Chapter 10
Introduction: Framing Exclusion from Services

Veerle Draulans and Giovanni Lamura

10.1 Introduction

This section presents three specific examples of how old-age social exclusion can take place in the field of service provision. These contributions refer to the key areas of care, transportation and information and communication technology (ICT) based solutions, which represent some of the sub-domains of service-related exclusion in later life that are most frequently cited in the literature (Walsh et al. 2017; ROSEnet Services Working Group 2020). Given the current demographic trends, the availability of suitable services has become crucial to ensure social cohesion and inclusiveness. Governments, be it on national or community levels, social profit organisations and commercial companies offer a huge variety of services aimed at making people's lives easier and more comfortable. In order to better contextualise the contributions presented in this section, this chapter will provide an overview of old-age service exclusion in general, highlighting in particular macro- and micro-level considerations. It will then briefly introduce each contribution.

10.2 Old-Age Service Exclusion

Following Walsh et al. (2017), and paraphrasing the overall definition of social exclusion suggested by their scoping review, old-age related exclusion from services can be defined as the condition (and the processes leading to it) that involves

V. Draulans (✉)
Faculteit Sociale Wetenschappen, Centre for Sociological Research (CESO),
KU Leuven, Belgium
e-mail: veerle.draulans@kuleuven.be

G. Lamura
Centre for Socio-Economic Research on Ageing, INRCA-IRCCS,
National Institute of Health and Science on Ageing, Ancona, Italy

the lack or denial of services in later life, to a larger extent than what might be considered as "normal" for the majority of people, with a negative impact both at individual and societal levels.

Exclusion from services in the health and/or social care sector represents one of the most frequently investigated dimensions (Walsh et al. 2017). This is clearly related to the fact that this sector represents a key area for meeting the needs of an increasingly ageing population. A large body of research, highlighting the risk factors for being excluded from the use of key care service infrastructure in late-life, have identified exclusionary mechanisms relating to geographic location, market-oriented care models, poverty and lack of sensitivity towards old-age specific needs (Srakar et al. 2015).

Another major area often reported in old-age related services exclusion is that of transport and mobility, which focuses on barriers such as lack of flexibility, costs, and environmental barriers and insufficient infrastructure, especially in rural regions (Siren and Gasparovic 2017). Service exclusion occurs, however, also in other fields characterised by a growing presence of older users requiring a more attentive approach in order to prevent marginalisation (Walsh et al. 2017). This includes, for instance, general area-based exclusion (Stoeckel and Litwin 2015), tourism (Eusebìo et al. 2015), and information and communication technologies (ICT) as a tool to access information (Kuerbis et al. 2017). With regard to the last sub dimension, in particular, it should be acknowledged that older people can experience less isolation and lower risks of loneliness as a result of using social media platforms enabling them to remain connected with family and friends (Hajek and König 2019). However, it is likely that the digital divide in terms of accessibility and usability, involving on average less digitally skilled older people, will grow considerably in the coming years, rendering this area key in preventing cross-cutting service exclusion in later life. It should be finally underlined that conceptual work in this area has been rather limited, with few exceptions (Simms 2004).

10.3   Considerations in Researching Service Exclusion in Later Life

Two issues emerge as crucial when considering how best to tackle exclusion from services in older-age. The first concerns the question of how to prevent and ameliorate exclusionary mechanisms impacting older adults within service systems. The second, given this challenge, regards the identification of the most effective strategies to target risk factors associated with old-age exclusion from services, without stereotyping "the" group of older users and the services that they most often use.

Investigating the relationship between old-age service exclusion and different social risks, such as poverty and material deprivation, gender and belonging to minority groups, requires a multidimensional and multidisciplinary perspective. For scientific research to assist in the formulation and implementation of appropriate

policies, there must be a systematic consideration of the breadth of the key service infrastructures, such as health and social care services, general services, new technologies, and transport and mobility, but also cross-cutting issues concerning service restructuring, accessibility and affordability.

In addition, and closely related to the ways in which these issues can be propagated, attention should be paid to three distinctive levels: the macro level of political decision making; the meso level of organisations offering services; and the micro level of the immediate service agent-service user relationship. Actors within each of these levels not only serve to shape how older people make use of services, but also have a responsibility in ensuring the adequacy of services and that they meet the needs of older citizens. In the following section, we provide a brief overview of the macro and micro considerations, as these levels provide the analytical boundaries that shape the meso level (Serpa and Ferreira 2019).

10.4   The Macro Level and Government Responsibility

Lower individual level material deprivation is associated with higher state expenditure on services related to social protection and healthcare. Data from the fifth wave of the Survey of Health, Ageing and Retirement in Europe (SHARE) highlights the connection between unmet long-term care needs, social exclusion and welfare regimes (Srakar et al. 2015; also see Sumil-Laanemaa et al. and Grigoryeva et al. this volume). People who live in a context characterised by a comparatively high public expenditure on social protection and health care related services are generally more likely to report less problems in accessing services, as do people living in societies providing social housing, holding age-friendly social policies and offering accessible and affordable transport facilities.

Transport, in particular, is crucial in preventing exclusionary risks. In this regard, not only does the availability of transport facilities deserve attention, but so too does the impact of policies and legislation regarding age and driving licenses on late-life mobility and social exclusion (Haustein and Siren 2014). In this regard, additional factors, outside of immediate infrastructure, play a crucial role. Among them, having a driving license and/or having people around who are willing to drive has been reported as essential (Parkhurst et al. 2014). This risk of exclusion is highest in relation to discretionary travel, where research has demonstrated reductions in travel for leisure and/or social activities. This in turn compounds the challenges related to isolation and social exclusion, in a spiral that might be difficult to stop [see Siren this volume for a full discussion of transport as a cross-cutting mediator of social exclusion in later life].

10.5   The Micro Level: We Are All Different

A multitude of factors at the micro level can influence older people's access to services. Research demonstrates that many older women who are widowed or who live alone belong to one of the most disadvantaged groups, and those who live in rural or remote (mountain) areas are even more at risk (UNECE 2017). But, as the intersectionality approach (Crenshaw 1989; Thomsen and Finley 2019) suggests, it is often the combination of different dimensions of identity which make specific groups of the population more vulnerable, including to service exclusion.

Among the most relevant dimensions are gender, sexual orientation (LGBTQ+), ethnicity, race, migration, (dis)ability, physical or mental health, the spatial context that people live in, knowledge about and availability of (public) services, and personal access to transportation. In this regard, studies show that, for instance, older LGBTQ+ adults (King et al. 2019) or older people belonging to a racial or ethnic minority group (Torres 2015; De Tavernier and Draulans 2019) may meet more hurdles with regard to accessing services, since their specific needs might not be properly taken into account or respected by service providers. A group that deserves special attention in this regard is the (very heterogeneous) group of older homeless people (Warnes and Crane 2006). Dementia, as a health condition and as a socially constructed set of experiences, strongly influences vulnerability too. But here again an intersectional approach highlights the additional hurdles that some people can face, where for example older people living with dementia who belong to a migrant group may revert to their original mother tongue (Tipping and Whiteside 2015).

10.6   Outline of This Section

The three chapters included in this section of the book explore different facets of service exclusion in later life, including different service sectors, different risk factors and different levels.

In Chap. 11, Cholat and Daconto describe the risks of spatial- and mobility-related exclusion from services and social relations that might affect people living in mountain areas. The social and economic conditions of those who live in such remote areas, who may in some cases have a lower capacity for mobility, require as the authors argue a set of "reversed" mobilities. The concept of reversed mobility implies that products and services come to the person, provided by relatives, caregivers or mobile shops. By referring to the experience of two European Alpine territories (Isère in France and Bergamo in Italy), the authors aim to show how reversed mobilities may promote the inclusion of frail older people in mountain areas.

In Chap. 12, Széman, Golubeva and Patyán offer important insights on home care services provided in Central and Eastern European (CEE) countries and the Russian Federation. For a multitude of reasons, such as geographic distance and the absence of formal care facilities, a strong tradition of familialisation of care

services, reflected by a central role of home-based informal care, is common practice in these countries. While this, on the one hand, might allow a more personalised delivery of care to those in need, on the other, it may increase the risk of social exclusion and social isolation.

In Chap. 13, Poli, Kostakis and Barbabella analyse what digital technologies can do to support health care provision, with a specific focus on the exclusionary dynamics occurring in this field. They highlight that the integration of digital technologies with ordinary care routines has been slower compared to the bank sector or e-commerce, due to specific challenges. Acknowledging that many older people are reluctant to use (newly developed) digital health services, Poli and colleagues investigate the main drivers of old-age social exclusion from digital health services, and illustrate how macro-, meso and micro decisions and experiences are of mutual influence.

While the three chapters certainly do not cover the wide spectrum of areas in which old-age service exclusion might take place, they offer in-depth insights into three fields representing core sectors of service delivery for an ageing population. They thus provide a valuable contribution to current debates on this topic. In this regard, it should be of course considered that they were written prior to the outbreak of the COVID-19 pandemic, and therefore they do not contain any direct reference to it. However, the topics they address have been so dramatically central in terms of both real life impact and measures adopted within the recent pandemic crisis, that their policy implications in this respect will be immediately evident to the reader.

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