COVID-19 and social exclusion

COVID-19 and Social Exclusion: Experiences Of Older People Living in Areas Of Multiple Deprivation

Manchester Urban Ageing Research Group

Research Team: Sophie Yarker, Luciana Lang, Chris Phillipson, Patty Doran, Tine Buffel, Camilla Lewis and Mhorag Goff

MANCHESTER 1824
The University of Manchester

This report is based on research undertaken by members of the **Manchester Urban Ageing Research Group:**

First published in 2020

Contents

1.Background to the research

The Manchester Urban Ageing Research Group (MUARG) has been working since March 2020 on various aspects of the challenges facing older people in the context of COVID-19. The focus of the work has been around a research project, funded by the Centre for Ageing Better, the Greater Manchester Centre for Voluntary Organisation, and Manchester City Council, examining the experiences of older people and community organisations across local authorities in Greater Manchester.

The project works with community stakeholders across the region to examine the support provided to people 50 and over in the context of the pandemic. Community leaders have subsequently approached people in this age group to ask if they would be willing to be interviewed for the research. The focus has been on **interviewing older people** who are likely to have been at risk of social exclusion prior to the advent of COVID-19, with a particular interest in examining the **challenges facing lower income communities.**

This first report from the project covers the following areas:

- A review of the research literature which has been informing the work of the project;
- Early findings from a sample of the interviews from Wave 1 of the study, carried out from the end of April to August 2020;
- A summary of work to be undertaken over the period September to December 2020.

This research has been based on a number of assumptions and observations about research examining the impact of COVID-19 on older people.

First, much of the information to date has been provided through survey work of various kinds, notably that conducted by the Office for National Statistics, the UK Household Longitudinal Survey, and Ipsos MORI, but supplemented as well through online surveys (e.g. Abrams et al., 2020). There have also been important surveys covering groups from minority ethnic communities (e.g. Haque, Becares & Treloar, 2020; Nandi & Platt, 2020), and the LGTB community (e.g. Kneale & Bécares, 2020; LGTB Foundation, 2020). This study is designed to *complement* these by using a qualitative, longitudinal methodology. The argument here is that the data produced from this type of approach is:

> '...best suited for uncovering the breadth and diversity of individual situations and subjective responses to the threat of illness and public health restrictions meant to contain it. [Moreover] individual interpretations of [older people's] experiences of quarantine, alterations to their sense of control, and efforts to exercise agency and maintain a sense of well-being in the face of the pandemic are varied and nuanced and not well-assessed by fixed-choice survey questions' (Settersten et al., 2020).

Uncovering the effect of the pandemic – on all social groups – has raised a challenge for social research, both because of the impact and abruptness of the lockdown, and its variable consequences for different sections of society.

We think that qualitative research, using semi-structured longitudinal interviews, albeit through the medium of telephone, does allow us to examine areas of everyday life which may be difficult to capture through large-scale surveys.

A second assumption behind our work concerns the importance of community organisers and activists working with, and co-ordinating support for, older people within Greater Manchester. A significant part of our research has concerned talking to such groups about their activities, including how these have changed in the context of COVID-19, the impact of social distancing, and any resourcing issues which have emerged during the pandemic. Community organisers and activists have also been instrumental in accessing and recruiting participants for our research, and in highlighting the new challenges when addressing social isolation.

Interviewing gatekeepers and community leaders has given us a privileged perspective not only on the struggles experienced by older people facing unprecedented circumstances, but also the obstacles that community workers are having to overcome in order to provide vital support.

A final theme underlying this study has been the importance of working with a range of communities and networks across Greater Manchester. To this end we have been extremely grateful for the support from a variety of organisations who have assisted with accessing participants for the research, notably the Manchester BME Network, the LGTB Foundation, the Kashmiri Youth Organisation, the Ethnic Health Forum, and the Caribbean and African Health Network.

From this summary of the context for the study, this report now reviews some of the key themes from the research literature relevant to our own work. This review focuses on three key issues: first, *the impact of inequality; second, neighbourhoods and COVID-19;* and third, *everyday life under COVID-19.*

2. Inequalities and COVID-19

The MUARG research, with its focus on working in low-income neighbourhoods, has been especially influenced by research highlighting the impact of inequalities on communities affected by the pandemic. Richard Horton (2020: 48) makes the point that COVID-19 is not socially neutral, describing how: 'Corona-virus exploits and accentuates inequality'. Older people living in areas affected by deprivation may, it might be argued, experience a 'double lockdown' – suffering the effects of enforced social isolation whilst living in places affected by cuts to services and social infrastructure (Yarker, 2019; Buffel et al., in press).

Evidence gathered over the past decade reveals an increase in levels of inequality affecting neighbourhoods. The Marmot Review (2020), which traced changing health inequalities between 2010-2020, documented the rise in deprivation affecting many parts of England. Marmot highlighted the problems facing 'left behind' and 'ignored communities' which were experiencing long-term deprivation: 'Over the last 10 years, these…communities and areas have seen vital physical and community assets lost, resources and funding reduced, community and voluntary sector services decimated and public services cut, all of which have damaged health and widened inequalities. These lost assets and services compound the multiple economic and social deprivations, including high rates of persistent poverty and low income, high levels of debt, poor health and poor housing that are already faced by many residents.' (Marmot et al., 2020: 94).

Similar conclusions can be made in relation to the situation facing older people living in areas of multiple deprivation. Research based on the English Longitudinal Study of Ageing (ELSA) demonstrated a causal relationship between area deprivation and social exclusion in later life. The study revealed that older people living in deprived urban neighbourhoods had the highest levels of social exclusion compared with less deprived neighbourhoods, with evidence suggesting that this stems from barriers experienced across a range of domains such as access to services and amenities, social relationships, and civic, cultural and leisure participation (Prattley et al. 2020).

Neighbourhood-based inequalities have deepened in the context of COVID-19, with people (of all ages) living in the poorest parts of England and Wales dying at twice the rate from COVID-19 compared with those in more affluent areas (ONS, 2020a).

There are also widening inequalities between ethnic groups, with research from the ONS (2020b) showing that, when taking age into account, Black males were 4.2 times more likely to die from a COVID-19-related death than White males. Bangladeshi and Pakistani males were 1.8 times more likely to die from COVID-19 than white males, after other pre-existing factors had been accounted for, and females from those ethnic groups were 1.6 times more likely to die from the virus than their white counterparts.

Public Health England (2020) suggest that the key factors influencing widening inequalities include: **living in urban areas; in overcrowded households; in deprived areas; and working in high-risk occupations.**

The possibility of new forms of inequality emerging as a consequence of the pandemic, is a further concern. For example, with the promotion of physical distancing practices and the increased reliance on digital technology to manage daily functioning, limited access to technology or limited ability to use technology might, it has been argued, become major risk factors for depression and loneliness (Ayalon et al., 2020). Ayalon et al. (2020: 3) note that:

'These factors may be especially risky for some older adults by preventing them from accessing goods and services and obtaining the social support they may need during the outbreak. Thus, taking into account the "digital divide" that may exist for disadvantaged older adults also deserves attention'.

Research commissioned by Public Health England suggests that organisations embedded in local areas are particularly well placed to work with individuals and communities in order to identify those at risk of social isolation, and to engage them in finding solutions for developing new types of support (Durcan and Bell, 2015). This research aims to provide further information about this issue, drawing on information from a variety of groups across Greater Manchester.

3. Neighbourhoods and COVID-19

This study has a particular focus on researching the experiences of older people within the context of their local community. The importance of neighbourhood relationships, together with the spaces and places of which they are a part, has been a feature of research into social aspects of ageing (e.g. Gardner, 2011; Stafford, 2019). COVID-19 has given further emphasis to the importance of the individual's immediate locality, as a source of support and everyday contact. There is some evidence (e.g. The Young Foundation, 2020; Rutter, 2020) of communities coming together in the early – March/April 2020 – phase of the pandemic, reflected in the weekly 'Clap for our Carers' which ran from the end of March to the end of May 2020. However, there are also indications that, after this early period, this initial sense of unity had begun to weaken (Ipsos MORI, 2020).

Rutter (2020), from her review of a survey of 2,010 adults conducted over two time periods in March and June, attributes a weakening in solidarity to factors such as: perceptions that some groups were ignoring rules about social distancing; intergenerational differences – older people's concerns with health; younger people's worries about whether they would have jobs; and divisions around the use of technology. Rutter (2020: 33) suggests – although more evidence is needed on this point – that: 'Some people [in the survey] felt that neighbourliness and community spirit was weaker in areas of high deprivation…As well as poverty, population churn and fear of crime were also challenges that made community-building more difficult in urban areas'.

Demos (2020) in 'Britain Under Lockdown', citing a survey of 2,000 adults by YouGov, reported people feeling a greater sense of community, although this was not spread amongst all age groups, with people aged 55 and over more likely to have noticed an improved sense of community with their neighbours (38%) compared to those aged 18-34 (31%). There were also important variations according to the type of housing in which people were living: those in larger homes were more likely to feel connected to their community; people in detached homes had felt the greatest increase in ties to their community and neighbours (43%), followed by those in semi-detached houses (41%), bungalows (36%), terraced houses (31%), and flats/apartments (26%).

Abrams et al. (2020) have reported on an ongoing project of regular online surveys examining issues concerning COVID-19 and social cohesion, with separate surveys of adults (n=1,160) and community organisers. On the issue of social cohesion, 44% viewed their local area as becoming more united or with no change (34%), and only 22% viewed it as becoming more divided (22%). In respect of personal relationships, the survey suggested important changes with 51% reporting a loss of connection with their friends, and 54% with work colleagues. Against this, 47% reported increased connection with their family, 45% with neighbours, and 31% with people from their local area. It is noteworthy however that in this survey, older people reported feeling less connected than younger people did to family and friends.

However, we do not know from the Abrams et al. (2020) survey why older people in particular may feel a degree of disconnect from their immediate social network. This is an important issue which will be addressed in the qualitative study presented here. It is possible that those older people who are more 'neighbourhood-bound' experience greater pressures, especially where community resources are unavailable or limited. And for those who spend most of their time in their immediate area, rules about social and physical distancing may bring additional pressures. Honey-Rosés and colleagues (2020) suggest that COVID-19 may bring significant changes to our relationship with public space, reducing the possibility of spontaneous or casual relationships. As the researchers point out, the two activities which bring people into public space – shopping and socialising – are precisely those most affected by the pandemic.

Ethnic differences in the use and experience of public space may also be important to consider. Nandi and Platt (2020), analysing data from the Understanding Society data set, found that all ethnic groups reported lower levels of interpersonal contact within the neighbourhood than before the pandemic, consistent with the impact of lockdown and social distancing requirements. But they conclude that: 'After taking account of individual, household and neighbourhood

characteristics, these perceived reductions in neighbourhood communication appeared greatest among Pakistani, Bangladeshi and Black Caribbean's'. This may suggest the need for more nuanced targeting of neighbourhood support, especially for those who are more geographically isolated from their own ethnic group (see further below).

One argument in the paper by Honey-Rosés et al (2020) is the likely growth in 'demand for smaller green spaces or neighbourhood parks which serve as places of refuge'. The importance of gardens and green spaces is an issue covered in a number of surveys. The Ipsos Mori (2020) review of the impact of COVID-19 on 50-70 year olds, confirmed the importance people attached to having a garden, and the extent to which this provided 'an extra room in the house'. The ONS (2020c) survey of the social impact of COVID-19 on older people found that those over 60 were much more likely than other age groups to report that reading and gardening was helping them to cope with staying at home, and that this was especially the case with those in the 70-79 age group. The Young Foundation (2020) highlighted the pressures on people living in flats, in contrast to those in houses with access to a garden (a finding reflected in the Demos (2020) survey cited earlier).

4.Everyday life and COVID-19

There are still relatively few detailed accounts of everyday life under COVID-19, and the pressures facing particular groups. The challenge is understanding issues such as: *to what extent people may feel a sense of 'disconnection' from close and intimate ties? Which groups might be especially vulnerable? What are the main causes of feelings of marginalisation and exclusion?* Examining the results from surveys to date, a number of issues are especially relevant to this study, in particular: evidence for the spread of ageism; discrimination against minority groups; and mental health issues.

On the first of these, evidence reviewed by Abrams et al. (2020) highlighted the extent to which ageism was still rife in the UK – with one in three people reporting they had experienced some form of age discrimination or age prejudice. But the extent of ageism would appear to have increased in the context of COVID-19. The review by Ayalon and colleagues (2020: 1) concluded that: '…with the pandemic there has been a parallel outbreak of ageism. What we are seeing in public discourse is an increasing portrayal of those over the age of 70 as being all alike with regard to being helpless… and unable to contribute to society'. And a survey by Ipos MORI (2020:6) of those in the 50-70 age group confirmed this point, observing that: 'COVID-19 [had] served to reinforce the idea of older people as frail and vulnerable'.

But it remains unclear who is most affected by the proliferation of such stereotypes, given the heterogenous nature of older adults as an economic and social group. Again, qualitative research may help to provide some clarification on this issue.

One important issue raised by research concerns the extent of discrimination experienced by particular groups, in the context of COVID-19. Kneale and Bécares (2020) carried out a web-based anonymised survey exploring the mental health and experiences of discrimination of LGTBQ+ people during the pandemic. They found that almost one in five respondents had experienced some form of discrimination during the pandemic, with the suggestion of a 'u-shaped trend in terms of age', with the oldest and youngest LGTBQ+ groups at greatest risk of discrimination. This finding was supported by a survey by the LGTB Foundation (2020), which highlighted the greater likelihood of isolation amongst older LGTB people (40% of survey respondents 50 plus were living alone compared with 30% of all LGTB respondents). The survey noted:

'*LGTB older people who live in a world hostile to their identities may be reluctant to access support due to fears of encountering discrimination, further exacerbating this isolation and lack of support*'.

Evidence concerning ageism and discrimination affecting various groups may be an important explanatory factor behind the mental health issues reported in a variety of surveys. The Ipsos MORI (2020) survey found that more than a third (35%) of those aged 50 to 70 reporting a deterioration in their mental health since the start of the pandemic.

Kneale and Bécares (2020) found high levels of depression and stress in their LGTBQ+ sample, with the majority exhibiting significant depressive symptomology (although levels of depression were lower amongst older than younger respondents).

Nandi and Platt (2020) found that Pakistani and Bangladeshi men had experienced higher declines in mental health than White UK men with otherwise similar individual and household characteristics. However, the same study noted that women, from all ethnic groups, experienced greater declines in mental health than men. An important finding from this research was that amongst Pakistani and Bangladeshis, the decline in mental health was only observed for those living in areas with lower shares of their own ethnic group. The researchers conclude that: 'This suggests that own group concentration provided some support for mental health for this group'.

Understanding Society is a longitudinal study that gathers data from over 40,000 individuals. The Understanding Society COVID-19 Study (University of Essex, 2020) explores how the pandemic is impacting families and communities using a large, representative sample from the UK population. The COVID-19 questionnaire has been initially answered by between approximately 13,000 to 17,000 individuals (via monthly surveys starting in April). Data from the COVID-19 Study can be linked back to Understanding Society pre-pandemic data, as a way to benchmark current experiences. The survey contains information about mental and physical health, health behaviours, caring, housing, employment, income, education, and family relationships within and beyond the household. From the data we can understand how the national population has been affected by the pandemic and the social distancing measures.

The Understanding Society COVID-19 Study has been used to explore experiences of loneliness and mental well-being during lockdown. Mental well-being is measured using the General Health Questionnaire (GHQ-12), which asks questions relating to depression, anxiety, confidence and happiness. Using Wave 1 data collected in April, Li & Wang (2020) found a high prevalence of general psychiatric disorders (29.2%) and loneliness (35.9%). Findings suggested that younger people aged 18-30 were significantly more likely to report loneliness and poor mental well-being compared to older age groups. Both living with a partner and having a job were identified as protective factors.

Summary Of Key Messages From The Research Literature

- Neighbourhood inequalities have deepened in the context of COVID-19
- Evidence for widening inequalities between ethnic groups
- New forms of inequality may develop, e.g. through the digital divide
- Initial experience of community solidarity may be weakening
- COVID-19 has brought changes to the use and experience of public space
- Importance of gardens and green spaces has increased during the pandemic
- Rise of ageism as a consequence of COVID-19
- Certain groups especially vulnerable to discrimination, e.g. those from the LGTBQ+ community
- Evidence for negative impact of the pandemic on mental health

5.Aims of the study

1. To work with community organisations and activists in selected areas, examining responses to COVID-19 and strategies for contacting and supporting older people. The organisations and individuals approached will include a cross-section of different groups, working across a range of neighbourhoods in Greater Manchester.

2. To examine the impact of social distancing measures on experiences of everyday life among older people from marginalised communities and/or minority groups.

3. To contribute to evidence to assist local, regional, and national policies which aim to increase support for older people and organisations working on their behalf.

6.Research questions

1. How do older people living in, or belonging to, marginalised communities experience 'social distancing'? How does this vary *within* and *between* different groups (age, gender, social class, health, ethnicity, sexuality) and neighbourhoods?

2. What capacities and *resources* (individual or community level) do older people draw on when negotiating the experience of social distancing?

3. How has social distancing affected older people's *everyday lives,* relationships and support networks?

4. What types of support services exist or could be developed to alleviate the *impact* of social distancing on older people experiencing exclusion and isolation?

7.Methodology of the study

The first stage of the research involved telephone interviews with community stakeholders/gatekeepers, who were asked about the type of support provided to older people, how this had changed with COVID-19, the impact of social distancing both upon their work, and that of older people they support, and any resourcing issues experienced by their organisation. The interviewee was asked to introduce the research team to older people with whom they were working and who might also be willing to be interviewed. These were likely to be older people known to be at risk or vulnerable to social exclusion.

The second stage of the research has involved telephone interviews with older people identified through the community stakeholders/gatekeepers. To date, there have been a total of 89 interviews conducted across all the different groups. *Each participant is being interviewed on two occasions,* with the intention of examining experiences associated with COVID-19 over the Spring and Winter of 2020. The interviews include questions such as:

- How has everyday life changed since social distancing rules were introduced?
- What does an average day consist of?
- How have relationships changed with family, friends, and neighbours?
- How have older people been using online or equivalent forms of communication?
- How has social distancing affected mental and physical health?
- Can people identify areas of support which would be helpful to them?

This interim report covers results from an initial analysis of a sample of the Wave 1 interviews with community organisers or leaders and with older people themselves. We developed a coding framework based on insights from the interviews conducted from May to August, then we used NVivo, a qualitative data analysis software, to facilitate the interpretation of our data. The findings presented in this report are preliminary insights from a small sample of the interviews. **No overall conclusions should be drawn from the work at this stage; the sample is presented to illustrate a limited number of the themes emerging from the research.**

7.Sample characteristics

7.1.Community organisers

The research team approached community leaders who work with older people living in low income communities or with older people from minority groups. Eighteen interviews have been conducted with community organisers:

Table 1: Role of Community Organisers
Volunteer at Growing Together
Older people's board Age-Friendly Manchester
Board member - Greater Manchester Older People Network
Older people's board Age-Friendly Manchester
Greater Manchester Ageing Hub (GMAH)
Levenshulme Inspire
Local Government councilor
Levenshulme Good Neighbours
NHS community development worker
Age UK Salford
Inspiring Communities Together Innovation Forum
Age UK Wigan
LGBT Foundation
LGBT Foundation
Manchester MBME Network
Ethnic Health Forum
Kashmiri Youth Project
Manager of Lalley Centre

7.2. Characteristics of Wave I participants

The first wave of interviews began on May 5th and were completed on August 28th. The total number of participants included in Wave One was 89. These participants came from a number of different neighbourhoods across Greater Manchester (see Table 1), represented different age groups (see Table 2) and some can be defined as belonging to different marginalised groups according to their identity as an LGBT person or their ethnic identity (see Table 3):

Table 2: Neighbourhoods where older participants were living:

Levenshulme	Tameside	Salford	Wigan	Other Neighbourhoods:
10	3	7	8	61 (Brunswick; Hulme; Middleton; Rochdale; Bury, Stockport; Wilmslow; Moss Side; Trafford; Chorlton; Cheetham Hill; Crumpsall; Heaton Chapel; Stretford and Northern Moor).

Table 3: Age of participants

50-59 years old	60-69 years old	70-79 yeras old	80-89 yeras old	90-99 years old
15	37	26	10	1

Table 4: Participants from minority groups:

LGBT	Pakistani	Indian	Sri Lankan	East African Asians	Kashmiri/ Kashmiri Pakistani	Afro Caribbean (Including Nigeria, Ghana, and Jamaica).
8	19	6	5	5	5	10

In terms of gender the sample is more or less evenly split between 46 women and 43 men.

8.Results

8.1. Interviews with community organisers

This section presents preliminary findings from an initial analysis of ten (out of a total of 18) interviews conducted with community leaders and organisers. Themes that emerged from the data included: first, the challenges faced by community leaders and organisations in adapting to the changes imposed by the lockdown; second, the drastic and sustained changes to the roles, routines, and ways of working in the community sector; third, the variety of activities and services offered following lockdown, including specialised forms of support targeted at particular groups; and fourth, the mental health effects of lockdown, including the impact of isolation, lack of confidence about going out, and pressures on carers.

Challenges in adapting to the changes imposed by lockdown

Some stakeholders interviewed reflected upon their personal and collective ordeal as they adapted to changes imposed by lockdown. From having to contact community members to inform that the centre was closing, to figuring out how to cater for the most vulnerable. Some highlighted difficulties around managing expectations from community members and carrying out effective risk assessments in order to continue with some essential services, such as food and prescription deliveries.

Needs and resources of the various organisations varied resulting in a mixed picture regarding what was available. Some services increased, such as support through phone calls. Some activities moved online, such as chair-based exercises or eating well classes. Others had to stop altogether, such as choirs and other group gatherings. Help with shopping, picking up prescriptions, and phone buddy services were activities that most organisations started delivering from the early stages of lockdown. Other organisations offered additional initiatives, such as sending craft packs and seeds through the post. The programme manager for Pride in Ageing talked about the need to link in with other ageing programmes and groups to learn from others, and share experiences on how to run programmes remotely.

Drastic changes to the ways of working in the community sector

As highlighted above, an important observation from many of the interviews with community organisers concerned drastic changes to existing roles and routines associated with the pandemic. One organiser highlighted the administrative impact of COVID-19:

‘It was chaos in the office. The home help service was suspended, which is a paid service that helps to support the organisation. Helpers were furloughed. The only services kept were emergency food parcels and help with prescriptions’. (Team leader at Age UK Wigan)

Much of the work of organisations moved to remote working, a development which required in many cases considerable adaptation and learning. The Ethnic Health Forum received a grant to purchase a laptop and mobile phone for staff so they could continue to work from home:

‘This is taking some adjustment as everyone is getting to grips with new ways of working such as Zoom, so there have been some challenges around training for staff and some need more support than others’. (Project officer withThe Ethnic Health Forum)

‘Now all staff are working from home. We have slowly been adapting to new ways of working but many of the staff have other caring responsibilities, and many have also had to shield. The staff are mainly from the South Asian community so the situation has had multiple impacts on the organisation’. (Director of Kashmiri Youth Project)

Community leaders talked about a ‘culture shock’ experienced after years of motivating people to get out of their homes when they could, now having to change approaches and manage expectations:

‘Nobody wants to be the organisation that puts people at risk’. (Director of Age Well Strategy)

Specialised forms of support targeted at particular groups of older people

A number of community organisations responded to the need for specialised forms

of support targeted at particular groups of older people. A stakeholder noted that the local community hubs offering emergency food parcels to older people only had two options – vegetarian or non-vegetarian, which left a proportion of the South Asian population without a service catering for their specific dietary requirements. As a result, the Kashmiri Youth Project (KYP), started their own foodbank, putting calls out for donations and distributing culturally appropriate food to older people themselves. While this was difficult to do at first due to travel restrictions and risk assessments, at the peak they were distributing around 750 food parcels.

Other organisations gave credit to those struggling financially. In July, Age UK Wigan was offering the following services: emergency food parcels; phone calls; a range of free items being delivered (including art packs); information and advice over the phone; advocacy service; and gardening (combined with laundry service). Levenshulme Good Neighbours offered an IT/technology befriending service and IT coaching on how to use hardware, software, and social media, which could potentially open up more frequent contact with service users. As lockdown was installed across the country, with many support services having to take time to adapt to the new demands, the Lalley Centre remained open providing support over the phone and food for local families in need. By July, the number of people being supported had increased to 635 (in July), to 728 in August, from a figure of 306 in February.

Against the above, there were also examples where participants highlighted the lack of specialised forms of support in particular communities. For example, there were accounts of how some types of information about COVID-19 were failing to reach South Asian communities. An interviewee from the Kashmiri Youth Project gave an example of a leaflet from the local authority that was giving information about the local community hubs and the emergency support. She said that the information was all in English and that a translation would not be available until a later date, by which point people had found their own sources of information. Also, the image on the front was of an older white woman which may have been confusing for some groups.

Some community organisers also highlighted the need for better support for ethnic older people who live alone. While there is a common perception that multigenerational households are typical amongst many minority ethnic groups, community leaders noted the extent to which many older people in the different communities lived alone, and may be especially prone to loneliness and isolation at the present time. Some have family nearby who keep in touch, for example through the use of social media, but this was highly variable.

Finally, the interviews highlighted the financial impact on many South Asian families who were self-employed, either as taxi drivers or who owned small businesses. Many were experiencing having to ask for help for the first time, often with the result of limiting how much they themselves could assist older relatives.

Mental health effects of lockdown

Many of the interviews with community organisers highlight the mental health effects of lockdown, including the impact of isolation, lack of confidence amongst some older people about going out, and pressures on carers:

‘The main issue is one of people experiencing loneliness. For many older LGBT people their support networks are made up of friends more than family so there is a concern that not being able to physically see friends is hitting these individuals hard. Also, a lot of the public discourse and messages from the government is quite family-orientated. It is about seeing grandchildren and being connected with family, which is not a reality for many older LGBT adults and therefore can be quite alienating’. (Programme manager for Pride in Ageing – LGBT Foundation)

‘Loss of freedom will become an issue if some form of lockdown or shielding is to continue. Always having to think twice before you go out’. (Project officer withThe Ethnic Health Forum)

‘Prolonged isolation from friends and family and a lack of structure…Sometimes when you pop round and deliver meals [to people’s homes] they are still in their pyjamas or nighties or whatever and I worry that people are losing their structure’. (Manager of Inspire)

Loss of confidence about going out again was highlighted by the Coordinator of Levenshulme Good Neighbours, who believes that with activities and social spaces remaining unavailable to residents, many may struggle to re-engage with 'normal' life. Some organisations are trying to find strategies to bring people out again into green spaces (e.g. parks and allotments), as an aid to improving both physical and mental health:

'Walk and talk': this service should start next week. One member of staff will take 1 or 2 people and go out with a couple of people, for example around the park, to build their confidence'. (Director of Inspiring Communities Together)

8.2. Interviews with people 50 plus living in Greater Manchester neighbourhoods

This section presents preliminary findings from a subsample (26 out of 89 interviews) of the first wave of interviews with people aged 50 and over living in neighbourhoods of Greater Manchester. A number of selected key themes are presented here, these focusing on: first, views and understandings of social distancing and self-isolation; second, the importance of social networks and social infrastructure; third, the role of religious practices; fourth, forms of support provided by community and religious organisations; fifth, unmet support needs experienced by various groups of older people; sixth, the role of social media and technology; and finally, the importance of access to green spaces.

Views and understandings of social distancing and self-isolation

In our coding framework we have a node (a thematic item) for social distancing. We have found that the most common terms to refer to the experience for the first two months were 'social distancing', 'lockdown', 'shielding', 'isolation', and 'COVID-19 pandemic'. But 'social distancing' is being used throughout the different stages of the COVID pandemic, more than the other two terms, which suggests that there has been a concrete and long-lasting change in behaviour. It is also often a means of judging other people's behaviour and positioning oneself ethically in relation to the virus and broader community.

'I shielded. I didn't have any information about it, it's just the information that I had gathered generally about the type of people that COVID affects etcetera and so I then utilised my own sort of lockdown treatment as well because I decided well yeah, I am going to isolate because I'm, I'm one of the vulnerable groups'. (Male, aged 59, Afro-Caribbean)

'When everybody starts going out, I think people will relax more and they won't be keeping their distance'. (Female, aged 90)

'I sort of self-isolated myself even before the official lockdown because I thought you know the gym is the easiest place I would think to pass on… I've also been doing a lot of running as well and so I run and also make sure when I'm running, I keep my distance'. (Male, aged 59 Afro-Caribbean)

As this last quote indicates, everyday activities have been greatly affected by the pandemic and associated government advice. On this note, those who received the official letter from the government suggesting that they should shield, expressed their shock at suddenly becoming aware of their own fragility:

'I thought, Oh, God, I'm vulnerable and it was a bit of a shock because I don't see myself as being vulnerable, but obviously, the realisation that I have got underlying illnesses that I need to be aware—well, I'm aware of but that it was, I needed to protect myself from getting—or reducing the chances of getting COVID. So, that was a bit of shock'. (Female, aged 56, Afro-Caribbean)

One of our interviewees said he was 'devastated' after receiving the letter, while others were not surprised but instead experienced the effects of being isolated:

'I have had a difficult time due to COVID-19 pandemic and due to social distancing. No one was able to visit me either from my friends and neighbours or volunteers and workers from my local community Centre'. (Male, aged 84, Pakistani)

Social networks and social infrastructure

The importance of social networks (with friends, neighbours and family) was highlighted in many of the interviews:

'Through the eleven weeks, I've had all my shopping done, and prescriptions picked up and everything else, without any difficulty whatsoever, by my neighbours' (Male, aged 74)

For those who may not have a supportive group of neighbours, the lockdown took away access to valued local groups:

'I miss that [the men's group]. That was the highlight of my week'. (Male aged 64)

As a key social infrastructure in Levenshulme, the Inspire café and community centre provided an example of the importance attached to outreach services. The manager of the centre was mentioned as the first port of call for five participants.

'I can call [name], the coordinator, she would sort anything for me... I think she's been the bedrock really for a lot of people and she won't get the recognition that she deserves' (Female – 68, Levenshulme sample).

'Inspire, has set up a meals on wheels sort of thing for people who are over 70. I've had that for four weeks' (Female, aged 68).

Churches and other spiritual centres, such as the Quaker House and the Mosque, were deeply missed by a significant number of participants:

'I'd always gone church, and I was always, for a long time, I was a steward in the church...I used to have a lot of jobs in the church, doing different things, and going to different meetings, and for nine years, I was the representative of the circuit, but I'd go into Synod twice a year' (Female, aged 74, living alone)

'Before COVID, I'd go to church twice in the week, which is Sunday for Sunday service, and Friday for prayer meeting'.(Female aged 53, Afro-Caribbean)

'I like to visit my mosque daily at least once a day and meet many friends and neighbours there, but with this lockdown it is difficult'. (Male aged 61, Indian)

[Referring to missing church] 'It's not about the mass; it's a social event' (Female aged 86)

Religious practices

A significant proportion of participants expressed how their spiritual commitments and religious practices helped to keep the structure of their daily life:

'When I was living in Jamaica, I go to the Sunday School, I went to church. I believe, I believe in God but not what I would say a practicing Christian per se but I do believe, obviously in my daily routine, waking up in the morning, I pray. When, you know, and go to my bed at night, I pray because I believe, you know, I believe in God but I'm not somebody who'd go to Church on a Sunday because I think you should practice religion every day'. (Male, aged 59, Afro-Caribbean)

'I believe in God; I just choose not to go to church very often...I read my bible; I say my prayers. I do a lot of singing; I worship God through singing'. (Female, age 56, Afro-Caribbean sample)

'I like to spend my time in praying and reciting Quran' (Female , aged 54, Pakistani)

Support provided by community and religious organisations

Some community organisations have been highly agile when adapting to the circumstances of lockdown and creating new services to cater for different needs, as seen in the accounts by stakeholders above. Participants expressed gratitude for this support and the expression 'life savers' was used by a number of interviewees:

'[T] set up a group of gay people keeping in contact. Yeah. If they are lonely; I'm not quite sure what's called. They can ring somebody for a chat. Yeah. I'm not quite sure. I mean, as I say, I've got [P] and he's got me. But there will be thousands of gay people on their own. Yeah. So they can't physically see people'. (Male, aged 60, LGBT)

Community organisations and churches filled the gap in services, providing food, medication and craft packs. In return, new relationships were often created:

'They were providing volunteers for people in the community that were shielding and people that needed a bit of support really. Basically, they were doing medication runs, shopping

runs for people that couldn't get out. So, long story short, they went out, they got my meds and I said, "If there is anything I can do, let me know." She just happened to mention there was a group of people and I said, "Oh, I can cook food, I love cooking, I'll do some soup if anybody wants some soup." So, it became a weekly thing, well a twice-weekly thing. I was doing different meals for people in the community'. (Female, aged 56, Afro-Caribbean)

The support given by community organisations when it comes to shopping was crucial. But, for those not registered as older, or vulnerable, shopping could be a struggle, as this participant observed:

'You couldn't get home deliveries for love nor money'. (Female aged 72, LGBT)

Unmet support needs

Some respondents expressed disappointment about the help available:

'I have family who I live with. I had no support from anywhere else. I felt there was not enough services for us pensioners'. (Male, aged, 73, Kashmiri)

'I don't really get any support from anywhere else but I think there should be more support for people especially the elderly who can't get on buses and need help . I think it's a major issue and there are more issues in care homes where more support is needed . Zoom calls and online conversations with people in care homes and other elderly in the community would be helpful'. (Male, aged, Indian)

We found that respondents below the age of 70 often missed out on services such as telephone buddies or meals on wheels.

'No there is no one left now I'm afraid. I live on my own. Even before lockdown I didn't see many people at the best of times so it is not a big difference from that point of view'. (Male, aged 64)

Another 58 year-old male participant from Salford who was extremely isolated, dismissed his own experiences maintaining that little had changed. He said he only gets phone calls from 'the doctor's'. He mentioned that he did some volunteering and did feel upset' about the Salvation Army shop closing down. Eventually, he did admit that: 'I miss dominoes, meeting people…it got you out of the house'.

Another social group that may just slip through the crack, in terms of not being noticed when it comes to support, is that of otherwise healthy and active older people:

'All in all, I'm quite a busy person and the lockdown has been, for me, horrible—it's just been horrible'.(Female – 75, LGBT sample)

There was a perceived gap in services mentioned by some interviewees regarding technology:

'They assume all the over-60s and 70s have some kind of wi-fi and laptops and this is not true. Certainly not in Gorton, which is I think the poorest area in Manchester' (Female, aged 68)

Social media and technology

Social media and technology was highlighted by many of the interviewees. Some respondents had started to use Zoom because of church services or to join family gatherings:

'Without the zoom and the technology we would be stuck in looking at the wall'. (Male, aged 60, LGBT sample)

'We meet on Zoom and there are about 10 or so of us that meet and you can speak to your friends and have a discussion. We might talk about books; we might talk about different things and we have that every week'. (Female, aged 75, LGTB)

Access to green spaces

The importance of having access to gardens and green spaces during the period of lockdown has already been noted in our review of the research literature. Our findings reinforce the observation about a divide between those with access and those without. It is also evident that being in contact with nature can provide a boost in terms of mental health:

'It's been a real stress, and sometimes I'm walking out, I'm just walking and crying and walking and crying…But then little things amuse me when I'm walking so, I can smile to myself, there are lots of sheep around and they do funny things and there are lots of horses—I end up talking to the sheep or talking to the horses, it's crazy really'. (LGBT Female aged 75; partner was diagnosed with cancer just before lockdown)

'I couldn't manage without a garden'. (Female, aged 75, LGBT sample)

'I'm trying to grow tomatoes. I'm doing well watching now, and they've got some flowers come on them'. (Female, aged 90, Wigan sample)

The role of pets in structuring people's days was another observation from some of our participants:

'We just seem to just seem to go through the motions. I mean seriously without the doggy we wouldn't go out very much at all'. (Male, aged 60, LGBT sample)

9.Conclusion and next steps

The findings presented in this report have provided insights into the experiences and changes in the lives of older people under lockdown. The longitudinal and qualitative research methodology makes this study uniquely suited to uncover the breadth and diversity of individual and subjective responses to the pandemic, as well as how these change over time. This report has provided insights into some of the preliminary findings based upon interviews from Wave One with community leaders and older people. It highlights the range of challenges posed by COVID-19, and the stark inequalities in how lockdown is experienced in later life, but also the variety of responses and initiatives that have been developed to support various groups of older people.

To date, a total of 89 interviews have been conducted with older people and community leaders. In addition to the fieldwork conducted between April and August, an additional group of nine Bangladeshi participants have been recruited to be interviewed as part of Wave One of the data set in September. A further five participants have been recruited to extend the sample of African and Caribbean participants. The latter interviews will be carried out in October.

Wave Two interviews with both community stakeholders and older people will start from October (with the exception of Wave 2 interviews with South Asian participants which have already been completed). We will also continue to monitor Understanding Society and other relevant surveys, for findings relevant to our own work. Thematic coding of interviews will be ongoing and will be a major task with around 200 interviews to be processed (Waves 1 and 2) together with those from the community stakeholders.

The research team will make amendments to the interview schedule for the Wave 2 interviews and the Advisory Group are invited to suggest any questions which they might like to see included. The bulk of the second interviews will be carried out at a point where more severe lockdowns have either been or are being implemented: reaction and experience of these is likely to form the focus of the second round of interviews. The team is also giving consideration to a Wave 3 interview around mid-December through to January 2021. This would, however, require additional funding: again, the Advisory Group is invited to comment on the desirability of a third interview.

10.Selected references

Ayalon, L et al. Aging in the time of the COVID-19 Pandemic: Avoiding ageism and fostering intergenerational solidarity. Journals of Gerontology

Becares, L. and Nazroo, J. (2020) 'Racism, ethnicity, and COVID-19 related inequalities in the UK'. In : Solène Brun and Patrick Simon (eds.), Issue 'Inégalités ethno-raciales et pandémie de coronavirus', De facto, http://icmigrations.fr/2020/05/13/defacto-019-02/?lang=en

Centre for Ageing Better (2020) Doddery but dear? Examining age-related stereotypes. https://www.ageing-better.org.uk/sites/default/files/2020-03/Doddery-but-dear.pdf

Demos (2020) Life Under Lockdown. London: Demos

Durcan, D. and Bell. R. (2015). Local action on health inequalities: Reducing social isolation across the lifecourse. London: Public Health England.

Evandrou, M., Falkingham, J., Qin, M., & Vlachantoni, A. (2020, June 24). Older and 'staying at home' during lockdown: informal care receipt during the COVID-19 pandemic amongst people aged 70 and over in the UK. https://doi.org/10.31235/osf.io/962dy

Goff, M., Doran, P., Phillipson, C. and D'Andreta, D. (2020) Community Interventions to Promote 'Ageing in Place': Developing the 'Village' model in Manchester. The University of Manchester: MICRA http://documents.manchester.ac.uk/display.aspx?DocID=48721

Horton, R. (2020) 'Its not too early to learn the lessons of a mismanaged response'. The New Statesman, 3-9 July, p.48

ILGA-Europe, Equality for lesbian, gay, bisexual, trans and intersex people in Europe (2020) COVID-19 and specific impact on LGBTI people and what authorities should be doing to mitigate impact. https://www.ilga-europe.org/sites/default/files/COVID19%20_Impact%20LGBTI%20people.pdf

Institute for Public Policy Research (IPPR) Hitting the poorest worst? How public health cuts have been experienced in England's most deprived communities. https://www.ippr.org/blog/public-health-cuts.

ipsos.com/ipsos-mori/en-uk/COVID-19-impact-lockdown-older-generations

Kirby, T. (2020) Evidence mounts on the disproportionate effect of COVID-19 on ethnic minorities. The Lancet/Respiratory Medicine, Online first: DOI:https://doi.org/10.1016/S2213-2600(20)30228-9

Li, L. Z., & Wang, S. (2020). Prevalence and predictors of general psychiatric disorders and loneliness during COVID-19 in the United Kingdom. Psychiatry research, 291, 113267. https://doi.org/10.1016/j.psychres.2020.113267

Marmot, M., Allen, J., Boyce, T., Goldblatt, P., Morrison, J. (2020) Health Equity in England: The Marmot review 10 years on. London: UCL Institute of Health Equity.

Office for National Statistics ONS (2020a) Deaths involving COVID-19 by local area and socio-economic deprivation: deaths occurring between 1 March and 31 May 2020. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/

Rowles, G. D. (1978) Prisoners of Space? Exploring the geographical experience of older people. Boulder, CO: Westview Press.

Scharf T, Phillipson C, Smith A, and Kingston P (2002) Growing Older in Socially Deprived Areas: Social Exclusion in Later Life. London: Help the Aged.

Platt, L. and Warwick, R. (2020) Are some ethnic groups more vulnerable to COVID-19 than others? London: The Institute for Fiscal Studies (Funded by Nuffield Foundation) https://www.ifs.org.uk/inequality/chapter/are-some-ethnic-groups-more-vulnerable-to-COVID-19-than-others/

Prattley, J., Buffel, T., Marshall, A. and Nazroo, J. (2020). 'Area effects on the level and development of social exclusion in later life', Social Science & Medicine. 246, 112722.

Public Health England (2020) Disparities in the Risks and Outcomes from COVID-19. London: PHE. https://www.gov.uk/government/publications/COVID-19-review-of-disparities-in-risks-and-outcomes

Rutter, J. (2020) http://www.britishfuture.org/publication/remembering-kindness-strangers/

UK Parliament (2019) Local government finance and the 2019 Spending Review, https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/2036/203605.htm

United Nations (2020) Policy brief: The impact of COVID-19 on women. https://www.un.org/sites/un2.un.org/files/policy_brief_on_COVID_impact_on_women_9_apr_2020_updated.pdf

University of Essex, Institute for Social and Economic Research. (2020). Understanding Society: COVID-19 Study, 2020. [data collection]. 3rd Edition. UK Data Service

World Health Organization (2020) Social stigma associated with COVID-19. https://www.who.int/docs/default-source/epi-win/stigma/COVID19-stigma-guide.pdf

Yarker, S. (2019) Social infrastructure: How shared spaces make communities work. Manchester: Ambition for Ageing and the University of Manchester.