Ageing in Place for Minority Ethnic communities: The importance of social infrastructure

Sophie Yarker
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Contents

Glossary of terms

Social capital

Social connections and networks, including relationships and trust.

Bridging social capital

Relationships and networks made between diverse groups of people.

Bonding capital

Relationships and networks between people who share some form of commonality.

Weak social ties/ connections

Acquaintances, connections with others without substantial significance.

Social Infrastructure

The range of activities, organisations and facilities supporting the formation, development and maintainence of social relationships in a community.

Social isolation

The absence of social contact with other people. This is distinct from loneliness which is associated with a subjective perception of feeling lonely.

Intersectionality

The way that a person's different marginalised identities may connect and overlap, resulting in specific forms of discrimination. This term was coined to refer to the intersecting discrimination experienced by black women, but is now used more widely.

Foreword

By Patrick Vernon OBE
**Associate Director for Connected Communities
The Centre for Ageing Better**

We believe that at the Centre for Ageing Better that Connected Communities are important aspects of ageing in Britain. We recognise being part of a community can be good for your wellbeing and has intrinsic and extrinsic values which give a sense of belonging, identity in people's neighbourhoods and or communities of interest. Achieving this goal of Connected Communities means more local areas need to recognise the strategic importance of creating places that support people to age well, with a more integrated approach to social infrastructure, including planning and transport.

That is why we I welcome the timing and launch of this important report looking at the role of social infrastructure around the engagement of BAME communities as part of the National Lottery Community Fund funded Ambition for Ageing programme. The report findings were concluded prior to COVID-19 and Black Lives Matter and thus further makes the moral, ethical and business case in more investment around ageing and ethnicity in tackling the deep roots of structural inequalities and racism.

The report provides an important snapshot but also challenges us all to do more work on inequalities and racial disparities within BAME communities in the following areas:

- Encourage and support more inclusion around race and intersectionality in mainstream thinking on ageing
- More collaborations and b rokerage in ensuring social infrastructure reflects the cultural and religious needs of older people
- The role of funders and commissioners to develop and fund more accessible and inclusive approaches to community participation, especially support for informal and BAME community led approaches to ageing
- Further research and sharing best practice on race equality and inclusion around ageing.

Since COVID-19 and Black Lives Matter, the report has further resonance and importance highlighting what more needs to be done in tackling racism and social justice for Black and Minority Ethnic communities in Britain. The communities focused in this report are part of the history and legacy of post WW2 migration and the lived experience of the narrative of Grenfell and The Windrush Scandal.

The report especially in the context of COVID-19 now requires a radical perspective and approach in the role of social infrastructure and BAME communities. The following considerations below along with the report findings requires serious consideration by funders, commissioners and politicians:

- Food security and cultural appropriateness of packaging for hot meals, delivery and transport, role and nature of community kitchens and donations from retail sector to individuals self-isolating, not shielded and vulnerable
- Community testing should be mandatory to front line staff and local communities linked with culturally sensitive public health messages and information

- Established but also emerging organisations to develop mental health and wellbeing services around counselling and bereavement support which are cultural, religious and but also sensitive to sexual orientation and identity
- Complete suspension of the hostile environment and review closure of detention centres and deportation polices with its impact on family life
- Current business support and furlough packages have the flexibility along with access to finance to support the survival SME and social enterprises especially for BAME workers who lose their jobs as a result of COVID-19
- Educational, social, community and housing support and cultural appropriate interventions for a range for families and households with a range of disability and long-term health conditions
- Ensuring Broadband, data/telephony packages, computer and IT packages for individuals and families on low incomes who need to access home learning, work and self-employment.
- Equitable funding and assistance to grass roots and third sector organisations including access to COVID-19 funding and long-term plans for a BAME focus community endowment fund.

At the Centre for Ageing Better, along with other national organisations, we are all going through a process to recognise what more we can do on race equality and ageing around research, influencing and stakeholder engagement. I hope this report will further provide more dialogue with several strategic funders and commissioners to develop a national and collective response that ageing, and equalities is at the heart of work over the next several years.

Executive Summary

There is a lack of research into the experiences of social isolation for different minority ethnic older people living in the UK. In response to this gap this study, carried out in August 2019, investigates the opportunities for building and maintaining social connections for older South Asians living in Manchester, Birmingham, Leicester, and Camden and older people of Greek Cypriot, Turkish and Kurdish heritage living in Hackney.

Based on qualitative interviews with older people and a survey conducted with community and voluntary organisations working within these communities, the project has identified a number of important spaces of social infrastructure that must be supported and maintained if older people from these minority ethnic groups are to be able to age in place.

Social connections for the older people in this research were about support, friendship and cultural identity. These connections were developed and maintained in a variety of different spaces however this research found that **religious buildings, specialist retail spaces, green and outdoor spaces and minority ethnic led community and voluntary organisations** to be especially important spaces of social infrastructure within these communities.

Older people reported having a variety of different social connections in their lives, but it was often the **weaker connections**, the acquaintances they made through informal and often fleeting interactions in shared spaces, that were found to be particularly important for maintaining their sense of cultural or religious identity and for feeling a sense of connection to the neighbourhoods in which they now lived.

This research therefore demonstrates the importance for older people with a shared cultural identity to have places where they can meet together, not only to maintain their sense of identity but also for bonding social connections.

Community and voluntary organisations that were led from within minority ethnic communities provided both formal and informal support as well as a space of social connection for older adults. These organisations, along with the other vital parts of neighbourhood social infrastructure such as parks and shopping spaces need **investment and support** to continue to exist.

Specialist funding and support is vital for organisations working with minority ethnic groups to be able to continue their work within their communities. This needs to go beyond funding for 'inclusive services' and instead provide targeted support for minority ethnic and equalities organisations who are best placed to reach and engage with different groups in society.

Developed appropriately, **delivery partnerships** can create significant social value and therefore funders should consider how all sizes of organisations contribute towards an equitable partnership working model. This should be through both the design of delivery opportunities and bid assessment. Funders and commissioners have a role to play in shaping market conditions and should take note of how larger organisations intend to manage and support partnership working.

Changes in **family structures** and **increasing health needs**, where identified by organisations working in these communities as two pressing concerns affecting older people. Although multigenerational households remain prevalent they are neither the norm nor without their own challenges for older people and many of the staff interviewed for this research expressed concern at the increasingly complex health needs within the older populations of these communities and the additional stresses this placed on them as an organisations to respond to and accommodate these needs.

The COVID-19 pandemic and resulting social distancing measures have added increasing pressures to already stretched community and voluntary organisations. Death rates from COVID-19 in England have been highest amongst Black, Asian and ethnic minority communities and people of

Bangladeshi ethnicity have been found to be twice as likely to die of the virus than people of White British ethnicity. Geographical disparities in the virus have also been identified which have implications for the findings of this research. Three of the study areas have been identified as UK regions with the highest infection rate (London, the North West and the Midlands) and deprived neighbourhoods (which again would include all the areas in this study) have been found to have at least double the mortality rates from COVID-19 than less deprived areas.

Conducted before the Coronavirus pandemic hit the UK, the findings from this research underline the importance of social infrastructure for older people. As lockdown restrictions begin to lift it is even more important that shared spaces are age-friendly. This means that the planning and re-design of public and **shared space must meet both socially distancing guidelines and age-friendly principles**. There needs to be support for social infrastructure to ensure these places are able to provide a social space for people as well as fulfilling their primary functions.

Although this research involved older minority ethnic populations from across the UK, the sample was still small and therefore more research is needed to explore different ways of supporting communities and how the voluntary sector can meet the needs of older people from different minority ethnic backgrounds.

Introduction

Ageing Better is a programme set up by The National Lottery Community Fund, the largest funder of community activity in the UK. It aims to develop creative ways for people aged 50 and over to be actively involved in their local communities, helping to combat social isolation and loneliness.

As part of this programme, a research project was developed to explore the types of social infrastructure that people aged 50 and over from ethnic minority communities use in specific places. The aim of this project is to understand how organisations working with ethnic minority groups engage with older members from their community and how this might have changed over time and to explore how individuals from ethnic minority communities use places, organisations and services for social contact and interaction.

The research has emerged from two strands of work developed by Ambition for Ageing (AfA), the Ageing Better partnership in Greater Manchester. The first, as identified by Lewis and Cotterell (2017), is that a significant gap exists in our knowledge of the experiences of social isolation for older people from different ethnic minority communities. We do however know that the older populations in places like Greater Manchester are becoming more ethnically diverse and that the experience of ageing will differ between different minority ethnic groups. Therefore, the conclusion of Lewis and Cottrell's report was that more research was needed to identify these specificities. The original report stated that 'minority ethnic groups often experience a greater number of health, economic, and social inequalities compared to white groups. Such inequalities accumulate over people's lives, increasing their vulnerability to social isolation in later life'. However, it is important to acknowledge differences within and across different ethnic minority group and that experiences of ageing will differ accordingly. The specific communities involved in this latest piece of research are illustrative, but are not representative of all ethnic minority communities.

The second strand is AfA's focus on social infrastructure as a critical factor in the building of age-friendly communities and the ability of a neighbourhood to support social participation for older people. Yarker's (2019) review of existing literature on neighbourhood based social interactions for older people concluded that more policy and research effort should be focused on a broader understanding of shared spaces; one that takes into consideration the importance of weak ties and bridging capital for older people and the everyday shared spaces that can provide these opportunities.

Therefore, this research project was designed to address two gaps in the literature around social isolation and older people by focusing on the experience of older people from a particular ethnic minority group and doing so from the perspective of the social infrastructures they engage with. It also provided an opportunity to learn more about the community and voluntary provision for older people in diverse communities and to understand how these organisations are supporting older people in the context of austerity. Five of the Ageing Better Partnerships took part in this research; Birmingham, Camden, Hackney, Leicester and Greater Manchester meaning the research provides a multi-location insight into the important social infrastructures for older people from ethnic minority communities.

This research was conducted before the COVID-19 pandemic. Therefore, the analysis presented below must be considered in this context. Social distancing and shielding measures brought in to help control the spread of the virus in March 2020 will of course have huge implications for how older people access and use shared spaces. There are also additional implications for older members of ethnic minority communities. A Public Health England report (2020a) confirmed recently that death rates from COVID-19 were highest amongst Black, Asian and ethnic minority communities and that people of

Bangladeshi ethnicity were twice as likely to die of the virus than people of White British ethnicity. Geographical disparities in the virus have also been identified which have implications for the findings of this research. Three of the UK regions with the highest infection rate (London, the North West and the Midlands) are the same areas in which this research took place and deprived neighbourhoods (which again would include all the areas in this study) have been found to have at least double the mortality rates from COVID-19 than less deprived areas. There are other important intersections of identity that have been identified as experiencing higher rates of infection, hospitalisation and mortality from the virus. Men (of all ethnic groups) make up over 60% of deaths from COVID-19 and some occupations, such as security guards, drivers and medical staff, have shown higher rates of infection. Based on this evidence, we can assume that the neighbourhoods in which this research look place will be amongst the worst affected by COVID-19 and many of the individuals who participated will belong to some of the most at-risk groups based on their ethnicity alone.

These disparities in geography and in how different minority ethnic communities have experienced the virus will have significant implications for both how community groups working with these communities respond and for the experience of individual older people. However, without empirical data gathered during the pandemic it is not possible to know what these affects might be. It is however possible to make some educated assumptions and to reflect on what the ongoing implications might be. So as to not distort the original analysis, these reflections on the research findings in the context of COVID-19 will be discussed in a separate section at the end of the report.

Methodology

Part 1 - Semi-structured survey of minority ethnic organisations

The first part of the research was to understand how community and voluntary organisations working with minority ethnic groups engage with members from their community aged 50 and over and how this might have changed over time. Each of the five Ageing Better Partnership areas identified a local neighbourhood that could be described as ethnically diverse. From this area at least 10 organisations that were led by ethnic minority communities were selected to take part in a semi-structured survey. For the purposes of this research organisations were selected if they existed primarily to serve an ethnic minority community, or a section of that community, with decision making led by members of that community. Here the research was interested in how these organisations support older people in their communities, how they identify their needs and what these needs might be, and how they may have changed their ways of working in response to changes both within the community and more broadly.

Part 2 – Important social infrastructure for older people in South Asian, Turkish, Kurdish, and Greek Cypriot communities

This part of the research focused on the experience of individual older members of the above communities living in each of the five areas. The ethnic minority communities selected for this research were driven by the neighbourhoods in which the research took place. Therefore, in four out of the five areas it was decided to focus on the South Asian community defined as people from one of the countries within the Indian subcontinent. The broad definition of South Asian was used to allow researchers the widest pool of participants from which to recruit given the timescales of the research. This was because these communities represented the majority communities in these places. In Hackney however the majority community was identified as Turkish, Kurdish and Greek Cypriot and

therefore these were the communities selected for the research in this area. A more detailed, self-identified, breakdown of the ethnicity of the participants is given in table 1. One-on-one qualitative interviews were carried out with 10- 15 interviews with older people in each area. The interviews identified and explored the places, organisations and services people used for social contact and interaction.

Case Study Areas / participants

Table 1.

Leicester Neighbourhoods: • Belgrave • Spinney Hills • Highfields	Manchester: • Levenshulme • Longsight	Birmingham Neighbourhood: • Sparkbrook	Camden Neighbourhoods: • Regent's Park • St Pancras • Somers Town	Hackney Neighbourhood: • Dalston
15 South Asian: *14 Indian, all over 50.*	**14 South Asian:** *From Bangladesh, India and Pakistan, aged 52 - 79.*	**12 South Asian:** *10 Pakistani, 2 Kashmiri, aged 50 - 72.*	**12 South Asian** *All Bangladeshi, all over 50.*	*4 Turkish Cypriot. 2 Greek Cypriot. 2 Turkish Kurdish. 2 Kurdish. Aged 50 - 80.*

Intersections of Identity

Table 1 represents how individual participants identified their ethnic identity when asked by the researchers. Although the participants have been identified here by their nationality (or as South Asian more broadly) There will, of course, be intersections of difference within these communities. Intersectionality refers to the interconnected nature of social characteristics as they apply to a given individual or group, which creates overlapping and interdependent systems of discrimination. This term was originally used by Black feminists in the US to describe the intersections of race gender and class but provides a useful way of looking at other forms of discrimination.

There will be important cultural and linguistic differences between people who identify broadly as 'Bangladeshi' for example; there might also be significant differences in income and education, physical health and levels of mobility or disability. Differences will also exist between Bangladeshi men and women and those of different ages within the research sample. As this research was based on a small base size are not able to draw major differences out of the data in terms of what differences these intersecting identities make. They will however make a difference to how people experience ageing in place and therefore further research would be needed to explore this further.

Leicester - Belgrave, Spinney Hills and Highfields (which includes the ward of Wycliffe)

Significant levels of overseas immigration to these neighbourhoods date back to 1950's. They are the most ethnically diverse parts of the city of Leicester. According to the 2011 Census the majority of the local population are Asian with Wycliffe being home to the highest number of African-Caribbean residents in the city and more recently has seen in increase in migration from Eastern Europe. In Belgrave the majority population are Indian and the area is known locally for its high number of Asian retailers with one street referred to as the Golden Mile. In Belgrave the most common religious affiliation is Hindu and the area hosts the largest annual Diwali celebrations in the UK.

These are also neighbourhoods that experience high levels of multiple deprivation being in the top 30% most deprived neighbourhoods in the country. This deprivation disproportionality effects older people. The health of the residents living in these wards is generally worse than the national average with health issues such as obesity being worse here than Leicester overall. There is limited access to green space throughout the neighbourhoods but the area is served well by public transport.

The majority of organisations in the area focused on the Asian community within the wards and the wider city although two of these organisations also engaged with the African and Eastern European communities. One organisation focused on African-Caribbean and another focused on women from minority ethnic backgrounds.

Manchester – Levenshulme and Longsight

Both Levenshulme and Longsight can be considered quite mixed areas in terms of their population. Both have high levels of ethnic minority residents, and high levels of deprivation but also high levels of students and young professionals attracted to the area by the large availability of housing and proximity to the city centre and major employers. In Longsight 73% of the population identify as Black, Asian or minority ethnic with Asian / British Asian / Pakistani being the largest and in Levenshulme 61% identified as Black, Asian and minority ethnic (based on 2011 Census). Measures of multiple deprivation put Longsight in the top 8% most deprived Lower Layer Super Output Areas (LSOAs) in England and Wales with Levenshulme ranked in top 14%. In Longsight 36% of eligible population claim Pension Credit compared with 24% in Levenshulme and 25% in Manchester as a whole (ONS, 2017).

Both areas have access to well established parks, open space and sport and leisure facilities and are well served by public transport. Both areas host a diverse range of community and voluntary organisations that work specifically with certain minority ethnic communities as well as more general Voluntary, community and social enterprise (VCSE) organisations. Some of those organisations have a specialist remit – such as working with Bangladeshi women while others work with their particular community outside the local area.

Birmingham - Sparkbrook

Sparkbrook has played host to successive waves of immigration. Based on 2018 data from Birmingham City Council 83% of residents in Sparkbrook and Balsall identified as Black, Asian, or minority ethnic as did 75% of those living in Balsall Heath West. Pakistan and Bangladesh are the majority communities in Sparkbrook however there are also large and well established African-Caribbean, Irish, and Eastern European communities living in the area. Almost all the Lower Layer Super Output Areas (LSOAs) in the Sparkbrook area are in the top 10% most deprived nationally and prior to ward reorganisation in 2018 Sparkbrook was the most deprived ward in the City of Birmingham.

The area is known locally for its many specialist food and clothing retailers reflecting the diversity of cultures living here. There are also a number of significant green spaces and pocket parks. The area is dissected north to south by a number of major arterial roads along which frequent bus services run. Sparkbrook is well connected to Birmingham city centre by public transport however traveling within the area itself is not as well provided for.

There is a strong presence of religious organisations in the area representing a range of faith and a high number of small-to-medium community and voluntary organisations.

Hackney – Dalston

Dalston is known to be a highly culturally diverse area with many different nationalities represented. 41% of residents in Dalston where born outside of the UK. The area of Dalston is well known as the centre for the Turkish, Kurdish and Cypriot communities living in Hackney however as Census data counts people from these backgrounds as 'Other White' it is difficult to give exact percentages. There is also a large Caribbean community in the area as result of post-war immigration.

There are high levels of multiple indices of deprivation in Dalston including income deprivation which disproportionally affects older people living in the area. There is also a higher percentage of those aged over 65 living alone in Dalston compared to Hackney or London averages. There are growing inequalities between the long-standing older community and an influx of younger, more wealthy professionals due to regeneration in the area and its proximity to Shoreditch.

Dalston hosts the only shopping centre in Hackney and is well known for Ridley road market. There are no parks as such but there are a number of small green spaces and public squares.

Camden - Regent's Park and St Pancras and Somers Town Wards

Regent's Park is one of the most culturally and linguistically diverse wards in London. India is the most prevalent country of origin outside of Britain and Bengali, specifically the dialect of Sylheti, is the most commonly spoken language.

The ward is in the top 25% for deprivation in London and is amongst the worst 40-50% in London for income deprivation amongst older people (DCLG, 2017). 25% of people aged over 65 live alone.

The largest ethnic group in St Pancras and Somers Town is White British (34.6%). There is also a large South Asian community of which Bangladeshi is the most prevalent nationality. Like Regent's Park it is also in the top 25% for deprivation in London and is amongst the worst 40-50% in London for income deprivation amongst older people

Both wards are very well connected by public transport but have little access to parks or greenspace. High density means private gardens are rare. The areas have also both suffered considerable disruption in recent years due to the construction of High-Speed Rail 2.

For further details on the research locations please see the individual local reports: http://www.ambitionforageing.org.uk/ageinginplace

PART 1: Changing needs of older people

Based on interviews with older people of South Asian, Turkish, Kurdish and Greek Cypriot heritage living in the five case study areas, and speaking to staff from community organisations working in these communities this research has identified three main changes in the needs of older people from these minority ethnic groups.

There are, of course, significant different between the minority ethnic groups focused on in this research, as well as differences within the communities as discussed in the section on intersectionality above. However, many similarities and commonalities were identified across the different communities. Therefore, based on this and the very small base size of the research. It is the commonality found across the different minority ethnic communities that provide the focus of this report. The reader should remain mindful however that although trends and patterns may be the same, situations and circumstance will be experienced differently by different minority ethnic communities and for individuals within them.

Changing Family Structures

The first is changes in **wider family structure and living arrangements**. Findings from this study challenge commonly held assumptions about the prevalence of multigenerational households particularly within South Asian communities and the associated perception that this may result in less social isolation for older people. Family support structures within this and the minority ethnic communities studied in Hackney were described as 'strong but weakening' as the younger generation who would have previously been called upon to provide a caring role were increasingly needed elsewhere due to work and other caring demands;

> **"We have found that South Asian elders are increasingly experiencing social isolation due to the loss of loved ones and changes in the support provided by families."**
> **Organisation, Leicester.**

Many reported that their younger relatives had moved away from the area, usually for work and where the care of elderly relatives was taken on within the family it was often done on a very informal basis with little organisation with regards to the delegation of responsibilities or back up in place in times of crisis. This suggests part of the reason behind changes in family structures were driven by economic necessity. This research took place in economically deprived communities where there might be fewer job opportunities for younger people meaning younger family members had to move to other parts of the country to employment.

Organisations spoken to in Birmingham in particular felt that assumptions made by statutory authorities about South Asian families 'looking after their own' had an impact on the level of resources allocated to these communities. They also felt such assumptions meant that issues of abuse of older people within family units were not recognised. Some organisations reported a variety of abuse of older people within the family home related to financial issues, caring roles and responsibilities, stress and loneliness. Therefore, it is important to remember that multigenerational households, just like any other living arrangement, can still leave older people vulnerable to social isolation and, in more serious cases, to abuse.

Therefore, it should not be assumed that older people from these communities will be living with other family members, nor that multigenerational living is always a protector from social isolation for older people. Despite the relatively strong nature of family structures within the community many older people were increasingly at risk of experiencing social isolation and this was recognised as a growing problem by those involved in this research.

Growing Health Needs

The second change identified within all of minority ethnic communities involved in this research were the **growing and often complex health needs** of older people. This is, in part, demonstrated by the fact that over half of the research participants reported having some type of health condition such as heart problems, diabetes or a mental health issue. Hackney reported that;

> **"Deteriorating health for members of the two centres (Hackney Cypriot Association and Halkevi Centre) has a huge impact on the centres and service users, as they require greater care provision with often less resources available to the centres."**

This was confirmed as a broader trend by the organisations spoken to. There also appeared to be an increasing awareness, on the part of the older people in this study, of a need to take some responsibility over their own health. For example, people spoke of taking exercise and the need to keep physically active but also the need to 'make time' themselves and look after their own mental wellbeing. This often manifest itself in their use of social infrastructure which will be discussed below. There was an awareness of how the deteriorating health and mobility of older people was often furthering their social isolation and how poor health was often the main barrier in older people accessing services and support in the community. Issues around mental health and general wellbeing were also mentioned by both individuals and VCSE staff as an issue the community was continuing to grapple with however this was often not referred to in mental health terms, instead people talked about 'feeling good' or 'having time for themselves'. Researchers in Birmingham spoke to South Asian women who spoke of using parks and pools for their physical and mental health;

> **"They identified changes in their life that meant they had more time for themselves, or made more time for themselves, to take their opportunity through exercise and leisure activity in formal and informal settings."**

The findings from organisations working with these minority ethnic communities, that in general older people were experiencing worsening and more complex health issues is supported by evidence from the 2020 Marmot Review. The report cites a separate analysis that shows even after accounting for social and economic disadvantage, people aged over 60 from minority ethnic groups were more likely than White British people to report limiting health and poor self-rated health. Those identifying as Bangladeshi and Pakistani stood out in the analysis as having poor health across a range of indicators.

However, the experiences of older people from minority ethnic groups need to be situated within the wider findings from the report, mainly that there is a strong relationship between deprivation and ill health, with those living in poorer areas having lower life expectancy and spending more of their shorter lives in ill health. Poorer communities, women and those living in the North of England have experienced little or no health improvements since 2010. Therefore, intersections between socioeconomic status, ethnicity and racism intensify inequalities for ethnic minority groups.

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, p. 94).

Access to information and advice

The third main change identified was the types of **information and support services** required by older people often as a direct response to changes in the state benefit system. The introduction of Universal Credit and requirement for benefits applications to be made online had caused many challenges for older people in these communities, many of whom were unable to read English and / or were not confident using computers. As a result, voluntary sector organisations reported older people needed more guidance and assistance with benefit issues which was often very time and resource consuming for the organisations themselves. Many organisations also said there had been an increase in older people from these communities requiring more general information on finances and debt which could also be as a result of changes in the benefit system. Organisations in Birmingham reported;

> **"Time constraints for filling in benefit forms, especially PIP (Personal Independence Payment) or PIP appeals, means some organisations have waiting lists or now charge for this service."**

The changing needs identified across all the minority ethnic communities involved in this research present a complex and moving picture of some of the challenges facing older individuals. They also identify several risk factors associated with social isolation in later life. We know from existing research that poor health can prevent people accessing opportunities for social interaction, as can poverty and financial exclusion. Add to this the changing nature of family structures in these communities and an assumption that wider family networks are able to pick up the pieces and it becomes clear that there is potentially a significant need for specific policy intervention around social isolation for older people from minority ethnic backgrounds.

Use of online media and digital technologies

This research found that the use of digital and online forms of communication were common, but a mixed picture amongst South Asian and Turkish, Kurdish and Greek Cypriot older people participating in this research. Digital and online technologies were used to varying extents and therefore had varying levels of importance for individuals. For those who used it, social media platforms such as Facebook were very important for keeping in touch with people and sharing photos etc. However, many of the older people in this study did not use social media at all.

Internet use was more widespread especially for emails, online shopping and information searches. It was also used by some older people to access films in their first language and to keep up to date with news from home as it was often felt the coverage was more in depth than that from UK based news media.

Communication apps such as WhatsApp and Imo were widely used and, for some, had replaced the use of international phone cards as a way of keeping in touch with friends and family from home.

> **"It's free! (WhatsApp) I don't have to buy an international calling card anymore."**
> **Participant, Camden**

However, these apps were also used to maintain locally based networks within their own communities of identity. Social networks maintained through WhatsApp, Imo and, to a lesser extent, Facebook, were often about being able to provide support to friends and family, such as checking up on someone who had been recently bereaved or unwell, but also to share information about religious events and funerals.

> **"I use Facebook for keeping in contact with friends in Cyprus who I have not seen in years"**
> **Participant, Hackney**

> **"Through Facebook I can find out a lot about people, country, politics, and social and personal life."**
> **Participant, Camden**

However, the most common and frequently used form of communication was still the telephone referred to by all participants and used on a frequent and regular basis.

To summarise, digital and online media and communication use amongst older members of the South Asian, Turkish, Kurdish and Greek Cypriot communities in this study can be characterised as mixed and with individuals being at different points along a journal of technology adoption. More research would be needed to find out what factors affected why older people initially engage with such technologies and what effects the extent to which it becomes important in their lives. Some findings from this research suggest being introduced to, and assisted with, technologies by a younger relative may be part of the answer.

The report now turns to look at how the older South Asian, Turkish, Kurdish and Greek Cypriot people in this research found ways to manage their own needs for social interaction and to develop social networks through the social infrastructure they used in their day-to-day lives.

PART 2: Important Social Infrastructure

Social infrastructure provides spaces and opportunities for people to have social interactions and build connections. This can include community spaces such as village halls and community hubs, public services such as libraries and GP surgeries, public spaces such as parks and squares, as well as commercial spaces such as shops, shopping centres, cafes, banks and post offices. Social infrastructure are therefore the places in which those relationships are formed, providing opportunity for local face-to-face interactions that are, as Klinenberg describes 'the building blocks of all public life' (Klinenberg, 2018). These 'third places' (i.e. places of social interaction that are outside of the home, the first place and work, the second place) have been found to be vital the development and maintenance of social connections in later life, connections which are essential in protecting against social isolation (Yarker, 2019).

Across all five research locations, the top four most important social infrastructures for older people from these communities were **religious spaces, specialist retail spaces, green and outdoor spaces and community and voluntary organisations working with minority ethnic people** in their local area. These spaces were used to varying degrees in each place but were identified across all five sites and being important.

Religious spaces

The importance of religious spaces such as churches, temples and mosque, was more commonly cited by men rather than women in this study. In Birmingham for example researchers reported that;

> **"Only the men identified the mosque as being important to them. They acknowledged the religious significance of the mosque and touched on the conversations had there (with other men) related to prayer and social issues."**

In some instances, the mosque was not an accessible space for women at all, for example in Camden none of the Sylheti speaker mosques have a prayer space for women. Although some women said they visited religious spaces they were not as often identified as important spaces for social interaction. Indeed, some men in this study, (particularly the Muslim participants in Hackney) felt the same way, saying the mosque was an important place in their spiritual but not social lives. However, for many older men in this study religious spaces played an important role in providing an informal network of support made up of those whom they regularly prayed and interacted with. Muslim men in Birmingham for example spoke of the conversations they had with other men there about social issues and in Leicester some of the Hindu men indicated the importance of the informal support networks that developed from regularly seeing people at the Temple.

Specialist Retail spaces

Many older women in this study referred to the importance of a specialist market or site of specialist shops which they regularly visited. This importance went beyond the practicalities of being able to access culturally specific goods. For many these spaces were about affirming their cultural identity by connecting them to others of a similar background or giving them a sense of connection to their heritage.

> **"This place is important to me as it reminds me of Bangladesh and my culture. I like shopping there as people speak the same**

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language and I feel comfortable and safe. Everyone there is from my community."
Participant, Camden

Shop keepers, stall holders, culturally specific products and the interaction they had with others were all important parts of visiting these retail spaces, which many people were willing to travel out of their local area for. Many women visited these sites with friends, or met up with friends whilst there however more casual acquaintances were also important points of social contact in these spaces. Relationships with shop keepers and stall holders were important as many older people enjoyed being able to talk to them about life in their shared country of origin;

"At Whitechapel market I talk to the shopkeeper and ask which village they are from."
Participant, Camden

This enjoyment was shared by both men and women as some of the older men commented that they often visited local shops owned by friends and family members for social interaction. The men interviewed for this research in Camden referred to a specific Bangladeshi coffee shop where they could meet with other Bangladeshi men of a similar age to discuss politics and share news;

"We have long discussions about our life in Bangladesh, we read papers and discuss."
Participant, Camden.

The social interactions experienced in these specialist retail spaces were therefore very important for enhancing a sense of cultural identity for the older people who used them. This was an identity formed through regular and repeated interaction with those who shared similar backgrounds and experiences to themselves. However, there was also a wellbeing aspect to the use of specialist retail spaces. In Birmingham for example some older people spoke of visiting local Asian shops on Stratford Road as being an important 'leisure and welfare' activity in that it provided 'time for themselves'. In Hackney too older people spoke of visiting Ridley Road Market for shopping and meeting up with friends but also just to walk around the market and 'have a sense of wellbeing'.

In Manchester, older people's most common places visited and valued were the local retail shops. The main road running through the centre of Longsight and Levenshulme contains many retail shops, a retail centre and lots of culturally appropriate shops as well as a local market which is very popular with the South Asian community. These specialist outlets, within walking distance or a short bus ride, are really important to older people for purchasing, for example, halal food, spices and Asian fruit and vegetables;

"It's a busy, lively road with lots of shops for buying or window shopping and a place to meet friends or see people I know and familiar faces."
Participant, Manchester

Therefore, the use of specialist retail spaces for many older people in this study provided a vital place of cultural identity, social contact and personal wellbeing facilitated by both the stronger social bonds between friends but also the casual acquaintances and interactions with strangers who shared a similar cultural heritage to themselves.

Green and outdoor spaces

This research also identified the importance of green and open space to the older people in this study. Parks, open green space and gardens were cited by many as important spaces in their everyday lives for general wellbeing, leisure and exercise as well as social interaction.

Many identified the health and wellbeing benefits of using these spaces. Some used them as a source of gentle exercise and for weight control, others cited reasons more reflecting of general wellbeing and potentially mental health issues. Some older people particularly referred to a desire to be in the fresh air, especially if they lived in flats and had no access to outside space of their own;

> **"I like nature and walking in the park. It lifts my mood."**
> **Participant, Camden**

> **"Walking is good for my health and I feel relaxed."**
> **Participant, Camden**

> **"I go to the park every week and sometimes meet my friends and than go for a coffee after our walk."**
> **Participant, Manchester**

In Camden in particular, older people seemed to prefer access to green or open public space that was in their immediate local area. This also gave them the opportunity to have casual interactions with neighbours living on the same estate and, for some, gave them a window to the community around them;

"It's an important space for me because I live on the fourth floor and I feel isolated. I can get fresh air in the green space and feel relaxed. It's the only place where I meet other women living on the estate."
Participant, Camden

What is important here is the fact that many older people within these communities were motivated by personal health and wellbeing goals to actively seek out green space and such spaces were not being used with the primary aim of developing social connections. However, they did offer the potential for this as a secondary benefit as they would often come into contact with people they recognised from the local area;

"I know them by face. Sometimes I see them in the nearby shops and streets."
Participant, Camden

The types of social interaction exhibited by older people in these spaces can be characterised as fleeting and often non-verbal. Often this was with neighbours if the green space used was near their home, however, in the case of Manchester in particular, older people did report traveling out of the local area to visit their preferred park or green space. This was often to parks located in other neighbourhoods where there was a large population of the same cultural and / or religious background or because it was felt there were better quality of parks and green space elsewhere.

Community and voluntary organisations

The use of such organisations varied from occasional visits to use particular services or attend events to more frequent, sometimes every day, use for more informal socialising. They provided sources of both formal and informal support, crucially in their own language and with a level of cultural sensitivity many felt was lacking elsewhere. The tailoring of services to meet the needs of minority ethnic communities and cultural sensitivity were of central importance to older people visiting these spaces. For those who visited community and voluntary organisations they were an incredibly important part of both their everyday social lives and support networks.

"It's very important I come here, keeps me in touch with people and stops me from being lonely."
Participant, Hackney.

"Very important. A central part of my life, I get advice and support with my appointments."
Participant, Hackney.

As well as structured activities and events, visiting these organisations also provided opportunities for more informal social interactions and many informal support networks had developed out of using these spaces as a result. The neighbourhoods selected for this research were chosen because of their diversity and history of immigration. Therefore, many of the community and

voluntary sector organisations based in these places had developed to serve the needs of their respective minority ethnic community as well as across the wider city in which they operated. Although some of the organisations had further specialism (such as women within the South Asian community or young people) none were explicitly focused on the needs of older people. All however had a high level of awareness of the needs of this section of their communities and were striving to meet these needs. All cited the need to address loneliness and social isolation as a key motivator behind the work they did with older people.

Services Offered

The services offered to older people by the organisations in this research were extensive. This reflects the complexity of knowledge and skill that even small minority ethnic community organisations have and the vital role they play in their communities and in the lives of the people they work with. They have been categorised as falling into one or more of the following; Social, Advice and Information, Skills, training and development, Health specific and Campaigning and advocacy.

Table 2.

Social	Advice	Skills/training	Health	Campaigning
Lunch club	Admin support	Computer session	Awareness talks	Focus groups to influence local ageing well strategy
Trips	Counselling	Craft	Exercise	Strategy on butrition workshops
Craft	Carers support	English	Yoga	Asylum advocacy
Befriending	Asylum guidance	Driving Theory	Tai Chi	
Singing	Benefits	Creative Writing	Meals delivery	
Bingo	Housing		Martial arts	
Games	Passport issues		Falls prevention	
Local history tours			Diabetes awareness	
Ethnic cultural projects			Falls prevention	
Women specific groups			Dementia memory group	
Social club			Sickle cell support group	
			Depression support	
			Minor health checks	
			Health promotion	

Many of the social activities acted as a gateway to other services within the organisation although many were also long running groups that provided a crucial opportunity for socialising for older people as well. Some were based around a specific interest such as crafting or local history whilst others used food or tea and coffee as a focal point to more informal socialising. Organised day trips to local attractions or events were cited by some organisations as a useful way to build trust with individuals who might be new to the organisation. They also functioned as an important respite for those with caring responsibilities. However, there was often an associated cost with these trips that not everyone was able to meet - presenting a financial barrier to this and therefore other services offered by the organisation.

Formal advice and support services were an important part of the offer to older people for these organisations especially as this often involved a translation and interpretation service as well. A vast array of specialist support and advice was offered internally through these organisations including advice on and assistance applying for welfare benefits, financial and debt advice, support with immigration and asylum processes and housing and health and social care. Support groups around personal issues were also provided around issues such as bereavement and carers support. There was also evidence of informal networks of support developing between individuals that extended outside these more formal settings.

Advocacy and campaigning work formed a smaller yet still important part the work of these organisations. This mostly involved trying to influence policy and service provision at a local level. The organisations involved in the Hackney Lunch Clubs network for example have held regular focus

groups with participants with the aim of influencing Hackney Council's Ageing Well Strategy whilst the Halkevi Centre have carried out focus group-based research to influence Hackney's Public Health strategy on nutrition for older people.

The most efficient and commonly cited way of engaging with older people was through word of mouth. Nearly all the organisations stated this been their main method of communication with older people and said it was unlikely to change in the future. To supplement this some organisations did also use leaflets, posters and the local press to advertise certain events or groups and some did engage with social media.

Challenges

The challenges faced by minority ethnic community and voluntary sector organisations can be divided into two categories. The first consists of challenges originating from within the communities they are trying to service, which will be referred to in this report as 'specific community challenges', and the second relates to broader structural challenges, referred to here as 'external challenges.

Specific Community Challenges

Language issues continue to present a barrier for organisations engaging with older people. Where English is not their first language, is not spoken at all or there are low levels of literacy in either English or the older persons first language, organisations have difficulty in both assessing and responding to their needs. The demand for interpretation and translation also puts significant pressure on the time and resources of organisations, with many relying heavily on the language skills of volunteers.

High and complex care needs of individuals. Many organisations found that the older members of their community were presenting to them with an ever-growing number of complex care needs. This presented challenges for organisations in being able to engage with these individuals and to meet their care needs whilst they were with them. This added more pressure to the already stretched resources of many organisations.

Lack of trust and prior bad experiences of mainstream services. Many organisations felt some older people did not wish to discuss more sensitive matters in front of others or had previously experienced discrimination when accessing services elsewhere. Therefore, the organisations found they had to commit a significant level of resource to building up good relationships with individuals before they could begin to address their needs. Such relationship building work often involved some form of light touch social activity so that people were able to become familiar and comfortable with the organisation, its staff and its services.

Fear of crime was mentioned by participants in Camden as presenting a barrier for older people physically visiting community and voluntary organisations and accessing their services. Although this was only explicitly talked about by participants in this area it can be reasonably assumed that many older people living in other part of the UK where affected by similar anxieties. In Camden this brought additional pressures for outreach workers and a need for more dedicated resources to be able to visit older people at home.

External Challenges

Closure and reductions of statutory provision and referrals. The scaling back of local statutory resources meant increased demand for services placed on the community and voluntary sector. In Camden in particular some participants talked about the loss of the Fitzrovia Advice Centre which had provided legal and benefit advice through a translation service. Not only has this been a loss to the individuals who relied upon it but its closure resulted in more pressure on other organisations to absorb its former users. Organisations in Birmingham in particular spoke about referrals to the

voluntary sector not being accompanied by funding. There were also concerns that no relevant background information about the individual was passed on through the referral process which can then impact on the relevance of service they are able to give and time it takes to assess their needs which placed additional strain on already stretched resources. This was felt particularly in the case of social prescribing. Many organisations welcomed the opportunity to expand their engagement with the community through being involved in referral schemes but felt that the additional time and resources it took for them to respond to this was not recognised or accounted for. This was a point also raised by organisations in Leicester who felt that the increased pressure on the voluntary sector from social prescribing creating new demand alongside cuts to other service was not sustainable. It was felt that a more formalised referral process was one way to improve this.

Lack of resources. Funding cuts, changes to funding and closure of other key services in the local area all resulted in increasing pressures on staff, volunteers and other resources and undermined their capacity to respond to the changing and complex needs of the communities they were working to support. In short, voluntary sector organisations in this study felt they were having to try and do more with less. As a result, many of the organisations spoken to during this research referred to having to scale back the services they were able to offer. Seeking additional support to continue services was not always straightforward. Many organisations spoke of having to rely on volunteers to delivery key services which was potentially unsustainable and applying for additional funding placed additional pressures on already stretched members of staff. In Birmingham some organisations had started charging individuals for services such as form filling, telephone calls and printing so as to be able to cover basic costs. Some also spoke of weighing up the benefits of applying for additional funding in the context of the often stringent reporting demands attached to funding. The stretched resources of staff and volunteers meant that the scope for future planning or even of expanding services was severely limited. This meant that in many instances it was not possible to develop any more insight about the needs of 'younger older' people within the community and therefore no way to ensure their needs were understood or catered for.

Other challenges faced by organisations when trying to engage with the older population were the lack of usable and efficient **public transport** in the area (which may relate in part to concerns over individual safety) and **poverty**, where sometimes even a minimal charge required to access some services or attend events presented a barrier for some older people.

Partnership working

By far the biggest change to how they worked reported by the community and voluntary organisations in this research was the extent to which they engaged in partnership working. This included working with other community and voluntary organisations as well as public services and local authorities. Many organisations reported that in the past there had been a tendency to work in silos and focus on service delivery, however there is widespread recognition of the benefits of partnership working.

Forms of partnership working varied from formal arrangements to more informal and ad hoc ways of working. Examples from this research include the Hackney Lunch clubs' network, a network of organisations contracted by Hackney Council to deliver lunches for over 50s, provide a variety of wellbeing activities and participant in network meetings, and the East Birmingham Collective (EBC) – an opportunity for organisations to work together and to support smaller community-led organisations to develop their skills and widen access. Through this collective the Connect Sparkbrook network was created as part of the Ageing Better Local Action Plan. Its aim has been to develop activities to address and ameliorate the trust issues between some organisations. As well as partnerships with other community and voluntary sector organisations, many also mentioned examples of working with other statutory and public services. These included working with adult and further education providers, colleges, private trainers, the police and fire service and domestic abuse support services.

The benefits of working with others were recognised by all. The three main advantages were access to more financial resource, improved reach and knowledge, and improvements in ways of working as an organisation.

Organisations benefited by gaining access to other sources and networks of funding which they may not have previously been aware of. This has impacts for the future sustainability of organisations. Some organisations also felt working within a partnership gave them greater powers when it came to lobbying or advocating on behalf of their communities.

Partnership working also meant that some organisations were able to improve their reach. Both enhanced resources and sharing of information meant organisations were able to reach new communities or new sections of the communities they already worked with and were able to gain a greater understanding of the issues affecting them.

The third main benefit to partnership working was improvements in ways of working for the organisations themselves. Many organisations reported that they had improved their services, adopted different approaches and become more efficient as a result of the learning they had developed from partnership working. There were also reports of organisations becoming more diverse, being able to recruit new volunteers and benefiting from the mutual support of other organisations.

However, the experience of partnership working varied between organisations. A general trend across the five case study areas seemed to be that smaller, and less established organisations reported more negative or mixed experiences. For some of the organisations, there was the difficult issue of negotiating power dynamics within a partnership. Some, for example, said that they did not feel they were trusted with funds compared to larger, or more established organisations, whilst others reported feeling 'used' by bigger organisations in order to gain access to their contacts and members. Organisations also spoke of the difficulty they sometimes had in negotiating roles and expectations within a partnership suggesting that this was often done on an ad hoc basis and with little structure. Smaller organisations also stated that they didn't always feel they had the time and resources to build effective partnerships, leaving them at a further disadvantage.

A second common theme in relation to partnership working was striking a balance between maintaining the integrity of the organisation and having access to the resources needed to continue

to do their work. Some spoke of a trade-off between having to work with organisations outside of their local area in order to secure the level of resource needed whilst others reflected on anxieties around maintaining their independence and own sense of culturally specific identity, whilst also being able to do their best for the communities they worked with.

Despite the variation of experience, overall most organisations accepted partnership working as a necessary way forward in the context of scarce resources and were keen to find ways of making it work best for them. Researchers in Leicester reported that many organisations wanted to improve their links with other communities and the organisations that represented them. Most notably a desire was expressed to work more closely with White British groups and local decision makers in the public sector. This was viewed as a key way to ensure the services that were provided for older people met the needs of minority ethnic communities. It was felt there was a bigger role that public sector organisations and commissioners could play in creating the right conditions to facilitate and support these networks. It was also felt by some organisations that there needed to be more support for community and voluntary organisations to build effective networks, either from the statutory organisations involved or form the local VCSE infrastructure.

Some organisations specifically mentioned wanting to improve their connections with more generalist community organisations that tended to do more work with the White British population. They believed this would allow for more services to be provided and further partnerships to be developed. There was also a feeling that this would allow for greater cultural awareness between different groups and would give organisations a greater say in decision making at a local level. Some organisations in Leicester for example discussed hosting community talks with invited speakers as one way to help build networks with other community organisations or local public services. The development of these networks in this way is something that could be supported further by funders.

Reflections in the context of COVID-19

A Public Health England (PHE) Report published in June 2020a confirmed that belonging to a Black, Asian or minority ethnic group increased the chances of a person catching coronavirus, of needing hospital treatment and of dying from the disease. This particularly relevant for members of the Bangladeshi community (of which some of the participants in this study were) as the PHE report confirmed people of Bangladeshi ethnicity were twice as likely to die of the virus than people of White British ethnicity. It is reasonable to suppose then that both the coronavirus

outbreak itself and the post-pandemic recovery has, and will continue to have, significant impacts on older Black, Asian and minority ethic adults and the organisations that work them. The following section of the report offers some reflects on what these implications might be drawing on findings from this project and wider research.

Impact of social distancing on use of important social infrastructure

The message of 'Stay at home' from the UK government in March, and the social distancing measures put in place in public and shared spaces will have meant significant changes in how the participants in this study went about their daily lives with further implications for levels of social connection and isolation experienced by these individuals. Drawing upon findings from this research (conducted before the coronavirus outbreak) it can be assumed that the closure of the of many of the social infrastructures found to be important, may lead to a negative impact on both the physical and mental wellbeing of older adults. Religious buildings, community centres and specialist retailers were all found to be important sources of social interaction for older members of the South Asian, Turkish, Kurdish and Greek Cypriot communities. Not being able to access these spaces therefore may leave people at increased risk of social isolation and loneliness.

Religious Buildings

Religious spaces were identified as important for several participants in this study, not just as spaces of worship but of socialising and social support. For those who regularly accessed such spaces it can be assumed that their closure during the pandemic will have had significant impacts on the individuals. This may have been heightened for Muslims as the introduction of social distancing measures coincided with Ramadan.

Specialist retailers

Equally those for whom visiting specialist food retailers and markets was an important part of their social activities may also have been affected by either their closure, or by not being able to access them via public transport as this research found many women especially were traveling outside of their neighbourhood to visit such locations. Even if retailers were able to stay open the directive to avoid public transport where possible present another barrier. Not able to access culturally specific products from specialist retailers may have consequences for the sense of connection to cultural heritage that is so important to many older people. It may also isolate them from informal support networks.

Parks and Green space

There will be variation across the research sites as to how accessible parks and green space remained to the participants during the early stages of the lockdown. Some local authorities took the decision early on to close some neighbourhood parks which would have effectively removed this as a space of exercise and socialising for many people. In cases where green space remained open, access for the participants in this study may still have been restricted if they did not live within walking distance of the space and also due to restrictions of only being permitted to leave the house once a day for exercise in March and April.

Many participants identified parks and green space as being important places for their physical health in terms of being able to take light exercise and mental wellbeing for being able to get fresh air and be outdoors. If these participants are no longer able to access these spaces and use them to the same extent they have been used to this may lead to negative consequences for health and wellbeing in both the short and longer terms. This would come on top of the already growing and complex health needs of the older population within these communities.

Online media and digital technologies

The of the older adults in this study represented a mixed picture of access to and use on online media and digital technologies. For those who did use it however communication apps such as WhatsApp were very important for keeping in touch with friends and family and may prove to become more important during the pandemic as a way to maintain social connections without face-to-face contact. Those who were not already users of these technologies however may now find themselves further isolated as a result.

Community and voluntary organisations

Community organisations were also of great importance to many of the older people in this study. Community centres and buildings will have had to close due to the restrictions and all face-to-face services stopped, or transferred to some other methods of delivery.

Questions are raised for how organisations will continue to operate the range of services they were delivering for their older members, the majority of which were done face-to-face and in a community building. This research highlighted the importance of the many social activities and group offered, not just for the opportunities for social interaction they afforded, but also for the role they played in acting as a gateway other service. Information and advice services were another highly important service provided by the organisations especially when this involved translation and interpretation. It is questionable whether the same level of assistance with benefit claims or matters around immigration can be dealt with as effectively without face-to-face contact. Not being able to access translation and advice and information services as easily may therefore have significant consequences for older people. As a result, many may become more reliant on family members who may already be stretched in terms of their commitments.

Therefore, there is reason to believe, based on pre-COVID-19 findings from this research, that older members of the South Asian, Turkish, Kurdish and Greek Cypriot communities may have faced additional restrictions in their ability to access important social infrastructures during the lockdown and may continue to do so even as restrictions are eased and society begins to find new ways of living with the virus.

In terms of how community and voluntary organisations that work in minority ethnic communities themselves may be responding to the pandemic in many respects it would seem the coronavirus outbreak may represent the latest crisis to hit an already over-stretched sector. A recent report from The Ubele Initiative (2020) suggest that as many of 9 out of 10 micro and small organisations are set to close if the crisis continues beyond three months following the lockdown. As noted by the study organisations were already struggling to meet the needs of the older members of their communities due to lack of resources. These are resources which will now be even further stretched. Many organisations may have lost the volunteers they so depended upon through those identified as clinically vulnerable from the virus being advised to self-isolate. The delivery of many services offered by the organisations will have had to be drastically re-organised or stopped altogether to meet social distancing regulations and reduced incomes may have meant some paid staff being furloughed. The result being that a sector already operating at its limits, is now faced with even higher demand and lower levels of resource.

Evidence from the PHE report suggests the coronavirus outbreak may have actually increased existing health inequalities. The organisations in this research were already having to respond to the growing and increasingly complex health needs of their older populations and therefore both the short and longer terms of the virus on their communities may have significant implications for how they operate. The ability to plan for the future was already something that was compromised by limited staffing resources and the often short term nature of funding. The need to respond to social distancing regulations adds an additional aspect for organisations to consider in their forward planning and some organisations may be better placed than others do to this.

Conclusion: What this means for older people's social connections

Maintenance of bonding capital

This research has found that the majority of older people from the minority ethnic communities in this project were regularly using social infrastructure where they felt a sense of safety, familiarity and were able to identify with others. In short, they were using social infrastructure that was also used by others from their minority ethnic community. This means that the social interactions they were having in these places were likely to be with people like themselves and therefore more prone to developing bonding social capital. There will, of course, be intersections of difference within the minority ethnic community. There will be important cultural and linguistic differences between people who identify broadly as 'Bangladeshi' for example; there might also be significant differences in income and education, physical health and levels of mobility or disability. We also are not able to tell from this research about any major differences in the age groups of people using these spaces, differences between those in their 50s compared to those over 80 for example. However, whilst there will be the possibility for social interactions with people who have different experiences from themselves, the overwhelming finding from this research is that the majority of social interactions older people are having in these public spaces is with those who are largely very similar to themselves in terms of cultural and ethnic background.

Many of the choices people in this study made as to the social spaces they visited were based on language, and being able to speak with others in their primary language and / or dialect. Many of the participants did not speak English and therefore visiting places that would have required then to speak English may have been closed off to them. However, language aside, there was also a sense that many people favoured social spaces where they knew they would be around others with similar background and would be able to discuss matters of shared interest such as family or politics in their country of origin. Researchers in Hackney for example found that a personal history of having fled war and persecution meant that those who visited the Halkevi Centre in Dalston (an organisation working with the Turkish and Kurdish community) were often doing so to seek out a 'safe space' in which they could discuss political issues. This demonstrates the importance of having spaces where older people of a shared cultural identity but also identity of experience can meet. This was important for maintaining their sense of cultural and / or religious identity but also for social connections.

Importance of both strong and weak social ties

Although bonding social capital was the predominately type of social connection being developed in these spaces, the intensity or strength of these connections varied depending upon the environment. There was evidence from this research that both weak and strong social ties were important to older people in these communities. Women spoke of visiting markets with friends, for example, demonstrating that this was an important part of their regular routine that helped maintain these friendships. Something similar was seen in how men spoke of the places they went to practice their faith (such as the Mosque or Temples) and also about their visits to shops or cafes owned by friends. There was a clear choice being made here about visiting spaces that provided the opportunities to maintain exiting friendships and networks of support.

However, the importance of weak ties and more informal associations were also evident in this research. Many older people talked about passing the time with shopkeepers or recognising neighbours in local parks near their homes. These are examples of weak social ties as they are based on familiarity and recognition rather than a deeper connection and would commonly be thought of as acquaintances. Despite being 'weaker' in nature, these connections were still important to the older people in this study for maintaining a sense of connection to place and to their culture.

Therefore, they allowed for a continued sense of identity for older people - one that was equally about their cultural and religious background but also about being connected to the neighbourhoods in which they now lived.

Risks of social isolation

Based on the findings of this research we can conclude that the older people who took part have access to strong social networks and sources of support within their own ethnic community but little evidence of their social networks extending beyond this. Looking at the social infrastructures that were important to these participants however, there are signs of the potential for individuals to make social connections that act as bridges into other social worlds though weak ties of association. Therefore, a complex picture emerges regarding the risk of social isolation for older people from these communities.

Bonds between people of a similar background are important for feelings of safety, cultural identity and practically in terms of language and cultural norms. This is especially important in the context of discrimination and the marginalisation experienced from some mainstream services. However, our understanding of sources of social support for older people has shifted away from a focus solely on families and close-knit social networks and towards the role of 'personal communities' of friends and neighbours (Phillipson et al, 2001), as a wider array of actors take on a more prominent place in the social networks of older people. Wider social networks within neighbourhoods have been found to be crucial for ageing in place and giving older people the opportunity to develop community capital, i.e. the social networks and norms of reciprocity based in a local neighbourhood. For older people who are often more tied to where they live, these weak associations can be vital as they are more dependent upon the social connections they have with those who live around them (Scharlach and Lehning, 2013).

Having social connections that extend into other social networks, outside your usual social circles (i.e. bridging capital) has been found to be important for reducing social isolation and exclusion for older people (Yarker, 2019, Klinenberg, 1999), enhancing resilience in times of crisis (Bagnall, 2019) and provides the foundations for more cohesive communities (Yarker, 2019). These can be casual and informal social connections, the type of weak ties that Granovetter (1973) identifies as being essential for the transmission of knowledge between different networks. Weak ties are also important because they instilled a sense of familiarity and recognition but without feelings of obligation or need for commitment (Gardner, 2011). Therefore, the need to seek out safe spaces of cultural and ethnic familiarity leaves older people from the communities in this research at greater risk of social isolation. There was evidence however of weak ties being made in spaces like specialist shops and markets, as well as various different green and open spaces. This research suggests that these connections were still predominantly with people of a similar background to themselves, but more research is needed to explore the exact nature of these ties and what possibilities there may be for bridging capital to be developed here.

The growing pressure of increasingly complex health needs within these communities present both challenges as well as opportunities. The health needs of older people using community and voluntary services puts pressure on already stretched resources. However the evidence found in this research of the older people increasing seeing the importance of making time for leisure and wellbeing activities. This provides opportunities for organisations to work in partnership with each other and leisure-based services to ensure the health and wellbeing needs of the community are being met in a diversity of ways. The partnership opportunities here also provide potential for networking silos of organisations and therefore spaces of bridging capital. Any partnership working of this sort however would require support of other services and community and voluntary sector infrastructures.

This research has provided a snapshot into the everyday lives of older members of the South Asian, Turkish, Kurdish and Greek Cypriot communities living in the UK. Despite the small sample size in each of the research locations, the findings were consistent across each of the five research locations meaning we can be reasonably confident of the reliability of the findings. Therefore, this research offers a much-needed insight into the potential risks of social isolation amongst older people in these communities, currently a gap in our understanding of the diverse experiences of ageing in place. By highlighting the key social infrastructures for these communities this research had demonstrated the diversity of shared spaces informing the social networks of these older people. Religious buildings, retail spaces and green and open spaces were all found to be important, as were the services of the local community and voluntary sector. It was clear that these organisations were very aware of the challenges facing older people in their communities and of the risks of social isolation within them. It was also clear such organisations were under increasing pressure to do more with less as the needs of their community grew and their resources were stretched.

More research is needed then to explore different ways of supporting the community and voluntary sector to meet the needs of older people from Black, Asian and minority ethnic backgrounds. Research from the Ambition for Ageing Programme in Greater Manchester, on the value of small community-led equalities research (Wilkinson et al., 2020) found that small community-based organisations bring valuable expertise as partners in equalities research programmes. However, they need practical support, and enough time and funding to cover issues such as translation, in order to leverage their expertise and benefit from a 'test and learn' approach that allows flexibility, creativity and risk-taking.

Partnership working provides one answer however, as demonstrated by this research, a one size fits all approach to this is not possible and more support from funders, commissioners and statutory services is required.

Conclusion: What this means for minority ethnic community organisations

As well as understanding the nature of the social infrastructure valued within minority ethnic communities, this research also enabled us to dig deeper into some of the issues facing these organisations.

Organisations accepting referrals had concerns about the level of information about the individual needs and histories passed on through the process. This had the potential to impact on the relevance of service they were able to give and time it took to assess their needs which placed additional strain on already stretched resources. This points towards the importance of co-designing referral systems with delivery organisations in order to help them understand needs and levels of risk.

By having to shift resources into dealing with crisis, the ability of the delivery organisations to contribute to local strategy and develop intelligence on their communities was reduced. For local commissioners, the inability of the local delivery organisations to provide this critical source of information may lead to the loss of a range of detailed strategic learning, including what could effectively be an early warning system. It is important that the strategic function of these community organisations is recognised and supported in addition to their ability to provide services.

The findings of this approach have also allowed for the development of insight to the opportunities and challenges of partnership working. We identified the following benefits:

- Smaller organisations working in broader partnerships were able to connect with new social networks, enabling them to find new sources of income.
- Many organisations reported that they had improved their services, adopted different approaches and become more efficient as a result of the learning they had developed from partnership working.
- There were also reports of organisations becoming more diverse, being able to recruit new volunteers and benefiting from the mutual support of other organisations.

Not every experience of partnership working was positive however. For some of the organisations, there was the difficult issue of negotiating power dynamics within a partnership. Some, for example, said that they did not feel they were trusted with funds compared to larger, or more established organisations, whilst others reported feeling 'used' by bigger organisations in order to gain access to their contacts and members.

The findings from this approach has shown the importance of larger organisations taking responsibility for the way they engage smaller organisations in partnership working, recognising the value that can be created. The role of funders and commissioners in shaping market conditions can also allow for the development of partnerships where significant social value is created.

Recommendations

The social connections of older adults from minority ethnic communities;

1. It is important for older people with a shared cultural identity or identity of experience to have places where they can meet together, not only to maintain their sense of cultural or religious identity but also for bonding social connections. Although these interactions often take place in informal ways and outside of programmed activities, the conditions that support these types of interactions are not naturally occurring and may also require direct investment and support.

2. Weaker connections (such as acquaintances and those outside of strong relationships such as familial) were important to allow for a continued sense of identity for older people - one that was equally about their cultural and religious background but also about being connected to the neighbourhoods in which they now lived. As with social infrastructure built around bolding capital, these spaces, such as parks and shops, again, need investment and support to continue to exist.

3. As lockdown restrictions begin to lift it is even more important that shared spaces are age-friendly. This means that the planning and re-design of public and shared space must meet both socially distancing guidelines and age-friendly principles. There needs to be support for social infrastructure to ensure these places are able to provide a social space for people as well as fulfilling their primary functions.

4. More research is needed to explore different ways of supporting communities and how the voluntary sector can meet the needs of older people from different minority ethnic backgrounds. Partnership working provides one answer however as demonstrated by this research a one size fits all approach to this is not possible and more support from funders, commissioners and statutory services is required.

5. A recent Public Health England report (2020b) looking at the impacts of COVID-19 on Black, Asian and minority ethnic groups specifically recommends community participation research. If explicit consideration of ethnicity, racism and structural disadvantage are to be made in the rebuilding of communities as we move out of lockdown, community stakeholders need to be engaged as equal partners in all stages of research.

Supporting community and voluntary organisations;

6. Specialist funding and support is vital for organisations working with minority ethnic groups to be able to continue their work within their communities. This needs to go beyond funding for 'inclusive services' and instead provide targeted support for minority ethnic and equalities organisations who are best placed to reach and engage with different groups in society.

7. There needs to be better reciprocity between larger and smaller organisations with an acknowledgement of the value each provides to any partnership. Larger organisations should be encouraged to take responsibility for the way they engage smaller organisations in partnership working and should recognise the value that can be created by taking a supportive approach and investing in their smaller partners.

8. Funders and commissioners have a role to play in shaping market conditions and should take note of how larger organisations intend to manage and support partnership working. Developed appropriately, delivery partnerships can create significant social value and therefore funders should consider how all sizes of organisations contribute towards an equitable partnership working model. This should be through both the design of delivery opportunities and bid assessment.

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