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BEREAVEMENT AND SOCIAL EXCLUSION
IN LATER LIFE

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PLACED-Lives

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BEREAVEMENT IN LATER LIFE AS A POLICY CHALLENGE

There is extensive research evidence to suggest that the death of a significant other can have adverse effects on physical, mental and social wellbeing in later life (Rook and Charles, 2017; Stroebe et al., 2007; Carr, 2008), including a greater risk of prolonged grief disorder (Lundorff et al., 2017). There is also a growing number of studies that indicate that these bereavement experiences can render older people particularly vulnerable to different forms of social exclusion (MacLeod et al., 2019; Kneale, 2012), where social exclusion can be understood as the separation of individuals and groups from mainstream society (Moffat and Glasgow, 2009). Bereavement can, as such, represent a major life transition and a risk factor for being left out and left behind in older age (Walsh et al., 2020; Scharf et al., 2005).

However, while there has been a long-standing interest in certain kinds of impacts related to bereavement, such as loneliness (c.f. Fried et al., 2015; Victor and Bowling, 2012) and income poverty (DiGiacomo et al., 2015), research continues to concentrate on single forms of disadvantage. Consequently, our knowledge of the ways in which bereavement can create multidimensional social exclusion, where there is a potential for people to encounter a range of exclusions, across different areas of life, remains underdeveloped. The timing of when these exclusions arise during the bereavement experience and the extent to which they occur simultaneously in people’s lives is also not well understood (Tobin et al., 2020). Furthermore, the ways in which bereavement can be intensified by gaps in supports, or expose wider structural deficiencies regarding inclusion in ageing societies, needs more detailed investigation (Bindley et al., 2019).

Despite the prevalence of bereavement experiences in the Irish older population, and despite the valuable work that has been completed on chronic grief and grief trajectories, depressive symptoms, and end of life and palliative care (Bindley et al. 2019; Carr, 2008; Bonanno et al. 2004), this topic in relative terms has not been well attended to in research. Bereavement in older age has received little attention within policy in Ireland (see Sharing the Vision (Department of Health, 2020) for an exception to this). Concern has also been expressed that bereavement is generally regarded as a ‘normal’ part of the ageing experience, with little impetus to develop holistic support approaches (Urbaniak and Walsh, 2020).

What is social exclusion in later life?

Social exclusion of older people can be defined as 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 is amplified by accumulated group-related disadvantage, old-age vulnerabilities, 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 and Keating: p.93, 2017)

PURPOSE OF THIS BRIEFING REPORT

This briefing report explores bereavement as a major life transition in older age and describes its relationship to multidimensional forms of social exclusion. The brief draws on findings from the PLACED-Lives research study, and presents the experiences of a diverse group of older adults on the nature and sequence of bereavement-related impacts on their social inclusion. The brief is divided into four sections. A short overview of the methodology used to collect and analyse the data will be first outlined. Findings on the bereavement transition itself, with respect to key milestones and changes that it involves, will then be presented for different kinds of loss. Next, participant's insights on the sort of exclusion that they have encountered during bereavement will be described. Finally, policy recommendations are provided based on these findings.

This briefing report is a part of the PLACED-Lives Briefing Report Series. For more information on the series and the PLACED-Lives study, please go to **https://icsg.ie/our-projects/placed-lives/**.

About the PLACED-Lives study

PLACED-Lives aimed to investigate the influence of critical life transitions in the older adult life course on the accumulation of multidimensional social exclusion, and the role of place in protecting against this exclusion.

The study focused on bereavement, dementia on-set and forced migration as examples of critical transitions. This research was supported by the Atlantic Philanthropies.

The study involved a mixed-methods approach and included qualitative and quantitative components, including: 15 interviews with national and local policy and practice stakeholders; 39 interviews with older individuals who experienced these transitions; and secondary analysis of data from The Irish Longitudinal Study of Ageing (TILDA).

The study objectives included:

1. To gather existing research and policy knowledge on older adult life-course transitions, their connections to place, and their association with experiences of exclusion in later life;
2. To develop an empirical understanding of pathways to exclusion arising from life-course transitions;
3. To explore older people's relationship with place for those who have experienced the life-course transitions, in different kinds of places, and to assess the impact of the rupture itself on this relationship;
4. To investigate how relationships with place can buffer against, and/or intensify, multidimensional social exclusion stemming from life-course transitions;
5. To explore what constitutes social inclusion in place for those who have experienced the life-course transitions, living in different kinds of places;
6. To direct a re-orientation of the role of place in policy and practice intervention models for addressing life-course ruptures.

METHODS & DATA

The data presented in this report comes from fourteen in-depth life-course interviews conducted with older adults who experienced the death of a significant other after the age of 50 years. Participants ranged in age between 55 and 85 years and included ten women and four men. While the majority of participants were Irish nationals, four foreign national participants were also included in the interview sample. Two of these individuals had experienced forced migration and entered Ireland through an asylum process.

Eight participants experienced the death of a significant other after a period of ill-health. Six participants experienced bereavement after a sudden death, which arose from a range of issues including acute illness, death by suicide and, in the case of those who were originally forced migrants, war and conflict related deaths/murder. Ten participants spoke about spousal bereavement, one about parental bereavement, and the remaining three individuals disclosed multiple bereavements, with two of these participants suffering the loss of a child. Five participants lived in different kinds of rural settings and nine participants lived in urban environments across Ireland. Consideration was also given to marital status, socioeconomic status, and other socio-demographic variables during participant recruitment.

Interviews lasted for approximately 1.5 hours and consisted of three parts: an open narrative portion; an in-depth, semi-structured portion; and a series of life-path exercises where participants worked with the researcher to map out (1) their life trajectory before and after bereavement, including other major events and turning points, (2) their residential history over their lives, and (3) particular points of exclusion and integration across the life course. The life-paths were used together to probe on where these patterns may have intersected.

Fifteen interviews were also conducted with national and local policy and practice stakeholders who work with ageing populations, including those specifically working with bereaved older adults. Aside from the excerpt of ‘what stakeholders say’ (p.9 of this brief), these interview findings are not described in this briefing report but they have assisted in informing the recommendations presented later in the report. To read about stakeholders’ perspectives in detail, please see Urbaniak and Walsh (2020). Ethical approval for the research was provided by the NUI Galway Ethics Committee. All names used in the presentation of findings are pseudonyms.
Data collection took place from 2019-2020, prior to the Covid-19 pandemic.

RESEARCH FINDINGS: BEREAVEMENT TRANSITIONS

The death of a significant other had immediate and longer-term impacts on participants' lives. The majority of interviewees spoke about the sense of emotional loss that stemmed from the passing and absence of their loved one. Often, individuals conveyed how they just missed having the person around. There was significant diversity in bereavement experiences across the interview sample. The type of loss (e.g. death of parent, spouse, child) and the quality of a participant's relationship with the deceased person was linked to the extent of their acceptance of the person's death, and how bereavement was thought to be perceived by others, with some bereavements – such as those involving parents in older age groups – framed as more 'natural' occurrences.

Notwithstanding this variation, two broad and indicative bereavement trajectories can be identified, summarising key milestones and turning points in people's experiences. Generally framed by participants as a more anticipated-loss, Figure 1 presents the trajectory for those who experienced a bereavement of their significant other after an extended period of ill-health. Figure 2 presents the trajectory for an unanticipated-loss where bereavements resulted from a sudden death and which were often associated with an intense and traumatic period of grief. The trajectories broadly reflect shared events and steps linked to bereavement practices (i.e. funerals) and administrative requirements, but also capture milestones related to psychosocial adaptation, the grieving process, and social engagement. Differences between these trajectories were not always due to differences in the events described, but to their sequence and timing, and the pace with which they brought change to people's lives.

As with the other later-life transitions described in this briefing paper series, three broad phases (c.f. van Gennep, 1960) are used to help characterise the bereavement trajectories. These include: (1) recognising and comprehending the transition; (2) being in-between 'old and new statuses'; (3) incorporating and adapting to the 'new status'.

The first phase was experienced very differently across the two groups. For the anticipated-loss participants, a gradual realisation and preparation for the death of their significant other was evident and included: the person becoming ill; the onset of more substantial care needs; hospitalisation/relocation to a nursing home; and a growing awareness of the likelihood of the person's death. These events could mean changes in daily routines, administrative processes (i.e. finalising inheritance/financial affairs) and efforts to come to terms with the person's terminal diagnosis. For the unanticipated-loss group, this phase was experienced over a very short period of time (e.g. onset of an acute illness) or not at all. As Laura, aged 65 years, illustrates, these participants often experienced a sense of shock and of being unprepared:

> *My husband died after a very short illness. About less than a week. So my experience of it was, it was abrupt and – abrupt and surprising. And very traumatic.*

The second phase commenced following the actual death of a significant other. Understandably, for the unanticipated-loss group this phase was generally longer in duration, and merged aspects of the recognising/comprehending and in-between phases. In its earlier phase, the phase incorporated burial practices and administration.

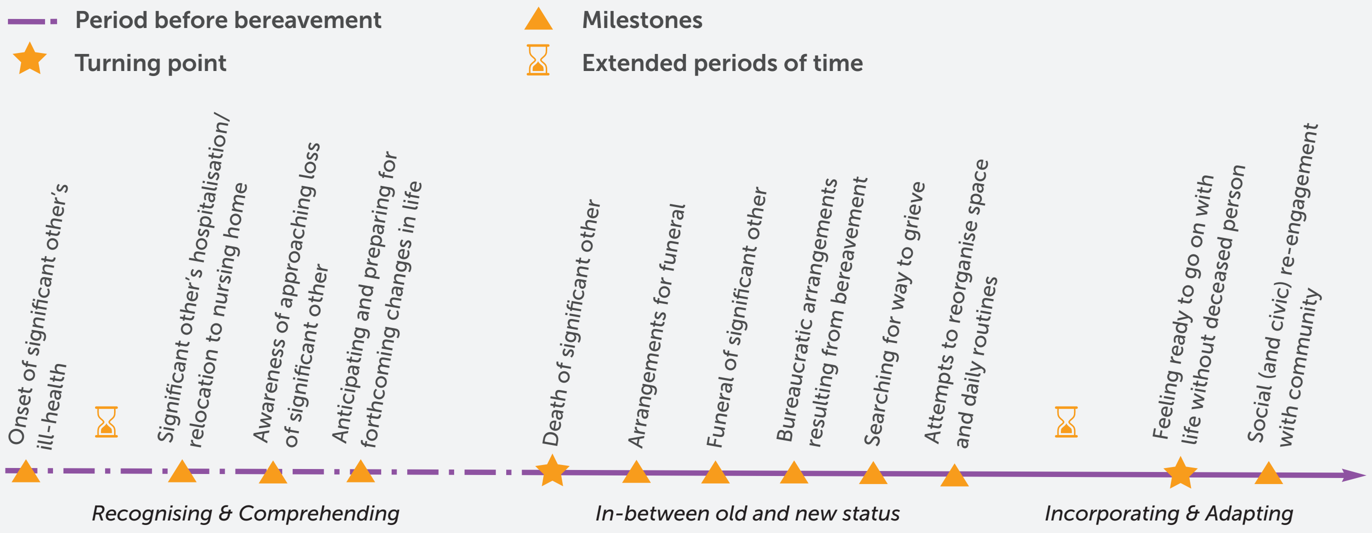

Figure 1: Bereavement resulting from death following ill health of significant other (SO)

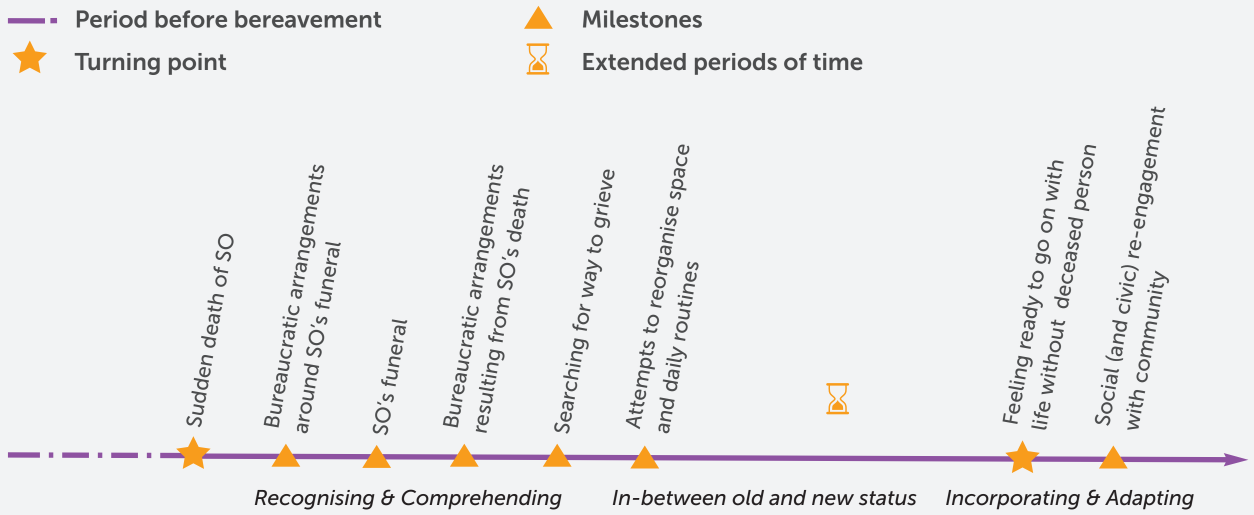

Figure 2: Bereavement resulting from the sudden death of significant other (SO)

Funerals were a key milestone, and could for some reaffirm their embeddedness in their local community:

> *So of course the [name of the local sports association] came into play and the neighbours and we had lots of sandwiches, and you know you didn't have to think about any of that.*
> (Molly, aged 55 years)

Within this phase, participants described efforts to come to terms with their loss, and to find a way to cope with grief. Interviewees sometimes spoke about withdrawing from social activities during this period of intense mourning. As 71-year-old Brian describes in the context of his wife's death, people sometimes found it difficult to comprehend the finite end to a close relationship that was integral to their lives:

> *There's just, there is this thing missing, this companion, this.... Ah this fall back, this entity, this deity that you took for granted all along that was always there and now isn't, and you never really thought at the time there would come a time when the person won't be there. But it has happened, you know. And sometimes I go out the back there and I say 'Oh Lord, is this just a dream?' But it's so final.*

In the third phase, participants talked about different adjustment strategies to deal with their loss. For some it meant actively searching for/using peer and professional supports (e.g. bereavement support groups; psychotherapy) and redefining their own needs with respect to their housing and living circumstances (e.g. downsizing, reorganizing home-space). For others, it involved efforts to reengage socially and/or finding new pathways to connect and mix with people. However, it was evident that this phase was not straightforward, and could for many individuals involve a more iterative process of dealing with difficulties in adapting to life without the deceased person. For some individuals, it was clear they had yet to reach this phase and continued to struggle to come to terms with their loss. While this was evident for those who were recently bereaved, it was also the case for those who were particularly impacted by the death, or the nature of the death (e.g. suddenness of loss; multiple deaths; suicide; violent conflict and war) of their loved ones. As Sanyu, a 66-year old woman who fled a war-torn context, describes, psychological distress and ageing could combine to create complex sets of needs and in this case a sense of hopelessness:

> *I am going through a lot of treatments so my doctors sent me to a psychologist at the moment I am going to a psychologist, because I feel really, really, really stressed… I know is that when you are young you still probably, you feel pain a lot of it but you know you have a future maybe somewhere. Like, at my age right now I feel, I think I feel more pain really more pain that when I was young because right now I don't have anybody. I don't see like, I'm here now, what is the future for me, I don't have much now. I don't have many people.*

RESEARCH FINDINGS: IMPACTS OF BEREAVEMENT

The bereavements experienced by participants in this research, and the changes that they brought about, could substantially alter people's lives. For many participants this was evident in how the death of a significant other could increase individual vulnerability (psychological; material); complicate access to different participation channels (e.g. social; economic); expose gaps in supports and services, and bring about real and symbolic changes in status and position. In this respect, bereavement could intensify risks and outcomes related to social exclusion. Exclusionary outcomes were typically concentrated within the second and third phases of the transition, but could originate from difficulties encountered during the first phase (e.g. administrative preparations; no time to comprehend or prepare for the loss). In all cases, these exclusions undermined the capacity of individuals to adapt to their loss.

Five domains of social exclusion were identified from the analysis of participant interviews: social relations; services amenities and mobility; material and financial resources; socio-cultural aspects; and neighbourhood and community. While the psychological shock and emotional distress that was sometimes associated with a sudden death intensified some aspects of these exclusions, evidence of these five forms of exclusion was found for both the anticipated- and unanticipated-loss groups of participants.

Exclusion from social relations as a result of bereavement could involve a range of relational deprivations, including the contraction of social networks, a reduction in social support, and reduced opportunities for social participation. For some individuals, and particularly in the early phases of bereavement, these exclusions could stem from people being overwhelmed by grief, and no longer having the appetite for maintaining social connections. This is illustrated by Nora, aged 71 years, who describes her own efforts to limit social contact in the initial period after the death of her husband:

> *…it's very difficult to share the grief. And what I am aware of now, which I wasn't aware of at the time, I isolated myself.[…] I opened the door and I kept her [a. friend] standing at the door and she's a very close friend and she said, 'Please' you know, let us support you, come.' And I was bawling, screaming and I said 'No, I'm no good to anybody and I just want to be on my own'. I wanted to be on my own, I wanted to cry it out on my own.*

However, for many participants, exclusion from social relations arose from the apparent withdrawal of contact and relational support by members of their social networks. For older people who lost their spouse, this was sometimes perceived to be a result of no longer being a part of a couple, or where their deceased partner had possessed the stronger social network. As 72-year-old James highlights, this sort of withdrawal could lead to isolation and anguish.

> *I couldn't come home to the house and a big house and… [which used to be] full of neighbours and all of a sudden everybody disappeared, no one called. And I can't understand, you know. Here, I am widowed and [name of deceased wife] used to have so many friends, […] and ohh, and all of a sudden gone, no more, they'd come no more, you know.*

Despite a large number of participants speaking highly of the quality of relational support they received in the immediate aftermath of the death of their loved one, a number of interviewees also raised the time limited nature of supports. Laura, aged 65 years, highlights this limitation and questions the degree of understanding of the impact of her bereavement.

> *I mean I found friends and family very, you know good to be with but actually not that interested in my bereavement. After a while you know that's just how it is, everyone else has moved on and gets on with life and they don't really – well they're sympathetic but they don't really get it.*

Exclusion from services, amenities and mobility occurred on multiple levels for participants, and in some cases could relate to where a person lived, and the type of bereavement that people had suffered. Despite some individuals highlighting the value of peer support groups (e.g. Bethany Bereavement Support Groups), a number of participants spoke about the difficulty in identifying and accessing relevant support services that were focused on bereavement (e.g. counselling). In some cases, this related to issues in accessing information on available services, while in other cases, and particularly evident for those resident in rural and remote communities, it related to a lack of availability of such supports, as Mary describes (aged 78 years):

> *You see now there are groups in [name of city] and the cities for people who have suffered a bereavement but there wasn't anything like that out here.*

Difficulties in accessing transport, where someone had been dependent on the deceased person to drive, was also highlighted by several interviewees. This impacted on participants' mobility, and their capacity to participate socially and mobilise social support.

A number of participants noted that available supports and services were not sufficiently targeted to address the sort of grief and complex emotional trauma associated with certain kinds of bereavement. This was highlighted again by those who had experienced the death of a loved one due to war and, as 65-year-old Sarah describes, due to suicide:

> *Like unless you've lost somebody to suicide, you're not singing off the same hymn sheet, you know what I mean? So their little consoling words are really sometimes so trite and all that and, you know, like… I don't know 'Well he's in heaven now' or 'He's at peace now' and you know all this crap?*

The lack of support to cope with the administrative elements of bereavement was noted by many of the participants. Interviewees described being left stranded to negotiate bureaucratic aspects of loss on their own, with several participants highlighting the complexities of the administrative elements of loss, which were compounded by the emotional disorientation that for them was associated with bereavement. This is described by Laura (65 years of age):

> *I mean at the time when you are most emotionally drained and grieving and everything you have to fill in – an awful lot of forms – and go to the solicitor and all that sort of stuff which I never enjoy doing. Who does I suppose really, but particularly at that time it seemed both difficult and something that would be nicer not to have to do[…]*

Exclusion from material and financial resources was evident for a number of people who had experienced spousal bereavement. Primarily, these experiences focused on issues around adjusting personal standards of living to a single income after the death of a loved one, and the challenge of living within one's own means. For some, relocation and downsizing after the death of a significant other became the reasonable solution. Molly, 55 years old, reflects on the sort of material considerations that informed her decision to move after her husband died:

> *It was, it was a bigger house and had like a big, two-thirds of an acre, too much, too much and that was fine when [deceased husband was alive] He liked to have a garage for his workshop you know. But I couldn't – it was costing €80 a month to get the grass cut. So there was no point in staying there you know. And it was looking like the boys would be going to college, so I could be on my own in that big house and I didn't want to do that.*

While income insecurity, particularly, for older women is often associated with bereavement, it was not evident in this research reflecting the relative financial security of many of the participants, and the limitations of the study sample.

Socio-cultural exclusion was evident within the accounts of a number of the research participants and was focused primarily on the lack of recognition of individual identity, and the loss of social standing after bereavement. The majority of these experiences were encountered by those who had suffered the death of a spouse. This form of exclusion was sometimes manifested in the withdrawal of social contact and the reduced opportunities for engagement based on an individual no longer being a part of a couple. People conveyed a sense of being perceived as possessing only a partial, or a deficit, social self after the death of their husband or wife.

In other instances, exclusions were more symbolic in nature, and concentrated on forms of identity reduction, where participants spoke about the use of labelling, and stigmatisation to categorise, and sometimes problematise, those who lost their partner – some of which stemmed from traditional expectations for widows in relation to bereavement and grief:

> *As regards "widow", well, that's what you're called, a "widow", and that's what you have to get on with. "Widow".*

At a more general level, a number of participants spoke about the ways in which later life bereavement experiences seemed to be perceived as a 'natural' occurrence, devaluing their significance in someone's life and underestimating their impacts. This betrayed a normative bias that was, for some, considered to be ageist in nature. For a small number of participants, such as Lucy (68 years old), it also related to the lack of consideration they could experience across different facets of society:

> *After he (husband) passed away and we had to begin the paperwork situation, we went into the bank in (name of the place) and I stood at the counter and I went… 'My husband…' And that was it. I couldn't. I started crying. And even though I did that, nobody said come in. They never took me into a room.*

Neighbourhood and community exclusion was evident across a number of different dimensions, serving to alter the sort of relationships that participants had with local communities and their home environments. For some, bereavement appeared to impact on their position within the local community, and as Laura highlights this could have consequences for connectedness to place and assessment of local standing:

> *[We had a summerhouse] in the edge of the West of Ireland so a little rural community, I felt […] that I had always been seen there as just [deceased husband's] wife. I mean some of them didn't even know my name, after about 35 years. But that may not be entirely true, but I was very much an addendum to him yeah so when I went there on my own I was nothing really.*

What stakeholders say

Disjointed approach to supporting bereaved older people

> We also operate in a gap in the fact that there are 15 government departments and so the point is it's the same people who need services in all of these. So each one of them would have different things and rules that probably in some ways make it difficult for older people. *[8_B_N]*

Lack of prioritisation of these experiences

> I don't expect that the government would be concerned about people at that level. It's a bit like in some ways mental health issues. Because emotional wellbeing and all that kind of thing to me is not a priority at government, no more than the mental health services. *[14_B_L]*

Bereaved participants reflected also on their immediate home environment. In particular, several interviewees described how they viewed their own homes differently after experiencing their bereavement, and how this impacted not just on how they used the space within their homes but how it altered the meaning of their home environment. Lucy, aged 68 years, points to this sort of alteration after her husband died:

> *And he [Lucy's husband] made a room down at the end there… where the loft was. [When he passed away] I didn't want to go into any of the rooms […] I left this room [the former loft] go to hell. Because I couldn't care what it looked like. It was like a dump yard, this lovely room.*

Finally, some individuals highlighted that the person they lost was one of many deaths that had occurred in their community, and how such a cumulative loss both changed their local settings and depleted the relational and cultural resources of an area. As Patrick describes, such occurrences were typically most felt in established communities with older age profiles.

> *A lot of my neighbours who even came before me are still there. Most of them are dead, unfortunately now – this is another aspect that I have to deal with.*

CONCLUDING REMARKS

This briefing report explored bereavement as a significant transition in older age and assessed its relationship with multidimensional forms of social exclusion. Bereavement is a long-established risk factor for disadvantage in older age (Scharf et al., 2005; Kneale, 2012), but the multiple ways it impacts people's lives in later life remains under explored (Bindley et al., 2019), as does the precise mechanisms through which it creates barriers across different areas of engagement. The findings in this report illustrate how bereavement of a significant other can function as a driver of multiple exclusions in older age, across: social relations; services, amenities and mobility; material and financial resources; socio-cultural aspects; and neighbourhood and community. The potential for some of these forms of exclusion are recognised implicitly, and sometimes explicitly, in the pyramid of bereavement care within existing public health approaches to bereavement (Irish Hospice Foundation, 2018).

However, the impact of bereavement was not just in terms of how it could produce exclusion in these different domains, but that it could simultaneously deplete someone's ability to respond to these impacts. In a practical sense, this relates to the links between one form of disadvantage and another. For example, decreased mobility due to the death of the principal driver in a household could compound risks of social disconnection. But it also relates to deleterious effects on psychological well-being, compromising an individual's capacity to adapt to changes and to circumvent the risks that such changes can introduce. While previous research has indicated that bereavement can, in some instances, potentially bolster coping capacity through experiential learning (c.f. Walsh et al., 2020), it was clear that for some participants in this research that it can undermine resilience, and latent reserves.

Where there is a high degree of social, economic, and emotional interdependency with the person who died (especially in spousal loss), then the potential for more engrained forms of exclusion was evident – just as these factors have been traditionally associated with instances of chronic and prolonged grief (Bonanno et al., 2004; Lundorff et al., 2017). Where bereavements involved the death of a child, practical impacts were sometimes less direct, but the significance for personal well-being and emotional welfare were more pronounced. In a similar way, different kinds of death, such as sudden loss, compounded the traumatic nature of the bereavement and more readily exposed vulnerabilities in resources and adaptive capacity. In cases where people died by suicide or by murder, these challenges were intensified further by: social stigma; a higher degree of uncertainty concerning the death; and in the case of murder, a sense of victimisation.

As demonstrated at different points in this report, social exclusion is not simply a function of the loss of the person, and the emotional intimacy and the economic and social resources that they provided. Exclusion could stem from the lack of peer support, deficient services and transport infrastructure, the lack of consideration from others (social networks and service providers), and the ways in which bereavement is socially constructed, with social, historic and gendered norms influencing attitudes of others, and bereaved persons themselves (c.f. Bindley et al., 2019; Windley et al., 2012). Also evident within participant accounts, was the normative framing of this transition in older age where bereavement was assumed by some to be simply a part of older adult lives and constituted as being a part of the natural order of things. In general, such a framing betrays a more ageist view of death and loss in later life that can undermine its importance in people's lives and dull our recognition of the need for intervention and support.

This to some degree explains why there were so few examples within the study of participants using formal support services – which has also been documented by others in Ireland and elsewhere (Aoun et al., 2020). Where targeted services were evident, they typically comprised of peer support groups delivered by community and voluntary organisations, or even by bereaved persons themselves. While this is likely to be common amongst the general bereaved population, given the concentrations of bereavement in older age, and its multifaceted impact, available supports are markedly shallow in their depth and narrow in their form of intervention. Such an absence reinforces why so many participants spoke about funeral practices as being a key milestone in their experience and offered as an exemplar of the support that they received. Looking beyond this study, befriending services, older adult help and support lines, and more targeted bereavement counselling, are likely to have an important role to play in older people's lives to support them during their loss. But it is a role that generally needs to be expanded in remit, and geographic availability. It is clear that specialist services are required, particularly in the case of especially traumatic deaths. It is also clear that greater awareness of bereavement must be integrated into other service infrastructure and supports, as others have also called for (c.f. Stephen et al., 2013).

Even though the private nature of the grieving process has to be always respected, support services must be multistrand with close consideration of the ripple effects of bereavement across different areas of life. Meaningful social, service and administration, and economic supports, and experience-led awareness campaigns, must be considered as a means of enabling engagement and empowerment. Although the trajectories presented in this brief are relatively simple, they do demonstrate the sequencing of challenges and the importance of timing. In this study the concentration of risk factors appeared to occur, unsurprisingly, after the loss of the individual in the second and third phase. But where someone has acted as the primary caregiver for an extended period, they are very likely to be entering the period of bereavement with poorer health, and low social and economic reserves that exacerbate any risks of exclusion. Work on care giving for people with advanced dementia has also indicated how the boundaries of bereavement, and its exclusionary impacts, may become more blurred, and related to a sense of loss of the individual as they knew them (c.f. Boss, 2010). Sudden death appeared not necessarily to change the type of risks and exclusions that occur (depending on the cause of death), but concentrates the magnitude of the changes amidst the shock and the emotional trauma of the loss. Bereavement, and the design of related interventions, must be understood in this context.

It is only through consideration of these factors, that meaningful supports can be developed that reflect the ambition of inclusive ageing societies.

RECOMMENDATIONS

Based on the findings of the research presented in this briefing report, we make the following recommendations:

1. In line with existing bereavement care approaches, the significance of bereavement as a transition for the vast majority of older people must be reaffirmed in policy and practice, with a greater recognition of the range of changes that a loss of a significant other can potentially bring, and the medium- and longer-term implications for individual needs.
2. Acknowledge and target the potential negative effects of bereavement on personal resilience, and the multiple exclusionary outcomes (e.g. social; services and mobility; material and financial, etc.) that can accrue to older people over the course of the bereavement transition.
3. It must be acknowledged that exclusion outcomes can stem from changes in social status, deficiencies in support systems, and the gender norms and cultural practices associated with bereavement within a society, and are in addition to those arising from the emotional, psychological, and sometimes, traumatic impact of the death of a significant other.
4. Building on significant advancements within bereavement care and a more holistic view of death and loss, bereavement supports must be expanded in breadth and time-scale to incorporate a greater range of specialized services that enable participation and integration. This includes supports in relation to psychological health, social connection, mobility and financial and administrative processes.
5. In designing and developing interventions and supports, active consideration has to be given to the timing of bereavement within people’s lives, recognising the additional vulnerabilities that can stem from the sudden death of a significant other, and the cumulative strain of bereavements after an extended period of ill-health and care giving.
6. Embed processes of active outreach within the design of supports and interventions, recognizing that some older bereaved adults may normalize bereavement in later life, with the effect of overlooking negative outcomes and significant needs.
7. Reflecting the diversity of bereavement experiences amongst older populations, the type of loss (spouse; sibling; child; friend) and the cause of death (e.g. ill-health; injury and accidents; death by suicide) has to inform the nature of interventions and supports offered by public and statutory, and community and voluntary organisations.
8. Bereavement should be recognised as a cross-cutting consideration within mainstream policy and service provision for older people to foster more integrated approaches, and a greater understanding of its potential significance in later life.
9. Instigate public awareness campaigns to enhance understanding of the diversity and impact of bereavement in older age, and the role of social attitudes and norms in challenging the integration and inclusion of bereaved older adults.
10. Bereavement impacts and required supports must be understood in the broader life-course context of people’s lives, and the risks encountered as a result of other major life events, accumulated disadvantages and low levels of psychological and material resources.

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