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Flying under the radar? Risks of social exclusion for older people in rural communities in Australia, Ireland and Northern Ireland

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Abstract

Risk individualisation is increasingly apparent in policy and practice discourses on social exclusion. For older people who live in rural communities, potentially compounding risk factors associated with social exclusion emerge from the intersection of ageing and rurality. When linked to the diversity of individuals, rural settings, and national jurisdictions, this raises intriguing questions concerning how rural communities perceive and manage related risk. The article draws on comparable data from Australia, Republic of Ireland and Northern Ireland to explore rural community stakeholders' perceptions of the construction of, and responsibility for, risk of old-age social exclusion. Data derive from interviews and focus groups with 84 stakeholders from 13 settings across the three jurisdictions. Analysis illustrates an almost universal narrative around the individualisation of risk of old-age social exclusion, where rural communities serve a role in risk mitigation more than construction. The narrative's policy, socio-cultural and contextual drivers, together with its implications, are discussed with reference to the contrasting national contexts.

Introduction

Notions of risk have become central features of social policy debates during uncertain times associated with late modernity (Beck, 1992). With reduced dependence on traditional institutions, such as church and family, and more reliance on the uncertainties of labour markets and welfare states, risk becomes more unevenly distributed, leading to greater burdens being placed on individuals to determine their life chances (Beck, 1992; Shucksmith, 2004). This has considerable implications for ageing societies, particularly in relation to the dynamic and multidimensional nature of social exclusion (Powell and Wahidin, 2005). While a contested concept, social exclusion is generally acknowledged to overlap with poverty, disadvantage, social isolation, and service access (Shucksmith, 2004; Scharf *et al.*, 2005). As such, many states have adopted 'social inclusion' approaches to tackle a broad range of social problems and conditions often associated with later life, such as inadequate housing, lack of transport options, low incomes and dependence on state transfers (Barnes *et al.*, 2006; Lui *et al.*, 2011; Warburton *et al.*, 2013). Traditionally, however, socio-spatial elements of risk associated with social exclusion are typically underplayed. Against this background, and reflecting the situation that rural places are often identified as highly risk-laden environments in which to age, in this article, we argue that rurality further compounds this complexity (Alston, 2007; Walsh *et al.*, 2012; Winterton and Warburton, 2011), thereby adding another dimension to policy concerns around risk of social exclusion in later life.

Risks associated with ageing in rural settings have been under-researched (Burholt, 2006; Heenan, 2010; Stockdale, 2011), with the needs of rural older people described as

‘off centre’ in policy terms (Milne *et al.*, 2007: 490). Indeed, research on rural ageing and policy development is typically polarised between two positions. First, one body of evidence highlights the challenges associated with geographic and social isolation, and the absence of appropriate and accessible services to promote healthy ageing and build social inclusion (Joseph and Chalmers, 1995; Ryan-Nicholls, 2004). The second, contrasting, view positions the rural as a somewhat idealised space, where strong local community support can counter the lack of formal services, and where older people represent a substantial economic and social resource (Heenan, 2010; Rozanova *et al.*, 2008). While both views in isolation are overly simplistic, they do highlight the importance of the social dimension, and hence the potential risks associated with social exclusion in rural communities. In general, however, rural ageing research has been criticised for problematising and homogenising without acknowledging that rural communities represent complex, interrelated systems of formal and informal socio-political units (Heenan, 2011; Helbrok, 2003; Walsh *et al.*, 2012).

This article addresses, in three main ways, inherent weaknesses in existing research on ageing in rural settings. First, by utilising a risk perspective, it seeks to develop a more nuanced understanding of rural ageing, specifically by exploring how rural communities construct and manage potential risks associated with social exclusion in later life.

Second, it acknowledges the diversity of rural contexts and rural living. Here, we draw on evidence from different kinds of rural community in three different jurisdictions – Australia, Republic of Ireland, and Northern Ireland. In each jurisdiction, social policy has increasingly been developed under the influence of neoliberal perspectives, which seek to further individualise risks formerly managed collectively through welfare states. However, the three jurisdictions also differ in features of their welfare systems. Thus,

while Northern Ireland (as part of the UK) and Australia are typically represented as liberal states in comparative welfare studies, Ireland has been more difficult to classify, owing to its ‘hybrid’ welfare system, displaying both liberal and Christian-democratic characteristics (Ferragina and Seeleib-Kaiser, 2011; see also Daly and Yeates, 2003; O’Connor, 2003). Institutional, economic and socio-cultural features of the three jurisdictions also differ substantially, as does the nature of rurality. This enables us to assess the degree of similarity or difference across these risk environments. Yet all three countries are experiencing a growing proportion of older people living in rural communities, providing a strong rationale for understanding risks of social exclusion associated with rural ageing. Third, we take account of the perspectives of health and community stakeholders who both live and work in these same rural communities. As community-level ‘local’ informants, such stakeholders are able to provide insight into the ways in which risks associated with social exclusion in later life are constructed and managed in local rural contexts. Such stakeholders are not only gatekeepers to social inclusion within their communities, in terms of providing access to opportunities and resources, but also opinion leaders who manage and shape views within their regions.

Bringing these three dimensions together, the article addresses the research question: *how do community and health stakeholders across diverse rural communities perceive the risks of social exclusion faced by rural older people?*

Risk, social exclusion and ageing

In order to deal with the increasingly uncertain futures associated with complex societies, the notion of risk has emerged as an important dimension of neoliberalism and related social policy. This encompasses concerns about new risk and a normative

paradigm of individual risk-taking (Powell and Wahidin, 2005; Zinn, 2013). Each jurisdiction represented in this study has experienced neoliberalism in various forms. This includes comparatively low levels of social expenditure, heavy reliance on the family for care, and relatively limited state intervention in the provision of care services (Scruggs and Allan, 2006; Timonen *et al.*, 2006). In this context, social policy, even when focused on social inclusion, is increasingly driven by a new public management desire to control and regulate risk. In recent years, austerity, outsourcing and marketisation of services have become key features of the social policy agenda, especially in Ireland and Northern Ireland (Bach and Stroleny, 2013; Dukelow and Considine, 2014; Gray and Birrell, 2012; Walsh *et al.*, 2015). The result is a progressive shift of responsibility for managing the risk of social exclusion from the state to individuals, families, communities, third-sector organisations and private enterprise (Zinn, 2013).

Older people are viewed through a lens of economic risks to the state, arising from the perceived growth of health and social care needs and public pension ‘burdens’. This contrasts with any notions of gains associated with increasing longevity (Biggs and Kimberley, 2013). At the same time, risks are becoming increasingly complex and less predictable, with some social groups more affected than others (Powell and Wahidin, 2005; Zinn, 2013). Thus, while wealthy individuals are able to purchase safety from impending threat, economically and socially disadvantaged people have few opportunities to avoid the risks associated with social exclusion (Powell and Wahidin, 2005).

Under a neoliberal risk society, older people are increasingly distanced from the state and left to govern themselves. This offers some individuals the potential for increased autonomy and control over their later lives, however, for others, the result is increased dependency linked to the risks of marginalisation and social exclusion (Powell and Wahidin, 2005; Bell and Menec, 2013). A wealth of evidence suggests that risks associated with social exclusion are exacerbated in later life (Lui *et al.*, 2011; Scharf and Keating, 2012; Warburton *et al.*, 2013). Older people may become more reliant on family and community support, which may or may not be readily available (Timonen *et al.*, 2013), and, despite intentions of self-governance, they may have fewer opportunities to influence decisions that affect their lives (Barnes, 2005). Given that social exclusion in old age has been shown to occur across a range of domains, encompassing people's material conditions, social relations, civic roles, access to services and features of their communities (Scharf and Keating, 2012), older people are likely to experience contrasting risk constellations. Since older people are prone to experiencing simultaneously different forms of exclusion (Scharf *et al.*, 2005a, 2005b), they are also likely to be subject to the accumulation over time of multiple sets of risk across these different areas of life.

As Walker (2006) suggests, while welfare states were conceived to pool the risks of poverty, marginalisation and social exclusion, and support vulnerable individuals, risks are not borne equally. Within the context of demographic ageing, the rejection of *collectivised* in favour of *individualised* risk is, as Walker argues, perverse. Older individuals already vulnerable to multiple risks of exclusion are now exposed to still further risks. Therefore, while the promotion of social inclusion, or redress of social exclusion, has become a key policy aspiration in many societies (Scharf and Keating,

2012; Warburton *et al.*, 2013), achieving an inclusive ageing society appears more problematic.

Risk in rural ageing contexts

The risk of social exclusion is more acute in rural contexts across the western world, as rural sites are vulnerable to major structural changes as a consequence of globalisation, demographic ageing, climate change, service decline, and restructuring policies (Herbert-Cheshire and Higgins, 2004; Hogan and Young, 2013; Milne *et al.*, 2007; Philip and Shucksmith, 2003). Neoliberal principles have informed the retreat of state intervention in rural settings, encouraging and reinforcing policies of self-help (Woods, 2006). Rural communities are often described as being self-reliant and community-oriented with high levels of voluntarism and frequent interaction between neighbours (Herbert-Cheshire and Higgins, 2004; Walsh *et al.*, 2014; Winterton and Warburton, 2014). While strong social environments and voluntary-led innovation is typically presented as a panacea in the context of policy retrenchment (Fyfe and Milligan, 2003; Hardill and Dwyer, 2011), rural regions often face challenges in relation to service delivery. Limited access to appropriate health and social care services is perceived to be linked to poor social and health outcomes for rural people, particularly older people (Alston, 2007; Milne *et al.*, 2007; Wenger, 2001; Winterton and Warburton, 2011), with significant risks of social exclusion likely to accrue for those on the periphery of their communities and without family support. An ethos of coping with adversity has led some commentators to emphasise dimensions of resilience, encompassing adaptability and the transformative potential of rural communities (Scott, 2013).

Globally, rural areas are increasingly likely to be populated by older adults (Kinsella, 2001; Hennessy *et al.*, 2014), with this scenario described as ‘vulnerable people in vulnerable places’ (Joseph and Cloutier-Fisher, 2005). In this sense, rural older people are potentially at risk of a ‘double jeopardy’, where they are simultaneously prone to the disadvantages of living in a rural area and the health and mobility problems associated with ageing (Joseph and Cloutier-Fisher, 2005; Wakerman, 2008). Ageing in a rural area thus has the potential to increase exposure to risk across different domains of social exclusion (Dwyer and Hardill, 2011; Scharf and Bartlam, 2008). Indeed, a growing body of evidence testifies to the complex and diverse ways in which rural older people might experience exclusion (Moffatt and Glasgow, 2009; Scharf and Bartlam, 2008; Wenger, 2001). The literature highlights the higher risks of poverty, deprivation, isolation and loneliness associated with rural ageing (Walsh *et al.*, 2012), showing that complex and multidimensional rural ageing issues have significant implications for older people’s quality of life (Keating and Phillips, 2008).

However, rural older people are not all the same, and it is important to recognise diversity among them. Yet, this is often overlooked in social policy, where ageing policy frameworks can be critiqued for their uniform view of ageing rather than a perspective based on positive *othering* or recognition of diversity in later life (Biggs and Kimberley, 2013). In the rural context, recognising the diversity of older, rural residents implies rejecting stereotypes that highlight individual attributes such as resilience, self-reliance and stoicism, particularly as these characteristics may somewhat perversely mask rural disadvantage (Scharf and Bartlam, 2008; Winterton and Warburton, 2011). In the current socio-political context, these characteristics are likely to be pushed to their limits by the scale of social and economic challenges evidenced in rural places

(Helbrok, 2003; Winterton and Warburton, 2011). In the risk environment, where choice becomes a central tenet in policy discourse (Cash *et al.*, 2013), there are questions concerning how risk and choice intersect in rural settings. Thus, while some older people move to rural areas in search of cheaper housing, others choose to move away from the city in retirement. For this group, where does state responsibility begin and end? The choice to take risks suggests an individualisation discourse in which older people can opt to take the risks of social exclusion but assume individual responsibility for doing so. This fits with the broader social policy discourse noted by Kemshall (2002: 1) that ‘risk, particularly an individualised and responsabilised risk, is replacing need as the core principle of social policy formation and welfare delivery’. This discussion highlights the importance of exploring how the risk of social exclusion is being experienced by older people in diverse and challenging rural environments in the contemporary policy context.

Methodology

This cross-jurisdictional study drew on data from two large qualitative datasets: one focused on Ireland and Northern Ireland, the other on Australia. Although the studies’ protocols differed, the research designs shared key methodological similarities and hence offer a unique opportunity for comparative analysis. Data are presented via 13 case studies of diverse rural communities, enabling rich understandings of the complex economic, social and health experiences of people in real-life contexts (Yin, 2009). Five case studies from across Ireland, five from Northern Ireland, and three from North-East Victoria in Australia were included in the analysis. As Flyvbjerg (2006) notes, the closeness of a case-study design to real-life situations and its multiple wealth of details can help to develop a nuanced view of reality. In the research presented here, the case

studies comprise a diversity of sites chosen to permit maximum variation across the three national contexts. While the sites across Ireland and Northern Ireland are dispersed across their rural regions, the three Australian sites belong to a single region in one state. However, in Victoria, the size of the state compared with European countries (some 238,000 km²) and the distinctiveness of the three sites (one an isolated valley, another a small rural town, the third a remote region towards the Snowy Mountains) speak to the diversity of the Australian case-study sites. As well as representing geographic diversity, sites in the different jurisdictions were also diverse in the specific challenges they face, the range of local governance functions, and the potential responses to local need. Such diversity can strengthen the analytic generalisability of research outcomes (Yin, 2009). A descriptive classification was used to categorise the participating case-study sites as island, remote, dispersed, village, and near-urban rural sites (Table 1). Each national context had examples of remote, dispersed and village sites. Island sites and near-urban sites were absent in the Australian study. While objective measures, such as population size, settlement scale and geographic distance, differed within some of the categories, as per jurisdictional differences, the communities shared key defining features in line with their categorisation. This included their geographic isolation and distance from key service centres, including: medical facilities, such as hospitals; community facilities and resources; as well as shops, banks and post offices.

In this article, we present one dimension of the case-study data that derived from health and community stakeholders across the study sites, which comprised focus group discussions (Ireland and Northern Ireland) and interviews (Australia). All stakeholders were chosen based on their role or experience within the community, and included

voluntary service providers (e.g., local volunteers who visit the housebound), health and community service providers (e.g., district nurses who travel to people's homes, community development workers who support local activities and initiatives), and local community leaders (e.g., representatives of community groups). In all jurisdictions, research participants resided in the communities or their surrounding area, and were embedded in local family and friend networks. Several stakeholders across all case-study sites were adults aged 65 years and over.

Focus groups in the Ireland and Northern Ireland sites represented the first phase of a larger study on the social exclusion of older people in rural communities. Sixty-two stakeholders (respectively, 32 and 30 across sites in Ireland and Northern Ireland) participated in one of ten focus group discussions, which typically took 90 minutes. Information was collected on: (1) community services and structural change; (2) factors that enhance the potential for older people to be excluded in the locality; and (3) factors that help to protect older people from exclusion in the locality. Twenty-two in-depth semi-structured personal interviews were conducted across the three Australian case-study sites. Interviews lasted between 20 and 75 minutes, with respondents asked about: (1) their experiences of living and working in the region, including with existing services and support networks; and (2) factors that they thought would impact on isolated older people's desire/capacity to utilise local health and aged care services. Across all national contexts, participants' responses included anecdotes and examples which provided depth to their perspectives and experiences.

Ethical approvals were received from relevant ethics committees at NUI Galway (Ireland), Queen's University Belfast (Northern Ireland), and La Trobe University

(Australia). All interviews and focus groups were audio-recorded and transcribed, with individual transcripts subsequently de-identified to remove participants' names. Participants are described in the text based solely on their country (A, Australia; I, Ireland; NI, Northern Ireland) and the community in which they reside. Other identifying features, such as their specific community role, were removed to ensure that no individual is identifiable.

Notwithstanding some differences in approach between the Ireland/Northern Ireland and Australian studies (e.g., focus groups vs. individual interviews), the overall focus remained the same. Our approach to data collection and analysis was guided by Sandelowski's (1986) explication of rigour in qualitative research. The credibility of data resides in the richness of participants' accounts and the means of analysis employed to retain the meanings and salience of responses. These included the independent analysis of all data by at least two researchers, the inclusion of verbatim quotations to represent key themes, and the use of Nvivo to establish a decision trail in terms of coding and analysis. Data analysis followed a two-step process (Paton, 2002). The initial step involved developing a framework based on inductive coding independently for each dataset. This enabled identification of emergent themes for each jurisdiction. With common themes emerging across the three datasets, the authors discussed the development of a second higher-order deductive analysis based on responding to the research question and utilising risk as a theoretical lens.

Findings

Despite differences in jurisdictional contexts in relation to institutional, economic and socio-cultural features and the nature of rurality, findings were broadly similar in

pattern, if not always in degree, across the different categories of sites in Australia, Ireland and Northern Ireland. We first explore community factors that are perceived to construct and mitigate risks of exclusion. We then describe groups considered at risk of social exclusion and individual-level factors that are perceived to intensify this risk.

1. Community factors

In each community site, stakeholders acknowledged several interconnected community-level factors that could introduce risks of social exclusion for rural older residents. In some cases, these factors were identified as longstanding community features. Other factors emerged from, or were intensified by, more recent processes of rural economic and social change.

The geographic location of each site and the type of settlement structure they embodied were frequently referenced by stakeholders as a fundamental community characteristic that can shape potential risks of social exclusion. This applied especially to remote, dispersed, or less-connected communities (such as the islands in Northern Ireland and Ireland), which are particularly distant from services. For instance, a stakeholder from an island community in Ireland highlighted how the lack of access to service infrastructure due to geographic isolation was an automatic qualifier for social exclusion:

‘Firstly, anyone who lives on an island is socially excluded, immediately.

Because I can’t go to the cinema tonight. I can’t meet you for a [drink] in the theatre. The obvious stuff.’ (I – Inishbofin).

While these associations between geographic isolation and social exclusion were not always assumed, practical difficulties in remaining connected within and beyond these settings were recognised by local stakeholders. One remote Australian stakeholder made an assertion common across the findings, when she noted:

‘...the most difficult thing is the distance from [local service centre] and no public transport.’ (A – Mitta).

When discussing the potential for social exclusion, concerns about the economic circumstances of each community were prevalent, and thus their capacity to support older people. Although scale was a clear distinguishing factor between the Australian and the Irish and Northern Irish sites, local stakeholders in each site emphasised the transformative changes that had occurred in the agricultural sector and their negative impact on the viability of local economies. The challenge of reliance on traditional farming roles within the context of changing agricultural policies and practices increasingly influenced living standards. In the Australian context, ongoing drought posed fundamental challenges to traditional farming practices, as noted by one stakeholder:

‘You know, people used to work in farming...they had six or so farmhands in the dairy...but especially during the drought, they cut right back to the family workers...so people became much more isolated, especially with the cost of fuel going in and out of town.’ (A – Corryong).

In all sites, agriculture was primarily pursued on a part-time basis, with participants in some sites reliant on an insecure, seasonal income from agriculture, and young people becoming marginalised:

‘Most of the farming community of my age group and younger were part-timers... That’s the way it was going very much. All the young people will be part-timers. They will have to be.’ (I – Coomhola).

Many of the case-study sites were undergoing social and economic transformation. This included the loss of younger community members to urban centres, or, in the case of Ireland and Northern Ireland, to international emigration as a result of recession. At the same time, there is also evidence of a reverse trend, whereby older people move to rural communities for aesthetic or economic reasons (Winterton and Warburton, 2015). This latter trend is particularly apparent in the Australian study region, which is close to one of Australia’s major picturesque, inland regions on the Murray-Darling River. The overall result is that the case-study sites are becoming more populated with older people, and transforming, some to declining ageing communities and others to more diversified economies (e.g., tourism, commuting zones for urban centres). These transformative changes impact on the nature of the community and the capacity of the community and individuals to be self-reliant and to avoid risks of social exclusion.

Service rationalisation was a prominent characteristic of many study communities and was considered a source of exclusionary risks for older residents. While, in general, the case-study sites were considered to have relatively low levels of public service infrastructure (e.g., general services, health and social care services), with a particularly

low base in Irish sites, weak provision was compounded by service restructuring and neoliberal cost optimisation strategies across all three jurisdictions. Recession-induced public expenditure cuts featured especially prominently in Ireland and Northern Ireland. One Irish stakeholder noted that part of the problem was the inability of public authorities to understand the impact of losing such services on the social lives of rural-dwelling older people:

‘To me I think it’s about having a framework that you can measure the social impact from something like the rural post office or transport. We don’t have frameworks there to be able to measure that and if we can’t measure them, we can’t quantify what it means to individuals and when you can’t do that you can’t change social policies.’ (I – Upperchurch).

While not so affected by the recession, the tyranny of distance in Australia led to widespread service rationalisation, where rural services struggled to find sufficient funds to cover their large geographic areas. Thus, as one Australian health stakeholder noted, their service ‘...occasionally may hit some roadblocks in terms of responding to need due to our funding’ (A – Walwa). This comment talks to the point made by Kemshall (2002) that risk is replacing need in social policy development.

The changing nature of community activities and the lack of public funding to support them was highlighted as a further potential source of disconnectedness for older rural residents. This was manifest in a reduction of communal social activities, such as community dances, informal social contacts, and formal and informal social outlets such as pubs and shops. Consequently, issues surrounding social connection could be related

to other local risk factors, including economic circumstances and declining service infrastructure. One participant in Ireland noted that the closure of the local post office was keenly felt in the community as it provided a place for ‘...*senior citizens to meet and chat*’ (I – Rosemount).

Stakeholders also identified a range of community attributes that were protective against risk. In this regard, a strong community spirit and willingness to offer support at times of crisis (e.g. family bereavement) was frequently cited. Stakeholders typically referred to study communities as being ‘*tight-knit*’ (A – Walwa) or ‘*very close-knit*’ (I – Rosemount). Not only residents, but also local professionals and service providers were seen as being embedded in such communities, where ‘*everyone knows everyone*’ (A – Mitta) and ‘*everybody talks to you and everybody helps everybody else*’ (NI – Garrison). Neighbourliness and interdependency were perceived to be powerful markers of rural community life, with a sense of community considered critical for ageing populations:

‘It’s like the saying that it takes a community to rear a child. I suppose it takes a community to look after the old as well.’ (I – Upperchurch).

In all jurisdictions, stakeholders acknowledged the key role of volunteers and community organisations in sustaining rural communities. As one Australian stakeholder suggested ‘...*everyone with a pulse has to do something [for the community]*’ (A – Mitta).

Voluntary effort was regarded by a Northern Ireland stakeholder as being essential for the functioning of an island community, noting that ‘*it’s a few individuals keeping*

[groups] *going*' (NI – Rathlin Island). In the absence of state support, voluntarism assumed a central focus in rural community life. One Australian participant explained: '*The community has to be resourceful, because there is nothing else*' (A – Corryong). In a similar vein, in Ireland, a stakeholder noted that:

‘...the voluntary groups are coming in and doing a huge amount of work that I suppose...should be done by a state agency.’ (I – Rosemount).

Whilst stakeholders across the jurisdictions recognised the challenges posed by lack of public funding to ameliorate the risks of social exclusion for older people, at the same time, they suggested that these risks could be mitigated by community support and action. According to stakeholders, the potential for inclusion in the case-study sites could out-weigh the potential for exclusion in later life.

2. Individual factors

Despite acknowledging the role of community-level factors in exclusionary processes, stakeholders often felt that older adults' personal attributes and circumstances determined the degree to which such factors impacted on their lives. Individual factors were thus identified as the primary sources of an older person's risk of social exclusion. Several such factors were identified as being common across jurisdictions. These encompassed a combination of sub-groups of the older population, who due to their circumstances and status were perceived to be particularly at risk of social exclusion, and risk-associated behaviours and choices.

Risk factors and at-risk groups

First, and in the context of poor public transport systems in each case-study site, lack of access to private transport was seen as critical. Not having access to a car, having to stop driving or no longer being able to rely on someone else to drive was perceived as having significant knock-on effects for mobility, access to services, and social connectedness. In this respect, people living outside core settlements in the rural hinterland were considered to be especially at risk. As noted by a stakeholder in Ireland, the inability to drive a car or lack of access to a car could quickly isolate older people and increase their dependency on others:

‘I mean, if they’re not mobile and they can’t drive a car [any longer], I mean, they have to be taken everywhere. Well, I mean, they’re depending on somebody to come to them.’ (I – Dromid).

Second, stakeholders highlighted concerns about people ageing with limited financial resources. Some lived on very low incomes whilst others were asset rich but cash poor, as in the Australian context where home ownership amongst older people is relatively high. Financial disadvantage was noted as reducing individuals’ capacity to exercise choice in later life. Stakeholders referred to older women as being at risk, particularly in Ireland, as well as those impacted by financial hardship and, in Australia, those affected by food insecurity arising from the persistent drought in recent years. Concern over financial resources was sometimes less focused on income per se and more on how older people manage multiple household expenses and how they may sometimes struggle to cope with or even acknowledge financial problems.

Ageing with poor physical and mental health and/or disability was identified as a third individual-level risk factor. Concern was expressed not only for the health and exclusion-related risks that can emerge from such conditions themselves, but how such risks can be compounded by living in under-served and remote rural settings. One Australian stakeholder cited the example of two local men with intellectual disability, who she discovered simply did not eat regularly. Others referred to individuals with major health issues, who had to travel considerable distances for treatment, marrying risks of geographic remoteness with those of illness. Similar issues were raised in the other jurisdictions, with a stakeholder in Northern Ireland acknowledging that poor health and physical disability can lead to non-participation in the local community and an absence from the public consciousness:

‘I don’t want to sound callous, but I have the feeling that when people become disabled and are not able to leave their own home, people tend to forget about them.’ (NI –Garrison).

Isolation in the form of living alone was in itself identified as a fourth individual-level risk factor associated with rural social exclusion. Stakeholders referred to the potential for older individuals to be disconnected from meaningful relationships and social opportunities in the community, and to have potentially unmet and unrecognised need because of their seclusion. As concisely described by one Irish stakeholder living on an island, this was an issue even for the smallest of communities:

‘Definitely the people who are living on their own. They’re the biggest risk...’ (I – Inishbofin).

Other groups deemed to be particularly at risk of exclusion across the three jurisdictions included those who were recently bereaved, who lacked proximate family, or who had retired or moved into the area in later life. In the case of each group, concern was expressed about integration and social connectedness, where these groups were considered to be at-risk of weak social networks, or a dislocation from their networks, generating knock-on effects for multiple areas of life. For individuals who had been widowed, these risks were compounded by the emotional and psychological challenges of coping with bereavement. In rural Australia, additional at-risk groups included Vietnam veterans and older migrant populations.

Data analysis showed that risk factors rarely occurred in isolation, with some stakeholder accounts illustrating the intersectional nature of risk of social exclusion for older people in rural communities. In this sense, rural older people were vulnerable to what Joseph and Cloutier-Fisher (2005) refer to as double jeopardy, or in this case perhaps more appropriately termed ‘multiple jeopardy’. For example, one Australian participant referred to men with mental health issues living in huts in isolated valleys, and lacking social contacts and financial resources, describing them as *‘flying under the radar’* (A – Corryong). In Ireland, the intersectionality of social exclusion was evident when older age and rural residence combined with such life transitions as bereavement and the onset of ill-health:

‘...the other [at-risk group] would be maybe where a man lived with...say maybe in a family situation, married and no family. Wife died. Now some of them will cope all right...but some of them won’t and you know they go in on themselves and then of course if they have any type of illness...And

then they start neglecting things and then they get to the stage...then they're embarrassed of anyone calling in to the house.' (I – Upperchurch).

Risk behaviour

In the main, stakeholders more commonly suggested that risks of exclusion in rural communities were strongly, if not primarily, influenced by older people's personalities and by their own personal choices. Some people were simply regarded as more resilient than others, with an in-built stoicism helping them to overcome externally imposed threats of exclusion. Others were described as being more optimistic, with a strong psychological desire to stay involved in society, irrespective of economic, social or cultural obstacles.

In a similar way, stakeholders referred to the mind-set of older individuals as often being a key determinant of exclusion. Several possible reasons underlying the reluctance to be engaged or to avail of service and social opportunities were offered by stakeholders. First, across all jurisdictions, participants noted that some rural older people perceived a stigma surrounding involvement in certain activities (e.g. day-care programmes) or receiving what might be perceived as support or charitable assistance. In most communities, stakeholders were aware of a rural culture amongst some older people that prioritises the values of resilience and independence, and that resists anything that might be perceived to threaten those values. One Australian stakeholder suggested:

‘A lot of people are fiercely independent...and they misinterpret what the services will achieve for them. They assume that letting someone come

into their home to help them with things or to participate in a group is almost an admission of ageing status, you know, rather than really understanding the benefit of it.’ (A – Walwa).

Second, mirroring findings from previous studies in other jurisdictions (e.g., Shucksmith *et al.*, 1996), several stakeholders in the three jurisdictions noted that some older people believed that they were better off now than they, or previous generations of their family and community, had been in the past. Because of these memories and historic narratives of hardship, some rural older people could possess a relative appreciation for their current circumstances. This meant that there was sometimes a failure to recognise personal need for social activities and services.

Third, and often the most commonly held view across the sites, exclusion was seen for some as arising from personal choice or preference. As noted by one participant in Australia, it was apparent that some older individuals were just resolute in not wanting to engage with the local community: *‘Some choose to be isolated...and you won’t change their mindset’* (A – Mitta). It was clear from stakeholder accounts that cultural notions of self-sufficiency and independence were again thought to inform these choices for some older people. Participants referred to individuals’ behavioural characteristics, as in *‘it’s stubbornness’* (A – Mitta), or *‘they are resilient and only use [services] if they really have to...they are a very proud people’* (A – Mitta). In a similar way, gendered social roles, particularly for older widowed and single men, were thought to shape decisions not to engage with the local community. This can be illustrated by one respondent’s succinct comment that *‘men are a bit more challenging’* (A – Mitta). Taken together, these elements appeared to represent a social construction of ideas and

practices around engagement that was rooted in the community and in an individual's life-course, and that directly shaped some rural older people's preferences for formal and informal participation.

Several stakeholders recognised that it was sometimes a mixture of all of these factors that combined to establish the mind-set of older people as being one of the most, if not the most, significant determinant of marginalisation and social exclusion. This is illustrated by a dialogue between two stakeholders in an Irish community:

Stakeholder 1: 'It totally depends on what they see as necessary in their lives or what they would like. Some people are as happy as can be with the basic.'

Stakeholder 2: 'And some people have a ferocious sense of independence and I mean, they wouldn't want to give it to anyone, to say that they were getting meals on wheels or they couldn't cook their own dinner or whatever like.' (I – Dromid).

Attributing responsibility

Implicit within many stakeholder accounts was a tendency to view older people as a homogenous group, overlooking individuals' diverse backgrounds, interests and preferences. One Australian stakeholder demonstrated particular awareness of issues of diversity and complexity, suggesting that instead of being individuals who excluded themselves, exclusion could arise from the nature of groups or of volunteers who ran the groups or programmes. He suggested that some of these could be quite '*patronising*', with groups '*hijacked by really connected women*' (A – Corryong). However, generally there was little recognition amongst stakeholders that the opportunities for engagement

may not be appropriate for all older people. The comment of one Irish stakeholder was typical across the datasets in highlighting the role of the individual themselves in not taking advantage of local community spirit (Helbrok, 2003; Winterton and Warburton, 2011):

‘...there’s a percentage that are automatically included because of their interest in cards and [sports activities]...but there’s probably greater than 50 per cent are not really included in anything. Now they’re not excluded...but of their own volition...they don’t get involved.’ (I – Upperchurch).

There was little acknowledgement that those who are more private by nature may find rural communities confronting, given that, as one Australian stakeholder highlighted, ‘...*everyone knows your business*’ (A – Mitta). In situations where older people value their privacy, particularly relating to their financial situation or their personal health, stakeholders noted that it was essential to approach people in the right way. Otherwise, as one participant suggested: ‘*some will get their backs up and tell you to bugger off before you get to the door*’ (A – Mitta). By neglecting to understand privacy and people’s diverse personalities and needs, it can be easy to assume that people ‘*want to be left alone*’ (A – Corryong). For a number of professional stakeholders whose role involved engaging with older rural residents in the community sites, feelings of both frustration and resignation arose from various failed efforts to include some older people. For example, one Australian health worker noted how she ‘*actually offered to take [an isolated couple] to community activities and they declined*’; her verdict was that ‘*they want to be isolated*’ (A – Mitta). Thus, as demonstrated by an interaction

between participants in a Northern Ireland focus group, some stakeholders suggested that social exclusion was essentially an individual matter, often independent of the community:

Stakeholder 1: ‘But there are, I would, I would see people who would, who have moved into the area you know and they wouldn’t, they wouldn’t incorporate themselves into the community.’

Stakeholder 2: ‘That’s right, it’s more their fault than it is the community’s’ (NI – Garrison).

Discussion: individualisation of risk in rural environments

Data presented in this article derive from three different political jurisdictions, Australia, the Republic of Ireland and Northern Ireland. They are, however, remarkably consistent when explored through the social policy lens of risk of social exclusion associated with ageing in rural environments. The findings make a contribution to knowledge by broadening the concept of risk in later life beyond risks such as ‘othering’ (Biggs and Kimberley, 2013; Zinn, 2013), or susceptibility to financial risk (Vickerstaff and Cox, 2005), to encompass those associated with the multidimensional and multi-layered construct of place-based social exclusion. Our data show how socio-spatial exclusionary risk experienced by rural older people is nuanced and complex, permitting an understanding of the potential breadth and significance of rural vulnerability. In an increasingly diverse older rural population, certain groups and individuals are exposed to heightened levels of risk. This study emphasises that risk is not evenly distributed, yet, as Beck (1992) and others (e.g., Powell and Wahidin, 2005) assert, growing

numbers of older people are now becoming increasingly vulnerable to multiple risks associated with social exclusion.

These findings highlight the relevance of utilising the lens of risk of social exclusion in relation to older people living in rural communities, particularly for those who ‘fly under the radar’. Social exclusion is multidimensional, stressing vulnerabilities across spheres, including social, financial, service and health, and has been shown to have particular relevance in ageing populations (Lui *et al.*, 2011; Scharf *et al.*, 2005; Warburton *et al.*, 2013). Furthermore, this article has sought to explore these issues using the perspective of community-level informants as local facilitators of social inclusion. They provide an important perspective, as stakeholders across jurisdictions were well able to identify the risks of social exclusion within their communities, and describe local risk factors and at-risk groups. Most operate within a tight fiscal service environment, live in ageing rural communities, and both personally and professionally experience the difficulties of distance from service centres. They are thus well placed to recognise the structural challenges associated with living in a rural setting and recognise the risks of social exclusion for older residents living in these communities.

Some of these risks, or the demographic and socio-economic processes that underlie them, vary by jurisdiction. For example, in Australia, there is a more established trend than in the other two settings of older people moving into rural areas seeking a lifestyle change or cheaper housing (Winterton and Warburton, 2015). In Ireland and Northern Ireland, the global financial crisis had a major effect on communities and individuals, generating risks at the macro and micro levels (Walsh *et al.*, 2015). This was not replicated to the same extent in Australia. However, as illustrated by stakeholders’

comments, risk factors (at the community and individual level) associated with social exclusion and ageing are remarkably similar, with each jurisdiction having been substantially impacted by social change and service rationalisation.

Despite this recognition of the construction of risk associated with rural living, stakeholder almost universally accepted that community acted to mitigate risk for older people. Even with rural communities beset by structural and geographic challenges, the social environment, specifically a *'tight-knit community'*, was typically seen as the panacea for old-age social exclusion in rural areas. All participants highlighted the formal and informal voluntary efforts that sustain these communities. Therefore, our findings highlight that, in the view of stakeholders, communities offer critical pathways to social inclusion, with the potential for inclusion far out-weighting the potential for exclusion. It is perhaps constructive that this group values to such a degree the role of community in addressing rural old-age exclusion. However, the residual argument where there is apparent universality in the acceptance of the individualisation of risk linked to old-age exclusion is more problematic. This is perhaps the most powerful finding to emerge from the data. Stakeholders mostly attributed risks of social exclusion to older individuals' identification with specific at-risk groups and/or their particular mind-set rather than to community-level, macro or structural factors reported elsewhere (Scharf *et al.*, 2005a; Walsh *et al.*, 2012). Indeed, in many cases, older individuals were considered to be actively choosing their exclusion. Our empirical findings provide support for Beck's concept of risk in social policy, identifying in particular how the collectivisation of risk has tended to be neglected in favour of its individualisation (Marston *et al.*, 2010; Walker, 2006; Zinn, 2013).

Notions of individualisation sit against the backdrop of the social policy context in Australia, Ireland and Northern Ireland (Daly and Yeates, 2003; Ferragina and Seeleib-Kaiser, 2011; O'Connor, 2003). Across jurisdictions, subtle differences in social policy frames and welfare regime structures, and more significant differences in the forces that have shaped related developments in recent years, have not translated in this study into variations in perceived risk or how risk is produced or who has responsibility for risk. While it can be argued that there is a more long-standing focus on ageing (in the form of a national strategy) in Australia and a more central political consideration of social exclusion in Australia and Northern Ireland, neither policy trend appears to influence stakeholder perceptions. Likewise, differences in welfare structures across the three jurisdictions, and the contrasting evolutionary pathways that are associated with those structures, seem to have little impact. Differing neoliberal policy discourses, and their intersection with austerity-driven social policy in Ireland and Northern Ireland and welfare reform in all jurisdictions, appears also to be of negligible importance.

Such contextual distinctions are potentially too subtle to manifest in stakeholders' understandings of old-age exclusion related risk. Or, perhaps, these distinctions impact more on the degree of perceived risk than on an absolute assessment of where that risk lies and who is responsible for it. Nevertheless, there are valid questions within each of these contexts surrounding the drivers of this local discourse around risk and individualisation in rural ageing environments.

On the one hand, several stakeholders seemed to buy into the policy discourse, acknowledging that notions of risk may be replacing need as key policy drivers (Kemshall, 2002). Notwithstanding contextual variations in neoliberal discourse,

stakeholders also appeared to have partially internalised and reproduced the ideas of neoliberalism which focus on the individual and their capacity to self-manage and be self-reliant (Hamilton, 2014). These ideas may also be broadly related to notions of active and healthy ageing, which are starting to filter down from international discourse and have been critiqued for homogenising experiences and individualising responsibility (Walker and Maltby, 2012). Further, rural culture appeared to be co-opted by some participants to support the notion of individualism and choice, both classic elements of neoliberalism. Stakeholders contextualised this element of choice within values of independence, resilience, and being fearful of the stigma associated with support (Helbrok, 2003; Winterton and Warburton, 2011). It was, therefore, viewed as the responsibility of older people themselves, regardless of their circumstances, to choose to take advantage of their communities' social environments.

On the other hand, the significance of cultural and local contexts in constructing notions of resilience, stoicism and independence in rural settings cannot be ignored when considering risk or the responsibility for risk amongst rural older people. Some stakeholders appeared to consider culturally-rooted personality attributes to be an influencing force in generating risk. The distinction here is that stakeholder emphasis was less on how rural culture feeds into 'healthy' notions of independence and self-reliance (and therefore people should fend for themselves), and more on how it produces a significant challenge in mitigating risks of social exclusion amongst rural older people. This cultural social constructionist power may in itself have become intertwined with neoliberal ideals and reproduced in different guises over time. However, it is also likely to predate those ideals and derive from specific aspects of rural settings, such as their lack of resources or geographical isolation, or even post-

colonial contexts in the case of Ireland and Australia. Given that many stakeholders interviewed as part of this study are long-time or lifetime residents of these rural communities, they are in themselves likely to play a role in contributing to the reproduction of such ideas.

Disentangling the influence of these various drivers, in singular or in combined terms, is beyond the scope of this article. However, regardless of the underlying factors in the prevailing discourse around risk and individualisation, stakeholders tended to overlook the potential role of rural communities in exclusionary processes for older people (Walsh *et al.*, 2014). Community and voluntary effort often represents the only line of defence, albeit with expectations attached that older people themselves are willing and capable of being involved in the local community. Community-level risk arises not just from geographic and structural factors, but from the lack of community capacity to: address and identify risk of social exclusion; provide sufficient opportunities for engagement; and create integration pathways for diverse rural older populations.

A range of factors appeared to construct the role of the community as being independent from processes leading to old-age exclusion. Many stakeholders failed to recognise the multi-dimensionality of old-age social exclusion (Barnes *et al.*, 2006; Scharf and Keating, 2012). They typically found it easier to consider exclusion in terms of explicit at-risk groups or behaviours, such as someone living alone with ill-health. By contrast, it proved more challenging to acknowledge more complex constructions of exclusion, such as emotional isolation, or where a lack of services leads to consequences for older people's health and social lives. In a related way, old-age exclusion appeared to be primarily considered dichotomous, where an individual is simply either excluded or

included. There was less acknowledgement that people can move in and out of exclusion as they age or that they can experience inclusion in one area of life while simultaneously experiencing exclusion in other areas. Many stakeholder accounts tended to homogenise those who were excluded and those who were included into two separate groups. Equally notable was a tendency to consider the local older population solely within the context of traditional interests and activities offered by the community for older people. This occurred despite many stakeholders in some sites being older adults themselves.

Conclusions

Interviews from 13 case-study locations from three jurisdictions provides a sufficiently large qualitative dataset to enable exploration of consistencies and differences across contexts. However, it should be recognised that methodological limitations arise when utilising cross-sectional data and data from different studies. These findings are also exploratory, requiring further research across other settings utilising comparable methodological and theoretical frameworks. Furthermore, our data are based on the views of one group, albeit one that is important in rural communities, and further research is needed to both supplement these findings as well as understand the views of rural older people themselves.

Regardless of such limitations, the findings are relatively robust and highly consistent across the three datasets. Undertaking a critical analysis of interview data with stakeholders allows a particular focus on how this group conceives risk for older people as an individualised process and how they largely neglect the role that communities themselves can play in exclusionary processes. The findings also illustrate a number of

potential policy, socio-cultural and contextual drivers of this individualisation. As such, the article makes a valuable contribution to research on rural ageing. Our analysis points to the need for social policy to acknowledge not only the multi-dimensionality of old-age exclusion, but also the multi-dimensionality of associated risk. Moreover, it emphasises the requirement for social policy to recognise how rural contexts can compound age-related risk, and suggests that socio-spatial risk of social exclusion is an important consideration in policy development in these and other jurisdictions. Tackling old-age exclusion amongst an increasingly diverse rural population implies considering the role of place as well as of individuals in producing and addressing exclusionary risks in later life.

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Table 1: Case-study sites

Country	Name	Description	Population structure	Stakeholders interviewed
Island Rural				
Ireland	Inishbofin	Island, in a non-gaeltacht region, off the north-west coast of County Galway with approx.199 inhabitants	16.5% (65 & over)	n=4
Northern Ireland	Rathlin	Island off the north coast of County Antrim with Scots-Irish heritage with approx. 100 inhabitants.	32.6% (60 & over)	n=3
Remote Rural				
Australia	Corryong	Small rural town located 120km from nearest regional centre along a windy mountain road	27.4% (65 & over)	n=7
Ireland	Dromid	Village in gaeltacht area in south County Kerry, considered the newest village in Ireland (c. 1989)	13.3% (65 & over)	n=8
Northern Ireland	Garrison	Village in border area of west County Fermanagh, which had cross-border roads barricaded until 1995.	23.9% (60 & over)	n=6
Dispersed Rural				
Australia	Mitta Mitta	Scattered dwellings loosely clustered around a very small village (comprising pub, petrol station and small shop). Need to travel 70km to visit a doctor	24.5% (65 & over)	n=11
Ireland	Coomhola	Valley in south-west County Cork encompassing a series of townlands with dispersed dwelling patterns	14.7% (65 & over)	n=5
Northern Ireland	Finnis	Hamlet and dispersed dwellings situated on a townland and local authority junction in County Down;	21.3% (60 & over)	n=11
Village Rural				
Australia	Walwa	Village located in remote part of north-east Queensland, hard to access	21.1% (65 & over)	n=4
Ireland	Upperchurch	Village situated in the hills of north County Tipperary in the Irish midlands	19.1% (65 & over)	n=6
Northern Ireland	Clough	Accessible village situated within principal commuting zone for east County Down.	14.2% (60 & over)	n=5
Near-urban Rural				
Ireland	Rosemount	Accessible village situated in close proximity to three major urban centres in south-west County Westmeath	11.2% (65 & over)	n=9
Northern Ireland	Donemana	Accessible village situated in close proximity to major city in north County Tyrone.	19.8% (60 & over)	n=5