



Social Exclusion among older adults (50+) in Norway

Key points

- ▶ Norway, as the other Nordic countries, ranks among the European countries with the highest levels of well-being and the lowest levels of social exclusion (Lee, 2021) and the Norwegian government is actively working towards including more people in both the working life and society. However, even in Norway, not everyone has the opportunity or get the chance to participate in society (Meld.St.32, 2020-2021).
- ▶ This research shows that gender, urbanity, education, and health are associated with an increased risk of exclusion from different dimensions of society in later life.
- ▶ An agenda on social inclusion can further improve opportunities for all, including services, material and financial resources, social relations, neighborhood and community.

Background

Being socially connected is a universal need and a fundamental human right. Lack of connections have large impacts on the health and wellbeing of people, and can also have an impact on the cohesion of a society. Also, the recent policy reform “No one left out” highlights the importance of social inclusion and describes a comprehensive policy aimed towards including more people in the working life and society. The government’s goal is a society with opportunities for all, with no one left out from society, including working life for those under retirement age. However, opportunities to participate in society are unequally distributed across social groups. The risk for (certain types of) social exclusion is concentrated in specific population groups or geographical areas and there is a tendency that exclusion from one type of exclusion increases the risk of exclusion from other types of exclusion. To break this vicious circle, policy needs to counteract the causes of social exclusion (Meld.St.32, 2020-2021).

This policy brief aims to provide information about social exclusion in Norway in later life (50+), including older adults before and after normal retirement age. It describes the frequency of different aspects of social exclusion and identifies factors associated with an increased risk of exclusion. It further examines whether different types of social exclusion exist in Norway, and if so, how many people are in each type of exclusion. Identifying risk factors of social exclusion is a fundamental step in creating effective policy interventions. It ensures that resources are directed to where they are most needed and helps policy makers to anticipate and plan for future challenges.

Definition of social exclusion

Social exclusion originates from the French ‘Les exclus’ which was used to describe the situation of people not protected by social insurance (e.g., homeless people, refugees, migrants). It is and has been a key topic in the EU- and national policies (inclusive society, active aging). Social exclusion has long been described in terms of economic resources. For example, until 2022 the European Union (EU) defined socially excluded people as people who are either at risk of poverty or severe material deprivation or living in a household with a very low work intensity (Eurostat, 2017). However, scholars and policy makers increasingly emphasized the “social” and the later definition of social exclusion in Europe is a situation whereby a person is excluded from contributing to and benefitting from economic and social progress (Eurostat, 2021).

For the scope of this policy brief, we used an even more comprehensive definition of social exclusion, which was derived from the old-age exclusion framework developed by Walsh et al. (2017). This highlights the multidimensionality of social exclusion and includes not only financial and material resources and social relations, but also exclusion from health- and social services and safe neighborhoods. Exclusion from any dimension defined in that framework can result in severe exclusion. The term “deep exclusion” is sometimes used to indicate the people that are excluded from multiple dimensions at the same time.

“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 neighborhood 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 et al., 2017, p. 93).”

“Deep exclusion refers to exclusion across more than one domain or dimension of disadvantage, resulting in severe negative consequences for quality of life, well-being and future life chances (Levitas et al., 2007, p. 9).”

Method

We analyzed the prevalence of the different aspects or dimensions of social exclusion and identified the risk factors for each dimension by using the data from the Norwegian Life Course, Ageing and Generation Study (NorLAG), conducted in 2017. The study included 6,099 individuals aged 50 to 94. NorLAG is a nationwide, population-based study which covers broad topics including health and care, wellbeing and mastery, work and retirement, and family and intergenerational relationships (Veenstra et al., 2021). Although this survey is not designed to target socially excluded individuals, the data still offers valuable insights into the dynamics of social exclusion among older adults in Norway. In our analyses we separated people who are between 50 and 66, from those who are 67 and older as working life may be a key factor for social integration in younger-old adults, whereas inclusion in society (other than in paid labor) is more important for older-old adults who passed normal retirement age.

Table 1 : Domains and measures of Old-Age Social Exclusion in Norway

Domains	Subdimensions	Measured as
Services	Health care services	Needs help for activities of daily living (ADL*), but have not been at the general practitioner/hospital or not receiving help from home care/home care nurse/others
Material&Financial resources	Information and ICT	Uses Internet/e-mail rarely or never
	Financial resources	Finds it difficult to make ends meet
	Material resources	Dissatisfied with material living standards
	Employment	Unemployed and seeking for a job
Social relations	Social opportunities	Does not participate in socio-cultural activities such as attending lectures/films/concerts/plays; going to cafes/restaurants
	Social relationship quality	Dissatisfied with contact with family and friends
	Loneliness	Feel lonely sometimes/almost all the time/all the time
	Isolation	Live alone
Neighborhood and community	Social support	Needs help for instrumental activities of daily living (IADL**), but did not receive practical support from family, friends, neighbors or others
	Social and relational aspects of the society	Does not feel to belong
	Social and relational aspects of the neighborhood	Level of neighborhood cohesion (0-20, higher score indicates stronger cohesion)

Note: *ADL= Activities of Daily Living such as Dressing / Bathing / Eating / Toileting /Transferring
 **ICT=Information and Communication Technology
 ***IADL=Instrumental Activities of Daily Living such as Managing chores / Doing laundry / Shopping for groceries / Using transportation

In this policy brief we further focused on four of the six dimensions of the social exclusion framework developed by Walsh et al. (2017): (1) services,(2) material and financial resources, (3) social relations, and (4) neighborhood and community (See Table 1). For each dimension, we examined if there are specific groups with a high-risk exclusion. This was done by using stepwise logistic regression analyses, with each dimension of exclusion as the dependent variable and risk factors as the independent variables. Based on previous research we examined whether social exclusion was different for men and women, urban and rural areas, different levels of education and poor and good self-perceived health. Lastly, latent class analyses (LCA) were conducted to examine whether different types of exclusion or deep exclusion exist. For this LCA-analysis, we used a subset of dimensions of social exclusion which was most relevant for policy interventions. To describe multidimensional exclusion, we did not use exclusion from health care services as no one was excluded from that dimension in our sample.

Older people at risk of social exclusion

Table 2a/2b describe the frequency of different aspects of social exclusion and identify factors leading to an increased risk of exclusion. The tables show that no one is at risk of being excluded from health care services, among both older-old adults and younger-old adults. All the risk factors included in the analyses can increase the risk of social exclusion in at least one of the dimensions.

<Table 2a/2b>

Table 2a/2b can be interpreted as follows: The percentage in the second column indicates the proportion or average score of people who are excluded in that dimension. In the third column, the prevalence of social exclusion in different groups is described. The last column shows the significant factors that might increase the risk of exclusion in that dimension.

For example, the first row indicates that none of the study samples are at risk of being excluded from health care services (Table 2a). Looking at the second row for exclusion from ICT in Table2a, we see that 8% of the whole study sample are excluded (8% of the men and 7% of the women). Rural area, low education, and poor health were identified as significant risk factors for exclusion from ICT.

Based on the risk profiles (Table 3), we can divide the younger-old adults (50-66) in Norway in two homogenous groups of people; one group (86% of the younger-old people) with a very low risk of social exclusion, and one group (14% of the younger-old) with an increased risk of material and financial exclusion and a somewhat increased risk of exclusion from the neighborhood or community. People in this high-risk group are 3 times more likely to have poor health and 1,5 times more likely to have a low education.

For the older-old people (67+), we also see two groups: one group with a very low risk of social exclusion (94% of the people), and one group with an increased risk of with an increased risk of exclusion from financial and material resources, and a somewhat higher risk of being excluded from, or not being able to use ICT (6%). People in this high-risk group are 2 times more likely to have poor health and 2 times more likely to have a low education.

No exclusion from the other dimensions of social exclusion (i.e., employment, social support) were observed (Table 3).

Some limitations

One important limitation of our study is that the findings are based on cross-sectional data, implying that we cannot infer causal links between risk factors and different dimensions of social exclusion. It is also noteworthy that the study participants may not be representative of the whole population, as individuals facing severe social exclusion have a higher risk of being excluded from the survey.

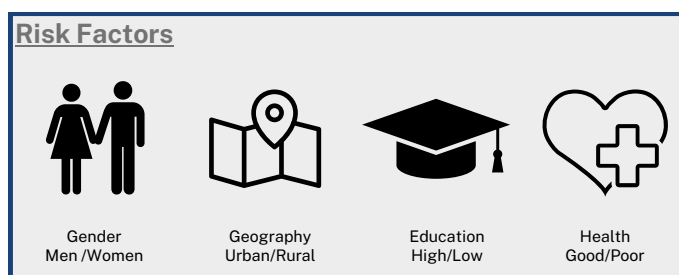


Table 2a : Proportion of people at risk of Social Exclusion and associated risk factors (Aged 50-66)

Dimensions	%/average of the whole sample	% of people excluded by risk factor	Increased risk for exclusion*
Health care services	0%	No one at risk	
ICT	8%		Rural area Low education Poor health
Financial Resources	11%		Women Low education Poor health
Material Resources	12%		Poor health
Employment	4%		Low education Poor health
Social Opportunities	5%		Men Low education
Social relationship quality	22%		Men Urban area Poor health
Loneliness	8%		Low education Poor health
Isolation	20%		Women Urban area Low education Poor health
Social Support	1%		Poor health
Sense of belonging	17%		Urban area
Average of the level of neighborhood cohesion	9.1 (scale 0-20*) *20 is the strongest		Rural area

*Increased risk factors are the predictors that were significant in stepwise logistic regression analyses.

Table 2b : Proportion of people at risk of Social Exclusion and associated risk factors (Aged 67+)

Dimensions	%/average of the whole sample	% of people excluded by risk factor	Increased risk for exclusion*
Health care services	0%	No one at risk	
ICT	30%		Women Rural area Low education Poor health
Financial Resources	7%		Low education Poor health
Material Resources	7%		Low education Poor health
Employment	4%		High education
Social Opportunities	12%		Men Rural area
Social relationship quality	21%		Men Urban area Poor health
Loneliness	10%		Low education Poor health
Isolation	37%		Women Urban area Low education Poor health
Social Support	2%		Poor health
Sense of belonging	13%		No specific risk factor
Average of the level of neighborhood cohesion	9.1 (scale 0-20*) *20 is the strongest		Rural area Low education

*Increased risk factors are the predictors that were significant in stepwise logistic regression analyses.

Table 3 : Risk profiles

age-group	Proportion of the group	% of people included in each dimension	Increased risk for exclusion
Younger-old adults (Aged 50-66)	<p>Group 2 14%</p> <p>Group 1 86%</p> <p>Group 1 : n=2157 Group 2 : n=343</p>	<p>Group 1 (low risk of social exclusion)</p> <p>Group 2 (increased risk of social exclusion)</p>	<p>3x: People with poor health are 3 times more likely to be at risk of being multidimensional social exclusion than people with good health.</p> <p>1.5x: People with low level of education are 1.5 times more likely to be at risk of being multidimensional social exclusion than people with high level of education.</p>
Older-old adults (Aged 67+)	<p>Group 2 7%</p> <p>Group 1 93%</p> <p>Group 1 : n=1538 Group 2 : n=109</p>	<p>Group 1 (low risk of social exclusion)</p> <p>Group 2 (increased risk of social exclusion)</p>	<p>2x: People with poor health are 2 times more likely to be at risk of being multidimensional social exclusion compared to people with good health.</p> <p>2x: People with low level of education are 2 times more likely to be at risk of being multidimensional social exclusion compared to people with high level of education.</p>

Dimensions:

- ICT: Using internet regularly (yes)
- Financial: Being able to make ends meet (yes)
- Material: Satisfied with material standards (yes)
- Employment: Having / not wanting a job (yes)
- Support: Received support when needed (yes)
- Belonging: Feeling belong to the area (yes)



Policy Implication

Exclusion from services

In Norway, 30% of people aged 67 years and older, and 8% of people aged 50-66, do not use internet regularly. Non-internet-use was associated with living in rural areas, having a low level of education, and experiencing poor health. Providing easily accessible assistance and developing user friendly services may help minimize the risk of exclusion from internet use.

Exclusion from material and financial resources

Among Norwegians, the risk of material and financial deprivation is higher for people with health issues and low education. Younger-old people with lower education have a higher risk of being unemployed compared to those with higher education. Among the older-old people, those with higher education more often express the wish to be employed, rather than those with lower education. Active labor market policy and support for older job seekers may be needed to reduce the risk of exclusion from material and financial resources.

Exclusion from social relations

The older-old age group has a higher risk of exclusion from social opportunities and more often live alone compared to the younger-

old age group. Men are less likely to feel satisfied with the quality of their social relationships in comparison to women. On the other hand, women are more likely to live alone compared to men, as they grow older. Living in an urban area could be a risk factor for social opportunities, social relationship quality and isolation. To stimulate social connection and opportunities, the creating social programs and providing social support may be useful.

Exclusion from community and neighborhood

Among younger-old Norwegians, those who live in urban areas feel a lesser sense of belonging, compared to those who live in more rural areas. People living in rural areas have a weaker neighborhood cohesion compared to those that live in urban areas. To strengthen cohesion in a community, it may be important to enhance opportunities for residents to interact with each other.

Exclusion in multiple areas

Old-age social exclusion is a multidimensional problem, and older adults can be excluded from multiple areas simultaneously. Poor health and low level of education are risk factors for exclusion from multiple areas of life. Integrating multidimensional aspects of social exclusion into policies and interventions can help address the risk of exclusion from multiple areas.

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