

EXCLUSION FROM SOCIAL RELATIONS IN LATER LIFE

The ROSEnet Social Relations Working Group

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Prologue

“Man is by nature a social animal. Anyone who either cannot lead the common life or is so self-sufficient as not to need to, and therefore does not partake of society, is either a beast or a god.”

Aristotle

Human beings are inherently social. People need other people - not only because of the social and material benefits that relations with others can provide, but also to fulfil the inherent need for attachment. Secure attachment is believed to provide protection that helps to maintain the metabolism in a stable state, similarly to the homeostatic process that stabilizes blood pressure and body temperature. This need for attachment is universal; key to the development of infants, it remains important throughout the life course. Bowlby, an influential psychiatrist in the twentieth century, found that infants who are not attached to a mother or attachment figure can develop psychopathology later in life because their need for close affectional bonds is not met (Bowlby, 1969). The person fulfilling the role of attachment figure can change. What the mother is in childhood, can be the partner in adulthood, or children and very close friends in widowhood. Apart from providing the feeling of being attached, family, friends and neighbours can stimulate them to take part in social and societal activities, encourage them to adopt healthy life styles, and provide the necessary help to enable older people to age in place. Possibilities for social inclusion are shaped by structural institutions, values, norms and policies of the context in which it occurs. A society that is characterized by a dense network of citizens and voluntary organizations to help sustain civil society with equal access for all its citizens generates trust, which improves the conditions for social integration including the old and very old people. Being socially connected contributes not only to the health and wellbeing of the individual, but also to the stability of the society as a whole, and the sustainability of welfare systems.

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Introduction

Social exclusion in later life, or the separation of older individuals from mainstream society, has been identified by the European Union as one of the key challenges for ageing societies (European Commission, 2010). Within the European Union, social exclusion is primarily measured in terms of poverty, material deprivation and exclusion from labour market. The percentages of these types of exclusion range from 6% in The Netherlands to more than 50% in Bulgaria in 2015 (Table 1). Not surprisingly, one of the targets of the Europe 2020 strategy of the European Union is to reduce the number of people at risk of social exclusion by 20 million people in Europe. However, social exclusion is more than exclusion from financial resources or labour market participation. Social exclusion is multidimensional, and can refer to exclusion from material resources and civil society, but also to exclusion from services, exclusion from neighbourhood, and exclusion from social relations.

The focus of this policy brief is on exclusion from social relations in older adults. Social relations, or the social network of individuals, are crucial for the health and well-being of individuals; they provide support, can stimulate healthy lifestyles, and fulfil the universal need for close bonds. There are large differences between individuals in the size and quality of the social network. Some have large networks, others small; in some networks a lot of support is exchanged, other networks provide little or no support and there are even people for whom the network, and some of the social relations may be harmful, for example when they are conflictive or even abusive. As well as differences between individuals, changes within individuals' lives can occur. Over the life course, new people join the network and others may leave, generating fluctuations in the size, composition, and quality of the network. There is a tendency, however, for the balance between gaining new relations and losing older ones to become less positive as people reach higher ages, as they are increasingly confronted with critical events such as retirement, widowhood and the death of close friends, leading to reduction in the quantity and probably also quality of the network. Probably as a consequence, a disproportional number of older people feel or are excluded from social relations, with numbers likely to increase (Warburton et al., 2013; Sundström et al., 2009).

The purpose of this briefing paper is to provide a summary of current insights on exclusion from social relations, identifying (some of the) knowledge gaps, and outlining opportunities for future policy to reduce exclusion from social relations among older adults. It is based on work of the members of the *ROSEnet Social Relations Working Group*, supplemented by presentations held at the *ROSEnet European Policy Seminar* that took place in Oslo, March 9, 2017 from Jenny Gierveld (prof. em. NL); Tamara Bouwman, PhD-student at VU-University Amsterdam (NL); Nicole Valtorta, research associate at Newcastle University (UK); and invited speakers Maciej Kucharczyk, Policy Director, AGE Platform Europe (BE), and Paul Cann, former Chief Executive at Age UK Oxfordshire and Chair of the Campaign to End Loneliness Research and Policy Forum (UK).

“Old-Age Social Exclusion is a complex process that involves interchanges between multi-level risk factors, processes and outcomes. Varying in form and degree across the older adult life course, its complexity, impact and prevalence are amplified by old-age vulnerabilities, accumulated disadvantage for some groups and constrained opportunities to ameliorate exclusion. Old-age exclusion leads to inequities in choice and control, resources and relationships, and power and rights in key domains of neighbourhood and community; services, amenities and mobility; material and financial resources; social relations; socio-cultural aspects of society; and civic participation. Old-age exclusion implicates states, societies, communities and individuals.”

Walsh, Scharf & Keating, 2017, p.93

Table 1: Percentages of people at risk of poverty or social exclusion, by age group, 2015

	Total	Children (0-17)	Adults (18-64)	Elderly (65 years & over)
EU-28*	23.7	26.9	24.7	17.4
Belgium	21.1	23.3	21.7	16.2
Bulgaria	41.3	43.7	37.4	51.8
Czech Republic	14.0	18.5	13.6	10.9
Denmark	17.7	15.7	20.9	9.9
Germany	20.0	18.5	21.3	17.2
Estonia	24.2	22.5	21.0	37.0
Ireland	†	†	†	†
Greece	35.7	37.8	39.4	22.8
Spain	28.6	34.4	31.2	13.7
France	17.7	21.2	19.0	9.3
Croatia	29.1	28.2	28.5	31.9
Italy	28.7	33.5	30.4	19.9
Cyprus	28.9	28.9	30.5	20.8
Latvia	30.9	31.3	27.3	42.1
Lithuania	29.3	32.7	26.4	36.0
Luxembourg	18.5	23.0	19.2	8.2
Hungary	28.2	36.1	28.9	17.1
Malta	22.4	28.2	20.5	23.7
Netherlands	16.4	16.8	19.1	6.1
Austria	18.3	22.3	18.4	14.0
Poland	23.4	26.6	24.1	17.0
Portugal	26.6	29.6	27.4	21.7
Romania	37.4	46.8	35.7	33.3
Slovenia	19.2	16.6	19.7	20.2
Slovakia	18.4	24.9	17.8	12.8
Finland	16.8	14.9	18.1	14.5
Sweden	16.0	14.0	15.9	18.3
United Kingdom	23.5	30.3	22.9	17.7
Iceland	13.0	14.6	13.1	9.4
Norway	15.0	13.7	17.0	9.2
Serbia	41.3	41.8	42.9	35.2

* Estimate † Not available

Source: Eurostat

What is exclusion from social relations?

Objectively speaking, exclusion from social relations is a quantifiable situation in which a person has a very small number of ties with kin and non-kin relations. Exclusion from social relationships is an unwanted situation as it excludes people from mainstream society (Walsh et al., 2017), with detrimental consequences for the individual and society. Social exclusion increases feelings of loneliness, which in turn can increase the chance of developing physical or mental diseases, high blood pressure, moving to an institution, premature mortality, leading to increased health care utilization and societal costs. Concerning the latter, the United Kingdom's Campaign to End Loneliness calculated that the societal costs of a chronic lonely person are £12,000 per year (€13,450).

Although exclusion from social relations is often equated with loneliness, it is important to note that not all socially excluded people are lonely, and not all lonely people are socially excluded. Loneliness is subjective; a negative experience of an imbalance between realized meaningful relationships and desired meaningful relationships. In the ROSEnet working group on exclusion from social relations, we choose not to limit ourselves to loneliness as social exclusion may also have unwanted social and relational consequences without the subjective feeling of loneliness. Other areas of work and outcomes that will be considered in the social relations working group are the opportunities that social relations provide, and how a lack of social relations can be a component of other aspects of social exclusion. Deficient social networks may thus not only be an outcome of exclusion from social relations in itself, but also a starting point for exclusion from other sources such as income, transportation and housing. For example, knowing the right people, or having access to key people can help to access resources or local services that enable independent living, autonomy and well-being in later life. In other words, the people whom a person knows, and with whom they are in contact, can act as a form of social capital with which other forms of capital can be traded.

Older people at risk of exclusion from social relations

Some people have higher risks than others of becoming socially excluded at some point in their life. People who are particularly at risk of being or becoming socially excluded are very old people (Dykstra, 2009), those with low socioeconomic status in childhood and/or adulthood (Aartsen et al., 2017), migrants (Wu & Penning, 2015), lesbian, gay or bisexual people (Villar et al., 2015) and people who live in deprived neighbourhoods (Scharf et al., 2002). Understanding why these people are particularly at risk of becoming socially excluded is important for designing future intervention strategies to reduce social exclusion.

State of the art and current gaps in research

We limit ourselves here to the latest research on exclusion from social relations. For an exhaustive overview of the literature in this field, we refer the reader to the extended ROSEnet knowledge synthesis paper on exclusion from social relations (available from www.rosenetcost.com) and to the following reviews: the scoping review of Walsh, Scharf and Keating (2017), the systematic review of Van Regenmortel and colleagues (2016), the review by Cohen-Mansfield and colleagues on correlates and predictors of loneliness in older adults (2016) and the book chapter in *The Cambridge Handbook of Personal Relationships on loneliness and social isolation* by De Jong Gierveld, Van Tilburg and Dykstra (2016).

In the keynote lecture given by Jenny Gierveld at the *ROSEnet European Policy Seminar* (Oslo, March 2017), the following new research fields with respect to loneliness research were highlighted: the implications of different forms of social contact for loneliness, the identification of further at-risk groups and the effects of negative social interactions. In a Japanese study on the support provided by adult children to their aging parents (Takagi & Saito, 2015) it was found that frequent face-to-face contact with children was associated with a lower likelihood of parents reporting loneliness, whereas the frequency of phone contact was not related to loneliness. Studies on social groups that have not received much attention to date include

investigations of friends in pubs (Buz, Sanchez, Levenson & Aldwin, 2014, and Sanchez-Rodriguez, De Jong Gierveld & Buz, 2014), lesbian, gay and bisexual adults (Kuyper & Fokkema, 2010), ethnic groups in New Zealand including the Maori (Stephens, Alpass, Towers & Stevenson, 2011) and older adults living alone in China (Chen, Hicks, & While, 2014). Lowenstein (2007) has highlighted the multidimensional nature of parent-child relationships, distinguishing solidarity from conflict and ambivalence aspects and investigating the distribution of each of these using data from Norway, England, Germany, Spain and Israel. Krause, Newsom and Rook (2008) have observed significant inverse associations between negative social interactions and health and wellbeing, while Merz and De Jong Gierveld (2016) have suggested that disrupted relations with siblings are related to strong feelings of loneliness. Other researchers evaluating early life events have observed that being bullied or confronted with enduring conflicts leads to higher levels of loneliness in old age (Nicolaisen & Thorsen, 2013).

Despite these valuable developments, a number of substantial and critical research gaps remain. Much of the research on social exclusion lacks a theoretical grounding and provides only scattered information on the critical mechanisms explaining the causes and consequences of exclusion from social relations. Few studies address macro-social impacts on loneliness, such as the impact of impoverished neighbourhoods on exclusion from social resources (see Scharf et al., 2002; Scharf & De Jong Gierveld, 2008 for a discussion of this), or compare levels of loneliness experienced by older people in rural and urban areas (Burholt & Scharf, 2013; Burholt & Dobbs, 2012). Studies comparing rural and urban areas reveal conflicting findings, suggesting that expectations for social interaction and subsequently the experiences of loneliness are culturally bound and influenced by local norms and values (Drennan et al., 2008; Paúl et al., 2003). There is limited evidence on the causal relationship between cognitive functioning and exclusion from social relations. Since the prevalence of cognitive decline increases with age, this potential risk factor deserves further investigation (Aartsen et al., 2004). Another under-researched area is that of unsupportive or ambivalent social relations and their consequences for loneliness. Mainstream research to date has focused on the supportive aspects of relationships and it is likely that the implications of conflicting relations are underreported. We need to “...rethink the investigation of the size, the composition, and the functioning of personal networks with a more open eye for conflict relationships” (De Jong Gierveld, Van Tilburg & Dykstra, 2016).

Also, the life-course perspective is not often applied in research on exclusion from social relations (Van Regenmortel et al., 2016). Yet this perspective could give a more holistic and thus realistic picture of the causes and consequences of social exclusion. Life-course theorists argue that an individual's present degree of exclusion or inclusion is partly shaped by earlier conditions, opportunities and decisions (see for example Dahlberg et al., 2018), and that choices that people make are determined by social circumstances and are linked to the lives of other people. For example, older adults who lived in poverty during childhood are less likely to have studied in higher education, had smaller chances to follow higher education, more often have unhealthy life styles, are more likely to lack health literacy, have more often lower quality social networks, have more chronic diseases and live in more deprived neighbourhoods. This accumulation of disadvantages is described in more detail by Dannefer (2003) and Ferraro & Shippee (2009), suggesting that the largest inequalities may appear in later life. In order to understand an individual's current life situation, we need to take into account the earlier conditions, opportunities and decisions that have taken place in the life course, beginning with the circumstances during childhood (Elder, 1998).

There are a few dysfunctional social situations where the actions of others directly damage older adults' social relations, which is also relevant for the discussion on social exclusion and the design of intervention strategies. The first is elder abuse or mistreatment, including psychological, physical, sexual and financial abuse as well as neglect. Although abuse is not a sign of exclusion in itself (as for abuse to occur there needs to be social contact) it is associated with social isolation, limited support and discomfort (Dong, 2015), and involves the denial of resources, rights, goods and services and the inability to participate in the normal relationships. There can be high levels of ageism in certain societies, which means that older people are excluded solely on the basis of their older age. Stereotyping older adults and ageist behaviours lead to many ill-effects on older adults' lives including social exclusion, workforce barriers, abuse and neglect.

Unsafe neighbourhoods may be another factor leading to social exclusion, but research on this topic is limited. People in unsafe neighbourhoods may fear to go out if neighbourhood crime is high, or if older people have an increased risk of becoming a victim of crime. These dysfunctional situations lead to social exclusion and increases feelings of loneliness. However, the overall body of literature has yet to develop more consistent insights and measures of constructs within these dimensions (Waldegrave, 2015).

What are the main challenges for social policy?

The current context for policies aimed at reducing old-age exclusion is the increasing number of older people that rely on pensions as a source of income and require health care, and the decreasing number of people who contribute to the financing of public systems. This imbalance in the ratio of people who use these systems and those who contribute to running them may become a threat to the intergenerational solidarity upon which these systems are (partly) based. The main answer of many governments to this imbalance has been to adopt active ageing policies (WHO, 2002) to enhance people's productive contribution to society by raising the mandatory retirement age and stimulating voluntary work as an important alternative for people who are retired (Morrow-Howell, 2010; Walker & Maltby, 2012).

However, since not all older people are able to age actively, the risk of becoming socially excluded may increase in aging societies. How well people age actively depends on a number of determinants (Parra et al., 2014):

- Access to health services;
- Behavioural determinants such as nutrition, physical activities, smoking and alcohol use;
- Personal determinants such as genes, cognition, self-esteem and physical limitations;
- Environmental determinants, such as housing, transportation, clean water, safety;
- Social determinants such as the quality of the social network, opportunities for education;
- Economic determinants, income and access to work and pensions.

Each of these domains can stimulate or hinder active aging, both directly and indirectly. For instance, someone who does not have access to a supportive network may experience loneliness and in turn experience ill or worsening health; indirectly, lack of access to others might mean that someone is not accessing the health and social care support they need, which in turn is likely to negatively affect prognosis and recovery. Older people with a disproportionately low chance of being socially connected are particularly hard to reach for policy makers, making it a challenge for prevention initiatives. Digitalisation also creates an additional barrier for older adults who cannot afford the cost of buying a computer or mobile device, or who lack IT skills. However, digital exclusion is not often considered in discussions on social exclusion in later life, despite its potential to compensate for social exclusion in general, and exclusion from social relations in particular.

The political challenge is to stimulate the participation and inclusion of older people in various social and societal arenas by reducing the barriers to social inclusion or eliminating the risk factors for social exclusion. The flagship initiative of the EU Platform against poverty and social exclusion acknowledges that EU policies have limited effect on people beyond working age, of which older people form the lion's share. A focus on reducing poverty and material deprivation and working intensity has thus limited relevance for social exclusion among older adults, who often left the work force already. There may be better alternatives available to successfully combat social exclusion of older people, such as by developing an international legally binding statement on older people's rights. At the local level, opportunities include promoting and creating age-friendly environments, i.e. improving the whole spectrum of factors influencing autonomy, participation and social inclusion of older persons, and experimenting with new forms of social inclusion, e.g. renting 'friends' (Japan), maintaining public services, and creating retirement villages.

What is the main public health challenge?

The National Academy of Sciences in the US concluded in 2001 that public health interventions for older people are becoming increasingly complex – partly because of the reasons mentioned above, but also because of the growing number of disabled people now surviving into old age, the increasing costs of health care, the greater demand on resources, and the complex interrelation between health and social services (National Academy of Sciences, 2001). When people are excluded from social relations, the public health challenge is amplified; in the first place because of the higher risk of adverse health outcomes associated with having weaker social relationships (see for example Valtorta et al., 2016) and in the second place because of the potentially greater use of health care services associated with loneliness (Gerst-Emerson et al., 2015).

Two challenging questions in public health are a) who should an intervention be targeting and b) at what moment. Often, a distinction between primary, secondary or tertiary interventions are made. Primary prevention is aimed at the general public and intends to prevent social exclusion altogether. Secondary prevention is aimed at people with increased risk of becoming socially excluded, and tertiary prevention is meant to reduce the negative consequences of exclusion from social relations. In practice, tertiary intervention is perhaps more akin to a treatment of effects, rather than a form of upstream prevention. There are good reasons to aim for primary intervention. First, people have the constitutional right to be treated equally in equal circumstances (Universal Declaration of Human Rights). Exclusion from social relations, on the grounds of religion, beliefs, political opinion, race or sex or on any other grounds whatsoever should thus not be permitted. Secondly, primary prevention may be the most effective way of combatting exclusion from social relations, given how difficult it can be to tackle this once it has become a persistent feature of someone's life (Valtorta & Hanratty, 2012). Primary prevention is, however, often seen as being the most challenging intervention strategy for policy makers: it entails addressing the wide range of risk factors for social exclusion, promoting social relations across the life course, improving built environments and infrastructures, providing equitable access to public transport, stimulating age friendly cities, and facilitating access to digital technologies.

Interventions to increase inclusion in social relations

Specific interventions for addressing exclusion from social relations are rare, with the majority of relevant interventions focusing on loneliness (see for example the brochure of the Campaign to End Loneliness about promising approaches to reducing loneliness and isolation in later life at <https://www.campaigntoendloneliness.org>). The evidence to date suggests that the success of these programs has been comparatively limited, leading to effect sizes which have generally been quite small. An important problem with loneliness interventions is that they often do not take into account the specific situation of an individual who experiences loneliness (Fokkema & van Tilburg, 2006). Answering such questions as 'Why are some interventions successful, while others are not?', 'Which elements of the interventions are successful?', 'Can those elements be transferred to other interventions?', or 'Can the elements perhaps be used on their own?' become increasingly important. There are indications that interventions addressing maladaptive social cognitions could be amongst the most effective forms of secondary and tertiary prevention (Masi et al., 2011). One intervention combining multiple loneliness coping strategies (e.g. network development, adapting standards and reducing the importance of the problem) has also showed some promising results (Bouwman et al., 2016).

Other possibilities to reduce exclusion from social relations can be to engage older people in teaching and learning activities suitable to their needs within primary, secondary and tertiary education. This is in relation to a teaching, mentoring and learning capacity in both a formal and informal capacity. For example some primary and secondary schools organise a grandparents day where the children's grandparents are invited to the school and invited to speak about their lived experience. However older people who are not

grandparents can be excluded from similar activities. Some initiatives are beginning to emerge such as the GrandExperts Erasmus Project (2017) based at the Institute of Learning Innovation (ILI) Erlangen, Germany. Intergenerational Learning and intergenerational relations needs to be fostered and facilitated to promote the engagement of older and younger people in social and educational spaces suitable to their needs (Pstross, Corrigan et al., 2017). This can also address the deficit concerning engaging in the digitalisation of daily life, which can be an advantage at one level but which also can further promote social isolation for older people who do not have the necessary technological skills.

The current political challenge is to stimulate the participation and inclusion of older people in various social and societal arenas by reducing the barriers to social exclusion or eliminating the factors of social exclusion. While we are aware of many of the challenges of exclusion from social relations for our older populations across Europe we are also aware that we are only at the beginning of addressing the opportunities of our ageing population and of the task of facilitating them to stay socially connected and well.

To conclude

This briefing paper summarized current insights on exclusion from social relations, identifying knowledge gaps, and outlining opportunities for future policy to reduce exclusion from social relations among older adults. A starting point for our paper was to ask the question ‘What is exclusion from social relations?’ While the answer to this question varies across scientific disciplines, a reasonable definition was found in the objective definition as ‘exclusion from social relations is a quantifiable situation in which a person has a very small number of ties with kin and non-kin relations.’ (Walsh et al., 2017). We further acknowledged that it is important to note that social exclusion is not the same as loneliness, as not all socially excluded people are lonely and not all lonely people are socially excluded in the objective sense. We thus choose not to limit ourselves to loneliness, as social exclusion may also have unwanted social and relational consequences without the subjective feeling of loneliness.

What can be learned from the paper is that there are various opportunities for researchers and policymakers to reduce exclusion from social relations. The **theoretical grounding of social exclusion** is limited. This creates a knowledge deficit in moving to a solution-oriented approach that aims to tackle the sources of exclusion rather than fighting the symptoms. We could learn from life-course theorists that exclusion from social relations may already originate from adverse events and low socioeconomic conditions early in the life course, and an adverse start may accumulate over the life course, leading to large inequalities in later life. Interventions to reduce exclusion should thus be aware of childhood and adulthood conditions that enhances exclusion from social relations in later life. Issues related to gender, social class and the neighbourhoods are underexplored. Equally important is to acknowledge the **major economic challenge** of exclusion from social relations. Active aging policies aiming to activate people to remain active such that health improves and the older person contributes to society are threatened by the social exclusion of older people. **Stereotyping and age discrimination** in employment should thus be critically reconsidered to advance active ageing. Although legal age limits, such as mandatory pension age may be a blessing for people not able to continue working, it can be an unwanted obstacle for people wishing to remain active in the labour force.

Key Messages

In analysing what we know about the causes and consequences of exclusion from social relations for older people, there are a number of key messages that are necessary to note. These are as follows:

1. There is a need for a whole-system approach to address exclusion from social relations. This requires not just a focus on individual behaviours and expectations, but also on macro-level factors that are associated with exclusion from social relations;
2. Prevention needs to take into account all stages of the life course, and to be orientated towards promoting and maintaining the social convoy of networks and relationships;
3. There are key transition points when exclusion from social relations may be more of a risk (e.g. bereavement, retirement, onset of ill health, assumption of caring roles etc.). Future interventions focusing on these transitions and their implications for people's social relationships could help to prevent the decline of older people's social networks;
4. Successful intervention strategies are likely to require a combination of initiatives that target the general population-level, and programs aimed at high-risk groups;
5. It is important to consider the spatial distribution of exclusion from social relations, and to harness the potential for community-based interventions to reduce loneliness;
6. Within the context of age-friendly cities and communities, a focus on the inter-relationship between aspects of the physical and social environment will help to inform the appropriate design of future interventions.

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ROSEnet aims to overcome fragmentation and critical gaps in conceptual innovation on old-age exclusion across the life course, in order to address the research-policy disconnect and tackle social exclusion amongst older people in Europe.

Research Objectives

- Synthesise existing knowledge from regional, disciplinary and sectorally disparate dialogues, forming a coherent scientific discourse on old-age exclusion;
- Critically investigate the construction of life-course old-age exclusion across economic, social, service, civic rights, and community/spatial domains;
- Assess the implications of old-age exclusion across the life course within economic, social, service, civic rights, and community/spatial domains;
- Develop new conceptual and theoretical frameworks that can be practically applied in understanding and combating the exclusion of older people in European societies;
- Identify innovative, and implementable, policy and practice for reducing old-age exclusion amongst different groups of older people and in different jurisdictional and regional contexts.

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