



**COVID-19 and Social Exclusion: Experiences of  
older people living in areas of multiple deprivation  
Findings and Recommendations in Brief**



## COVID-19 and Social Exclusion: Experiences of older people living in areas of multiple deprivation

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

Phillipson, C., Lang, L., Yarker, S., Lewis, C., Doran, P., Goff, M. and Buffel, T.

Report designer & illustrator:  
**Katayha Gould**

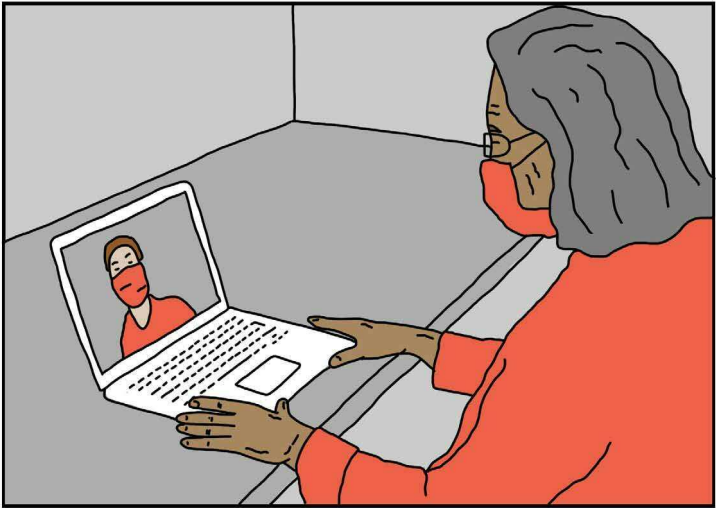
<https://www.micra.manchester.ac.uk/muarg/>



Key  
messages



**Community participation** is vital for developing effective responses to COVID-19



**Community organisations** - including those led by older people - should be co-equals in tackling the pandemic



**Community advocates** will be needed to prevent isolated individuals from being denied treatment and support

## Findings in brief

---

- This study examined the impact of COVID-19 through the experiences of *21 organisations* working with older people, and *102 older people aged 50 and over*, the majority of whom were interviewed three times during 2020 and early 2021.
- The study sample comprised four ethnic/identity groups: African Caribbean, South Asian, White, and LGBT+.
- Organisations were asked about how COVID-19 had affected ways of working, and *support* provided to older people. Older people were asked about the impact of, and response to, *social distancing*.
- In many respects, older adults were like other age groups during the pandemic, managing as best they could given *pressures* on social relationships and support networks. Many were highly creative in devising ways of spending their time through developing long-standing interests, or befriending or assisting others in various ways.
- Adapting to, and exploiting the *benefits of technology*, was crucial for many participants. Those without access to online media were disadvantaged in a number of respects. Our findings highlight that differences in the use of technology may introduce new forms of *inequality* within the older population.
- Gardens, parks and communal spaces provided relief from the pressures of lockdown, but an important priority coming out of the pandemic will be tackling *inequalities in access* to green spaces.
- *Religion* played an important role for many of our participants, providing both structure and meaning to everyday life.
- *Physical and mental deterioration* over the course of the lockdowns was reported by many of our participants. They spoke of the impact of restricted mobility over a number of months, as a result of being confined to their house or flat. In some cases, the pandemic seemed to have increased awareness about ageing itself, but this was often perceived as a negative rather than positive life transition.
- *Social isolation* increased for particular groups, notably for South Asian women and White British men living alone. The former reported feelings of depression, and being a 'prisoner in your own home', partly driven by the increased pressures women felt as carers. Many of the single men interviewed went into the pandemic with relatively limited social support networks, poor physical health, and low incomes, with COVID-19 creating additional constraints due to the closure of the facilities upon which they had previously relied.
- The research highlighted the strains affecting *friendships*, arising from the impact of social distancing. For many participants, digitally included and excluded alike, keeping friendships going during the pandemic was a challenge. For some, the loss of friends may be a damaging side-effect of the pandemic.
- If friends became, in some cases, more distant, family was centre-stage for many. Again, this was often the case amongst those most digitally connected, Zoom and WhatsApp being drawn upon to maintain regular contact. And use of the internet to maintain transnational ties was an important element in the daily lives of some of our Afro-Caribbean and South Asian participants.

- All our participants who had been involved in community activity before the pandemic missed the sociability involved. Digital technology helped fill the gap for many, with notable examples from the LGBT+ community. However, technology was rarely seen as compensating for the importance of direct physical and social relationships in everyday life. Ensuring the provision of neighbourhood facilities, as a means of helping people re-engage with their community, will be essential to COVID-19 recovery.
- With people deprived of their usual support networks, social relationships in the immediate neighbourhood assumed greater importance. The experience varied for different participants and between neighbourhoods. In some cases, localities with more *transient populations*, or those which had undergone substantial change due to gentrification, produced feelings of alienation, with individuals less inclined to draw on the support of those living around them. In others, there was evidence for strong neighbourhood attachments based on informal social ties between neighbours, which provided much needed support and access to resources.

## Recommendations in brief

---

- The report emphasises the importance of developing a '*community-centred*' approach in COVID-19 recovery planning, an essential part of which will be ensuring that the views of older people take centre stage. They have been a missing voice throughout the pandemic. A key task moving forward will be to build the capacity of local organisations representing diverse groups of older people, around which future strategies can be developed.
- This research, supported by national studies, underlines the extent to which COVID-19 has undermined neighbourhoods already damaged by austerity and the loss of social infrastructure. Coming out of the pandemic, and in preparation for future waves, it will be vital to focus on the restoration of, and access to, community spaces which give meaning and vitality to neighbourhood life.
- Working within neighbourhoods is especially important given the possibility of continued unequal vaccination levels between different social and ethnic groups. This may give rise to localised epidemics amongst those communities most at risk of serious disease and death, extending the inequalities exposed by the pandemic during its initial and subsequent waves.
- There will also be a vital need to strengthen the community organisations around which the response to COVID-19 has been built. Despite (or because of) their many successes, organisations will need a commitment for adequate funding in order to survive or meet the range of needs which are likely to emerge after three successive lockdowns. Enhanced support will be especially important for equalities-focused organisations working with minority groups, who have made a major contribution in providing support to people experiencing considerable suffering as a result of COVID-19.
- Given the importance of community organisations, we would suggest an audit be carried out – led by the *GM Ageing Hub* – assessing the range of additional resources that are likely to be needed to assist recovery coming out of the pandemic. This might also be linked with region-wide discussions aimed at sharing lessons learnt in responding to COVID-19, identifying gaps in support which have emerged over the lockdowns, and making decisions about priorities for intervention over the short- and medium-term.

- We would also see community renewal as a process which needs to come from *above* (the work of the *Greater Manchester Inequalities Commission* is vital here), as well as *below* (through engaging with local leaders and community organisations). An effective community-centred approach will require the integration of both elements, ensuring that the kind of mutual aid networks that have developed over the course of the pandemic are supported in the various neighbourhoods across the region.
- Community renewal must also be embedded in tackling *systemic discrimination* affecting different groups within society. COVID-19 has exposed and exacerbated *longstanding inequalities affecting ethnic minority groups* in the UK. Much of this was predictable given available knowledge about poverty, co-morbidities, poor quality housing, and low incomes. Despite this, there was a failure to provide enhanced support to ethnic minority groups from the beginning of the pandemic. Such targeted work, involving community leaders wherever possible, will certainly be essential over the medium and longer-term.
- An observation from our interviews, was that the pandemic may have led to a *loss of confidence in social participation* amongst some individuals and groups who were experiencing isolation before the pandemic. This will require innovative forms of community support to re-engage with people, with good neighbourhood groups, voluntary organisations, and informal leaders within neighbourhoods, all having a vital role to play.
- A related issue concerns recruiting '*community advocates*' for those in the community whose voices go unheard. There are increasing numbers in the older population who may be vulnerable to having their interests ignored, given pressures on services and support arising from COVID-19. In this situation, advocates within communities will be important to prevent isolated individuals being denied appropriate treatment and support. Such individuals could be drawn from existing organisations, for example local Age UK branches, and Good Neighbour and befriending groups.
- An important task for local authorities, the NHS, voluntary groups, and neighbourhood organisations, will be tackling experiences of *social exclusion*, which have intensified during the pandemic. Our research has highlighted the challenges facing women from the South Asian community, men and women living alone, and those who were in poor physical and/ mental health before the pandemic began. Community organisers – formal and informal – are best placed to know who needs support within their neighbourhoods. But the work ahead will be difficult: there is likely to have been a substantial increase in need as a result of the pandemic – especially amongst those with limited social networks who have spent a large part of the year confined to their own homes.
- COVID-19 has highlighted strengths in community organisation (e.g. new forms of grass-roots leadership) as well as consolidating existing inequalities (e.g. around ethnicity). It has also confirmed significant variations within the older population, especially in respect of adjusting to life after lockdown. These and other dimensions will need to be incorporated into new approaches and methods in developing a post-pandemic GM Age-Friendly Region.