research study. This is followed by presentation of the research questions which are the focus of this research, and with which all other dimensions of the research are aligned. Finally, this chapter presents a summary of how this thesis seeks to make a substantial contribution to new knowledge. Following this introductory chapter, the main body of the thesis is structured as outlined below.

Structure of this Thesis

The next chapter, titled: 'Theoretical framework and methodology' outlines the underpinning constructionist perspective which guides this research. It then presents the

researcher's reasoning for moving beyond an interpretive theoretical orientation towards a critical inquiry perspective, and concludes with a summary of the interconnecting dimensions of the critical policy analysis methodology chosen for this research.

The selection of semi-structured, face-to-face individual interviews and policy analysis as the most appropriate research methods for this research study is addressed in Chapter Three. As that chapter explains in detail, these methods were chosen because they are aligned with both the nature of the research questions being addressed and the underpinning critical policy analysis methodology which guides this research. Also, this chapter describes the measures taken to ensure the rigour of this research and explains how the data collected were analysed.

Chapter Four, titled 'Contested meanings in the research literature', both locates this research within in the international research context, and critically analyses the meanings for social exclusion and related terms in that literature.

A critical analysis of the meanings for social exclusion and related terms in relevant policy documents, and the meanings held for those terms by practitioners and community members experiencing those policies is presented in Chapter Five and Chapter Six, respectively.

In chapter Seven, titled 'Contested meanings for social exclusion and their implications for policy development', the meanings for social exclusion and related terms emerging from the data sources critically analysed in the previous three chapters are compared and contrasted. Finally, this chapter brings the thesis to a conclusion by identifying the implications for effective policy development of the range of meanings constructed for social exclusion and related terms in the research literature, in relevant policies in this research context, and by practitioners and community members experiencing those policies.

Rationale for this Research Study

In Victoria, Australia, where this research is located, initiatives to address social exclusion or inclusion take place in a policy context which conceptualises the problem

as one of inclusion rather than exclusion (DHS, 2003; Keleher & Armstrong, 2005). As is discussed in detail in Chapter Five, which focuses on analysis of relevant policy documents, initiatives identified to address social inclusion in this policy are framed in terms of increasing social connectedness and social capital, rather than on addressing exclusionary processes and practices. 'Freedom from violence and discrimination' and 'Access to economic resources' are identified as key determinants of mental health, along with social inclusion (Keleher & Armstrong, 2005, p. 6), but social exclusion is not used as a unifying discourse for such determinants as it is in other policy contexts such as the United Kingdom (UK). The determinants are discussed separately and the connections between the determinants are not emphasised. With respect to increasing social inclusion, solutions are framed in terms of increasing connectedness between people and creating supportive environments (Keleher & Armstrong, 2005).

However, as outlined in the critical review of the literature in Chapter Four, other research (for example, Burchardt, Le Grand & Pichaud, 2002; Levitas, 2006; Rogers, 1995; Saunders, 2003) constructs meanings for social inclusion that intrinsically interconnect social inclusion in multiple ways with social exclusion. Such researchers use social exclusion as an overarching discourse which includes not only exclusion from social activities and relationships but exclusion from, for example, adequate income or resources not just paid work and exclusion from services of all kinds (Mack & Lansley, 1985; Pantazis, Gordon & Levitas, 2006).

In addition, the complexity of meanings for social exclusion/inclusion is highlighted by research such as Labonte (2004), which takes a more dialectical approach. This research indicates that to be effective, initiatives designed to reduce social exclusion must simultaneously support people in multiple ways to address their own isolation while actively seeking to change the processes and structures that excluded them in the first place and led to their isolation.

Also, for the most part, whether the research addresses the issue in terms of, for example, exclusion, inclusion, isolation or cohesion, the relevant social issues are not specifically framed within the discourse of health, much less the Social Model of Health as it is in Victoria where this study is located. Such research, (for example Fisher & Bramley, 2006; deHaan & Maxwell, 1999; Levitas, 2006; Rogers, 1995; Peace, 2001;

Townsend, 1979), emerges from other disciplines or areas of concern, such as critical social policy in general and more particularly poverty, housing, services and citizenship to name but a few. Dimensions of social policy regarded by those researchers as dimensions of exclusion are constructed by other researchers in terms of social cohesion and social capital (Cohen & Prusak, 2001; Putman, 1995), while some researchers express concern about the normative qualities of discourses framed in those terms (Jones & Smith, 1999; Peace 2001).

Based on this preliminary analysis of the research literature, part of the rationale for this research became recognition that broader conceptions of social exclusion and isolation arising from contexts other than health promotion needed to be taken in to account, and, that meanings framed in terms other than exclusion and isolation needed to be considered in order to develop a more comprehensive synthesis of possible meanings for social exclusion and inclusion. This preliminary analysis of the research literature revealed meanings for social inclusion and exclusion which provided a counterpoint to the relatively narrow construction of meaning for social exclusion and inclusion within the relevant policy documents in this context, including the VicHealth resources referred to above (Keleher & Armstrong, 2005). Those policy resources are critically analysed in detail in Chapter 5 of this thesis.

Research Context

The research presented here grew out of and was conducted in association with a Mental Health Promotion Program, developed and implemented by a Community Health Service in a regional location in Victoria, Australia. This program included an objective focused on increased social interaction in keeping with the social inclusion policy which guided its implementation (Keleher & Armstrong, 2005). A brief outline of that program is provided here, along with an explanation of how this research emerged from that context.

The Mental Health Promotion Program was established and funded as part of the Population Health for Small Rural Health Services Project conducted by the Public Health Group of the Department of Human Services (DHS), Victoria, in response to the research evidence (discussed below) which shows the growing burden of disease caused

by chronic rather than acute or infectious illnesses. This DHS Project was designed to support Small Rural Health Services (SRHS) in the provision of the most appropriate mix of services to local communities by facilitating greater flexibility with respect to funding and accountability. It was recognised that such flexibility was required to facilitate a shift of activity by the Small Rural Health Services (SRHS) from a concentration on provision of acute services for individuals towards a focus on the prevention of chronic diseases at the population level.

The first stage of the program involved the Community Health Service creating a draft planning template in association with the Australian Institute of Primary Care at La Trobe University, in Victoria. Following approval of the Health Plan by the Department of Human Services (DHS) and the Board of Directors of the Health Service, $300,000, over three years, was allocated to the program early in 2006. This funding was used primarily to pay for the salary plus on-costs associated with employing a project officer for three years (June 2006 to June 2009) and minimal costs associated with program implementation. Top-up scholarship funding, was also provided for this researcher who, in addition to her doctoral research project, was responsible for independent evaluation of the program.

Initially, as explained above, the decision to develop a doctoral research project linked to this evaluation was shaped by the researcher's engagement with the research literature relating to the increasing prevalence of chronic diseases and the emergence of health promotion as a relatively new approach to tackling such diseases. More particularly, engagement with the evidence base for the program itself highlighted the extent of the burden of disease in Australia and elsewhere due to depression and related mental illnesses and the critical role played by social exclusion/inclusion as a social determinant of mental illness, as outlined below.

When the program and the associated research began there was a substantial and growing body of research evidence (including: Bunker et al, 2003; Turrell, Stanley, de Looper and Oldenberg, 2006; and VicHealth, 2006) which clearly and consistently indicated that mental illness including depression is a significant and increasing contributor to ill health in Australia and internationally. In addition, research literature, such as Turrell, Stanley, de Looper & Oldenberg (2006), increasingly recognises that

the harmful impact of conditions such as depression is even more pervasive than related mortality statistics would suggest, and, to gain a realistic picture of how such conditions affect both individuals and populations in complex ways, quality of life—not just quantity—must be taken in to account.

The World Health Organisation (WHO) has adopted a measure called the Disability-Adjusted Life Year (DALY) (Murray and Lopez, 1996) to quantify the impact of disease and injury in a way that makes visible loss of years of healthy life as well as premature death. Calculation of DALYs for a given condition is complex and requires clarity about numerous underpinning assumptions and calculations. This complexity along with the effective application of this measure in Australian health research is explained in detail in the report on 'The Burden of Disease and Injury in Australia' (Mathers, Vos and Stevenson, 1999), which summarises the use of the DALY as follows:

> The DALY extends the concept of potential years of life lost due to premature death (PYLL) to include equivalent years of 'healthy' life lost by virtue of being in poor health or disability. DALY's for a disease or health condition are calculated as the sum of the years of life lost due to premature mortality (YLL) in the population and the years lost due to disability (YLD) for incident cases of the condition (p. 4).

Such research clearly indicates that chronic diseases such as heart disease, various kinds of cancer, and depression are a major health problem in all developed countries and pose an increasing challenge not just for the individual and their families but for health care systems. For example, in Australia the top ten causes of illness are chronic diseases (AIHW, 2006).

Of particular relevance to this research is the fact that mental health disorders, including depression, substance use disorders and anxiety disorders account for almost 14% of the total burden of disease in Australia (Turrell, Stanley, de Looper & Oldenberg, 2006). Depression is the fourth leading cause of disease burden in Australia accounting for nearly 4 per cent of the total burden of disease. If the burden of disease and injury from suicide and self inflicted injury attributable to depression is included, then depression accounts for five percent of the total burden of disease and injury in Australia (Turrell,

Stanley, de Looper & Oldenberg, 2006). When the years lost due to disability are separated out from statistics relating to both disability and mortality, it becomes evident that depression is the leading cause of non-fatal disease burden in Australia, causing eight per cent of the total years lost due to disability. In addition depression is linked in complex ways to other chronic diseases such as heart disease (Bunker et al, 2003; VicHealth, 2006).

In the case of the health promotion program to which this research is linked, depression was selected as the chronic disease focus of the program not just because of the broader research evidence but because depression itself, and a high suicide rate associated with it in this context, was identified as a serious community concern by the Community Health Service.

There is a vast body of practice and associated research literature on the treatment of mental illnesses including depression using pharmacological and psychological/ psychiatric approaches used singly or in various combinations. More recently, informed by 'Burden of Disease' type research, referred to above, which highlights the increasing prevalence of preventable chronic disease, there has emerged a body of research literature and associated practice which focuses on the promotion of good health and the prevention of illness, not just the treatment of illness including mental illness. This field of research and practice established by the World Health Organisation (WHO) Ottawa Charter in 1986 has become known as 'Health Promotion': it is underpinned by a theoretical perspective referred to as the 'Social Model of Health' (WHO, 1986).

While the Ottawa Charter was a pivotal development in terms of legitimising health promotion approaches at the international level, researchers point out that health promotion, and the social model of health which underpins it, began to emerge earlier than this. For example, the preamble to the constitution of the WHO (WHO, 1946) began to address "the limitations of a biomedical understanding of health as the absence of disease" (Low & Theriault, 2008, p.). Prior to the 1986 launch of the WHO Charter in Ottawa, addressing the impact on people's health of a whole range of societal factors that operate beyond the influence of individuals were already being advocated for both by researchers and policy makers in Canada including, Epp (1986) and Lalonde (1974). These societal influences, which have since become known as the

'social determinants of health' underpin health promotion, which encourages a focus on the complexity of health, including mental health, and on facilitation of people taking control of their own health and the multiple factors which affect it: "Health Promotion is the process of enabling people to increase control over their health and its determinants and thereby improve their health" (WHO, 1986, p. 1).

The importance and effectiveness of health promotion has been reiterated in the more recent WHO Bangkok Charter (WHO, 2005), which builds on the Ottawa Charter, and identifies health promotion as a core function of public health provision in an increasingly globalised world that is, amongst other challenges, becoming increasingly inequitable in terms of the social determinants of health (CSDH, 2008).

Echoing developments internationally, the Victorian Health Promotion Foundation (Vic Health) has focused strongly on health promotion approaches that address the causes of ill-health by modifying risk factors in the environment in which people live (Keleher & Armstrong, 2005). While VicHealth has included social inclusion as one of the three key determinants of mental health, along with freedom from discrimination and violence and access to economic resources within its 'Evidence Based Mental Health Promotion Resource' (Keleher & Armstrong, 2005), for the most part, the three identified determinants are discussed separately and any possible connections among them are not emphasised. Social inclusion itself is constructed in terms of "supportive relationships, involvement in community and group activities and civic engagement" (p. 22). Since this resource document is the key policy guideline document for many health promotion programs in Victoria including the program being discussed here, it is analysed in detail in the later chapter focused on analysis of relevant policy documents.

 In addition to focusing on social interaction, an important aspect of this program was the decision to focus on men in the 35-55 age-group rather than the local population as a whole. This decision was partly shaped by the perception in the community that the Community Health Service had a disproportionately high number of programs and projects focusing specifically on women's health. However, program development was informed by research which increasingly identifies 'men's health' and particularly men's apparent reluctance to access health care as problematic. A summary of the rationale for this decision is provided in the following extract from the Program Plan:

- Men generally do not attend to their health needs until the condition starts to influence their function. Women are more likely to acknowledge the same symptoms and take action sooner than men (AMA, 2005);

- Men see their general practitioner (GP) as principal health advisor, but visit them at about half the rate of women. One in three men compared to one in five women do not have their own GP (Aoun & Johnson, 2002);

- Men in the 35-55 year age range have been found to be generally unaware of support services provided for them in the work place and wider community (Singleton, 2004);

- Research shows that men from 45 years of age start going back to their general practitioner more regularly. However, by this time the problems managed are more chronic in nature (Bayram, Britt, Kelly, & Valenti, 2003). If the program were able to assist men to access their GP earlier, or to engage with appropriate services then the nature of their health complaints could be less significant and more easily treated; and,

- Preventative health care use is considered a health behaviour and midstream determinant of disease (VicHealth, 2006).

Based on this research evidence, the goal of the Men's Health Program is to reduce depressive symptoms in the group of interest; that is men in 35-55 year age group. This age range is meant to be indicative of the focus of the program and men outside this age range were not excluded if they wished to participate or were referred to the program. The more short term objectives by which the program is designed to meet this long term goal is set out in the Program Plan for the Men's Health Program (Watson & Brass, 2006) as follows:

The program is designed to achieve this goal by meeting the following objectives:

1. Engaging with men in the community and other stakeholders to inform the development of projects within the Program. Relevant evidence based literature will also be examined to inform and shape program initiatives;

2. Developing opportunities for physical activities that will be attractive to the population of interest;

3. Developing opportunities for social interaction that will be attractive to the population of interest;

4. Developing initiatives to improve engagement of the target population with other relevant services and health promotion activities throughout the life of program; and,

5. Developing ongoing evaluation to inform and review the interventions and activities of the program throughout its life.

While the program, which is the context for this research, targets men rather than the general community, the focus of this research is not social exclusion or interaction among men. Rather, this research focuses on comparing and contrasting (1) the meanings for social exclusion and related terms constructed by community members and practitioners experiencing a social inclusion policy initiative with (2) the meanings for those terms constructed in the policies guiding that initiative, and (3) with meanings constructed in the research literature which provide the broader evidence base for such policies.

This researcher was responsible for conducting the evaluation of the program, referred to under objective 5, above. The research presented here has grown out of the ongoing evaluation of the program but was conducted separately from it. All aspects of evaluation of the program, including evaluation of the program's impacts with respect to providing opportunities for social interaction in order to reduce social isolation, are documented separately from this research report in a series of Men's Health Program Implementation and Evaluation Reports (Watson & Brass, 2007; 2008; 2009).

While the program addresses all of the objectives outlined above, this research has grown out of the objective relating to social interaction. Before presenting the rationale for this research, an extract from the Program Plan for the Men's Health Program (Watson & Brass, 2006) is included here. This extract summarises key points in relevant research and policy documents that provided the evidence base for focusing on providing opportunities for social interaction within the program. (A similar evidence base was developed for each of the other objectives).

> Social inclusion is a key determinant of mental health, while social isolation is associated with poor mental health outcomes (Keleher & Armstrong, 2005). Thus, creating socially inclusive and supportive environments can contribute to better mental health. Further reasons for creating opportunities for social interactions are:
>> - The [local] Primary Care Partnership (PCP) Community Health Plan 2004-2006 (n.d.) has identified improving mental health & social connectedness as a key priority area;

- "The link between mental health and social connectedness is well understood. People with poor social and community connectedness are generally more likely to experience symptoms of depression" (DHS, 2003, p. 4);
- Depression can lead to social withdrawal and social isolation. Therefore, increasing social interactions within the group of interest may directly help to address these symptoms of depression;
- Development of a supportive environment (for example, men's support groups) can promote stronger social supports and networks for men and assist in establishing better help seeking pathways (NSW Health Department, 1999);
- Social support, which is derived from social interactions, has been shown to strengthen mental health (Sohloman, 2004);
- Supportive relationships can encourage healthier behaviour patterns (Wilkinson & Marmot, 2003);
- People reporting poor social connectednesses have been found to be between two to three times more likely to experience depressive symptoms (VicHealth, 2005); and,
- A significant and persistent correlation has been found between poor social networks and mortality for almost every cause of death (VicHealth, 2005).

(Watson & Brass, 2006)

To summarise then, the decision to select social exclusion/ inclusion as the focus for this research was initially informed by analysis of the research literature which formed the evidence base for development of the mental health promotion program. Critical analysis of that literature highlighted the increasing burden of disease due to depression and the key role played by social exclusion/ inclusion as determinants of mental health. In addition, it became clear that social exclusion, social inclusion and related terms were used in the research literature in ways that indicated a lack of shared meaning for those terms. It was recognition of the diverse nature of the meanings constructed for social exclusion and related terms within the research literature and associated policy documents that led to the formulation of research questions to underpin this research, as discussed below.

Research Questions

Overall, those multiple meanings revealed by preliminary analysis of the research literature and relevant policy documents represented not just a range of contrasting ideas but contradictory meanings for the nature of the problem of social inclusion/ exclusion, what its causes may be, how it can or should be recognised and how it could be

addressed. In order to provide a more comprehensive framework for analysis of meanings constructed for social exclusion and related terms, the first two of five research questions were identified as follows:

- What meanings for social exclusion, inclusion and related terms have been constructed by academic researchers and policy makers in the international research literature?

- What meanings for social exclusion, inclusion and related terms have been constructed in policy documents that shape initiatives to address these social problems in Victoria, Australia?

Contradictory as it may be, the research literature, and the policy informed by it, is for the most part consistent in that it is written from the perspective of researchers and policy makers; there are not many examples which explicitly explore the conceptual frameworks that practitioners implementing the policies bring to the initiative. Similarly, very few research studies explore the meanings constructed for social inclusion or exclusion which the 'target participants' have constructed for the issue at the core of the interaction that is taking place. One exception is research conducted by the 'Centre for the Analysis of Social Exclusion' (CASE) at the London School of Economics. The CASE researchers compared their own interpretations of social exclusion with those of representatives of low income communities with whom they had an ongoing relationship, where they provided training and small grants for community organisers (Richardson & Le Grand, 2002).

As is explained in detail in the analysis of the research literature presented in Chapter 4, this is one of the few examples of research published at the time the research reported on here was being developed, that explicitly explored social exclusion with people who had direct experience of it. Since then, Stewart, Reutter, Makwarimba et al. (2008), have published research which compares the experiences of people on low and high incomes with respect to inclusion and exclusion, based on a combination of qualitative interviews and a quantitative survey. Saunders, Naidoo and Griffiths (2007) also conducted focus group interviews with welfare recipients and welfare agency staff to

inform development of surveys designed to develop 'new indicators of disadvantage' in Australia, but they deliberately did not use the phrase 'social exclusion' and focused instead on "what constitutes a decent standard of living" (p. 4). (Each of these research studies is referred to in greater detail in other chapters of this thesis, including in Chapter 4 which critically analyses the meanings for social exclusion and related terms constructed in contemporary research literature.)

Overall, the research being reported here is different from that which makes up the bulk of the research related to social exclusion because it explicitly explores the meanings for social exclusion and related terms constructed by both community participants and practitioners and gives those meanings equal stature with meanings constructed in the research literature and associated policy documents. In addition, this research takes a different approach in that the research method used is individual, in-depth, face-to-face, semi-structured interviews based on open-ended questions; whereas, the majority of research studies addressing social exclusion and related terms are based on population-level survey research, using relatively closed questions. (Such methodological and research method issues are discussed in detail later, in Chapter 2 and Chapter 3 of this thesis.)

The importance of adding to the range of different research approaches to social exclusion, given its complexity, is borne out by the report to the World Health Organisation by the Social Exclusion Knowledge Network (SEKN). Based on extensive international research, the SEKN report points out that:

> …The complexity of the concept of social exclusion— its multifaceted nature… cannot be fully and sufficiently captured in numbers and indicators and hence formal indicators cannot be an adequate foundation for policy and action. Rather, the nature and impact of exclusionary processes can only be adequately represented through both quantitative and qualitative data— through both indicators and stories. This is the only way to maximise effective policy and action to address exclusionary processes. (SEKN, 2008, p. 171)

More specifically, the importance of exploring and making visible the tacit knowledge of practitioners implementing social participation/exclusion programs, and the people being targeted by them, so as to add to the evidence base, is borne out by the final report

to the WHO Commission on the Social Determinants of Health, by the Measurement and Evidence Knowledge Network (MEKN, 2007), which made the point strongly that:

> Mainstream evidence based practice does not currently make best use of "non-scientific" knowledge that does not make its way in to the research literature. Often the richest sources of data on how things work in the real world can be found by tapping into the tacit knowledge of those working most closely with the targeted communities, and the tacit knowledge of the communities themselves. (MEKN, 2007, p. 68)

Accordingly, to afford the knowledge of community participants and practitioners the same level of importance as that held by researchers and policy makers, the third research question has been constructed to underpin this research, as follows:

- What meanings for social exclusion, inclusion and related terms have been constructed by program participants and practitioners in this community-based health promotion context?

Finally, the research will compare and contrast the findings in relation to the three research questions identified above and identify the implications of the resulting analysis for effective policy development. To do so it will address the final two research questions:

- How do the meanings referred to in the above research questions compare and contrast with each other?

- What are the implications of these findings overall for effective policy development?

In summary, the rationale for this research may be summarised in terms of the ways in which it seeks to make a contribution to knowledge by addressing these research questions, as outlined below.

How this Research will make a Substantial Contribution to Knowledge

By responding to the range of issues highlighted in the rationale presented above, which is based on critical analysis of the research literature and related policy documents, the

research presented here will make a substantial contribution to knowledge in the following ways:

- This research will contribute to a more comprehensive understanding of social exclusion and related terms by taking a 'vertical slice' through the policy development and implementation process to explicitly explore and make visible the meanings that both practitioners and community members, not just academic researchers and policy makers, have constructed for social exclusion.
- This exploration will add to existing knowledge which is largely based on population level survey research, using relatively closed questions, by exploring the rich and detailed conceptions of social exclusion held by community members and practitioners using in-depth, face-to-face, semi-structured interviews based on open ended questions.
- Finally the research will add to existing policy making processes by addressing the implications for policy of a conceptual framework which includes the multidimensional meanings and experiences of practitioners and community members who experience the implementation of those policies as part of their everyday life.

Overall then, this research will draw on three sources of data, namely: analysis of the constructions of meaning for social exclusion, inclusion and related terms within the international research literature; within relevant policy documents in the context in which the research is being conducted; and, as constructed by community participants and practitioners experiencing a social inclusion program shaped by that policy context.

Since analysis of the research literature in this instance not only locates the research within the international research context, as it usually does, but also constitutes part of the data to be analysed, the literature review is not presented next. It follows discussion presented in the next two chapters, of the theoretical framework and related research methods which underpins all aspects of this thesis, including analysis of data.

Chapter Two

Theoretical Framework and Methodology

Introduction

The decision making process which led to the development of a theoretical framework for this research study is presented in this chapter. The underpinning constructionist perspective which guides the researcher and therefore the research is outlined first. This chapter then addresses the researcher's reasoning for moving beyond an interpretive theoretical orientation towards a critical inquiry perspective, and concludes with a summary of the interconnecting dimensions of the critical policy analysis methodology chosen for this research.

Underpinning Constructionist Epistemology

In keeping with the nature of the research questions being addressed, this research is embedded within a constructionist epistemology which is appropriate for the following interconnected reasons. As is evident from the review of the research literature presented above, social exclusion and isolation are complex and contested terms and people conceive of, and deploy, the terms in multiple and contradictory ways in different contexts. Meaningful exploration of those conceptions and their implications for policy development required exploration of this multiplicity of meaning, rather than a focus on discovering one 'true' definition of social exclusion. Constructionism provides an apposite epistemological stance since it is concerned with meaning as it is 'constructed' by both the researcher and the other research participants rather than 'discovered' by the researcher.

In addition, adopting a constructionist epistemology locates this research within a research tradition which is inherently underpinned by the view that people construct meaning for themselves as they interact with and make sense of the world around them (Crotty, 1998). Acknowledgement of this underpinning epistemological stance is important because the researcher's perspective with respect to the nature of knowledge and how it can be researched and regarded as valid shapes the approach taken

throughout the research in multiple ways (Byrne-Armstrong, Higgs & Horsfall, 2001; Guba & Lincoln, 1994), including those relating to the selection of research methodology, and research method, as is discussed below.

The above mentioned 'interaction' between the person constructing the knowledge and the world around them is not incidental, since the focus on both the subject (the person) and the object (aspect of the world) as interacting parts of the meaning-making process sets constructionist approaches apart from other main epistemological stances that one might consider, namely the objectivist stance (Guba & Lincoln 1994; Neuman, 2006).

One of the important implications of the central place given to the 'interaction' between the subject and the object relates to what therefore counts as fact, data or evidence. Positivist approaches place great emphasis on the neutral researcher being objective and on taking care to collect data which are unambiguous and value free. However inherent in the constructionist stance is the belief that 'facts' by their very nature can not be value free because their meaning is inherently situated in the context from which they originated and can be interpreted in more than one way. Writing with respect to Interpretive Social Science (ISS) approaches, within which he includes constructionist approaches, Neuman (2006) summarises this point succinctly as follows:

> Facts are fluid and embedded within a meaning system; they are not impartial, objective and neutral. Facts are contingent and context specific; they depend on combinations of specific events with particular people in a social setting. (p. 92)

Recognition that facts are not value free does not mean that values can be regarded as the same as research findings and can go uncontested because we value them. This same point has been taken up by various researchers over time, (including Carspecken, 1996; David & Sutton, 2004), drawing on the distinction made by Max Weber between value freedom and value neutrality (Weber, 1949). Carspecken (1996) makes the point strongly that although our value orientations shape our research in multiple ways— including what to study, why and how, what to include what to leave out—we need to recognise that "values and facts are interlinked but not fused" (p. 6), and so do not predetermine what we find out provided we are sufficiently rigorous about the claims to validity that we make.

Measures taken to ensure that the research being conducted here would be rigorous and thus capable of making a contribution to knowledge are discussed in detail in the following chapter on 'Research Methods'.

However doing rigorous research is not only about avoiding methodological pitfalls, the theoretical approach needed to be positively aligned with the nature of the research questions (Guba & Lincoln, 2005). In research which addresses the kinds of research questions explored here, a constructionist approach was appropriate because it scaffolded the emergence of what Geertz (1937) described as 'thick' descriptions or representations that are rich in detail, so as to faithfully capture the nature and complexity of participants' conceptions of the social world—in this case their conceptions of social exclusion and related terms.

On a separate point, as outlined above, individual construction of meaning is central to a constructionist view of meaning making. However, this does not mean that the meaning that each individual person has constructed is absolutely unique and idiosyncratic since individual construction of meaning does not happen in a vacuum; it is shaped by a whole range of social and cultural influences and interactions with others (Kukla, 2000). Nor is the constructed meaning necessarily static; while people may take for granted the meanings they have constructed for most aspects of life, most of the time—so they can get on with life—meanings are capable of being changed by ongoing interactions and influences. As Neuman (2006) put it:

> Social life exists as people experience it and give it meaning. It is fluid and fragile. People construct it by interacting with others in ongoing processes of communication and negotiation. (p. 89)

Research from this perspective recognises that since meaning is not static it can be amended and recreated. This realisation in turn created a space for the researcher to explore not just the conceptions that people have now and the conditions that exist now but to explore how conditions and meanings can be reassessed and transformed (Guba & Lincoln, 2005). This is an important dimension of constructionism as a theoretical framework for this research since the final research question in particular, relating to the implications of the findings for policy development, is not just about documenting what

is, it is about using the findings to suggest viable avenues for change. This aspect of the research is pursued further below.

Following the discussion of the epistemology that underpinned development of this research, this chapter will now turn to development of an appropriate methodology. Researchers differ greatly in the ways in which they differentiate between epistemology and methodology. Babbie (2007) sums up the difference between epistemology and methodology as he sees it when he characterises epistemology as "the science of knowing" and methodology as "the science of finding out" (p. 4). In particular he refers to social science methodology as "how social scientists find out about human social life" (p. 4).

In order to find out about social exclusion and isolation it was necessary to develop a methodology which was geared to the nature of the topic itself and the questions the research wishes to engage with. As is clear from the review of the literature relating to social exclusion presented later in this thesis, people use and deploy the term social exclusion in multiple ways which are shaped by their overall socio-political stance.

Therefore, in order to come to meaningful conclusions about the implications of those multiple and contradictory conceptions for policy development it was necessary, firstly, to explore and make visible in a pragmatic way the differing conceptions that the 'players' involved bring to the policy development and implementation process. Then it was necessary to employ these diverse and contradictory views as a basis for developing a critical perspective with respect to policy analysis in order to contribute to debates about effective policy development. Accordingly, critical inquiry was adopted as a central element of the theoretical framework underpinning this research, as described below.

Adopting a Critical Inquiry Approach

Contemporary researchers in social science methodology trace the origins of critical inquiry to the writings of Karl Marx, and a range of theorists who followed on from him including Theodor Adorno, Erich Fromm, Herbert Marcuse and Max Weber. Running alongside that influence, researchers identify the importance of critical theory,

developed by the Frankfurt School in Germany in the 1930s in the evolution of critical inquiry. For example, Jurgen Habermas has been hugely influential in the development of contemporary social science approaches that focus on how processes of social formation and transformation take place (Habermas 1972; 1984; 1987).

Critical inquiry is a complex theoretical perspective and a contested area of research interest in itself and is addressed here in terms of an analysis of the key features of this approach that make it appropriate as a theoretical support for this research. This is not to claim that the research presented here is an example of critical inquiry as any of the macro level theorists referred to above would describe it. Rather, it is to acknowledge the influence of this theoretical perspective on the researcher and therefore on the design of the research itself, as described in the following sections. Firstly, a summary of the critical theoretical orientation which underpinned all aspects of this research is presented, followed by the way in which that critical perspective was applied with respect to methodology in particular within this research design.

Critical Theoretical Orientation

As outlined above, the focus of the research questions is not only to describe or explain conflicting conceptions of social exclusion but to analyse the implications of those conceptions for policy analysis which is currently predominantly shaped by the views of researchers and powerful policy makers. Thus the research is inherently about building on and moving beyond an interpretive explanation which is "a type of theoretical explanation about why events occur and how things work expressed in terms of socially constructed meanings and subjective worldviews" (Neuman 2006, p. 12) towards an explanatory critique. Such a critique simultaneously focuses on meanings that have been constructed and the powerful underlying social, political and economic structures, influences and mechanisms that have shaped those constructions. As Neuman puts it, the resultant explanations "are critiques that show a pathway for taking action and achieving change" (p. 99).

Fine & Weis (2005) advocate for such a critique in an approach that they describe as 'compositional studies', where 'compositional' draws on the metaphor of an artist composing an image by drawing on both foreground and background, and negative and

positive spaces. They call for a critical approach which explicitly highlights how the meaning people construct not only for concepts but for the life situations they are experiencing, and ultimately their own identity, is inherently shaped by the powerful but unrecognised and therefore unquestioned political, economic and social conditions in which they, and often their families before them for generations, were brought up. Fine & Weis describe their 'theory of method' as involving "oscillation from local to structural" (p. 65), and invite researchers to respond to social justice imperatives by among other things: "making visible the long arms of the state, capital, and racial formations as they saturate communities, homes, schools, identities and dreams" (p. 79). Such a response seems highly appropriate in the context of researching social exclusion.

As is evident from the review of the literature related to social exclusion, presented in Chapter 4 of this thesis, researchers differ with respect to what they perceive as the contributory factors and therefore the possible mechanisms for reducing or preventing such exclusion. To summarise, for the purpose of making this point, those who regard the primary contributing factor to be resource deprivation point to redistributive solutions at the macro political and social level. At the other extreme, those who conceptualise the problem as one of a lack of social cohesion point to increased social networks and capital as the solution, which places the onus for action for the most part on individuals and communities at a more micro or local level. In addition there are contradictions and tensions about preventing exclusion or trying to re-include those who are excluded in to the society which excluded them (Labonte, 2004).

Recognising that such contradictions exist across constructions of meaning for social exclusion and related terms provided the impetus for selection of the research questions focused on in this research. However, rather than treat these perspectives as poles of irresolvable binaries, this research has taken a dialectical approach which sees these views as part of a continuum whose meanings can not be entirely reconciled but rather can be synthesised to indicate productive avenues for understanding, change and action. In this case, the nature of the dialectic is captured by Labonte (2004) who took a highly critical stance with respect to numerous aspects of the social/inclusion debate and

concluded:

> The dialectic dances between seeking to include more people into social systems stratified by exclusion, even while trying to transform those systems. It's an old dialectic, one that never fully resolves but remains at best a graspable task; one that straddles the imperatives of revolution with the pragmatics of reform. (p. 121)

It is with that dialectical task in mind that this research seeks to make a contribution to new knowledge. In particular it seeks to synthesise the perspectives of academic researchers, policy makers, practitioners and community participants in order to identify productive ways to reconsider policy relating to social exclusion and inclusion.

On a related point, this research was guided by the recognition that while individuals exercising agency, and being proactive about taking action on their own behalf is of course important, there is a need to recognise that such efforts may be significantly constrained by contextual factors and available material resources. In addition the ways in which people conceptualise the availability of such resources and the appropriateness or otherwise of using them is very much shaped by cultural norms and expectations and their previous experiences (Sewell, 1992). Within social science taking a critical stance, this interaction between structure and agency is referred to as bounded autonomy (Neuman, 2006).

Keeping the idea of bounded autonomy in mind seemed particularly relevant in a research topic such as this one since, as the literature review indicates, some conceptions reveal an underlying tendency to forget the boundedness of people's autonomy. Consequently, such conceptions tend to blame people for their inability to 'choose' to be less excluded from the society which excluded them in the first place, irrespective of the multiple disadvantage, including previous failed attempts, which may constrain any such choice (Labonte, 2004).

A common thread running through commentaries on taking a critical approach is the emphasis on taking a reflexive stance. Saukko (2005) calls for a rethinking of self-reflexitivity to go beyond making visible the influences that have shaped one's understanding, to consider the ways in which one's research contributes in turn to shaping or legitimising particular political and economic structures and processes.

He makes the point that despite claims of autonomy, research always legitimises some political arrangement or orientation to some extent, therefore:

> The introspective interrogating of the discourse that impinge other people's or one's own self understanding no longer is sufficient. What is called for is an outward-directed exploration of what kinds of concrete realities our research, for its big or small part, helps to create. (p. 352)

Given the nature of this research, concerned as it is with implications for policy development, this call is pertinent and is responded, particularly with respect to the final research question relating to the implications of the research findings for policy development.

Overall then, guided by the researchers referred to above, in addition to the work of Carspacken (1996) and Kincheoloe & McLaren (1994; 2005) in particular, the theoretical framework being developed for this research is underpinned by the following interconnecting dimensions:

- Critical inquiry is inherently about questioning often un-stated and un-acknowledged assumptions and ideas;
- Critical research moves beyond taking a purely interpretive stance and is engaged with analysis of the social world so as to highlight pathways for effective change;
- The construction of knowledge is inherently shaped by social, political and economic contexts which are based on unequal power relations and so inherently privilege some groups and constructions over others;
- Making visible such inequity is a legitimate purpose of research and requires a dialectical approach which simultaneously addresses and synthesises contradictory ideas, understanding and purposes;
- Any such approach must recognise and be explicit about the complex interactions between contextual structures and the ability of individuals or groups to take action in an effective way, both to improve their own conditions and to influence the context overall; and,

- Research must be vigilant about taking a reflexive attitude which recognises both the influences and values that shape the research and the potential of the research to legitimise particular values and perspectives in turn.

In keeping with both the overarching critical theoretical framework outlined above and the nature of the proposed research questions, culminating as they do in considerations of 'implications for policy', this research will employ a methodology known as critical policy analysis, as described below.

Critical Policy Analysis Methodology

Critical policy analysis has not been developed as a coherent, unified methodology in itself which has then been applied by researchers in various contexts; rather it has emerged recently as a methodology being developed by researchers who wish to apply a critical inquiry approach to the analysis of policy. For the most part this methodology applies the principles of critical inquiry to social policy analysis rather than developing a separate theoretical framework. The exception to this is perhaps feminist critical policy analysis (Marshall, 1999; Shaw, 2004) which draws its theoretical underpinnings from comprehensively theorised feminist perspectives and applies those perspectives to policy analysis, as the name suggests.

Contexts in which this research methodology has been used include: education (Shaw, 2004); childcare (Ackerman, 2006); health promotion (Bercovitz, 1998; Stewart, Reutter & Makwarimba 2008); nursing; (Cheek & Gibson, 1997; Hewison, 1998; Procter, Wilcockson, Pearson and Allgar, 2001; Scott & West, 2001) and social welfare (Hunter, 2003). This section will draw on some examples from this research to highlight the ways in which the potential of this methodology was identified and applied to support the research described here.

Hewison (1999) writing in the context of nursing policy argues that while the policy development and implementation process is a complex one, the key point is that in spite of this complexity it can be influenced, provided that people actively engage with the process. This draws attention to the fact that policy is influenced not only at the writing stage. Hewison makes the point that the policy process is cyclical and while government

statements may be the starting point for the cycle "policies are often adapted and distorted by the interpretations, actions or inertia of 'lower level' actors and such distortions reflect the relative power of groups or individuals" (p. 4). While agreeing with this analysis, this research seeks to move beyond seeing the interpretations of actors such as community participants or practitioners as 'adaptations' or 'distortions' of the policy making process: The approach taken here seeks to make the meanings these actors have constructed for social exclusion central to a more comprehensive critique of policy making with respect to social exclusion.

Another of the issues addressed by Hewison is the possible influence on policy development processes of what has been described as New Public Management (NPM). Gray & Jenkins (1993) characterised NPM as being about accountability, results, competition and efficiency. Numerous researchers have explored this topic (Ferlie, Ashburner, Fitzgerald & Pettigrew, 1996; Pollitt & Suma, 1997) and there is disagreement as to the extent to which NPM has influenced public sector reform in various countries. However, as Hewison (1999) points out, neglecting the ways in which NPM type agendas play themselves out in policy development processes limits critical policy analysis. In Australia, NPM seems to manifest itself as an orientation of services primarily towards economic considerations in an approach described as economic rationalism. Gibb (1998) characterises the consequences of this ideology for health care as follows:

> Under economic rationalism—a rational argument which takes its subjects to be material resources—health care is epitomised as a material product which is best handled through economic management. (p. 259)

She makes the important point that the impacts of such economic rationalist agendas on health care are 'mystifying' to most practitioners and consumers who do not see why such changes should occur (Gibb, 1998). She goes on to say:

> In part the mystification within the debates on health reform is due to the abstraction of the identified 'problems' from the empirical reality of most people. Moreover the largest group of people most affected by changes in health policy—consumers and practitioners—are by and large not involved in the debates; these are conducted in parliament and other excecutive forums at some geographical distance from the site of healthcare delivery. (p. 259)

Ackerman (2006) raises a similar point with respect to another seemingly intractable problem; namely, the low wages paid to child care workers. She points out that: "In the policy world, if a problem is to be rectified, it must be identified as an issue and placed on decision makers' agendas" (p. 100). This is a problem because:

> When one's work is close to the bottom and invisible, perhaps the greatest consequence from a policy perspective is that it will be difficult to argue that there is a problem, gain attention to it, and ultimately get the problem solved. (p. 100)

Throughout the literature review on social exclusion no evidence was found to suggest that the situation is any different to that portrayed above, with respect to policy development relating to social exclusion. Also, as Stewart, Makwarimba and Barnfather (2007) point out, "diverse perspectives foster comprehensive, multidimensional analysis of the support and health needs of vulnerable groups" (p.33). Informed by researchers taking such an approach, this research study specifically explores the 'invisible' views and experiences of both practitioners and vulnerable community members who live the experience of both social exclusion and the policies designed to combat it, but whose perspectives are missing from and therefore not informing the policy development process.

Procter, Wilcockson, Pearson and Allgar (2001) engage with a critical policy analysis to develop an in-depth understanding of hospital discharge processes as they are experienced by the formal and informal carers of patients and the patients themselves. The researchers found that the role of the carer, in fact the person who is caring, is constructed by "the social context of the situation, rather than through personal choice" (p. 213). Once this has happened it is very difficult for assumptions about the role to be challenged:

> Having been defined as a carer by either the patient or the professionals, it was then morally difficult for individuals, either professional or carer to challenge the obligations associated with the role. When the carer did not conform to professional expectations, they sensed those professionals questioned their moral integrity thus creating a highly coercive environment within which care is given and received. (p. 213)

The researchers provided a theoretical underpinning for developing a greater shared understanding by explicitly drawing on critical theory, specifically the Habermas (1984) 'Theory of Communicative Action'. They demonstrate how the tensions revealed in that theory between the technocratic rationality of bureaucratic systems and the value rationality employed by people in everyday life "where values and ethics are used… to resolve dilemmas and contradictions" (p. 214), provide a mechanism to understand the well documented and seemingly intractable problems associated with unsuccessful discharge from hospital, experienced by people with chronic and incapacitating illness and their carers.

> From this perspective the enduring problems identified with hospital discharge become explicable, as discharge from hospital can be identified as a focal point at which two rationalities converge and problems are resolved within the organisational context and value domains of the key participants. (p. 214)

However this 'resolving' does not favour everyone equally since the converging rationalities do not have equal power; the technical rationality which dominates health care prioritises cost effective and efficient use of technical resources, and mitigates against the kind of communicative action which needs to take place to resolve issues equitably for both patients and carers. Overall, the researchers illuminate the contradictions confronting everyone involved arising from "hospital policies which promote cost effective and efficient use of expensive technical resources while simultaneously seeking to identify and meet the needs of patients and carers" (p. 206).

The researchers identify the implications of the findings for policy in this area as follows:

> Problem resolution requires a fundamental change in focus from disease management as a central measure of health and success in hospital discharge to a focus on communicative action within a framework of ethical decision making designed to promote quality of life for all people involved in the discharge process. (p. 216)

It is not difficult to see how such a use of a critical theoretical perspective to critique both underlying public problems and possible policy solutions, resonates with the concerns underpinning the research proposed here and indicates the possibilities afforded by a critical policy analysis methodology. This is also a particularly relevant

example, focusing as it does on policy implementation and policy outcomes, which is the aspect of the process within which this research is located.

Bercovitz (1998) applies critical policy analysis in the context of Canada's Active Living Policy. This policy advocates for a range of daily activities such as gardening, housework, walking to or cycling to work rather than prescriptive exercise regimes stipulating the level and duration of specific exercises. Bercovitz argues strongly that while the language used in promotion of active living is "punctuated by words such as: well being, quality of life, lifestyle, empowerment, collaboration…the user friendly discourses of Active Living serves to conceal political agendas and ideologies" (p. 322).

Overall, she makes the point strongly that Active Living Policies function to "divert attention away from structural barriers to fitness by framing physical activity in terms of personal responsibility and choice" (p. 322). Some of these barriers range from gender inequalities, substance abuse, and personal safety to pollution, poverty and unemployment. In addition, it effectively moves the responsibility for health from the Federal Government who has the power to address these barriers to individuals and groups at the local level, in response to a perceived fiscal crisis and driven by "a political climate of rationalisation and economic restraint" (p. 322). Overall, Bercovitz takes the view that the ways in which the Active Living policy has been developed mirrors policy development more broadly in such a climate:

> The rhetoric of Active Living supports the notion that social problems are constructed in a cyclical manner. In the presence of fiscal austerity, social problems become redefined to necessitate less costly and efficient 'solutions'. (p. 326)

Regardless of whether one agrees with her analysis of the Active Living Policy, Bercovitz draws our attention to critical inquiry which manifests itself in terms of making visible the underlying ideological perspectives which drive policy making regardless of appearances to the contrary.

There are numerous other examples of critical policy analysis that can be drawn on to illustrate the ways in which critical policy analysis is an appropriate methodology for the research proposed here. Analysis of the literature on research guided by a critical

policy analysis methodology, including those referred to above, highlights both the complexity of the policy making process and different ways that researchers conceptualise the nature of that process. Even a preliminary analysis of the literature reveals multiple and contradictory theoretical positions with respect to the nature of social policy, its purposes and outcomes and the ways in which policy is actually made and re-made (Dalton, Draper, Weeks & Wiseman, 1996). Researchers also highlight how conceptions of social policy intertwine with conceptions of other dimensions of social life including the role of the state in contemporary democracy, the place and role of 'social welfare', the role of the public service itself and possible future directions for effective social policy (Bessant, Watts, Dalton & Smyth, 2006). The ways in which each of these dimensions of 'social life' runs through the competing constructions of social exclusion in the literature, relevant policy documents and in the views of practitioners and community members is one of many ways in which the findings of this research resonate with those from critical policy analysis in other research contexts.

Informed by research referred to above both with respect to adopting an underpinning critical inquiry approach and the ways in which that approach has been used to develop a 'critical policy analysis' methodology in a range of relevant contexts, this research will be underpinned by a methodology which requires:

- Questioning often un-stated and un-acknowledged assumptions and ideas with respect to the meanings constructed for social exclusion and related terms within the research literature, relevant policy documents, and the views expressed by community participants and practitioners;

- Moving beyond taking a purely interpretive stance and highlighting pathways for effective change by critiquing existing social exclusion/inclusion policy in the light of the experiences and insights of those who experience directly the end results of such policies;

- Recognising that the construction of knowledge about social exclusion is inherently shaped by social, political and economic contexts which are based on unequal power relations and so inherently privilege some groups and constructions over others, and, addressing this inequity by explicitly giving the meanings constructed by community participants and practitioners equal weight to those constructed by researchers and policy makers;

- Capturing the complexity of social exclusion and the inequities which underpin them by taking a dialectical approach which simultaneously addresses and synthesises contradictory ideas understanding and purposes;

- Being explicit about the complex interactions between contextual structures and the ability of individuals or groups to take action in an effective way, to prevent their own exclusion, or, to take action to re-include themselves if already excluded; and

- Being vigilant about taking a reflexive attitude which recognises both the influences and values that shape the research and the potential of the research to legitimise particular values and perspectives in turn.

To summarise then, guided by research including Carspacken (1996), Byrne-Armstrong, Higgs and Horsfall (2001), Crotty (1998), Fine and Weis (2005), Guba and Lincoln (1994, 2005), Kincheoloe and McLaren (1994; 2005) and Neuman, (2006), the theoretical framework employed in this research may be summarised as having an underpinning constructionist epistemology which has a strong critical orientation. Such a critical theoretical orientation has been adopted because this research is not concerned with theories of social exclusion as such; that is it is not focused on substantive theories to explain this phenomena. Rather, the research questions are primarily focused on how meanings for this social phenomenon are constructed, which shifts the ground towards issues of power and knowledge; hence a critical inquiry perspective is appropriate. Overall, the theoretical framework guiding this research incorporates the elements proposed by Crotty (1998). These elements inform one another and include: an underpinning epistemology (constructionism); a theoretical perspective (critical); and, a methodology (critical policy analysis).

The ways in which this critical methodological stance guided how data were collected and analysed, so as to allow the meanings constructed by community participants, practitioners, academic researchers and policy makers to be made visible and critically analysed is explained in the following chapter focused on research method.

Chapter Three

Research Methods

Introduction

This chapter addresses the selection of research methods that are aligned with both the nature of the research questions being addressed and the underpinning critical policy analysis methodology which guides this research. It goes on to describe the measures taken to ensure research rigour and explains how the data were analysed in the three chapters which follow this one.

In-Depth Interviewing and Document Analysis

Qualitative, in-depth, semi-structured, face-to-face individual interviews, supplemented by document analysis, were selected as the research methods which are most in keeping with the nature of the research questions, the underpinning critical theoretical framework and critical policy analysis methodology which orients this research. Within that theoretical orientation, the selection of this interview method was shaped by two specific factors: the researcher's view of the nature of this kind of interviewing and previous experience of using this method to engage with other research participants on one hand, and the nature of this research, in the sense that it is in fulfilment of the requirements for a PhD thesis, on the other.

Stance on Interviewing Adopted

Researchers have identified a variety of stances that may be adopted with respect to the nature of in-depth interviewing in the context of research. At one extreme is the very structured interview, using standardised predetermined questions, conducted by an interviewer whose main concern is to maintain neutrality so as not to influence or 'bias' the responses. This researcher's view of this approach resonates with that of Fontana & Frey (2005). They recognise that to some extent "those who are advocates of structured interviewing are not unaware that the interview is a social interaction context and that it

is influenced by that context…" (p. 703): but,

> Still, the structured interview proceeds under a stimulus response format, assuming that the respondent will truthfully answer questions previously determined to reveal adequate indicators of the variable in question so long as those questions are phrased properly. This kind of interview often elicits rational responses, but it overlooks or inadequately assesses the emotional response. (p. 703)

Drawing on the 'miner' metaphor put forward by Kvale (1996) for this kind of method, Babbie (2007) identifies the assumptions underpinning this approach as: "the subject has specific information and that the interviewer's job is to dig it out". (p. 307)

Overall, the structured interviewing referred to above is at odds with the aims of the research being conducted here which are to explore and make visible the complexity of the meanings constructed by the research participants. At the other extreme is unstructured interviewing of the kind captured in the 'traveller' metaphor of Kvale (1996), summarised by Babbie (2007) where the interviewer:

> Wanders through the landscape and enters in to conversation with the people encountered…roaming freely through the territory…, asks questions that lead the subjects to tell their own stories of their lived world. (p. 307)

The kind of interviewing to be used here has more in common with the 'wanderer' than the 'miner' but is nevertheless not about 'roaming freely' in the sense that it seeks to address research questions about a particular aspect of the 'lived world'. Like everything else, making meaning of the selection of method is inherently situated, in this case within a PhD thesis; so, the method has to facilitate not just critical meaning making within a constructivist world view it also has to facilitate making a contribution to new knowledge about something specific, namely meanings constructed for social exclusion. Critical analysis of the research literature, presented in Chapter 4, highlights that social exclusion is about processes that are multidimensional and complex— although researchers construct different meanings for what those processes are— consequently interviewing the research participants, using semi structured interviews, was selected as the method most suited to exploring participants' meanings for exclusion.

Nevertheless, in keeping with its underpinning critical methodology, the selection of this method recognises that the interview process is one in which the meanings for the questions and the answers do not remain unaltered but are subject to construction and reconstruction as interactions take place. The perspective of this researcher with respect to the people taking part in the interviews and the nature of the process is captured by Holstein and Gubrium (1995) who said:

> Respondents are not so much repositories of knowledge—treasuries of information awaiting excavation—as they are constructors of knowledge in collaboration with interviewers. (p. 4)

Given recognition of this 'co-construction of knowledge' every effort was made to ensure that the researcher's perspective did not get in the way of the respondents expressing their conceptions of social exclusion and related terms in an authentic and comprehensive way. Attention to this aspect of the research is woven through the discussion of various aspects of the research method which follows and is addressed specifically under 'Measures to ensure research rigour' later in this chapter.

The kind of interview being used here is in keeping with the idea of the interview as a particular kind of conversation (Babbie, 2007; Liamputtong & Ezzy, 2005) which differs from our everyday conversations in that focus is very much on the perspective and experience of one participant, namely the person being interviewed. However, this does not mean that it is sufficient for the interviewer to ask the questions and wait quietly for the other person to answer, the interviewer needs to listen, not passively but actively. As Liamputtong & Ezzy (2005) put it: "The good interviewer may not say much but they are working hard at listening to what is being said. Careful listening will lead the interviewer to asking good questions" (p. 55). This careful listening is important not just because it allows good questions to be asked which produces good data with respect to the person's conceptions of the issues being explored, it also allows the person to experience their views being respected and "that person will feel like they have been heard" (p. 55). This focus on careful listening during the interviews resonates strongly with the focus on 'really hearing what was said' when the interviews were subsequently analysed which, as Auerbach and Silverstein (2003) point out, is a vital step in using raw data such as interview text to develop, enhance and challenge

assumptions and perspectives. This point is discussed in detail in the section on 'analysis of interview data' later in this chapter.

Drawing on extracts from their research work with people who have been distressed by, for example, their experience of unemployment, Liamputtong and Ezzy (2005) highlight that research participants often explicitly comment that participating has been really valuable in terms of coming to terms with difficult aspects of their lives. They make a comment which resonates with this researcher's previous experience of in-depth interviewing, and which also highlights its usefulness as an integral part of a critical inquiry methodology when they say: "Part of the pleasure of doing in-depth interviews is participating in the process of people making sense of their lives" (p. 55). Drawing on the researcher's previous experience of conducting semi structured interviews in a range of contexts, and guided by the writings of a range of researchers, (particularly Byrne-Armstrong, Higgs & Horsfall, 2001; Fontana & Frey, 2005; Liamputtong & Ezzy, 2005) careful attention has been paid to the following interconnected aspects of conducting the interview, in order to create a comfortable supportive environment which allows people to express their views in an authentic way:

- Providing reassuring positive feedback to the person being interviewed that their view is what we are interested in, especially if they express doubts about the value of their response;
- Being compassionate about and interested in the other person's perspectives and feelings whether they resonated with those of the interviewer or not;
- Always trying to handle apparent internal contradictions in what people are saying sensitively;
- Waiting when people took some time to answer and resisting the temptation to fill the silence prematurely. Looking for facial expressions and other non-verbal cues such as fidgeting or nervous laughter to decide whether they were taking some time because they are just thinking about it, don't understand the question, or are uncomfortable for some reason and making a decision about how to proceed accordingly;
- Repeating the question in a slightly different way often helps people to grasp the intention of the question if they indicate a lack of understanding. This should not

be regarded as a threat to the reliability of the answers produced, but rather as facilitation of the interviewee's ability to share the meaning they have constructed for the issue being discussed;

- Not interrupting the person responding, even if their response has prompted what seems like a vital supplementary question, waiting until the response they intended to give to the original question is expressed to their satisfaction; and,

- Supporting the flow of the interview by using what are referred to as probes such as those categorised by Rubin & Rubin (1995) which include:

  o Elaboration probes that ask for more detail: Can you tell me a bit more about that?

  o Continuation probes that encourage the participant to keep talking: 'Go on';

  o Clarification probes that aim to resolve ambiguities or confusion about meaning: 'I'm not sure I understand what you mean by that, could you tell me more?'

  o Attention probes indicate that the interviewer is paying attention to what is being said: 'That's really interesting'. 'I see', or even 'Ah ha'.

  o Completion probes encourage the participant to finish a particular line of thought: 'You mentioned… can you tell me about the reason for that/ the importance of that for you?'

As referred to earlier, it was necessary to provide some structure for the interview in order to explicitly address the research questions being engaged with. Structure in this context relates to the extent to which the wording and order of the questions are kept the same from one interview to another (David & Sutton, 2004). In this case the interviews were semi-structured around a series of open-ended questions which have been designed to collectively address the research questions. Based on these questions, an interview protocol (informed by Richardson and Le Grand, 2002), was developed and is presented here.

Interview Protocol

Thank you for volunteering to participate in this discussion. We are interesting in exploring the different meanings that have been developed for the concepts of exclusion and isolation. I would like to ask you some questions to explore these issues. Please feel free to ask for clarification if you are unsure about the meaning of the questions. I am not looking for any particular right answer or definition, as I am really interested in exploring the many different ways people think about exclusion and isolation.

Interview Questions

1. What activities or experiences do you think people should be able to participate in so as not to be considered excluded?

2. How does social exclusion affect people in your view?

3. Can you give me examples of people you think are socially excluded for reasons beyond their control?

4. Can you give me examples of people you think are socially excluded voluntarily?

5. Should we be concerned about people who are socially excluded but who are not unhappy with that situation?

6. Do you see social exclusion and social isolation as the same or different in some ways?

7. Is social exclusion a state of mind do you think?

8. Is social exclusion the same for women and men do you think?

9. What approach do you think the government should take to social exclusion?

10. So, overall what does social exclusion mean to you?

11. I don't have any more questions but I would really to hear anything else you would like to say about social exclusion.

When I have analysed the data from all the interviews I will give you a summary of the different meanings for the conceptions of social exclusion and isolation that have emerged. Thank you so much for participating in this research, I very much appreciate your contribution to it.

Table 1, below, summarises how the selection of the interview questions, individually and collectively reflects the dimensions of social exclusion and related terms for which meaning is identified by this researcher as being constructed in qualitatively different ways within the research literature and relevant policy documents—as evidenced by the detailed analysis presented in Chapter 4 and Chapter 5 respectively.

Table 1: Selection of interview questions

Interview Question	Dimensions constructed in qualitatively different ways within research literature/policy documents
1	Role of various kinds of participation in inclusion/exclusion for example; participation in social interactions with family and friends; community events; paid work; and dimensions of civic engagement
2, 5 and 6	The impacts of exclusion and isolation on people's well being and the participants' construction of meaning with respect to the imperatives of diversity and cohesion
3, 4 and 7	The relative importance of structural level factors and personal agency in determining people's level and kind of exclusion, and possible interactions between structure and agency around the complexity of personal choice
9	Explicitly explores constructions of meaning for solutions/strategies to address exclusion rather than causes of, or contributors to exclusion which were reflected more in the preceding research questions.
8	This question was included to give the research participants who were almost all men, as is discussed in the next section of this chapter, the opportunity to express whether they thought that their responses to the other questions applied equally to women and men.

Questions 10 and 11 provided opportunities for the respondents to raise any aspects of exclusion and related terms that were important to them but that the other interview questions had not given them the opportunity to express.

Since it was designed to be semi structured, as discussed earlier in this chapter, the researcher acknowledges that particular interview questions did focus the respondents'

attention on some aspects of exclusion rather than others. Nevertheless, it is clear from the diverse and detailed nature of the participants' responses, that the interview protocol was not inappropriately prescriptive. This is borne out by the fact that none of the research participants raised completely new issues in response to questions 10 and 11; rather, they used the space created by those questions to elaborate on and reiterate points made in response to the preceding questions.

On a separate but related point, since the community participants and practitioners were all involved with a community based health promotion program, it might be supposed that their responses to the interview questions would be predominantly focused on dimensions of exclusion relating to health. However, as the analysis of the interview data presented in Chapter 6 clearly shows, their constructions of meaning for social exclusion expressed in the interviews encompassed a diverse range of dimensions for exclusion and related terms beyond those focused on health and included, for example, dimensions relating to public transport, education and a whole range of other social economic and political factors.

Overall, the interview protocol was very successful in eliciting the research participants' constructions of meaning for social exclusion, including the factors which contribute to it and strategies which should be employed to address it, as is analysed in detail in Chapter 6.

Selection of Research Participants

In keeping with the rationale for this research, the context in which it is located and the nature of the research questions, individuals were invited to participate in this research were selected using criterion sampling (Liamputtong & Ezzy, 2005).The criterion for inclusion was participation in the on-going projects being conducted as part of the Men's Health Program, described earlier, which is the context in which this research is located. How the community participants and practitioners referred to throughout this thesis were selected is described below.

Selection of community participants

Within the Program there were three main on-going projects running in the time period when the research interviews were conducted, that is, from August 2007 to February 2008. These were a Men's Self Help Group, a Healthy Active Men's Group and a Mobile Gym, each of which is discussed separately here.

The Self Help Group was originally designed to provide a supportive and safe social environment for men to share their experiences and work through some issues relating to depression and/ or anxiety and social isolation. Based on discussions between the participants, the program worker and this researcher in the role of evaluation worker, the meetings evolved so as to take the form of an initial opportunity to share news from the fortnight since the last meeting and a chance to raise any concerns, followed by sharing of some activity provided by members and closing with tea /coffee. The group has met fortnightly since it began in December 2006. The activities engaged in have been diverse; examples include, playing a racing car simulator, playing indoor bowls, having guest speakers, watching videos on topics of interest, and occasionally breaking away from the usual meeting format to watch a movie or to share a meal.

While the numbers are small; 11 men have attended since the group began and a group of four men participated in the time frame when the interviews were conducted. Feedback collected during evaluation of the Self Help Group indicates that participants are very satisfied with the ways in which the group has met its original objectives. However the group has become much more than that, as the ongoing evaluation indicates:

> It is clear that the participants now regard the group as much more than a self help group for people dealing with anxiety or depression; in addition to that it has become a source of genuine friendship and enjoyable social interaction…These interactions have very much reduced social isolation experienced by group members. (Watson & Brass, 2008, p. 7)

While extensive feedback has been collected in a series of implementation and evaluation reports, the following excerpt from the newsletter (which was started by the group as a way for those who do not attend regularly to keep in touch with group

activities) captures very well the way the group has evolved. The event described took place in the garden of a member's house, — where chickens roam free; hence the reference to 'chooks':

> 8th December was our end of year gathering and barbecue. Weather was exactly to order, including clear skies for stellar gazing. The company was impeccable, particularly when the chooks had roosted for the night! My dear wife and I are lucky to be associated with this lovely and caring group. Every meeting is a pleasure, but entertaining you at our home was a special delight… this group is bursting with generosity of spirit, and you all deserve a very happy holiday and new year. (Self Help Group Newsletter, January 2009)

The four men, who participated in the group in the time frame when interviews were conducted, were invited to participate, and three volunteered to do so.

The Healthy Active Men's Group was set up to provide a supportive environment for men where physical and social activity is encouraged. The group has continued to meet twice a month since the Project began in April 2007. Sixteen men have participated overall, but some do so irregularly, the number of participants at any one meeting ranges from six to 11; usually about eight men attend meetings. Activities have included: indoor and outdoor bowls, board games, quizzes, bocce, walks, barbeques, meals, a putting competition and a visit to a local health and fitness centre. Ongoing evaluation shows clearly that this group has been very successful in creating a supportive environment, members very much look forward to the group's activities and it has had numerous benefits for participants in terms of both increased social interaction and increased physical activity (Watson and Brass, 2007; 2008; 2009).

The original objective of the Mobile Gym Project was to establish a low cost (to user) mobile gym service in a small rural town with no other such facilities available. The original gym has run every Saturday morning since it started in May 2007. It has been so successful that two other mobile gyms for men, two gyms for women, and a gym catering for both men and women have been established as a result of program activities.

Although the gym was originally established primarily in response to the physical activity related objectives of the program, it became clear from the feedback received that it was also providing opportunities for increased social interaction. Feedback

indicates that this was facilitated by the deliberate focus on providing a very supportive environment in order to encourage people with varying levels of fitness to participate, particularly those who engaged in little or no previous physical activity prior to joining the mobile gym.

The gym activities are centred on circuit training using free weights and very basic equipment. People come dressed in very low key clothes and shoes suitable for exercise, as one participant commented: "this is a lycra free zone". A series of activity stations are set up with participants proceeding around the circuit, spending a set amount of time on each activity. This means that individual people can vary the number and intensity of the repetitions they complete in that time depending on their own motivation and levels of fitness. Because of the deliberately small number of participants at any one time (a maximum of 15) the trainer can both encourage the group overall and give people individual attention. The explicit decision to nurture a supportive environment and to run the sessions in this way has resulted in something quite different to the usual gym experience where participants often exercise in a very individual and solitary way: a high level of camaraderie has developed among the participants and a great deal of good natured banter takes place. Overall the impact of the gym as summarised in the program reports is captured in the following quote:

> The mobile gym is having a very positive impact not only in terms of the obvious health benefits of increased physical activity… but with respect to the social dimension of attending the gym which have been very important in terms of reducing isolation and making new friendships that extend in to participants' everyday lives (Watson & Brass, 2008)

Once it became apparent that mobile gym participants found it beneficial in terms of increased social interaction, so that the gyms were in fact meeting the 'increased social interaction' objective as well as the 'increased physical activity' objective of the program, participants in the mobile gym were also invited to participate in the research.

Of the nine men who were invited to do so because they attended the mobile gym, in the time frame when the interviews were conducted, seven volunteered to participate in the research interviews. (One of those is also a member of the Healthy Active Men's Group).

Overall then the community participants in this research are fifteen men: three from the Self Help Support Group; five from the Healthy Active Men's Group; and, seven from the Mobile Gym. Ten of these men are in the 35 to 55 age group, three are in their sixties and two are over 70 years of age. In keeping with the researcher's commitment to not allowing participation in the research to interfere with the men's participation in program activities, no further personal information, which might be sensitive or make participants feel uncomfortable was requested. The program groups to which the community participants belonged are presented in Table 2, below. Participants are referred to using the code allocated to them, and used in the analysis of interview data in Chapter 6. The numbering of the community participants—from 1 to 15—reflects the order in which the interviews were completed.

Table 2: Community participants' program group membership

Community participant	Program group membership	Community participant	Program group membership
C1	Self Help Support	C9	Healthy Active Men
C2	Self Help Support	C10	Mobile Gym
C3	Self Help Support	C11	Mobile Gym
C4	Healthy Active Men	C12	Mobile Gym
C5	Healthy Active Men	C13	Mobile Gym
C6	Mobile Gym	C14	Mobile Gym
C7	Healthy Active Men	C15	Healthy Active Men
C8	Mobile Gym		

Selection of practitioner participants

The Men's Program had a Steering Committee—which included this researcher—that was responsible for guiding implementation of the Program in various ways. The criterion for selection was therefore membership of the Steering Committee; all seven members of the Steering Committee were invited to participate and all volunteered to do so. This group of research participants, referred to throughout this thesis as the 'practitioners' are involved in community health and health promotion in a variety of ways and have diverse professional backgrounds. The program officer who is responsible for planning and implementation of the Men's Program comes from a

mental health research background. The practitioner group includes the community representative on the Steering Committee who is self employed and has a keen interest in men's health and is involved in a number of community development initiatives. This group includes a former nurse who has extensive experience of health promotion at the community level and community development more broadly in a local government context. Two other practitioners also have nursing backgrounds, one plays a leadership role in the Centre's health promotion team and is actively involved with a variety of health promotion initiatives, and the other is the manager of the Community Health Centre where the research is located. One of the practitioners is a local general practitioner who is particularly interested in men's health, and one is a psychologist who works as a counsellor within the community health centre and is a member of the centre's health promotion team. The responses of the practitioners were coded P1-P7 based on the order in which interviews were completed. Details of the professional backgrounds and roles of the practitioners are not linked to the codes allocated to them as that would make the responses of individuals easily identifiable.

Ethical Considerations

As outlined in the rationale for this research, this researcher is responsible for independently evaluating all aspects of the Men's Program, as well as conducting the doctoral research presented here. Since the evaluation is ongoing, the researcher attended a range of program activities and had ongoing interaction with all Program participants including the Steering Committee and the community participants. This ongoing interaction meant that gaining access to potential research participants was not a problem. However, the dual role played by the researcher required careful management to ensure that any reluctance people might have to get involved in interviews for research purposes did not in any way interfere with their ongoing participation in program activities. To ensure that this was the case, all interactions with the participants were on the principle that feedback was being collected from participants to inform decision making about the appropriateness and effectiveness of Program activities and is not in any way concerned with making judgements about the participants themselves. From the time the Program began in June 2006, detailed feedback was generously provided by participants in this spirit as is documented in a

series of Program implementation and evaluation reports (Watson and Brass, 2007; 2008).

The researcher recognises that it is possible that some research participants may have not appreciated the differences between the researcher role and the evaluator role but in spite of ongoing vigilance no evidence emerged that this was the case, and every effort was made to maintain a clear distinction between those roles. For example, maintaining this distinction in the minds of the research participants and the researcher was supported by the fact that the kinds of interactions that took place were organised very differently depending on the purpose of the interaction. Mechanisms used to collect feedback for the evaluation were informal focus group discussions, held at a variety of program events, often involving other community members, sometimes involving the sharing of food, and conducted regularly over a three year period. The research interviews on the other hand were one- off interactions conducted formally, with individual participants who volunteered to participate, in a private setting, and at a time and place separate from program activities.

In addition the kinds of questions that formed the basis of the interactions with the research participants were entirely different. Those asked during the research interview related entirely to the participants' meanings for social exclusion and related terms, as is clear from the Interview Protocol presented above. The questions asked during interactions relating to the evaluation did not address social exclusion or related terms at all: they referred to the community participants' and practitioners' views on the running of program activities including the Mobile Gym, the Self Help Support group and the Healthy Active Men's Group and the participants' views about the impact of participation in activities conducted by those groups.

Similarly, specific interactions between the evaluator/ researcher and the practitioners during Program Steering Committee Meetings, which might have blurred the boundaries between the roles, in reality did not do so because, as with program activities more generally, and unlike the research interview, both the setting and the nature of the interaction were informal, conducted at regular intervals and focused very much on event planning and the management of program activities in an ongoing sense. Given the diverse roles and responsibilities of the practitioners, and the range of

program issues to be resolved at meetings there was never any time for discussion of issues beyond immediate program priorities, which although demanding for everyone actually made it relatively easy to maintain a clear boundary between the ongoing evaluation interactions and the one off research interview.

Overall, from the beginning all participants were told that the 'evaluation worker', which is how the researcher is described in all program documents, was also doing research. It was always made clear that this research was of personal interest and was totally separate from the evaluation. The nature of this research was discussed in very general terms in the context of the evaluation worker introducing herself to the participants. Overall the researcher is confident that while the dual role did have the potential to influence the research findings, the mechanisms put in place to guard against this ensured that the validity of the research was not compromised.

Furthermore, invitations to participate in this research were extended to individuals in keeping with the requirements of the University of Ballarat, Human Research Ethics Committee (HREC) which has approved all aspects of this research. (See Human Research Ethics Approval Form- numberAO7085- at the beginning of this thesis) In keeping with the Ethics Committee's requirements, the invitation to participate was in writing and took the form of a Plain Language Information Statement (PLIS). The PLIS made it clear that participation in the research is entirely voluntary and in no way impacts on peoples' involvement in the ongoing Program. It addressed issues such as informed consent, measures to ensure anonymity and confidentiality at all stages of the research process, and recognising and dealing with any possible sources of distress to participants. Ensuring that all aspects of the research were conducted ethically was central to ensuring the rigour of this research overall, which is the focus of the following section of this chapter. The Plain Language Statement was provided to participants individually by the researcher, at times when the program officer conducting program activities was not present and when evaluation of the program was not being conducted.

Measures to Ensure Research Rigour

The measures to ensure the rigour of the research presented here were informed by wide reading and previous experience but are particularly informed by Liamputtong & Ezzy (2005), who draw on a wide range of other researchers and perspectives to grapple with the challenges of ensuring rigour in qualitative research. They have drawn together the most pertinent issues to be considered and categorised them as being concerned with: theoretical rigour; methodological or procedural rigour; interpretive rigour; triangulation; evaluative rigour; and, rigorous reflexivity, each of which is discussed here in the context of this research.

Theoretical or conceptual rigour

This aspect of rigour is described by Liamputtong & Ezzy (2005), as follows:

> A study has theoretical and conceptual rigour if the theory and concepts are appropriately chosen so that the research strategy is consistent with the research goals… it ensures that a study integrates the research problem with the method it utilises and concepts it employs. (p. 38)

To ensure theoretical or conceptual rigour in this study, the researcher has been very careful to ensure and make visible alignment across all aspects of the study so that its constructionist epistemology and critical inquiry methodology guided how the literature were reviewed, how the research method was chosen and implemented, and how the data were analysed so that all these dimensions were aligned with the nature of the research questions which the research sought to address.

Liamputtong & Ezzy (2005) identify the peer review process as one of the ways in which this kind of rigor is assessed in qualitative research, something which normally happens in the context of publication. In this instance, feedback from the principal supervisor, the associate supervisor and feedback received as part of the confirmation of PhD candidature process required by the University of Ballarat are mechanisms which ensure this kind of rigor, in addition to the researcher's own reflection on it. The research was also subjected to scrutiny by peers more broadly in an international context when preliminary findings (Brass, 2008), were presented and commented on favourably at the 'From Margins to Mainstream: 5th World Conference on the

Promotion of Mental Health and the Prevention of Mental and Behavioural Disorders',
held in Melbourne in September, 2008.

Methodological or procedural rigour

This kind of rigour refers to "clear documentation of methodological and analytical
decisions" (p. 38), which carefully documents how the research findings were arrived at.
Decisions made with respect to a whole range of issues should be explicitly stated along
with the reasoning which supported the decision. Examples of such issues include:
"How access was obtained to organisations and individuals; the development of trust
and rapport; how mistakes and surprises were dealt with; how the data were collected
and recorded, the method of data coding and analysis" (p. 39).

This kind of rigour is very important given that it "will enhance credibility and allow
other researchers to decide whether the research is worthy of being relied upon as a
basis for decision making and conducting other research" (p. 39). From the beginning of
this research study all decisions have been carefully reflected on and noted and every
attempt has been made to be explicit about them throughout this thesis.

Interpretive rigour

Interpretive rigour is strongly linked to methodological rigour described above but
relates specifically to the data analysis and interpretation aspects of the research.
Liamputtong & Ezzy (2005) acknowledge that researchers disagree profoundly about
what it means to say that an account of research findings are 'accurate', and that
postmodernists argue that there are no final grounds for accepting interpretations as
'accurate', nevertheless "this does not mean that all interpretations are equal or will be
equally acceptable to participants in a study" (p. 39). While a great deal of debate
continues about measures to ensure that research is valid and reliable in the sense that it
somehow reflects some external 'reality' or one 'true meaning', and that interpretive
processes threaten research rigor, this research will be guided by the principle that as
Liamputtong & Ezzy (2005) put it "Knowledge is legitimised when external peers, the
people studied and other relevant audiences agree that interpretations and conclusions
are accurate reflections of the phenomenon" (p. 40).

In the context of this research the researcher is committed to ensuring interpretive rigor throughout the research in the following ways. Firstly, the researcher was very careful to seek clarification from interview participants during the interviews so that their responses to questions would not be misinterpreted; secondly, interpretive statements in the writing are carefully backed up by a selection of quotes from participants, including quotes which illuminate contradictory meanings. In addition, feedback has been sought from peers more generally, on the interpretations arrived at and the conclusions drawn with respect to the research questions.

Triangulation

Drawing on a whole range of contemporary researchers, Liamputtong & Ezzy (2005) have moved away from "seeing triangulation as a way of discovering what is actually going on by comparing one method against another... rather triangulation allows the researcher to develop a complex picture of the phenomenon being studied, which might otherwise be unavailable if only one method were utilised" (p. 41).

They identify four types of triangulation, namely data source triangulation, methods triangulations, researcher triangulation and theory triangulation which different research approaches make use of. This study utilises both data source triangulation and method triangulation. Data source triangulation which as the name suggests involves the use of multiple data sources. In fact, such triangulation is built in to the design of this research; the research is designed to develop a more comprehensive understanding of social exclusion and related terms by exploring and making visible the diverse and contradictory meanings that practitioners and community members have constructed, not just the views of academic researchers and policy makers as they are presented in the scholarly research literature and associated policy and program documents.

Method triangulation in this instance is two pronged; it takes the form of the in-depth interviews with practitioners and community participants as described above, and analysis of relevant documents. The document analysis focused on government policies and related guidelines which provide the policy framework for the implementation of initiatives to address social exclusion in Australia at present. In addition, given that the conception of social exclusion and isolation constructed by academic researchers is part of the focus of the research questions the literature review contributes to document

analysis since it addresses the research questions directly as well as situating the research in the international research context.

Evaluative rigour: Ethics and politics

This type of rigor is concerned with issues which have been addresses earlier in this chapter under 'ethical considerations". With respect to the political aspects of evaluative rigor, Liamputtong & Ezzy (2005) draw on researchers who locate their work within broadly feminist and/or postmodern research approaches to highlight the political nature of all research even when it is not overtly so. Even though they include both ethics and politics under the banner of 'evaluative rigour' they actually address the 'political' aspects more in their discussion of Rigorous Reflexivity, which is the approach taken here also, as outlined below.

Rigorous reflexivity

This kind of rigour relates to the researcher being reflexive which "acknowledges that the researcher is part and parcel of the setting, context and culture they are trying to understand" (Liamputtong & Ezzy, 2005, p. 43) and so the researcher needs to subject their own conceptions and actions to the same scrutiny as other dimensions of the research. In this context, taking a reflexive stance is built in to the research since it is an integral part of the critical inquiry methodology which underpins the approach taken by the researcher. With respect to research method in particular, being mindful of the dual role being played by the researcher and keeping the research separate from the researcher's evaluation role was very important not only for reasons already discussed under ethical considerations. The decision to keep this separation grew out of the researcher's reflections on the tensions that are inherent in this practice context: the practitioners were very committed to the Men's Program which in keeping with VicHealth/DHS guidelines has objectives relating to social interaction and support, physical activity and preventative health care use, all of which are what is termed 'mid stream' risk factors for illness and disease (VicHealth, 2006).

However, during various discussions relating to the Health Centre's health promotion direction more broadly, it became clear to the researcher that at least some of the practitioners felt that effective health promotion requires more of a focus on 'upstream' risk factors, particularly socioeconomic risk factors, in addition to programs targeted at

the mid-stream level. Being both mindful of this tension in the research context, and vigilant about keeping the research and the evaluation separate, created different spaces for different kinds of interaction to take place. In particular, it created a space for the practitioners to reflect on and share their views about the nature of inclusion and exclusion and possible actions to address social inclusion and exclusion effectively in general, separately from providing feedback about the particular social inclusion related program that they were involved with. In this way the practitioners were able to identify avenues for change with respect to 'upstream' system level determinants of health if they so wished, as is discussed in the 'analysis of interview data' chapter, without in any sense taking away from the positive impacts of the social participation program that they were involved with.

Analysis of Interview Data

Each interview was tape recorded to allow the researcher to focus on the entirety of what was being said, and on the subtleties of conducting an effective interview as outlined above, rather than concentrating on recording the content of the other participants' responses. The interviews varied from an hour to an hour and a half in length.

The researcher transcribed the tapes in their entirety. Analysis of the interview data began with immersion in the data through close reading and re-reading of the transcripts. Overall, the analysis was designed to create what Auerbach and Silverstein (2003) refer to as a "theoretical narrative" which summarises what the interview participants have to say about the research concerns reflected in the research questions. The theoretical narrative is the culminating step that provides the bridge between the researcher's concerns and the raw data: it "integrates the subjective world of people's experience with the abstract world of theory" (p. 74). In order to get to this point there were obviously numerous intermediary steps. The research questions are repeated below along with commentary on the approach to data analysis taken with respect to addressing the research concerns underpinning them.

Research Question 3: What meanings for social exclusion, inclusion and related terms been constructed by program participants and practitioners in this context?

The purpose of analysing the transcripts with respect to this question was to arrive at a comprehensive representation of the multi-dimensional meanings for social exclusion and related terms constructed by the respondents overall, rather than to illuminate the meanings constructed by individual respondents on a case-by-case basis. The multi-dimensional and contradictory meanings emerging from this analysis thus formed the basis for comparing and contrasting these meanings with those constructed in the research literature and relevant policy documents.

While this analysis was more inductive rather than deductive (Neuman, 2006) in that it "begins with concrete empirical evidence and works towards more abstract concepts" (p. 61), nevertheless it emerged from within a particular pre-existing theoretical perspective which it sought to illuminate and challenge. The selection of the interview questions in itself reflected the researcher's theoretical perspective on the aspects of social exclusion about which we need to question our assumptions if we are to take a critical stance. Therefore this analysis is consistent with what Auerbach and Silverstein (2003) describe as "elaborative coding" which they describe as "the process of analysing textual data in order to develop theory further" (p. 104).

Auerbach and Silverstein (2003) emphasise the importance of explicitly stating underpinning research concerns and theoretical perspectives before proceeding with analysis of the text. These issues have been addressed in detail, informed by a range of other research literature, throughout preceding sections of this thesis. Therefore the actual procedure used to analyse the data, adapted from Auerbach and Silverstein's (2003) framework, will now be described.

Copies of each transcript were saved electronically as 'working documents'. Based on previous experience, the intact original transcripts were retained separately so that when unexpected, seemingly one-off ideas emerged in one transcript an iterative process of revisiting could take place to check if they had in fact been present in other transcripts but had not been recognised as such by the researcher.

As part of what Auerbach and Silverstein (2003) describe as "making the text manageable" (p.43) passages of text in each transcript which related in some way to the

concerns underpinning the research question were highlighted in the working copy. The highlighted text for each transcript was then copied and pasted in to a separate file for each respondent, giving rise to what Auerbach and Silverstein (2003) refer to as "relevant text for further analysis" (p. 7).

When the relevant text for each interview question had been selected the next phase of the analysis began. This involved identifying what Auerbach and Silverstein (2003) refer to as 'repeating ideas'. The selected text from each transcript was systematically searched so that text reflecting similar ideas expressed by different participants across the interviews could be identified. Pieces of text relating to each of these repeating ideas were then grouped together. For example, identification of the following pieces of text across the interviews began the process of identifying 'access to public transport' as a 'repeating idea'. The letter and number code attached to each piece of text refers to the code allocated to each research participant to ensure confidentiality. The allocation of the letter 'P' or 'C' indicates whether the research participant is a practitioner (P) or a community participant (C). The numbers used to distinguish participants' responses have no significance other than that they are based on the order in which interviews took place.

> It just seems that for some people it's just too difficult to get together with other people and so those sorts of resources that the communities can make available make a big difference for lots and lots of people…Things like public transport and so forth have got fantastic potential, and you know the sort of return on investment in those situations will be fantastic. If you look at public transport versus freeways for instance, and the assumption is: "well, surely everybody can afford a car to drive on the freeway", in reality it's not true. (P3)

> Stop creating satellite towns with no facilities… so if you want to make… several million dollars, out of developing this chunk of land then you put in the facilities and then you can put the houses in…You don't just create a dormitory miles from nowhere with no facilities, so that the only way people can get in or out is with their own private transport… (C2)

> The bus goes one way straight up the highway…so if you live off the highway, you've got to walk to the bus stop. People who aren't feeling 100% they won't walk, they'll just stay at home rather than, especially on a cold day, wet day, hot day…You're pretty isolated that way… Public transport is very poor really. (C8)

It is very hard for people to get to activities…public transport is actually really bad, it's very hard to get around. (C13)

Public transport to most towns would probably solve a lot of problems… we run two cars because I work that direction and my wife works the other direction so we've got to have two cars. Therefore we've…two fuel bills, two services, two everything, so if there was public transport… we might live a different style of life but it can't be done so for us anyway… transport seems to be the biggest thing for me from here anyway. (C14)

This process of identifying and grouping together relevant text was repeated with each new dimension of social exclusion and related terms identified in the transcripts. As with analysis of the research literature presented in Chapter 4, 'social exclusion and related terms' is used in this chapter as an umbrella term that encompasses social 'exclusion/inclusion/cohesion/capital' to avoid the cumbersome sentence structure that result when all of these terms are included. The relevant specific term is used when the analysis is focusing on the different concepts identified, since the research participant's choice of term is in itself an intrinsic part of the meaning being constructed.

As the process of identifying these repeating ideas progressed however, various levels of complexity became evident. Firstly, while research participants' constructions of meaning may be aligned with respect to some dimensions of inclusion/exclusion, nevertheless, their overall construction of meaning may be very different. In the above example, for instance participants C2 and C8 (both community participants) have both highlighted a need for better access to public transport. However, analysis of their responses overall shows that in other respects their conceptions of inclusion and exclusion differ greatly, particularly, for example, with respect to whether people being excluded may be beyond their control. While identifying problems such as public transport as a barrier to inclusion, for example, participant C8 was nevertheless adamant in other parts of the interview that exclusion is of people's own making.

Participant C2, on the other hand, in another section of the interview expressed frustration and hurt with the idea that people might think being excluded is something that people do have control over, and was very critical of people who don't recognise that bias and prejudice, for example, do exclude people in ways that are beyond their control.

As this example illustrates, it was necessary to go back and forth across the transcripts to identify clusters of concepts that participants held in common which are consistent with a particular construction of meaning, and to recognise that while individual participants may agree about some specific dimensions of it, their constructions of meaning for social exclusion may be qualitatively very different overall.

In addition, as the analysis progressed it became clear that some individuals within both the community participant group and the practitioner group conceptualised social exclusion in very similar ways. In other words the qualitatively different constructions of meaning for social exclusion and related terms expressed by individuals did not vary simply according to whether the person was a community member or a practitioner. It became clear that to present the analysis of meanings constructed by community members and practitioners separately would entail a great deal of repetition. Therefore, the decision was made to present the analysis of the meanings constructed by practitioners and by community members together rather than separately organised around themes based on 'repeating ideas' emerging across analysis of the interviews.

On a separate but related point, and reflecting the importance the researcher places on 'careful listening' (Liamputtong & Ezzy, 2005), when conducting the interviews, the actual selected text, relating to the 'repeating ideas' referred to above, rather than the researcher's summary or paraphrase of it, was used so as to keep the 'voice' of the interview participant to the fore during the process of analysis.

Similarly, Auerbach and Silverstein (2003) advocate naming each group of repeating ideas with a "short quote that captures the essences of each repeating idea in a dramatic and emotionally vivid way" (p. 60), rather than with a summary heading developed by the researcher. As will be seen in the 'analysis of interview data' chapter, this suggestion has been adopted here since it also foregrounds the community member or practitioner voice which is central to the rationale for this research.

Research Question 2: What meanings for social exclusion, inclusion and related terms, have been constructed in policy documents that shape initiatives to address these social problems in Victoria?

The analysis of these policy documents was similar to the inductive approach taken with respect to Question 1, except that the analysis has also taken particular note of the ways in which these documents draw on broader research findings and how they make use of them to support their arguments. This analysis has resulted in identification of the ways in which the policy documents have been shaped by particular constructions of meaning for social exclusion and related terms.

Research Question 1: What meanings for social exclusion, inclusion and related terms, have been constructed by academic researchers and policy makers in the international research literature?

The analysis of relevant text to address this research question was conducted in a similar way to that for questions 2 and 3 presented above.

Research Question 4: How do the meanings referred to in the above questions compare and contrast with each other?

The analysis of data for this research question took the form of a complex comparing and contrasting of the conceptions identified in response to the previous research questions. The analysis of data for Question 4 has led to a 'creative synthesis' (Byrne-Armstrong, Higgs and Horsfall, 2001) of the research findings to that point.

Research Question 5: What are the implications of these findings overall for the policy development?

Analysis of data in response to this question took the form of identifying the implications for effective policy about social exclusion and inclusion of the complex and contested meanings identified across the international research literature, relevant policy documents, and the conceptions of practitioners and community participants.

Stated in linear, two dimensional terms, this sounds deceptively straightforward; it was of course an iterative, cyclical process involving much visiting and revisiting and reflecting what Byrne-Armstrong, Higgs and Horsfall, (2001) refer to as " the cycles of qualitative research and the emotional merry-go-round that accompanies the process" (p. 40).

The results of analysing the data using the research methods described in this chapter, underpinned by the critical social policy analysis methodology, and theoretical perspective presented in the previous chapters, are presented in the next three chapters. These chapters address the meanings constructed for social exclusion and related terms in relevant research literature (Chapter 4), in policy documents that shape initiatives to address these social problems in Victoria and more broadly in Australia (Chapter 5), and by community participants and practitioners experiencing those policies as part of everyday life (Chapter 6).

Chapter Four

Contested Meanings in the Research Literature

Introduction

This review of the research literature relating to social exclusion, inclusion and related terms serves several interconnected purposes within this thesis. It is designed to provide a comprehensive overview of the emergence and diffusion of the concept of social exclusion so as to locate the research presented here within the international research context, and to establish the need for the kind of research undertaken within this research study. However, in this case, relevant research literature is of itself a rich source of data about constructions of meaning for social exclusion and related terms. Therefore, this review of the literature contributes to a more comprehensive understanding of social exclusion by identifying and critically analysing the qualitatively different conceptions of social exclusion and related terms held by researchers whose writing constitutes contemporary academic scholarship in this area. Given this latter purpose, this review of the literature has made more use of direct quotes than is usual in a literature review, in order to allow the constructions of meaning within it to come through in an unreconstructed way as possible to the reader.

This chapter begins with a description of how the literature search process was conducted and refined, in order to identify in an iterative way the contemporary research literature which is the subject of this review. This is followed by an explanation of how the research study presented here was designed to add to existing knowledge within the international literature. Finally, this critical analysis of the literature is presented, organised around broad conceptions of social exclusion and inclusion that have been identified in an inductive and iterative process of analysis.

Conducting and Refining the Literature Search

An initial search of the research literature was conducted in August, 2006. Extensive browsing of a wide range of journals and books prior to systematic searching indicated that different researchers tended to use one of a range of descriptors or terms when

addressing issues of relevance to this research area, namely: social isolation; social exclusion; social inclusion; social cohesion; and social capital. As will be discussed later, the author's choice of term is indicative of their conceptual orientation although any of these terms are not necessarily used in a consistent way across researchers. Therefore, to ensure the initial search was as comprehensive as possible the 'advanced search' option was chosen so that each of these terms could be searched for simultaneously, using the search term: 'social isolation' or 'social exclusion' or 'social inclusion' or 'social cohesion' or 'social capital' within entire texts. Using this search term the following databases were searched: Academic Search Premier; Australia/New Zealand Reference Centre; Cinahl Plus; Health Business Full Text Elite; Health Source: Nursing Academic Edition; and, Master File Premier.

This search produced a total of 5730 journal articles which even when limited to peer reviewed contributions still produced a list of 3938 references. While several of these 'hits' were duplicates, because well known journals are catalogued in multiple databases, this was a daunting result in terms of any attempt at comprehensive analysis. In addition, it became clear that the databases named above do not include some journals that are relevant, such as the Health Promotion Journal of Australia, so for completeness it was necessary to conduct the same search using the Meditext database on the Informit platform, which identified another 257 possible references for analysis.

Following the initial search, it was obvious that the literature search needed to be narrowed further to ensure its relevance to this research context, but the sheer number of peer reviewed journal articles identifying it in some way as a research interest clearly demonstrated the prevalence of the experience of 'social exclusion'. Even a cursory analysis of the abstracts highlighted the distress that social exclusion causes to individuals, families and groups of people in multiple and diverse contexts. In this initial analysis of the research literature the term 'social exclusion and related terms' is used as an umbrella term that encompasses aspects of social 'exclusion/ inclusion/isolation/ cohesion/capital' to avoid the cumbersome sentence structures that result when all of these terms are included. In later sections of this review, which focus on the different conceptions identified, the relevant specific term will be used since the choice of term is in itself an intrinsic part of the meaning being constructed by the author(s) in question.

It became clear early in the process of analysing the literature that much of the research writing that had identified 'social exclusion' as a theme did not have a detailed analysis of the nature or meaning of that concept. Rather, many of these journal articles were principally focused on particular life contexts or situations, rather than on social exclusion as such, but nevertheless clearly identified this issue as a distressing and often ongoing aspect of every day life. For example, more recent literature identifies social exclusion as one of the many acutely distressing features of the daily experience of refugees and asylum seekers.

Research across the time period identifies multiple manifestations of isolation linked to bullying and other forms of exclusion as the widespread and ongoing experience of school children and students across school and college/university life. At the other end of the life course there is much research highlighting distressing social exclusion among older people in general and more particularly the isolated existence of many people living in various kinds of aged care facility. Much of the research in these contexts makes for very uncomfortable reading and is (thankfully) not the focus of the research presented here. Apart from what might be termed institutional contexts, there was a considerable body of research relating to social exclusion experienced by people with various illnesses. For example, exclusion continues to be a damaging consequence of infectious medical conditions regarded as socially unacceptable, regardless of the minimal risk of contagion from social contact, as evidenced by the approximately 50 articles identifying isolation as an ongoing feature of living with HIV/AIDS.

Apart from the specific contexts referred to above, the literature also identifies social isolation or exclusion as a distressing feature of life for many other people in particular situations across the world including but by no means limited to people experiencing unemployment and other forms of economic disadvantage, people living in areas of multiple disadvantage, people with disabilities, members of migrant communities, members of minority racial or cultural groups, indigenous people internationally including Aboriginal and Torres Strait Islanders in Australia, people living apart from extended family, families of children with serious illnesses or disabilities, carers of adults with illnesses or disabilities who live at home and mothers with young/pre school children.

Having identified the extent of the experience of social exclusion, an ongoing iterative process of refinement of the research literature was undertaken. Since this research is focused on social exclusion among adults living in the community outside of institutional settings, literature focused on refugees or asylum seekers, young people/ adolescents, school and college students, and older people living in aged care facilities, is not analysed in detail here apart from those examples which were identified later in the review process as specifically addressing possible constructions of meaning for social exclusion or related terms. Narrowing the search in this way and excluding small numbers of articles identifying social isolation as a feature of life for people in a wide range of very specific contexts—but not addressing the meaning of exclusion or isolation—narrowed the search considerably to approximately eleven hundred references. (Such contexts included, for example, shift workers, those suffering with eating disorders and people with specific disabilities such as blindness).

Thus far, the results of the literature search had been narrowed by excluding research relating to specific contexts not directly relevant to the research proposal being developed unless they specifically illuminated possible meanings for social exclusion and related terms, as described above. From this point onwards the iterative refinement process began from the other end, so to speak, as peer reviewed articles from the remaining references which seemed to focus specifically on the construction of meaning for social exclusion were selected and analysed in detail. Of course, each of these in turn contained a reference list and as the process continued, several names re-occurred as did a range of themes and issues. Gradually a picture emerged of the depth as well as the breadth of the research effort with respect to social exclusion and related terms.

Reflection on this searching and review process as it progressed and particularly towards the end of the searching process revealed that taking the broader, more comprehensive view of the literature and then narrowing it down, rather than starting with a very narrowly focused set of search terms, was very important in terms of not only exploring possible meanings for social exclusion and related terms but in providing an overall conceptual framework for the research.

While the process of deliberately selecting the articles which seemed to be directly focused on the construction of meaning did, not surprisingly, produce several such

articles the broader searching and browsing revealed, or perhaps threw in to relief, the question of whose perspective the articles had been written from. Holding this lens up to the research, as this review process continued, made it clear that there is very little exploration of the conceptions of social exclusion/inclusion held by practitioners whose assumptions values and actions guide and shape how such policies are translated in to initiatives experienced by communities. Also, very few research studies explore the meanings held by the community members who are targeted to experience such interventions.

This is not to say that contemporary research writing does not provide sophisticated analysis of the possible causes and consequences of social exclusion and possible interventions to alleviate them. Of course it does. The point being made here is that the interventions that are advocated for vary greatly across the research in ways that are in keeping with qualitatively different constructions of meaning for the whole concept of social exclusion/inclusion itself. In many instances those underlying meanings are not explicitly acknowledged or elaborated on and in those instances where they are, it is from the perspective of the academic researcher or policy writer.

It is important that we develop a better shared meaning for social exclusion because research in Australia and internationally tells us that social exclusion has a serious impact on peoples' health, particularly on mental health conditions, such as depression, which are a serious and increasing source of ill health and distress for individuals, families and communities. The research evidence to support this assertion is not repeated here as it has already been cited extensively in Chapter 1, within the description of how this research developed in a particular health context. Analysis of the relevant research literature, presented below, indicates that the research presented here is significant because it will explicitly explore and make visible the similarities and differences in the meanings researchers, policy makers, practitioners and community members have constructed for social exclusion and related terms. Analysis of the assumptions that underpin those meanings, and their implications for policy and practice, will contribute to a more comprehensive shared understanding of these complex issues and enable us to work more effectively to reduce distress caused by social exclusion and associated preventable ill health.

Before proceeding to this analysis it is important to note that this research study is for the most part informed by research literature exploring social exclusion in Australia, Britain, New Zealand and Western Europe. The selection of this body of literature to locate this research in the international context is consistent with the constructionist epistemology that underpins this research. This epistemology recognises that while meaning is individually constructed, such construction is inherently situated and socially mediated. Therefore, this body of literature provides a meaningful theoretical basis for this research, since the research is situated in broadly the same political, economic and social systems as that literature.

While incredibly interesting and challenging in itself, the increasing body of research literature related to social exclusion in, for example, Africa, Asia and Latin America is beyond the scope of this thesis. The extent of this literature, and the exclusion which it documents, is highlighted by the fact that one book alone (Rodgers, Gore and Figueiredo, 1995), which emphasises the need for political and legal systems that recognise and enforce basic civil and social rights, includes analysis of patterns and processes of social exclusion in such diverse countries as Thailand, Tunisia, The Republic of Yemen, Tanzania, Peru, Mexico, Cameroon and India. It highlights the nature and extent of postcolonial exclusion of indigenous people in multiple ways, ranging across exclusion from basic education and health care, land rights, traditional customs, kinship relationships and ways of life. Sadly, if this research study specifically addressed exclusion among Aboriginal or Torres Strait Islander peoples, such literature could not be beyond the scope of this thesis; it would have to be central to it given the experiences of those peoples in colonial and post-colonial Australia.

The researcher recognises that the literature analysed here is made up of different kinds of source material that emerges from varying fields of discourse, including, not only research reports, books and peer reviewed journal articles produced by academics, but charters and discussion papers produced by international organisations (such as the World Health Organisation) and documents produced by influential policy setting groups (such as the Social Exclusion Unit (SEU) in the United Kingdom), which are frequently quoted and extensively analysed within the international research literature. As outlined earlier, the key purpose of this critical review of the research literature is to contribute to a more comprehensive understanding of social exclusion by identifying

and critically analysing the different conceptions of social exclusion and related terms within that literature. Consequently, the decision was taken not to organise this literature review around themes which reflect the provenance of the source material. Instead, following discussion of the emergence and diffusion of the concept of social exclusion, analysis of this research literature is presented under headings which attempt to capture the essence of the qualitatively different conceptions of social exclusion and related terms that have been identified across the range of source materials that contribute to that literature.

Finally, as explained above, the literature itself is a rich source of data in this research study. Therefore, to allow the meanings constructed by the researchers to emerge clearly, the literature reviewed is quoted more often and more directly than it would perhaps be if the literature review was designed to fulfil only the purposes of establishing what is known already and justifying the particular stance take in this research study.

Emergence and Diffusion of Social Exclusion and Related Terms

Despite the widespread references to them in contemporary social science literature, the use of some variation on the terms 'social exclusion', 'social inclusion', 'social isolation' or 'social cohesion' or 'social capital' in social science research and policy contexts is a relatively recent development. Researchers (for example, Beland, 2007; Levitas, 2006; Peace, 2001; Silver, 1994) consistently credit the emergence of the term social exclusion in continental Europe to the work of Rene Lenoir, who drew attention to the plight of 'Les exclus'(the excluded) that is people who were excluded from even minimal social security payments in France in the 1970s (Lenoir, 1974). This excluded group was made up of a broad range of people with diverse personal circumstances, including people with physical disabilities, those with mental health problems, lone parents, and unemployed people many of whom were young adults, since eligibility for social insurance payments was limited to those who were in paid work or legally married to someone in paid work (International Labour Organisation, 1998).

The escalating tensions and associated riots in housing estates in French cities in the 1980s led to a broadening of the focus of social exclusion, beyond the groups mentioned above, to a focus on disaffected youth and isolated individuals. The high rates of

unemployment among young adults led to a focus on the significance of unemployment, especially long term unemployment in social exclusion in France and subsequently in other European Union (EU) countries (Burchardt, Le Grand & Pichaud, 2002). In addition, due to the concentration of the identified problems in social housing estates in France the complex spatial/ place related dimension of social exclusion began to be recognised (Silver, 1994).

The emergence of social exclusion in Britain as a social policy and academic research concern took place in a similar time period but via a different pathway. Researchers (for example, Levitas 2006; Saunders, 2003) consistently identify Peter Townsend's work, 'Poverty in the United Kingdom' (Townsend, 1979), as a seminal contribution to the emergence of research on social exclusion in Britain. Based on analysis of an in-depth survey of household resources and standards of living across Britain, Townsend (1979) explicitly linked poverty and exclusion when he drew attention not just to the 'depriving' but the 'excluding' impacts of a lack of resources by describing poverty in the following terms:

> Individuals, families and groups in the population can be said to be in poverty when they lack the resources to obtain the types of diet, participate in the activities and have the living conditions and amenities which are customary, or are at least widely encouraged and approved, in the societies to which they belong. Their resources are so seriously below those commanded by the average individual or family that they are, in effect, excluded from ordinary living patterns, customs and activities. (p. 31)

Since then a focus on social exclusion and related issues has clearly spread rapidly in Britain, France and across Europe as indicated by the number of references to it in contemporary research literature relating to a broad range of life contexts as outlined above. Similarly, Peace (2001) identified fifty-one different ways a person could qualify as belonging to a category of the 'socially excluded' in the European Union (EU) alone. Further to this, she identified forty one words or phrases in the EU policy context that could be seen as factors contributing to this exclusion.

The fact that the EU summit held in Nice in 2000 identified the need to address exclusion as a priority and stipulated that each member state was required to develop 'National Action Plans for Social Inclusion', indicates that exclusion has not only

spread as a focus of interest for academic researchers; it has also become a considerable focus for the efforts of policy makers more broadly (Burchardt, Le Grand & Pichaud, 2002; Peace, 2001).

Further evidence for the diffusion of the concept is provided by the increasing number of countries including Australia, and a range of European countries such as the UK, France, Belgium, Denmark, Poland and Italy (Silver, 1995) who have made exclusion the focus of government initiatives or established 'Units' or 'Institutes' of various kinds to address aspects of exclusion/inclusion. Influential examples of such units emerging from government social policy contexts but frequently referred to in the academic research literature (and in this thesis) include the Social Exclusion Unit (SEU)/Social Exclusion Taskforce, established by the Cabinet Office in the UK, and the Commission on Social Cohesion and the Prevention of Exclusion, which developed as part of the 'Commissariat General au Plan' (CGP) in France. Groups addressing 'social exclusion' in Australia include the Australian Council of Social Services (ACOSS), the Centre for Health through Action on Social Exclusion (CHASE) at Deakin University, the Centre for Health Policy, Programs and Economics (CHPPE) at the University of Melbourne, and the Social Policy Research Centre (SPRC) at the University of New South Wales.

In spite of, or perhaps because of, such widespread use of the term social exclusion, there is very little consensus with respect to its precise meaning, and attempts to capture meaning within simple definitions are inevitably reductive, and, as Silver (1995) noted: "Existing efforts to do this have only shown that the term seems to be loaded with numerous economic, social, political and cultural connotations and dimensions" (p. 59).

In the context of this study, such a lack of an agreed precise definition highlights the appropriateness of making visible the complex and qualitatively different conceptual frameworks that underpin the meaning for which any use of the term social exclusion is essentially a shorthand representation. Indeed, as Silver (1995) put it: "The difficulty of defining exclusion and the fact that it is interpreted differently in different contexts at different times can be seen as a theoretical opportunity. The discourse of exclusion may be seen as a window through which one may view political cultures" (p. 60). This theoretical opportunity will be taken up in this review, and in this research study overall,

to view how the political as well as the social, economic and personal dimensions of exclusion are constructed.

On a related but separate point, many researchers regard the maintenance of a broad multidimensional description of social exclusion rather than a tightly focused succinct definition as advantageous because attention can not so easily be diverted from the existence of social exclusion and its detrimental impact on peoples' lives, by recourse to a relentless focus on disagreements about definitions or the particular measure associated with them, which is what has happened with respect to poverty. In fact, researchers including Saunders (2003) clearly regard the disputes about how to validly and reliably measure poverty, and particularly the focus on debating statistical trends with respect to poverty levels at the expense of addressing poverty itself, as factors which have given a considerable boost to the emergence of the social exclusion agenda.

Some examples of definitions which have emerged are presented here along with a brief identification of the conception of the nature of social exclusion/inclusion that underpins them, to set the scene for the review which follows.

The Townsend definition, referred to above, clearly identifies a relative lack of resources as the cause of exclusion and further characterises that exclusion in terms of exclusion from "ordinary living patterns, customs and activities" (p. 31). In addition, definitions such as that by that by Burchardt, Le Grand & Pichaud (1999) seek to incorporate multiple dimensions of relative deprivation and associated issues of agency:

> An individual is socially excluded if (a) he or she is geographically resident in a society, (b) he or she cannot participate in the normal activities of citizens in that society and (c) he or she would like to participate but is prevented from doing so by factors beyond his or her control. (p. 498)

The extensive body of research which has subsequently emerged from and built on the views captured in definition such as those quoted above are analysed, below under the heading: 'Social exclusion as a conceptual alternative to poverty and multiple disadvantage'.

Although there is no definition in the research literature which captures it succinctly, a conception of social exclusion which links social exclusion to exclusion from the labour market is then analysed under the heading: 'Exclusion as non-participation in the labour market'.

Other definitions (for example, Putman, 2000) include those which conceptualise issue of social exclusion or—more accurately social inclusion—in terms of inclusion at the societal level and are phrased in terms of 'social capital', defined as follows

> Social capital refers to connections among individuals- social networks and the norms of reciprocity and trustworthiness that arise from them. In that sense social capital is closely related to what some have called 'civic virtue'. The difference is that 'social capital' calls attention to the fact that civic virtue is most powerful when embedded in a dense network of reciprocal social relations. A society of many virtuous but isolated individuals is not necessarily rich in social capital. (p. 19)

The conceptions of social exclusion/inclusion reflected in this definition is analysed under the heading of: 'Social Inclusion as Social Capital and Social Cohesion'.

Overall, the themes under which analysis of the research literature are presented reflect the finding that some researchers conceptualise the social issues being engaged with here primarily in terms of exclusion. Others conceptualise both the problems and solutions relating to those same issues in terms of a need for increased social capital and social cohesion.

Social Exclusion as a Conceptual Alternative to Poverty and Multiple Disadvantage

Townsend (1979) as outlined above, attributed the cause of exclusion to inadequate resources, and advocated for, among other things, a move away from defining and addressing poverty in ways that focused on mere subsistence, and for an understanding of poverty not only in absolute terms, defined by a particular measure of income, but with respect to the complexities of peoples experiences of relative deprivation in the society in which they live. Since then, a considerable body of literature has emerged which conceptualises 'social exclusion' as an alternative and/or more comprehensive term for what was previously referred to as 'poverty'.

In fact, researchers (for example, Burchardt, Le Grand & Pichaud, 2002; Levitas, 2006; Macleavy, 2006; Peace, 2001) consistently credit the emergence of social exclusion as a social policy concern at least in part, to the political contexts in Britain, France and across Europe more broadly at that time, where conservative politicians refused, extraordinary as this seems, to recognise the very existence of poverty.

In this political context, several key developments took place in the mid to late 1990s that cemented the place of social exclusion as both an academic interest and a social policy concern in Britain. Firstly, the Economic and Social Research Council identified social exclusion as one of nine key themes for social science research in Britain. In response the London School of Economics established the 'Centre for the Analysis of Social Exclusion' (CASE) set up by 1997. The CASE group of researchers put forward the following definition of social exclusion in Burchardt, Le Grand & Pichaud (1999):

> An individual is socially excluded if (a) he or she is geographically resident in a society, (b) he or she cannot participate in the normal activities of citizens in that society and (c) he or she would like to participate but is prevented from doing so by factors beyond his or her control. (p. 498)

The CASE researchers see the advantage that a social exclusion approach has over a focus on poverty and multiple deprivation with respect to social policy as follows:

> It allows the phenomenon of interest to extend beyond non participation due to lack of material resources…measures of social exclusion attempt to identify not only those who lack resources, but also those whose non participation arises in different ways: through discrimination, chronic ill health, geographical location or cultural identification, for example. Lack of material resources remains a central and important cause but it does not exhaust the possibilities. (p. 5)

The CASE researchers moved towards a multi-disciplinary approach to social exclusion not demarcated by conventional discipline boundaries where for example, economists concentrate on the market, particularly the labour market, and sociologists concentrate on differences in behaviours across groups, to name but two discipline preoccupations (Burchardt, Le Grand & Pichaud, 2002). They advocate for a cross disciplinary approach to social exclusion to deal with the complexity of the issues involved so that analysis of contributing factors or solutions must take in to account and integrate

influences at multiple levels. These levels each incorporate multiple influences, as the summary table (Table 1) on the following page highlights.

The researchers emphasise that "Any level is influenced by many other levels and there is no one cause of any outcome or behaviour at individual or community level' (p. 7). (This point is taken up throughout this research with respect to adopting a critical approach which takes a dialectical stance to factors that contribute to social exclusion and possible solutions).

Table 3: Summary of influences on social exclusion at multiple levels

Level	Influences
Individual	Age, gender, race, disability, preferences, beliefs, values
Family	Partnerships , children, caring responsibilities
Community	Social and physical environment, schools, health, social services
Local	Labour market, transport
National	Cultural influences. social security, legislative framework
Global	International trade, migration, climate change

(Adapted from Burchardt, Le Grand & Pichaud, 2002)

The CASE researchers also highlight that influences on all of these levels do not refer only to present influences, but incorporate influences from past actions and decisions as well: "The influence of the past is represented by the amount of capital accrued whether by the individual or the community" (p. 8). They draw our attention to the multidimensional nature of the influence of the past by identifying three kinds of capital in this context:

- Human Capital: This depends on: genetic inheritance, childhood circumstances—family health, housing, poverty, social environment…education and training;
- Physical capital: Ownership of housing, land, equipment, etc; and,
- Financial capital: Ownership of financial assets or liabilities.

Perhaps most importantly they highlight that given the influence of the past on people's present circumstances, options and choices: "As far as social exclusion is concerned, bygones are not bygones but represent the starting point for the present" (p. 8).

Arising from the research outlined above, the CASE research group sought to compare their own interpretations of social exclusion with those of a group of people with direct experience of it (Richardson & Le Grand, 2002). The researchers sought the views of representatives of low income communities with whom they already had an ongoing relationship as part of work to set up a centre to provide training and small grants for community organisers in disadvantaged neighbourhoods. This is the only example which this review has discovered of research which is similar to that at being proposed here, in that it seeks to compare the conceptions of social exclusion held by academic researchers with those of community members.

The researchers identify two main reasons why they took this approach. The first relates to legitimacy, given that those affected by social exclusion might have little reason to accept the definitions of academic researchers. They make the point that given the topic is about 'exclusion' those affected by it might go beyond not accepting the academic view, " Indeed they might reject it, arguing that denying the subjects of the debate a voice in it is ironic at best and insulting at worst" (Richardson & Le Grand, 2002, p. 497). The second reason they identify for taking this approach, is an obvious one, that "researchers may miss something significant by not directly consulting the people involved" (Richardson & Le Grand, 2002, p. 497).

It is clear from the research findings that the views of residents from the poor neighbourhoods reflected the conceptions of researchers with respect to poverty and employment. The residents made the point that social exclusion is linked not just to unemployment since the working poor also face exclusion due to low incomes and that at the core of the problem is the growing gap between the level of wages and the cost of living. The residents also spoke about changes over time with respect to multiple dimensions of exclusion which the researchers recognise as a deficiency in their definitions since: "it currently does not incorporate the dynamic nature of exclusion" (Richardson & Le Grand, 2002, p. 504).

Another important point is that the residents "identified communication skills and the ability to learn as key activities in their own right" (p. 505) whereas the researchers tend to thinks of those skills as risk factors for social exclusion rather than part of exclusion itself. The researchers go on to say: "It is not clear that the residents would accept this distinction: for them inability to communicate is itself a manifestation of social exclusion, as well as a cause" (p. 506).

Overall, the views of the residents strongly supported the researchers' view that social exclusion is about participating in activities that are socially valued. Similarly the residents strongly identified low paid work or lack of resources, not just unemployment as a contributor to exclusion. Compared to the researchers, the residents placed more emphasis on the need for publicly provided goods and services and they made a strong distinction between the problems associated with lack of those kinds of services in comparison with those which can be bought privately. As the researchers point out in response to this finding, whereas they had included public provided services under the heading of 'consumption':

> After all, public services and public goods are consumed/experienced by individuals. However, they have special qualities that make them different from other types of goods and services people use their purchasing power to consume (e.g. clothes and electrical goods). Some communal problems, such as litter strewn physical environment, a negative neighbour hood reputation, or a high crime neighbourhood, are extremely difficult to buy one's way out of without moving out of the area. (Richardson & Le Grand, 2002, p. 507)

Overall the input of the residents led the researchers to recognise that consumption of public services and public goods needed to be added to their conception of 'normal activities'. The residents did not agree with the implicit assumption in the researchers' view that voluntary isolation is not a problem and were particularly concerned with the better off isolating themselves from the rest of society, an issue also taken up in later sections of this review. Unlike the researchers, the individuals were very much concerned with area based and community level exclusion rather than the focus on individual exclusion which has underpinned the researchers' conception, echoing the broad move towards 'place based' initiatives to address a wide range of problems including social exclusion which has taken place. Finally the residents favoured

initiatives to address social exclusion which have more of a focus on both social justice and social solidarity than is implied in the researchers' definitions.

Broadly, Richardson and Le Grand (2002) summed up the results of including the perspective of residents experiencing social exclusion as follows:

> We believe that the result has been fruitful, leading to significant changes in our thinking about the concept of social exclusion, particularly around the concept of 'service exclusion' and the inclusion of an area perspective— changes that will be reflected in our future research and that we hope may also be of assistance to others working in the area. (Richardson & Le Grand, 2002, p. 513)

As outlined in the rationale for this research, and in the explanation of the theoretical framework for this research, inclusion of the perspectives of both community members experiencing various degrees of social exclusion and isolation and policies to address them, and practitioners implementing initiatives to address those issues, is a central component of the research proposed here. The inclusion of such perspectives in their own right is one of the ways in which this research can make a contribution to new knowledge.

In addition to the work of the CASE researchers as outlined above, the emergence of social exclusion as a driver of social policy is further demonstrated by the establishment of the Social Exclusion Unit (SEU) in the UK, in 1997, soon after the 'New Labour' Blair Government was first elected. Consistent with the call of Townsend and others, including the CASE researchers, as outlined above, for a definition of poverty that goes beyond income deprivation, the SEU documentation (SEU, 1998; 2001) defines social exclusion as:

> A shorthand term for what can happen when people or poor areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown. (SEU, 2001, p. 10)

This definition does capture the idea of social exclusion as complex, and encompassing many interrelated dimensions, but as Levitas (1998) points out, the definition does not actually tell us what it is that happens and so doesn't really address what social exclusion actually is. In addition, this definition does not identify who or what is

causing any of the social problems mentioned so it "fails to specify the agents of social exclusion" (MacLeavy, 2006), an issue which is taken up in detail later in this chapter.

Other researchers regard the above SEU definition more favourably. Saunders (2003) points out that this definition is an advance on more simply stated definitions which focus only on low levels of income or resources because it highlights that:

- Social Exclusion is not just a characteristic of individuals;
- Is multi dimensional and reflects a combination of interrelated factors; and,
- Focuses on causes (low skills), outcomes, (high crime) and processes (family breakdown), as opposed to just available resources at a point in time. (p. 6)

Not only does this definition highlight the multi dimensional nature of social exclusion, by highlighting a range of broader problems which impact on people and contribute to their exclusion, it also recognises as Arthurson (2004) puts it that: "Inequality is something that happens to people due to broader social and economic processes over which they have little or no control" (p. 4).

However, it is clear from analysis of the relevant research that even though social exclusion has become a more dominant term than poverty in social policy circles, it is not consistently advocated for as an outright replacement term for poverty even among researchers who see them as closely interconnected phenomena. Researchers such as Rodgers (1995) and Saunders (2003) tend to advocate for the use of social exclusion to address issues that would have been previously captured by the term poverty. Other researchers (for example, De Haan & Maxwell, 1998; Levitas, 2006) have tended to view them as separate terms while recognising the multiple ways in which they are interconnected.

Jones and Smyth (1999) summarise the benefits of exploring the interrelationships between poverty and social exclusion in terms of broadening the analysis of poverty, but recognising that poverty and social exclusion are not always related in a straightforward unidirectional way: while poverty undeniably contributes to multiple forms of exclusion, exclusion also contributes to the causes of poverty and people who are not necessarily poor but are excluded for a whole range of other reasons. For this

reason many researchers (including De Hann & Maxwell, 1999; Levitas, 2006), argue that social policy should continue to address both poverty and social exclusion.

Overall, recognising the primacy of the linkage between poverty, isolation and exclusion underpins a conceptualisation of social isolation and exclusion which is prevalent in contemporary research literature. More broadly, the extensive literature relating to the complexity of recognising, addressing and measuring the multidimensional aspects of poverty is immense and is not in itself the subject of this thesis. Therefore, research on poverty is only included where it adds to understanding of possible conceptualisations of social exclusion, isolation or related terms.

A comprehensive analysis of the complex and multi-directional relationship between these human experiences is provided in "*Poverty and social exclusion in Britain: The Millenium Survey" (*Pantazis, Gordon & Levitas, 2006).

In a chapter titled: 'The necessities of life', Pantazis, Gordon & Townsend (2006) highlight that one of the primary purposes of the Poverty and Social Exclusion (PSE) Survey was to broaden the range of measures of poverty beyond income so as to "establish what possessions and activities the public perceive as necessary—that no adult in modern society should have to go without due to a lack of money' (p. 89).

They recognise that a precedent for this kind of approach was established by Mack and Lansley, who conducted the 1983 'Living in Britain Survey' (Mack and Lansley, 1985). Like the Living in Britain Survey, the PSE Survey takes what has become known as a 'consensual' approach to poverty; in doing so both publications move beyond relying exclusively on the views of 'experts' to, as Mack and Lansley (1985) put it:

> try to discover whether there is a public consensus on what is an acceptable standard of living... and, if there is a consensus, who, if anyone falls below that standard. The idea underlying this is that a person is in 'poverty' when their standard of living falls below the minimum deemed necessary by current public opinion. (p. 50)

The PSE Survey drew on and extended the methodologies used in Mack & Lansley (1985) as mentioned above, and range of other population level surveys, including the

1990 Breadline Britain Survey (Gordon & Pantazis, 1997). The PSE Survey research, funded by the Joseph Rowntree Foundation, was carried out in two stages. The first stage carried out by the Office for National Statistics (ONS) and referred to as the Omnibus Survey (Gordon, Adelman, Ashworth et al, 2000), established which items or activities were considered necessary or desirable by 50% or more of the population. Overall, this initial survey led to the identification of 35 items or activities that were perceived as necessities of life for adults by the majority of the public in Britain.

Building on the findings of the Omnibus Survey, and carried out by researchers at four Universities (Bristol; Loughborough; York; and, Heriot –Watt) the Poverty and Social Exclusion Survey (PSE Survey) (Pantazis, Gordon & Levitas, 2006), "sought to establish which sections of the population had these necessities and which sections could afford them, and also looked at both poverty and social exclusion in greater depth" (p. 9).

The PSE Survey is significant because it extended research on poverty beyond reliance on indirect measures such as income level, and used three different measures of poverty: income poverty (income below 60% of the median income), general poverty (subjective experience of poverty), and the PSE indicator of poverty which is a combination of low income and material and social deprivation (Gordon, 2006). It also moved beyond assuming a straightforward causal link between employment status/household income and social exclusion and therefore using measures of employment status/social exclusion as indirect measures of social exclusion (Levitas, 2006).

Instead, the PSE Survey sought to measure social exclusion directly (Levitas, 2006) and for this purpose it operationalised the 'social' dimensions of social exclusion in terms of "exclusion from social relations" (p.135), and this conceptualisation of social exclusion is discussed in detail below. The PSE Survey addresses other issues that are linked in complex ways to exclusion from social relations, including those reported on in separate chapters that are of particular relevance to this research. These include: impoverishment—exclusion from adequate resources or income (Gordon, 2006), debt and financial exclusion (Mackay & Collard, 2006), labour market exclusion (Bailey, 2006), service exclusion (Fisher & Bramley, 2006), and mental health, poverty and social exclusion (Payne, 2006).

PSE Survey results relating to material and social deprivation

To set the scene for analysis of the findings of the PSE Survey with respect to social exclusion and the factors which impinge on it, it is worth noting some of the survey results relating to material and social deprivation, particularly given the incredible extent of these problems, particularly material deprivation, in Britain when the data were collected in 1999:

- Roughly nine million people in Britain cannot afford adequate housing. For example, their home is unheated or damp, or they cannot afford to keep it in a decent state of decoration;
- Around 10.5 million adults cannot afford one or more essential household goods, such as carpets for a living area or a telephone, or to replace electrical goods or furniture when they break or wear out;
- Around five million adults and three quarters of a million children go without essential clothing, such as a warm waterproof coat or new, properly fitted shoes because of lack of money;
- Around three million adults and 400,000 children are not properly fed by today's standards. For example, they do not have enough fresh fruit and vegetables, or two meals a day for adults or three meals for children
- More than 12 million people are financially insecure. They cannot afford to save, insure their house contents or spend money on themselves. (p. 1)

As mentioned above, the PSE Survey operationalised the social dimension of social exclusion as exclusion from social relations or patterns of sociability, within which were included the following aspects:

- Non participation in common activities, some of which have always been included in the Breadline Britain Surveys, but here are given separate and more extended treatment;
- The extent and quality of social networks and the extent to which individuals are socially isolated;
- The support available to individuals on a routine basis and in times of crisis;
- Disengagement from political and civic activity; and
- Confinement resulting from fear of crime, disability and other factors. (p. 138)

From the findings it is clear that many people are excluded from many of the social activities that were perceived as necessities of life by the majority of the public in Britain, as the following extracts from various parts of the PSE report indicate.

Pantazis, Gordon and Levitas (2006) draw our attention to the fact that in addition to the material deprivation referred to above:

- Almost ten million adults and one million children are too poor to engage in common social activities such as visiting friends and family, having celebrations on special occasions or attending weddings or funerals;
- A third of the population does not have a week's annual holiday away from home;
- Nine per cent of the population have no family member outside the household whom they see or speak to at least weekly. More than half a million people, mostly men, have neither a family member nor a friend with whom they are in contact at least weekly; and
- Nine percent of the population, and 16% of those over 65, have poor support in times of practical and emotional need.

Ruth Levitas has reported on the results of the PSE Survey that specifically relate to social exclusion in a chapter entitled 'The concept and measurement of social exclusion' (Levitas, 2006). Drawing on research publications prior to the PSE research, and echoing the points made in this review, Levitas (2006) highlights that researchers from Townsend and Lenoir onwards have made a connection between poverty and social exclusion but differ with respect to the extent to which they regard social exclusion as a replacement term for poverty or wish to have them regarded as separate but connected phenomena. Levitas goes on to locate the orientation of the researchers driving the PSE Survey in this respect when she says "Elements of exclusion from social participation were… part of Townsend's conceptualisation of poverty in the 1970s. The PSE Survey is a direct descendent of this tradition" (p. 126).

The conception of social exclusion underpinning the work of the researchers is the focus of this review rather than the levels of social exclusion revealed by the research. Therefore, apart from the summary provided above, details of the levels of social exclusion are not provided here except for when they provide necessary background to findings about associations between levels of exclusion from social relations and levels of other dimensions of social exclusion regarded as central by these researchers. Each aspect of exclusion from social relations is now discussed under relevant paragraph headings.

Non participation in common social activities

The PSE Survey data indicates that many people in Britain are not participating in common social activities regarded as desirable or necessary by the majority of the population (Levitas, 2006). For example:

- 33% of the population do not have a week's annual holiday away from home;
- 41% do not have an evening out once a fortnight;
- 22% have no hobby or leisure activity; and
- 18% rarely have friends or family round for a meal snack or drink. (p. 139)

Other critical points emerging with respect to the experience of exclusion from common social activities include:

- Only 5% of the population participate in all the common social activities identified by the Omnibus Survey (Table 1, above);

- Almost 19% of the population participate in half or less of the activities; and,

- 6% show very little participation.

As pointed out earlier the PSE Survey used three different measures of poverty and the association between poverty and reduced participation in common social activities is clear and is summarised as follows:

> Whichever measure is chosen, those who are poor are far more likely not to engage in a wide range of social activities, and all three measures of poverty show poverty to be a severe risk factor… The income measure alone shows that those below the 60% threshold are three times more likely as those above it to be non-participant in seven or more activities. The pattern is the same for general poverty. (Levitas, 2006, p. 124)

Social networks and the extent to which individuals are socially isolated

The PSE researchers conceptualise social isolation in terms of two main indicators, living alone and the degree of contact with friends and family outside the household. The main findings with respect to living alone and contact with family and friend

outside the household are:

- In the age groups 16-34 and 35-54 men are more likely than women to live alone;
- The probability of living alone rises slightly with age for men but sharply with age for women so that overall more women live alone than men;
- One in four of the population over 65 are women living alone;
- Only 59% have one relative whom they see or speak to on a daily basis;
- 91% have at least one family member they see at least weekly;
- Most people have active friendships;
- 7% have no friend they see or speak to a least weekly; and,
- Just over 1% of respondents have neither a family member nor a friend with whom they are in contact with at least weekly. All of these are men.

The findings indicate that there are no large differences between those who are poor and those who are not with respect to living alone and having contact with family and friends—although such differences do exist with respect to the related issue of social support discussed below. There is some evidence of minor difference with respect to the mix of family and friends, with poor people having more contact with family and those who are not poor having more contact with friends. In addition, poorer people tend to have smaller combined networks of family and friends (Levitas, 2006).

The support available to individuals on a routine basis and in times of crisis
The PSE survey explored how much support respondents thought would be available to them in a range of situations. Some items related to practical support, for example, "needing help with heavy household or gardening jobs". Others related to emotional support, for example, "being upset because of problems with spouse/ partner". Unlike the other survey items which relate to people's actual experience these survey items draw out a more speculative response. Therefore, responses to questions about how much practical or emotional support would be available to them on a routine basis or in times of crisis as Levitas (2006) put it "reflect a mixture of people's expectations and experience. They therefore generate data that say as much about the sense of social integration people have as about the practical realities of their lives—and both of these are vital to a proper understanding of inclusion and belonging" (p. 143).

Overall, the principal findings of the PSE Survey with respect to practical and emotional support (Levitas, 2006) are:

- On the practical items, 63% of the sample had good support, 32% reasonable and 5% poor support;
- On the emotional items, 71% had good support, 32% reasonable support, and 5% poor support; and,
- On the combined measure, 54% had good support, 38% reasonable support, and 9% poor support. (p. 156)

At first glance, this seemed quite a positive finding since only 9% of respondents anticipate poor levels of emotional or practical support. However, since this research was carefully constructed in terms of validity and reliability and the sample was randomly selected, it was sobering for this researcher to realise that when generalised to the population of Britain that 9% translates as approximately four million people who have very little expectation of emotional or practical support in their everyday lives.

In addition, such poor levels of support are not evenly distributed: the group who feel most supported both in emotional and practical terms are couples with children. The group who have least expectations of social support are people living alone, whether they are retired or of working age:

> Living alone leaves people uncertain of access to social support at times of need. Those living with others (even if those others are children) anticipate better support. Among those who live alone, women in fact fare worse than men on both practical and emotional support as well as on combined indicators. (Levitas, 2006, p. 146)

However, having analysed the findings in detail Levitas (2006) concludes that poverty has a greater negative effect on levels of social support than any other factor. Overall:

> The results…show unequivocally that those who are PSE poor [that is experience low income plus material and social deprivation] have weaker support than the non poor on both practical and emotional indicators. (p.143)

Disengagement from political and civic activity

Respondents were asked about a list of activities related to civic engagement. These included 'political' activities such as voting in national and local elections, taking part in political campaigns, and, involvement in civic organisations which included sports

clubs, parent teacher groups, trade unions and community groups. Overall the results indicate that:

- About 17% had not voted or taken part in any of the politics related items—voting is not compulsory in Britain;
- 44% had no active involvement with civic organisations; and,
- 18% were involved with sports clubs (the highest level of involvement for civic organisations).

Overall if voting is excluded, about 30% of the population are totally disengaged from civic participation. Again this non engagement is not evenly distributed, "Young people, those not in paid work and those who are poor have lower levels of participation" (Levitas, 2006, p. 146). As with the preceding quote, reference to those 'not in paid work' rather than just 'the poor' occurs at various points throughout the writing of PSE researchers and it is clear that the interrelationships among work, poverty and social exclusion is a complex one. The views of researchers with respect to the relationship between participation in paid or unpaid work, poverty and other aspects of social exclusion and isolation will be discussed in more detail later in this review. This section of the review will close with an analysis of the results of the PSE Survey with respect to exclusion from services, both outside of and within the home, as a dimension of social exclusion more broadly.

Drawing on the PSE data, researchers (Fisher & Bramley, 2006; Gordon, Adelman & Ashworth et al., 2000; Levitas, 2006) identify three aspects of the provision of services outside of the home which constrain people's use of them, namely, availability, suitability and cost. Gordon et al (2000) pointed out that community members are collectively excluded in areas where the service is either unavailable or unsuitable in some way and in addition individuals are excluded individually when services are unaffordable. With respect to public transport for example, in Britain many people routinely use and depend on public transport rather than private cars, borne out by the fact that while 59% of respondents regarded owning a car as desirable, only 38% of respondents to the PSE Survey identified a car as a necessity that people should not have to live without (Pantazis, Gordon & Townsend 2006). Fisher & Bramley, (2006) found that up to a quarter of households regarded the provision of public transport as

inadequate for their needs for reasons to do with availability and suitability rather than cost.

In addition to services available outside the home Levitas (2006) draws our attention to exclusion from services within the home and goes on to paint a picture of the extent of this form of exclusion as follows:

> Utility disconnections can be seen as exclusion from basic services (gas, electricity, water, telephone) that most people take for granted. In addition many people who are not disconnected restrict their consumption. Six percent of respondents have experienced disconnection of one or more services, but 11% have used less than they needed because of cost… One in five of those unemployed have been disconnected, and one in three have restricted consumption…One in six of those with long standing illnesses have also used less than they needed because of cost, and the same is true for a similar proportion of households with children. (p. 139)

Overall, the situation with respect to the relationship between poverty and service exclusion within the Poverty and Social Exclusion Survey is summed up by Fisher & Bramley (2006) as follows: "Poor households face poorer quality services and/ or poverty reinforces constraints on service usage" (p. 227).

The construction of meaning for social exclusion by researchers involved in the PSE Survey has been analysed here in terms of the dimensions of social exclusion that they choose to focus on since what is included within those dimensions captures clearly what their concept of social exclusion is. It is clear that the PSE researchers conceptualise social exclusion as multidimensional disadvantage being made up of four dimensions: impoverishment, labour market exclusion, service exclusion and exclusion from social relations which are linked in complex ways. Rather than treating the social dimensions of exclusion separately from the others, as is the case in relevant policy guidelines discussed in the next chapter of this thesis, Pantzasis, Gordon and Levitas (2006) describe their stance as treating "exclusion from social relations as a constitutive aspect of social exclusion" (p. 8)

The interconnections between three of the four dimensions mentioned, namely, impoverishment, service exclusion and exclusion from social relations have been analysed above in the PSE data As foreshadowed earlier, to avoid repetition, PSE findings with respect to the role of labour market exclusion in social exclusion is

discussed separately below, along with the views of other researchers, since analysis of contemporary research literature and related policy documents indicates that a focus on non-engagement in the labour market, is the distinguishing feature of a particular conception of social exclusion and isolation, which is discussed in the following section of this review. The PSE researchers' construction of social exclusion in terms of these domains or dimensions of exclusion is developed further in a more recent publication by the PSE researchers, and colleagues from the University of Bristol, including from the Townsend Centre for the International Study of Poverty (Levitas, Pantazis, Fahmy, Gordon, Lloyd & Patsios, 2007). The researchers describe the purpose of this piece of research as follows:

> To examine the scope for looking at the interaction of factors in social exclusion, and specifically in 'deep exclusion' or multiple disadvantage, using existing databases. (p. 14)

The use of the phrase "deep exclusion" arises from research which identifies the experience of multiple and overlapping dimensions of exclusion as a separate phenomenon from what it describes as 'wide' exclusion that is exclusion on a single indicator, or, 'concentrated' exclusion that is exclusion that is concentrated in particular geographical areas (Miliband, 2006). Although they acknowledged the use of deep exclusion as a descriptor of severe disadvantage in this context at the outset, this research (Levitas, Pantazis, Fahmy, et al, 2007) questions whether 'deep exclusion' is actually distinguishable as a separate phenomenon from social exclusion more generally. Rather than see 'deep' exclusion as a different phenomenon, based on analysis of a wide range of existing research, particularly with respect to analysis of the factors that cause or drive social exclusion, these researchers see 'deep exclusion' as a matter of degree of exclusion, not a qualitatively different kind of exclusion:

> If social exclusion itself is about multiple disadvantage, deep exclusion is simply the most severe manifestation of an already severe process. Rather than treating deep exclusion as a qualitatively distinct phenomenon, it is perhaps more accurate to recognise that just as there are very marked differences to goods, service resources, power recognition and so on among the socially included, so the socially excluded vary in the severity of their condition: deep exclusion is a matter of degree. (Levitas, Pantazis, Fahmy, et al., 2007, p. 29)

Reference to factors that 'cause' or 'drive' social exclusion draws attention to the difficulties in distinguishing between 'causes' or 'drivers' of social exclusion and what are variously referred to throughout the literature as 'domains' or 'dimensions' of the experience of exclusion itself. In an attempt to capture this complexity in a way which has as they describe it; "the advantage of not narrowly limiting the causal processes at work in social exclusion" (p. 86), Levitas, Pantazis, Fahmy et al (2007) define social exclusion as follows:

> Social exclusion is a complex process operating across several dimensions or domains. It involves both the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities, available to the majority of people in a society whether in economic, social, cultural or political arenas. It affects both the quality of life of individuals and the equity and cohesion of society as a whole. (p. 86)

Further to this Levitas, Pantazis, Fahmy et al (2007) go on to define deep exclusion as follows:

> Deep exclusion refers to exclusion across more than one domain or dimension of disadvantage, resulting in severe negative consequences for quality of life, well-being and future life chances. (p. 86)

With respect to the domains referred to in these definitions, this research has analysed appropriate domains in the literature across four stages of the life course: childhood, youth, working age adulthood and later life, to produce a matrix called the "Bristol Social Exclusion Matrix" or (B-SEM). The B-SEM groups the identified domains in to three main areas: "Resources, participation and quality of life" (p. 86), while recognising that of course all of these domains—listed below—reflect aspects of 'quality of life'. Overall 10 domains are identified, across the three areas. These may be summarised as follows:

Resources
- Material and economic resources;
- Access to public and private resources; and,
- Social resources.

Participation
- Economic participation;
- Social participation;
- Culture education and skills; and,
- Political and civic participation.

Quality of life
- Health and well-being;
- Living environment; and,
- Crime, harm and criminalisation

(Levitas, Pantazis, Fahmy et al, p. 86)

Overall, 53 different sub themes are identified across these 10 domains (Levitas, Pantazis, Fahmy et al, 2007, p. 86), emphasising the multidimensional nature of the construction of meaning for social exclusion which underpins the "Bristol Social Exclusion Matrix" (B-SEM) and the other large scale household surveys which preceded it, including the Poverty and Social Exclusion Survey (PSE) and others discussed above.

Of course, serious as the levels of social exclusion revealed by population level surveys in the UK and elsewhere are, by their very nature they may not include representatives of the very groups of people who are most excluded and so always reflect an under-representation of the extent of exclusion. As Levitas, Pantazis, Fahmy et al (2007) point out:

> Household-based surveys by their very nature exclude vulnerable sections of the population, especially those living in institutions such as residential homes (for children, disabled people, older people) nursing homes, prisons and so on. Travellers and asylum seekers are also likely to be excluded as are those who are homeless. (p. 121)

In recognition of this reality, these researchers recommend two complementary research strategies. These are the use of specialist surveys directed at groups such as those mentioned in the above quote, who are particularly at risk of exclusion but are unlikely to be represented in household type surveys, and "qualitative work with selected groups

at particular risk of exclusion, especially those who are excluded from or under-represented in household surveys" (p. 126). They point out that "such qualitative research has enormous merits in its own right but can also provide the basis for better questions for specialist surveys" (Levitas, Pantazis, Fahmy et al., 2007, p. 126).

As indicated in Chapter 1, recent research conducted in Canada took just such an approach by explicitly exploring the experiences of people on low incomes which the researchers regards as "intricately intertwined" (p. 80) with social exclusion and inclusion (Stewart, Reutter, Makwarimba et al., 2008). These researchers take a critical perspective on social exclusion and inclusion and locate those concepts within a "social determinants of health framework". Accordingly, they describe their approach to exploring peoples' experiences of social exclusion and inclusion as follows:

> This paper takes a critical sociological perspective to examine the relational processes that lead to exclusion and inclusion, focusing particularly on the role of income and its relationship to other pertinent social determinants of health. (Stewart, Reutter, Makwarimba et al., 2008, p. 80)

That research included two complementary methods: these were individual qualitative interviews with 59 people on low incomes, and 60 people on high incomes, from eight neighbourhoods in Toronto and Alberta, and quantitative surveys with English-speaking adults from the same neighbourhoods.

In terms of the research respondents' experiences of inclusion, Stewart, Reutter, Makwarimba et al., (2008) found that "participation in social, leisure, volunteer work and family activities increased the participants' sense of belonging, control and happiness. Perceptions of personal contribution also enhanced connectedness" (p. 83) However, there were "differences in the frequency of experiencing these benefits" (p.83) which are summarised as follows:

> Twice as many higher income respondents reported increased self efficacy and inclusion resulting from participation. Indeed fewer than half of those living on low incomes noted the positive impact of their participation. (p.83)

Other examples of different experiences of exclusion and inclusion across the income groups include that financial constraints prevented people on low income from

participating in a whole range of activities as compared with people on high incomes. These included "work, family, leisure educational and cultural activities…physical activities that required financial resources" (p. 85).

In addition to lack of income, these researchers also highlighted the impact of the prohibitively high cost of basic resources and services on the ability of people on low income to participate in society. For example, they reported that:

> People living on low incomes were three times more likely to describe a lack of resources and to link this with high cost of basic necessities, tuition, health maintenance, services not covered by health insurance, and social activities. Cost of transportation played a significant role by preventing their participation in activities. (Stewart, Reutter, Makwarimba et al., 2008, p. 86)

People on low incomes reported being "left out of social activities" not just because of costs but because of "being made to feel unwelcome" (Stewart, Reutter, Makwarimba et al., 2008, p. 85). For people on low incomes this feeling of 'being made unwelcome' extended beyond social situations and was also a feature of their workplace experiences. People on low incomes "experienced exclusion and discrimination in work environments because of health problems" (p. 86), whereas, people on high incomes were more likely to experience inclusion as part of their experience at work.

These research findings also highlighted that ill-health operates not only as a barrier to inclusion in the workplace; it also limits people's participation in leisure and social activities. Echoing the researchers' construction of meaning for exclusion in terms of "deeply embedded social processes" (p. 78), they also highlighted the cumulative exclusionary impact of the experience of both ill-health and lack of resources. Also, drawing on other research (for example, Abbot & Sapford, 2005; Campbell & McLean, 2002) they point out that such exclusion itself reinforces ill-health because it contributes to "a loss of agency and self esteem" (Stewart, Reutter, Makwarimba et al., 2008, p. 89).

To avoid repetition, other issues raised by Stewart, Reutter, Makwarimba et al., (2008), relating to the impacts of globalisation on inclusion/exclusion, and the impacts of their findings for effective social policy, are addressed in a later section of this chapter.

Overall, it is clear from their analysis the research participants' experience, and the conclusions they draw from that analysis, that Stewart, Reutter, Makwarimba et al., (2008) construct social exclusion as a complex, multi-dimensional phenomena which impacts negatively on peoples' health in multiple ways, and that is intrinsically linked to "structural causes" (p. 90) that include the experience of living on a low income.

In Australia, a research project that addresses similar concerns is being conducted by the Social Policy Research Centre (SPRC) at the University of New South Wales. This project titled " Left out and missing out: Towards new indicators of disadvantage" is funded by the Australian Research Council and is being conducted collaboratively by the SPRC with a range of partners including researchers at Australian Council of Social Services (ACOSS), Mission Australia, the Brotherhood of St Laurence and Anglicare in Sydney. The 'Left out and missing out' project is informed by the United Kingdom (UK) based PSE and CASE research, referred to earlier in this chapter, but adapts those approaches for Australian conditions. It is reported in "Towards new indicators of disadvantage, deprivation and social exclusion in Australia" (Saunders, Naidoo & Griffiths, 2007). This project explores the nature and extent of social exclusion in Australia using the "Community understanding of poverty and social exclusion survey" (CUPSE). Overall:

> The *Left Out and Missing Out* project draws on the concepts of deprivation ('missing' out) and social exclusion ('left' out) that relate directly to people's living standards. The findings complement poverty studies in ways that enrich our understanding of the nature and extent of social disadvantage. (p. vii)

These researchers incorporated the approach later advocated for by Levitas, Pantazis, Fahmy et al (2007) as they developed a population level survey, and a specialist survey, informed by data from focus groups conducted with people on low incomes. Overall:

> The basis premise underlying the research is that the measurement of poverty and other forms of disadvantage must be grounded in the actual living standards and experiences of people in poverty. (Saunders, Naidoo & Griffiths, 2007, p. vii)

When setting the scene for developing new indicators of disadvantage, this research distinguishes among what it perceives as distinct but overlapping concepts that together

constitute disadvantage; namely poverty, deprivation, and, social exclusion. Following a synthesis of research relating to the difficulties inherent in any such definitions they summarise their definition of each of these concepts as follows:

> Poverty has been defined as lacking the adequate economic resources required to achieve an acceptable standard of living. Deprivation exists where there is an enforced lack of socially perceived necessities, or essentials. Social exclusion occurs when people do not participate in the key activities in the society in which they live. (p. 17)

The stages of this research project are summarised as follows as follows:

> Stage I of the research involved a series of focus groups (10 with community service clients and 3 with agency staff) that examined how low income families and welfare agency staff experience and perceive poverty, exclusion and deprivation and what they regard as essential to achieve a decent standard of living.

> In stage I I a random sample of the adult population was asked a series of [survey] questions that provided the basis for estimating whether they were deprived or excluded. At the same time around 700 welfare service clients were asked to complete a shortened version of the same survey when they accessed services. The items included in both surveys reflect previous Australian and overseas studies of deprivation. [Including those discussed in detail above]
> (Saunders, 2008, p. 12)

The focus group discussions were conducted with 10 groups of welfare service agency clients in Melbourne and Sydney, who were considered to have a high risk of exposure to exclusion and deprivation and, three groups of staff working within the agencies that provide services to people experiencing disadvantage and deprivation. Group size varied from 3-10 participants with each discussion running for approximately one and a half hours (Saunders and Sutherland, 2006).

Saunders, Naidoo and Griffiths (2007) avoided the explicit use of "terms such as 'deprived', 'excluded' or 'poor' when recruiting and conducting the focus groups because it was felt that these terms could be stigmatising in ways that were unlikely to generate an open discussion of the issues" (p. 4). Instead the focus groups were framed in terms of "A decent standard of living" which they point out is a phrase associated in

Australia with Travers and Richardson's (1993) book 'Living decently: Material well being in Australia'.

Overall, the focus groups addressed two key issues:
1. What constitutes a decent standard of living in Australia today?
2. Who is missing out (or excluded in these areas), and why is this happening?

As described in detail in Saunders, Naidoo & Griffiths (2007), the surveys were informed by the findings from the focus groups and were designed to identify the items that are perceived as essential in Australia today that is 'things that no one should have to go without'. The structure of the survey questions is summarised as follows:

> First participants were asked whether they thought that each item was essential. They were then asked whether or not they had the item. Finally, if they did not have an item, they were asked whether or not this was because they could not afford it. (Saunders, Naidoo & Griffiths, 2007, p. 29)

As with similar surveys conducted in the UK and elsewhere, detailed analysis of the survey data indicates that:

> A breakdown of the responses by the characteristics of survey participants indicates that not only is there a high level of overall support for many items being essential, there is also a high degree of consensus among different sub groups in the population on the identification of essentials. (p. 41)

The ranking of items in terms of the essentials of life is summarised as follows:
- The items that emerged at the top of the essentials ranking in both surveys relate to basic necessities like food and shelter, along with access to health services, including dental treatment;
- Several of the high ranking items relate to people's sense of identity (to be accepted for who you are), their connections to support networks (supportive family relationships) and basic living skills (budgeting and language proficiency);
- Items that protect against risk if things go wrong (emergency savings and different forms of insurance cover also feature high in the ranking of essentials; and,
- Consumer items such as a home computer, mobile phone, DVD player and dishwasher did not come close to attracting majority support for being essential.

(Saunders, Naidoo & Griffiths, 2007, p. 29)

While there was consensus about what is essential it was very clear that people's access to those essentials varied greatly across the groups with respect to 'deprivation' which was measured by "identifying those who do not have and cannot afford each of the 26 items that were seen as essential". (p. IX)

Some of the main points which highlight the disparity in access to essentials among different groups of Australians include:

> The low incidence of many forms of deprivation in the community sample indicates that relatively few Australians are unable to afford most of the items required to meet basic needs. However, the higher incidence figures in specific instances indicates that despite growing prosperity many Australians are still unable to afford items regarded as essential by the majority.

> … All but one of the items where deprivation is highest relate to steps that people need to take to protect their long term security against unpredictable risks: an adequate level of savings for use in an emergency, appropriate insurance coverage and access to dental care when needed. The absence of these items among large sections of the community highlight the fact that many Australians are only a minor mishap (a faulty refrigerator, a scrape in the car, or a toothache) away from becoming deprived …

> The findings of incidence of deprivation among the client sample paint a far bleaker picture than those revealed in the community survey… The focal point of interest is not so much that deprivation is higher among the client sample than amongst the community sample (which is not unexpected), but rather the absolute level of deprivation faced by those in the client sample.
> (Saunders, Naidoo & Griffiths, 2007, p. 50)

> In overall terms the… average incidence of deprivation across all 26 essential items is more than four times that for the community sample. (Saunders, Naidoo & Griffiths, 2007, p. 51)
> The severity of deprivation among the client sample is further highlighted by the fact that around one in eight are not able to afford some of the most basic items including a substantial meal once a day, to heat at least one room in the house, to have a washing machine, a separate bed for each child, regular social contact with other people, or can afford to let their children participate in school outings and activities. (Saunders, Naidoo & Griffiths, 2007, p. 51)

It is worth bearing in mind that the client sample are just that; they are clients of welfare agency and yet experience serious deprivation even though they have access to those welfare services:

> This is dramatic evidence that the benefits of economic progress and rising living standards have not been shared amongst all Australians, with many still experiencing severe deprivation in many dimensions, even after accessing support from a welfare service. (Saunders, Naidoo & Griffiths, 2007, p. 51)

The findings outlined above refer to the clients sample in general; the research indicates that deprivation is even more severe among vulnerable groups including Indigenous Australians, public renters, sole parent families and those who are unemployed. The severity of this deprivation is summed up by the fact that almost one third of people in the client sample face deprivation in eight or more areas identified by the majority of respondents as essential.

Analysis of links between deprivation and poverty within this research indicate clearly that deprivation increases sharply when the income level falls below certain levels, and, consequently many people who are dependent on inadequately funded welfare payments, government pensions or allowances are "likely to experience a substantial level of deprivation" (p. 63). Not surprisingly the researchers comment that "this finding has obvious implications for the adequacy of existing social security payment levels, when judged by their ability to support a living standard free of deprivation" (Saunders, Naidoo & Griffiths, 2007, p. 63).

Since the research which is the focus of this thesis is concerned with competing constructions of social exclusion/inclusion rather than meanings constructed for poverty or deprivation it is the indicators of social exclusion derived from the surveys that are focused on here. .

As with the PSE Survey (Pantzasis, Gordon and Levitas (2006) analysed earlier in this chapter, the indicators of social exclusion identified by the 'left out and missing out' survey researchers (Saunders, Naidoo and Griffiths, 2007) are presented here in detail, not just because the research findings highlight the extent of social exclusion revealed by the survey but because the dimensions the researchers have focused on identify what their construction of social exclusion is. As the following table indicates Saunders, Naidoo & Griffiths (2007) construct social exclusion in terms of disengagement, service exclusion and economic exclusion.

Table 4: Indicators of social exclusion

Disengagement (9 indicators)	Service exclusion (10 indicators)	Economic exclusion (8 indicators)
No regular social contact with other people	No medical treatment if needed	Does not have $500 in savings for use in an emergency
Did not participate in any community activities in the last 12 months	No access to a local doctor or hospital	Had to pawn or sell something, or borrow money in the last 12 months
Does not have a social life	No access to dental treatment if needed	Could not raise $2000 dollars in a week
No annual week's holiday away from home	No access to a bulk–billing doctor	Does not have more than $50,000 worth of assets
Children do not participate in school activities or outings (School age children only)	No access to mental health services	Has not spent $100 dollars on a 'special treat' for myself in the last 12 months
No hobby or leisure activity for children	No child care for working parents (working age parents only)	Does not have enough to get by on
Couldn't get to an important event because of lack of transport in the last 12 months	No aged care for frail older people (70+ only)	Currently unemployed or looking for work
Could not go out with friends and pay my way in the last 12 months	No access to a bank or a building society	
Unable to attend wedding or funeral in the last 12 months	Couldn't keep up with payments for water, electricity, gas or telephone in the last 12 months	

(Adapted from Saunders, Naidoo & Griffiths, 2007, p. 70)

It is clear from analysis of the incidence of these indicators that social exclusion among the general community sample is closely tied to lack of access to services. For example, the three indicators with the highest incidence for the general community were "no child care for working parents (52.7 per cent); no access to disability support services when needed (50.2 per cent); and, no access to aged care services (47.8 percent)" (Saunders, Naidoo & Griffiths, 2007 p. 72). Sixty per cent of the welfare client sample also had no access to child care or disability services when required, and experienced even higher incidence of other indicators of exclusion. For example, the top four indicators of exclusion for the client group were "living in a jobless household (73.6 percent); does not have $500 dollars in savings for an emergency (73.6 per cent); no annual holiday

(72.6 per cent); and, has less than $50, 000 in assets (72.4 per cent)". The seriousness of this experience of exclusion is reflected in the finding that many people are unable to participate in basic activities routinely taken for granted. For example:

- 13 percent of the community sample and 24.2 percent of the welfare client sample have no regular social contact with other people;
- A fifth of the community sample and over half of the welfare client sample could not go out with friends and pay their way in the last 12 months. (Saunders, Naidoo & Griffiths, 2007, p. 74)

Overall, the extent and severity of exclusion is borne out in multiple other ways:

- Around 11 per cent of the client sample and about one third as many in the community sample are excluded from medical treatment;
- Significant numbers of the welfare service clients (over 40 percent) have faced exclusion from basic domestic services over the past 12 months as a result of being unable to pay their utility bills; and,
- Almost one in ten of the community sample and one quarter of the client sample had not spent $100 or more on a 'special treat' for themselves over the last year, and close to one third of the client sample had been forced to pawn or sell something or borrow money from a money lender. (Saunders, Naidoo & Griffiths, 2007 p. 74)

As with incidences of deprivation, the incidence of social exclusion is even worse among vulnerable groups including:

- Younger people (those under 30);
- Single older people (those aged 65 and over)
- Sole parent families;
- Unemployed people;
- People with a disability
- Private renters;
- Public renters; and
- Indigenous Australians.

(Saunders, Naidoo & Griffiths, 2007, p. 75)

Furthermore, it is clear that many people experience the cumulative impact of multiple forms of exclusion. For example:

Between 8 percent and ten percent (around one in eleven) of the community sample experience 4 or more examples of disengagement and service exclusion while closer to 22 per cent (one in

four) of the client sample are similarly affected. But it is in relation to economic exclusion where the difference between the two samples is starkest. Thus while only 7.5 per cent of the community sample experience four or more indicators of economic exclusion, the corresponding percentage for the client sample is *more than eight times higher* at over 57 per cent. The disparity between the low incidence of multiple exclusion within each form [of exclusion] and the comparatively high incidence of multiple exclusion overall suggests that while people may face low combinations of each specific form of exclusion, the cumulative effect is more pronounced. (Saunders, Naidoo & Griffiths, 2007, p. 79)

In order to explore whether poverty, deprivation and social exclusion are not only conceptually different but different in practical terms, the 'Towards New Indicators of Disadvantage' project draws on analysis of the incidence of the various indicators across to establish the degree of overlap between those who experience deprivation and exclusion and those people identified as poor because their incomes fall below the poverty line. As is pointed out:

> The extent of this overlap has an important bearing on whether or not the new indicators add to our understanding compared to relying solely on poverty to identify where disadvantage exists. (Saunders, Naidoo & Griffiths, 2007, p. 81)

For the purpose of estimating this overlap, it is necessary to estimate the poverty rate and to "reduce both deprivation and exclusion to a single dimension that can be compared with the standard ('headline' poverty rate)" (p. 81). The poverty rate for this purpose was set by the researchers at the benchmark widely used in Australian poverty studies that is: "One half of median equivalised (gross) household income" (p.81). The poverty rate among the client sample using this measure is 61.9 per cent; that is more than three times the poverty rate among the population sample (17.7 per cent).

 In order to identify similar sized groups "at the lower end of the spectrum of disadvantage" within the community sample, so as to aid comparisons with the group defined as experiencing poverty, deprivation was defined as experiencing 3 or more indicators while social exclusion was defined as 7 or more exclusion indicators. When the community data were analysed using these deprivation and social exclusion measures: "the deprivation and social exclusion rates were found to be 18.8 per cent and 17.9 per cent respectively". For the welfare client sample the rates were: "far higher at

61.9 percent (deprivation) and 62.4 per cent (exclusion)" (Saunders, Naidoo & Griffiths, 2007, p. 82). The overlaps between income poverty, deprivation, social exclusion overall and the various identified forms of social exclusion, in percentages, are summarised in Table 3, below.

Table 5: Overlaps between income poverty, deprivation and social exclusion

	Community Sample	Client Sample
Poverty Rate	17.7	61.9
Deprivation Rate	18.8	61.9
Social Exclusion Rate	17.9	62.4
Percentage in poverty who are also deprived	39.2	66.0
Percentage in poverty who are also excluded	36.6	71.0
Percentage in poverty who are also deprived and excluded	28.7	60.9
Percentage in poverty who are also disengaged	29.5	42.9
Percentage in poverty who are also service excluded	29.7	44.0
Percentage in poverty who are also economically excluded	35.1	84.8
Percentage Core disadvantaged	5.1	37.7

(Adapted from Saunders, Naidoo & Griffiths, 2007, p. 82)

Analysis of the overlaps among the three conditions indicates that while income poverty, deprivation and social exclusion do overlap and so are not experienced completely independently of each other "The overlaps are well below the 100 per cent figures that would exist if the three conditions affected exactly the same groups" (Saunders, Naidoo & Griffiths, 2007, p. 83).

Overall, the findings may be summarised as follows:

> At least for the community sample, although poverty deprivation and exclusion each affect a similar percentage of the sample, they do not overlap to a great extent and thus mainly affect different groups of people. (Saunders, Naidoo & Griffiths, 2007, p. 84);

> The overlap for the client sample… are all much higher than those for the community sample, reflecting the increased severity of the problems faced by this group and the greater likelihood that different forms of disadvantage are experienced simultaneously. (Saunders, Naidoo & Griffiths, 2007, p. 86); and

These results reveal that the three aspects of social disadvantage examined in this report—poverty, deprivation and exclusion—affect different groups in the population, even when the three concepts are defined in such as way as to produce estimates that are similar. This is an important finding because it implies that the extent and nature of social disadvantage will be better understood using all three indicators rather than relying on any single one of them. (Saunders, Naidoo & Griffiths, 2007, p. 86)

The above analysis of the overlap between poverty, deprivation and exclusion is presented in this analysis, even though this thesis is concerned with meanings for social exclusion rather than the extent to which it is experienced, because it highlights the complexity of the relationship between exclusion and poverty and deprivation. This in turn highlights the need to recognise the multidimensional nature of exclusion, rather than focusing on narrowly defined constructions of inclusion in terms of various kinds of participation, as is discussed in detail in Chapter 7.

On a separate note, throughout the report comparisons between the community sample and the welfare client sample highlight the severe and multiple disadvantage experienced by those dependent on low incomes. While this extreme disadvantage clearly requires highlighting and addressing, its very severity distracts attention from the fact that although the percentages experiencing poverty, deprivation and exclusion among the general population sample are *relatively* low by comparison, the percentages quoted translate in to a lot of severely disadvantaged living in a prosperous country. For example, the finding that 5.1% of the people in community sample can be categorised as 'core disadvantaged', may not sound like much when compared with the 30.8 per cent of people who are 'core disadvantaged' among the welfare sample, until one realises that 5.1 per cent of the population of Australia would translate in to approximately 1 million people. While the findings have not been generalised in that way it does give one pause for thought: that is a lot of people to be potentially disadvantaged to the extent that they "have low incomes below half the median income while simultaneously experiencing both 3 or more deprivation conditions and seven or more exclusion indicators" (Saunders, Naidoo & Griffiths, 2007, p. 84)

In terms of the meaning constructed for social exclusion and related terms within the "Left out and missing out: Towards new indicators of disadvantage" research project (Saunders, Naidoo & Griffiths, 2007), social exclusion is conceptualised as complex

and multidimensional, as evidenced by the identification of 27 indicators across three forms of exclusion; namely, disengagement, service exclusion and economic exclusion. However, the identification of economic exclusion as a form of exclusion does not mean that the researchers conceptualise exclusion as synonymous with poverty or with deprivation. On the contrary, the ways in which the authors derived the indicators for social exclusion from the SPRC survey highlights their construction of meaning for social exclusion with respect to the distinctions they make between deprivation and exclusion. Rather than define exclusion in terms of indicators relating only to a lack of resources, or 'what people cannot afford', the focus in this construction of meaning for social exclusion is on indicators of what people 'do not do' even though 'those activities are customary and widely practiced in the society in which they live'(Saunders, 2008, p.14).

Overall, these researchers clearly come to the conclusion that poverty and social exclusion are both conceptually different and are experienced separately in the general community, even though they may be experienced simultaneously particularly by the most disadvantaged groups in the community. These researchers also demonstrate the distinction between poverty defined in terms of a headline indicator—one half of median gross household income—and economic exclusion, characterised by a range of 8 indicators as outlined in Table 3 above. While poverty is conceptualised as separate from social exclusion, economic disadvantage is not; it is a central feature of this construction of meaning.

In addition, it is clear from the language used throughout the research report that this construction of meaning identifies system level restrictions and blockers as the principal drivers of poverty, deprivation and social exclusion, as demonstrated by the following quote:

> Poverty, deprivation and social exclusion are distinct but overlapping concepts, but together they cover what most people understand by the term 'social disadvantage' which involves restricted access to resources, lack of participation and blocked opportunities. (Saunders, Naidoo & Griffiths, 2007, p. 17)

When identifying actions that need to be taken to address the poverty, deprivation and social exclusion that the research reveals, the researchers identify as a priority that:

> Those disadvantaged people who are the target of such actions should also be involved in these processes and decisions if they are to have maximum impact. This research has benefited from listening to the voices of low income and disadvantaged Australians and so too should the actions it generates. (Saunders, Naidoo & Griffiths, 2007, p. 90)

The appropriateness of this focus on social exclusion is borne out by the researcher's summary of the 'Left Out and Missing Out' project which clearly states that:

> Social exclusion is a major problem that affects significant numbers of Australians: for example, the exclusion incidence rates of many of the separate indicators exceed 40 per cent, even among the community sample, while a severe level of multi dimensional exclusion (experiencing 6 or more separate indicators simultaneously) affects 24 per cent of the community sample and three times as many (70 per cent) of the client sample... This initial examination of the issue has demonstrated social exclusion is an issue that affects many Australians and that action is needed to combat its causes, manifestations and consequences. (Saunders, Naidoo & Griffiths, 2007, p. 80)

In keeping with the recommendations arising from the 'Left Out and Missing Out' research project as outlined above, and echoing the approach taken by Stewart, Reutter, Makwarimba et al. (2008), the research presented in this thesis is inherently shaped by the prioritising of the voices of people experiencing actions arising from social exclusion related policies, in order to critique those policies and identify avenues for effective policy change.

Comments in a later publication related to the 'Left Out and Missing Out' project, (Saunders, 2008), also highlight the high incidence of exclusion and calls for strong evidence based policy responses to address disadvantage including social exclusion. It goes on to identify the need to explicitly develop effective policies to address social problems such as poverty, deprivation and exclusion rather than assuming that they will automatically be solved by policies aimed at maximising economic growth:

> We need to develop sound social policies to address our social problems, just as we need good economic management to promote strong economic growth. The factors that contribute to

disadvantage inhibit people's capacity by blocking their opportunities to participate and lead fulfilling lives. (Saunders, 2008, p. 16)

To summarise then, the meaning for social exclusion constructed in the research literature referred to thus far is a multidimensional one. It highlights the complex interactions between a lack of resources (not just inadequate income), and the social dimensions of social exclusion and isolation which include non-participation in common social activities, lack of social networks—which is linked to individuals being socially isolated—lack of support on a routine basis and in times of crisis, ill health, and disengagement from community, political and civic activity. This construction of meaning also emphasises the complex interaction of influences at various levels of society, ranging from the personal to the global and the impact of influences over time, so that social exclusion is both multidimensional and dynamic, and is simultaneously contributed to by factors from the structural to the personal.

Social Exclusion as Non Participation in the Labour Market

As indicated above, a range of researchers have identified labour market exclusion as a key dimension of social exclusion. Levitas (2006) identifies a conceptualisation of labour market exclusion as central to social exclusion as the dominant one in European social policy in mid 1990s. In this conceptualisation, paid work rather than access to resources more broadly is identified as the mechanism by which people are integrated in to society. Therefore in this view "social exclusion is construed as labour market exclusion or lack of paid work, either at an individual or household level" (p. 125).

It needs to be pointed out that the vast body of literature relation to labour market dynamics and the increasing employment related problems that many people face in our post industrial and globalised world is not the focus of this thesis and so references to that literature are included here only when they are linked specifically to issues of social exclusion.

Levitas points out that this focus on paid work pervades the 'National Action Plans for Social Inclusion' developed by individual EU countries even though the EU Summit in

Nice in 2000, stipulated that these plans have to be developed in keeping with four key objectives, which are:

- Facilitating participation in employment and access by all to resources rights, goods and services;
- Preventing the risk of exclusion;
- Helping the most vulnerable; and,
- Mobilising all relevant bodies in overcoming exclusion.

In both Britain and Australia a notable feature of policies to address labour market exclusion is the way in which they have become apparently inextricably linked to policies designed to reduce the cost of welfare payments. This approach is very much evident in the emergence of the Blair Government's 'Welfare to Work' policy agenda in the UK which, as the name suggests had a strong focus not only on getting people in to the paid workforce but off welfare payments (Bailey, 2006; Levitas, 2006).

Similarly in Australia, the former Commonwealth Government (1996-2007), deployed the social exclusion discourse to assert that that non-participation in paid work, or more particularly dependence on welfare is the cause of exclusion, rather than a lack of resources, and that the solution is to reduce the welfare safety net to a minimum so as to encourage people to participate in the paid workforce (Commonwealth of Australia, 2002).

While it is difficult to argue with the statement in that publication that "People who depend on income support rather than paid work face increased risk of financial hardship and social exclusion" (p. 5), there seems to be an unquestioned assumption that it is being in receipt of welfare payments per se that causes the financial hardship and social exclusion. Other contributing factors receive far less attention, such as the inadequacy of the level of payments, for example, or the deficiencies in collectively provided services (such as public transport, education and health care), which research indicates are a vital additional resource for people living on a low 'income' whatever its source (Pantazis, Gordon & Levitas, 2006; Saunders, Naidoo & Griffiths, 2007).

This document goes on to say that "The Government believes that Australia is best served by a safety net that encourages participation, through a renewed emphasis on expecting Australians to use all their existing capacities" (Commonwealth of Australia, 2002, p.7). As pointed out by Saunders (2003), the influence of Nobel Prize winning economist Amartya Sen can be discerned in this quote and elsewhere through this document. However, a narrow focus on encouraging participation in the labour market by reducing eligibility for welfare payments, is at odds with the more comprehensive and dialectical approach to complex social issues he advocated in 'Development as Freedom', (Sen, 1999):

> The freedom of agency that we individually have is inescapably qualified and constrained by the social, political and economic opportunities that are available to us. There is a deep complementarity between individual agency and social arrangements. It is important to give simultaneous recognition to the centrality of individual freedom and to the force of social influence on the extent and reach of individual freedom. (p. xi)

Recognition of any such 'complementarity' is not evident in the Commonwealth Government documents which convey a sense that 'participation' and 'indeed using existing capacities' is a simple matter of choice requiring individual initiative or agency and just needs to be encouraged. As Saunders (2003) puts it there is "little recognition of how participation is constrained by the embedded structures and processes that give rise to exclusion" (p. 16).

To extend this point, researchers such as Bailey (2006) point out that paid work is a necessary condition of inclusion for those who want to be engaged in it, and therefore governments need to not just recognise but address processes that give rise to labour market exclusion:

> There is thus an implied obligation on the state to ensure that there is work available for those who want it, although governments have been keener to stress the reciprocal obligation that those able to work should do so. (p. 166)

MacLeavy (2006) makes the point that the way in which the discourse of social exclusion has been developed, by the New Labour government in the United Kingdom

(UK) in particular, has contributed to the spread of the kind of 'welfare to work' policies, referred to above:

> The shift from social exclusion's conception as a process to its identification as an outcome legitimates the establishment of workfarist policy by diverting attention from the demand-side and structural causes of long-term unemployment that the state is unable and /or unwilling to address. Thus while long established industries give way to new ones in new locations, demanding new skills, the state is able to extend its supply side-agenda through rhetoric that not only 'squeezes out' the question of why unemployed individuals are consigned to social exclusion…but also neglects the experience of non-economic exclusion, occurring as a result of discrimination along axes of gender, race, sexuality, disability and age. (p. 93)

Even if participation in paid work was simply a matter of choice, and not subject to constraints both structural and personal, research indicates that in certain circumstances it has negative consequences for aspects of social inclusion such as participation in common social activities. For example, Levitas (2006) identifies that time for social participation is squeezed by paid work, overtime and unpaid work. Based on analysis of the PSE data, Bailey (2006) also makes the important point with respect to the possibilities offered by part time work:

> More work is not always better in terms of social inclusion. In terms of support and in terms of contact with family and friends, part time employment was associated with significantly lower levels of exclusion than either no work or full-time work… one implication may be the need to pay more attention to the positive value of part time working and to challenge the view that sees this as second best. Part time working for many people should be seen as preferable and should be rewarded accordingly—and the incentives or pressures to work full time should be reduced. (p. 180)

In addition, analysis of the PSE Survey findings (Levitas, 2006) indicates that:

> People of working age who were not in paid work but *not* living in a poor household had both the best practical support and by far the best emotional support in the sample'… The implication if confirmed by further research would be that non participation in paid work, when not accompanied by poverty' does not produce social exclusion. It may indeed provide the basis for greater social participation and integration because of the freeing up of time to invest in social relationships. (p. 149)

While the numbers of people in this situation are small, this finding does at least support questioning of the assertion that it is participation in paid work itself which prevents

exclusion. This analysis of the PSE findings (Levitas, 2006) raises the point that exclusion may have as much to do with the lack of resources which results from lack of sufficient paid work in tandem with increasingly restricted access to compensating welfare payments, as with the lack of work itself.

Apart from the points made above it is vital to remember that for many people participation in the labour market per se does not necessarily result in adequate income, or, independence from welfare payments or inclusion in supportive networks that help to prevent social exclusion. Levitas (2006) summarises this reality as follows:

> Individual labour market activity is frequently promoted for its intrinsic benefits in providing an arena of social contact and interaction and as the basis of self esteem and social recognition, as well as the instrumental benefit of affording a (potential) route to adequate income. It has therefore a normative and a practical significance—even though particular jobs may afford neither social satisfaction nor an income sufficient to lift workers out of poverty, or out of dependence on benefits. (p. 136)

Several other researchers (for example, Jackson et al, 2000; Rodgers, 1995) point out that changes in the labour market have actually contributed to social exclusion for many people not just by increasing unemployment but by increasing the numbers of 'bad jobs' that are available, that is jobs "that are insecure, require few skills, have poor pay and few if any benefits" (Yates & Leach, 2006, p. 348). In addition, many jobs formerly regarded as good jobs had been transformed for the worse. Based on detailed interviews with working people in Canada for example, Yates and Leach (2006) have concluded that:

> The… workers we interviewed had well paid jobs with benefits. Yet, as the labour markets became characterised by growing precariousness, and governments reduced regulations, and cut social supports, the conditions of the labour market transformed workers experiences of these 'good' jobs, feeding feelings of insecurity and lack of control. Workers coped by working longer hours. In turn, this response to the labour market impacted on home life and their capacity to participate in community life. (p. 365)

Overall, these researchers sum up the range of problems associated with the assumption that paid work alone is the solution to social exclusion. These include the decreased value and respect accorded to people who do industrial or manual work, increasingly

precarious employment and associated pressure to work longer hours, and the undervaluing and ignoring of the "important contributions that other unpaid activities make to inclusive participatory societies" (p. 365).

Overall, Yates and Leach (2006) summarise concerns raised by numerous other researchers when summarising concerns about a straightforward causal link between employment and inclusion, or indeed unemployment and exclusion, as follows:

> At the heart of many of these problems lie the feelings of declining control expressed by workers over work, their daily lives and the future. Organisations and practices that traditionally operated as mechanisms for cultivating social inclusion—the company itself in an earlier paternalistic mode, unions, social democratic parties, community and social policies—now fail to counter the dislocating, alienating and individualising effects of the labour process and labour market. Instead of rewarding their commitment to jobs with continued security, the labour market has been restructured to encourage self-sufficiency and competition, in turn feeding feelings of insecurity and vulnerability, rather than community and solidarity. (p. 366)

The emerging evidence that full time work, particularly when it involves long hours, works against social inclusion adds another perspective to the whole 'work life balance agenda'. As Bailey (2006) points out if a reduction in social exclusion is a genuine concern, then governments need to address the obvious tensions between reducing the time spent at work in order to achieve better social inclusion, and, the drive to reduce the bill for welfare payments. Hammer (2004) comes to the conclusion that what is needed is a fairer distribution of work to address two emerging trends: an increase in uncertainty with respect to work as work becomes increasingly precarious for a growing number of people while at the same time longer working hours are becoming an increasing expectation. She draws our attention to an alternative approach taken by France which has introduced legislation to introduce a 35 hour working week in order to reduce long working hours for those already working and create more opportunities for the unemployed or underemployed. Hammer reflects on how this approach contrasts markedly with that of the [then] Australian Commonwealth Government with its focus on increasingly divisive politics of employment, manifesting as increasing activity tests with respect to social welfare eligibility and pathologising of the unemployed or underemployed. Such developments are not unique to the UK and Australia, as is recognised by the WHO Commission on the social determinants of health, in their final

report: 'Closing the Gap in a Generation' (CSDH, 2008). That report includes among the things that must be done to ensure health equity both "ensuring safe, secure and fairly paid work… and a healthy work-life balance for all" (p. 6) *and* establishing and strengthening "universal social protection policies that support a level of income sufficient for healthy living for all" (p. 7)

Similarly, the present Australian Labor Government, which came to power in 2007, has also developed policy which conceptualises social inclusion as participation in paid work, as is discussed in detail in the 'Critical analysis of policy' chapter, which follows this one.

Rather than take the approach advocated for by the WHO, referred to above, discussion of social exclusion in connection with welfare reform and indeed other reform agendas is increasingly developing a tendency to characterise exclusion as somehow a characteristic of the excluded themselves. This 'blaming the excluded' approach is by no means confined to the UK and Australia and manifests itself, for example, in the 'underclass' discourse that researchers have identified as a consistent and pervasive feature of discussions about poverty and exclusion in the USA (Arthurson, 2004; Wilson, 2006). Levitas (1998) labelled this common tendency towards blaming exclusion on the deficiencies of the excluded themselves as the moral underclass 'MUD' discourse. She contrasted it with 'SID' (social integrationist) discourses that focus on the integration of those on the margins in to mainstream society, and the aptly named 'RED' discourse which seeks to address exclusion by focusing on the redistribution of resources across society as a whole (Levitas, 1998).

Concerns with respect to its 'MUD' underpinnings have been expressed about, for example the 'Bridging the Gap' initiative put in place by the Social Exclusion Unit (SEU) in the UK, (SEU,1999) which seeks to address disadvantages faced by young people in the 16 to 18 years age group, including non participation in formal learning. While applauding other achievements of the SEU, Colley and Hokinson (2001) provide a critical analysis of this initiative which identifies that:

> Bridging the Gap describes the young people to which it refers almost exclusively in terms of
> their lacks and needs…their attitudes, values and beliefs are seen as key factors in reinforcing

their non- participation, and therefore, as aspects of *self*-exclusion. Overwhelmingly, they are portrayed as deficient, delinquent, or a combination of the two, as are their dysfunctional families and communities. (Colley and Hodkinson, 2001, p. 340)

The researchers identify that this underpinning conception of the problem, along with an unrealistically short tight frame, reliance on the allocation to individuals of 'Personal Advisers'—who have minimal preparation for this role—as the principal program strategy, and the imposition of very stringent and narrowly defined output measures has resulted in what Colley and Hodkinson (2001) describe as: "The reversal of structure and agency", summarised as follows:

The approach [taken] reverses the role of structure and agency. That is, it attempts to address deep seated structural problems through a strongly individualistic agency approach, while individually focused agency-enhancing activity is approached through a prescriptive structural framework.

We help those at risk to help themselves, for example through the appointment of a Personal Adviser, but only in ways that we have predetermined in advance within an unrealistically short time scale that we have imposed.

Deep seated and increasing inequalities, for example of class, ethnicity, gender, sexual orientation, disability and place of abode, are unaddressed and rendered invisible in the continuing discourse of individualism and its closely associated victim-blaming. (Colley and Hodkinson, 2001 p. 354)

In sharp contrast to this view, the most vitriolic example of not recognising structural factors and victim-blaming that this researcher has encountered comes from Saunders and Kayoko (2002), from the Centre for Independent Studies. They agree that the use of social exclusion, rather than poverty, implies causation but take exception to what they see as the unfair allocation of that causation, so that "the familiar culprits are in the frame—the government, the rich and society in general" (p. 11). Overall, their dissatisfaction with the use of the term seems to be that:

The concept of social exclusion rules out the possibility that some people might bring their fates upon themselves…exclusion is something that happens to you, not something you make happen. Even if you make a conscious decision to truant from school, quit your job, take heroin, have a baby without a partner to help raise it, burgle somebody's house or set out on any of the other

paths that qualify you as socially excluded, it is always going to be somebody else's fault, for the language of social exclusion is expressed in the passive voice. To identify someone as poor is to leave open the question of responsibility and fault: to identify them as 'excluded' is to pre-empt it. (Saunders and Kayoko, 2002 p. 11)

This view could hardly be further from the view expressed by Martin (2004), who identified the utility in policy analysis terms of a conception of social exclusion that recognised both the structural economic dimensions and the role of human agency. Clearly in contrast to the Saunders and Kayoko view, she saw social exclusion as a "useful heuristic device that may be used to mount a credible critique of the underclass thesis and to formulate a more sensitive theory of the activities of the poor" (p. 90).

Increasing system level inequalities, and their impacts on both inclusion and health, are raised by Stewart, Reutter, Makwarimba et al. (2008). They identify the negative impacts of globalisation on peoples' experiences of work and on their health, and advocate for policies to address these structural causes of exclusion, as follows:

Globalisation increasingly leads to employment insecurity, resulting in greater segmentation of the labour market, more part-time precarious and low paying jobs, and sometimes unemployment. Therefore to create employment and improve incomes and working conditions—prime social determinants of health—policy makers need to restructure policies governing the flow of capital, global trade agreements, and local policies governing wages. (Stewart, Reutter, Makwarimba et al., 2008. p. 90)

They go on to make the point that:

Such intervention policies are more effective than those that target the symptoms: the psycho-social strategies dealing with depression, isolation and low self esteem. (p. 90)

Concerns about the shift of emphasis from addressing the system level causes of exclusion to making individuals and groups responsible for addressing it, under the guise of 'community empowerment' is also evident in recent research in the United Kingdom (UK) (MacLeavy, 2009). That research draws on a 'New Deal for Communities' (NDC) programme being implemented in Bristol (UK). As is explained in the report on that research, "through NDC, the government seeks to establish a 'new

social contract' that requires all citizens to engage with—and foster co-operation within—the communities in which they live" (p. 850).

While acknowledging that NDC programs have had some success, this research concludes that such programs have not facilitated genuine empowerment for local communities because the program is underpinned by a competitive "market-driven model of neo liberalism" (p. 872) that is fundamentally at odds with the collaborative ethos of community development and empowerment.

> In NDC, community is employed to facilitate economic inclusion and regeneration. Local empowerment and capacity-building are increasingly focused on the ways in which communities—or more specifically the individuals within them—can be better 'trained' and 'assisted' to contribute to pre-existing policy processes and defined programmes of action. (Macleavy, 2009, p. 871)

Very recent research (Fudge, 2009) echoes the concerns expressed by the researchers referred to above, about policies that place the onus for change on personal agency rather than system level structures. Writing about capacity building in North Wales, which was undertaken as part of European Union (EU) area regeneration initiatives, and drawing on interviews with individuals working in these regeneration areas, he comes to the conclusion that when trying to develop capacity and promote individual agency it is vital to take structural changes in to account. Such structural changes include:

> While the new global or information economy may well mean greater opportunities for some, others have been excluded from the new informational network while having to bear the full force of these changes. As well as the move of the labour markets out of these areas, the power of large industrial unions have been diluted; the old industrial jobs have moved out; welfare state agencies have become victims to cuts in public spending; social network points such as the local pub, church, family or community centre are no longer the influential nodes of communication that they once were. (Fudge, 2009, p. 70)

Overall he comes to the conclusion that:

> In order to understand 'capacity'…it is important to look at the social and economic circumstances into which this has become political currency…a program positing agency as the new risk bearer in community development projects may often be unrealistic given many of the

structural issues that characterise these spaces… It could be reasonably argued that regeneration

programs would be more effective as a means through which to tackle social exclusion and

community development through a shift away from the current emphasis on quantifiable

outcomes and measureable targets… the relationship between structure and agency is often

complex… development initiatives…must adopt a more flexible approach (p. 74)

Clearly as the above analysis shows, researchers differ in their conceptions of the role of workforce participation with respect to social inclusion and exclusion, and with respect to where they place responsibility for inclusion and exclusion. These conceptual differences will be returned to later in this chapter, following discussion of another source of variation in researchers' conceptions; namely, the extent to which they embrace or otherwise, concepts more usually located within the discourse of social capital and social cohesion, as presented below.

Social Inclusion as Social Capital and Social Cohesion

In addition to research which conceptualises social exclusion/inclusion in the ways outlined above, there is a body of research and social policy which constructs the inclusion or exclusion of individuals or groups in terms of social cohesion and the development of social capital; analysis of research relating to the construction of meaning for these interrelated terms as they are related to exclusion and inclusion is the focus of this section of the literature review.

Almost invariably researchers using the term social capital in contemporary literature refer to the work of Robert Putman, now at Harvard University, who has produced several very influential publications, including 'Bowling Alone; America's declining social capital' (Putman, 1995) and 'Bowling Alone: The collapse and revival of American community' (Putman, 2000). Putman (1995) introduces the idea of social capital as follows:

Social capital refers to connections among individuals—social networks and the norms of

reciprocity and trustworthiness that arise from them. In that sense social capital is closely related to

what some have called 'civic virtue'. The difference is that 'social capital' calls attention to the fact

that civic virtue is most powerful when embedded in a sense network of reciprocal social relations.

A society of many virtuous but isolated individuals is not necessarily rich in social capital. (p. 19)

The concept of social capital has been adopted and expanded by a range of international organisations that shape policy setting agendas at the international level in multiple ways. For example, the OECD adopted the concept of social capital, and drawing on Putman's original work drew attention to three forms of social capital:

- Bonding capital, which refers to relationships between members of groups such as families and ethnic groups and is generally characterised by high levels of trust and adherence to cooperative norms within the groups;
- Bridging capital which refers to relationships with distant friends, associates and colleagues; and,
- Linking capital which refers to hierarchical relationships between members of different social strata. (OECD, 2001)

As Putman (2000) pointed out "These are not either-or categories to which social networks can neatly assigned – 'but "more-or-less" dimensions along which we can compare different forms of social capital" (p. 23). The different kinds of ties that characterize these forms of social capital have both advantages and disadvantages. For example, the kinds of interactions that characterize 'bonding' capital among families and close knit circles of friends, as the name suggests, lead to deeper trust but can be excluding of outsiders. Development of 'bridging' type ties may loosen ties with family but are more inclusive of outsiders and may promote a more outward looking and tolerant stance. 'Linking' capital provides access to useful networks in multiple ways (Putman, 2005).

Outside the social capital discourse, there is a large body of research which links civic engagement, social interaction and participation in social activities to increased health and well being for individuals and groups. The literature referred to in the introductory chapter of this thesis, which outlines the rationale for focusing on reducing social isolation in the project with which this thesis is associated, is an example. Similarly, the nature and extent of such interactions are explored and reported on in the literature on social exclusion arising from the PSE survey (presented above) but are presented as dimensions of 'poverty and social exclusion' experienced by individuals and groups and not framed as contributors to 'social capital'.

In some cases, issues which seem to link clearly to dimensions of social capital are dealt with in the context of other aspects of social exclusion more broadly. Writing in the context where he is addressing the complex relationship between exclusion, isolation and income Barry (2002) makes a point which would seem to be very significant in terms of social cohesion, but is not readily apparent in writings in that context. He points out that:

> There is an association between the dispersion of incomes and social exclusion, but it is not a straightforward one because the relationship is mediated by the experience of common fate through the sharing of common institutions. The significance of personal income for the capacity to share in common institutions depends on the accessibility of those institutions to all on a free or heavily subsidized basis. (p. 26)

He illustrates this point with respect to a number of common institutions including public transport, health and educational institutions and makes the critical point that even if these services are free they do not make personal income less important, or provide an experience of common fate, unless "their quality is uniform and high enough to make the free institutions the ones that are used by the vast majority of the population" (p. 26). It is not difficult to see that if this were so, 'linking capital' would not be required to bring about improvements to those services since those using them would include those who have the power to fix them. How different this would be from the situation at present where the well off can buy themselves out of using or caring about any publicly provided service (Hutton, 1995).

While such 'experience of the common fate' would seem to be a very positive contributor to social cohesion, the solutions suggested, focusing as they do on system level structures and processes, highlight what many researchers see as a principal drawback of the social capital approach to social exclusion; namely, that it seems to place most of the responsibility for including themselves back on communities without apparently recognizing in a realistic way the factors that mitigate against this.

Some researchers have sought to combine dimensions of social inclusion and social capital, in ways which conceptualises them as distinct but interconnected. For example, based on a literature review conducted to guide the development of a model for the measurement of social inclusion and social capital in Northern Adelaide, Wilson (2006) concluded that:

If Putman's notions of social capital are set beside other explanations of social inclusion, social exclusion and social capital then two relatively distinct categories of concepts can be discerned... concepts [that] are concerned with understanding the relationships which bring communities together… and concepts about understanding inter community relationships and how aggregate societies form. (p. 350)

Within these two categories, and drawing on concepts developed by Putman (2000) referred to above, and earlier macro level theorists particularly Bourdieu, Durkheim, Marx and Weber, seven key concepts of social inclusion and social capital were identified. These key concepts are: "mechanical solidarity; organic solidarity; bounded solidarity; emotional solidarity; bonding social capital; bridging social capital; and, aggregate social capital" (Wilson, 2006, p. 357). Building on this work, the final report on that Project, titled: "Measuring Social Inclusion and Social Exclusion in Northern Adelaide" (Spoehr, Wilson, Barnett, Toth & Watson-Tran, 2007) expanded the key concepts to nine by adding both linking capital and social exclusion to Wilson's original seven key concepts, as outlined in Table 6, on the following page.

Table 6: Key concepts in community formation and social formation

Category A-Community formation	Category B- Social formation
Mechanical solidarity	Organic solidarity
Social cohesion based upon the likeness and similarities among individuals in a society, and largely dependent on common rituals and routines.	Social cohesion based upon the dependence individuals in more advanced society have on each other. Though individuals perform different tasks and often have different values and interests, the order and survival of society depends on their reliance on each other to perform their specific task.
Bounded solidarity	
Processes that facilitate the reciprocation of aid, and produce norms that work towards the communal good.	
Bonding social capital	Aggregate social capital
Bonding networks that connect people who are similar and sustain particularised (in–group) reciprocity.	The aggregate of the actual or potential resources that are linked to possession of a durable network of more or less institutional relationships of mutual acquaintance or recognition.
Emotional solidarity	Bridging social capital
Solidarity that binds groups together through the emotional bonds forged by collective activities. Can exclude those who have not shared the collective experience.	Bridging networks that connect individuals who are diverse and sustain generalised reciprocity.
	Linking social capital
	Relationships between people who are interacting across power or authority social structures, which leverage advantages for the owners of this form of capital.
	Social exclusion
	A subjective experience of inequality and unfairness as materially deprived people seek to obtain the unobtainable.

(Spoehr, Wilson, Barnett, Toth & Watson-Tran, 2007, p. 35)

In addition to incorporating what are referred to as "structural indicators of social disadvantage"; namely "employment; income; education; and, housing stress" (p. 24), this research developed three sets of indicators to measure social inclusion, social exclusion and social capital, described as follows:

The Social Networks Indicator was designed as a tool to examine the proportion of material support respondents received from friends, neighbours, relatives and work colleagues. Respondents were given a score if in the last year they had given and received help with one or more forms of assistance with everyday household and neighbour hood tasks such as with child minding, providing transport and looking after neighbours' houses when they were away. (p. 24)

The Community of Interest Indicator was devised to indicate participation in clubs and societies and the amount and quality of the networks derived from this participation. Respondents were given a score if they participated in one or more clubs and societies… [and for] the frequency with which they met with the group…and for having contact with one or more members of the group outside their meetings. The proportion of respondents who were in contact through their group with people in occupations of influence such as politicians, managers, people employed in professions and union leaders were also assessed.

The Social Inclusion Indicator explored indicators of community togetherness and closeness and whether differences between people living in the same community in terms of wealth, income, social status, ethnic background and age were perceived to have caused problems or brought benefits.

The three Indicators provided the basis for an instrument to measure survey respondent's perceptions of social inclusion, exclusion and social capital in Northern Adelaide. The data obtained can be triangulated with qualitative information collected by the project through discussion groups with survey respondents and interviews with key informants.

(Spoehr, Wilson, Barnett, Toth & Watson-Tran, 2007, p. 35)

The above quotes are provided rather than a summary of them, since the language used demonstrates how the researchers have combined concepts from social capital discourses to develop measures of social inclusion and exclusion. Drawing on explicitly 'social capital/social cohesion' derived terms within indicators of inclusion/exclusion, is a very different approach to that taken by others who steer away from any such linkages they see the social capital /cohesion discourse as inherently linked to expectations of conformity rather than to encouragement and acceptance of diversity, which is central to inclusion. For example, Levitas (1998) says: "The language of social capital linked to that of cohesion and is often primarily concerned with social order and stability" (p. 136).

On a similar vein Peace (2001) cautions about conceiving exclusion in terms of income poverty and /or cohesion because:

> Social exclusion narrowly defined as a synonym for income poverty is often used alongside the concept of social cohesion in the sense that a cohesive society is one in which (political, social and economic) stability is maintained and controlled by participation in the paid workforce. (p. 26)

Other concerns are raised about social capital not only because of the normativity and conformity that many see as underpinning it but also because of the use of the word 'capital' which seems to favour economic perspectives and capitalism itself. Expressing concern about both use of the word capital in 'human capital' and 'social capital', Levitas (2004) says:

> I am generally wary of the proliferation of terms such as social capital, cultural capital and human capital. They seem to me to reinforce the normalisation and naturalisation of capitalism itself and thus be part of a discourse which constructs 'there is no alternative' without even saying it. To value, or even describe the skills, attributes and developed capacities of a person or persons as human capital is to treat those persons as a means to an end, in this case capital production, rather than as ends in themselves. (p. 10)

While not explicitly addressing issues of social inclusion or exclusion, other researchers share the concerns expressed by Levitas (2004) and others referred to above, in terms of the 'normalisation and naturalisation' of certain conceptual approaches within contemporary neo-liberal citizenship discourses. For example, researchers such as Best (2007) and Means (2009) draw on Foucault's concept of 'governmentality' a neologism coined by Foucault to characterize the relationship between the art of government and the mode of rationality that it fosters and on which it depends' (Best, 2007, p. 94) to explore these issues. Best draws on this idea of governmentality to analyse the ways in which power and control over individuals and groups is exercised in neo liberal political contexts in an increasingly globalised world. She identifies 'the intimate and changing relationship between the political and the economic in the contemporary world' (Best 2007, p. 89) as key dimensions of neo liberal governmentality. One of the ways in which that changing relationship manifests itself is in the way in which international markets rather than political governance at the state level increasingly determine events at the local level. Dean (1994, 2007) addresses these issues in detail. He points to

numerous manifestations of the impacts of market providers on dimensions of social life including the privatisation of state agencies and health and education services, and the impacts of international financial markets and credit-rating agencies on government financial/ economic management decisions. These researchers raise numerous points that resonate with comments that researchers in the social exclusion sphere raise with respect to the tensions between diversity and conformity. On the one hand neo-liberal governance structures foreground individual choice and an attendant individual responsibility for economic and social well being but there is a normalising assumption that people are in fact able to do so. Not only that; but punitive measures often befall those who are not able, or not willing to perform within the expected norms so that in reality individual choice is constrained for citizens within neo liberal governance structures resulting in the sort of authoritarian rule that Hindess (2001) refers to as the 'Liberal government of unfreedom'. Means (2009) in a review of Dean (2007) also raises questions about the normalising impacts of neo liberal governance that is apparently founded on individual choice and enterprise. He makes the point that:

> Such questions help to foreground the variegated relations of knowledge and power defining the terrain in which political struggles over economic provision and social recognition necessarily take place. They also destabilize discourses that situate neo-liberal government as primarily governing through freedom, as governmental programs such as welfare reform, zero tolerance policies, and immigration enforcement apply heavy-handed modes of obligation and physical force against those positioned outside the norms of autonomy and full citizenship. (p. 138)

Overall it is clear that researchers concerned with issues of contemporary political governance more broadly, such as those referred to above, echo the concerns of social exclusion researchers about the focus on conformity that is inherent in neo-liberal agendas couched in terms of social cohesion. However, in spite of these concerns there are researchers who are not focused on neo-liberal imperatives or conformity that do recognise the usefulness of social cohesion, if not social capital, in capturing the idea of shared levels of trust, interaction, reciprocity and engagement. For example a recent report titled 'Dropping off the edge', conducted by Tony Vinson for Jesuit Social Services and Catholic Social Services (Vinson, 2007), which maps levels of social disadvantage right across Australia, estimates that nearly one third of all communities suffer from 'low social cohesion' where inadequate levels of community reciprocity,

trust and resources make it more difficult for individuals and families to overcome the individual and family problems that lead to poverty. Among other confronting findings the report shows that in every state in Australia a small number of communities are massively over-represented when it comes to the factors that cause or demonstrate disadvantage.

The report offers hope that disadvantage can in fact be reduced in these areas and makes a raft of very specific recommendations relating to targeted policy and program development in the areas of:

- Government planning and funding;
- Health
- Education and training
- Community strengthening
- Transport
- Housing
- Prisons, and
- On going data collection.

Given the identification of this range of recommendations, the construction of meaning underpinning the Vinson (2007) research echoes the concerns identified by researchers favouring a multidimensional analysis of exclusion even though it is framed in terms of social cohesion. Overall then, while it is clear that some researchers do perceive social capital/social cohesion as overlapping with social exclusion, the conceptualisation of social inclusion in terms of social capital and social cohesion otherwise tends to focus on building and sustaining complex social networks and the "norms of reciprocity and trustworthiness that arise from them" (Putman, 1995, p. 19) rather than on exclusionary processes and forces at a structural societal level.

In addition to the qualitatively different ways in which researchers construct meaning for social exclusion and related terms with respect to poverty, multidimensional disadvantage, workforce participation, social capital and social cohesion, researchers' conceptions differ in terms of how they perceive the usefulness of adopting social

exclusion as a discourse to advance social policy. Analysis of this issue is the final section of this literature review.

The Usefulness of Social Exclusion/Inclusion as Concepts

Drawing on Rodgers (1995) and Room (1999), and summarising the issues which emerged throughout this review, it is clear that many researchers regard taking a social exclusion/ inclusion approach to social policy as useful in many ways including the following:

- It facilitates a multi-disciplinary, multi-dimensional approach, creating a framework which brings together economic, social cultural aspects of deprivation both materially and with respect to rights;
- It provides a focus on exclusionary processes rather than just on characteristics of the excluded;
- It places a focus on social actors and agents who contribute to exclusion; and,
- It recognises the impact of processes at many levels including those which operate at the international, national and regional and institutional and individual level.

Jones & Smith (1999) conclude that a social exclusion framework "adds value" to existing approaches to social policy analysis by expanding our understanding of a range of concepts such as poverty, inequality, citizenship, solidarity, difference and place, which form the "conceptual pillars of social democratic approaches to social policy analysis" (p. 16). Similarly Rodgers (1995) identifies that social exclusion has operational value; it "promotes thinking about inequality not as an abstract, theoretical concept, but in terms of its practical implications for peoples lives" (p. 53). Rodgers also identifies the need for a trans-national perspective on exclusion particularly when it comes to policy development because:

> A purely national perspective on social exclusion is likely to promote inclusion by either redrawing the mental boundaries around the populations concerned—so that immigrants can be conveniently forgotten or regarded as responsible for their own exclusion—or, in the case of many industrialised countries, by shifting the burdens of exclusion onto populations beyond those boundaries. (p. 52)

More recent research (Wang and Nantulya, 2008; WHO, 2008) also makes the case for a global perspective on exclusion. While advocating for inclusion as the solution to serious problems relating to global development, Wang and Nantulya (2008) identify that "integrated global partnerships in a collaborative framework" (p. 178) are a critical dimension of actions to address exclusion.

 In contrast to some of the points presented above, and echoing the negative perspective voiced with respect to social capital in particular, some researchers are concerned about the normative quality of the social exclusion discourse, which favours conformity over diversity (Levitas, 2006; Jones & Smith 1999, Silver, 1994).   Jones & Smith (1999) summarised this concern as follows:

> A concern with inclusion, particularly within a framework emphasising solidarity, shared values and the importance of integrative processes and institutions such as paid work, family and community, could well disguise or undermine respect for the particularities of difference, including those based on gender, ethnicity, Aboriginality, disability, age and sexuality. (p. 18)

Also, researchers are concerned about losing a focus on the sources or agents of exclusion so that the excluded themselves are blamed for their own exclusion. For example, Peace (2001) highlights that we need to be vigilant with respect to language use when nominalisation occurs (when a verb is turned into a noun). So, "when we speak of 'exclusion' rather than 'excluded', the focus is on the thing itself 'exclusion' rather than the action or who is doing the excluding, whoever or whatever was 'doing the thing' becomes either abstract or invisible" (p. 21)

MacLeavy (2006) draws on a range of relevant documents to point out that before the Blair, New Labor government was elected in the United Kingdom (UK), documents relating to social exclusion, constructed social exclusion " more as a process than a condition" (p. 89). For example, a report on social exclusion produced by the Commission of European Communities (1993) states that "social exclusion refers to the multiple and changing factors resulting in people being excluded from the normal exchanges, practices and rights of a modern society" (p. 1) However, over time this construction of meaning changed so that definitions, such as that produced by the SEU (2001), make no mention of any exclusionary processes. MacLeavy draws our attention

to the fact that such changes in the discourse of exclusion took place within a broader New Labour discourse so that, for example:

> Social exclusion is understood within wider frameworks of meaning such as agendas of 'rights and responsibilities' in which individuals must assume liability for their own circumstances. Here, the emphasis is placed on individual causes of poverty rather than structural processes. (p. 90)

On a related point, Levitas (2006) raises an issue for researchers writing about issues such as poverty, deprivation or exclusion. She points out that there is a danger, particularly with respect to writing about the exclusion of groups whose multiple problems seem long standing and intractable, to lose sight of the multiple ways in which the structural or system level contributors to exclusion inherently shape what people can achieve or even attempt and to lapse in to blaming and vilification even if this was far from one's intention.

A further need for vigilance is added of course when research or evaluation reports are being prepared which will be used not just to document initiatives or share findings and insights but to make a case for further funding. As Levitas (2006) points out, there is a danger of stigmatising people by labelling them as 'excluded', even if such labelling helps to attract scarce funding.

Similar concerns are expressed in Saunders (2003):

> In the wrong hands, social exclusion can become a vehicle for vilifying those who do not conform and an excuse for seeing their problems as caused by their own aberrant behaviour. (p. 5)

Byrne (2005) makes the point, also drawing on Levitas's (1998) work and echoing a range of other research such as Ryan (2007), that what is required is a fundamental questioning of the assumptions that underpin both a focus on social cohesion and integration and the demonising of the so called underclass. For this to happen, there would need to be willingness to critique the capitalist based norms and values that underpin the drivers of social exclusion at the societal level, However, he identified that such approaches incorporating more of a redistributive discourse are not evident, and:

> What is so profoundly depressing is that almost nowhere can we identify coherent political forces which are prepared to attack, even in a reformist fashion, capitalism itself. (Byrne, 2005, p. 44)

The absence of such forces seems extraordinary given the abundance of research, including that quoted in this review, which clearly illustrates the nature and extent of the extremes of disadvantage and inequity that social policy, underpinned by capitalist driven ideologies, has produced even in so called first-world countries. For example, drawing on research by Handler and Hasenfeld (2007) relating to punitive welfare-to work-policies in the USA, Paz-Fuchs (2008) reminds us that:

> American welfare policy through the deployment of myths that are grounded in public opinion, has managed to allow the fact that the United States has the highest child poverty rate and the largest income disparity in the western world to have no effect on the character of welfare policy. (2008, p. 813)

More recent research such as Koller and Davidson (2008) uses a cognitive critical approach to the discourse on social exclusion in the UK to explore such issues. They argue that social exclusion has been deployed as a discourse in which:

> Society is conceptualised as a bounded space with a normative centre and a problematic periphery, with a move towards the centre as the aim of policy making. (p. 307)

Echoing the concerns, expressed by Levitas (1996) and others above, they argue strongly that by casting society as a bounded space with a simple dichotomy between those 'inside' and 'outside' the boundary, "the metaphor functions to hide inequalities and potentially exploitative social relations through its simple dichotomous forms" (p. 326). Koller and Davidson (2008) go on to argue the point made by several others in this review that this metaphor is in keeping with the UK Government's ideological leanings as "Britain's New Labour largely abandoned the Labour Party's historic commitment to greater equality in part through economic redistribution" (p. 326). They also point out that social exclusion is often portrayed as a 'state' rather than as a 'verb' that is there is far more talk of 'exclusion' rather than 'exclude' or 'excluding'.

Progressive verb forms are absent in our corpus. Instead the 'state' of exclusion is an ideological choice—albeit not overtly acknowledged—that gives rise to a particular understanding of social and political actors, for example, policy makers as short-term problem solvers, or poor people finding themselves 'on the outside' with no one responsible for that state, apart from themselves perhaps.

If the inside is logically seen as benign and the goal of social policy is one of inclusion then it becomes difficult, and in a sense counter intuitive, to portray processes emanating from the inside as agents of exclusion. This is perhaps one reason why the verb form appears so rarely in genres of social policy making. It is important for policy makers that exclusion remains an agentless state or at least that the agency is not traced to the inside. (p. 327)

Several threads running through research which takes a more critical stance on social exclusion connect to its use as a term that obscures rather than highlights the multiple inequities that plague not only the most disadvantaged on the periphery of society, but a great many people in the so-called mainstream as well. Writing in the context of the usefulness of the concept of social exclusion in developing children's services, Axford (2008) comes to the conclusion that while the social exclusion discourse has some benefits "the extent to which a social exclusion perspective has actually shifted policy and practice is questionable."(p. 13). Rather than fulfil the perceived promise of a focus on societal level processes:

A weaker version of social exclusion has tended to dominate with the result that more radical change has failed to materialise: Thus, although an exclusion discourse draws attention to the broader material and spatial processes in society that produce disadvantage, policy initiatives have tended to focus on changing the individual child and family. (Axford, 2008, p. 13)

Overall, Axford, drawing on Levitas (2006), and echoing the frustrations expressed by Byrne (1997), MacLeavy (2006) and others discussed above, sums up what has happened to social exclusion at the policy level in the UK by saying: "The SID [Social Integration] and MUD [Moral Underclass] discourses have been prominent at the expense of the RED [Redistributive Discourse]" (p. 13). Similar trends are evident in the social policy direction being taken by the Australian Federal Government in its Social Inclusion Agenda, as is discussed in detail in the chapter of this thesis dedicated to analysis of policy in this context.

Concerns about the 'weaker' focus of social policy in Australia overall are raised by numerous researchers (Cass, 2003; Pocock & Buchanan, 2003). Pocock and Buchanan (2003) highlight that the emergence of social inclusion as a policy focus in Australia has taken place in the context of a new policy regime overall, characterised by increasingly neo-liberal approaches to economic policy and increasingly conservative approaches to social policy. In particular, they identify that this change is underpinned by a move away from a discourse of fairness towards a discourse of inclusion which is weaker because "it aims lower: It cloaks the reality of vast inequality with the goal of a basic level of participation" (p. 269).

In keeping with concerns expressed by other researchers with respect to the focus of social-capital type discourses on cohesion rather than equity, Pocock and Buchanan (2003) highlight that a focus on inclusion is even more inequitable than a focus on fairness in that it potentially advantages the already most advantaged groups:

> By ensuring some participation in social life by the most disadvantaged, it diffuses any impulse they may develop towards rebellion and resistance to inequality. 'Social inclusion' of the worst off, and their sense of participation, is important to the maintenance of a stable, if unequal, social and economic regime. (p. 269)

The WHO Social Exclusion Knowledge Network (SEKN) recommends the use of "social exclusion" as a conceptual framework for understanding and addressing health inequalities in spite of the range of meanings that are attached to it:

> Diversity in the meanings attached to the concept of social exclusion should not be allowed to mask the commonality of exclusionary processes around the world and their fundamental expression in terms of inequalities in human dignity, human rights and human health. (p. 15)

However SEKN cautions against lessening the advantages of social exclusion as a conceptual framework by using it indiscriminately. Consequently, their recommendations include: "only use the term 'social exclusion' when more precise and informative descriptors of the phenomena to be targeted, such as food insecurity or racism are not available" (SEKN, 2008, p. 16).

Summary: Constructions of Meaning in the Research Literature

In summary, then, competing constructions of meaning for social exclusion and related terms can be identified across the research literature. For example there is a substantial body of research which regards social exclusion as being both a conceptual and practical advance on poverty in terms of broadening the focus beyond income and making visible the multi-dimensional and dynamic nature of poverty and disadvantage. Such researchers identify as an advantage, the ways in which a focus on exclusion highlights system level causes and drivers of exclusion rather than on the characteristics or supposed inadequacies of the excluded themselves. It is clear that researchers differ in their opinions about which dimensions of exclusion should be afforded priority and this is particularly evident with respect to role of paid work versus other forms of participation in society. Other researchers express concern that in fact not only has the potential of social exclusion as a framework for social policy not been realised in terms of system level change, but that paradoxically it has been deployed by researchers and policy makers to legitimise approaches which are focused on conformity and narrowly conceived societal norms rather than diversity. In addition, such approaches are regarded by some researchers as operating to demonise people who are already excluded and places the onus on the excluded to re-include themselves in a society which has systematically caused their exclusion in the first place.

Each of the issues raised in this review of the literature will be returned to in the Discussion Chapter which will compare and contrast the construction of meaning for social exclusion in this literature with those that underpin relevant policy documents, and with the views constructed by community members and practitioners experiencing those policies.

As indicated earlier in this chapter, policy documents which have been influential internationally, and are the focus of attention and debate within the international research literature relating to social exclusion have been included within this literature review. Examples of such policies include those developed by the very influential Social Exclusion Unit (SEU) set up by the 'New Labour' Blair Government soon after it was elected in 1997, and, the 'National Action Plans for Social Inclusion' developed in response to the EU (2000) Summit in Nice.

Policies developed at the Australian Federal and Victorian State Level, which provided the specific policy context for the community based program from which this thesis emerged, are critiqued in detail in the next chapter of this thesis.

Chapter Five

Contested Meanings in Relevant Australian and Victorian Policy Documents

Introduction

This chapter critically analyses the meaning of social exclusion and related terms constructed within key policy documents that shape the policy context in which this research is located. As outlined in the introductory chapter of this thesis, in Victoria, Australia, policies which are framed in terms of social exclusion/inclusion are situated within the domain of mental health promotion policy. Mental health promotion policy in Victoria is part of the policy portfolio of the Victorian Government Department of Human Services (DHS), which currently includes the responsibilities of the Ministers for Health, Mental Health, Senior Victorians, Community Services, and Housing. DHS funds a wide range of organisations including aged care facilities, ambulance services, hospitals and community health services, including the community health service which was the community partner in this research.

While the DHS sets the policy agenda which governs funding of health promotion initiatives, the nature of such initiatives are guided by resources produced by The Victorian Health Promotion Foundation (VicHealth) in keeping with DHS strategic priorities. VicHealth is a statutory authority with an independent chair and board of governance, established by the Victorian Parliament and mandated to promote health in the State of Victoria. Unique among such foundations, VicHealth was established as part of the *Tobacco Act 1987*, with funding from government-collected tobacco taxes; it is now funded by the Victorian Treasury from consolidated funds. Although not funded via the health budget, the Board of VicHealth is appointed by the Health Minister who is accountable to the cabinet and the parliament for its performance.

As a health promotion foundation, VicHealth's strategic directions reflect developments in health promotion internationally including, for example, the 'Ottawa Charter for Health Promotion' (WHO, 1986). As discussed previously in Chapter 1, Health

promotion is an area of research and practice underpinned by a theoretical health model that has become known as the 'social model of health'. This health model recognises the impact on people's health of a whole range of factors that operate beyond the influence of individuals and are referred to as the social determinants of health (WHO, 1986). This approach encourages a focus on the complexity of health, including mental health, and on facilitation of people taking control of their own health and the multiple factors which affect it: "Health promotion is the process of enabling people to increase control over their health and its determinants and thereby improve their health" (p. 1). The Ottawa Charter (WHO, 1986) identified that the "fundamental conditions and resources for health are: peace; shelter; education; food; income; a stable income system; sustainable resources; and social justice and equity" (p. 1).

As is clear from the nature of the determinants highlighted by the WHO, many of the determinants of health are such that they are beyond the control of the individual and require the collective attention of society more broadly (WHO, 1986; 1997). The actions that society as a whole, not just the health sector, needs to take to enable individuals and groups to take control of their health, as identified in the Ottawa Charter (WHO, 1986), are: building healthy public policy, creating supportive environments; strengthening community action; developing personal skills and reorienting health services.

Given that the more recent Bangkok Charter (WHO, 2005) recognises that our increasingly globalised world is becoming more rather than less equitable in terms of the social determinants of health, health promoting actions are becoming more rather than less important. In recognition of this increasing inequity, the Ottawa charter calls for all sectors and settings to take a whole range of actions. These include advocating for health based on human rights and solidarity; investing in sustainable policies, actions and infrastructure to address the determinants of health; and, partnering and building alliances with public private, non governmental and international organisations and civil society to create sustainable environments (WHO, 2005).

VicHealth has produced a series of health promotion reports, plans and guidelines including its first 'Mental health promotion plan' (VicHealth, 1999), and the subsequent 'A plan for action 2005-2007: Promoting mental health and well being (VicHealth, 2005).

In February 2006, VicHealth and the DHS jointly released the 'Evidence Based Mental Health Promotion Resource' (Keleher & Armstrong, 2005) to "Advance policy, research and practice responses to the promotion of mental health and well being" (p. 8).

As the resource itself points out, its release coincided with "the government's renewed focus on a determinants approach to health" (Keleher & Armstrong, 2005, p. 1). The directions taken in this resource are in keeping with the social policy platform of the Government of Victoria overall, which includes 'A vision for Victoria to 2010 and beyond' (Department of Premier and Cabinet, 2001), and, 'A Fairer Victoria: Creating opportunity and addressing disadvantage' (Department of Premier and Cabinet, 2006). While these higher level policy documents were analysed early in this research study, they are not included in this in-depth policy analysis chapter because they were not instrumental in shaping the community based health promotion program from which this thesis emerged. While it is a resource document, rather than a formal policy in itself, this 'Evidence Based Mental Health Promotion Resource' (Keleher & Armstrong, 2005) is the policy guidelines document which primarily guided the interpretation of mental health promotion policy by practitioners involved in the program from which this research emerged. Since it is the principal policy driver for the community health program which is the context for this research, critical analysis of the meanings constructed for social exclusion and related terms within this policy resource is the principal focus of this chapter.

From this point onwards, this 'Evidence Based Mental Health Promotion Resource' (Keleher & Armstrong, 2005) is referred to as 'the resource', to avoid the cumbersome sentence structure that would result from using the full title every time it is referred to.

At the Australian federal government level, social policies did not highlight social exclusion/social inclusion either as a key policy focus in itself, or as an underpinning concern for a range of other policies, when this research began in 2006. More recently, changes to this policy context have emerged. The Australian Labor Party, which was then the main opposition party in Australia, announced a commitment to 'An Australian Social Inclusion Agenda' as one of its key policies during its successful election campaign leading up to the Australian federal election in November 2007. The impacts of this adoption of a social inclusion agenda are yet to become apparent, and have not

influenced development or implementation the program which is the immediate context for this research, which is in any case driven by state rather than federal policy agendas. Nevertheless, analysis of documentation relating to the federal social inclusion agenda are analysed later in this chapter as they provide a counterpoint to the meanings for social exclusion and isolation constructed within relevant state government policies in Victoria.

Constructions of Meaning in Victorian Mental Health Promotion Policy Resources

The construction of meaning for social exclusion and related terms within the 'Evidence based mental health promotion resource' (Keleher & Armstrong, 2005) is inherently shaped by its situation within a mental health promotion policy context. At one level, one of the consequences of that location, in comparison with a location within a broader policy portfolio related to social exclusion, is that the highlighted initiatives have been selected on the basis of the relevance of their objectives to mental health promotion. Some initiatives, as is pointed out in the text, have been chosen even though they do not include specific mental health objectives, because they address issues that evidence indicates are linked positively or negatively to mental health status.

However, this research is underpinned by a critical inquiry approach which highlights the need to question underpinning, unstated and often unacknowledged assumptions, as is explained in detail in Chapter 2 of this thesis. In keeping with this methodological stance, it is recognised that the types of initiatives highlighted within the VicHealth health resource (Keleher & Armstrong, 2005) are shaped not only by their linkage to mental health. Selection of the highlighted initiatives is also shaped by a whole range of influences that are part of the context in which development of the resources is inherently situated (Kukla, 2000). Central to those influences in this case, is where VicHealth is situated in terms of its underpinning conceptual orientation to health promotion. As Caplan and Holland (1990) point out, identifying the underpinning theoretical perspective provides a "framework for serious analysis" of health promotion, and is "part of a broader intellectual tradition which seeks to understand and explain the relation between individual and social structure" (p. 10). This is a relation that is

particularly pertinent here since it is central to constructions of meaning for social exclusion/inclusion whether within health promotion or not, as is clear from analysis of the literature relating to social exclusion more broadly, as is discussed in the previous chapter of this thesis.

Researchers identify the central tenets of health promotion in terms of the social determinants of health—that the determinants of health are strongly associated with disease; are unequally distributed at the population level thereby leading not just to ill health but to health inequities; and, that these determinants are modifiable given appropriate actions (Wilkinson & Marmot, 1998; Marmot &Wilkinson, 2002, 2006; CSDH, 2008). Therefore an important indicator of the assumptions underpinning the VicHealth resource is the approach it advocates for with respect to addressing the determinants of health.

From its publications more broadly, it is clear that VicHealth focuses on what are termed 'mid stream' risk factors which it describes as "behavioural and psychosocial factors that can cause certain biological reactions that create disease" (VicHealth, 2006 p. 10). It categorises social support and social networks among the psychosocial mid-stream factors, while behavioural mid stream factors include such things as smoking, physical activity, and nutrition. VicHealth refers to "downstream factors" such as high blood pressure and high cholesterol levels and makes the point referred to above, that clusters of both mid stream and downstream factors "are associated with chronic disease and are modifiable" (p.10).

In the resources being analysed here, Keleher and Armstrong (2005) draw on Reidpath (2004) to define such determinants of health, including mental health, as follows:

> A determinant of health is a factor or characteristic that brings about a change in health, either for the better or the worse. (Keleher & Armstrong, 2005, p. 20)

Drawing on a range of literature (Health Education Authority, 2001; Keleher & Murphy, 2004; Marmot & Wilkinson, 2002; World Health Organisation, 2003) this resource sums up the view of the determinants approach which underpins it as follows:

A determinants approach incorporates understanding how behaviour affects both social processes and disease risk, and how social and structural conditions enhance or diminish opportunities for communities and populations to be healthy. Such approaches highlight the importance of cross-sectoral interventions that are planned and implemented at multi levels, with the emphasis on influencing one or more determinants of health, rather than a disease. (Keleher & Armstrong, 2005, p. 20)

When setting the scene for a more detailed discussion of the individual determinants that it focuses on—discussed in detail below—this resource recognises "the complex interactions among determinants and across social, environmental, economic and biological dimensions" (p. 20). Given this complexity, the resource identifies that in order to address the influences on mental health, both positive and negative outcomes require action at four intermediate levels which are summarised as: strengthening individuals; strengthening organisations; strengthening communities; and, strengthening whole societies, including reducing structural barriers to good mental health.

The resource document goes on to make the point that it is not sufficient just to identify that action is required at these levels; for action to occur "key sectors need to clearly understand their role in the promotion of mental health" (p. 21). These sectors that "need to act to promote mental health and well being" are identified as:

- Employment and workplace;
- Education;
- Housing;
- Local government;
- Justice;
- Transport;
- The arts; and,
- Sport and recreation.

(Keleher and Armstrong, 2005, p. 21)

Identification of these sectors draws our attention to one of the central challenges of health promotion policy, summed up in this resource as follows:

While overlapping, all of these sectors are outside the health sector. In other words, these sectors generate drivers for mental health and well being, so they should be where program activity is focused. (Keleher & Armstrong, 2005, p. 22)

Construction of meaning for social inclusion

Having set the scene for mental health promotion policy guidelines as described above, Keleher and Armstrong (2005) construct meanings for social inclusion as follows. The Vic Health resource identifies social inclusion as one of the three key determinants of mental health, along with freedom from violence and discrimination and access to economic resources and participation. Selection of these determinants is based on the VicHealth Framework for the Promotion of Mental Health and Wellbeing (VicHealth, 2005), which was in turn informed by a literature review commissioned by VicHealth to support the development of that framework (Rychetnik & Todd, 2004).

The dimensions of each of these identified determinants of mental health, as constructed in this resource, is summarised as follows:

Social inclusion, including:
- social and community connections
- stable and supportive environments
- a variety of social and physical activities
- access to networks and supportive relationships
- a valued social position

Freedom from violence and discrimination, including:
- the valuing of diversity
- physical security
- opportunity for self–determination and control of one's life

Access to economic resources and participation, including:
- access to work and meaningful engagement
- access to education
- access to adequate housing
- access to money.

(Keleher & Armstrong, 2005, p. 22)

From this summary onwards, each of the identified determinants is discussed individually in separate sections of the resource document. Each section begins with a review of the literature relating to the selected determinant, followed by an overview of interventions to address it, a case study detailing a particular intervention in practice,

and, a summary of relevant promising practices more broadly. The selection of the three key determinants has inherently shaped the meaning constructed within this resource for social exclusion and related terms because "the literature reviewed in this resource has been selected for its relevance to the determinants identified in the VicHealth Framework" (p. 11).

That is, as the name suggests, the literature reviewed related to social 'inclusion' which is the selected determinant, rather than social 'exclusion'. As is discussed in detail in the review of the literature above, and in the discussion chapter which follows, adopting an inclusion rather than exclusion perspective in this discourse tends to de-emphasise exclusionary forces, processes and practices, within analysis of social inclusion. This is not to claim that the review is not extensive and thorough in terms of its objectives but to point out that constructing the review so that its relevance is to social *inclusion*, rather than social *exclusion* has shaped the nature of the search and therefore the nature of the meaning constructed in the resulting resource.

In its discussion of determinants approaches to mental health, the resource does acknowledge the interrelationship between social inclusion and exclusion and the growing recognition of social exclusion as a policy imperative. It states that:

> Social inclusion can be understood only in relation to social exclusion. The ways in which governments and organisations have taken up social exclusion in forming social policy demonstrate a growing awareness of the global implications, both political and environmental, of increases in social exclusion. (Keleher & Armstrong, 2005, p. 24)

However, while the consequences of exclusion are acknowledged and it is recognised that "Social exclusion is felt through the effects of marginality and inequity on people's opportunities to contribute and to participate economically and socially" (p.24), the resource conveys the sense of inclusion in terms of people's opportunities to participate socially which is addressed separately from other forms of participation. In this way barriers or constraints that operate across and are common to all types of participation are not highlighted.

Drawing on research such as Sen (1999) and the Joseph Rowntree Foundation (2000), this resource recognises the emergence of social exclusion from research and policy concerns related to poverty and deprivation, and its meanings beyond those origins. It sums its view on these issues as follows:

> Poverty is not a proxy for social exclusion. Rather, social exclusion refers to deprivations that arise from economic deprivation and subsequent lack of material necessities, but also deprivation of opportunity. (Keleher & Armstrong, 2005, p. 25)

The four dimensions of social exclusion identified by Joseph Rowntree Foundation (2000) are referred to as an example of the ways researchers conceptualise exclusion as a broader construct than poverty, so that it encompasses:

1. Impoverishment, or exclusion from adequate income or resources
2. labour market exclusion
3. service exclusion
4. exclusion from social relations.

(Keleher & Armstrong, 2005, p.25)

While drawing on this research which it has selected as representative of that on social exclusion, and which explicitly links the four named dimensions as dimensions of the same issue namely 'social exclusion', this resource does not use social exclusion as a unifying or integrating construct within which the identified determinants sit. A pragmatic dividing up of the resource into sections reflecting the identified determinants is to be expected. However, the scarcity of statements connecting the various determinants at key points within individual discussion of them reflects not just convenient structuring of the document but a construction of meaning which underplays the importance of acknowledging the connections among the determinants.

To explain further, the absence of overt connections between social inclusion and the other selected determinants 'access to economic resources and participation' and 'freedom from violence and discrimination; seems to lack alignment with recognition that social inclusion has what are referred to as 'structural dimensions'. This document

draws on earlier research summaries (VicHealth, 2005) to identify the structural dimensions of social inclusion as follows:

> Its structural dimensions are about a socially inclusive society where all people feel valued, their difference are respected, and their basic needs are met so they can live in dignity. (Keleher & Armstrong, 2005, p. 24)

This lack of alignment is also evident to some extent in the ways in which dimensions of social capital are incorporated in to this document. Drawing on Kawachi et al, (2002) this resource summarises social capital as follows:

> In general terms [social capital] is meant to describe the resources available to individuals and to society which are provided by social reltionships… or as networks that have shared norms, values and understandings that facilitate co-operation within or among group networks. (Keleher & Armstrong, 2005, p. 25)

Drawing on the Health Education Authority (2001), resources which constitute key elements of social capital are identified in this resource including:

- Social resources-for example, informal arrangements between neighbours and members of clubs and churches;
- Collective resources—for example, self help groups, community banks;
- Economic resources—for example, levels of unemployment, access to green spaces, community gardens; and,
- Cultural resources—for example, libraries, art centres, neighbourhood houses. Local schools. (Keleher & Armstrong, 2005, p. 25)

Yet, in spite of the identification of resources as key elements of social capital, links are not made between the identified economic elements of social capital and access to economic resources more broadly which are treated as a separate determinant.

Some more overt links are made between social inclusion—particularly social connectedness—and social capital as determinants of health. For example:

> Social connectedness and social capital are key determinants of mental and physical health and equity. People are most commonly connected to family, schools, work and different types of community group, club and organisation. (Keleher & Armstrong, 2005, p. 26)

Although social capital is constructed as a key determinant along with social connectedness, it is recognised that researchers have identified some reservations about assumptions that underpin social capital as a policy driver. For example, there is recognition that there is an imbalanced focus on psychosocial factors such as modifying behaviour and creating supportive physical and social environments, as compared with factors relating to material deprivation, within research on social capital interventions:

> Intervention researchers of social capital tend to accord greater significance to psychosocial factors than material deprivation. Yet, income inequality, for example, is critical for understanding social capital because it creates stress and damages social capital. (Keleher & Armstrong, 2005, p. 26)

Given this reservation it seems incongruous that more links are not made between psychosocial and material aspects of deprivation within this resource.

In addition to recognition that social capital approaches accord little significance to material deprivation in general, reservations are expressed that scholarship around social capital has increased knowledge about community building but not necessarily in ways that benefit people who are not well connected:

> Scholarship has developed knowledge about how to develop local communities, less is known about how to develop networks across communities and between communities, or across difference, in ways that benefit vulnerable people. (Keleher & Armstrong, 2005, p. 26)

Overall, it is argued in this resource that social connectedness and social capital are key determinants of mental and physical health, that they have structural as well as social dimensions, and that in spite of their importance "social support and social connectedness are not present in every community, with resulting social isolation" (p. 26). The policy imperatives and political realities with respect to social inclusion, social connectedness and social capital are stated clearly as follows:

> As determinants they indicate the need for a progressive agenda from governments to make strategic investments in social and economic development. The strength of the relationships between social and structural conditions and mental health has been understood for some years, with strong associations made between poor mental health and unemployment, poverty, discrimination, social exclusion, violence and lack of social connectedness.

> It is not common, however, to see sufficient political will for tackling those social-structural issues to support the promotion of mental health or prevent ill health. (Keleher & Armstrong, 2005, p. 26)

The health promotion actions that VicHealth identified for itself in its 'Strategic framework for promoting health and preventing illness 2009-2013' (VicHealth, 2008), include advocating for healthy public policy, and developing communities which are inclusive, accessible, equitable and safe. Given the clear recognition evident in the above quotes of both the strength of the association between poor mental health and system level/ structural issues, and, the lack of political will to tackle those issues, it seems incongruous that when discussing 'determinants approaches to mental health promotion' this resource does not advocate for initiatives that address social exclusion. Instead it focuses on initiatives which address social inclusion/connectedness and social capital, which place much less emphasis on the system level/ structural dimensions of the determinants of health—a point which is returned to later in this chapter.

Interventions selected for review within the VicHealth resource

In keeping with this construction of the problem as one of inclusion and connectedness, at the individual group and community level within the introductory sections of this resource the interventions selected for review are, not surprisingly identified as "interventions to increase social inclusion" (p. 28). These are summarised as follows:

- Community building and regeneration programs;
- School based programs for mental health and wellbeing;
- Structured opportunities for participation;
- Workplace mental health promotion;
- Social support;
- Volunteering;
- Community arts programs;
- Physical activity; and,
- Media campaigns for mental health promotion.

(Keleher & Armstrong, 2005, p. 28)

It is worth noting that all of the interventions selected for review support the current directions of VicHealth. Initiatives are not included which advocate strongly for a more system level focus on the structural dimensions of the determinants of health, as the analysis presented below shows.

Community building and regeneration programs are described as aiming "to increase social inclusion and tackle social exclusion" (p. 28),   and the role of both place-based and people-based programs is acknowledged with the important point being made that "people and place policies supplement each other in ways considered to be important but only recently beginning to be understood" (p. 28).

The discussion of the effectiveness of community building and regeneration programs points out that the evidence supports the effectiveness of such programs with respect to social inclusion among particular groups "such as those for youth, single parents, the elderly and people with a disability" (p. 29) but goes on to say:

> There are gaps in the evidence, however, on the effectiveness of neighbourhood interventions designed to affect social exclusion; models for effective partnerships to improve the delivery of mainstream services to deprived areas; and the effective links between policy levels and programs delivered by various levels of government. In particular, poverty is difficult to overcome at the local level without effective national policies, and key institutional links. (Keleher & Armstrong, 2005, p. 29)

Having highlighted these gaps in the evidence this resource does not make any recommendations with respect to the use of community building and regeneration programs to address social 'exclusion'. In contrast, it presents a range of succinct "best practice principles and guidelines for area regeneration" (p. 29) to ensure the effectiveness of such programs in building social inclusion. These highlight the importance of multi agency partnerships, a strong role for local government, capacity building through skill enhancement, measures to ensure sustainability, and the inclusion of both people focused and human capital-focused initiatives within social capital programs.

These best practice principles and guidelines include two which relate to funding, stated

as follows:

- Programs should pay particular attention to sustainability through the building of communities, so benefits and activities continue after specific program funding has ceased; and,
- Start up targeted funding should be used to leverage additional funding from other levels and department of government

(Keleher & Armstrong, 2005, p. 30)

This point is made not to argue that these are not eminently sensible guidelines in terms of program effectiveness, given the long standing policy environment in which community building and regeneration programs are funded by short term, insecure, targeted, grant money. Rather, it is to point out that by not questioning it, such widely utilised guidelines, produced by an influential policy-driving institution, effectively support and normalises inadequate, start-up, short term funding for community building and regeneration, in spite of explicitly making the point that "building of social inclusion takes many years" (p. 29).

Given the inherently long-term nature of the work required, the opportunity has not been taken to question placing the onus for finding adequate ongoing funding on program workers—who are themselves often employed on short term contracts for the duration of the program—rather than on system-level policy makers with the power to prioritise adequate secure funding for such programs, and, to integrate it within recurrent institutional budgets.

Issues relating to place-based policies at the broader system level, referred to above, are also highlighted in discussion of interventions relating to 'physical activity/exercise' which draws our attention to the fact that:

Access to public spaces suitable for physical activity cannot be taken for granted. Interventions need to identify mechanisms for enhancing the access of non-traditional service users to mainstream recreational and leisure activities. (Keleher & Armstrong, 2005, p. 46)

Unlike the situation with respect to 'community development and regeneration interventions', discussed above, this resource does go beyond placing the onus for

action on program workers by also identifying the responsibilities of broader system level policy makers in this respect as follows:

> Local and state governments have responsibilities to ensure place based strategies include physical activity policies (such as safety policies) and program goals and objectives for walking paths, bicycle paths etc. (Keleher & Armstrong, 2005, p. 46)

With respect to the effectiveness of social inclusion initiatives relating to 'school based programs for mental health and wellbeing' there is also some sense of addressing system level exclusionary forces at least at the individual school level. The resource identifies the value of fostering a supportive school environment rather than just focusing on the attitudes or behaviours of individual students perceived to be problematic, and also advocates for fostering "A school culture which encourages partnerships between school and community within a comprehensive program" (p. 31).

It also makes the point that while "results about what works are inconclusive" (p.32), nevertheless, the evidence suggests that a whole of school approach works better rather than topic specific approaches, "particularly in relation to self esteem, self concept and coping skills" (p. 32).

Overall, with respect to school based mental health programs, this resource advises that:

> Programs are best implemented at the school community level to engage with students, teachers, parents and the curriculum, and to connect with school policy. Promoting school change at all these levels is the recommended vehicle for mental health improvement. (Keleher & Armstrong, 2005, p. 32)

Similar implementation issues are identified with respect to workplace mental health promotion initiatives. Firstly, genuine involvement of people at all levels is identified as crucial, and so: "interventions must be made relevant for the particular setting and must include genuine participation of staff to ensure empowerment is an outcome (p. 35). With respect to workplace mental health promotion initiatives, it is recognised that : "systems approaches (rather than those focused on individuals)… are indicated as having the most effect on improving job stress… which predicts physical and mental health problems" and is defined as "the combination of high job demands and low job

control" (p. 34). The role of research in encouraging a systems approach is identified as follows:

> The development of the evidence base on economic outcomes (such as absenteeism rates, costs and benefits) will encourage policy in, and the practice of, systems approaches. Job stress intervention research from public health approaches will help to guide policy and practice in this area. (Keleher & Armstrong, 2005, p. 35)

Within discussion of the effectiveness of initiatives designed to provide 'Structured opportunities for participation', benefits are identified at both the personal and neighbourhood level:

> People gain multiple health benefits from opportunities to participate and become involved. Genuine participation builds local democracy and neighbour hood social capital through social connections, as well as feelings of control over decision making about local issues. (p. 33)

These broader neighbourhood gains notwithstanding, the analysis of the research literature that Keleher & Armstrong draw on in this resource, itself shows that interventions to address social participation tend to focus much more on target groups and individuals identified as problematic or marginalised, rather than on changing local conditions and environments to facilitate participation by everyone. This individual rather than system focus is reflected in the review finding that "reviews have tended to focus on 'high risk' individuals rather than populations or communities" (Keleher & Armstrong, 2005, p. 33).

While recognising that connectedness can be enhanced by "appropriate organisation of neighbourhoods and shopping precincts" (p. 33), very few of the implementation issues addressed relate to developing more appropriate communities generally, other than "bringing about shifts in community attitudes" and "ensure high levels of community engagement with all stakeholders" (p. 33). All of the other issues raised relate to participation within marginalised groups, or, in minority settings, for example "identify population groups of interest who experience vulnerability or disadvantage; work with migrant centres and community leaders; establish social arenas that build connections and trust in multicultural contexts" (p. 33).

While these are all guidelines that are likely to enhance the effectiveness of any community based program, they do not convey a sense of addressing any of the issues or factors which have led to the group's isolation in the first place. For example, in terms of implementing initiatives to address lack of participation, no connection is made with the range of relevant issues discussed in the sections of the resource relating to addressing violence and discrimination, and, increasing access to economic resources.

Even more so than 'social participation' interventions and 'social capital' interventions discussed earlier, interventions to increase social inclusion by addressing lack of social support are very much "interventions designed to modify behaviour and create supportive environments" (p. 36) rather than to address mechanisms which exclude people from supportive networks. Examples of initiatives to increase social support include, home visiting by public health nurses and midwives, parent training programs, and professional support programs for parents with mental illness.

Similarly, interventions relating to volunteering encourage "civic participation and engagement" (p.40) and resonate very much with conceptions of inclusion and participation rather than exclusion. This is also true of community arts programs which are not necessarily designed with health promotion objectives in mind but, nevertheless resonate with a construction of meaning that focuses on increasing individual and group connectedness and participation, rather than reducing exclusion, as the following summary of the concerns they address indicates:

> Community-based arts projects and initiatives are concerned with community participation, social inclusion, capacity building and regeneration; the building of social capital through participation and social connectedness and health generally. They are also an expression of civic participation. (Keleher & Armstrong, 2005, p.40)

Following on from this critical analysis of meaning for social inclusion constructed within this document (Keleher & Armstrong, 2005), a brief critical analysis of the meaning it constructs for the other two key determinants of health that it identifies is now presented.

Construction of Meaning for Freedom from Violence and Discrimination

The role of discrimination in contributing to social exclusion and health inequalities is acknowledged in the review of the literature on 'Addressing violence and discrimination' as the following extended quote demonstrates:

> The major types of discrimination are based on race and ethnicity, gender sexual preference and disability… they are all related to social exclusion because people or populations are often excluded on the basis of their difference… All discrimination types are embodied in inequalities of health. (Keleher & Armstrong, 2005, p. 50)

The nature of racism in Australia, which this resource describes as "embedded in the dominant culture" (p. 50), is described in this resource as follows:

> Racism in Australia is based on the dominance of white Anglo-Australians, who discriminate against subordinate groups, particularly Indigenous Australians, other people of colour/ and or different religious and linguistic groups. (Keleher & Armstrong, 2005, p. 50)

It is also pointed out that "discrimination and violence are often linked and are similar in their association with inequalities and social exclusion" (p. 51). Although discrimination is seen as 'embedded in the dominant culture' and therefore it is reasonable to assume a broadly based system level problem, the interventions to address discrimination, and violence, tend to take place at a much more localised level. In fact, as is recognised in the resource, even those interventions categorised as 'community wide interventions' "have been less used than those interventions developed for specific population groups" (p. 54). In any case, many of the interventions are specifically designed for targeted groups including programs developed for at-risk populations; programs for young people; and, programs for at-risk men (p. 53). Only two of the intervention types reviewed—legislative and sentencing reform and, community education campaigns—are designed for, and implemented at, a whole-of-community level.

Overall, discussion of the interventions in terms of their effectiveness, implementation issues or promising practices are not framed in ways that highlight the discrimination and violence that they seek to address as aspects of, or connected to, systemic exclusionary processes. This framing of the initiative relating to discrimination and

violence is consistent with the approach taken to 'social inclusion' determinant. In both cases connections between determinants are not emphasised and the focus is on interventions at the individual and group level rather than at the structural level.

Construction of Meaning for Increasing Access to Economic Resources

Within discussion of the selected determinant titled: 'Increasing access to economic resources' it is recognised that this determinant is linked to social inclusion and connectedness, and its links to social exclusion is also mentioned, drawing on the work of the Joseph Rowntree Foundation (2000) as follows:

> Access to economic resources is a determinant of health related to social inclusion and connectedness. Economic participation is a key determinant of social inclusion, so it follows that labour market exclusion is a key dimension of social exclusion….People policies used by community neighbourhood regeneration programs are often framed in terms of economic outcomes. (p. 71)

Given that this is one of the very few times that overt links are made between the determinants this paragraph is very interesting for two reasons. One reason is that economic participation is not mentioned at all within the social inclusion determinant in the table summarising the 'determinants approach' taken in this resource. As discussed above that summary of social inclusion incorporates: social and community connections; stable and supportive environments; a variety of social and physical activities; access to networks and supportive relationships; and a valued social position (p. 22).

Nor is economic participation included within 'social inclusion' within the VicHealth Framework for the Promotion of Mental Health and Wellbeing (VicHealth, 2005), reproduced for easy reference at the beginning of this resource document.

In spite of this situation the section of this resource devoted to 'Increasing access to economic resources' draws on a range of research studies (Garrard et al, 2004; Mulvihill, Mailoux & Atkin 2001; WHO, 1986), to outline very clearly the complex ways in which economic participation determines people's health status and their inclusion in society as the following series of quotes demonstrate:

> The broad determinant of access to economic resources (and thus economic participation) is strongly correlated with mental health at all life stages… Access to work, education housing and money is about economic well being, which is strongly connected to health status where improvements to people's economic situations have significant impacts on their health status. (p. 70)…Cycles of disadvantage are complex and multidimensional and include associations with low levels of economic participation, which include lack of money, lack of work and lack of opportunity to acquire education and skills. (p. 71)

The fact that the disadvantage referred to is due to changing system level circumstances beyond the control of affected individuals is acknowledged:

> Changing education, training and labour markets, together with fractured levels of social cohesion and restructuring of social and economic institutions have created changing circumstances for many population groups. (p. 71)

In addition to the non-health specific systems mentioned this resource draws on research (Fraudenberg, 2000; VicHealth, 2003) to identify the role of system level structural arrangements, particularly with respect to access to affordable services as powerful determinants of health:

> A critical dimension of economic well being is access to affordable, accessible and appropriate health services. Populations who do not have access to economic resources and health services suffer significant health inequities. The structural arrangements governing health insurance are thus a key determinant of health because universal health insurance is regarded a component of a social wage system. Greater equity of access has been equated with the provision of universally funded public health insurance to which everyone has equal access on the basis of need rather than ability to pay. (Keleher & Armstrong, 2005, p. 71)

Overall, the resource draws on the VicHealth Framework for the Promotion of Mental Health (Vic Health, 2005), and The DHS Integrated Health Promotion Resource Kit (DHS, 2003) to identify:

> Key themes for access to economic resources and economic participation… [are]: access to resources of work, education, housing and money. (Keleher & Armstrong, 2005, p. 73)

The key initiatives reviewed to increase access to economic resources are:

- Adult literacy programs;

- Child care programs;

- Youth employment programs;

- Adult work programs; and,

- Housing programs.

  (Keleher & Armstrong, 2005, p. 73)

Apart from the child care initiatives reviewed, all of the others target specific population groups or settings identified as disadvantaged in multiple ways rather than being population wide initiatives.

Overall, when setting the scene for addressing the social determinants of health, this health promotion resource itself identifies that action is required at four levels: strengthening individuals; strengthening organisations; strengthening communities; and, strengthening whole societies—including reducing structural barriers to good mental health. As the above analysis indicates, social inclusion itself is constructed around social and community connections, stable and supportive environments, a variety of social and physical activities, access to networks and supportive relationships and a valued social position. The complex causal interactions between social inclusion and the other determinants—namely, freedom from violence and discrimination, and access to economic resources and participation—are not focused on in the initiatives to increase social inclusion that are advocated for. In addition the VicHealth resource does not identify initiatives that address the role of the health sector itself in promoting health as is discussed below.

The Health Sector as a Determinant of Health

Focusing on initiatives outside of the health sector itself is consistent with the view that health is influenced by a range of sectors beyond the health sector in society more broadly (Marmot & Wilkinson, 2002; 2006). However, research does indicate that the health sector itself operates as a determinant of health and also should take more responsibility for influencing governments in terms of how it addresses the determinants of health overall so that both ill health and health inequities are reduced. For this to happen, researchers suggest strongly that rather than the more politically safe incremental adjustment at the margins, radical structural reform of the health sector is

required (Baum and Harris, 2006; Boxall and Leeder, 2006). Other researchers highlight that initiatives to strengthen the primary health care sector in particular is required as this is one of the initiatives most likely to produce increasing health equity by impacting positively on the distribution of health in the population (Coburn, 2004; De Maeseneer, Willems, De Sutter, et al, 2007; Lee, Kiyu, Milman & Jimenez, 2007).

Reflecting the concern with lack of knowledge about the impact of societal level determinants on peoples' health referred to above, even among medical professionals, the Australian Medical Association (AMA) itself has identified concerns in terms of the health sector's contribution to health inequity. Its statement on the "Social determinants of health and the prevention of health inequities" (AMA, 2007) encourages medical colleges and societies "to increase their members awareness of health inequities in general, and potential bias in medical treatment decisions" (p. 10). The statement "encourages doctors to be passionate and informed advocates for equity and to be mindful of the social determinants that are at play in a patient's life during consultations" (AMA, 2007 p. 9).

The VicHealth resources (Keleher & Armstrong, 2005) do not focus on the health sector itself, including primary health care, as a contributor to social inclusion. This is a key difference between those resources when compared with the views of people implementing and experiencing that policy, as is discussed in detail in a later chapter in this thesis.

Overall, with respect to all three determinants of health identified— social inclusion, freedom from discrimination and violence, and access to economic resources—the initiatives focused on to guide implementation in practice are overwhelmingly centred on actions designed to strengthen individuals, organisations and targeted sections of the community. There is no highlighting of, nor advocacy for, initiatives to reduce structural level barriers to social inclusion, or to strengthen whole communities or society in general. Supportive environments are identified as a key dimension of social inclusion within this resource yet, the focus is only on initiatives which relate to more supportive physical or social environments; no initiatives that create more supportive policy environments are included. However, as numerous research studies show, addressing the social determinants of health effectively does require a move away from

a focus on individuals and groups to a focus on "policies, organisations and social structures" (Baum & Harris, 2006, p. 163). Advocacy by influential groups is also supported by research which highlights that while research clearly shows the influence of system level 'upstream' social determinants on health, discourse in the mass media and public discourse in general is still very much focused only on lifestyle change approaches to preventing disease (Gleeson and Alperstein, 2006).

Increasingly research on health promotion which takes a more critical stance has identified as problematic this gap between the large scale population level actions identified as necessary in health promotion research, and well publicised in for example the WHO Charters, and the very localised narrowly focused nature of many health promotion activities. King (2006) identified that the disjuncture between the 'big picture' global ideas and frameworks in health promotion, and the small scale and local level of much health promotion practice is not only an ongoing challenge for health promoters, but is "a significant limiting factor for health promotion in addressing health inequalities" (p. 196). She goes on to illustrate how reducing that disjuncture requires "political, policy and infrastructure support" (p. 199). In particular she identifies that alliances among those involved in health promotion and groups with scope for advocacy may be useful in "creating a more conducive climate for policy and structural changes" (p. 199). Given that VicHealth has identified advocacy as an appropriate health promotion action for itself, and already collaborates with DHS, greater advocacy for structural level changes and highlighting of initiatives which address them would seem to be an entirely appropriate action, even though VicHealth is not itself involved in addressing up-stream structural determinants of health. This would be entirely consistent with the Ottawa Charter (WHO, 1986) which identifies advocacy to make more favourable a whole range of conditions that can "favour health or be harmful to it" (p. 1) as an aim of health promotion.

Writing in the context of city based health promotion activities but highlighting the challenges faced by any locally based health promotion activity, Barten, Mitlin, Mulholland et al (2007) argue strongly that approaches to addressing the social determinants of health effectively "need to explicitly tackle issues of participation, governance, and the politics of power, decision making and empowerment" (p. 171).

The mechanisms that they identify as essential if this is to happen include "a more people-centred and rights-based perspective, an enabling environment, and a responsive government" (p. 171). Given its influential position, and its existing strong working relationship with DHS, VicHealth is very well positioned to create a more enabling policy environment by advocating strongly for structural change to address the system level determinants of health, including within the health sector itself, that are beyond the control of individuals and groups.

Such an approach would be in keeping with the recommendations of the WHO Social Exclusion Knowledge Network (SEKN), which in its final report to the WHO Commission on the Social Determinants of Health (SEKN, 2008), recommends the use of the concept of social exclusion (not inclusion) as a framework for developing effective action to address the social determinants of health inequalities. SEKN clearly defines exclusion as consisting of "dynamic, multidimensional processes driven by unequal power relationships across four dimensions—economic, political, social and cultural" (p. 2). In keeping with recognition of structural level exclusionary power relationships, it advocates for focusing on the "multi factorial relational processes driving differential inclusion…rather than focusing solely on ameliorating the conditions experienced by groups labelled as social excluded" (p. 16).

The importance of action at multiple levels is recognised within the VicHealth resource itself. However, it does not advocate for any such system level changes, and the initiatives highlighted focus on strengthening individuals, local organisations and communities rather than on strengthening society as a whole. This includes an absence of initiatives to reduce the system level barriers to good mental health even though the resource itself identifies the latter as an important health promoting action.

Overall, the theoretical perspective underpinning these policy guidelines is more focused on what Caplan and Holland (1990) have recognised as integrating individuals and groups in to "an otherwise harmonious and integrated social whole" (p. 11), rather than taking a more 'radical structuralist' approach to changing society itself. The validity of critising the VicHealth resources in terms of the approach it takes in this respect is borne out by the analysis presented in chapter 7, later in this thesis. That analysis compares the approach taken in those policy resources with the causes of, and

solutions to, social exclusion advocated for by practitioners and community members experiencing a program based on that approach, and within the international research literature more broadly. While people would still need to meet individual challenges relating to, for example, physical and mental illness, disability and grief, a health sector which itself promoted health and contributed to inclusion rather than exclusion would facilitate rather than hinder people's ability to exercise personal responsibility for managing such life challenges.

Construction of Meaning in the Australian Social Inclusion Agenda

As outlined in the introduction to this chapter, a qualitatively different conception of meaning for social inclusion to that constructed in the Victorian documents discussed above, underpins the Australian federal government's 'Social Inclusion Agenda' (Australian Labor Party, 2007). This agenda was launched by the Australian Labor Party, who were then in opposition but are now the majority party in the Australian Federal Government. The different construction of meaning within this policy document is reflected in its policy location. Rather than being located within health promotion or even health more generally, this policy is firmly located within the policy domain relating to employment, industrial relations and workforce participation. This is reflected in the fact that the Social Inclusion Agenda was jointly released by Julia Gillard MP (then the Shadow Minister for Employment and Industrial Relations, and who also became the Shadow Minister for Social Inclusion in the lead up to this policy launch) and Senator Penny Wong (who was then Shadow Minister for Workforce Participation). They now hold Ministerial responsibility for those same ministries and in addition Julia Gillard is Deputy Prime Minister of Australia as well as Minister for Education.

The policy does not explain why it is categorised as an agenda relating to 'inclusion' rather than 'exclusion'; as it describes social exclusion, in a way that is reminiscent of the Social Exclusion Unit in Britain, as follows:

> Social exclusion is the outcome of people or communities suffering from a range of problems such as unemployment, low incomes, poor housing, crime, poor health and disability and family

breakdown. In combination, these problems can result in cycles of poverty, spanning generations and geographical regions. (Australian Labor Party, 2007, p. 1)

The document then goes on to outline some of the contributing factors to social exclusion as follows:

> Social exclusion can happen as a result of problems that emerge during life, or it can start from birth. Being born in to poverty or to parents with no jobs or low skills is a major influence on a child's life chances. Tragically, Indigenous Australians are highly likely to be socially excluded. Australians can also be at risk of social exclusion when living in suburbs which lack services and a sense of community. (Australian Labor Party, 2007, p. 1)

In passing, it is interesting to note the use of 'suburbs' in this context which is an odd word choice when compared to, for example, 'areas' which would encompass rural and urban areas with those characteristics, rather than conveying the urban-centric slant intrinsic to the use of 'suburb' in a general summary statement such as this one.

In any case, having described social exclusion and identified factors which contribute to it, the document immediately goes on, not to talk about how to address exclusion, but to summarise what Australians need to be socially included:

> To be socially included all Australians need to be able to play a full role in Australian life, in economic, social psychological and political terms. To be socially included, all Australians must be given the opportunity to:
> - Secure a job;
> - Access services;
> - Connect with others in life through family, friends, work, personal interests and local community; deal with personal crisis such as ill health, bereavement or the loss of a job; and, have their voices heard. (Australian Labor Party, 2007, p. 1)

Drawing on research such as: 'Dropping off the edge' (Vinson, 2007) also discussed in the literature review presented in an earlier chapter of this thesis, the document gives a concise snapshot of the nature and distribution of disadvantage in Australia, which in 2007 was still of serious proportions in spite of unparalleled economic growth:

- Australia had entered its 17th year of economic growth and had the lowest unemployment rate in 30 years, but social disadvantage in Australia is still apparent and enduring. (Australian Labor Party, 2007, p. 1)

Although disadvantage related to race and disability is mentioned, the focus of addressing disadvantage and increasing social inclusion very much focuses not just on economic participation in general but on paid work in particular. The construction of meaning for social inclusion within this social inclusion agenda, (Australian Labor Party, 2007) could hardly be more clearly stated than in the following quote:

> Labor believes that work, along with family and community gives meaning to life. Workforce participation is a foundation of social inclusion; it creates opportunities for financial independence and personal fulfillment… as well as being good for individuals increasing workforce participation benefits local communities regions and the broader economy. Communities are more prosperous and cohesive when those who can work are working. (p. 3)

Unlike the research literature relating to workforce participation in the context of social exclusion, there is no recognition of anything other than work contributing to inclusion, or, of work itself having any exclusionary dimensions. Since inclusion as 'workforce participation' is a strong theme within the social exclusion/inclusion discourse, that literature is not discussed here to avoid repetition, since it has been discussed in detail in the previous chapter. That literature and the views of the practitioners and community members participating in this research will be used to critique the assumptions underpinning the Social Inclusion Agenda in the chapter addressing 'contested constructions of meaning' later in this thesis.

Along with the assumption that that paid work is central to social inclusion, is the assumption that what is required to ensure inclusion is reduction of barriers to participation in paid work. Such barriers identified include lack of relevant skills, lack of access to childcare, inadequate social and physical infrastructure, negative employer attitudes and illness or disability.

Among what is described as 'a large pool of under-utilised workers' are the officially unemployed that is, people who are not included in official labour force figures,

underemployed people, young people (particularly early school leavers), the unskilled and marginalised, mature age Australians and parents seeking to return to work.

This Social Inclusion Agenda draws on international experiences to identify the need for consultative processes and a 'whole of government' approach with respect to social inclusion. It identifies that for this to happen a reform of federal/state relations is required, and in addition:

> If Australia is to combat social and economic disadvantage, social inclusion cannot be an addendum to mainstream policies and programs—all government programs and initiatives must deliver on the social inclusion agenda. (Australian Labor Party, 2007, p. 5)

The establishment of an advisory body to consult widely on all aspects of social inclusion was foreshadowed in this policy document, and a Social Inclusion Board to fulfill this function has since been established, described as "community leaders from across the country, all with significant networks experience and knowledge" (p. 6). This Board will provide input to government via a Social Inclusion Unit which has been set up in the Department of the Prime Minister and Cabinet. On its website, the role of the Social Inclusion Unit is described in terms of:

- Advising the Government on ways to achieve better outcomes for the most disadvantaged people in our community;
- Performing 'a strategic policy advisory and coordination function across government' and reporting to the Prime Minister and the Deputy Prime Minister; and,
- Providing support to the Australian Social Inclusion Board.

The results of the Social Inclusion Board's consultations have not as yet been published, and most of the initiatives below have not been implemented at the time of writing (July, 2009) so it remains to be seen how the Social Inclusion Agenda will play out in practice. However, the meaning for social inclusion constructed in the Social Inclusion Agenda is very clear from the initiatives highlighted within it. Seven of the ten initiatives relate directly to increasing the pool of workers available to the economy:

- Maintaining and improving the Job Network and Disability Employment Network (Networks providing assistance for jobseekers);

- Skilling Australia which "will increase and deepen the skills capacity of the Australian workforce and ensure demands for skills and skills training are matched";

- Reviewing and improving of Job Capacity Assessments which "determines a person's capacity, [to work] their income support entitlements and the services to which they are referred";

- Extending eligibility for "Job Education and Training (JET) Child Care fee assistance;

- Developing a national strategy for mental health and disability employment to facilitate greater labor market participation by people with a disability or mental illnesses;

- Government working in partnership with business, unions, and the community to develop employment opportunities for groups who are under represented in the workforce;

- Working in partnership also encompasses approaches to increasing workforce participation that address both supply-side barriers to participation—such as childcare and investment in skills and education—and demand-side strategies that encourage employers to provide employment opportunities.

Those initiatives which do not address workforce participation focus on disadvantaged groups rather than society as a whole. These include:

- Early Childhood and Parenting initiatives including the establishment of community groups in disadvantaged communities "to help parents prepare their children for school" and the establishment of a 'Healthy Kids check': "to assess basic health such as teeth, hearing, balance and sight" in recognition of the importance of early detection of health problems in terms of children's learning;

- Housing framed in terms of providing additional emergency housing for homeless people;

- Closing the Digital Divide which is an initiative designed to expand Broadband coverage for disadvantaged groups including people with a disability, the unemployed and elderly, and people from non English speaking backgrounds;
- Providing a well trained, well resourced community sector in recognition of the sectors critical role in addressing disadvantage, both by providing crucial social services and playing a legitimate role in advocating for disadvantaged groups.

The only system wide initiative not related to paid work is the provision of a computer of their own, for every Australian child in senior secondary school (Australian Labor Party, 2007).

Overall, this is a construction of meaning for social inclusion that conceptualises paid work as central to inclusion. This is borne out by the nature of the initiatives highlighted in the agenda policy document and by overt statements throughout the document. For example, near the beginning of the Social Inclusion Agenda as mentioned above, it is stated that 'Workforce participation is a foundation of social inclusion'. This assertion is echoed towards the end of the document where it is stated that:

> Labor will govern in a way that sees its people as an investment and will do all it can to foster people's capacity to participate in work and to gain purpose through work. (Australian Labor Party, 2007, p. 11)

Although it is framed as a social inclusion agenda this policy document effectively focuses on two things: re-including targeted groups who are already excluded rather than seeking to prevent further exclusion by addressing disadvantage at a broad system level using a range of initiatives, and focusing entirely on workforce participation, which although of crucial importance for many people in multiple ways, is only one dimension of increasing social inclusion/ reducing social exclusion—as is clear from the review of the research literature in the previous chapter. Within the Social Inclusion Agenda, there is little sense of people doing anything other than paid work being seen as an investment, or, indeed having a purpose in life, in spite of the rhetoric about 'all Australians sharing in our national prosperity'. There is also no reference to measures to

ensure that people not engaged in paid work have access to economic resources that are adequate to ensure their inclusion, or to prevent their exclusion. Nor is there any recognition that while being cast as good for the economy, moving people from social welfare benefits on to paid work is not necessarily good for people's inclusion. On the contrary, as is pointed out in the VicHealth resource discussed above (drawing on Cave et al, 2001), research indicates that moving from unemployment to low grade work may actually be counter-productive in terms of people's mental health:

> When people move from unemployment to low grade work, however negative mental health effects have been shown…Studies are needed of employment strategies that aim to improve work attributes to enhance mental health, including long term changes to employment, especially in the jobs available to the most vulnerable groups of the population. (Keleher & Armstrong, 2005, p. 81)

To summarise then, within the Australian Federal Government's Social Inclusion Agenda 'social inclusion' is constructed to mean participation in the paid workforce. All of the initiatives that are not framed specifically in terms of workforce participation are designed to target disadvantaged groups, with the exception of the early childhood health checks, which is the only non-employment related initiative with a broader system level focus. No initiatives are highlighted, at a broad system level and not connected to job participation, that address 'accessing services' or 'connecting with others in life', although these opportunities were highlighted equally with 'securing a job' in the list of things that all Australians need in order to be included.

These issues are discussed further in the 'contested constructions of meaning' chapter presented later in this thesis (Chapter 7), and are raised here to highlight the extent to which paid work is prioritised within the meaning for social inclusion constructed within the Social Inclusion Agenda at the expense of other economic resource streams and other dimensions of social inclusion. This in turn highlights how two policy initiatives labeled as being about 'social inclusion', nevertheless construct meaning for social inclusion in very different ways. The Victorian policy resources (Keleher & Armstrong, 2005) construct inclusion in terms of social participation, supportive environments, networks, supportive relationships and a valued social position. By contrast The Australian Social Inclusion Agenda (Australian Labor Party, 2007) constructs inclusion almost entirely in terms of workforce participation.

The qualitatively different and contested meanings for social exclusion and inclusion constructed in the Victorian based policy documents produced by DHS and VicHealth and in the Australian Federal Government's 'Social Inclusion Agenda' will be critically analysed further, by comparing and contrasting them with both the meanings constructed by the practitioners and community participants experiencing those policies, and, the meanings constructed in the research literature, in Chapter 7 of this thesis.

The next chapter of this thesis critically analyses the meanings for social exclusion and related terms constructed by the community participants and practitioners experiencing the social participation program described in detail in Chapter 1, and shaped by the VicHealth social inclusion policy guidelines analysed above.

Chapter Six

Contested Meanings in Practice and Experience in this Community Context

Introduction

As outlined in the previous chapter, this research was conducted within a policy context constructed around social inclusion and isolation rather than exclusion, although it is recognised that reducing social isolation does not compensate for exclusion related to socio-economic disadvantage and discrimination (Keleher & Armstrong, 2005). Social isolation itself is conceptualised in the Victorian policy context as lack of participation in common social activities, unavailability of support in a range of situations and non-participation in aspects of civic participation. The solutions to isolation are framed in terms of increasing social capital so as to extend the range of networks and support structures available to individuals and groups and extending community capacity more broadly (Keleher & Armstrong, 2005).

Based on the critical analysis of the interview data, this chapter presents the qualitatively different meanings that practitioners and community members, engaged with a program focused on social participation, have constructed for social exclusion and related terms. This analysis will contribute to a more comprehensive understanding of social exclusion and related terms by explicitly exploring and making visible the meanings that both practitioners and community members, not just academic researchers and policy makers, have constructed for these concepts.

As is explained in detail previously in Chapter 3, the community participants in this research are fifteen men: three from the Self Help Support Group; five from the Healthy Active Men's Group; and, seven from the Mobile Gym. The program groups to which the community participants belonged are presented in Table 2 above, which is reproduced below. The coding of the community participants—from C1 to C15—reflects the order in which the interviews were completed.

Table 2: Community participants' program group membership

Community participant	Program group membership	Community participant	Program group membership
C1	Self Help Support	C9	Healthy Active Men
C2	Self Help Support	C10	Mobile Gym
C3	Self Help Support	C11	Mobile Gym
C4	Healthy Active Men	C12	Mobile Gym
C5	Healthy Active Men	C13	Mobile Gym
C6	Mobile Gym	C14	Mobile Gym
C7	Healthy Active Men	C15	Healthy Active Men
C8	Mobile Gym		

The group of research participants, referred to throughout this thesis as the 'practitioners' are involved in community health and health promotion in a variety of ways, including within the community based health promotion program from which this research emerged and have diverse professional backgrounds. The coding of the practitioner participants— from P1-P7— also reflects the order in which the interviews with those research participants were completed. As explained in Chapter 3, details of the professional backgrounds and roles of the practitioners are not linked to the codes allocated to them as that would make their responses easily identifiable.

As explained in detail in the section of the research method chapter relating to analysis of the interview data, what Auerbach and Silverstein (2003) refer to as 'repeating ideas' expressed by different participants across the interviews were identified and grouped together. Once all of these repeating ideas had been identified in this way, it became clear that clusters of repeating ideas that participants held in common could be identified which are consistent with a particular construction of meaning. To provide a structure for presenting this analysis those clusters of repeating ideas were grouped together under an overarching heading which captured the essence of that construction of meaning. A short quote from a research participant was used as the heading for each construction of meaning since this approach foregrounds the community members' or practitioners' voice, something which is central to the rationale for this research.

These complex constructions of meaning are synthesised here under three thematic headings which reflect the defining conceptions underpinning these qualitatively different meanings:

- If I enjoy myself, why can't everyone else;
- You can't really sit and just stew, you've got to be involved you know; and,
- We need to tackle exclusion right from the top to the bottom.

If I Enjoy Myself, Why Can't Everyone Else

An extreme view of social exclusion and related issues was expressed by only one respondent, an older community participant. In his constructed meaning, all people need to do to be included is to talk to people and all they need to achieve this is to "get involved with family and clubs" (C7), and, go to places where there is "company", that is where others are present.

If there is company, someone to talk to, I'm happy

Now that he is retired he misses people to talk to and expressed irritation with people, including his wife, who enjoy more solitary pursuits rather than talking. Although he advocates going to clubs and groups, in his view, people don't need to get together for a particular reason or necessarily have a shared interest; the important thing is to just get together and have company to talk to. He made numerous comments when explaining this, similar to: "Clubs and things are good just for the company". (C7) Overall, the meaning he has constructed for inclusion that underpinned all his responses throughout the interview is reflected in the following quote:

> My biggest problem is lack of company now really; my wife doesn't drink or smoke. She sits and does crosswords or something half the day. That's why I get the boys come around pick me up, go down the pub so I can have a bit of a yack to any Tom Dick or Harry…If there is company, someone to talk to I'm happy, I'll talk to anyone. (C7)

While it was clear that he thought being involved with things in the community so as to have people to talk to was intrinsic to happiness and well being, he had little or no empathy for people who are not included because he regarded their lack of inclusion as

being of their own making. His responses show no empathy for people who couldn't strike up a conversation with strangers or who didn't respond when people like himself instigated conversation; he just assumed it was because they didn't want to and made several comments similar to the following:

> There must be something wrong with people I reckon, just can't understand it really why people don't want to have a chat. (C7)

None of his responses reflect any sense of people being excluded, in fact he could not think of any group of people who are excluded for reasons beyond their control. All other respondents included people with disabilities in that group, but when asked a follow up question as to whether he thought people with disabilities were excluded in this way, his response related more to how disappointing having children with disabilities would be and didn't really express any view about the challenges having a disability might pose for the people themselves. For example, when discussing a woman he knew, who had two sons with disabilities, he said:

> She has two kids with disabilities, one is a good lad and one is not really. One of them really enjoys himself, has a girlfriend, does a bit of gardening. The other one doesn't do anything. We don't know how lucky we are, must be disappointing having two boys like that, really hard for her, their mother. (C7)

As with the "one who doesn't do anything", all of his comments reflect frustration with people who "don't do things" or "don't enjoy themselves" and conveyed no sense of there being any barriers to them doing so. Throughout the interview he made numerous comments similar to:

> I've always enjoyed myself, always worked, still like to work even though I'm in my seventies; …I've always enjoyed life anyway, just be in everything, try to be…I just naturally think if I enjoy myself, why can't everyone else. (C7)

What can you do to make them bloody happy, I don't know

When asked what he thought the government should do about social exclusion, he assumed the question was about migrants and expressed a lot of frustration with "new Australians" who don't fit in and should therefore not be allowed to stay.

Some of these new Australians they shouldn't be living here, they should be sent straight back. Me best mate, he was a German… He was a bloody good mate and a bloody good tradesman, and his wife was really good to me, lot of them are not like that… can't pick one out of the lot they are all different, not like him. (C7)

With respect to social exclusion among people in general, not just migrants, his tone conveyed annoyance about discussing what could be done about it at a community or policy level because he assumed that no one but themselves could do anything since it is up to individuals to "get involved". In keeping with this view he didn't acknowledge the impact of exclusion or isolation on people beyond repeating that "they don't want to enjoy themselves" and expressing regret that some friends of his had taken to drinking excessively instead:

Pity really, they just go on the grog all the time, with your good mates you don't want to see them go like that. (C7)

Overall, this respondent expressed the view that it is up to people themselves to get involved in things and be happy and he couldn't think of anything that could be done to help them if they didn't do so. He expressed disappointment with young men in particular for not choosing to enjoy themselves, rather than tending to get involved in fights and made various comments such as:

What can you do to make them bloody happy, I don't know… We used to enjoy ourself, do a bit of skylarking, didn't want to fight anyone or stab anyone… now young fellas don't want to just enjoy themselves. (C7)

Like meanings constructed by other groups of respondents, this respondent's meaning included concern with the extent to which some people now focus on getting and spending money and are unhappy regardless of how successful they are in this respect:

No matter what you do you can't please some people, … I left school when I was fourteen, had nothing but shorts, no underpants, I had shirt socks, old pair of shoes, , nothing in your pocket and away you go, but I've always enjoyed myself. The more money people get the more they seem to want, that's what I reckon happens… People want new motorcars, new houses… We never had any money… lived through the war… but we still enjoyed ourself. (C7)

Unlike that of other correspondents, whose conceptions are addressed later in this thesis, he did not conceptualise this materialistic focus as a concern that should be addressed at a societal level but more as a failing of 'some people'. Also, unlike other respondents who regarded an excessive focus on materialism as eroding our social conscience, he did not have any concerns about well-off people living in exclusive gated communities, or, using only privately funded services and therefore being oblivious to disadvantage experienced by others; he summed up his views on this as follows:

> No, if they want to do that, if they want to live in a big flash house, that's up to them… doesn't make any difference. (C7)

Overall, the meaning constructed for social exclusion by this respondent is at the extreme end of a continuum in that it places the onus for inclusion entirely on the individual. Within this construction, it is not that obstacles to including oneself are not acknowledged as existing; rather, choosing to be involved is not conceptualised as problematic. It is assumed that if one person can overcome given obstacles at a given time then anyone can overcome any obstacles or barriers and if they don't then it is their own fault. Within this construction of meaning, there is no sense that individual characteristics and/ or system level obstacles can act individually and interact cumulatively to make it difficult or impossible for people to 'get involved'.

You Can't Sit and Just Stew, You've Got to be Involved you know

The meaning for social exclusion and related terms constructed by five community participants incorporated but went beyond the focus on 'company' that is central to the previous construction. These respondents all made the point that people need to be involved with community activities, or social groups that focus on something of interest to them personally as well as providing interaction with others. In addition, this meaning incorporated the sense that social interaction is good not just for its own sake but because it increases people's sense of wellbeing and reduces stress. Overall, when explaining what people need to be involved in, in order to be included, these participants made several comments similar to the following:

> Like social groups… a lot of activities, a lot of things that interest people to pull them out of their houses…to get some stress out of them. (C9)

Given that social activities related to playing or watching sport are very common in rural towns, participants also clarified that other social opportunities are required so as not to exclude people who are not particularly sport-minded. For example:

> Well activities I think that's the main thing umm. Any events that are around that you took interest in I think you should be able to support, not just sport. (C8)

Unlike the previous construction, this meaning incorporates the conception that people naturally vary in the extent to which they enjoy or need interaction with others. Consequently, being more or less gregarious is normal rather than problematic so that not being particularly gregarious is not regarded as a personal deficiency. In addition there is recognition that the natural variation in people's desire to interact with others means that people are also affected to varying extents by not being able to participate in social activities. Overall, these points are captured in the following quote:

> Well, I'm not one of those people that can just jump into everything you know. I don't go to the bowling club and things like that; it's not my cup of tea. I know a couple of people up here that live for whatever is going on in the town you know, and if they were told they couldn't go to one, they'd die in a week…But that doesn't appeal to me. If somebody wants to do it let them go for it. (C8)

You've got to force yourself a little bit

As with the construction of meaning described previously, in this case the onus for inclusion very much rests with individual people. In fact, in various ways these respondents spoke about the need to make the effort to interact with others even if you don't particularly feel like it, because of the benefits of doing so, as reflected in the following comment:

> I think you've got to force yourself a little bit to do these things…you'd actually be bored to tears if you haven't got any outside interests of any description. (C8)

In addition to the benefits for yourself there was also a sense that this is important in order that your lack of participation does not cause concern for family and friends. As one participant put it:

You can't really sit and just stew, you've got be involved you know. If you just sit there people have got to be checking around to see if you're okay. (C6)

Another dimension to this conception of meaning was that while people need access to things that are of interest to them, they should make an effort to support at least some group or activity that is available, rather than make excuses for not doing so, not just for their own well being but to ensure that community activities have sufficient numbers to continue. As one participant put it:

Clubs or whatever the town can offer really people should try to be involved in and keep the things still running in the towns. Because they, people, complain that "it's not on in this town" but when something does come through they don't want to take part; there are plenty things really if people want to get involved… when isolated they say they are bored but there is always plenty to do if you want to do something really. (C12)

In fact, other comments from these participants reflect the conception that not only do people not make the effort to participate and interact with others; on the contrary they take steps to avoid doing so, and also create worry for family members by resisting their efforts to help, as is reflected in the following quote expressing frustration with the behaviour of a neighbour in this respect:

He, my neighbour, won't get out a lot, he just sits in front of his TV all day and all night you know. The supermarket is across the road from him: he drives across, does his shopping one day a week, and comes home… His son and daughter they try to push him along a bit… they both invite him to their place for tea and he just doesn't turn up… he's too lazy. (C8)

Grief, I think would have a lot to do with it

In spite of having referred to this person as lazy in several comments, which might be taken to imply that a lack of effort was all that was preventing his neighbour's interaction with others including his children, when pressed further for an explanation, this participant went on to say:

His wife died so he's had a rough time, he hasn't been here very long….Grief, I think it would have a lot to do with it. She was a very sick woman for 30 odd years and that type of thing, she

had MS and he looked after her all the time you know so it [grief] would have a lot to do with it. (C8)

Other respondents sharing this construction of meaning also highlighted the isolating impact of losing a spouse or partner and the grief which accompanies that loss. For example, while acknowledging that some people are very happy by themselves without a partner, and interact very well with the community generally, another participant highlighted the impact that the loss of his wife would have on him as follows

> There are quite a few people that I know that are happy …they've got no partners…they have farmlets and couple of pigs and chickens and things and whatever…and they're quite happy… some people have lost their wife or husband which is sad. I'd hate to think what I would do, I'd be lost completely: I'd be one of the isolated ones I think. (C6)

The experiences of another community participant, (C1) exemplified the impact that caring for a very sick partner and the grief following their death can have on a person's ability to include themselves in community life. This participant is very well known and had previously taken a leadership role both in local business and in a range of community organisations. He described the impact of his wife's illness and death on his life as follows:

> See Elizabeth was sick for 16 years and we lived in each other's pockets all the time as I was saying, we just drifted out of everything… I've enjoyed many successes; I used to be involved in Probus, and the [Masonic] Lodge and the High School, the Golf Club and a lot of things like that. I gave all those things away because Elizabeth was unwell… As far as I was concerned when Elizabeth passed away 3 years ago I just didn't want to go anywhere, and it's just the last few months that I've wanted to go anywhere, do anything or see anyone. (C1)

When commenting on the impact of grief on people's lives he said:

> Ah, it gets you down. The chap up the road here, he's lost his wife about two years ago and he's in a terrible state. Various people I've spoken to about it, I just said to one lady who used to come around with meals on wheels, I've said: "how long does this terrible hollow deep feeling last?" She said: "oh I don't know, you'd have to ask somebody else, he's only been gone 10 years". And another chap I know… it took him four years to accept that she wasn't coming back. I'm reaching that stage. (C1)

For older people, this personal grief is compounded by the fact that a lot of people they know have either died or are also grieving for loved ones as the following quote poignantly illustrates:

> All the people I know are grieving… I just don't know how you get over the loneliness, that's what kills me, the loneliness. We used to have people sitting there…I wanted a billiard table and Elizabeth wanted a big table because we'd entertain a lot of people: On a Saturday night we'd be here, my brother lived next door, Elizabeth's sister lived up on the hill, well, we'd take it in turns each night and we'd have 14 – 20 people sitting around the table, and now, each Saturday night I am just one. (C1)

One of the themes which emerge from this construction of meaning is that of being very critical of people 'isolating themselves' even though personal circumstances can make including oneself very difficult. For example, participant C8, who was critical of his neighbour, as described above, was also very critical of himself. He described himself as an example of someone who excludes himself voluntarily from social interaction, yet it was clear that he did force himself to get involved with various activities even when he was recovering from serious illness:

> Sick people tend to get isolated because they don't get out. I know they have got people coming to see them and they get to a stage where they couldn't care less or stay at home, it's easier to stay at home. I went like that at one stage I had to have a heart operation. The only time I went out was when I had to go to the doctor's, had to go to the doctors about 6 months. It was after that when I started coming good, I got back to me routine…

> It was difficult because I was …restricted; you had to be careful what you were doing. You couldn't do what you wanted, the stage to do was to walk up the street and you know, you weren't allowed to walk with any pace; you had to crawl along and things like that you know. You know you try that little bit extra every day and when you got back you were that tired… sat down and that was it for the day; didn't move. (C8)

I think it's of their making

While describing how difficult and isolating that experience was, this participant was nevertheless adamant that dealing with it was just a matter of "trying that little bit extra every day" and the situation was not something to get depressed about. Commenting on people becoming depressed as a result of isolation or other challenges in life he summed up his views by saying:

> Depression's a strange one: I can never work it out, why people get depressed, what makes them depressed. (C8)

Similarly at various stages throughout the interview he indicated that regardless of difficult circumstances, the situation people find themselves in with respect to isolation or exclusion is up to themselves and not beyond their control: On the contrary he said:

> I don't think it's beyond their control at the moment, I think it's of their making. (C8)

When asked for examples of people for whom exclusion is of their own making, he went on to say:

> Well, all I can think about the homeless people, that is of their own making especially the young ones, they spit the dummy at home, storm out. You know some of the older ones, well broken marriages and things like that they get thrown out, I do feel sorry for them, but altogether it's their own making. (C8)

If they have a mental problem they sort of want to stay on their own

However, contrary to his assertion about exclusion or isolation being of people's own making, and about not understanding how people become depressed, this participant spoke at length in other parts of the interview about the isolating impact of mental illness on people:

> Well people stay on their own, from what I can see and, people, they don't seem to want to mix with anybody; if they have a mental problem they sort of want to stay on their own, and I think they worry they're going to upset everybody around them because they have a problem… that's when they start staying away from people because of their mental health, which makes them isolated then. (C8)

He was, in fact, critical of various government health authorities for not recognising this and treating mental illness "as if it was people's own problem". This is reflected in his recommendations regarding what the government should do about social isolation.

> Well, they could spend more money on TV ads on mental health. I think mental health has a lot to do with isolation. They could do a lot more…they badly need to spend money on mental

health and things like that…they sort of push it [mental health] into the background. They talk about cancer; they talk about heart problems, or, diabetes. There the three main things they worry about. After that, well it's just people's own problem type of thing. (C8)

How much of a problem this can be is illustrated by the experiences of participant C6. While he felt that it is important to get involved in things even if you don't really feel up to it, so that family and friends don't worry about you, as referred to above, he, nevertheless acknowledged how difficult this actually is as follows:

Well, having illnesses like I've got, that gives a lot of people problems because we don't really want to talk about it, and you can't really push people. It's a slow, slow process and if you haven't got the right people around you well I think that's, that's a part of it you know. My wife has been absolutely wonderful and without her I would have gone a bit potty. (C6)

Although it is quite long, the abridged version of this quote, explaining Roy's illness, following on from a 'breakdown', experienced while visiting his son overseas, is presented here rather than a paraphrase of it, to allow the respondent's voice to come through in an authentic way. It illustrates the long term impacts of abuse and isolation as a child on people's attempts to include themselves in the long term, in spite of their best efforts. Several of the gaps in the text are due to details which would identify the respondent and others.

Well, I was… visiting my son and I was sitting on my bed and I turned around to go to get into bed… all of a sudden it was like a flash. It hit me right there in the head… I went to get into bed; no way could I get into bed…I couldn't move properly… I couldn't remember. (C6)

Roy believes that this sudden 'breakdown' and intermittent but regular memory and mental focusing problems that have occurred since were connected to severe abuse as a child that he has tried hard to forget about:

… I think it's probably something that's happened to me years ago, and its come out eventually you know… I've often sat and thought since: "I wonder if that's what it is, you know, something that happened years ago, when I was young", cause I did get abused when I was a child, my father banged me around… you know and I always said: "I'm going, and I'm going to Australia." (C6)

When responding to a question about the impact of isolation on people, he elaborated further on his experiences as a child, as follows:

> Terrible…well, back in the situation I was in as a child, when I was being knocked around and sort of having no friends really, couldn't go out, had to be in bed at 4 o'clock in the afternoon. I couldn't have breakfast because I wasn't getting any money in. It went on, and on, and on and I was sick of it you know. I didn't have no friends you know. (C6).

Roy credits his experiences when he joined the army, and his wife and sons, with the happy life he has since managed to create:

> I went to the army for 3 years, yeah that's right I went to the army for three years and that helped me an awful lot, because I stood up for myself, I really did, and I loved it was so happy I could stick up for other people… The best things that ever happened to me, was meeting Helen, and getting married, that was the best day, I felt so happy we could lead our own lives. I'm so proud of her, she's been marvellous. I just can't say enough about her, wonderful person…We've two wonderful boys…I'm a peace loving person and I've brought up my kids the same way, 'cause my kids they tell me love me and we always have a big family hug you know. Yeah. Life's been good in a way. (C6)

Throughout the interview, there were numerous instances where Roy seemed to lose his focus and apologised for lapses of concentration and memory of the sort that have occurred regularly since that breakdown experience, and about which he was obviously very self conscious. His reflections on how he became ill, and on his experience since, made it really clear how abuse and exclusion in childhood can influence people's health and in turn their interactions with others much later on in life, even when they do not "sit and stew" and are proactive about creating a different life in spite of difficult circumstances.

Similarly, another participant who strongly expressed the view that it is up to people themselves to make the effort to include themselves, was very conscious that depression makes including yourself very difficult, based on observation of his wife's life long struggle with mental illness. Elaborating on these experiences, various comments that he made reflect those of the other participants holding this view. Rather than seeing isolation or exclusion as a determinant of mental health, they saw the relationship between depression and isolation as a circular one and emphasised the need for

individuals to make the effort to include themselves while they still can, even if they don't want to, so as not to descend into a situation where they can't do so. There was also a sense of pessimism that once people reach this stage then there isn't much that can be done to reverse the situation. Overall this construction of meaning, shared by the others is captured in the comments of participant (C12):

> It's up to themselves really, it's up to yourself: You can sit inside all day and stay locked away from everyone really, it depends on what people think of themselves to get out and mix with people. It can happen to anyone really, if you stay at home and don't mix with people or anything then you get depressed and just don't want to go out…

> You can start up so many things but if someone down with depression and that, they can't be bothered doing anything, my wife went through it for a long time, and once they get depression whatever you have there for them they just don't want to do it because they have no energy and they don't care…Well, when they go and see social workers and all that, they can talk to them but they still feel depressed with themselves, they don't want to be bothered with anyone really, no matter what the government can give out. (C12)

While these participants acknowledged and share experiences of the difficulties posed by mental illness in terms of inclusion, they placed a lot of the onus for inclusion and indeed for prevention of depression on the people experiencing the problem. In spite of the impact of mental and physical illnesses on all of these participants and their families, the construction of meaning shared by this group of participants does not include any emphasis on the role of mental health services in this respect. The only reference to a need for any improvement at the health system level is the need for increased awareness-raising about depression mentioned by participant (C8), as quoted above. In addition one of these participants did refer briefly to the fact that the availability of health services was a factor in deciding which small town to live in when moving to the area:

> We have a nice health centre and the doctor…I've heard it's very good…makes a difference, we came from Perth and yeah, we thought: "well, they've got a hospital; that is a good thing" (C6)

This construction contrasts sharply with that of another group of participants who argued strongly that enhanced mental health services can and do both prevent the onset of depression and effectively support people to recover from it. Therefore in that

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construction, inadequate health services, including mental health services, are conceptualised as a source of exclusion which must be addressed. This construction of meaning is discussed in the following section but is mentioned here to highlight the fact that within the construction of meaning being discussed here, inadequacies in the health services were not mentioned as a barrier to inclusion. In fact only two barriers to people including themselves in community activities were mentioned by these participants, namely: lack of public transport and lack of adequate consultation with community members at the local level with respect to the allocation of government funding both of which are discussed below.

Public transport; you would be pretty isolated if you are relying on that

Lack of public transport was the only barrier mentioned by all these participants: their conception of its negative impact on people's participation in community activities is captured in the following quotes:

> Public transport… people who live a long way out…it's difficult for them to get around you know (C6); and,

> Mobility has a lot to do with it. People are going to rely on public transport; you would be pretty isolated if you are relying on that…The bus goes one way straight up the highway…so if you live off the highway, you've got to walk to the bus stop. People who aren't feeling 100%, they won't walk, they'll just stay at home rather than walk, especially on a cold day, wet day, hot day…You're pretty isolated that way… Public transport is very poor really. (C8)

The impact of dependence on public transport also reduces access for young people to educational opportunities and puts additional pressure on parents to drive them at times when they need to travel to work elsewhere themselves:

> We need better public transport out here, we have only got a ten to nine, if you want anything earlier than that you can't get any buses…Especially for young people wanting to start their apprenticeships at 16, it's up to their parents to try to get them in to town by 7.30 or eight o'clock in the morning. If there was an earlier bus it wouldn't be so hard. (C12)

Similar concerns about the exclusionary impact of inadequate public transport were shared by all participants in this research, regardless of how they conceptualised other dimensions of social exclusion, as is discussed in later sections of this thesis.

They've got to talk to people that have these problems

As indicated above, the only other system level barrier to social inclusion identified within this construction of meaning was expressed by two of these participants. They expressed the view that governments could do more to foster people's involvement in local initiatives by communicating more effectively with local people. Similar to several other community participants holding different meanings for social exclusion, one participant expressed frustration about the ways in which the spending of government money is prioritized and the difficulties in getting grants for small amounts of money that would make a big difference locally. For example, the small rural town community to which he belongs has made several attempts to get funding to do repairs at the local bowling club and get more people involved. When discussing what the government should do to reduce isolation he said:

> Well they could spend a bit of money first. Well I suppose it could subsidise us… we have problems with the bowling green… which we have applied for funds for, but we have not been successful, so the government don't do any of these things for us. (C6)

As with other participants, much of his frustration about this issue related to the amount of time and energy spent by community groups on writing funding applications, most of which are unsuccessful, and scepticism about whether the applications are actually read or taken notice of when money is allocated. The following comments reflect these sentiments:

> I think it just gets thrown away half the stuff that comes through to them. When they get it, the application out, they don't read even half of it… they would rather give it to some really strange things. Some of these groups have got $10,000 for the most stupid things; I couldn't believe these things even existed. (C6)

Rather than require endless paper work, he thought that governments at all levels would be far more effective if they visited local communities and made an effort to have

genuine discussions with local people. Discussing this point he expressed surprise that this researcher was actually interested in what he had to say about possible responses to issues of exclusion and isolation and sought reassurance that this was actually the case. He said:

> I know you are asking us, but no one else has ever asked us anything like this…
> They should come down to see us and meet a group of people putting forward their point of view.
> A lot of people in the community, you know, can discuss these things. (C6)

The following comment, by participant (C8), echoes this sentiment:

> It's alright to talk *about* it, but they've got to go out and talk *to* people that have these problems. I know I can chat away all day to somebody but—like you'll talk to us— but nobody else talks to us about it. (C8)

Overall, within this construction of meaning people need to be able to participate in activities that are of interest to them in order to be included. The onus for inclusion is placed on the individual even though there is a strong sense that individual characteristics and experiences do make it difficult for people to actually include themselves in social interaction. Experiences of physical and mental illnesses, and grief are the personal circumstances that are recognised as having a negative impact on people, by making if difficult for them to interact with others, thus contributing to their isolation. In spite of these acknowledged challenges, there is no sense of people being excluded or not being able to choose to participate due to factors beyond their control. On the contrary there is an expectation that people will overcome challenges which isolate them not just for their own sake but in order to avoid causing concern to others and in order to support the community more broadly. Beyond the individual level, inadequate public transport, and to a lesser extent non-existent consultation with communities at the local level, are the only factors recognised as contributing to isolation. These inadequacies at the local level are framed in terms of adding to isolation rather than actually causing exclusion. The only need for a system or societal level improvement referred to is in terms of increased awareness of mental illness. Within this construction of meaning therefore, although personal barriers to inclusion and social interaction are acknowledged, the onus for overcoming them so as not to become

isolated and/or depressed rests with individuals. There is little or no sense of exclusionary forces beyond their control at the societal level excluding people and so contributing to their isolation.

We Need to Tackle Exclusion Right from the Top to the Bottom

All seven of the practitioner participants, and nine of the community participants, shared a construction of meaning for social exclusion and related terms which was qualitatively very different to those presented above. Unlike the two constructions of meaning discussed above, where small numbers of participants expressed very similar ideas, the research participants holding the meaning expressed here expressed a much broader range of ideas as to how people are included, how factors operate to exclude them, and how such exclusion should be addressed. However, in keeping with a commitment to interpretive rigour (Auerbach and Silverstein, 2003) so that the research is truthful about the research findings, not all of these ideas are discussed here; only repeating ideas/ suggestions expressed by at least half of these research participants have been included as a theme for discussion. Accordingly, the remainder of this chapter is structured around the following repeating ideas:

- Regardless of gender, or race, or religion or anything like that;
- Well, look, respect people's rights and individuality;
- Access to publicly funded transport, health and education services for everyone; and,
- We need to look at what we want our society to be: Have a social conscience.

The ways in which these practitioners and community members conceptualised inclusion is discussed first, followed by analysis of the broad range of factors that these research participants identified as operating to both exclude a diverse range of people and to prevent them from re-including themselves.

Regardless of gender, or race, or religion, or anything like that

For these fifteen research participants their conception of inclusion went beyond participation in activities that are of interest to the individual; in this construction of meaning people need to be recognized, accepted and respected as individuals in order to be included. Also, as these participants conceptualise it, taking part in social activities is

not simply about choosing to do so, and making any effort required to overcome personal challenges to realize that choice. They conceptualized participation as being inherently influenced by pervasive societal forces beyond the individual's control. This is illustrated by the fact that these participants simultaneously spoke of participating and the factors that exclude people from doing so, so that as one participant put it people should be able to: "take part in activities that they're interested in … and not be excluded from their interests. (C10)

Overall, these participants consistently framed participation in terms of people being able to do so 'in spite of' or 'regardless of' exclusionary factors or attitudes. The following quote reflects numerous others in this respect:

> People should be free to participate in anything they want to, you know regardless of gender or race or religion or anything like that, I think they, people, should be able to attend if that's what they wish to do. (C3)

Not surprisingly, these participants, like those holding other constructions of meaning for exclusion and related terms, emphasised the role of family and friends in providing a point of connectedness and a source of mutual support. Several participants illustrated this point in terms of the impact on their own lives of moving away from family to live elsewhere, usually for financial reasons. One participant echoed a point made by others when he commented on being excluded as follows:

> Ways in which people can be excluded out of their control would be you know time and distance, no doubt, that certainly does it… We're 5 kilometres out of a small country town, 35 kilometres out of a major town immediately that excludes in lots of different ways… moving out here away from a lot of family members, in excludes us from a lot of different things, we can't go to all family functions. (C10)

He went on to point out that in some ways it is not the occasions or functions that you miss so much as the day-to-day contact and sharing of small everyday things. These comments echo those of others who said that while people separated from family often replace family with friends; nevertheless, family is very important to a sense of connectedness, and, separation from family is an important aspect of exclusion and

isolation for many people. This is of course made worse if you don't have other people that you are close to, to share everyday experiences with:

> Family is a funny thing that, your family becomes who you share your day to day life with, whether they are related or not… if your family is not close [geographically], your distance is greater and they become less a part of your life, but you miss your true family because they know you so well and they can give you so much and you want to give to them as well.
>
> So, yeah you find surrogates and whoever to share your inner life with… it's the day today things that make you feel sane…if you don't have those people to share those day to day little things, that's where I think you really feel it probably in some ways: Someone to laugh at your funny mistake, or, to make a cup of tea for you; that sharing. (C10)

Reflecting on the importance of family connections; and the importance of friends particularly when you are geographically isolated from family network of friends, several participants who had moved to rural towns from larger urban centres expressed surprise that it was far more difficult to make new friends in rural centres than they had expected. As one participant put it:

> I had an idea that people would connect much more, be more open by the fact that they were more geographically isolated, so there would be a naturally drawing together, but it doesn't work like that, and often in the country it could be for that very reason, people are more brittle or frightened of making contact. (P4)

Several participants also made the point that it took a surprisingly long time to breakdown barriers and be accepted as part of the community:

> It is difficult for people making a 'tree change' to small communities…It took a long time to get a foot in the door even as an educated, able bodied person who is employed. So, if I was behind the eight ball in some other way then it [would be] even more difficult. (P1)

There was a sense also that disintegration of family in general has accelerated because we have now moved away not only from the extended family, but from the nuclear family and we need to recognise that while this may give people more freedom and flexibility, it also has impacts in terms of isolation, as is reflected in the following quote:

I think also, even the breakdown of the extended family…even nuclear families that doesn't always exist anymore, what is happening in society is changing and communities anymore are not what they used to be, and, I think people need to realise that although there are benefits in that there are also downsides as well. (C3)

He went on to link this lack of experience of living in large family groups to another dimension of exclusion highlighted by several participants discussed later in this section, namely, our growing distrust of people congregating in groups in general:

I mean maybe we're not used to it because we don't have any extended families or don't have the uncles and the aunties or great aunties and what have you and so, groups are foreign to us and it makes us a bit wary. (C3)

Focusing on connection with immediate family, one of the points raised was the importance of finding time to spend with family so that you know your children well enough to empathise with them and so can support them when they are experiencing problems.

I suppose you need to do things as a family because you can well empathise with kids when they've got problems or something but if you don't do things as a family sometimes well you're not really in with what's going on in your own family so it makes it hard.(C14)

At the other end of the age scale, participants identified older people as being susceptible to isolation if they do not have children or are not well connected with them. A typical comment in this respect is:

Elderly people are isolated because they may not have family connections, they may not have any children so they can often be isolated; that is why it is very important for visitors and groups who care for them.

Overall, within this construction of meaning it was clear that connectedness with family and friends is an important dimension of being included, both in terms of day to day sharing of everyday experiences and for mutual support in terms of challenges and crisis. The absence of such support networks is devastating because as one participant put it:

> You need them there when you are unable to sustain yourself, [exclusion] encroaches on belonging and having a purpose and without these supports, well, we feel lessened, so when you are left with just yourself, and when yourself is not fully developed, you know you fracture. (C10)

Numerous comments from these participants also highlight the need for community groups and organizations to go beyond allowing people to be included, and to move towards being proactive about including people. One of the ways they could do this is to introduce more opportunities for participation that are open to everyone rather than imposing criteria for membership, so that, for example, groups or organizations seek to attract both men and women, employed and unemployed people, people from multiple age groups and people with varying work/professional backgrounds: "everyone should have the same access and availability to what is there". (P1)

In other words, rather than begin by restricting entry to people that meet certain criteria, or, that are likely to make a significant contribution, organization should begin by being as inclusive as possible and only exclude individuals when there is some compelling reason for doing so. This sense of the importance of making inclusion, rather than exclusion, the default position so as not to make people feel uncomfortable and discriminated against, is captured in the following quote:

> I think that firstly people need to be included in all aspects of community activity, really unless there are specific reasons for that not to happen, otherwise it can make people feel like there is some reason for them not to be included and therefore they can feel like they are being discriminated against, so I think that it's important wherever possible to try to have things as inclusive as possible…. Yeah, I think that there has to be pretty good reasons for exclusion rather than excluding people who may not have much input to make. (P2)

Well, look, respect people's rights and individuality

The idea, reflected in the above quote, that how groups or institutions impact on the way people feel about themselves and consequently on the extent to which they can include themselves permeates the meaning constructed for social inclusion by these participants. Similarly, the need for people to be recognized by others and treated with respect in order to be included is reflected consistently in responses very similar to the following:

> Being recognised as a person of some value or use in the community; I think that's probably about it, because if you do have recognition that you exist and so on, then… you're not going to be isolated…Anything really from having your name used in a shop or even being recognised by sight: "G'day, how are you today" and you know: "How's your leg", when you've hurt yourself….Just being shown a bit of knowledge of your existence and the fact that you've got a life and something has happened to you and a shop keeper or somebody that you bump into in the street recognises that you do exist. (C2)

In this construction of meaning people need not only to be recognized but to be respected and accepted in order to be included; therefore it is imperative that people are treated accordingly, as indicated by the following representative quotes:

> Well look respect, people's rights and individuality…I think that stuff is very important. You know…at least try to be understanding and trying to be inclusive of people. (C3)

> People want to be accepted don't they in the places where they go, treat other people like you would want to be treated. (C11)

It was also clear that, for people to be included in society more broadly, how people are treated within families is very important. This goes far beyond recognising the need to reduce abuse and violence of all kinds within families and highlights the need to develop family situations that proactively nurture mutual respect for people's individuality. (Similar points were raised in terms of the role of schools in fostering inclusion, as is discussed later in this section). The following quote sums up the importance of supportive family dynamics in this respect:

> This requires family interactions which take account of, see people's different view points and beliefs and experiences and to treat them with the same kind of respect, so that everybody can have a voice and that they're all respected and given importance. (P7)

One participant expressed the view that you can have a positive impact on others not just by treating them well but by being your true self, and if you do that then you will be a person of value even if you don't actually participate in anything. However, he commented with regret that as humans we often need to accumulate things or to do things, such as work, in order to feel that we have value:

Do you need activity to give you self worth? No you don't. If you recognise the worth in yourself which is being the creation that you are then that in itself is so much that people can see the way that you conduct yourself is an inspiration to them. If you feel that your life can enrich the world without participating, that can be achieved simply by… being your true self. Well then, whoever you encounter you do have a positive effect upon, so, in that sense by simply being a true human being… then you are still giving to the world without literally participating in anything; you are a person of value: But often as human beings, things and work give us meaning. (C10)

Underpinning all of the points raised above was a conception that in order to be respected and accepted, and therefore included, people need a fundamental sense of being, safe secure and healthy and to have a sense of belonging to the community. In tandem with this sense of security people need to find a sense of common interest around which they can interact in order to be included. These fundamental requirements for inclusion are summed up by one participant who said:

Yeah, I guess it [inclusion] begins with what your idea of community is, and for me community means that social cohesion; that people need to feel that they belong, and, that would mean that people would meet at some point of shared interest or shared relevance, it's that point of connectedness, that people feel that they're supported and are part of the place…Obviously the most important things… are that people can lead a safe and secure and healthy life and those things are necessary for a healthy community. If you haven't got that, you're way behind, aren't you? (P4)

In summary, throughout the interviews it was evident that these participants had constructed a complex meaning for inclusion that emphasised the need for people to experience acceptance and respect in order to be able to include themselves in whatever way they wished. However, this meaning for inclusion very much encompasses recognition that, for many people such experiences are not part of the reality of their everyday life, and that people are prevented from including themselves by a whole range of factors that are beyond their control. This point is borne out by the fact that, in contrast to those holding the other conceptions of social exclusion and related terms discussed above, these research participants readily identified a whole range of people as experiencing exclusion that is beyond their control. These include: people experiencing poverty and lack of publicly provided resources; people experiencing

mental illness; people with disabilities and acquired physical impairments due to conditions such as arthritis; people with physical illnesses; people who have experienced grief, loss and trauma of any kind including bullying or family violence/abuse; people from minority ethnic and racial groups; people who are gay or lesbian; people with poor social skills; and, people who are perceived as 'different' in some way and/or experience low self esteem and self worth.

All of these participants highlighted lack of access to basic services as a fundamental cause of exclusion and consistently identified increased resources for publicly provided services as a vital component of initiatives to address exclusion. In addition, these research participants emphasised that if exclusion is to be addressed effectively, we need to move away from an all encompassing focus on being an economy towards being a society underpinned by a social conscience. An important dimension of developing such a social conscience is governments at all levels providing appropriate leadership by modelling inclusion rather than exclusion at all levels. Each of these repeating ideas is discussed, as follows.

Access to high quality publicly funded transport, health and education services

With respect to the need for secure and ongoing, public funding to ensure that everyone has timely access to high quality services, these participants focused on transport, health and education services in particular, each of which is discussed as a sub-theme here.

Things like public transport and so forth have got fantastic potential

The need for well resourced, convenient publicly provided transport, in order to reduce exclusion, by reducing dependence on private transport was identified by all of the participants holding the construction of meaning for social exclusion being presented here, and by those holding the previous construction also, as outlined above. Participants raised a whole series of points similar to the following:

> It is very hard for people to get to activities…public transport is actually really bad; it's very hard to get around. (C13)

Several participants made the point that one of the reasons why public transport is so poor is that decisions about transport seems to be distorted by the un-stated assumption

that everyone can actually afford private transport. One participant summed up the comments of many when he said:

> It just seems that for some people it's just too difficult to get together with other people and so those sorts of resources that the communities can make available make a big difference for lots and lots of people…Things like public transport and so forth have got fantastic potential, and you know the sort of return on investment in those situations will be fantastic. If you look at public transport versus freeways for instance, and the assumption is: "well, surely everybody can afford a car to drive on the freeway", in reality it's not true. (P3)

The lack of public transport was identified as a problem not just for people without access to a private car; it also creates reliance within families on multiple cars which increases expenditure that could be spent getting involved in other activities:

> Public transport to most towns would probably solve a lot of problems… we run two cars because I work that direction and my wife works the other direction so we've got to have two cars…Therefore we've…two fuel bills, two services, two everything; so, if there was public transport… we might live a different style of life…transport seems to be the biggest thing for me from here anyway. (C14)

This participant also succinctly summed up an issue mentioned by several others, namely that lack of public transport means that young people can not participate in social activities or sporting events unless parents are willing to or can afford to drive them. Several people mentioned taxis as the only alternative but this option is not available in many rural locations and is also expensive unless multiple people are available to share the cost as is illustrated by the following example:

> They took away our train years ago, so there's no public transport here except if you want to catch a taxi….My children when they used to go to … they were lucky two or three of them would get together and they'd catch a taxi home and share the cost but if you went to… from here it would probably cost you $50, $60, and then $50 or $60 to get back. (C14)

Lack of public transport including a community bus impacts not only on individuals, it also makes it very difficult for junior groups or teams to participate in activities, especially if parents are pressed for time or are not particularly supportive:

> Little towns are just hard to get anything up and going, even like um football I've done a little bit there and tried to get the parents interested, coached and whatnot… It makes it hard if you are trying to do something for the kids and you can't transport 20 kids when you're coach of the junior team in your own car. (C14)

In addition, all respondents spoke of the difficulties posed for people with disabilities by the lack of any public transport, exacerbated by the fact that mobility may be reduced in any case by a lack of made roads and footpaths, something which is taken for granted in larger urban environments. For example:

> When I first shifted to… I didn't think there was anybody that was isolated but over the years, as the town's got bigger, we've got some handicapped people and I suppose it makes it hard for them to try organisations and whatnot … There is no public transport or anything, so in a big town, like, if you're in a wheelchair or something you got made footpaths and everything, and… buses and trams, and taxis are probably available to them as well, but unless you are in a big town, there is nothing like that. (C14)

Several comments related to the need for the whole approach to planning, including public transport, to be focused on facilitating participation rather than an exclusionary focus on profit. This view is captured best by the following quote:

> Stop creating satellite towns with no facilities… so if you want to make… several million dollars, out of developing this chunk of land then you put in the facilities and then you can put the houses in…You don't just create a dormitory miles from nowhere with no facilities, so that the only way people can get in or out is with their own private transport… (C2)

This last quote reflects the link that many of these participants make between the lack of access to publicly provided affordable services, and, the increasing prevalence of profit oriented private businesses running 'public' services. This point is also discussed within discussion of the construction of meaning for the role of publicly funded health and education services in preventing exclusion.

The waiting list is huge…do we need more medical people in there or something
Several participants highlighted that the lack of access to well resourced general health services, not just mental health services, is crucial in preventing people's exclusion.

Numerous participants' testimony to the existence of long waiting lists is reflected in the following comment:

> Waiting lists, this sort of thing, dental for instance. Got no insurance or anything like that you know: You've got to wait up to three years…I was very fortunate, I had some dentures not that long ago I think I waited three months which was good but if you want to go to a person… in the public health system here in town…the waiting list is huge…do we need more medical people in there or something. (C13)

The cumulative impact of health conditions which hinder mobility and the isolating impact of pain itself exclude people for reasons beyond their control as is highlighted by the following experience:

> Mary has terrible arthritis in both her hips, she's on the waiting list, she's just had one operation which took one year to get into and she was quite lucky to be able to do that…. And, she's got another 12 months to go before her next operation and for her just to get out and go down the street and do her shopping is really an amazing challenge, so now that's social exclusion for her which is involuntary… she's not one of those people who would be active in community groups, so for her to be able to go down and see people when she's getting her bread and milk and so forth is just as important as anything for her, and the process of being in pain is an even more isolating situation. (P3)

Several participants focused on the exclusionary impact of mental illness and emphasised that people don't just need access to mental health professionals; they need access to professionals who have the resources to engage in professional development around the complexity of mental health practice, and the resources to have adequate time with clients, as the following experiences demonstrate. The first experience is that of a man who had previously enjoyed a very successful but highly stressful career, prior to experiencing severe mental illness, and consequently losing both his job and the friendship and support of his work based social network:

> My first contact with the doctor about that mental illness was, that he told me he had **never** had a patient who had work related stress and said "I don't see how you can be the first person on the planet that's had this"… It went on from that to seeing a psychiatrist… who said: "You have got depression, your problem is work related"

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You suddenly start thinking to yourself then that, I'm not some kind of freak, the way he is talking to me I know other people have had this and you, and although you have been through a traumatic experience by suffering the onset of depression, the fact that it has been validated, makes you feel part of humanity again whereas before it was pretty much everything was negative: "I don't understand what's happened to me, the doctor says I'm making this up".

When you get validated…it just makes you feel that much better. Then you progress from there, gradually re-introducing yourself to life, and rather than having business contacts you do get your contacts through volunteer organisations and life begins to get more meaning again…
I think in a lot of respects coming to this town and coming across medical practitioners and other health workers who do know about the problem and do know how to handle it has made a huge difference to our lives. (C2)

The following longer quote is included because it summarises succinctly a whole range of issues raised by participants with respect to the exclusionary impact of an inadequate mental health service on people who are trying to re-include themselves in society. The comments quoted arose in the context of community participant C4 explaining why he thinks that people who are ill, and who do not have access to appropriate and affordable health services, are excluded for reasons beyond their control.

I think that doctors should be more aware of what's going on. They should be able to guide you to confident people within the system, not people in... private organizations… they're only there to make money…

I was in the major depths of depression and I was having all these negative thoughts and I said to this counsellor: 'How can I turn these around?"
He said: "Turn your negatives into positives".
I said: "Okay, how can I turn the negatives into positives".
His answer to that was: "Is the glass half full or half empty".
This is his answer to me, a bloke that has been hospitalised twice for wanting to kill myself!

…Yeah, and the worst part about it was not getting answers because no one's spending any time with you to find out the cause… He didn't have time… he only had 10 minutes if you were lucky…
I struggled through several organisations like this… I was very fortunate about 9 months ago I saw a psychologist down here…
With her, you weren't a number, I think mainly because it was a government service she actually had time to sit with you and talk with you… you could express yourself um, she gave good positive feedback and had answers to me questions… she turned me around…

> I know I tried to fight this by myself through reaching out and getting help but it wasn't until someone actually sat down and had time for me that I started coming out of it… I still have my days where I'm a bit withdrawn and that but… I'm a lot better than what I was.
>
> Now I know that I can go down to see Rob (Program Officer) you know: "how's it going" and just have a chat, just to stop isolating myself, you know. I know how to do that now". (C4)

He summarized succinctly the view expressed by several others when he identified the solution to the inadequate level of support for people isolated by mental illness as follows:

> They need a different pay structure…so that if someone, like in my case with a mental illness the doctor could spend half an hour with me and not be worried about missing out on the money. I'm sure we all know what its like to go to the doctor they can bang you in and out of there in 2 minutes flat…if they could adjust the Medicare system for the doctors so that people are getting the time they need… They bang you in and out pretty quick you know, so it's all about turnover. (C4)

Unfortunately, even though changes to the funding model have in fact been put in place so that there is better funding for appropriate mental health related consultations through the Medicare system, people still find it difficult to access timely care because of long waiting lists, even for people able to pay privately, due to a chronic shortage of qualified mental health practitioners.

In their discussions about the exclusionary impact of inadequately resourced public services, one of the points emerging across this group of participants was concern about the impact of privatization of various services not only on people's ability to access them but on the messages that privatized services sends in terms of exclusion. For example:

> Privatisation of services reeks of every man for himself as an individual: Individualism to me promotes the ideas that the strongest and fittest survive…It just reinforces the idea that you have to be a fit, healthy and strong … and if you are not you are not worth anything in society. (P1)

In addition to the message it sends there was also concern that because public services are not adequately funded they do not attract people who can afford private services and therefore operate as mechanisms that multiply and entrench existing inequities. While

mentioned with respect to all services, the following quote about funding for schools captures the essence of the concern:

> I think the government really needs to really support inclusiveness where they can; so for example, within the education system rather than supporting private schools that may create barriers between the rest of the community and create enclaves, I think that … their job should be to have an education system that's inclusive to everybody and doesn't in fact discriminate against particular groups. (P2)

This focus on the kind of messages policies send links to another overarching theme, namely that in order to reduce social exclusion, policy makers need to provide effective leadership around creating a society with a social conscience, not just an economy, as is discussed later in this chapter.

We need schools that foster difference in a constructive way

In addition to public transport, and public health services, the importance of well resourced publicly provided education in preventing exclusion and facilitating participation was highlighted by several participants. Several of the participants highlighted the importance of appropriate well resourced schooling in terms of long term impact of people experiencing schooling which fosters their sense of being included, and being able to include themselves, as is reflected in the following quote:

> We need schools that are accepting of difference and foster difference in a constructive way. If people grow up feeling confident even if they are 'different' then it makes it easier I think to engage in other activities…Family and school can have a big influence on what happens afterwards in a sense of being able to be successful in different ways and to develop perseverance and a sense of there being someone or some where you can go if you need support. (P7)

In a related point several participants highlighted the influences of inclusive schools that do not model prejudice or bias on the development of people's attitudes to others. For example:

> Conditioning from a very, very young age… plays a big role and like we all probably think that we don't have a prejudice or are biased but we all do, like everything is subjective so I'm inclined to think upbringing and schooling plays a big role. (C3)

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Several participants emphasised the importance of schools not just modelling inclusion in the way they are run, but in terms of addressing issues relating to human development and co-operation in general and diversity and inclusion in particular directly within the school curriculum. For example, one participant who identified the importance of increased funding for education in tackling exclusion said:

> I think of proper funding for schools…going to schools and working with primary schools and talking to young people about diversity and how we are all different, I think that would be a great help. (C3)

On a similar note there were several comments relating to funding education so that time can be spent, note just on traditional subjects for exam purposes but in terms of learning skills for living and connecting with others. For example:

> Education is knowing how to handle life's situations, and that goes beyond maths, beyond English, beyond physics, it includes social sciences and how to mix with people. That should include theatre work, people learn how to role play okay: they can use that knowledge in life. (C5)

There were numerous comments which highlighted the long term exclusionary impacts of experiencing bullying during childhood and the need for increased resources to address it effectively.

> We need to seriously get to grips with bullying in schools, if you get picked on at school chances are you are well on the way to being isolated. (P6)

Several respondents also commented on the crucial role schools can play in supporting the inclusion of children from minority groups and helping them to feel more supported. One participant's reflections on their local primary school summed up this point by highlighting how schools which are proactive about inclusion can prevent the cumulative impact of being both isolated and excluded:

> I'm just thinking of the local school where my kids go… the way they approach their religion, they say it's a Catholic school but I find it very inclusive and I love that; the fact that Muslim

kids can go there and find their place and not be excluded… they would be isolated in a sense
that there wouldn't be too many other [Muslim] people here…so the difference is still very much
there and, yes, they are isolated, but they aren't excluded…but if they were excluded because of
their difference well that would make their isolation worse. (P4)

The inequitable and cumulative impact of ongoing lack of resources to support children
with all kinds of learning difficulties was also highlighted by participants. The points
raised are captured in the following quote from one participant:

You see kids get further and further behind in the education system and then that leads to failure
and that leads to isolation… You look at the child and think 'well this person has significant
educational needs and yet there's just not enough resource allocation'. One of our kids had quite
severe dyslexia, was probably two years behind in Grade 3. We spent quite a lot of money on
private tutoring after the school said to us: "she's just really not all that bright, you just have to
accept that she is not going to achieve academically". There was no way she was going to get an
integration aide. We've got the resources to be able to fund that, but heaven help the kid whose
parents aren't as financially well off. (P3)

As this respondent went on to point out, adequate professional development resources
for teachers would allow the needs of a wide range of students to be addressed, not just
those with access to private resources:

Part of that was that they are under resourced in developing understanding of how dyslexia
works… It is terrible the lack of resources for individual kids, but it is also under-resourcing for
schools, for teachers to actually have an understanding of something like dyslexia. (P3)

Overall there was general support for putting more resources in to schools, and
recognition that adequately funded schools can support children not only in terms of
their learning but in terms of basic needs that may not be met otherwise, as the
following quote reminds us:

Put more resources in to schooling, full stop. Fund breakfast clubs in every school: At the local
school one hundred kids or more use it every day… It runs on a shoestring, various church
groups try to pay for it… It is very egalitarian; it makes no distinction between the person who
gets mum's lovingly made muesli before they get on the bus and the person who gets a kick or
an unkind word. (P6)

In addition to the need for adequate public funding for schools, the need for publicly funded educational opportunities for adults was also identified:

> There is a need for increased resources for publicly funded schools and for educational opportunities for older people…. People who haven't been engaged in some kind of learning-I'm not talking about formally necessarily- often lose confidence because they don't feel as worthwhile as the next person. (P6)

Another participant combined some of these points when he spoke at length about the need for making opportunities available, both for children in the schools and for adults in the community more broadly, to understand "the games people play" and to learn about how to communicate and interact in ways that support people's wellbeing. In this way people will understand the need to interact differently and look for ways to do so, and everyone involved in the family dynamics will benefit. As he put it:

> You know you don't need to lead the horse to water, just make it thirsty and then it finds it water itself. I could imagine that if all family members do have an understanding about the need to do better from a psychological health point of view and a physical health point of view, that the whole unit benefits.

In addition to highlighting the importance of timely access to high quality transport, health and education services, as explained earlier in this chapter, these community members and practitioners identified the importance of addressing social exclusion by reassessing who we are as a society more broadly, as is discussed in the following section of this chapter.

We need to look at what we want our society to be: Have a social conscience

Several respondents highlighted the need to tackle exclusion and isolation by moving away from viewing ourselves as living in an economy focused on acquiring material possessions, towards conducting ourselves as a society with a social conscience. Participants identified several ways in which this focus on being an economy leads to isolation and exclusion, each of which is discussed as a sub-theme below.

If your life is leaning towards what you have, then sense of self becomes empty

One of the ways in which a focus on being an economy leads to isolation and exclusion is by encouraging people to think of themselves in a very individualistic way, rather than focusing on the importance of their connection to other people, or to things that we might value beyond consumer goods. The essence of this view is captured in the following quote:

> In our society, western society …I just think it's…very materialistic and that… contributes to divorce from the value of family and family connection, and connection to other people and doing things for other people and even like the food we grow and valuing good food, and… things like rest… all of those things which seem to me are essential, to human beings.
> If your life is leaning towards what you have and what you don't have then sense of self becomes I think, empty, like you lose touch with something that is essential I think for well being. (P7)

Several participants expressed concern that this materialistic focus is not just about acquiring material possessions; pervasive marketing of brands, images and lifestyles to sell consumer goods has created a very homogenous, stereotyped view of what it is to be successful or acceptable, and has created a sense of being abnormal and excluded among people who do not fit the stereotype that in reality only applies to a minority of people:

> People aren't charitable anymore…we've become more materialist. I don't know what it is but it just doesn't seem to be that… you look after number 1, which is yourself and everything else comes second which is quite a pessimistic view but I thinks it's reinforced in a lot of values these days…You've sort of got to buy your Adidas and your Nike and things like that and even young kids… demand that….You've got to look the part, slim and gorgeous and that's why we have a lot of anorexia…especially young girls and boys as well…

> You have to have a… certain size… a 6 or 8 or whatever if you're a size ten you're in trouble…If your tits are big you've got to have them corrected and if your nose is too big you've got to have that chopped up…it's absolutely ridiculous and it causes a lot of stress…I don't know where it's coming from, from TV or whatever…It's certainly a worry because of people's self esteem…you're not going to be accepted…won't get a job because you're too big,…it's certainly a worry.

Participants identified that this materialistic and individually focused view not only excludes people because it disadvantages people who don't have access to resources and impacts on peoples' self- esteem, it also reduces our sense that we have any responsibility to people in society who are less well off. For example:

> There is all this emphasis on who can go in to what sort of accommodation when they get older, all this emphasis on how you have to have this much superannuation if you want to retire, you have to do this, you have to look after yourself, you've got to think about your future: It is all really focused on the middle and upper classes: preparing yourself, looking after yourself with very little acknowledgement that, yes, but we still need to look after people in our society who don't have that level of access. (P1)

You just feel like you're not contributing

One of the ways in which focusing on being an economy not a society impacts on participation is that it greatly impacts on people's sense of being able to make a contribution to society. This is important because the need for people to feel that they are "contributing something to society" was highlighted in numerous ways as a key aspect of not feeling excluded and all respondents made some reference to work being a vital mechanism for people to contribute something to society.

However, there was strong recognition that this emphasis on work, particularly paid work has become very problematic. Numerous responses centred on the impact on people's lives of workplaces and companies becoming increasingly driven by unrealistic profit expectations. This is having a huge impact in terms of the impact of unemployment, the loss of secure ongoing employment, and the loss of any sense of fairness or loyalty to employees or indeed to customers. Multiple points made by several respondents are reflected in the following quote:

> There is a stigma attached to people being unemployed: when we meet someone new or go somewhere the first thing people ask is "What do you do?" and that puts people in the position of saying: "I don't do anything" which is like saying "I'm not adding value"…people who are unemployed don't let themselves get in those social situations where they might have to disclose their status…
> The thing that is stopping them is not like a sign at the door saying: "You're not allowed in here because you're unemployed" or people saying "You're unemployed so you're not going to be

one of us" it is very much the mental processes that is going on around their own fears that is excluding them, but, it's because of those external things—stigmas— that they have started to think like that. (P2)

The experience of several people is mirrored in the following:

I mean I was lost when I first, you know, stopped working. I mean I was made redundant on two occasions through no fault of my own but that was really disappointing. Over time I had made a lot of money for people in the industry I was in, and then to be just cast out the door it's difficult you know people coming to terms with that.. …you just feel like you're not contributing at the time and… more and more people are going through that the way the workforce is going. Loyalties not there like it used to be…

My son works casual work on the railways …He worked the other day in 37 degrees, working a power hammer. He said to his boss: "Look I'm not feeling too good today I'll have to go home, if I don't lose my job; I'll be back tomorrow. They said: "no, you won't lose your job" and he went back the next morning and they said: "Sorry just keep walking", and that's what it's like you know. He's depressed over that now…to be honest with you I don't like to start off as a youngster now with all that work involves and family costs and all that. They've got it hard. (C13)

Years ago it didn't matter if you didn't have a cracker in your pocket, now it does
Not just being unemployed but the impact of a lack of resources resulting from this on people's ability to participate in activities was also a common theme. For example:

When you're in a position like me where you can't make money because no bastard will employ me, money is everything and like I know some people out there that … they don't go out because they can't afford to go out. .. having money in your pocket reflects in your attitude a lot. Like twenty years ago it didn't matter if you didn't have a cracker in your pocket. Now it does.

Like, you won't walk down the street unless you've got a few dollars in your kit just in case you need something or you run into someone and they say lets have a coffee you say "no, no, no I can't stay" because of not having the money. I personally don't know how people on the dole survive. Like I find, I battle through, and in the last 12 months I've had to ask for help three times, four times or so- from the welfare worker- and that's very humbling I can tell you. (C4)

Numerous other comments indicate that this lack of resources has an impact not only on people who are unemployed but on anyone with a low income:

> These days… finances has everything to do with it If you haven't got enough money that … doesn't help with a lot of things so where you can go, how many times you can go out, how often you can go out so and how much of a rut you get yourself into if you haven't got money to do it, …I'm not on the average wage that the government keeps posting every so often, you know: 'the average wage is $700 a week' or something, and I think "God I'd like to be on $700 a week", but I'm not down as low as some of them people. (C14)

Another contributor to the further isolation of already excluded people identified by respondents was that because of the disparity in resource levels across society, sums of money which are unattainable to people reliant on social security payments, or on low incomes are dismissed as trivial by people on even reasonable incomes. As a result, so called 'token' charges effectively exclude people from services they desperately need. While a somewhat extreme example, this reality could hardly be illustrated more clearly than as follows:

> Like, it's unfortunate to see that suicides going through the roof…I tried to ring Lifeline on me phone; I didn't have any credit, so I couldn't actually ring Lifeline. I went to the phone box; I couldn't access Lifeline because I didn't have 50 cents. I can ring 000 to save someone else's life but I couldn't ring Lifeline to save my own. The money is being spent in all the wrong areas as far as I'm concerned. Lifeline and things like that; that should all be a free service. (C4)

People are very involved with their positions and jobs

On a different point, several participants spoke of the pressure on both parents to work in order to support a family and the difficulty of finding time to do things given the pressures of increased work hours:

> Regardless of what any politician might say, mostly both parents have to work and if you have to work and your kids when they are little are in child care, then you want to have some time with them, and you want to have some time with your partner, well there is simply no more time. (P6)

This respondent also picked up on a point made by several others that lack of time due to increased work pressures has an impact not only within families: it is also

contributing to decreased participation by working age people in community based groups including service groups:

> There simply isn't any more time in the week to have community involvement and that speaks to why there are falling numbers in all the service clubs. (P6)

Participants made several references to the difficulties people experience when they retire because of the extent to which paid work occupies so much of their time and energy and so becomes the focus of their lives and the thing which gives their lives meaning. As reflected in the following quote, several participants highlighted how much this is true by reflecting on the number of men in particular who seem perfectly well until they retire and then die shortly afterwards:

> People are very involved with their positions and jobs. You know it's amazing sometimes when you see someone retired at 65 that's been very active and they don't get past 67 because you know they've just gone from one extreme to another; you often hear about it. (C13)

Overall, in different ways the participants' responses around this theme point to the need to question the wisdom of continuing to create a society very much focused on economic imperatives and requiring extended working hours and increased productivity to support the levels of profit making and material consumption now regarded as normal.

In addition to the direct negative impacts of a focus on participation in the workforce, these participants also highlighted the extent to which this focus has undermined our development of a society with a social conscience in multiple ways as outlined below. One of the points which came up often across the interviews is dissatisfaction with the disproportionate focus on profit making and the generation of profits for shareholders and excessive salary packages for the corporate sector. In particular, participants identified the disproportionately large incomes enjoyed by senior corporate bankers as a major contributor to the cost of banking services and mortgages for ordinary people. Numerous points similar to the following were made:

> Well, the bank managers that they say are on a million or two million: my personal thing is nobody's worth that much money per year, I don't care how good you are at your job nobody's worth two or three million or something a year for a job, and then when they leave they get

> 100,000 shares or something which is worth more millions of dollars. Not good, that doesn't help. (C14)

Such questioning underpins the comments of, several respondents who identified a need to return to more community-service focused local banks to reduce exclusion, rather than maintaining banking as a purely profit driven businesses. For example, the profit imperative of banks was identified as a huge factor in people's exclusion from affordable housing, as exemplified by the following:

> It's ridiculous…We bought our house in 1967 and it cost $8,000. We had no money so had to borrow money to try and pay for it… We sold it in the year 2001 and we still owed the bank $15,000. We'd put an extension on the back, an extra bedroom for the kids, it wasn't much. But we paid $8,000 in 1967 and sold it in the year 2001 and owed $15,000. How many times did we pay that, how many times did we pay the amount we borrowed in the first place?... They- the banks- they're making millions, huge profits which we read about all the time. I don't know if they can do something where it's affordable or a bit more economical and cheaper for people to be able to buy a place and pay it off I don't know. (C13)

A few respondents commented that the increasing cost of housing has created a huge demand for publicly funded housing. The participant's view is that, as with other groups in receipt of welfare support, people in 'social housing' are often discriminated against and this discrimination is intensified by the tendency to concentrate such housing in particular designated areas set apart from private housing developments, thus multiplying people's isolation given that many residents of social housing are also unemployed or on low incomes:

> I've often noticed people who have been placed in public housing in the town and it is very obvious that they are not from the town, and you can see how lonely they are. I often see a number of them walking the streets because there is nothing to do during the day, and you see them returning to their little enclave at the end of the day, and they are quite excluded, its not an intentional thing on the part of the town there is no way for them to be included and that is quite detrimental…Part of the problem is structural in the way the housing has been structured; it is an enclave. Everybody knows that the people who live in that corner are from outside the town and have been put there, so it is harder for them to meet others and integrate. (P10)

People on the receiving end of prejudice are not imagining that people are biased against them

Linked to recognition that people experience exclusion on multiple, cumulative levels, numerous comments reflect frustration with both politicians' utterances and media reporting that demonise people, by implying that being unemployed or chronically ill, or belonging to any excluded group, is somehow people's fault: that it is somehow just a state of mind that they could alter if they chose to, rather than a result of exclusionary processes over which they have little or no control. As we focus more and more on economy and efficiency our social conscience is eroded further so that excluding people that are not 'like us' is increasingly excused regardless of anti-discrimination type policies:

> We have just become much better at 'dressing up' how we say that we don't want certain people or certain groups participating. We don't talk about ethnic groups or people with disabilities the way we used to, but we still exclude them. We wouldn't say now that we are not going to employ people with disabilities, for example, we just find ways in which they somehow are not the right person for the job. No one is banging their fists on the desk and saying this isn't right; it's condoned. (P1)

As numerous respondents pointed out the ways in which we condone and normalise exclusion can be subtle. For example:

> People on the receiving end of that prejudice are not imagining that people are biased against them…This can be subtle…It's strange when you hear the names that are bantered around on the news, like that poor fellow from Sudan who was beaten up and killed, he was described as 'Sudanese' on the news. The two people who did it…they were kind of white European sounding kind of names so where they were from wasn't mentioned… to bring about the death of somebody else because they're different it just sickens me. (C2)

Throughout the interviews a range of people were mentioned by these participants as being subjected to routine demonisation, not only in the mass media but in general conversation. These demonised groups include, amongst many others, migrants, members of ethnic groups, and anyone dependent on welfare payments particularly single mothers and unemployed people.

It was clear from several participants' comments, that they thought that as a result of increasing fear and uncertainty, demonizing of people had become more widespread and was being applied in fact to anyone that seemed to be just 'hanging around' in a group or seemed to be an 'organised group', as if being in a group has become synonymous in people's mind with the negative connotations of being in a 'gang' regardless of the group's actual behaviour. Examples of people regarded suspiciously in this way, just for being together in the same place, included young men in general, and men from any non-western racial/ ethnic group. Other examples mentioned included the increasing tendency to assume bad intentions with respect to groups of teenagers. As is discussed below, many participants attribute this increasing level of fear and suspicion at least partially to the previous Federal Government's advertising campaign linked to reporting any suspicious activities that could possibly be terrorist related.

The following quote, from one participant, sums up the views of others with respect to this fear driven dimension of exclusion. He illustrated his concerns about the increasing prevalence of such demonizing by referring to an extreme recent example that took place in Melbourne. In the interests of 'public safety' a group of 'concerned locals' has sought to protect themselves by having the local council introduce by-laws to ban what they described as 'an organized group' from taking over the local park. This organized group was in fact a large group of children from various racial backgrounds who were using the public park as a place to play and get some exercise. He commented as follows:

> A lot of it is just perception and unfortunately but we do live in society where fear and division is the go. You know, we've sort of the lost the community feeling... in the city, there's massive isolation. I think in… a lot of suburbs, a lot of rules and regulations of "don't do this, don't do that". Like I was watching the news the other day and these kids can't go and exercise in the park and all of this, it's absolutely unbelievable… I'm saying that kids need to go out and play and they wanted to go out and play in the park but they can't do it… cause the locals said it was 'an organised group'… That whole community spirit and helping is gone… it's that constant fear and people are, sort of, a bit scared I think of, you know sort of lost 'put yourself out a bit help your fellow human beings', so I think… the way society is going and it is a worry. (C3)

Throughout this construction of meaning for social exclusion there clearly emerged a sense that the fear and division which permeates society, and increasingly demonises

certain groups is a contemporary manifestation of entrenched and long standing racist attitudes. Participants' perceptions in this respect are summed up by the following quote:

> There is a big legacy of a colonial past that influences people's attitudes to other people, making assumptions about their intentions and behaviour based on race skin colour or religion, which impacts on how people are treated and excluded. (P7)

Another participant made the point that regardless of instances where we set them aside, we all have a tendency towards racist attitudes and therefore need to consciously decide to behave and react in a more accepting, inclusive way:

> Despite the fact that people do have inter-racial marriages and international connections and all the rest of it, I still think that there is that basic human thing that under normal circumstances, unless there's love involved, or a business reason, or you have particularly chosen to be an outgoing accepting sort of person, that those who are not just like you, are from another tribe, therefore you reject them.

Linked to this point, several respondents mentioned that they thought the relentless if sometimes subtle demonizing of certain groups is extremely damaging because people may be influenced by it, even when they think that they are not. This point is summed up nicely by the reflections of one respondent:

> The stories that people tell, or the way people are talked about influences other people's perceptions in subtle ways even when they are resistant to thinking in such prejudiced based ways... particularly when they are talked about in ways that bear no recourse to rationale or to evidence... I think I have been affected by ...the ways that people, for example, Muslims, are talked about; in some way the stories are just about fear and that in some way seeps through in to my thinking in ways that have surprised me. (P7)

I wonder if it is by choice or necessity, the necessity just seems to be a choice
Several respondents identified the most damaging part of our loss of community spirit or a sense of social justice is that we both condone and promote exclusionary processes while at the same time making the excluded feel that they are the ones responsible for

their own exclusion. For example:

> Exclusion can make people feel like they have no support, it can make people feel scared of
> others, it can make them feel bad, it can make them feel that they are responsible for their
> exclusion, that they're not good enough. (P3)

Making a related point, participants expressed a sense of frustration with people who say that it is up to people to get involved, as if feeling excluded is just a state of mind and people are somehow imagining that bias or prejudice exists. One participant's comment summed up this experience when he said:

> That just tears me apart knowing that there are people around with that sort of attitude; that
> isolation is a state of mind, but the people on the receiving end of that are not imagining that
> people are biased against them…there is a state of mind in the person that is dishing it out, but
> the actual isolation and rejection is real. (C2)

Overall then, many of these participants recognise contemporary demonising of certain groups, underpinned by entrenched and often unacknowledged racist attitudes, as a significant contributor to the erosion of our sense of social justice, and, therefore a major source of exclusion for many people.

During these participants reflections on numerous dimensions of social exclusion and related terms there emerged a whole range of issues which illustrate the complexity of meaning with respect to 'choice' in terms of people including or excluding themselves. Underpinning these comments was recognition that people naturally tend to favour different levels of contact, and for people who need lots of interaction then not being included is problematic:

> Some people is just their attitude, they just like to be themselves and then some people they like
> to go out and meet with people and share with people so it works both ways. If you want to go
> out and discuss with people, then if you don't have that opening or something it is going to
> disturb you. That's where your problems might be. (C9)

However, these participants made the point that although people do vary in their need for interaction, those who voluntarily exclude themselves are in the minority, and most exclusion which looks voluntary is actually not. There were numerous mentions of

people who like privacy and seclusion but are nevertheless well connected to others and have support at particular times, and that the minority who totally exclude themselves voluntarily, tend to do so only for religious or artistic reasons and for a limited period of time. This shared view is summed up by participant (P4) who said:

> Of course there are some people who have periods of their life, but it's got to do with creativity perhaps, that they shut themselves away because they need to go into themselves or run some 'spiritual quest' or whatever… but in general it would be for a limited period of time…there will always come a time when they…come down from the mountain because they need the connection. (P4)

These respondents repeatedly made the point that, apart from spiritual or artistic reasons, people who look like they are excluding themselves voluntarily do so because they have experiences some trauma or had some painful experiences linked to previous attempts to be included. For example:

> Looking at society as a whole, mainly people who would like to be isolated from the rest of the community is because something has bent their brain a bit. I mean it could be over drugs, or maybe they've had some really traumatic experience, you know they've been pushed around at home when they were a kid, which would lead to the lack of confidence. And, they got pushed around when they grew up and therefore say: "no matter which way I turn, I'm going to get pushed around, therefore I'm going to be my own little rock and island and if I'm not associated with anybody then I won't get hurt". (C2)

Several participants also made the point that although this is a perfectly natural response to hurt and pain, and something everyone does occasionally, it can result in people getting very isolated and depressed quite quickly if it becomes an ongoing response. For example:

> If you take yourself back to the playground as a kid, when people don't feel included what do they do? Its human nature to pretend you don't care. Part of that is good because you can't be a bleeding heart all over the place…you've got to toughen up, but there's a very fine line where people pass over in to 'I'm not going to allow the world to come in, I'm not going to show anything because I'm so vulnerable'. That is the point which is of great concern; I think people can get very down very quickly from that point. (P4)

Similarly, another participant commented about this aspect of exclusion with respect to people who have experienced mental illnesses in particular:

> I've certainly had a lot of contact with people who have some sort of enduring psych. illness who are, who live a very solitary sort of existence, who want minimal contact with other people. I wonder if it is by choice or necessity, the necessity just seems to be a choice. (P1)

Echoing both the isolating impact of mental illness, and the perils of getting in to the habit of excluding yourself as a defence mechanism because of being hurt previously, one participant drew on personal experience to sum up this situation:

> So, humans as a species are resistant to change and when we experience things that repeat and we can get familiar with them and get comfortable with them, we tend to drop into that cycle pretty quickly and get comfortable with it so, we adjust to our situation and everything is fine. It has the drawback that withdrawing from society because you feel isolated…for whatever reason- either 'I'm not worthy because I no longer have a job' or 'I'm mentally ill' or 'I haven't been able to make my marriage work' or some thing like that- they then find it easier to stay out of society because that way they haven't got to explain themselves to anybody.
>
> They haven't got to admit to so called failure or that sort of thing, and people, I think, can get into the human trait of getting into the comfort zone of being isolated and: 'I feel happy here because I don't have to face up to the pain and explanation and everything like that, therefore: I will sit here and I'll either do nothing or smoke myself stupid or drink myself stupid or whatever', and the longer you stay on that track, the more entrenched you become with being isolated and the harder it is to get back into mainstream society.
>
> I think anybody who's had a misfortune is a likely candidate for being isolated and then from there on it's just a snowball effect and we get into this private, uncomfortable comfort zone of : 'yeah look, today's going to be the same as yesterday, and at least I know how I'm going to go about it: I'm going to take the rubbish out and put it into the bin, I'm going to come back to the house, the house will still be there, the bin is going to be there the next morning, I don't have to talk to anybody": I think it's extremely sad, but that's how it happens.(C2)

Several participants made very similar comments about losing your confidence when you get in to this isolated situation, and also losing your ability to communicate so that even when you do try to talk to people you can't do so effectively, so that what you are saying doesn't make sense:

> You lose the ability to be able to communicate… and you go stir crazy. And when you do see people you try and put out all this information and it all just doesn't mean a bloody thing you know. Yes, because your self worth goes down, and like once your self worth goes down your confidence is gone, and if you haven't got confidence within yourself like to talk to a stranger you know you're buggered. Like I walk down the street now and I say hello to strangers:" 'how you going mate having a nice day"...Well I know personally like when I was sick I isolated and excluded myself um, I can't say whether it was voluntarily or not. I honestly can't say (C4)

Of course, people who have not had experiences of mental illness or extreme exclusion also struggle to include themselves because of natural reticence or shyness, and in order to include themselves they have to overcome fears which seem insignificant to others who are more naturally confident and gregarious. For example, one participant described what is required for people not to be excluded as follows:

> Well, just make themselves available: I'm a little bit on the shy side… I'm a little bit hesitant of going up and kind of joining in, breaking in on a little group or something. Like one of the clubs I belong to there are various little groups: I know all the people but before the club starts its meeting, [there are] four or five over there, and, four or five over here and you don't like to go over in case they're talking shop of something that they don't want you to know: I don't know, just don't be too afraid I suppose. (C14)

One participant highlighted a point made by others with respect to the impact of deficient conversational skill on people's ability to include themselves as follows:

> Enjoying the company of your peers and wanting to feel good and be good in their company is a motivating factor in health and if you drop off the radar socially… things happen… One is they lose the capacity to have interesting conversation so therefore it sort of adds to their exclusion. And, the other thing is…I can think of a couple of guys…, one in particular who lives quite near here: He's got a successful little business, he works by himself, he's a tradie [tradesman], he's got three kids, a family. Everything's great, I doubt that he's got a single friend: Well, they moved here before the kids were born so they must have been here at least nine or ten years and I doubt that he's got a single friend and that's because he won't let anyone else finish a sentence…, his wife's quite social, so they get invitations to do things, but why would you want to talk to him because as soon as you open your mouth he interrupts and, it's a skill obviously that somehow he just missed, he doesn't know that a conversation involves two people. (P6)

Overall, several participants sharing this construction of meaning referred to the importance of social skills and the circular impact of not being able to interact

effectively with others which leads to isolation which leads to further deterioration in the skills needed to interact.

Echoing the complex nature of the whole issue of 'choice', the following comment reflects the concerns of several participants. It draws on the example of providing services for older people to illustrate that what may be interpreted by outsiders as someone choosing to be excluded by not accepting services, may in fact hold an entirely different meaning for the person themselves:

> Older people often have services foisted upon them that they don't want…Do they really want to be left alone or do they just not want your services? As I see it, it is like the beginning of a terminal decline: You know, once I accept your services, the next thing is I'm going to be going in to a nursing home, and then I'm going to be dead. (P1)

As he pointed out, this presents a dilemma for those providing services and highlights a need to use an appropriate level of assertiveness in order to balance the provision of services to connect people with others with respect for individual people's self determination.

> Its a fine line because, with some people its a matter of making an assertive inroad and once they are connected they are very happy, they are just stuck and it does take somebody to try to connect with them. So, I think we need to, as a society offer a hand up to people to be involved, but also learn to recognise that if they don't want to, that is ok as well…I think we sometimes get a bit guilty of trying to get everybody included when they don't want to, based on our definition of what being included is. (P1)

Another participant made similar points and went on to talk about how older people appear not to want to be involved but actually are unable to choose to interact with others because of a combination of lack of information about opportunities that are available, and a fear of showing vulnerability, compounded by the prevalence of fraudulent schemes targeting older people in particular. Overall, his views on this may be summed up as follows:

> I go up to the hospitals and do the hospital visits up there on occasion …a lot of elderly … people are just so isolated by themselves but the thing is they don't know what is out there either. You don't know what services there are and it takes a lot to ask someone, and I think that is

people's biggest fear; just showing what's on their inside. People are scared to show that they are vulnerable in this day and age…you have people who won't even open their front door, you know the poor buggers… I think people are just frightened because when you have a look at how many people are being ripped off everyday by someone knocking on your door rising money for charity and its all bogus…people can't trust people. (C4)

What emerges from these participants' conception of social exclusion is that being excluded or included is not simply a matter of choice because what looks like a choice may, in fact, be anything but. Apparent choice is constrained not only by lack of access to resources and services of various kinds, but by family dynamics, varying levels of shyness and previous and cumulative painful experiences both of exclusion itself and factors which contribute to it, such as abuse and mental illness, to name but two. There is a complex interaction among past experiences of exclusion, and the negative impacts of that exclusion and other kinds of trauma, including fear, lack of confidence and loss of communication skills, which renders attempts to include oneself far more problematic than simplistic calls for people to 'take responsibility' or 'get involved' would suggest.

Governments have to set the example that this in an inclusive society

Within this conception of social exclusion then, recognition of the complex interaction between past and ongoing experiences of exclusion and present and future attempts to include oneself is critical to an understanding of how exclusion might be tackled effectively. These ongoing impacts of past exclusion, being experienced by individuals and groups, are continually interacting with and reinforced by exclusionary forces operating in ways regarded as 'normal' at the societal level. Participants emphasise that in order to tackle exclusionary process and ways of thinking which have become normalized, we need a fundamental change in the way we view ourselves as a society. We need to actively cultivate being a society with a social conscience not just an economy. The essence of numerous similar comments is captured in the following quotes:

We need to… allow ourselves like sometimes to put our barriers down and…allow yourself to be more accepting and more understanding … we do need to be a bit more trusting…step back, look who we are, and what we want out of society to be … have a social conscience in a way. (C3)

> We need to work with people, not blaming people for not being able to rely on themselves… We can all get it wrong sometimes, we need to work with what is; the situation that we're human, we're inadequate and not perfect and we need to try to work with what we are…What the Howard Government did and Thatcherism did, it divided community it made people suspicious… you almost had to be ashamed to have a social conscience… It's capitalism gone mad. (P4)

Echoing the last quote, these participants clearly identified that one of the most important ways in which the government and policy makers can facilitate the development of an inclusive society with a social conscience is to model inclusion, not exclusion, at all levels.

Analysis of data in this respect indicates that the importance of government modelling inclusion lies in its power to influence overall societal attitudes. As one participant put it:

> Governments have to set the example that this in an inclusive society, and that we don't exclude people unless there is some real justification for it…As long as we continue to have divisions between 'haves' and 'have nots' I think that only just helps maintain the division within communities and at the more micro level things as well. I think we need to tackle exclusion right from the top to the bottom. (P2).

With respect to concerns about fear and the demonizing of numerous groups referred to above, several respondents expressed the view that not only was the government of the time not setting an example in terms of inclusion; they were actively modelling exclusion and division for political gain. For example:

> Well, I think the government needs to realise that what they say is very, very important…Politicians, they demonise groups or exclude groups for political gain…It's a political game…You know like for 11 years we've been told that…like there is a massive terrorists threaten in Australia, and we've been made fearful of that…There are riots or whatever… because people feel excluded and hurt and misunderstood… Unfortunately the way we're going… politicians seem to think that, you know… they'll get votes on fear (C3)

The view that governments do not model inclusion not only in policies but even in their own conduct in parliament was also highlighted as a problem. For example:

Well it is, all you've got to do is listen to you know, parliament… and you can sort of see how 'inclusive' they are of the other people; they are in to ridicule and attack … and they say well 'that's politics' but it's actually our leaders and reflect a certain part of our society and if they carry on like that, which is what they do, cause they think they need to do to gain votes, then it's going to sort of come down to children who see it or people who see it and they will act accordingly. (C3).

Numerous comments reflect the view that there is now an urgent need for a move away from fear-driven, divisive policy back to a focus on inclusion which requires a huge change of perspective:

Anything that needs to be addressed needs… a change of attitude and government can help manage change of attitude, that's what they do well to promote an attitude change, they're just managers they're not creators.(C10)

Overall, there is an urgent need to simultaneously focus on providing leadership around eliminating exclusion, not just on re-including selected target groups of people who are already excluded. As another respondent put it:

Working at the bottom level and bringing people who are more disadvantaged on board is admirable but it needs a huge downward push as well so that we can open our doors as communities and say: "come on in'…This won't happen without there being strong support from governments around changes in the way that we view the world as a society. …I think that federally the [Howard] Government, we could be much stronger in terms of messages of inclusion than we are. I think we are very good at demonstrating exclusion in terms of things to do with race, immigration, detention centres. It's like we have turned the clock back in many ways. (P1)

This sense that Australia has gone backwards in terms of inclusion, evident in the above quote, was also reflected in several other responses including:

It doesn't go well for Australia's multicultural future direction that people now seem to be becoming more and more exclusive in the way they are thinking about what being 'Australian' is, things like having immigration tests about what all Australians should know. I think we are putting up new barriers to inclusion that are only going to come back and haunt the community later on. (P2)

The view that leadership around inclusion must be modelled at all levels, not just by federal and state governments, was reflected in several responses about the role of local government and local institutions in preventing exclusion and fostering community spirit. For example:

> I think it's got a lot to do with the people who are administering the area the sort of attitude that prevails within the community…I see the umbrella organizations around here, the health service, the council all that sort of thing, neighbourhood house as having set the right sort of attitude to have created a caring community.(C2)

Overall, there was a sense throughout the interviews with these participants, that what is required to model inclusion at all levels is to make a sustained and genuine attempt to communicate more effectively and interact more compassionately on a human level and to place more value on people as people and not just value what they can do, or can contribute to the economy. One respondent summed up numerous aspects of what we have to do to model inclusion so as to return to being not just an economy based on exclusion, but a society with a social conscience as follows:

> Everything in life whether it be work or government or the sporting club… everything needs to have that injection of humanity in there…not just cut throat… win at all costs… we're here to provide a service, humanity that should come first…and business, government, everyone should have that approach…As a nation we need to have a philosophy…of humanity rather than success at all cost there's got to be an element of you know …life quality…there is an awful lot of focus on doing, rather than on just being. (C10)

To summarise then, central to this construction of meaning is the conception that in order to be included people need to be recognised, respected and accepted as individuals regardless of the extent to which they choose to participate. Rather than expect that people will be able to choose to participate at their desired level, in spite of personal experiences or circumstances, choosing to include oneself is conceptualised as inherently problematic and shaped both by personal circumstances and by exclusionary forces operating at the societal level. Apparent choice is constrained not only by lack of access to personal resources and publicly provided services but by a complex interaction between present circumstances and previous and cumulative painful experiences both of exclusion itself and factors which contribute to it at the family, school and community level. People who are excluded and isolated are still experiencing exclusionary forces

that have come to be regarded as normal at the same time as programs are trying to support their re-inclusion and participation.

Participants emphasise that in order to tackle exclusionary process and ways of thinking which have become normalized, we need a fundamental change in the way we conduct ourselves as a society. Central to this change would be prioritising the provision of secure, ongoing funding for high quality, publicly provided, transport, health and education services that are available to everyone in a timely way so as to end the exclusion of people from fundamental services due to inadequate personal resources.

However, this change needs to go beyond equitable service provision to address underlying inequities linked to an obsessive commitment to stereotypical views of success focused on individual and national consumption and accumulation of wealth. Within this conception there is a strong sense that we need to focus not just on being producers and consumers in an economy but being members of a society with a social conscience who have responsibility for the well being of others. This change requires strong leadership from governments at all levels in terms of being proactive about modelling inclusion, rather than continuing to model exclusion by cultivating fear, uncertainty, insecurity, and divisiveness in the ways that it conducts itself.

In this chapter, analysis of interview data has sought to explicitly explore and make visible the qualitatively different, complex meanings that practitioners and community members have constructed for multiple dimensions of social exclusion and related terms. The three qualitatively different constructions of meaning identified are summarised in Table 5, on the following page, using the research participants' own words to capture the essence of the 'repeating ideas' (Auerbach & Silverstein, 2003) that underpin these qualitatively different constructions of meaning.

In the next chapter, the meanings constructed by practitioners and participants will be compared and contrasted with those emerging from analysis of the research literature and relevant policy documents, in order to contribute to a more comprehensive synthesis of constructed meanings for social exclusion and related terms.

In the final chapter, this research will add to existing policy making processes by explicitly addressing the implications for policy of a conceptual framework which includes the rich, diverse and multidimensional meanings and experiences of practitioners and community members who experience the implementation of those policies as part of their everyday life experience.

Table 5: Summary of community members and practitioners constructions of meaning for social exclusion and inclusion

Overall construction	Inclusion	Lack of Inclusion	Increasing inclusion	Addressing exclusion
If I enjoy myself, why can't everyone else.	If there is company, someone to talk to, I'm happy.		What can you do to make them bloody happy, I don't know.	
You can't really sit and just stew, you've got to be involved.	You've got to force yourself a little bit.	I think its of their own making: but Grief I think would have a lot to do with it; and, If they have a mental problem they sort of want to stay on their own	Public transport; you would be pretty isolated if you were relying on that; and They have got to talk to people who have these problems	

We need to tackle exclusion right from the top to the bottom.	Regardless of race or gender or anything like that; and,
	
	Well look, respect people's rights and individuality.
				Things like public transport have got fantastic potential;
				We need more medical people in there or something;
				We need schools that foster difference in a constructive way;
				
				We need to look at what we want our society to be, have a social conscience:
				    If your life is leaning towards what you have your sense of self becomes empty;
				    You just feel like you are not contributing;
				    Years ago it didn't matter if you didn't have a cracker in your pocket: Now it does;
				    People are very involved in their positions and jobs;
				    People on the receiving end of prejudice are not imagining it;
				    The necessity [of isolation] just seems to be a choice;
				    Governments have to set the example that this is an inclusive society, and,
				    Model inclusion not exclusion at all government and policy levels.

Note; There is an overlap between strategies to address exclusion and to increase inclusion in terms of the need for high quality, publicly funded transport services in particular, which was the only strategy to address social exclusion advocated for by all of the research participants, as is discussed in detail on pages 182-185.

Chapter 7

Contested Constructions of Social Exclusion and their Implications for Effective Social Policy

Introduction

As is explained in detail in the rationale for this research study, presented in Chapter One, the research presented here sought to make a contribution to new knowledge by developing a comprehensive critical analysis of possible meanings for social exclusion and related terms, and identifying the implications of those meanings for effective policy development. The critical theoretical perspective which underpins it shaped this research study in multiple ways. Central to that theoretical perspective and its application within a critical policy analysis methodology, is moving beyond an interpretive stance to questioning un-stated and often un-acknowledged assumptions and ideas. Aligned with that perspective, and guided by preliminary analysis of existing research literature and relevant policy documents, the first two research questions for this research study were developed as follows:

1. What meanings for social exclusion, inclusion and related terms have been constructed by academic researchers and policy makers in the international research literature?
2. What meanings for social exclusion, inclusion and related terms have been constructed in policy documents that shape initiatives to address these social problems in Victoria, Australia?

One of the other central tenets of a critical inquiry perspective is that the construction of knowledge is inherently shaped by power relations which privilege some groups over others. In keeping with that underpinning perspective, and reinforced by the finding early in this research that the voices of community participants and practitioners are largely absent from the research literature, this research explicitly focused on the meanings for social exclusion and related terms, constructed by both practitioners and community participants experiencing social inclusion policies in a particular policy context. Consequently, the third research question guiding this research was framed as

3. What meanings for social exclusion, inclusion and related terms have been constructed by program participants and practitioners in this context?

Detailed critical analysis of the data collected in response to these research questions has been presented in the three chapters which precede this one. Like the preceding chapters, this chapter is also shaped by the critical theoretical perspective underpinning it. In particular, this chapter seeks to identify avenues for effective change by critiquing existing social exclusion/inclusion policy in the light of both the research literature and the insights of the research participants who have direct experiences of a social participation program shaped directly and indirectly by such policy. Overall, this chapter addresses the fourth and fifth research questions on which this research is based:

4. How do the meanings referred to in the above research questions compare and contrast with each other?
5. What are the implications of these findings overall for effective policy development?

The remainder of this chapter is structured as follows. To set the scene for the synthesis of meanings constructed by the community members and practitioners experiencing a social participation program in a particular context, the relevant policy guidelines shaping such programs in that context and the research literature more broadly, the meanings for social exclusion and related terms identified in those data sources are summarised briefly below.

The strengths and limitations of this research study are considered next, followed by some recommendations for further research. The ways in which the research reported on here makes a contribution to new knowledge are then summarised. Finally, the overarching conclusions which bring this thesis to a close are presented.

Constructions of meaning by practitioners and community participants

From the detailed critical analysis presented in Chapter Six, it is clear that three qualitatively different meanings for social exclusion and related terms have been constructed by the participants in this research. One meaning, held by only one community participant, constructs the issue as one of social interaction and emphasises the need for company as the defining feature of being included. Within that construction

of meaning no barriers to inclusion were highlighted other than an individual's motivation.

Another construction of meaning, held by a small number of community participants also conceptualises the issue in terms of participation and interaction but emphasises that such participation is not easy and may require considerable effort by individuals. Within this construction of meaning, the onus is placed on individuals to include themselves, not just for their own sake but for the sake of family and friends who would otherwise have to worry about them. However, it is recognised that the experience of grief and mental illness make including oneself very difficult. The initiatives they recommend are framed in terms of increasing inclusion and focused particularly on greatly enhanced access to appropriate public transport and more genuine consultation by government with the community.

The third construction of meaning, held by all of the practitioners and the majority of the community members, also recognised the importance of interaction with family and friends and participation in community activities more broadly if people are to be included. However, these research participants' conception of inclusion goes beyond interaction with other people and participation in community activities: in order to be included, people need to have their rights and their individuality respected. Overall within this construction of meaning, increasing inclusion is conceptualised in terms of decreasing exclusion by addressing societal level exclusionary factors in multiple ways, including: providing well funded, publicly provided, transport, health and education services that are available to everyone; and, focusing much more on developing a society with a social conscience, not just an economy.

Constructions of meaning in relevant policy documents

As was explained in Chapter Five, dedicated to analysis of relevant policies within the Victorian policy context, the issue in question is constructed as one of inclusion rather than exclusion. Inclusion itself is constructed around social and community connections, stable and supportive environments; a variety of social and physical activities access to networks and supportive relationships and a valued social position. While acknowledging that exclusion encompasses exclusion from adequate income or resources, labour market exclusion, service exclusion and, exclusion from social relations, nevertheless, these policy resources which guide social inclusion policy

implementation effectively only address the 'social relations' dimension. In other words, overt connections are not made between the social dimensions of social exclusion and the other dimensions mentioned relating to system level exclusion from income, the labour market, economic resources, and services.

Constructions of meaning in the international research literature

Within the international research literature, analysed in Chapter Four of this thesis, a range of qualitatively different constructions of meaning are evident. There is a vast body of research which conceptualises exclusion as a conceptual alternative to poverty and multidimensional disadvantage. This construction of meaning highlights the complex interactions between a lack of social interaction and supportive social networks and a lack of material resources of various kinds leading to multiple deprivation and disadvantage. This construction of meaning also emphasises the need to recognise the impact of influences over time, so that social exclusion is both multidimensional and dynamic, and is simultaneously contributed to by factors from the structural to the personal. Researchers holding this conception of meaning advocate for actions to address lack of inclusion in terms which address the material, social and political dimensions of exclusion at the societal and global level, rather than actions designed to target particular individuals or groups labelled as excluded.

Constructions of meaning which tend to equate social inclusion with participation in the paid workforce can also be identified within the research literature. However, this tends to be because researchers express concern about the prevalence of this construction in relevant policy documents, rather than because researchers themselves are advocating for it. Researchers do recognise that work is a constitutive part of inclusion for those who wish to engage in it, and that paid work is the principal source of material resources which are central to inclusion for a great many people. However, many researchers are very critical of equating inclusion with paid work because of the increasing number of jobs which are poorly paid and located in unsupportive and stressful environments. They point out that such jobs provide neither adequate levels of resources to support inclusion in life more broadly, nor experiences which of themselves foster inclusion.

Another construction of meaning which emerges in the international research literature conceptualises social inclusion in terms of social capital and social cohesion.

Researchers holding this construction of meaning highlight how reciprocity and mutual trust within social networks supports inclusion of people in a cohesive society. These researchers tend to focus on building and sustaining complex social relationships and networks, rather than on exclusionary processes and forces at a societal level.

As the analysis presented in Chapter Four, which addresses 'contested constructions of meaning in the research literature' makes clear, tensions exist within the research literature with respect to, for example, striking the appropriate balance between focusing on system level structures and/or personal and group agency. Similarly, tensions exist between construction about the ways in which they prioritise individuality and fairness or conformity and cohesion. While the constructions of meaning within the literature reveal dense and complex understandings of social exclusion and related terms, the essential differences between the different constructions of meaning still resonate with the three discourse of social exclusion identified by Levitas (1998). Constructions of meaning which resonate with the RED (redistributive discourse) seek to address exclusion by focusing on the redistribution of resources across society as a whole. This may be contrasted with the SID (social integrationist) discourse which treats the organisation of society as a whole as unproblematic and focuses on the integration of those on the margins in to the mainstream of society. Finally, constructions of meaning which tend to attribute exclusion to the deficiencies of the excluded themselves resonate very much with what Levitas (1998) identified as the MUD (moral underclass) discourse. As the synthesis of constructed meanings presented below shows clearly, elements of those contradictory discourses are reflected in the meanings constructed in relevant policy documents and by the participants in this research study also. However, this synthesis of contested meanings seeks to add to new knowledge by highlighting the need to broaden the range of recognised discourses with respect to social exclusion, as is explained in detail in later sections of this chapter.

Synthesis of constructed meanings and implications for policy

The ways in which particular dimensions of the constructions of meaning within each of the data sources, referred to above, compare and contrast with each other are discussed in detail in the following section of this chapter, summarised under thematic headings which reflect the 'repeating ideas' identified during data analysis. The synthesis of contested meaning presented under each of these headings concludes with identification of their implications for effective policy development. In keeping with the defining

characteristic of the critical policy analysis methodology which underpins this research study, the conclusions reached are framed in terms of questioning underpinning assumptions so as to highlight possible pathways for effective change. The main repeating ideas used to structure this synthesis of contested meanings are:

- Dimensions of economic resources and social inclusion/exclusion;
    - Accessible and appropriate public transport;
    - The role of health and publicly provided health services in inclusion and exclusion;
    - Publicly provided educational services that foster inclusion;
    - Approaches to economic resources and workforce participation; and,
- Providing leadership around being a society with a social conscience not just an economy.

Dimensions of Economic Resources and Social Inclusion/Exclusion

In the introductory section of the Victorian documents (Keleher & Armstrong, 2005) the meaning constructed for social inclusion goes beyond individual or group participation to encompass some community level factors such as stable and supportive environments and access to networks and supportive relationships. However, beyond the initial discussion sections, social inclusion is not constructed as inherently linked to, or caused by, exclusionary forces in this policy. Social exclusion is not used as a unifying concept within these resources and so the social policy challenges it addresses, which would be inherently linked if it were, are in fact treated separately. As a result the complex causal interactions between the multiple dimensions of the determinants of health identified in the VicHealth resource (Keleher & Armstrong, 2005) —namely, social inclusion, freedom from violence and discrimination and access to economic resources and participation—are not focused on in the initiatives to increase social inclusion that are advocated for in that document..

By contrast, the practitioners and community members conceptualise the solutions to lack of social inclusion in terms which go way beyond interventions to increase social participation. This is the case even though feedback they provided during ongoing evaluation clearly shows that they are very satisfied with the increased social interaction and social support that the program has facilitated within the supportive environment

that it has created with the participants. For the community members and practitioners increasing social inclusion is inherently about addressing exclusion and thus facilitating participation by increasing access to economic resources, and freedom from discrimination. Therefore, in the practitioners, and community members, construction of meaning social policy goals relating to inclusion are not separate or separable from those relating to access to economic resources and freedom from discrimination and violence.

In addition, the research participants' view differs from that of the Victorian policy documents, not only in terms of explicitly linking access to economic resources and social inclusion; they also disagree with the imperatives identified in the policy in terms of the dimensions of access to economic resources that need to be addressed. While the research participants identified the importance of access to education, adequate housing, and, access to money and meaningful engagement not just work, as the Victorian policy does, they placed far more emphasis on publicly provided services as a key dimension of access to economic resources, particularly publicly provided transport, health and education services, each of which is discussed below.

Accessible and appropriate public transport

It is clear that the practitioners and community members regard lack of public transport and subsequent dependence on private transport as a major barrier to inclusion and focused very strongly on the absolute need for adequate, well resourced and easily accessible public transport in all areas. While identifying transport as a key sector within which activity needs to be focused in order to promote mental health, the Victorian guidelines do not make any reference to transport related initiatives within the programs it highlights as central to increasing social inclusion. Public transport is not identified at all in terms of either increasing inclusion or preventing exclusion in the Australian Social Inclusion Agenda. In other words, while it is true that a 'Transport Connections Project' has been set up by the Victorian Government (Department of Planning and Community Development, 2009) which includes funding of $18.3 million to deliver small-scale localised initiatives across the State, neither of the policies driving social inclusion initiatives in this context prioritises public transport, even though people experiencing those policies regard lack of public transport as a key contributor to exclusion. That lack of public transport is not just an exclusionary force in this particular local context is borne out by the fact that recent research to identify indicators

of disadvantage in Australia, 'The Left Out and Missing Out' Project, (Saunders, Naidoo & Griffiths, 2007) identified not being able to get to an important event because of lack of transport in the last 12 months as a key indicator of social exclusion in Australia. Similarly, research identifies transport as a key influence on social exclusion in the UK (For example, Burchardt, Le Grand & Pichaud, 2002; Fisher and Bramley, 2006; Gordon, Adelman, Ashworth, et al., 2000; Levitas, Pantazis, Fahmy et al, 2007; Stewart, Reutter, Makwarimba et al., 2008).

Overall, the research participants highlighted that a lack of public transport excludes people in multiple ways either because it is unavailable and /or inappropriately scheduled to meet the needs of the local population. Community participants and practitioners identify that these deficiencies need to be addressed because it impinges on people's ability to include themselves by making those without access to appropriate public transport dependent either on being able to afford a private car themselves, or dependent on someone who does to drive them. Many people can not afford a car or have disabilities, including acquired age or injury related disabilities, which make driving impossible. In addition, lack of public transport means that people too young to drive have to depend on adults, who may or may not be able or willing to drive them to and from educational, sporting or social activities. It is worth noting that these research participants do not live in remote areas by Australian standards, yet in many cases, a visit to tertiary health service, a technical/further education college, a university, or an entertainment venue in a main regional centre requires a return trip by car of at least one and a half hours duration.

Rather than advocate for specific initiatives to target disadvantaged groups, as the policies discussed here tend to do with respect to many social policy issues, the community participants and practitioners advocated for a system wide approach to ensuring that appropriate, affordable, convenient and reliable public transport is prioritised so that it is available to and useable by everyone. The appropriateness of taking a system level approach is borne out by research such as Gordon et al (2000) which points out that people are collectively rather than individually excluded in areas where transport services are either unavailable or unsuitable in some way as is the case in this context. This is also the case elsewhere, for example, Fisher & Bramley (2006) found that up to a quarter of households in the UK were dissatisfied with how public transport met their needs—for reasons to do with availability and suitability rather than

cost. Of course, this situation is compounded in instances where people are excluded individually when services are unaffordable (Gordon et al, 2000).

The focus which the community members and practitioners place on initiatives which address public transport at the community and system level, rather than at the targeted disadvantaged group level, is consistent with the solutions they advocate with respect to service exclusion and other aspects of exclusion more broadly, as is explained later in this discussion.

In conclusion, neither of the polices guiding social inclusion initiatives in this context highlight the importance of accessible and appropriate public transport in preventing exclusion, or supporting inclusion, by facilitating social interaction or community participation. However, the research participants identify publicly provided transport as crucial to the prevention of exclusion, a point which is also strongly supported by international research findings. Therefore, policy makers need to question the assumption that everyone has access to private transport and recognise that lack of such transport is an exclusionary factor in Australia and elsewhere because public transport is unavailable. Consequently, to both enhance participation and prevent further exclusion, social exclusion policies need to reduce dependence on private transport by prioritising the provision of accessible, appropriate, and affordable public transport, that is universally available.

The role of health and publicly provided health services in inclusion and exclusion
As with their views on public transport, the views of participants in this research contrast sharply with the stance taken in the policy documents with respect to recognition of poor health and inadequate health services as critical dimensions of social exclusion. Both the community participants and practitioners conceptualise good mental and physical health as central to, rather than separate from social inclusion, and identify numerous health service inadequacies as exclusionary mechanisms that negatively impact on people's ability to include themselves in an ongoing sense or to re-include themselves once excluded.

In particular, it is clear from the research participants' experiences that if unacceptable and increasing social exclusion is to be reduced and prevented, social exclusion /inclusion policy needs to prioritise publicly provided health services that are available

to everyone in a timely way. Numerous suggestions were made as to the actions that need to be taken to make such a service a reality. These include significant reduction of waiting lists for appointments with local doctors, and waiting lists for surgery and other specialist treatments. They identified that such waiting lists can only be addressed by providing mechanisms by which people can access services without having to pay for them privately, and, mechanisms to greatly increase the numbers of health practitioners available to provide the actual services in convenient locations. In addition, the majority of the research participants made reference to the need for funding to ensure that practitioners can interact with community members in ways that reflect contemporary best practice particularly with respect to the treatment of mental illness, and the promotion of health, particularly mental health.

Within the Social Inclusion Agenda (Australian Labor Party, 2007, p.1) poor health and disability are mentioned among the range of problems leading to social exclusion identified in the early sections of that document. However, rather than addressing those problems in terms of addressing exclusion, the document goes on to discuss 'what Australians need to be included', among which recognises that people need to be able to 'deal with personal crisis, such as ill health' (p. 2). While people undoubtedly do have this need, to frame it in this way suggests that people experience illness only as a 'crisis', which has connotations of a sudden, acute event that can be just 'dealt with', rather than the ongoing chronic and exclusionary experience that characterises contemporary illness for an ever increasing number of people, as evidenced by extensive health promotion research and 'burden of disease' data (AIHW 2006; Bunker et al, 2003; Marmot & Wilkinson, 2006; Murray & Lopez, 1996; Turrell, Stanley, de Looper & Oldenberg, 2006).

The Social Inclusion Agenda does reflect recognition of the need for early detection of health problems by identifying the need for 'Healthy Kid's Checks' (Australian Labor Party, 2007, p.8) relating to basic health issues, however these are only advocated for in disadvantaged communities, not universally, and no system/population level initiatives are identified in terms of children's health. 'Mental health' is referred to, but only in terms of facilitating greater workforce participation by people with a disability or mental illness. While the need for: "a coordinated national effort to tackle the many reasons why people with a disability find participation [in employment] difficult" (p. 8) there is no sense of acknowledging any need to provide greater levels of resources

and/or a more comprehensive range of publicly funded services either to promote mental health or even to prevent or treat mental illness.

Consequently, while the policy is labelled as a 'social inclusion' agenda, the focus is not on facilitating social inclusion for people with mental illness or disabilities in ways of their choosing; rather, it is to increase the number of workers available to the economy. This focus is very much at odds with the meanings constructed by all but one of the research participants. The research participants holding the 'tackling exclusion from top to bottom' construction of meaning emphasised the exclusionary impact of mental illness and the urgent need for such impacts to be recognised and addressed effectively. Even the small number of community members who tended to conceptualise lack of inclusion more in terms of it being of people's own making, identified mental illness, particularly depression, as a factor which made including oneself even in everyday social interaction very difficult.

Overall, apart from the references made to 'health' in terms of health checks for young children in disadvantaged communities, this policy does not recognise and therefore does not provide leadership around recognising the critical role that good health plays for everyone in terms of their ability to include themselves, and consequently the role that inadequate and/or inaccessible health services play in excluding large numbers of people from society in multiple ways.

In partial contrast to the Australian Social Inclusion Agenda (Australian Labor Party, 2007), the Victorian resource document that guides social inclusion initiatives in Victoria (Keleher & Armstrong, 2005), does acknowledge system level structures that affect access to affordable and appropriate health services as powerful determinants of health. In particular, it identifies structural arrangements relating to universal access to publicly funded health insurance as the key factor in ensuring equity of access, but locates such arrangements within the 'access to economic resources' determinant of health, rather than overtly linking lack of such access to social exclusion or inclusion. However, in spite of positioning access to appropriate health services within the 'access to economic resources' determinant of health, no mention is made of the economic resources that need to be allocated in order for the health system to be responsive to emerging health needs. Both community members and health service practitioners indicate that it is not only universal health insurance that is required, although this is

critical and in reality far from adequate now, far greater levels of funding are required to ensure adequate numbers of appropriately skilled practitioners are able to meet the complex health needs of contemporary populations. In other words it is not sufficient that people can access the existing services, though that would be a huge improvement. From the research participants' perspective, a health service that fostered inclusion would necessitate not just *more* practitioners to meet the increasing demand that genuinely universal insurance would result in, it would also require considerable structural level changes to ensure that the services provided are actually contributing positively to people's health and therefore to their ability to include themselves.

As the VicHealth policy resources point out, health promotion research clearly and unquestionably shows that a great many of the determinants of health are located outside the health service (Marmot &Wilkinson, 2006; WHO, 1986; 2005; 2008). Nevertheless, it seems incongruous that having identified access to affordable and appropriate health services as a key component of the 'social wage' and therefore a critical dimension of 'economic well being', none of the initiatives to increase access to economic resources—which address adult literacy, child care, youth employment, adult work and housing as discussed previously—are related to improving access to the health services, or to improving the services offered.

Again it seems incongruous that, if no such initiatives were actually uncovered by the reviewers and so could not be included, that the authors of this resource did not choose to comment on this finding. It might be expected that the resource would make some recommendations with respect to the desirability of enhanced structural arrangements and resources given the health inequities the resource itself identifies as relating to lack of access to publicly funded, high quality health services that are accessible to everyone. Leading researchers on social exclusion clearly identify the existence of such inequities: good health has been identified as a key dimension of social inclusion, or conversely ill health has been clearly and consistently identified as a key driver of social exclusion, by for example, Burchardt Le Grand & Pichaud, 2002; Fisher & Bramley, 2006; Levitas, 2006; Levitas, Pantazis, Fahmy et al, 2007; Mack & Lansley, 1985; Pantazis, Gordon & Levitas; 2006; Richardson & Le Grand, 2002; Saunders, Naidoo & Griffiths, 2007; Stewart, Reutter, Makwarimba et al., 2008; SEU, 1999).

In spite of this overwhelming evidence base, neither promoting good health, nor indeed preventing or even treating ill health, is highlighted within these policy guidelines produced at the Victorian or Australian government level, to explicitly inform initiatives to increase social inclusion. What this makes clear is that while health services are regarded as intrinsic to inclusion by community members and practitioners experiencing the service, health and social inclusion are addressed in separate silos at the policy level. That separation can not be because the research evidence shows that access to appropriate health services is not problematic in the context of exclusion. The crucial role of high quality, accessible and affordable health services in preventing exclusion identified by participants in this research is reflected in the fact that of the top ten indicators of service exclusion identified from population level research in Australia (Saunders, Griffiths and Naidoo, 2007) five relate directly to medical services, namely: no medical treatment if required; no access to a local doctor or hospital; no access to dental treatment if required; no access to a bulk billing doctor (that is access to a doctor without charge); and, no access to mental health services. That research also shows that such exclusion from basic medical treatment is experienced by around 11 percent of the clients of welfare agencies and around three per cent of the community in general. This lack of access to basic health services is exacerbated for many people by the fact that around 50 percent of the general community have no access to disability support services, and 50 percent have no access to aged care services when required.

Furthermore, recent research conducted by the Health Committee of the OECD Directorate for Employment, Labour and Social Affairs (de Looper and Lafortune, 2009) draws on an extensive range of evidence to show that even in countries such as the Netherlands, UK, Canada and Australia, which have universal public health insurance for core medical expenses, significant numbers of people still report 'unmet health care needs'. These unmet needs do not relate to elective or cosmetic items. They include not being able to visit a doctor about a medical problem, not being able to fill prescriptions, and, missed medications, tests, treatments and follow ups. De Looper and Lafortune (2009) drawing on a range of other research relating to socioeconomic inequities in health (including Mackenbach & EUROTHINE, 2007; Mackenbach, 2008; and Commonwealth Fund, 2008) shows that common reasons for health care needs not being met include excessive costs, excessive waiting times and having to travel too far to access care.

In addition, this research (de Looper and Lafortune, 2009) shows that unmet health care needs due to costs are experienced disproportionately by people with low socioeconomic status, which highlights the need for universal, publicly provided health services to overcome this inequity. For example, 32 percent of adults with below average incomes in Australia reported unmet care needs, in comparison with 22 percent of adults with above average incomes. These levels are of concern not only because of the disparity between people in different income groups, but because these levels of unmet health care needs for both socioeconomic groups compare unfavourably with levels in comparable OECD countries such as the UK where the levels of unmet health care needs due to costs are low and show little disparity across those socioeconomic groups (Eight per cent for high SES adults, Nine per cent for low SES adults) (De Looper & Lafortune, 2009, p. 38).

It is clear from this synthesis of meanings for social exclusion and related terms that there is a vast body of research literature highlighting low levels of health status in populations in general, inequities in health status across groups in the population including groups with different socioeconomic status, and the exclusionary impact of poor health and inadequate health services. Nevertheless, this evidence is not influencing the development of social inclusion policy which may mention health as a dimension of social inclusion in initial scene-setting discussion but, crucially, does not advocate in any way for system level initiatives to address inadequate health services as an exclusionary mechanism. This seems all the more extraordinary given that one of those policies actually sits within a health promotion policy context. It seems that, ironically, in recognising the findings of the vast body of research (for example, Marmot & Wilkinson, 2003; 2006; WHO, 2008) which has been crucial in identifying the social determinants of health, and identifying quite clearly and irrefutably that many of those determinants lie outside the health sector, the health sector itself as an exclusionary force is not recognised by social inclusion policy makers. However, like the research participants here, academic research does indicate that the health sector itself operates as a determinant of health and that radical structural reform of the health sector is required (Baum and Harris, 2006; Boxall and Leeder, 2006).

Research also indicates that reform of the primary health care sector in particular is required as this is one of the initiatives most likely to produce increasing health equity by impacting positively on the distribution of health in the population (Coburn, 2004;

De Maeseneer, Willems, Sutter et al., 2007; Lee, Kiyu, Milman & Jimenez, 2007; Starfield, 2006). The need to ensure that primary health care is informed by knowledge of the impact of social determinants on health was highlighted by the Australian Medical Association (AMA) in its statement on the "Social determinants of health and the prevention of health inequities" (AMA, 2007). This statement encourages medical colleges and societies "to increase their member's awareness of health inequities in general including and potential bias in medical treatment decisions" (p.10). It goes on to say the AMA "encourages doctors to be passionate and informed advocates for equity and to be mindful of the social determinants that are at play in a patient's life during consultations" (AMA, 2007, p. 9).

Overall, the lack of focus on the health sector itself including primary health care, not just as a determinant of health but as a determinant of social inclusion, and a contributor to exclusion, is one of the key differences between how the VicHealth resources (Keleher & Armstrong, 2005) guiding social inclusion policy constructs meaning for social inclusion, when compared with the people implementing and experiencing that policy.

With respect to both social inclusion and the other determinants identified; namely freedom from discrimination and violence and access to economic resources, within the Victorian resources (Keleher &Armstrong, 2005) the initiatives guiding implementation in practice are overwhelmingly centred on actions designed to strengthen individuals, organisations and targeted sections of the community. There is no highlighting of, nor advocacy for, initiatives to reduce structural level barriers to social inclusion, or to strengthen whole communities or society in general. Supportive environments are identified as a key dimension of social inclusion within this resource yet, the focus is only on initiatives which relate to environments that are more supportive in the physical sense; no initiatives that create more supportive policy environments are included. However, as numerous research studies show, addressing the social determinants of health effectively does require a move away from a focus on individuals and groups to a focus on "policies, organisations and social structures" (Baum & Harris, 2006, p. 163). Advocacy by influential groups to bring about a change in focus the policy level is also supported by research which highlights that the influence of system level 'upstream' social determinants on health, discourse in the mass media and public discourse in general is still very much focused only on lifestyle change approaches to preventing

disease (Gleeson and Alperstein, 2006). The need for health professionals including doctors to become well informed and passionate advocates for health equity was highlighted by the Australian Medical Association (AMA) in its statement on the "Social determinants of health and the prevention of health inequities" (AMA, 2007).

Reflecting the concerns expressed in this critical analysis of the VicHealth policy guidelines, research on health promotion which takes a more critical stance has identified as problematic this gap between the large scale population level actions identified as necessary in health promotion research, and well publicised in for example the WHO Charters, and the very localised narrowly focused nature of many health promotion activities. King (2006) identified that the disjuncture between the 'big picture' global ideas and frameworks in health promotion, and the small scale and local level of much health promotion practice is not only an ongoing challenge for health promoters, but a "significant limiting factor for health promotion in addressing health inequalities" (p. 196). She goes on to illustrate how reducing that disjuncture requires "political, policy and infrastructure support" (p. 199), in particular, she identifies that alliances among those involved in health promotion and groups with scope for advocacy may be useful in "creating a more conducive climate for policy and structural changes" (p. 199). Given that VicHealth has identified advocacy as an appropriate health promotion action for itself, and already collaborates with DHS, greater advocacy for structural level changes, and highlighting of initiatives which address them would seem to be an entirely appropriate action, even though VicHealth is not itself involved in addressing up-stream structural determinants of health. This would be entirely consistent with the Ottawa Charter which identifies advocacy to make more favourable a whole range of conditions that can "favour health or be harmful to it" (WHO, 1986, p. 1) as an aim of health promotion.

Writing in the context of city based health promotion activities, but highlighting the challenges faced by any locally based health promotion activity, Barten, Mitlin, Mulholland et al (2007) argue strongly that approaches to addressing the social determinants of health effectively "need to explicitly tackle issues of participation, governance, and the politics of power, decision making and empowerment" (p. 171). The mechanisms that they identify as essential if this is to happen include "a more people-centred and rights-based perspective, an enabling environment, and a responsive government" (p. 171). Given its influential position, and its existing strong working

relationship with DHS, VicHealth is very well positioned to create a more enabling policy environment by advocating strongly for structural change to address the system level determinants of health, including the health sector itself, that are beyond the control of individuals and groups operating at a local level.

Such an approach would be in keeping with the recommendations of the WHO Social Exclusion Knowledge Network (SEKN), which in its final report to the WHO Commission on the Social Determinants of Health (SEKN, 2008), recommends the use of the concept of social exclusion (not inclusion) as a framework for developing effective action to address the social determinants of health inequalities. SEKN clearly defines exclusion as consisting of "dynamic, multidimensional processes, driven by unequal power relationships across four dimensions—economic, political, social and cultural" (p. 2). In keeping with recognition of structural level exclusionary power relationships, it advocates for focusing on the "multi factorial relational processes driving differential inclusion…rather than focusing solely on ameliorating the conditions experienced by groups labeled as social excluded" (p. 16). Similarly, as referred to in Chapter 4 of this thesis, Stewart, Reutter Makwarimba et al. (2008) make the point that policies intervening at the structural level "are far more effective than those that target the symptoms [of exclusion]: the psycho-social strategies dealing with depression, isolation and low self-esteem among excluded groups" (p.90).

This view resonates very strongly with the views expressed clearly and poignantly by the majority of the participants in this research study and is at odds with the approach taken in the policies being analysed here. Overall, social participation programs however well designed and implemented, can not by themselves include people in society who are simultaneously being excluded by lack of access to appropriate health services, including services that effectively alleviate the distress, suffering and isolation caused by mental illness and disability arising from chronic mental and physical health conditions which are both increasing and largely preventable. Nor can a social inclusion agenda constructed primarily as a workforce participation agenda by itself actually effectively address social inclusion in the absence of any initiatives designed to address inadequate health services or to promote health more broadly.
Overall, if such inequity and associated exclusion is to be prevented, several assumptions underlying social inclusion policies need to be questioned. Firstly, policy makers must question the assumption that people do have adequate, timely access to

appropriate health care services, so that such access is unproblematic, and need not be addressed in initiatives to increase inclusion.

In addition, the assumption that such access is all that is required needs to be questioned, although timely access would be a huge improvement on people's current experiences. Informed by the research participants' perspective, it is clear that a health service that fostered inclusion would necessitate not just more practitioners to meet the increasing demand that genuinely universal insurance would generate. Such a non-exclusionary health service would also require considerable structural changes to ensure that the services provided are actually contributing positively to people's health and therefore to their ability to include themselves.

The contested meanings identified in the critical analysis of data, presented in previous chapters of this thesis, raises questions not just about the role of health services in general; it also indicated the need to question some common assumptions underpinning health promotion in particular. One of the key assumptions of health promotion is that many of the determinants of health lie outside the health sector, and therefore those sectors have a crucial role to play in addressing the social determinants of health so as to improve both population level health and health equity. However, recognition of the validity of that assumption has had unintended consequence. Insights gained from the research conducted here, echoing recent research taking a more critical stance on health promotion (for example, Barten, Mitlin, Mulholland et al (2007) Baum & Harris, 2006; Gleeson and Alperstein, 2006; King, 2006, SEKN, 2008), indicates that the health sector itself is a key determinant of health and fundamental structural reform of the health sector itself is required if ill-health, health inequity, and social exclusion resulting from these experiences is to be addressed. Without such reform, initiatives located outside of the health sector can not by themselves reduce social exclusion.

A related point emerges from the synthesis of meanings within the Victorian resources and the relevant research literature in particular (for example, King, 2006; Labonte & Schreker, 2007; Woodward, Drager, Beaglehole & Lipson, 2001). This point concerns addressing the gap identified in the literature between the large scale global perspective taken in 'big picture' policy documents, such as WHO Charters, and the small scale, local and narrowly focused nature of much health promotion practice. In order for this gap between the global and the local to be addressed, policy to address social exclusion

needs to advocate strongly for fundamental changes at the structural and global level, both within the health sector and in other sectors.

Overall, the participants in this research study clearly identify both ill health and inadequate health services as key contributors to social exclusion. Researchers, including those referred to in the above discussion, have highlighted serious concerns about the ways in which health services internationally are failing to meet the health care needs of the population so that the health care system is itself a determinant of health inequality. Therefore this research concludes that as multiple researchers including SEKN (2008) recommend, exclusion not inclusion provides the most appropriate conceptual framework for addressing health inequalities. In addition, this research seeks to add to that recommendation by identifying the need for researchers and policy makers to engage with a Health Equity and Access Discourse (HEAD) that explicitly recognises and addresses the exclusionary impacts of both ill-health, and inequitable and inaccessible health services. The health sector itself needs to be recognised as a critical determinant of health and advocacy for fundamental changes to health service provision needs to be recognised as a critical function of health promotion. This is a critical step if we are to, as Beiser and Stewart (2005) advocate, "confront and redress inequalities in health that are avoidable, unnecessary and unfair" (p. 5).

Publicly provided educational services that foster inclusion
While the Australian Social Inclusion Agenda (Australian Labor Party, 2007), the Victorian social inclusion resources (Keleher & Armstrong, 2005) and the participants in this research study all refer to the importance of education in ensuring social inclusion, the ways in which they do so reveal very different conceptions of what is required if education is to play a part in increasing inclusion. The practitioners and community members highlighted the intrinsic importance of governments modelling inclusion, not exclusion, by funding government schools at levels which make them attractive to everyone and providing educational experiences that overtly and deliberately foster inclusiveness. Rather than target only disadvantaged communities for 'early childhood and parenting related initiatives' as the Australian Social Inclusion Agenda does, or focus on the 'school based programs for mental health and wellbeing' advocated for in the Victorian documents, the participants in this research advocate for a far more comprehensive overhaul of our approach to schooling so that it no longer

intrinsically fosters exclusion by perpetuating a two tier private/public system. They see such an approach manifesting itself in social exclusion policy such that our education system would be funded at levels which ensure that under-funded schools do not in fact discriminate against the children attending them, by providing schooling which excludes them from an appropriate educational experience. The research participants identify that one of the ways that educational policy can positively influence inclusion is to ensure that, in addition to funding learning support arrangements for individuals or groups, all teachers have effective initial education and ongoing professional development to teach all students including those with specific learning difficulties.

As the Victorian policies point out, whole school approaches work much better than addressing issues only within specific topics, but these research participants advocate for a much broader holistic approach, so that the education system overall, not just short term programs in targeted schools, is specifically oriented towards preventing exclusion. As is also clear from the experiences of these participants, preventing people's experiences of exclusion as children is likely, to prevent not only the very distressing experiences and the trauma which result from them but also the profound negative effects these experiences have on people's abilities to include themselves in multiple ways of their choosing as they get older.

Researchers constructing social exclusion as inherently multidimensional such as Burchardt, Le Grand and Pichaud (2002), include schools among key influences on social exclusion at the community level, along with the social and physical environment, health and social services. Similarly, researchers such as Levitas, Pantazis, Fahmy et al., (2007) include lack of access to appropriate education as one of the key domains or dimensions of social exclusion. Interestingly, the 27 indicators of social exclusion identified by research in Australia (Saunders, Naidoo &Griffiths, 2007), including nine indicators relating to disengagement, and 10 relating to service exclusion do not include any indicators relating to education. Similarly, in the Poverty and Social Exclusion Survey relating to social exclusion among adults in the UK (Pantazis, Gordon and Townsend, 2006), no items relating directly to schools were identified as necessities of life by the majority of the public. It may be that the majority of respondents in these research studies did not focus on schools since both studies specifically explored the necessities of life for adults, whereas in the less structured environment of individual interviews, space was created for people to raise issues more broadly.

Nevertheless, the sad fact that exclusion as a child can impact on a person's ability to include themselves as an adult is clear from the responses of the participants in this research make clear. These participants highlight the need for more community awareness and support for people experiencing isolation and mental illness including that associated with these experiences. Several of the research participants' suggestions as to how these issues could be addressed related to how schools and families could be better equipped to deal with exclusion in schools and for children in general. More particularly, the research participants identified a need to systematically work on preventing bullying and to incorporate within the core curriculum, not as an occasional add on session, activities that address effective and inclusive communication with others. They identify that such an approach is vital if individuals are to learn the kinds of interpersonal communication needed to foster interactions that not only reduce abuse including bullying but create environments in families and schools where individual viewpoints are respected and people's individuality can be nurtured in a more positive, proactive way.

In conclusion, unlike both of the social inclusion policies analysed here, which pay limited attention to education, the research participants emphasise the importance of schools, and children's experiences of schooling. The research participants not only recognise that being excluded at school impacts on your well being as a child; that impact persists long in to adult life. This view is supported by the international research literature referred to throughout this thesis, which recognises lack of access to appropriate education as a key contributor to exclusion. Overall, synthesis of the different meanings constructed in each of the data sources analysed in this research indicates that several assumptions underpinning current social exclusion policies need to be questioned. It can not be assumed that targeting groups identified as disadvantaged in some way, or, introducing thematic 'units' to address issues such as mental health and well being will be sufficient to ensure inclusion of all students. More fundamental change to the education system is required so that all schools are adequately funded and so do not discriminate against the students attending them. There is an urgent need for adequate and secure funding for all schools and teachers to ensure that schools and teachers can meet the learning needs of all students within a very diverse student population. In addition, the curriculum needs to be reconfigured so that effective and inclusive communication with others is at its core, not just addressed in occasional add-

on activities. This would help to develop the kinds of interpersonal communication needed to create an environment where the contribution of people with diverse ways of being can respected, so that people can both be themselves and be included.

The research participants' conceptions in these respects recognise the dynamic nature of social exclusion, as do numerous researchers such as Arthurson (2004); Burchardt Le Grand and Pichaud, 2007; Levitas, 2006; SEU, 1999. The participant's experiences of the ongoing impacts of exclusionary forces early in life sheds light on how those dynamics play themselves out, so that influences from the past continue to shape people's present circumstances, options and choices.

Overall, it is clear that the community participants and practitioners who have direct experience of a social participation program, and who are very satisfied with that program, nevertheless conceptualise the actions needed to increase social inclusion in terms which go beyond policy initiatives to increase social participation: they identify the need for policy response which address factors that they have identified as causing exclusion and lack of participation in the first place. In particular, participants in this research identify the provision of effective, reliable and accessible publicly provided transport, health and education services as one of the most important actions that needs to be taken to prevent social exclusion.

Consequently, it is clear that in order to develop effective policies, academic researchers and policy makers need to model inclusion rather than exclusion, by paying attention to the insights and experiences of people experiencing social inclusion policies. There is an urgent need to broaden the range of social exclusion discourses previously identified by Levitas (1998), to include a 'Universal, Timely Access to Publicly Provided Effective Services' (UTAPES) discourse. The development of, and engagement, with such a discourse would inform the development of effective social exclusion policy by focusing attention on the cumulative, exclusionary impact of inaccessible, and ineffective publicly provided services, including transport, health and education services. It would incorporate engagement with the health equity and access discourse (HEAD), identified earlier in this research as central to the prevention of ongoing and widespread social exclusion.

Approaches to economic resources and workforce participation

The Australian Social Inclusion Agenda, begins by describing social exclusion and the factors which contribute to it in ways which characterise social exclusion as multidimensional, but from that point onwards it goes on to treat the issues as one of inclusion and makes no reference to exclusionary processes of any kind. While mentioning people's need for access to services and connection with others; through family, friends and personal interests, this policy document goes on to construct social inclusion almost entirely in terms of paid work. Constructing social inclusion as workforce participation in this way places the Australian Social Inclusion Agenda at odds with the research literature that constructs exclusion as multidimensional. Within that literature lack of workforce participation is constructed as one dimension of socio-economic exclusion; whereas, social inclusion is constructed as being about social participation of various kinds. While all of the research literature constructing social exclusion as a multidimensional phenomenon recognises that work is a necessary precondition for people who want to work and is also a vital source of resources to enable inclusion in multiple other ways, that literature does not equate inclusion with workforce participation. If the Social Inclusion Agenda was genuinely drawing on even a small sample of the research relating to multidimensional exclusion (Burchardt Le Grand & Pichaud, 2002; Byrne, 2005; Levitas, 2006; MacLean, 2007; Pantazis Gordon and Levitas, 2006; Peace, 2001) it would be addressing, for example, ownership of housing, land, financial assets, inadequate social security, international trade, and control of all dimensions of the labour market—not just focusing on increasing the pool of employees available to the labour market.

If guided by this research the Australian Social Inclusion Agenda would also not be using the terminology of social 'inclusion' to mean workforce participation, but rather would be addressing the multiple dimensions of social inclusion identified in the research literature including participation in common social activities, access to support networks, and political and civic engagement. It would be treating the social dimensions of social inclusion as intrinsically linked to the other dimensions of inclusion (Levitas, 2006).

Overall, if guided by the research literature rather than assuming a straightforward causal link between employment and social inclusion, the Social Inclusion Agenda would be seeking to increase inclusion by addressing multidimensional and cumulative exclusion relating not just to employment but, for example, exclusion from adequate

resources not just income (Gordon, 2006), debt and financial exclusion (Mackay and Collard, 2006), service exclusion (Fisher & Bramley, 2006). More recent research (for example: Byrne, 2008; Haugh & Kitson, 2007; Saunders, Naidoo and Griffiths, 2007; Whiteford, 2009); all point to the need to maintain a focus on multidimensional causes and solutions within social inclusion / exclusion policy. Indeed, the comprehensive WHO report on 'Understanding and tackling social exclusion" (SEKN, 2008) explicitly warns against "diluting the usefulness of social exclusion/inclusion as a policy imperative by using such terms instead of more precise and informative descriptors of the phenomena to be targeted" (p.16), which is precisely what has occurred in the case of the Australian 'Social Inclusion' Agenda.

As with the research literature, the Federal Government's conception of what is required to ensure social inclusion is also at odds with that of the practitioners and community members in the following ways. Within the 'Social Inclusion Agenda' the focus is very much not just on economic participation but on paid work in particular. While highlighting that to be socially included people need to be given the opportunity to secure a job, access services and connect with others in life, all of the initiatives highlighted at the broad system level reflect the primacy afforded to workforce participation in the construction of meaning which underpins the policy. The initiatives related to 'Healthy Kids checks' in early childhood is the only one that is not directly employment focused that is designed to be applied universally. All of the other non-employment related initiatives target specific groups such as parents in disadvantaged communities, people with a disability or mental illness, homeless people, the unemployed, elderly people and people from non-English speaking backgrounds. By contrast all of the suggestions made by the practitioners and community participants in terms of how social exclusion/isolation should be addressed are framed in terms of actions that need to be taken at the government level to prevent exclusion for the community and society as a whole.

While acknowledging the importance of paid work in people's lives in multiple ways, the research participants express ambivalence about workforce participation being regarded as a central plank of social inclusion. Contrary to the Australian Government's social inclusion agenda, they question the idealisation of paid work as a primary source of purpose in life and point to the distortions this produces in terms of, for example, being able to make a contribution to society by volunteering, engaging in unpaid work,

caring for children or extended family, or simply just being finding a way of life that is somehow an expression of one's self.

In addition, the increasing demand for longer working hours has been identified by the research participants as contributing to declining membership in service clubs, many of which provide services and support to people who are excluded in multiple ways. The view of many of the research participants is that distortions have now occurred to the point where people not engaged in paid work are seriously stigmatised, regardless of the contribution they make to their family, friends or local community in other ways. Contrary to the Australian 'Social Inclusion Agenda' the research participants identified not just lack of paid work but lack of resources, given the inadequacies of various forms of social welfare payments, as the cause of people's inability to include themselves. The mixed blessing of 'economic growth' and related impact of inflation on people's ability to participate socially, was clearly illustrated by, for example, people's experiences of not having basic groceries to share, or avoiding contact with others because of embarrassment about not having enough money to buy a cup of coffee. This point about the exclusionary impacts of rising costs for people with low levels of resources, regardless of the source of those resources, was also raised by residents living in low income neighbourhoods in both the UK and Canada who made the point that social exclusion is linked not just to unemployment—since the working poor also face exclusion due to low incomes—and emphasised that the core of the problem is the growing gap between the level of resources people have access to and the cost of living (Richardson and Le Grand, 2002; Stewart, Reutter, Makwarimba et al., 2008).

The need to question the wisdom of increasing pressure on people to engage in full time work, which increasingly involves excessively long working times, as a way to increase inclusion is also reflected in critiques within the research literature (Bailey, 2006; Levitas, 2006). While identifying that more research needs to be done in this area Levitas (2006) draws on the PSE Survey (Pantazis Gordon & Levitas, 2006) to make the point that people who are not in paid work, but not living in poor households, experienced the best levels of practical support and by far the best levels of emotional support of any group in that population wide survey. This finding suggests that far from preventing inclusion, not participating in the workforce may actually increase inclusion provided one is not lacking in resources, because not working frees up a great deal of time to invest in social relationships and community activities. As outlined above this

view is reflected in the conceptions of meaning expressed by the participants in this research.

Furthermore, the research participants identify that the focus on paid work is not just problematic in terms of the exclusion of those not engaged in it. Numerous responses centred on the impact on peoples' lives of workplaces and companies becoming increasingly driven by unrealistic profit expectations in terms of the loss of secure ongoing employment, and pressure to work longer hours at the expense of participation in other aspects of life, as mentioned above. In addition, the excessive profit focus has also resulted in increased stress not only due to longer hours but due to the loss of a sense of fairness or loyalty to employees.

These experiences of a labour market that increasing produces jobs that are exclusionary because they are disrespectful of workers are not limited to this context. Writing in the Canadian context, Yates and Leach (2006) highlight the decreased value and respect accorded to workers, increasingly precarious employment and associated pressure to work longer hours and the undervaluing of the contribution unpaid activities make to inclusive societies. Similarly, Hammer (2004), for example, identifies that what is required is a fairer distribution of work to counter the emergence of two trends identified by the participants in this research, namely the precariousness of employment as terms of employment become increasingly casual and short term, and, the increasing expectation of longer working hours for those in work. Similarly, researchers such as Jackson (2000), Levitas (2006), MacLean (2007) and Rodgers (1995) question the assumption that participation in the paid workforce automatically increases inclusion by providing positive social interaction and an adequate source of income. In reality an increasing number of jobs do not provide personal satisfaction, and diminish rather than foster self esteem. In fact, as numerous researchers (for example MacLean, 2006; Yates and Leach 2006) point out the increasingly globalised, and continually changing labour market has replaced many stable rewarding jobs with employment conditions that are insecure, require very few skills and diminish people's feelings of security and control. These researchers also point out that many of these jobs have poor pay and very few other financial benefits, so not only do they not provide a positive working environment, they also do not lift people out of poverty which researchers have long pointed out is a central contributor to social exclusion.

Ironically, Wayne Swan, the Treasurer in the current Australian Government which produced the Social Inclusion Agenda, had no difficulty when he was the Shadow Treasurer, in recognising that people in paid work may also experience an exclusionary lack of resources. In fact, in his book: 'Postcode: The splintering of a nation' (Swan, 2005), he drew our attention to the fact that, amidst unprecedented prosperity, one million working Australian did not earn enough money to stay above the poverty line and expressed great concern about the growing number of 'working poor'.

Recent research, documented in a report for the new Australian Social Inclusion Board—developed in tandem with the Social Inclusion Agenda—while not questioning that joblessness among people with children is one of the most significant problems in Australia, clearly points out that for some families moving from welfare based resources in to paid work could result in lower rather than higher incomes (Whiteford, 2009). This finding indicates that that existing, complex welfare entitlement arrangements need to be changed so that people can remain on appropriate levels of welfare support to ensure they are financially better off when moving in to paid work. Whiteford (2009) also mentions that families with complex needs are ill-equipped to enter the labour market and may require better access to health services, social work support, childcare and transport services, for example. With the exception of child care, the Australian Social Inclusion Agenda is silent on these matters and those raised by the participants in this research study with respect to exclusion.

Overall, this research questions numerous assumptions that equate inclusion with workforce participation. Firstly, the privileging of paid work over other forms of contribution to society diminishes the valuing of other forms of contribution including volunteering, caring for children or other family members, or engaging in a way of life that is more focused on self expression or creativity. The failure of society to value other forms of contribution is keenly felt by people who are unemployed, regardless of any other contributions they might make to the community. In addition, the increasing demands of longer working hours and increased productivity often mean that those engaged in fulltime work do not have time or energy to be included in other ways either by interacting with family and friends or engaging in community activities more broadly.

In addition, numerous responses from research participants indicate that many workplaces are sources of stress and isolation rather than inclusion, not only because of pressure to work longer hours and attain greater levels of productivity, but because employment for many people is increasingly precarious. This manifests itself as working conditions that are increasingly characterised by short term contracts and management styles that diminish workers' security and feelings of control over their lives. These comments are borne out by the findings in the international research, literature, referred to above, which also highlights that an increasing number of these jobs are poorly paid and so do not life people out of poverty.

This leads to questioning of another assumption underpinning much workforce participation policy; namely that once people are employed they no longer need access to social security support payments to maintain a decent standard of living. In fact, this reasoning provides the rationale for much policy which puts pressure on people currently not employed, including people experiencing disabilities and mental illness, to participate in paid work. However, many people in lowly paid jobs would require considerable levels of additional financial support to be able to afford even the basic necessities of life identified in the research literature as being vital to social inclusion.

While explicitly not addressing gender differences with respect to the causes and impacts of social exclusion in this research, this researcher recognises that simplistic assumptions about paid work being in itself a guarantee of social inclusion also requires questioning because the impacts of the increasingly globalised labour market are being experienced differentially in an increasingly gendered way: The exclusionary impacts of globalisation and labour market change often manifest themselves not just negatively overall, but differently for women and men (Macleavy, 2007; Sen (1999); Yates and Leach, 2006).

The gendered nature of the labour market and its governance impacts negatively on both women's and men's choices and opportunities in terms of establishing a balance between paid work and other kinds of work including caring for children and others in the family and the community (Korteweg, 2003; Larner, 2000). Other researchers, such as Cruikshank (1998, 1999) highlight the complex interactions between gender, marital status, employment and their possible impact on people's entitlements as citizens in neo-liberal welfare/postwelfare regimes. Further research explicitly addressing the

gendered nature, not just of globalisation and labour market change, but of social exclusion itself is advocated for in the recommendations for further research presented later in this chapter.

Overall, with respect to workforce participation, this research concludes that in order to facilitate inclusion in a genuine way, social inclusion policies need to maintain a focus of the multiple dimensions of exclusion identified in this research and in the research literature more broadly, rather than equating social inclusion with workforce participation. Such policies need to recognise and address the reality that workforce participation of itself may provide neither an experience of inclusion, nor the resources to lift people out of poverty and multidimensional disadvantage, which research clearly and consistently identifies as key causes of exclusion.

So far, this chapter has presented a synthesis of the contested meaning for the role of various kinds of economic resources in preventing exclusion or facilitating inclusion and identified the implications of those contested meanings for effective policy development. The next section of this chapter presents a synthesis of the contested meanings identified in the data sources analysed in the previous three chapters, with respect to the need for a focus on social exclusion that goes beyond economic considerations to encompass the development of a society with a social conscience.

Being a Society with a Social Conscience Not Just an Economy

If social inclusion is a genuine concern there is, as Bailey (2006) pointed out, an obvious need to resolve the tension between reducing the increasing amount of time people spend at work so that people can have time to include themselves in family interaction and community activities more broadly, and the contradictory drive by governments to reduce the amount of money spent on welfare payments. As numerous researchers point out, this drive to reduce welfare payments has resulted in punitively stringent eligibility criteria for all forms of welfare (Handler & Hasenfeld, 2007; Koller & Davidson, 2009; Paz-Fuchs, 2008) and an associated demonising of people dependent on welfare payments regardless of the challenges they face.

Such demonising is consistent with stigmatising of disadvantaged people overall (Arthurson, 2004; Bailey, 2006; Colley & Hodkinson, 2001; Hammer, 2004; Fudge,

2009; Levitas, 2005; Wilson; 2006) and is consistent with the moral underclass discourse (MUD) identified by Levitas (1998). Groups identified by the research participants in this research study, as subject to such long standing systemic and unquestioned discriminatory treatment include, among others, people in receipt of welfare payments, migrants and members of ethnic groups. Linked to this tendency is an increasing focus on individuality and individual achievement and a corresponding mistrust of people congregating in groups. The research participants see that this mistrust, along with an underlying racism, has resulted in the routine demonising, not just in the mass media but in general conversation, of a whole range of people constructed to be 'not like us'.

Moreover, the research participants identify that, as fear and uncertainty has increased in recent times exclusionary attitudes have also increased and are now directed to a lot of groups simply because they are an identifiable 'group', which seems to have taken on the negative connotations previously ascribed to gangs. Examples of groups, identified by the research participants, about which bad intentions are routinely assumed, simply because they are in the same place at the same time regardless of actual transgressions, include among others, young men in general and men from any non western racial/ethnic group.

Of concern also to some research participants, is the realisation that such everyday 'normalised' demonising negatively affects people's perception of others in subtle and insidious ways, even when one is consciously disposed to resist it. Conversely, the research participants point out that the people actually experiencing consistent discrimination and exclusion are impacted on by it so that they feel that they are the ones responsible for their inability to include themselves in spite of the obstacles to doing so being systemic and all but insurmountable.

Many of the community participants' and practitioners' concerns about our increasingly exclusionary attitudes and practices, resonate with concerns of researchers critiquing 'social capital' type approaches to social inclusion, namely that such approaches place an excessive focus on social order, stability and conformity at the expense of the encouragement and acceptance of the diversity which is central to inclusion (Jones & Smith, 1999; Peace, 2001; Silver, 1994; Veritas, 2006).

On a related point, framing the Social Inclusion Agenda in terms of people having 'the opportunity' to secure a job, access services or connect with others does carry with it the connotation that once the opportunity is there, and if people do not avail of that opportunity then it is their own fault. The entire tone of the Social Inclusion Agenda would, ironically, be more inclusive if the preamble was at the very least cast in terms of opportunities 'that are attractive to', or, perhaps 'designed to meet the needs of' people in contemporary society rather than just in terms of 'opportunities'. Many of the research participants spoke of links between the privileging of paid work in particular and participation in the economy in general at the expense of all else, and an accompanying focus on making a contribution by not just earning money but by spending it and being seen to spend it. Several research participants highlighted the ways in which the normalising of conspicuous consumption has served as a force of exclusion operating against people unable to afford such material focused lifestyles.

The community members and practitioners highlighted the extent to which society's focus on economic imperatives has normalised levels of profit making, which not only marginalised individuals and groups but marginalises those who question such imperatives: overall, in the research participants' view our social conscience is eroded to the point where exclusion itself is normalised.

In either of the 'social inclusion' policies operating in this policy context, there is no sense of the more profound and system level rethinking of social exclusion policy that is advocated for by these research participants. The Australian Social Inclusion Agenda focuses almost entirely on increasing the pool of workers from which the economy can draw a workforce. Nor, is any such radical thinking evident in the 'access to economic resources' section of the Victorian documents where one might otherwise expect to find it, given its absence from guidelines relating to social inclusion. Apart from an initiative related to child-care all of the initiatives to increase access to economic resources (adult literacy programs, youth employment programs, adult work programs, and housing programs) identified in the Victorian documents, target population groups or settings identified as disadvantaged, rather than population wide initiatives to address system level economic imperatives which operate as drivers of exclusion at the population and indeed global level.

Overall, in addition to a single focus on workforce participation—which the research participants expressed reservation about in terms of its impact on other forms of participation and inclusion—The Australian Social Inclusion Agenda is completely silent on a whole range of matters that the people who are about to experience that policy regard as central to addressing social inclusion. It is clear that in order to prevent exclusion we need to seriously question our commitment as a society to some of the key planks of contemporary capitalism. In particular, the research participants highlight the need to question the prioritising of participation in the paid work force, driven by the economic imperative of providing workers for the economy, at the expense of other forms of participation. In addition, these research participants highlight the need for policies to ensure levels of resources that reflect increasing cost of living both for people on low incomes and for those dependent on welfare payments such as unemployment benefits. The research participants also highlight, for example, the need to return to more 'community service focused' rather than 'profit driven' banking, which would in turn lead to increased housing affordability by reducing the costs of mortgages and banking services for ordinary people. In addition, a critical dimension of the development of a society with a social conscience, identified by the research participants, is the need for governments and policies at all levels to model inclusion rather than exclusion, as is discussed below.

Modelling inclusion not exclusion at all government and policy levels
It is very clear that the community members and practitioners involved in this research hold the view that governments and policy makers at all levels need not only to issue pronouncements about inclusion, they need to lead by example by consistently modelling inclusion not exclusion.   It is also clear that the research participants' view is that no such leadership is currently being provided. On the contrary, these research participants are very critical of the way governments, particularly the previous Australian Federal Government that was in power at the time the interviews were conducted, model *exclusion* in multiple ways. They identified the need for governments to move away from exacerbating and exploiting people's fears by demonising particular groups, such as refugees, asylum seekers and people from middle eastern countries, for political gain under the guise of 'anti terrorism' initiatives.

The conduct of parliament itself was also cited as an example of very poor leadership around inclusion given its routine use of ridicule and attack to score political points.

Genuine consultation by government at the local level so that the views of people who experience issues directly can inform policy development and decision making about those issues was also advocated for by research participants. Some community members in particular commented not only that such consultation does not happen now; they also expressed surprise that someone doing research was actually interested in their views on an issue such as social exclusion.

Overall, both the Victorian and Australian social inclusion policies focus on participation either in the sense of broadly-based social participation or more narrowly defined participation in the paid workforce. By contrast the community participants and practitioners conception of inclusion is very much centred on people's need to be accepted and respected as worthwhile people and members of society regardless of the contribution they can make or the extent to which they actually participate. That is not to say that these research participants regard non participation as unproblematic: on the contrary, their comments highlight that what appears like choosing not to participate may be anything but a choice, given that the interaction of a whole range of powerful exclusionary forces operate against people choosing to include themselves.

Within the conception of social exclusion held by the majority of the participants in this research then, some recognition of the complex interaction between past and ongoing experiences of exclusion and present and future attempts to include ones self is critical to an understanding of how exclusion might be tackled effectively. These ongoing impacts of past exclusion, being experienced by individuals and groups, are continually interacting with and reinforced by exclusionary forces operating in ways regarded as 'normal' at the societal level. The majority of the research participants emphasise that in order to tackle exclusionary processes and ways of thinking which have become normalized, we need a fundamental change in the way we view ourselves as a society. We need to actively cultivate being a society with a social conscience—not just an economy.

Overall, the majority of these research participants highlight the urgent need to question our acceptance of societal factors that are currently treated as unproblematic in policies driving initiatives to address social inclusion in this context. These include the totally inadequate levels of resources provided for what should be universally available, publicly funded services, including transport, health and education services; the focus

on excessive profit making at the expense of equity or fairness and the consequent erosion of any sense of social justice or a social conscience; and, the systemic, routine demonising of a whole range of people underpinned by a resurgence of racism and discrimination which is not just tolerated but increasingly condoned by large numbers of people.

In conclusion, the development of a society with a social conscience not just an economy would require serious questioning of some of the key assumptions underpinning policies that treat as unproblematic some of the key features of contemporary capitalism. In particular, the development of a society with a social conscience requires a move away from entirely profit driven workplace arrangements and labour market practices as discussed above, to facilitate greater respect for workers and more inclusive work environments as outlined above. In addition it would require more community service focused rather than purely profit driven local banking, and a greater focus on providing affordable financing arrangements to facilitate housing affordability. Central to a society with a social conscience would be policies which create an environment where routine demonising of a whole range of groups would not be condoned. For this to happen governments at all levels would have to question the assumptions underpinning their own behaviour, including their behaviour in parliament, which models ridicule and scorn rather than respect. Politicians and policy makers would also need to seriously question the long term implications of policy approaches that exacerbate division and fear for short term political gain.

As indicated at the beginning of this chapter, the remainder of this chapter is structured as follows. The strengths and limitations of this research study are considered next, followed by some recommendations for further research. The ways in which the research reported on here makes a contribution to new knowledge are then summarised, followed by the overarching conclusions which bring this thesis to a close.

Strengths and limitations of this research study

The main strength of this research is that it is one of very few research studies which explicitly explore the meanings for social exclusion and related terms that practitioners and community members experiencing a social inclusion program have constructed for that phenomenon and explicitly compares those meanings with that constructed in the policies guiding the program.

In addition, the underpinning constructionist epistemology, the critical policy analysis methodology, and qualitative semi-structured interview method selected were aligned with the nature of the research questions being addressed. This meant that a strong, consistent critical theoretical orientation guided each step of the research process from initial planning, through data collection, analysis and synthesis. The semi- structured nature of the interviews, and the open-ended questions used allowed the research participants to freely share their conceptions, and to highlight issues of concern to them, while ensuring that the data from the interviews aligned with the concerns underpinning the research questions at the centre of the research.

Having the thesis aligned with evaluation of a particular program had the potential to be both a limitation and a strength; the fact that the research participants already knew the researcher meant that problems relating to accessing a pool of potential research participants were reduced. Also, the level of trust built up during interactions around program activities probably helped the participants to feel comfortable during the more formal interviews conducted for research purposes. From the perspective of the Community Health Centre having a PhD study linked to the program conferred additional legitimacy and status to the program itself and the Centre's activities more broadly. For example, very favourable feedback on both the evaluation and the research was received when the researcher made a presentation to the reviewers as part of the Health Service's reaccreditation process.

As was explained in detail in the section of the research methods chapter relating to ensuring ethical rigour in this research, management of this dual role required a great deal of care to ensure that program participants did not feel pressure to take part in the research interviews. For this reason, research interviews were kept entirely separate from program activities and were not referred to by the researcher during any activities linked to the program. (Consequently, the research presented here does not include feedback from the practitioners and community participants about the program itself, that is reported on separately in a series of implementation and evaluation reports Watson and Brass, 2007; 2008; 2009).

One limitation of the research reported on here is that by its very nature it is limited to a particular geographical area and focuses on clients and practitioners in a particular

health service context. While the research is not generalisable to any other population, it does reveal clearly that people experiencing a social inclusion focused initiative conceptualise the causes of, and solutions to, lack of inclusion in very different ways to the policies driving that initiative.

Another limitation is that, again because of the nature of the research context, most of the research participants are men. While the program itself targets men rather than the general community, the research questions are not focused on social exclusion or interaction among men. The research is concerned with comparing and contrasting the meanings constructed by community participants and practitioners experiencing an initiative with those constructed in policies guiding that initiative, and in the research literature. When asked, in the research interviews, the majority of the participants said that they did not think the particular issues they had identified with respect to social exclusion and related terms would be different for men and women; in their view the causes of, and solutions to social exclusion that they identified applied to everyone in the community. Since most of the research participants did not place an emphasis on such issues, gender difference was not identified as a theme when 'repeating ideas' were identified for analysis in this research. However, this researcher recommends that this issue be explicitly explored further in future research, as is discussed below.

Recommendations for future research

As referred to above, avenues for future research include conducting similar research in a different policy context, including women community participants, so that the issue of whether men and women conceptualise the causes and possible solutions to social exclusion differently could be explored. As with the feedback provided by participants in this research study, most studies in the international literature relating to social exclusion, located outside of health promotion tend not to focus on gender differences. However, there is an extensive body of research, relating to the social determinants of health which identifies clear gender differences with respect to, for example socioeconomic disadvantage, and health inequity. Also, research is beginning to highlight the exclusionary impact of domestic violence on women. For these reasons, research which focuses more explicitly on gender differences with respect to social exclusion is recommended. Such research should include studies which explicitly address the gendered impacts of globalisation and labour market change in terms of social exclusion.

Further research is also required to explore the perspectives of diverse populations potentially vulnerable to social exclusion more generally because of a range of factors including, for example, socioeconomic status, ethnicity, religious belief and level of education. In addition the themes identified here could be used to inform the development of population-level survey research relating to social exclusion and related terms.

Contribution to new knowledge

By taking a critical inquiry approach to social exclusion this research has contributed to new knowledge by identifying that the voices of community participants and practitioners are silenced in academic research and in the academic literature which provides the evidence base for policy making processes. Having recognised this situation, this research has contributed to a more comprehensive theoretical understanding of social exclusion by giving the voices of community participants and practitioners equal weight to those of academic researchers and policy makers. In-depth critical analysis of the research literature during this research study revealed that most existing knowledge about social exclusion and related terms is based on population level surveys, using relatively closed questions. In response to this finding, this research study has also made a methodological contribution to knowledge about social exclusion by adding in depth, face-to-face, semi-structured interviews, based on open-ended questions, to the repertoire of research methods used to explore such issues.

This research has also contributed to theoretical understandings of social exclusion and related terms by providing a comprehensive synthesis of the meanings for social exclusion and related terms constructed by, community members and practitioners experiencing a social participation program in a particular context, by policy makers developing policies that influence such programs in that context, and by researchers and policy makers in the international research literature.

Finally, this research contributes to effective policy relating to the prevention of social exclusion, by identifying the implications for such policy of the synthesis of contested meanings that the research has identified. These implications for policy centre around the need to expand the range of discourse about social exclusion and related terms that researchers and policy makers need to recognise and engage with if social exclusion is

to be prevented. The discourses advocated for, echoing the views expressed by the community members and practitioners, include an overarching holistic inclusion discourse (HID). Central to such holistic inclusion is a discourse that would genuinely engage with the need to ensure universal, timely access to publicly provided services (UTAPES). In recognition of the distressing exclusionary impact of both mental and physical ill-health and inadequate, and inaccessible health services, identified by these research participants, this research also seeks to contribute to more effective social policy by identifying the need for engagement with a health equity and access discourse (HEAD).

Overarching conclusions and their implications for effective policy development

Comparing and contrasting the ways in which the community members and practitioners conceptualise both the causes of, and solutions to, social exclusion with those advocated for in the policies analysed here, and presented in the research literature, indicates that those policies are characterised by what researchers refer to as a 'weak' version of social exclusion/ inclusion (Axford, 2008; Cass, 2003; Pocock & Buchanan, 2003). This version does not address the broad system level and cumulative processes of exclusion that both exclude people and prevent them from re-including themselves; it serves to obscure those processes while focusing almost entirely on targeting individuals and groups, who are both systematically excluded and blamed for that exclusion. In this way, structure and agency are reversed, so that the onus for re-including themselves rests with excluded people on the margins, and under-funded practitioners charged with collaborating with them in short term projects. In other words it is clear that as researchers have pointed out in other contexts (Axford, 2008; Byrne, 2005; Levitas, 1998) a combination of the Social Integration Discourse and the Moral Underclass Discourse (Levitas 1998) has influenced social policy with respect to social inclusion far more than the Redistributive Discourse which resonates more strongly with the views of the practitioners and community participants in this research. This influence is evident even in the naming of both the Social Inclusion Agenda and the VicHealth policy guidelines, both of which signal their intentions by highlighting that they address inclusion as distinct from exclusion.

The fact that neither of the policy documents driving social inclusion initiatives in this context, either directly of indirectly, advocates for any such fundamental changes in the

way society operates, and focuses predominantly on targeting individuals and groups so as to integrate then in to an unchallenged mainstream, reflects not only the predominance of the Social Integrationist model (Levitas, 1998) as a driver of social exclusion policy. Such predominance also resonates strongly with concerns raised by researchers addressing inequities in health in particular. These researchers point out that although there is abundant evidence that links the system level structural determinants of health to poor health outcomes and inequalities, and frameworks have been developed which explain some of the complexity of how they are linked (for example, Labonte & Schreker, 2007; Stewart, Reutter, Makwarimba et al., 2008; Woodward, Drager, Beaglehole & Lipson, 2001), this evidence does not seem to influence approaches taken to addressing the 'upstream' system level determinants of health. This may be because of the predominantly positivist evidence base that underpins policy approaches to health. Given the complexity of the chains of causation linking system-level determinants to health inequalities, "rarely will it be possible to state conclusions with the degree of conclusiveness that may be possible in a laboratory situation or even in many epidemiological study designs" (Labonte & Schreker, 2007, p. 7).

Of course, as Labonte and Schreker (2007) also point out, decisions about what standard of proof is required and how much evidence is enough are of vital importance in making public health decisions, and such decision making needs to explicitly acknowledge competing interests and values. Drawing on examples from policy contexts relating to the tobacco industry and environmental policy, Labonte and Schreker (2007) remind us that standards of proof can be set so that " there is always room to claim evidence is less than conclusive" which in turn can provide "a credible and convenient rationale for doing nothing" (p. 7).

The evidence provided by the community participants and practitioners in this research, lead clearly to the conclusion that there is no rationale for doing nothing with respect to the system level drivers of social exclusion. For all but one of the research participants, there are identifiable and modifiable societal level factors which prevent people's inclusion. Therefore, for the majority of the research participants, both practitioners and community members, people are not socially included precisely because they are being socially excluded. Factors causing this exclusion include lack of access to well resourced publicly provided services, and/or living in society which functions as an economy driven by profit at the expense of a social conscience, and where diversity and

people's individuality is not respected so that exclusion rather than inclusion is the default position. A causal relationship between exclusion and inclusion is inherent in the construction of meaning held by the majority of the research participants so that the actions needed to ensure inclusion are actions to reduce or remove exclusionary processes, practices and ways of thinking.

It is clear from the synthesis of meanings for social exclusion and related terms presented in this chapter in general, and from the multiple, system level and overlapping contributors to exclusion identified by the research participants in particular, that effective approaches to social exclusion must recognises the complex, multidimensional causality of exclusion and addresses it accordingly. In other words, rather than address dimensions of inclusion selectively and separately from exclusion, there is a need to develop a holistic inclusion discourse which integrates discussions of exclusion and inclusion so that the causal relationship between them is fore-grounded. Such a discourse would embody the key ideas identified by the participants in this research, namely, the need for well resourced publicly provided services that are available to everyone *and* the development of a society with a social conscience *and* the modelling of inclusion at all government and policy levels, so that diversity is respected *and* inclusion rather than exclusion is the default position. It would incorporate the 'universal, timely access to publicly provided effective services' discourse, advocated for earlier in this chapter, in recognition of the emphasis these research participants placed on the cumulative, exclusionary impacts of inadequate services.

This research highlights that while policy makers may develop policies separately at varying levels of government, people in the community do not experience the implementation of policies separately, nor do the practitioners who are trying to put those polices in to practice. People who are excluded and isolated are still experiencing exclusionary forces and pressures at the same time as programs are trying to support their re-inclusion and participation. Therefore, at the policy level, the focus needs to be on preventing exclusion while continuing to re-include people who have already been excluded. When the focus is on participation, then peoples' non-participation is cast as the problem: exclusion itself remains as the unchallenged norm. Consequently, the onus for action rests with those on the margins of influence—people being targeted by programs and the people managing short term programs—and not on the mainstream policies and practices which have constructed non-participation in the first place.

Therefore, policies are urgently required which reduce exclusionary obstacles to ordinary participation in everyday life for everyone.

Overall, this research concludes that researchers and policy makers need to model inclusion, not exclusion, by hearing what community members and practitioners experiencing social inclusion policies have to say. That is, if the distressing, isolating, and increasingly common experience of social exclusion is to be prevented, there is an urgent need for researchers and policy makers to engage with a holistic inclusion discourse. Guided by such a discourse, social policies would be reshaped so that they address participation, inclusion and exclusion in an integrated way, that *simultaneously* addresses *each* of the following imperatives: ensuring timely universal access to publicly provided services, particularly, transport, health and education services; promoting health within and beyond the health sector; recognising the importance of resources not just work in preventing exclusion; and, providing leadership around developing a society with a social conscience, not just an economy.

References

Ackerman, D. (2006). The cost of being a child care teacher: Revisiting the problem of low wages. *Educational Policy,* 20, 85-112.

Abbott, P. & Sapford, R. (2005). Living on the margins:Older people, place and social exclusion. *Policy Studies, 26,* 29-46.

Aoun, S., & Johnson, L. (2002). Men's health promotion by general practitioners in a workplace setting. *Australian Journal of Rural Health, 10*, 268-272.

Arthurson, K. (2004). Conceptualising social inclusion in estate regeneration policy: What part does public housing play? *Just Policy* 34, 3-13.

Arthurson, K., & Jacobson, K. (2004). A critique of the concept of social exclusion and its utility for Australian social housing policy. *Australian Journal of Social Issues (39)*1, 25-40.

Auerbach, C.F., & Silverstein, L.B (2003). *Qualitative data: An introduction to coding and analysis.* New York: New York University Press.

Australian Institute of Health and Welfare (AIHW) (2006). *Life expectancy and disability in Australia 1988 to 2003.* Canberra: AIHW.

Australian Labor Party (2007). *An Australian social inclusion agenda.* Canberra: Australian Labor Party.

Australian Medical Association (AMA) *Position statement on men's health.* (2005, April). Retrieved July 8, 2006, from http://www.ama.com.au/node/1963

Australian Medical Association (AMA) *Position statement: Social determinants of health and the prevention of health inequities.* (2007, March) Retrieved June 2, 2009, from http://www.ama.com.au/node/2723

Axford, N. (2008). Is social exclusion a useful concept in children's services? *British Journal of Social Work*, 1-18 (2008, September18). Retrieved December 10, 2008, from http://bjsw.oxfordjournals.org/cgi/content/full/bcn121v1

Babbie, L. (2007). *The practice of social research*. Belmont (Calif.): Thomson Wandsworth.

Bailey, N. (2006). Does work pay? Employment, poverty and exclusion from social relations. In C. Pantazis, D. Gordon, & R. Levitas, R. (Eds.). *Poverty and social exclusion in Britain: The Millenium Survey* (pp.163-185). Bristol: The Policy Press.

Barry, B. (2002). Social exclusion, isolation and the distribution of income. In J. Hills, J. Le Grand, & D. Pichaud (Eds.). *Understanding social exclusion* (pp. 13-29).Oxford: OUP.

Barten, F., Mitlin, D., Mulholland, C., Hardoy, A.& Stern, R. (2007). Integrated approaches to address the social determinants of health for reducing health inequity. *Journal of Urban Health, (84)*1, 164–173.

Baum, F. & Harris, E. (2006). Equity and the social determinants of health. *Health Promotion Journal of Australia, 17*(3), 163-5.

Bayram, C., Britt, H., Kelly, Z., & Valenti, L. (2003). Male consultations in general practice in Australia 1999-2000. *General Practice, 11.* Australian Institute of Health and Welfare.

Beiser, M. & Stewart, M. (2005). Reducing health disparities: A priority for Canada. *Canadian Journal of Public Health, 96,* Supplement 2, 4-5.

Beland, D. (2007). The social exclusion discourse; ideas and policy change. *Policy and Politics, 35* (1), 123-139.

Bercovitz, K. (1998). Canada's active living policy: A critical analysis. *Health Promotion International, 13*(4), 319-328.

Bessant, J., Watts, R., Dalton, T. and Smyth, P. (2006). *Talking policy, how policy is made.* Crows Nest, NSW: Allen & Unwin.

Best, J, (2007). Why the economy is often the exception to 'politics as usual'. *Theory Culture Society, 24*(4), 87-109.

Boxall, A., & Leeder, S. (2006). The health system: what should our priorities be? *Health Promotion Journal of Australia, 17*(3), 200-205.

Bradshaw, J, Gordon, D., Levitas, R., Middleton, S., Pantazis, C., Payne, S. & Townsend, P. (1998). *Report on preparatory research.* Bristol: Centre for International Poverty Research, University of Bristol.

Brass, K. (2008) *Prioritising participation props up unchallenged exclusionary policies and practices.* 'From margins to mainstream': 5th World Conference on the Promotion of Mental Health and the Prevention of Mental and Behavioural Disorders, Melbourne Exhibition Centre. 12 September, 2008.

Bunker, S., Colquohan, D., Esler, M., Hickey, I., Hunt, D., Jelineck, V. (2003). Stress and coronary heart disease, psychosocial risk factors: National Heart Foundation of Australia: Position statement update. *Medical Journal of Australia, 178*(6), 272-276.

Burchardt, T., Le Grand & Pichaud, D. (1999). Social exclusion in Britain, 1991-1995. *Social Policy & Administration, 33*(3), 227-244.

Burchardt, T., Le Grand & Pichaud, D. (2002). Introduction. In J. Hills, J. Le Grand and D. Pichaud (Eds.), *Understanding social exclusion.* Oxford: OUP.

Byrne, D. (1997). Social exclusion and capitalism: The reserve army across time and space. *Critical Social Policy, 17*(27), 27-51.

Byrne, D. (2005). *Social exclusion*. Maidenhead: Open University Press

Byrne-Armstrong, H., Higgs, J. & Horsfall, D. (Eds.). (2001). *Critical moments in qualitative research.* Oxford: Butterworth Heinemann

Campbell, K. & Mc Lean, C. (2002). Ethnic identities, social capital and health inequalities: Factors shaping African-Caribbean participation in local community networks in the UK. *Social Science and Medicine(55), 643-657.*

Caplan, R. & Holland, R. (1990). Rethinking health and educational theory. *Health Education Journal, 19*(10), 10-12.

Carspecken, P. (1996). *Critical ethnography in educational research; a theoretical and practical guide.* New York: Routledge.

Cass, B. (2003). Inclusion/exclusion in the Australian welfare state. In D. Weiss (Ed.), *Social exclusion; An approach to the Australian case* (pp. 235-267). Frankfurt am Main: Peter Lang

Cave, B., Curtis, S., Aviles, M. & Coutts, A. (2001). *Health impact assessments for regeneration projects. Volume 2: Selected evidence base.* London: East London and the City Health Action Zone and Health Research Group, Queen Mary, University of London.

Cheek, J. & Gibson, T. (1997). Policy matters: Critical policy analysis and nursing. *Journal of Advanced Nursing 25,* 668-672.

Coburn, D. (2004). Beyond the income inequality hypothesis: class neo-liberalism, and health inequalities. *Soc Sci Med, 58*(1), 41-56.

Cohen, D. & Prusak, R. (2001). *In good company: How social capital makes organisations work.* Boston: Harvard Business School Press

Colley, H.& Hodkinson, P. (2001). Problems with *Bridging the Gap*: the reversal of structure and agency in addressing social exclusion. *Critical Social Policy, (21)*3, 335-359.

Commonwealth of Australia (2002).*Building a simpler system to help jobless families and individuals: Self reliance and social inclusion.* Canberra:AGPS

Commonwealth Fund (2008). *National scorecard on U.S. health system performance, 2008: Chartpack.* New York: The Commonwealth Fund.

Crotty, M. (1998). *The foundations of social research*. Crows Nest (NSW): Allen & Unwin.

Cruikshank, B. (1998). Moral Disentitlement: Personal autonomy and political reproduction. In S. Hanninen (Ed.), *Displacement of social policies* (pp.145-171). Jyvaskyla, Finland: Sophi.

Cruikshank, B. (1999). *The will to empower: Democratic citizens and other subjects.* Ithaca: Cornell University Press.

CSDH. (2008). *Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on the Social Determinants of Health*. Geneva: World Health Organisation

Dalton, T., Draper, M., Weeks, W. & Wiseman, J. (1996). *Making social policy in Australia: An introduction.* St Leonards, NSW: Allen & Unwin.

David, M. & Sutton C. (2004). *Social research: The basics.* London: Sage.

Dean, M. (1994). Neo-liberalism and advanced liberal government. In M.Dean (Ed.), *Critical and Effective Histories: Focault's methods and historical sociology.* London: Routledge.

Dean, M. (2007). *Governing societies: Political perspectives on domestic and international rule*. New York: Open University Press.

De Haan, A &.Maxwell, S. (1998). Poverty and social exclusion in North and South. *IDS Bulletin, 29*(1), 1-9.

de Looper, M. & Lafortune, G. (2009). *Measuring disparities in health status and in access and use of health care in OECD countries:* OECD Health working papers, No.43*:* Paris: OECD.

De Maeseneer, J., Willems, M.A., De Sutter, A., Van De Geuchte, M.L. & Billings, M. (2007). *Primary health care as a strategy for achieving equitable care: A literature review commissioned by the Health System Knowledge Network.* Geneva: WHO

Department of Human Services (DHS) (2003). *Connection resource guide: Building resilience in your community*. Bendigo: State Government of Victoria:DHS.

Department of Planning and Community Development (2009). *Transport connections.* Retrieved June 26, 2009, from http://www.dvc.vic.gov.au/web14/dvc/dvcmain.nsf/headingpagesdisplay/building+stronger+communitiestransport+connections

Department of Premier and Cabinet (2001). *A fairer Victoria: Creating opportunity and addressing disadvantage.* State Government of Victoria: Department of Premier and Cabinet.

Department of Premier and Cabinet (2006). *A vision for Victoria.* State Government of Victoria: Department of Premier and Cabinet.

Epp, J. *Achieving Health for All: A Framework for Health Promotion*. (1986) Ottawa: Health and Welfare Canada

Ferlie, E. Ashburner, L., Fitzgerald, L. & Pettigrew, A. (1996). *The new public management in action.* Oxford: OUP.

Fine, M. & Weis, L. (2005). Compositional studies in two parts: Critical theorising and analysis on social (in) justice. In N.K. Denzin &Y.S. Lincoln (Eds.), *Sage Handbook of Qualitative Research* (pp. 65-85). Thousand Oaks (Calif.): Sage.

Fisher, T. & Bramley, G. (2006). Social exclusion and social services. In C. Pantazis, D. Gordon, & R. Levitas, R. (Eds.), *Poverty and social exclusion in Britain: The Millenium Survey* (pp. 217-247*).* Bristol: The Policy Press.

Fontana, A. & Frey, J. (2005). The interview: From neutral stance to political involvement. In N.K. Denzin & Y.S. Lincoln (Eds.), *Sage* h*andbook of qualitative research* (pp. 695-729). London: Sage.

Fraudenberg, N. (2000). Health promotion in the city: a review of current practice and future prospects in the United States. *Annual Review of Public Health, (21), 473-503.*

Fudge, S. (2009). Reconciling agency with structure: The contradictions and paradoxes of capacity building in Wales, 2000- 2006 Objective 1 programme. *Critical Social Policy, (29)*1, 53-76.

Garrard, J., Lewis, B., Keleher, H., Tunny, N., Harper, S .& Round, R. (2004). *Planning for healthy communities: reducing the risk of cardiovascular disease and type 2 diabetes through healthier environments and lifestyles.* Melbourne: Department of Human Services.

Geertz, C. (1937) Thick description: toward an interpretive theory of culture. In *The interpretation of cultures: Selected essays*. (New York: Basic Books, 1973) 3-30.

Gibb, H. (1998). Reform in public health: Where does it take nursing? *Nursing Inquiry, 5,* 258-267.

Gleeson, S. & Alperstein, G. (2006). The NSW Social Determinants of Health Action Group: influencing the social determinants of health. *Health Promotion Journal of Australia, 17*(3), 266-7.

Gordon, D. (2006). The concept and measurement of poverty. In C. Pantazis, D. Gordon, & R. Levitas, R. (Eds.), *Poverty and social exclusion in Britain: The Millenium Survey* (pp. 29-71). Bristol: The Policy Press.

Gordon, D., Adelman, L., Ashworth, K., Bradshaw, J., Levitas, R., Middleton,S., Pantazis, C.,Patsios, D., Payne, S., Townsend, P., & Williams J., (2000). *The Omnibus Survey: Poverty and social exclusion in Britain.* York: Joseph Rowntree Foundation.

Gordon, D. & Pantazis, C. (1997). *Breadline Britain in the 1990s.* Aldershot: Ashgate.

Gray, A. & Jenkins B. (1993). Markets managers and the public service: the changing of culture. In P. Taylor-Gooby & R.Lawson (Eds*), Markets and managers: new issues in the delivery of welfare* (pp. 9-23). Buckingham: OUP.

Guba, E.G. & Lincoln, E.S. (1994). Competing paradigms in qualitative research. In N.K. Denzin &Y.S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105-117). London: Sage.

Guba, E.G.& Lincoln, E.S. (2005). Paradigmatic controversies, contradictions and emerging confluences. In N.K. Denzin &Y.S. Lincoln (Eds.), *Sage handbook of qualitative research* (pp. 191-217). Thousand Oaks (Calif.): Sage.

Habermas, J. (1972). *Knowledge and human interests.* London: Heinemann

Habermas, J. (1984). *Theory of communicative action (Vol.1): Reason and the rationalisation of society*. Boston: Beacon.

Habermas, J. (1987). *Theory of communicative action (Vol.2): Lifeworld and system: A critique of functionalist reason.* Boston: Beacon.

Hammer, S, (2004) Healing the divisions; unemployment, underemployment and overwork. *Just Policy,* 34, 32-37.

Handler, J. & Hasenfeld, Y. (2007). *Blame welfare, ignore poverty and inequality.* Cambridge: Cambridge University Press.

Health Education Authority (2001). *Making it happen: a guide to delivering mental health promotion.* London: UK Department of Health

Hewison, A. (1999). The new public management and the new nursing: Related by rhetoric? Some reflections on the policy process and nursing. *Journal of advanced nursing, 29*(6), 1377-1384.

Hindess, B. (2001). The liberal government of unfreedom. *Alternatives, 26*(2), 93-111.

Hills, J., Le Grand, J. & Pichaud, D. (2002). *Understanding social exclusion.* Oxford: OUP.

Holstein, J. & Gubrium J. (1995). *The active interview.* Thousand Oaks (Calif): Sage

Hunter, S. (2003). A critical analysis of approaches to the concept of social identity in social policy. *Critical social policy, 23*(3), 322-344.

Hutton, W. (1995). *The state we're in.* London: Cape.

International Labour Organisation (ILO) (1998). *Social exclusion and anti poverty strategy.* Geneva: ILO.

Jones, A., & Smith, P. (1999). Social Exclusion: A new framework for social policy analysis. *Just Policy,* 17, 11-20.

Joseph Rowntree Foundation (2000). *Poverty and social exclusion in Britain: Joseph Rowntree Foundation Findings*. York: Joseph Rowntree Foundation.

Kawachi, I. & Berkman, L.F. (2001). Social ties and mental health. *Journal of Urban Health, (78)3,* 458-467.

Kawachi, I., Subramanian, S.V. & Almeido-Filho, K. (2002). A glossary for health inequalities. *Journal of Epidemiology and Community Health,* 56, 647-652.

Keleher, H. & Armstrong, R. (2005). *Evidence-based mental health promotion resource.* Melbourne: Department of Human Services.

Keleher H. & Murphy, B. (Eds.). (2004). *Understanding health: A determinants approach.* Melbourne: Oxford University Press.

Kincheloe, J.L., & McLaren, P.L. (1994). Rethinking critical theory and qualitative research. In N. K. Denzin & Y. Lincoln (Eds.), *Handbook of qualitative research* (pp. 138-157). Thousand Oaks, (Calif.): Sage.

Kincheloe, J. & McLaren, P. (2005). Rethinking critical theory and qualitative research. In N.K. Denzin &Y.S. Lincoln (Eds.), *Sage handbook of qualitative research* (pp. 303- 342). Thousand Oaks (Calif.): Sage.

King, L. (2006). The role of health promotion: Between global thinking and local action. *Health Promotion Journal of Australia, 17*(3), 96-199.

Koller, V. & Davidson, P. (2008). Social exclusion as conceptual and grammatical metaphor: a cross genre study of British policy making. *Discourse & Society, 19*(3), 307-331.

Korteweg, A. (2003). Welfare reform and the subject of the working mother: "Get a job, get a better job, then get a career". *Theory and Society,* 32, 445-480.

Kukla, A. (2000). *Social constructivism and the philosophy of science*. New York: Routledge.

Kvale, S. (1996). *Interviews: An introduction to qualitative research interviewing.* Thousand Oaks (Calif): Sage.

Labonte, R. (2004). Social inclusion/exclusion: Dancing the dialectic. *Health Promotion International, 19*(1), 115-121.

Labonte, R. & Schreker, T. (2007). Globalization and social determinants of health: Introduction and methodological background (Part 1 of 3). *Globalization and Health, (3)*5, 1-32.

Lalonde M. 91974) *A New Perspective on the Health of Canadians: A Working Paper*. Ottawa: Minister of Supply and Services Canada.

Lee, A., Kiyu, A., Molina-Milman, H., & Jimenez, J, (2007). Improving health and building human capital through an effective primary care system. *Journal of urban health: Bulletin of the New York Academy of Medicine, 84*(1), 175-185.

Lenoir, R. (1974). *Les exclus.* Paris: Seuil.

Levitas, R. (1996). The concept of social exclusion and the new Durkheimian hegemony. *Critical Social Policy, 16,*(5), p.5-20.

Levitas, R. (1998). *The Inclusive society? Social exclusion and New Labour.* Basingstoke: Macmillan.

Levitas, R. (2004). Let's hear it for Humpty: Social exclusion, the Third Way and cultural capital. *Cultural Trends, 13*(2), 41-56.

Levitas, R. (2006). The concept and measurement of social exclusion. In C.Pantazis, D. Gordon, & R. Levitas (Eds.), *Poverty and social exclusion in Britain: The Millenium Survey (pp. 123-160).* Bristol: The Policy Press.

Levitas, R., Pantazis, C. Fahmy, E.Gordon, D. Lloyd, E. & Patsios D. (2007). *The multi-dimensional analysis of social exclusion.* Bristol: University of Bristol

Liamputtong, P. & Ezzy, D. (2005). *Qualitative research methods.* South Melbourne (Vic): OUP.

Low, J. & Theiault, L. (2008). Health promotion policy in Canada: Lessons forgotten, lessons still to learn. *Health Promotion Internationa, (23)*2, 200-206.

Mack, J. & Lansley, S. (1985). *Poor Britain.* London: Allen & Unwin

Mackay, S. & Collard, S. (2006). Debt and financial exclusion. In C. Pantazis, D. Gordon, & R. Levitas, R. (Eds.). *Poverty and social exclusion in Britain: The Millenium Survey* (pp. 191-215). Bristol: The Policy Press.

Mackenbach, J.P. & EUROTHINE Project Members (2007). *Tackling health inequalities in Europe: An integrated approach.* Rotterdam: EUROTHINE, University Medical Centre.

Mackenbach, J. P. (2008). Socio-economic inequalities in health in 22 European countries. *The New England Journal of Medicine, (358)*, 2468-2481.

MacLeavy, J. (2009). (Re)Analysing community empowerment: Rationalities and technologies of government in Bristol's New Deal for Communities. *Urban Studies, 46*(4), 849-875.

Mac Leavy, J. (2007). Engendering New Labour's workfarist regime: Exploring the intersection of welfare state restructuring and labour market policies in the Uk. *Gender,Place and Culture, (14)*6, 721-743.

Mac Leavy, J. (2006). The language of politics and the politics of language: Unpacking 'social exclusion' in new labour policy. *Space and Polity, 10*(1), 87-98.

Marmot, M. & Wilkinson, R.G. (Eds.). (2002). *Social determinants of health: The solid facts* (2nd ed.). Geneva: WHO

Marmot, M. & Wilkinson, R.G. (Eds.). (2006). *Social determinants of health* (2nd ed.). Oxford: OUP.

Marshall, C. (1999). Researching the margins: Feminist critical policy analysis. *Educational Policy, (13)*1, 59-76.

Mathers, C., Vos, T. & Stevenson (1999).*The burden of disease and injury in Australia.* Canberra: Australian Institute of Health and Welfare.

Martin, S. (2004). Reconceptualising social exclusion: A critical response to the neo-liberal welfare reform agenda and the underclass thesis. *Australian Journal of Social Issues, (39)*1, 79-94.

Means, A, (2009). Review. Mitchell Dean, governing societies: Political perspectives on domestic and in-ternational rule (New York: Open University Press, 2007). *Foucault Studies*, 6, 136-140.

Miliband, D. (2006). Social exclusion: The next step forward. London: Office of the Prime Minister.

Morse, J. (2000). Editorial. Determining sample size. *Qualitative Health Research*, 10(1), 3-5.

Murray C., & Lopez, A. (1996). *Global burden of disease and series, Volume 1: The global burden of disease: A comprehensive assessment of mortality and disability from diseases, injuries and risk factors in 1990 and projected to 2020.* Harvard: Harvard School of Public Health.

Mulvihill, M., Mailloux, L. & Atkin, W. (2001). *Advancing policy and research responses to immigrant and refugee women's health in Canada.* Manitoba: Canadian Women's Health Network.

Neuman, W.L. (2006). *Social research methods*. Boston: Pearson.

NSW Health Department. (1999). *Moving forward in men's health*. Gladesville: NSW Health Department.

Organisation for Economic Cooperation and Development (OECD) (2001). The wealth of nations: The role of human and social capital. OECD

Pantazis, C., Gordon, D., & Townsend, P. (2006). The necessities of life. In C. Pantazis, D. Gordon, & R. Levitas, R. (Eds.). *Poverty and social exclusion in Britain: The Millenium Survey* (pp. 89-122). Bristol: The Policy Press.

Pantazis, C., Gordon, D., & Levitas, R. (Eds.). (2006). *Poverty and social exclusion in Britain: The Millenium Survey.* Bristol: The Policy Press.

Paz-Fuchs, A. (2008). Welfare to work: Myth and fact, social inclusion and labour exclusion. *Oxford Journal of Legal Studies, 28*(4), 797-817.

Payne, S. (2006). Mental health, poverty and social exclusion. In C. Pantazis, D.Gordon, & R. Levitas (Eds.), *Poverty and social exclusion in Britain: The Millenium Survey (pp. 123-160).* Bristol: The Policy Press.

Peace, R. (2001). Social Exclusion: A concept in need of definition. *Social Policy Journal of New Zealand,* 16, 245-281.

Pocock, B. & Buchanan, J. (2003). Social exclusion and the Australian labour market: Reconfiguring inequality in work and care. In D. Weiss (Ed.), *Social exclusion: An approach to the Australian case* (pp. 267- 299). Frankfurt am Main: Peter Lang .

Pollitt, C. & Suma, H. (1997).Trajectories of reform: Public management change in four countries. *Public money and management. 17*(1), 7-18.

Procter, S., Wilcockson, J., Pearson, P & Allgar, V. (2001). Going home from the hospital: The carer/patient dyad. *Journal of advanced nursing. (35)*2, 206-217.

Putnam, R. (1995). Bowling alone: America's declining social capital. *Journal of Democracy 6*(1), 65-78.

Putman, R .(2000). *Bowling alone: The collapse and revival of American community.* New York: Simon & Schuster.

Reidpath, D. (2004). Social determinants of health. In H. Keleher & B. Murphy (Eds.), *Understanding health: a determinants approach* (pp. 9-22). Melbourne: OUP.

Richardson, L. & Le Grand, J. (2002) Outsider and insider expertise: The response of residents of deprived neighbourhoods to an academic definition of social exclusion. *Social Policy & Administration, 36*(5), 496-515.

Rodgers,G., (1995). What is special about a social exclusion approach? In G. Rodgers, C.Gore, & J.B. Figueiredo (Eds.), *Social exclusion: Rhetoric, reality, responses.* Geneva: IILS.

Rodgers, G., Gore, C., & Figueiredo J.B. (1995). *Social exclusion: Rhetoric, reality, responses.* Geneva: IILS.

Room, G. J., (1999). Social exclusion, solidarity and the challenge of globalization. *International Journal of Social Welfare*, 8, 166-174.

Rychetnik, L. & Todd, A. (2004). *Literature review to follow on from from VicHealth's 1999-2002 mental health promotion framework: final report.* Sydney: School of Public Health, Sydney University.

Rubin, H. & Rubin, S. (1995). *Qualitative interviewing: The art of hearing data.* Thousand Oaks, California: Sage.

Ryan, K. (2007). *Social exclusion and the politics of order.* Manchester: Manchester University Press.

Saukko, P. (2005). Methodologies for cultural studies. In N.K. Denzin & Y.S. Lincoln (Eds.), *Sage handbook of qualitative research* (pp.343- 356*).* Thousand Oaks (Calif.): Sage.

Saunders, P. & Kayoko, T. (2002). Poor concepts: 'Social exclusion', poverty and the politics of guilt. *Policy. 18*(2), 32-37.

Saunders, P. (2003). *Can social exclusion provide a new framework for measuring poverty? (*SPRC Discussion Paper No. 127). Sydney: University of New South Wales, Social Policy Research Centre.

Saunders, P. (2006). Towards new indicators of disadvantage project: Bulletin No. 1: Identifying the essentials of life. *Social Policy Research Centre (SPRC) Newsletter, Number 94,* November, p. 9-12. Sydney: SPRC.

Saunders, P. (2007a). Towards new indicators of disadvantage project: Bulletin No. 2: Deprivation in Australia. *Social Policy Research Centre (SPRC) Newsletter, Number 96,* May, p.9-12. Sydney: SPRC.

Saunders, P. (2007b). Towards new indicators of disadvantage project: Bulletin No. 3: Social exclusion in Australia. *Social Policy Research Centre (SPRC) Newsletter, Number 97,* November, p.7-10. Sydney: SPRC.

Saunders, P. (2008). Measuring well being using non-monetary indicators. Deprivation and social exclusion. *Family matters,* 78, 8-17.

Saunders, P., Naidoo, Y. & Griffiths, M. (2007). *Towards new indicators of disadvantage: Deprivation and social exclusion in Australia*. Sydney: SPRC.

Saunders, P. & Sutherland, K. (2006). *Towards new indicators of disadvantage project, Stage 1: Focus group outcomes. Experiencing poverty: The voices of low-income Australians.* Sydney: SPRC.

Scott, C. & West, E. (2001). Nursing in the public sphere: health policy research in a changing world. *Journal of Advanced Nursing, 33*(3), 387-395

SEKN. (2008).*Understanding and tackling social exclusion. Final report to the WHO Commission on Social Determinants of health on behalf of the Social Exclusion Knowledge Network.* Geneva:WHO

Sen, A. (1999). *Development as freedom.* Oxford: Oxford University Press.

SEU (1998) *Bringing Britain together: a national strategy for neighbourhood renewal. cmd paper 4045*. London: HMSO

Sewell, William, H. (1992). Introduction: Narratives and social identities. *Social Science History,* 16, 479-488.

Shaw, K. (2004). Using feminist critical policy analysis in the realm of higher education: The case of welfare reform as gendered educational policy. *The Journal of Higher Education 75* (1), 56-79.

Silver, H. (1994). Social solidarity and social exclusion: Three paradigms. *International Labour Review, 133* (6), 531-577.

Silver, H. (1995). Reconceptualising social disadvantage: Three paradigms of social exclusion? In G. Rodgers, C. Gore & J.B. Figueiredo (Eds.) *Social exclusion: rhetoric, reality, responses*. Geneva: IILS.

Singleton. (2004). *Singleton community social plan.* Singleton Council. Retrieved May 19, 2006, from www.singleton.nsw.gov.au/template/files/192/Singleton%20Community%20Social%20Plan.%2022004.pdf

Social Exclusion Unit (SEU) (1998). *Bringing Britain together: A national strategy for neighbourhood renewal.* CM4045. London: Stationery Office

Social Exclusion Unit (SEU). (2001). *Preventing social exclusion.* London: Stationery Office

Sohloman, B. (2004). *A functional model of mental health as the describer of positive mental health.* Helsinki: National Research and Development for Welfare and Health.

Spoehr, J., Wilson, L., Barnett, K., Toth, T. & Watson-Tran, A. (2007). *Measuring social inclusion in Northern Adelaide: A report for the Department of Health.* Adelaide: Australian Institute of Social Research.

Starfield, B. (2006). State of the art in research on equity in health. *Journal of Health Policics, Policy and Law. 31*(1), 11-32.

Stewart, M., Makwarimba, E., Barnfather, A., Reutter, L., Letourneau, N. & Hungler, K. (2007). Promoting the health of vulnerable populations: Collaborative research strategies. *Diversity in Health and Social Care. 4*(1), 33-48.

Stewart, M., Reutter, L., Makwarimba, E., Veenstra, G., Love, R. & Raphael, D. (2008). Left out: Perspectives on social exclusion and inclusion across income groups. *Health Sociology Review. 17*(1), 78-94.

Swan, W. (2005). *Postcode: The splintering of a nation.* Melbourne: Pluto Press

Townsend, P. (1979). *Poverty in the United Kingdom: A survey of household resources and standards of living.* Harmondsworth: Penguin.

Travers, P. & Richardson, S. (1993). *Living decently: Material well-being in Australia.* Melbourne: Oxford University Press.

Turrell, G., Stanely, L., de Looper, M., & Oldenburg, B. (2006). *Health inequalities in Australia: morbidity, health behaviours, risk factors and health service use.* Canberra: Queensland University of Technology and Australian Institute of Health and Welfare.

U.S. Department of Health and Human Services. (n.d). *Planned approach to community health: Guide for the local coordinator.* Atlanta, GA: U.S. Department of Health and Human Services, Centres for Disease Control and Prevention National Centre for Chronic Disease Prevention and Health Promotion.

VicHealth. (2003). *Promoting young people's and wellbeing through participation in economic activities.* Carlton South: Victorian Health Promotion Foundation.

VicHealth. (2005). *Social inclusion as a determinant of mental health and wellbeing: Research summary 2*. Melbourne: Victorian Health Promotion Foundation.

VicHealth. (2006). *Health promotion priorities for Victoria: a discussion paper*. Melbourne: Victorian Government Department of Human Services.

Vinson, T. (2007). *Dropping off the edge: The distribution of disadvantage in Australia*. Richmond, Vic.: Catholic Social Services and Jesuit Social Services.

Wang, M. & Nantulya, V.N. (2008). *Social exclusion and community capital: The missing link in global partnerships of health for all*. Lanham: University Press of America.

Watson, R. & Brass, K. (2007). *Men's Chronic Disease Program (Public Title: Hepburn Men's Program): 1st Year Report*. Creswick (Victoria): Hepburn Health Services.

Watson, R. & Brass, K. (2008). *Men's Chronic Disease Program (Public Title: Hepburn Men's Program): 2nd Year Report*. Creswick (Victoria): Hepburn Health Services.

Watson, R. & Brass, K. (2009). *Men's Chronic Disease Program (Public Title: Hepburn Men's Program): Final Report*. Creswick (Victoria): Hepburn Health Services.

Weber, M. (1949). *The methodology of the social sciences*. Glencoe: Free Press.

Whiteford, P. (2009). Family joblessness in Australia. *Social Policy Research Centre (SPRC) Newsletter, Number 102*, May, p.3-6. Sydney: University of New South Wales.

Wilkinson, R., & Marmot, M. (1998). Social determinants of health: the solid facts. Geneva: World Health Organisation.

Wilson, L. (2006). Developing a model for the measurement of social inclusion and social capital in regional Australia. *Social Indicators Research*, 75, 335-360.

Woodword, D., Drager, N., Beaglehole, R. & Lipson, D. (2001). Globalisation and health: A framework for analysis and action. *Bulletin of the World Health Organisation,* 79, 875-881.

World Health Organisation (WHO) (1946). Preamble to the Constitution of the World Health Organisation, as adopted by the International Health Conference, New York, 19-22 June 1946. *Official Records of the World Health Organisation,* 2, 100. World Health Organisation Geneva: WHO.

World Health Organisation (WHO) (1986). *The Ottawa charter for health promotion*. Geneva: WHO.

World Health Organisation (WHO) (1997). *The Jakarta declaration on leading health promotion into the 21st century*. Geneva: WHO.

World Health Organisation (WHO) (2003). *Investing in mental health.* Geneva:WHO.

World Health Organisation (WHO) (2005). *The Bangkok charter for health promotion in a globalized world.* Geneva: WHO.

Yates, A.B. & Leach, B. (2006). Why 'good' jobs lead to social exclusion. *Economic and Industrial Democracy, (27)*3, 341-368.