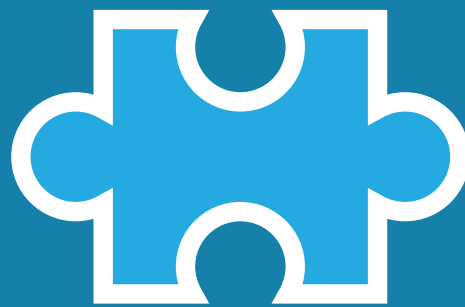


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Social Isolation and Older Black, Asian and Minority Ethnic People in Greater Manchester

Camilla Lewis and Natalie Cotterell

About the authors

Camilla Lewis joined the Ambition for Action team in October 2017 in the post of Research Fellow. Her role is based in the Manchester Institute for Collaborative Research on Ageing (MICRA) at the University of Manchester. Camilla's research to date has focused on the themes of community, place and belonging. For her PhD in social anthropology she conducted a study on older people's experiences of urban regeneration in East Manchester.

Natalie Cotterell started her PhD in 2017 at the University of Manchester and is linked to the Manchester Institute for Collaborative Research on Ageing (MICRA). Her doctoral research explores ways of tackling and preventing social isolation in older adults living in economically deprived urban areas. She is working with the Greater Manchester Centre for Voluntary Organisation (GMCVO) and Manchester City Council and also plans to recruit older people as co-researchers.

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Foreword

Social isolation is a widespread problem that doesn't just make people feel miserable, it is a real health risk.

All of us are hardwired to interact with other people and our prospects depend on vital emotional and practical support from our social networks.

It's particularly important for Greater Manchester to understand more about social isolation and older BAME communities as the population of this group is continuing to grow rapidly.

We know that inequalities are the main cause of social isolation but we need better evidence and insight to help us make good policy decisions and understand how we will need to adapt to serve all our people in future.

Alongside work to improve our health services, and encourage more active participation and wellbeing opportunities in our communities, we must find better ways of engaging with socially isolated people to identify and tackle the barriers that they face.

We're already coordinating this work across Greater Manchester and are proud to have recently been recognised by the World Health Organisation as the first age-friendly city region in the country. Our goal is to be a place that ensures it hears, understands and represents the voices of the older population in BAME communities and others, making decisions that take their needs and experiences into full account.

As you will read, this report is clearly one important step in a much longer journey.

The risks of social isolation are not equal amongst minority groups where a complex range of multiple factors needs greater understanding.

Our future interventions will need to address risk and protective factors at several levels to become more effective.

As the Greater Manchester Lead for Equality, Fairness and Inclusion, I welcome this report and would like to thank Camilla Lewis and Natalie Cotterell and all those who have contributed to this important piece of work.

Councillor Jean Stretton

Fairness, Equality and Cohesion Lead for Greater Manchester

Key messages

The number of older people living alone will increase rapidly in Greater Manchester over the next twenty years. This may lead to an increase in levels of social isolation amongst older people from Black, Asian and Minority Ethnic (BAME) backgrounds. Hence, it is important for researchers, policy makers and service providers to consider the challenges facing older people both now, and in the future, their families and the communities in which they live.

The report argues that:

1. The risk of social isolation varies amongst minority ethnic groups.
2. Individuals from minority ethnic backgrounds are more likely to experience health, social, and economic inequalities, thereby increasing the risk of social isolation.
3. BAME individuals are more likely to experience discrimination and racism over the course of their lives. This may increase the risk of social isolation by limiting opportunities for social and economic participation.
4. Cultural and community organisations can play a bridging role by facilitating access to services and raising awareness about ways of preventing social isolation.
5. Co-research may provide a valuable tool for further understanding BAME older people's experiences of isolation.



Ambition for Ageing

Ambition for Ageing (AfA) is a £10.2 million Greater Manchester-wide cross-sector partnership aimed at creating more age friendly places and empowering people to live fulfilling lives as they age. AfA is supported by the Big Lottery Fund's Ageing Better programme, which aims to reduce social isolation of older people.

Led by GMCVO, the 5-year programme is delivered by a cross-sector partnership with contractors working in 25 neighbourhoods across 8 local authorities in Greater Manchester. In addition, there are a number of scaled programmes across the region. **The belief of AfA is that a series of small changes within communities will bring large scale success that will help to reduce social isolation.** The programme facilitates the development of existing assets within communities allowing older people to have greater control over community investments.

AfA have implemented a co-research methodology which can be defined as an approach that offers control over the research and design process, with the aim of developing sustainable projects relevant to the needs of older people (Goulding, 2016). Co-research provides a method for older people to shape the design of studies and to take a leading role in initiating, developing and disseminating research (Buffel, 2015).

Interim findings

An interim evaluation of the Greater Manchester AfA (Goulding, 2017) found that older people felt that they were engaged in the programme and that their views had been listened to, particularly about how investments should be made. This report addresses an area of social isolation that will require further work over the final two years of the programme, aspects of which include:

- Understanding the meaning of social isolation for different groups of people.
- Devising new approaches to engage severely socially isolated people from minority ethnic populations.

Introduction



This report explores the theme of social isolation among Black, Asian and Minority Ethnic (BAME) older people in Greater Manchester. 'BAME' is a term used in the UK to describe people of non-white descent (Institute of Race Relations, 2018). The term also encompasses White European migrants or mixed ethnicity populations.

The report aims to:

- Summarise the existing literature on social isolation among older BAME communities in the UK.
- Discuss these findings in relation to the Ambition for Ageing programme.
- Suggest how older BAME communities may be engaged across Greater Manchester, using co-research methodologies.

What is the difference between social isolation and loneliness?

Social isolation can be defined as an objective measure reflecting an individual's lack of contacts or ties with others such as family, friends, acquaintances and neighbours. Social isolation is characterised as an absence or limitation in the quantity of social interactions. It is distinct from the related and subjective concept of **loneliness** which occurs when there is a perceived discrepancy

between an individual's desired and achieved level of social interaction (De Jong Gierveld et al., 2006). **Both concepts are characterised by a lack of social connections in the lives of those affected.**

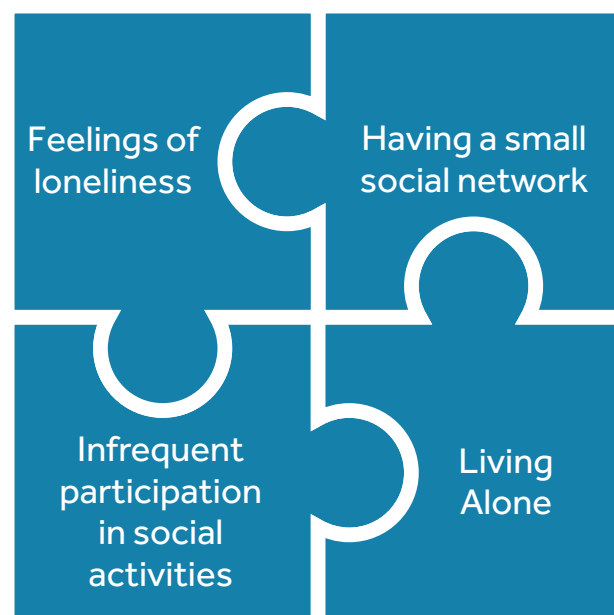
This report includes research that examines both social isolation and loneliness.

Why should we be concerned about social isolation amongst older people from BAME groups?

- **Minority ethnic groups bring considerable resources to their local communities:** stimulating the growth of community groups, providing support to vulnerable groups, and encouraging different types of cultural participation.
- Due to population changes such as increasing ethnic diversity, the growth of single-person households and smaller family sizes, **the composition of neighbourhoods in Greater Manchester is expected to change significantly.**
- It is therefore anticipated that **the number of older people living alone will expand rapidly over the next twenty years.** This may lead to an increase in levels of social isolation amongst older people from minority ethnic backgrounds. Hence, it is important for researchers, policy-makers and service-providers to consider the challenges facing older people both now and in the future, their families and the communities in which they live.

Health risks of social isolation

Previous research has identified a wide range of indicators of social isolation that may pose health risks. The image below presents some of these factors.



Social isolation may also be influenced by:

- **The social environment** – including the prevalence of negative images about aging.
- **Cultural factors** – ideas and expectations about social relationships are influenced by the socio-cultural contexts and so may differ among individuals from minority ethnic backgrounds.
- **Discrimination and racism** against particular minority ethnic groups.



What do we know about social isolation among older BAME people?

The experience of social isolation and loneliness is not the same for all minority ethnic groups:

- **Multiple factors contribute to an individual's risk of experiencing prolonged social isolation.** These may include: having poor physical or mental health, having a disability, living alone, being a carer, living in poor housing and belonging to certain minority groups (Walker, 2017).
- **Social isolation is a universal phenomenon** that can be experienced by individuals of all ages and ethnic backgrounds. Although some symptoms of social isolation are not harmful to long-term health, chronic social isolation – or a persistent lack of social ties - has adverse health effects, such as increasing the risk of cardiovascular disease, stroke and early mortality (Valtorta et al., 2016).
- **A study focusing on loneliness in minority ethnic groups in the UK found high rates of reported loneliness,** ranging from 24% to 50% amongst older people originating from China, Africa, the Caribbean, Pakistan and Bangladesh (Victor et al. 2012). Those originating from India experienced similar levels to older people from Britain, at around 8% to 10%. With the exception of the Indian population, the levels of loneliness in minority ethnic groups were much higher than for the general population but were broadly comparable with rates of loneliness reported for older people in their countries of origin. This research by Victor et al. (2012) shows that **experiences of loneliness in later life are not the same across minority ethnic groups living in Britain**
- Individuals from minority ethnic backgrounds are more likely to experience **health, social and economic inequalities, increasing their risk of social isolation.** However, not all minority ethnic groups are at equal risk, as some are more protected from inequalities than others. For example, older Chinese adults living in the UK have consistently reported better health than White British older adults in previous population surveys, and older individuals from Pakistan and Bangladesh generally have the worst reported health (Bécares, 2013).

- Health inequalities increase the vulnerability of **BAME individuals** throughout their lives which may result in greater disadvantages in later life, increasing the risk of social isolation (Dannefer, 2003).
- A study on social exclusion and quality of life in three inner city neighbourhoods of Liverpool, Manchester and London found that **people belonging to certain minority ethnic groups appeared to be more prone to loneliness than others.** Pakistani and Somali older people were significantly more likely to report feeling of loneliness compared to Black Caribbean or White people (Scharf et al., 2003).

What are the gaps in current research?

- 'Ageing' is a phenomenon which has different meanings reflecting the group concerned, but there has been limited research on later life in the UK focusing on minority ethnic individuals. This means that alternative understandings and experiences of ageing and social isolation have tended to be ignored.



- Further research is required to understand contrasting experiences among different minority ethnic groups, including possible connections between gender, ethnicity and ageing (Wray, 2014), and its impact on levels of social isolation.
- There has been limited research on factors which might combat social isolation amongst different groups of people, with research often assuming that being from a minority ethnic background automatically entails social disadvantage (Torres, 2015).

BAME populations in Greater Manchester

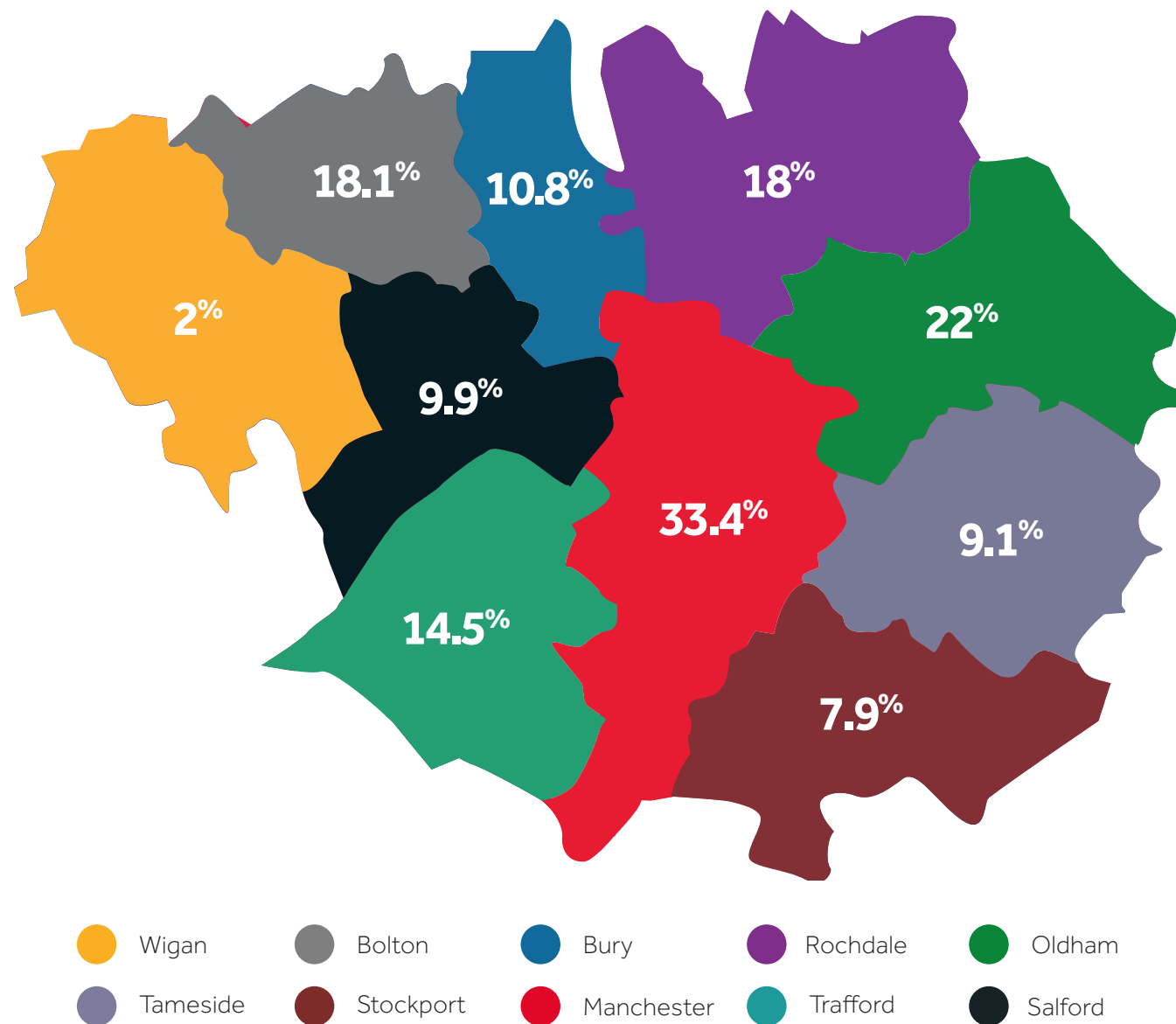


- Estimates suggest that by the year 2036, 14% of the total population living in Greater Manchester will be aged 75 and over. This is an increase of 75% from 2011 (from 221,000 to 387,000) (McGarry, 2018).
- The minority ethnic population in Greater Manchester has grown over recent years and will continue to do so.
- In Manchester, over one-third (33.4%) of the population are from BAME backgrounds.
- 23% of Manchester's older population were born outside of the UK (Manchester: A great place to grow older, 2017).



The most common BAME group in Greater Manchester is **Pakistani (4.9%)**, followed by **Indian (2%)**, and **Black African (1.7%)**.

BAME populations in Greater Manchester



This map shows the percentage of people from BAME backgrounds in each metropolitan borough of Greater Manchester (Office for National Statistics, 2011).

- Most of the diversity in Greater Manchester is concentrated in Manchester City Centre, with 32% of the population coming from BAME backgrounds.
- The area with the second highest BAME population in Greater Manchester is Oldham (22%), followed by Rochdale (18%) and Bolton (18%). The least ethnically diverse borough is Wigan, with just 2% of the population coming from BAME backgrounds. (Office for National Statistics, 2011)



Experiences of people living or working with older people in Greater Manchester

'Social isolation can affect all older people, the same inequalities that minority ethnic people went through in their working lives are carried on when they become older. When they become older, it is more apparent. When they are working they have somewhere to go 9-6 but when they retire or become incapable of working, they realise that they don't know much about what facilities there are, or community relationships. They realise they don't know their neighbours...For BAME men it is worse, for some reason or another. They want to go to something more involved than tea and cake, something more active. It's not easy to get men to come to groups because they are used to segregation and discrimination. So they have become used to just socialising with one another.'

Bill Williams, Chair of Whalley Range Community Forum

'BAME people are often not very involved in groups, but they are involved in the Church and Mosque, so it would be good to involve the Pastors and Imams. If you look at the BAME communities, that's all they had. They faced discrimination throughout their lives. They have always socialised there. When you feel excluded, then as you get old you feel comfortable with what you are accustomed too. You would not feel confident going to new groups.'

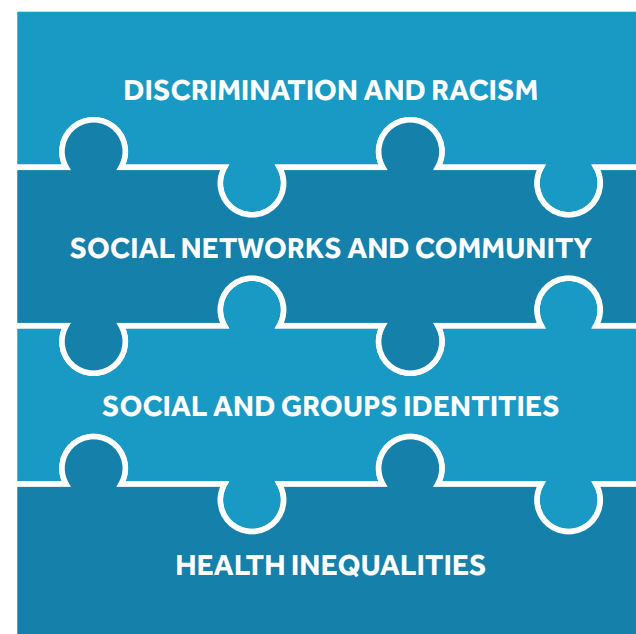
Elaine Unegbu, Age Friendly Manchester Board

'We are going to produce a cultural booklet, which includes core beliefs and practices of each cultural/religious group. It is really important to get a positive message out there about different cultures, as lots of people have misconceptions, but they are interested in learning more... Sharing a meal is crucial for getting organisations to come and talk about what we are doing. People will start to take things up if they get the chance to meet someone in person. People trust each other over a massive plate of food. It's such a great idea, instead of people walking out afterwards, they clear all the activities away and bring out big tables'

Julie Bentley, Ambition for Ageing, Bury



Factors affecting social isolation among older BAME individuals



Discrimination and racism

- BAME individuals are more likely to experience discrimination, racism, or marginalisation over the course of their lives. This exacerbates ethnic inequalities and may increase the risk of social isolation by limiting social opportunities and interactions (Burholt et al., 2016).
- Previous research on ageing has tended to focus on 'ageism' rather than 'racism' as the most pressing issue regarding inequality through the life course (Phillipson, 2015). As a result, **there is limited understanding about the interaction between racism and ageism and how this might affect experiences such as social isolation.**
- Further research is needed to understand the role of different types of inequality to help challenge assumptions, stereotypes, and attitudes towards BAME individuals.

Social networks and community

- An individual's environment and the surrounding community can influence their social network in a variety of ways (Buffel, 2018a). **Some neighbourhoods promote healthy ageing and strong communities; others may increase the risk of social isolation in later life through lack of amenities, poor transport and inadequate housing.**

- Evidence suggests that **having a purpose, good social networks, an adequate income and living in supportive neighbourhoods are important factors contributing to mental health in later life** (Morarity, 2005).
- Due to ethnic inequalities, BAME individuals are more likely to live in deprived communities which may result in fewer opportunities for social participation. This may increase the risk of becoming isolated in later life (Jivraj & Khan, 2013)
- Geographical dispersion of individuals with different ethnic backgrounds is often encouraged by policy makers to promote social inclusion and inter-ethnic social interactions (Platt, 2009). However, several studies have found that **individuals living in areas with a higher proportion of others from the same ethnic background as themselves may gain protection from social isolation** as they have greater social support and a stronger sense of belonging (Bécares et al., 2012; Horn & Scheppe, 2017).

- Individuals from BAME groups living in localities with a higher proportion of other minority ethnic individuals may experience less exposure to racism and discrimination. This may have a positive effect on health, reducing the risk of social isolation in later life (Das-Munshi et al., 2010).
- The experiences of migrants differ considerably. Some minority ethnic migrants, particularly men, learnt English after arriving in the UK as it was crucial for access to the labour market and health and welfare services. However, some women were given fewer opportunities to learn English and may have experienced difficulties making connections to the wider community, increasing their risk of social isolation in later life (Burholt, 2004).

Social and group identity

- Belonging to various groups is important for our sense of identity and may lessen our risk of social isolation.
- A study by Klok et al. (2017) found that **belonging to any social group or community provided some protection against feelings of isolation in later life regardless of the group's nature.**

- Older individuals who identified more strongly with their country of settlement felt more protected from isolation compared to those who identified more with their country of origin. Those who felt like they did not belong to any group were most at risk of feeling isolated (Klok et al., 2017).
- In contrast, Sharma (2012) found that in the USA first and second-generation migrants who felt a strong sense of ethnic identity were less lonely and therefore less at risk of becoming socially isolated. Other studies have also found that first generation migrants who have a strong sense of connection to their country of origin may have less risk of depression and anxiety (Farver et al., 2002).



- **An individual's identity may be influenced by the area in which they live.** For example, someone living in an area where there is a high proportion of individuals from the same ethnic background is more likely to feel a stronger sense of belonging and is therefore less likely to become socially isolated (Bécares et al., 2012).
- **Religious activities provide an important social context in which friendships can be created and strengthened, reducing the risk of social isolation** (Rote et al., 2013).

Health inequalities

- Health inequalities are differences between people or groups due to social, geographical, biological or other factors. These differences can result in people who are worst off experiencing poorer health and shorter lives (National Institute for Health and Care Excellence, 2012).

- **BAME individuals in the UK tend to experience a greater number of health, social and economic inequalities compared to the overall population** (Jivraj & Simpson, 2015).
- **The factors that impact health are unequally distributed across minority ethnic groups, leading to unjust and preventable inequalities in health** (Bécares, 2013). For example, some BAME people report numerous barriers to accessing health services, including but not limited to: language barriers, discriminatory practices, or unfamiliarity with the UK system (BME Health Forum, 2008). This may then lead to poorer physical and mental health outcomes.
- **Health inequalities amongst minority ethnic groups are most pronounced at older ages.** In the 2011 UK Census 56% of all women aged 65 or older reported a limiting long-term illness (LLI), but over 70% of Pakistani, Bangladeshi women at this age reported an LLI. Moreover, 50% of all men aged 65 or older reported an LLI, compared with 69% of Bangladeshi older men (Bécares, 2013).
- **However, not all minority ethnic groups experience adverse health inequalities.** For example, Bécares (2013) found that Chinese people living in the UK persistently reported better health in 1991, 2001 and 2011, compared to White individuals. Chinese people registered under half of the reports of illness compared to White people, among both men and women.

In Greater Manchester, the difference in life expectancy compared between economically deprived and wealthier areas is increasing, due, in part to minority ethnic populations facing additional barriers to accessing health services (Purdam, 2017).

Conclusion

1. The research exploring the risk and protective factors of social isolation amongst BAME groups shows that **social isolation takes on different forms according to a range of factors and may be influenced by an individual's ethnic background.**
2. **Only a limited amount of research has examined levels of social isolation in BAME groups** due to assumptions made about the provision of family care. However, the existence of large family networks does not stop people from becoming socially isolated.
3. **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. It is important to acknowledge differences within and across BAME groups. The risk of social isolation is not the same amongst all minority ethnic groups.
4. **There are multiple risks as well as protective factors that are linked to social isolation in later life.** Some are unique to BAME groups, whereas others are shared amongst all older people. These can be observed at an individual, community and population level.
5. **Research needs to recognise the differences between and within minority ethnic groups** in relation to their experiences of social isolation. This will make it easier to compare findings so that stronger conclusions can be made.
6. The tools and methods used to measure levels of social isolation vary considerably between studies and often do not account for ethnic and cultural differences. Furthermore, differences in language, culture and interpretation of the concept of social isolation may increase variability in measuring social isolation and may reduce the accuracy of responses (Victor et al., 2012). Therefore, **future research must acknowledge variations across and within BAME groups,** as well as exploring other factors, including existing gender and class differences (Ciobanu & Fokkema, 2017).



Recommendations



With changing demographics and an ageing population, social isolation among BAME communities is becoming an even more pressing issue in Greater Manchester. There is a great opportunity for Ambition for Ageing to carry out further work which addresses social isolation among BAME populations. This report shows that:

- **Generalisations about minority ethnic groups should be avoided.** Instead, the specific factors affecting BAME people require more detailed investigation.
 - Older people from minority ethnic backgrounds can find it difficult to access community groups and services. Further work needs to be carried out in order to **address language and communication problems** which prevent access to these services, thus contributing to social isolation.
 - **Cultural and community organisations could play a bridging role** by facilitating access to services and raising awareness about older people's rights.
 - **Co-research may provide a valuable tool** for including 'seldom heard' or 'hidden populations' in work on social isolation. Involving older people from minority ethnic backgrounds in the research process, may encourage older BAME people to take part in the research (Buffel, 2018b).
- Social isolation among BAME groups must be taken seriously as **demographic trends show that the number of people living alone is likely to increase, which may result in a rise in loneliness and reduced social contact** (Holt-Lunstad, 2017).
 - Researchers operating in a multi-cultural and/or multi-lingual environment must work towards identifying a **collectively agreed definition of social isolation** (Victor et al., 2012).
 - **Further research** must be carried out to extend our understanding of social isolation in later life amongst an increasingly diverse older population (Victor et al., 2012).
 - A broader understanding of what makes a '**good quality of life**' for older people is required in order to incorporate cultural values and beliefs that influence what it means to be happy and fulfilled (Wray, 2003). This may be a helpful approach for developing new approaches to prevent social isolation.
 - **Co-research techniques must be developed further** so that they can be adapted to suit the needs of more marginalised groups. Gaining access to BAME groups is challenging (Burholt et al., 2017) but working with older volunteers and community groups offers potential opportunities to reach the most vulnerable (Buffel, 2018b)
 - **Ambition for Ageing should work closely with established BAME organisations** to share learning about best practice of working with minority ethnic older people in order to prevent social isolation.

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