



Review Essay

The interrelationship between place and critical life transitions in later life social exclusion: A scoping review

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ABSTRACT

Understanding the role of place in protecting against social exclusion (SE) and risk during critical life transitions (CLTs) in older age is essential to create effective community-level ageing policies. However, existing knowledge is diffuse across a range of literatures and lacks coherency. Through a two-stage scoping review, this paper aims to synthesise state-of-the-art international research linking place, old-age SE and CLTs. Findings show that: (1) place serves as a setting for, and as a mediator of exclusion resulting from CLTs and (2) theoretical conceptualisation to address the intersection of CLTs, place and SE in later life is underdeveloped. The implications of the state of scientific knowledge on this topic are discussed in relation to future research needs and ageing in place policy.

1. Introduction

Place is now a central concept within national and international ageing policy. This is evident in relation to ageing in place and community care agendas, and age-friendly (World Health Organization, 2007; World Health Organization, 2015) and liveable community implementation programmes (Guzman and Harrell, 2015). Given the increased emphasis on local settings, particularly for promoting active and healthy ageing, it is necessary that we maximise the capacity of places to support older people when they are most in need, and most at-risk of social exclusion (SE). Otherwise, neighbourhoods and communities are likely to struggle to be effective, positive agents in the ageing process. Critical life transitions (CLT) in older age, encapsulating frequent but less normative life events – such as relocation, bereavement and the onset of ill-health – not only produce such needs, but can give rise to SE and other forms of disadvantage accumulation (Dannefer, 2003; Cavalli et al., 2007; Mortimer and Moen, 2016). However, current place-orientated policies and initiatives fail to adequately consider these periods of transition when risks to health and well-being can sometimes be most acute (Alwin, 2012).

There is certainly growing acknowledgement of the linkages between place and these major transitions occurring in people's lives. But scientific knowledge on this topic remains fragmented, and somewhat disconnected across disparate literatures on transitions, SE and place, and, to a lesser extent, social epidemiology and public health. There has

not, to our knowledge, been a review of research that explores the links between CLTs and place in later life, and the consequences for exclusion and well-being outcomes. This article aims to address this deficit.

The potential for transitions to shape well-being outcomes at any age is well documented (Mortimer and Shanahan, 2007). There is recognition though that later life transitions are of particular importance, and can sometimes serve as junctures of significant risk (Grenier, 2012). While research on these transitions remains underdeveloped, and we continue to lack understanding of their multifaceted impact, there is evidence that some transitions can increase susceptibility to multidimensional SE (Scharf et al., 2005b). Others represent more substantial, perhaps even traumatic ruptures, in people's life courses (Diewald, 2016). Again, although knowledge of specific mechanisms is limited, the potential for exclusion, and subsequent health effects, can be considered to arise from: the transition itself; the transition's management (e.g. specialised services); and the transition's symbolic and structural positioning (e.g. stigmatisation/segregation) (O'Rand, 2006). It is these different dimensions that place may need to interact with in order to support/protect older people during such critical periods.

Reviews of the international literature on older adult SE (Van Regenmortel et al., 2016; Author, 2017) have pointed to a number of CLTs that can serve as significant sources of adversity for older people. This is particularly in relation to relocation and migration, bereavement, and the on-set of ill-health, primarily in terms of dementia. While some of these life changes have attracted more attention than others, the

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potential significance of each for SE is clear. Relocation and migration, encompassing internal and trans-national moves, have been linked to deficient social connectivity (Fokkema and Naderi, 2013; Gierveld et al., 2015), difficulties in accessing services and, for transnational migrants, longer-term exclusion based on cultural identity (Lissitsa and Chachashvili-Bolotin, 2015). Forced migration, as the most intense form of this transition, amplifies many of these challenges (Loi and Sundram, 2014; Mölsä et al., 2014). Building on an extensive body of work on widowhood in gerontology (Martin-Matthews, 1991), and a burgeoning literature on psycho-social consequences, bereavement has been shown to impact social well-being (Döveling, 2015) and feelings of loneliness (Fried et al., 2015). It has also been found to impact on economic outcomes relating to income and material wealth (Richardson, 2014). Research on dementia has demonstrated how the care system and social and cultural representations (Beard et al., 2009; Bond et al., 2004; Österholm and Samuelsson, 2015) can exclude older people living with dementia leading to homogenisation and othering.

To understand how places might help support older people during such transitions there is a need to consider how place can play a role in inclusion/exclusion. While still a developing field there has in recent years been a significant growth in the number of studies investigating place and SE in later life (Wanka et al., 2018; Author, 2017; Abbott and Sapsford, 2005). Here, place is conceived as possessing multiple *in situ* dimensions, including spatial/geographic features (Oswald et al., 2011; Ryvicker et al., 2012), embedded service infrastructure (Dwyer and Hardill, 2011), and social and cultural aspects (Buffel et al., 2012; Gale et al., 2011). It also embodies subjective and symbolic elements, linked to an individual's roles, attachments, and belonging (Oswald and Wahl, 2005; Rowles, 1978; Wiles et al., 2012), that cross-cut these dimensions and reflect a mutually constitutive relationship arising from older people's negotiation of place. As noted by Andrews et al. (2013) for gerontology in general, place can possess 'basic agency', with respect to *in situ* infrastructure, technologies and people, which can overlay 'far more intimate processes concerning place experiences, attachments and identities' (Andrews et al., 2013: p. 1344–1345). As such, places can be understood as processes that implicate material/physical, social and symbolic aspects (Wiles, 2005). There are still many questions remaining about the mechanisms by which place intersects with exclusion (Dahlberg, 2019; Walsh et al., 2019). Nevertheless, place is likely not only to function as an important life domain where people are included and excluded *in situ* (e.g. area-based services; relational communities), but can, often perhaps through older people's relationship with place, serve to mediate wider experiences across a range of life areas – exacerbating or buffering against exclusion (Author, 2018).

There have been examples of where place and transitions intersect in terms of exclusion. For example: lack of service access in rural areas significantly impacts on people with dementia (Blackstock et al., 2006); bereavement can be approached differently depending on whether someone is a rural (collective coping strategies) or urban (individual coping strategies) resident; and an intersection between migration and perceived neighbourhood characteristics is linked to loneliness (Gierveld et al., 2015). There is a substantial neighbourhood context literature that testifies to the impact of neighbourhood effects on well-being outcomes, including the on-set of ill-health (Freedman et al., 2011; Marquet and Miralles-Guasch, 2015). Additionally, a number of conceptual frameworks within environmental gerontology point to the intersection of life transitions and place, – albeit not explicitly in terms of SE – such as place integration theory (Cutchin, 2001), and residential normalcy (Golant, 2011, 2014).

However, there have not been sufficient efforts to draw this knowledge together and to explore the different place and exclusionary mechanisms at work. Given that such circumstances has implications for our capacity to identify the appropriate form and timing of interventions, our ability to meaningfully inform ageing in place policies and implementation programmes is impeded.

Therefore, the aim of this article is to conduct a scoping review of the

international literature to investigate the role of place in SE arising from CLTs. We first conduct a review of the general literature on place, SE and CLTs to capture a broader picture of the international literature on this topic and the range of CLTs being considered. We then focus specifically on bereavement, dementia and forced migration as CLTs that have been strongly linked to social exclusion within the international literature on ageing and exclusion (Author, 2017). For the purpose of this analysis we consider SE to involve the multidimensional separation of individuals and groups from mainstream society (Moffatt and Glasgow, 2009), across the domains of social relations (Ogg and Renaut, 2012), material and financial resources (Prokos and Keene, 2012), services, amenities and mobility (Shergold and Parkhurst, 2012), socio-cultural aspects (e.g. discrimination; identity exclusion – Wilińska and Henning, 2011), civic participation (Craig, 2004) and neighbourhood and community (Scharlach and Lehning, 2013).¹ In addition to viewing place as a multifaceted, processual construction, it is understood as being subject to a set of dynamic relationships, pointing to linkages to external processes (e.g. macro-economic conditions) and other scalar levels of place and power (Phillipson, 2007; Author, 2018).

2. Method

A scoping review methodology was employed in this article. A scoping review is a form of knowledge synthesis that addresses an exploratory research question aimed at mapping key concepts and gaps in state-of-the-art research knowledge (Armstrong et al., 2011). This review applies a five-step process (Arksey and O'Malley, 2005; Levac et al., 2010) that involves: (1) identifying the research question; (2) identifying relevant studies; (3) study selection; (4) charting the data; and (5) collating, summarising and reporting results.

We followed a two-stage review methodology (conducting four reviews in all) to capture state-of-the-art knowledge on the interrelationship between place and CLTs in older adult SE. Stage I was based on a broad question with the aim of capturing studies on transitions in general: What is the role of place in multidimensional exclusionary processes arising from CLTs in later life? Stage II was based on this same question but in relation to (1) bereavement; (2) dementia on-set; and (3) forced migration, and enabled a targeted search with the intention of unearthing more detail concerning the links between place, SE and these transitions.

Study selection followed a team approach (Levac et al., 2010) where search parameters, inclusion/exclusion criteria and data sources were agreed. Keywords were refined from an initial 'long-list' based on search returns. For stage I and stage II keywords relating to place, SE and ageing remained the same while keywords for transitions differed. Keywords relating to ageing included: ag*ing; old* people; elder*; senior citizens. Keywords relating to place included: place; neighbourhood; community; home; rural; urban. Keywords relating to exclusion included: social exclusion; disadvantage; marginalisation; vulnerability. Despite a recent review of old-age SE demonstrating the growing prevalence of publications emanating from South America, North America, Australasia, Asia and Eastern Europe (Author, 2017), it was recognised that the concept of SE is not widely adopted in some jurisdictions (approximately 25% UK studies). Efforts were made to include proxy terms to capture general forms of multidimensional disadvantage. While consideration was given to using domain specific keywords (e.g. poverty and deprivation (economic); isolation and loneliness (social)), it is likely that separate reviews would have been necessary for each of the six domains of exclusion for each transition, requiring 18 reviews overall. Additionally, this approach may have compromised the goal to capture multidimensional forms of disadvantage.

Stage I keywords relating to transitions were broad in nature and

¹ See Author et al. (2017) for a more comprehensive definition of SE of older people.

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