INTRODUCTION

Major life transitions—such as ill-health, bereavement and relocation—can give rise to multifaceted forms of social exclusion, with subsequent impacts for later life health and well-being. Rooted in complex sets of biopsychosocial factors, these transitions often implicate individual-, community- and structural-level mechanisms that increase risks of disadvantage, impinging on physical, mental and social health outcomes (Baars et al., 2016; Settersten, 2018). With place increasingly evident as an orientating concept within older adult health and social care policy (Manthorpe et al., 2008), a focus on how older people relate to, are influenced by and connect with their local environments may offer new and important pathways to support during transitions. However, despite the rapid increase in age-friendly and community care programmes, there has been little consideration of...
how policy and practice stakeholders working with these populations actually consider place (McDonald et al., 2018). It is unknown how such actors understand the involvement of place in life transitions and its possible role in circumventing related exclusionary processes. It is also unknown the degree to which there is a perceived need for system reorientation to meaningfully translate these ideas into practicable interventions. Given that national and local stakeholders are key actors in this translation process, these knowledge gaps undermine the validity of place-based strategies to direct policy and practice for supporting transitions in later life. They in effect also undermine the often-stated policy aim of supporting older people in their own communities and homes for as long as possible.

This paper reports on an exploratory study aimed at addressing these deficits. It examines the links between place, critical life transitions (CLTs), and exclusion in later life as perceived by policy makers, civil society actors and practitioners in their tasks of designing policies and advocating for and supporting older people. We focus on the onset of dementia, bereavement and forced migration (in terms of being an intense form of relocation) as illustrative examples of CLTs in older age. This selection is based upon recent reviews of the international literature (e.g. Walsh et al., 2017), which identify these transitions as both potential sources of multidimensional disadvantage in later life (De Jong Gierveld et al., 2015; Grenier, 2012; Grenier et al., 2017), and areas that have been under researched in the study of older age social exclusion. Together these CLTs represent both long-standing and emerging global concerns in ageing.

Ireland provides a particularly relevant context to conduct this research study. With all of Ireland's local authorities committed to becoming age-friendly sites, Ireland is the first jurisdiction to be designated an age-friendly country. This emphasis has carried over into ageing policy both within the National Positive Ageing Strategy (2013) and efforts to strengthen community care supports. Additionally, place takes on a particular significance for many Irish older people and, as a result of historical symbolism around homeownership and land rights, is closely linked to cultural identity (Inglis, 2009).

2 | IMPORTANCE OF PLACE IN LATER LIFE OUTCOMES

There is a longstanding recognition of the importance of place for ageing populations and how the interactions of older people and their surrounding environments encompass valuable behavioural, cognitive and affective dimensions (Buffel et al., 2013; Oswald & Wahl, 2005; Rowles, 1978). Localities can act as essential daily sources of services and amenities, social connectivity and deeper sets of meanings regarding identity and self (Chaudhury & Oswald, 2019). There is also an ever-growing bank of evidence that demonstrates the associative and causal significance of residential environments for later life health and well-being outcomes (Chaudhury et al., 2016; Gale at al., 2011).

What is known about this topic?
- Place is recognized as a core concept within policy on ageing and health and social care in the community.
- Major transitions in older people's lives can give rise to multifaceted forms of social exclusion, with subsequent impacts for later life health and well-being.

What does this paper add?
- Stakeholders have different understandings of the role of place in later life critical transitions.
- A holistic approach is needed to harness place to support older people during these periods.

Building on such evidence, and environmental gerontology theoretical models (Geboy et al., 2012, Cutchin, 2003, Wahl et al. 2012), there has been a proliferation of initiatives that aim to enhance and harness the relationship between older people and their places (Buffel et al., 2014; Scharlach & Lehning, 2013). While this includes liveable communities, naturally occurring retirement communities (NORC), dementia-friendly communities and more generally healthy cities (De Leeuw & Simos, 2017, Hunt & Ross (1990)), the World Health Organisation's age-friendly environments programme has been the most prolific and is recognised as holding potential for combating exclusion (WHO, 2007; Buffel et al., 2020; Walsh et al., 2014). Enabling 'older people to age in a place that is right for them' is now a critical priority for the WHO's Global Strategy and Action Plan on Ageing and Health and the Decade of Healthy Ageing (World Health Organisation 2015). Complimentary to these developments, there has been a significant shift away from residential care models towards the promotion of community care structures (Ilinca et al., 2015) and broader notions of independent living in ageing and disability sectors (Cramm et al., 2013). The international prevalence of these trends marks the significance of policy mobility in relation to ageing and older people. It also marks the central role of national and local stakeholders in circulating and co-opting these globally constructed ideas to inform localised responses, in different jurisdictions (Cochrane & Ward, 2012). Place-orientated policies and initiatives have, however, been critiqued for what sometimes appears to be their static, homogenised understanding of the older adult life course (Hammarsström & Torres, 2012; Weicht, 2013). Older people's life trajectories can encompass an array of changes and fluctuations related to health and well-being that are punctuated by major transitions (Grenier, 2012). Moreover, such transitions have in some instances been linked to multiple exclusionary impacts (Cavalli et al., 2007; Urbaniak & Walsh, 2019). In the context of this study, for example: the onset of dementia has been associated with stigmatisation, and displacement from relational and economic spheres; bereavement has been linked with impacts on social well-being,
loneliness and in sometimes financial insecurity; and forced migration has been found to be related to deficient social connectivity, difficulties in accessing services and identify exclusion (Urbaniaś & Walsh, 2019).

While there is a paucity of research explicitly exploring the interrelationships between place, exclusion and CLTs, a recent review offers insights into these dynamics for dementia, bereavement and forced migration (Urbaniaś & Walsh, 2019). Place was found to act as a setting of disadvantages arising from CLTs (Song, 2017), and as an area of life where people can be excluded as a result of transitions (e.g. in terms of relational communities) (Adorno et al., 2018). Of more significance, however, place was found in some circumstances to be a mediator of outcomes (e.g. Forbes et al., 2011).

Through different mechanisms place can serve to protect against or intensify experiences of exclusion across a range of life domains—both internal and external to one’s community. Existing research suggests that for older people experiencing CLTs, place may or may not serve to: assemble support (Warburton et al., 2017); provide adaptable services (Tilki et al., 2010); offer a safe residential environment (Buffel et al., 2012); deliver flexible civic and social opportunities (Buffel et al., 2013); support individual agency (Wanka, 2017); and sustain feelings of belonging and home (Van der Greft et al., 2016). Represented to some degree across all types of transitions, these sorts of mechanisms encompassed different place dimensions such as: spatial/geographic features (Oswald et al., 2011; Ryvicker et al., 2012), embedded service infrastructure (Dwyer & Hardill, 2011), social and cultural aspects (Buffel et al., 2012; Gale et al., 2011) and affective and experiential elements (Rowles, 1978; Wiles, 2005).

Unpacking how stakeholders perceive these roles and mechanisms of place in relation to CLTs is critical to how we consider their practical application and the potential for their translation into valuable interventions. It is also critical in order to assess the capacity of existing institutional systems to actually support and harness these elements.

3 | METHODS

3.1 Study design and methods

Our analysis employed a theoretical framework that draws on two perspectives within the international literature. First, the social determinants of health approach (Marmot, 2005) is used to position place and social exclusion as key factors related to the production of health inequalities and well-being outcomes. Second, frameworks on old-age social exclusion (Wlash et al., 2017) are used to inform understandings of multidimensional disadvantage (across: social relations; material and financial resources; services, amenities and mobility; civic participation; and socio-cultural aspects—i.e. ageism and discrimination, and symbolic and identity exclusion), and the ways in which CLTs and place may be implicated in exclusionary processes (Urbaniaś & Walsh, 2019).

Qualitative in-depth semi-structured Interviews were used to capture the perspectives of stakeholders, and the realities of representing/supporting older people experiencing these transitions. Stakeholders are positioned within this study as producers, interpreters and advocates for/against relevant agendas that can shape older adult experiences and outcomes (O’Shea, 2006). Similar approaches have been used previously to disentangle the views of central actors in relation to complex social phenomena, and policy structures instituted to respond to these phenomena (Kneafsey et al., 2016).

3.2 Sampling and recruitment

With reference to Table 1, 18 stakeholders participated. Recognising the multiple levels and sectors involved, 11 national stakeholders were identified through a review of the remits of organisations in relevant sectors, media commentary and in conjunction with ageing-related agencies advising the research project. The sample was supplemented by snowball sampling where interview participants identified other key professional individuals/groups focused on the topic. Participants included representatives from public bodies and civil society who had roles in policy development, national service coordination or advocacy. Seven local practitioners working with older people experiencing CLTs (service and support coordinators), who could provide on-the-ground insights, were recruited through national stakeholders and local networks. Data collection was stopped at the point of theoretical saturation when further insights could no longer be identified (Francis et al., 2010).

3.3 Data collection

The interviews were based on an interview guide that focused on five areas: stakeholder’s involvement with older people and CLTs; understandings of exclusion in older age; work related to CLTs; place in their work and the lives of target groups; and policy approaches relevant to the topic. Detailed questions were asked on each area, with adequate time being given for other issues to emerge. Interviews were audio-recorded and transcribed. Data were collected in Ireland between June 2018 and February 2019.

| TABLE 1 | Scope and level of participants’ institutions |
|----------|--------------------------------------------------|
| Scope/level of organization activities | National (N) | Local (L) |
| Ageing (GA) | 3 | - |
| Dementia (D) | 3 | 2 |
| Bereavement (B) | 3 | 3 |
| Forced migration (FM) | 2 | 2 |

*afor quotes following notation was used:‘*number of the interview, scope ‘level of organisation activities’, that is, notation 2_GA_N demarks interview with stakeholder from national ageing organisation.*
3.4 | Analysis

Data were analysed using thematic analysis to cluster participants’ views and experiences into codes and themes (Braun & Clarke, 2006). The analytical process relied on both a deductive and an inductive approach. The deductive part consisted of predetermined interview questions related to the five topic areas. Within these areas, we used a ‘general inductive approach’ (Thomas, 2006) and generated codes directly from the raw data. This process started with a mass of codes and continued with a smaller number of categories as the codes were grouped together. To aid this process we first created a detailed codebook. Codes were keywords that were formed from participant’s words, while themes represented codes which fell under similar categories. To ensure the quality of coding, two researchers generated codes and themes independently (Guest et al., 2006), then discussed the analysis in order to finalise both the themes. Data were analysed with the assistance of Nvivo11. Reflexivity (Clancy, 2013) was aided through a documented process of decision-making and reflections from meetings.

3.5 | Ethical considerations

Ethical approval was received from the Research Ethics Committee at the National University of Ireland Galway. Transcripts were anonymised. To aid the concealment of national level respondent identities, we have not provided a detailed breakdown of participants’ backgrounds outside of sector/level descriptors.

4 | FINDINGS

In this section, the main themes identified from interviews are presented. We first explore perspectives on social exclusion in later life and its relationship with CLTs. This is followed by views on the role of place in CLTs and exclusionary processes that arise from these transitions. Finally, we examine perspectives on the readiness of current policy and practice systems to support older people undergoing CLTs in place.

4.1 | Impacts of CLTs on older peoples’ lives

All stakeholders highlighted multidimensional exclusions potentially arising from CLTs, pointing to the diversity of individual experiences, and the changing nature of these impacts at different transition stages. Despite this, findings illustrated variations across the different groups of stakeholders with respect to the extent of the multidimensionality. Stakeholders from the general ageing sector tended to refer to the broadest set of impacts, implicating the largest number of life domains. This in part is likely to reflect the wider agenda of their organisations on ageing issues. One such participant demonstrates this understanding highlighting multiple sets of effects:

Critical life events bring change. They may bring trauma and grief and everything else but they change your world so if[…] you’ve got to start running to the hospitals, you have to start coping with sickness at home, ill health, you probably have a greater requirement for transportation, there are challenges when it comes to money and everything else. [2_GA_N].

However, in addition to noting the traumas that can be encountered prior to leaving a home nation and during the migration journey, stakeholders from the forced migration sector highlighted difficulties in accessing services, problems around recognition of status and challenges with respect to resettlement processes. These experiences were driven by a complex set of institutional and structural factors that were manifested in and compounded by the disorientation of a new societal system and language:

And so, if you’re elderly you may not have the coping mechanisms to deal with a new scenario, a new country. You, um, then you have to navigate when you’re here the various policies and procedures that exist. [5_FM_N].

Stakeholders across the CLTs also highlighted transition trajectories and how the nature and severity of exclusionary processes can alter in line with different stages over time. This to some degree is underpinned by interactions with institutional and administrative systems and the extent of personal adjustment and coping required. However, for people with dementia it was thought to also incorporate the progressive, degenerative condition itself:
So, I will advise them about, maybe about the progression of the illness. We might talk about issues that would arise with them, maybe like driving, they mightn’t know whether they should be driving or what the story is... Because people tend to, when they have a diagnosis, sometimes they tend to shy away and think that they may stop going to their bridge or their cards or whatever, their work, even, because they feel they’re not as good as they used to be or that they should be. ...with a diagnosis of dementia, as you know, you can go through a [degenerative] process... [15_D_L].

4.2 Conceptualising place in experiences of CLT impacts

All stakeholders recognised to some degree the importance of place for older people in experiencing CLTs. At a very broad level this relates to regional variations and spatial inequalities in provision of key services, with a particular focus on discrepancies across the urban–rural continuum:

So you might have... five day care centres in South Dublin and you go down to, I don’t know, West Kerry and you won’t have one, you know? [7_D_N].

But by in large stakeholder accounts described the ways in which the various dimensions of place settings can be involved in CLTs, including the geo-spatial, physical and infrastructural, social and cultural and experiential aspects of local environments. Making sense of these findings requires unpacking the meanings assigned to place by participants. Generally, national stakeholders were more comfortable in referring to the objective characteristics of community settings, such as geographic location, the built environment and transport and service infrastructure. However, a number of participants also recognised the importance of affective and experiential aspects of place. Because of daily exchanges with older people experiencing CLTs in their neighbourhoods and communities, local stakeholders were typically aware of the influence of both objective (or functional) and affective factors. As the following quote illustrates, participants sometimes noted how places (in this instance urban and rural environments) can fulfil a mediating role, possessing protective and deleterious mechanisms:

Living in a rural environment, you may be physically more isolated, which is something we do hear a lot. But you may, for example, have good neighbours who you’ve known for many years and who may look in on you. But then having said that, in an urban environment, I’m talking about people maybe who are living alone particularly, but in an urban environment, they may have more access, for example, to transport links, if they can navigate it and if they’re mobile enough. But they may not know their neighbours, or they may not be particularly... people in the community may not be aware of their particular needs. [1_GA_N].

By in large, stakeholders from dementia sector emphasised embedded service infrastructure, while stakeholders from bereavement sector highlighted social and cultural aspects of community. Regardless of this distinction though, a number of interview participants across all sectors highlighted the importance of the sense of belonging to place for older people experiencing transitions, albeit with slightly different meaning for these population groups. For example, feelings of belonging could signify: an important marker of successful integration for an older adult migrant; the means to reaffirm identity and status for a bereaved person; and in the case of someone living with dementia serve to represent a person’s familiarity, comfort and as this quote illustrates, connectivity in place:

...but I do think the sense of place is what’s, you know [important]. Something that’s familiar. Some place where you feel you belong. Somewhere where other people make you feel you belong as well. [11_D_L].

For some stakeholders, particularly at the local level, place was understood as an interactional sphere, where connections with place were negotiated and coproduced. In this respect, there was recognition of the importance of older people’s agency in place making. For older forced migrants this sometimes involved the transference of important practices of home and culture:

So it’s really interesting, they [older forced Turkish migrants] bring in seeds from the Middle East to grow chillies and stuff like that so they try and recreate a bit of home... if they’re making Turkish coffee you don’t get coffee... it’s like proper Turkish coffee. The decorations, they have religious symbols and stuff up on the wall. They, they make it their own, they buy in their own bits and pieces from Turkey and from wherever they can get them. And it is, it’s like the food that they cook is traditional food... [18_FM_L].

Just as exclusionary impacts can change with the trajectory of the transition so too can people’s relationship with place and how they might relate to and perceive different facets of place. In some instances, this can happen at an early stage where positive attributes, such as small tight-knit relational communities, can cause older people to confront their own perceptions of their transitions and their notions of self—in this case perceived social stigma associated with dementia:

Some people hate the bus pulling up in front of their house with Alzheimer’s written on it and don’t want the neighbours to see it and there’s the stigma around that as well. [7_D_N].
The potential of place to influence outcomes arising from CLTs was such that interviewees noted the importance of mobilising and harnessing local contexts as a resource to support people during CLTs. This was at macro policy, meso practice and micro agency level:

So we try to convince people to tell their family and friends [about their dementia]. Tell their community [so] that they will build supports around them, you know. Tell their local policeman so that if they ever go wandering, they will know immediately, they’ll get a call or somebody rings. [3_D_N].

4.3 | Readiness of policy and practice systems

A significant theme to emerge centred on stakeholders’ concerns around the readiness of existing policy and practice systems is to address the complexities of CLTs for older people. Therefore, while participants acknowledged the potential value of place-based programmes to reduce exclusion related to CLTs, they were sceptical as to the capacity of current systems to realise this potential. At a fundamental level, and linking directly with the diversity of older adult life-course trajectories, stakeholders noted the lack of recognition of the heterogeneity of older people’s experiences and needs. This was both across and within populations undergoing significant transitions in older age:

Services [should be designed] for the whole range of older people, not just a kind of a I suppose middle class cohort [...] The agencies for older people have to kind of look at what they’re doing and what they can do to make sure they are addressing the needs of a whole range of people. [06_GA_N].

Stakeholders across all sectors highlighted the lack of a holistic approach to ageing in general and the specific ways that these deficits are particularly noticeable when attempting to support older people during CLTs. There was a strong sense that a more developed understanding of transitions and the multifaceted ways that exclusion and disadvantage can accrue to these target populations was necessary within relevant policy institutions. Participants spoke at length at the need for coordinated action across governmental departments and cross-sector agencies to tackle what were essentially intersectoral issues:

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].

Such fragmentation was also highlighted at the local practice level. A number of interviewees drew attention to insufficient coordination, and indeed recognition, of the different on-the-ground supports needed for older people experiencing CLTs. For example, stakeholders from the bereavement sector, described the disconnection between public and third sector actors that often characterises practices at the service level:

But I can’t see - I could be wrong but I can’t see many GPs [general practitioners] making referrals to bereavement therapy or bereavement services. [4_B_N]

Finally, while specific challenges to for each CLT were identified, issues around implementation and attempts to affect meaningful change were shared across stakeholder groups. This was largely independent of the transition type, and its prevalence within the older population. Participants working with older forced migrants described the limitations in support systems (such as resettlement services) that were developed reactively and that were still under construction:

It’s so disjointed thinking [...] there’s no follow up, there’s no coming together. There’s, no, standards. [17_FM_L]

Even for transitions that are well-established within the ageing population, such as bereavement, formal recognition within current policies and support structures can remain an issue:

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].

Stakeholders from the dementia sector highlighted that despite a dedicated national strategy, and a structured implementation plan, challenges with respect to implementation continued to persist, and betrayed fundamental barriers to securing positive outcomes for older adults:

Well, I think we’ve enough document out there that we just have to implement. We have a problem, as you know, that there’s, as we say, implementation deficit syndrome. So, I think it’s - we don’t need more action plans or strategies, we just need implementation. [9_D_N].

5 | DISCUSSION

The purpose of this article was to provide insight into how policy and practice stakeholders working with and on behalf of older
people understand: the involvement of place in CLTs; their possible role in circumventing exclusionary and health detracting processes arising from these transitions; and the reorientation necessary to translate these ideas into meaningful applications. As producers, interpreters and advocates, stakeholder perspectives are essential to identify the potential contribution of, and the challenges that might impede, a stronger focus on place and exclusion to support older people experiencing CLTs (Abbott & Sapsford, 2005; McDonald et al., 2018). The analysis is not without its limitations. The relatively small number of stakeholders, particularly at the local level, limits the possible representativeness of findings. The concentration on three illustrative transitions, means that certain views may be specific to these population groups and exclusionary mechanisms specific to each CLT (e.g. dementia—stigmatisation and accessing specialised services; bereavement—loss of income and social opportunities; forced migration—status recognition and resettlement challenges). Also, the lack of an international stakeholder perspective hinders the transferability of findings outside of the Irish context and neglects the interlinkage between the global, and the national and local policy settings. Notwithstanding these limitations, the analysis has identified a number of valuable insights that are likely to have relevance for other international policy contexts. This pertains primarily to a series of fundamental gaps in extant approaches.

It was evident from stakeholders’ perspectives that chief amongst these is the tendency of current policy and practice frameworks to overlook CLTs and the extent of their impact on later life experiences. Even where transition-specific strategies are in place (e.g. the National Dementia Strategy, see: Irish Minister of Health (2014)) there has been little attention given to the multifaced nature of CLTs, their ripple effects for a range of participation domains and indeed their intersection with other major events and identities (e.g. older forced migrants living with dementia; bereaved people living with dementia). This both reflects the findings of previous work that has documented the lack of consideration given to specific transitions in older age policy (e.g. O’Shea et al., 2017; Ciobanu et al., 2017), and the broader absence of late life transitions from research and policy discourse (Grenier, 2012). Such absences limit our capacity to assess the full nature of needs among these populations, and narrow the solution space for intervention development. Adopting a social exclusion lens provides a multidimensional frame to capture these needs and, as Keating and Cheshire-Allen (2020) suggest, moves policy discourses from notions of ‘burden’ to a view of older people as full citizens with rights of access to societal resources that are not contingent on age.

Understanding of place were not always consistent across stakeholders from different sectors. For example, stakeholders from the dementia sector emphasised embedded service infrastructure, while those representing bereavement concentrated on social and cultural aspects of community. Generally, this reflected distinctions in views of macro- and meso level stakeholders, and the nature of specific transitions and their links to different dimensions of place. To a degree it also reflected the different extent to which place has been embraced as a policy and practice construct within agendas relevant to interviewees. Stakeholders from ageing and dementia sectors were typically more familiar with related discourses due to age-friendly and dementia-friendly initiatives respectively. However, across all stakeholders, place was rarely conceived solely as a context of these transitions, or with solely possessing affective or functional dimensions (e.g. Lager et al., 2013). As in the case of forced migrants, place was sometimes viewed as being directly involved in the transition (c.f Johansson et al., 2013).

In other cases, stakeholders highlighted how place might play an important role in mediating outcomes of CLTs, either moderating their exclusionary effects (and therefore supporting transitions) or intensifying them (and therefore undermining transitions). Referring back to the introduction of this article, place may as such operate across functional dimensions—mobilising instrumental support (e.g. Warburton et al., 2017), providing flexible services (e.g. Tilki et al., 2010), and presenting flexible civic and social opportunities (e.g. Buffel et al., 2013)—or affective dimensions—supporting individual agency (e.g. Wanka, 2017), and sustaining feelings of belonging and home (e.g. Van der Greft et al., 2016). As outlined in the previous paragraph, while mechanisms and operational pathways could differ across CLTs, what appeared to be common in interviewee accounts was the view that place could influence what amounted to a sense of autonomy and security for older people. Although manifestations might at a practical level vary, these elements appeared to be shared across CLTs. As described within seminal works in environmental gerontology (e.g. Lawton & Namehow, 1973; Rubinstein & Parmalee, 1992) notions of autonomy and security may, therefore, provide a gateway frame for more readily conceptualising the role of place as an interventional instrument.

Concern relating to the absence of a holistic approach to supporting CLTs in older age was shared amongst all interviewees. This was regardless of whether a specific transition was long established as a part of policy discussions on the older adult life course (e.g. dementia), or a more recent consideration (e.g. forced migration). Disjointed service coordination, and a lack of communication between sectors and service providers characterised participants’ descriptions of current circumstances. In Ireland, as with many international contexts, recognition of such absences is nothing new (Ahern & Hine, 2015; Sadler et al., 2019; Wimpenny et al., 2011). Stakeholders indicated the need for intersectoral cooperation between organizations to support older people during CLTs. As all stakeholders considered place an important element in the support system of such groups, the findings suggest that place-based frameworks may serve as an integrative platform to nurture more holistic approaches. But despite the clear exception of dementia friendly communities (at least at the surface level), existing place-based strategies supporting ageing in place were often noted not to be sufficiently tailored to combat complex multifaceted forms of disadvantage for individuals encountering such life transitions. Again, this reflects the international literature where there have been critiques of such approaches as the age-friendly movement for failing to consider person-environment relationships at
different points of the older adult life course and for diverse and at-risk groups of the older population (Biggs & Carr, 2016; Brasher & Winterton, 2016, Keating et al., 2013).

Our findings suggest that a more nuanced reconstruction of place and its meanings within place-based frameworks in the context of CLTs is needed. On the one hand this requires capturing the lived experiences of older people in place during CLTs in order to inform policy strategies that more readily reflect the intersection between place, social exclusion and CLTs. On the other, if we are to maximise the capacity of places to support older people when they are most at need, and their well-being most at-risk, such frameworks must actively incorporate the diversity of the older adult life course and these critical risk junctures. As argued elsewhere (c.f. Buffel et al., 2020; Walsh et al., 2014), re-calibrating the goal of these frameworks (be them focused on age-friendly, liveable or dementia-friendly environments, or general community care strategies) to reduce social exclusion amongst older populations may provide a more effective and impactful intervention platform for heterogeneous older populations.

CONFLICTS OF INTEREST
There are no conflicts of Interest for any author.

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DATA AVAILABILITY
Due to privacy and ethical concerns, neither the data nor the source of the data can be made available.

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