



ambition  
for  
ageing

# Resilience in an ageing Greater Manchester

Kirsty Bagnall  
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*A programme led by:*

**Greater Manchester Centre for Voluntary Organisation**

St Thomas Centre  
Ardwick Green North  
Manchester M12 6FZ

[www.ambitionforageing.org.uk](http://www.ambitionforageing.org.uk)

 0161 277 1000

 [ambitionforageing@gmcvo.org.uk](mailto:ambitionforageing@gmcvo.org.uk)

 @afageing



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In collaboration with the GMCVO and Ambition for Ageing programme, through structured conversations we will explore ideas around resilience together with its implications and opportunities for ageing communities and the places that are important to them. This will help to inform future policy interventions.

**- Greater Manchester Preliminary Resilience Assessment**

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Ambition for Ageing is a Greater Manchester level programme aimed at creating more age-friendly places and empowering people to live fulfilling lives as they age. Led by GMCVO, it runs for five years and is funded by the Big Lottery Fund's Ageing Better programme which aims to reduce social isolation of older people.

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**Terminology**

**Asian:** Throughout this paper ‘Asian’ will be used to represent both Asian and Asian British identifying people.

**BAME:** The term BAME stands for Black, Asian and Minority Ethnicity.

**Older People:** For statistical purposes, this report uses the term ‘older people’ to represent all those aged over 50.

**Shocks:** Throughout this paper, the term ‘Shocks’ will be used to describe large-scale disasters. This may include disasters such as floods and fire or major shocks such as terrorism, civil unrest etc

# Key Findings

- 1) Older adults can be particularly vulnerable during large-scale disasters but also possess assets that can contribute to preparedness for shocks.
- 2) Older people experience many of the same feelings and needs as people of other ages during times of shock, in particular the need to be part of a community and receive reciprocal support. However, social inclusion plays a key part in keeping people resilient, something that is a risk for older people.
- 3) Older people with less social capital due to experiencing social isolation have the potential to be impacted more by shocks and stresses.
- 4) Communities made up of people with higher levels of bridging social capital (connections to those outside of a person's own group) are likely to be more resilient due to having access to additional information, resources and support.
- 5) Older people with additional marginalising characteristics, such as minority ethnicities, often have high levels of bonding social capital (social networks that are built around similarities and reciprocity) but struggle to make connections outside of their own community which are beneficial during times of shock.
- 6) Many marginalised groups have high personal resilience. However, communities made up of marginalised people often lack the information and resources to react adequately during times of shock.
- 7) Areas with higher levels of community cohesion and social infrastructure are often more resilient than areas with lower levels due to the support communities are able to offer to each other.
- 8) Although referred to as different things within different cultures, the personal and cultural belief in the importance of 'grit' or 'hard graft' is shared across the working classes across ethnicities. This attitude can help boost an individual's resilience.
- 9) Marginalised older people can be:
  - more likely to be impacted by shocks
  - more likely to experience social isolation,
  - less likely to have the resources to rebuild communities following shocks and
  - more likely to be distant from institutions and as a result less likely engage with planners.
- 10) To avoid further marginalising people, it is vital to include a range of marginalised groups in resilience planning. In order to carry this out effectively, it is important to recognise the value of community institutions and bridging organisations and people, such as social clubs or community leaders.
- 11) Resilience may be strengthened in cultures that value and encourage lifelong learning as this promotes adaptability. In cultures where wisdom is associated with age, there may be less desire to continue learning, preserving status by not admitting ignorance. In this situation, avoiding loss of face may be more important than asking for help.
- 12) It cannot be assumed that exposure to shocks and stresses, such as discrimination in the form of racism or experiencing economic deprivation builds up resilience. There is a risk of negative impacts on older people's wellbeing as these experiences build up over a lifetime.



# Section 1: Introduction

This report aims to explore ideas around resilience together with its implications and opportunities for ageing communities, and how resilience can be built into the heart of communities.

To fully understand resilience outside of individual responsibility, this report will focus on resilience of individuals, communities and institutions, as outlined in Paton and Johnson's model of resilience (2006):

- Individual resilience (self-efficacy, sense of community, sense of place)
- Community resilience (reciprocal social support, collective efficacy) and
- Societal/institutional resilience (business continuity planning) resources required to support adaptation.

Working in collaboration with the GM Resilience Partnership, the findings within this report will feed into the Greater Manchester Resilience Strategy to help inform future policy interventions.

The Greater Manchester Resilience Strategy will aim to find solutions to the modern challenges the city region faces - from climate change, poverty and homelessness, to flooding and life-threatening emergencies.

Greater Manchester is part of the 100 Resilient Cities programme, pioneered by The Rockefeller Foundation. 100 Resilient Cities help cities around the world become more resilient to the physical, social, and economic challenges that are a growing part of the 21st century.

Ambition for Ageing is working with colleagues at GMCA to explore these ideas around resilience through a number of structured conversations on the topic of ageing and resilience.

## Ambition for Ageing

Ambition for Ageing is a £10.2 million Greater Manchester level programme aimed at creating more age-friendly places and empowering people to live fulfilling lives as they age. Led by GMCVO, it runs for five years and is funded by the Big Lottery Fund's Ageing Better programme which aims to reduce social isolation amongst older people.

The programme has a particular interest in the intersecting inequalities faced by older people and discovering solutions to barriers caused by these inequalities. Core to the programme is an understanding that older people are not a homogenous group and working with older people as leaders in designing their own communities is key to removing barriers to social inclusion.

As a result, the programme is well placed to work with marginalised groups who experience inequalities additional to their age.

The structure of this report is as follows:

- an introduction, drawing together research on resilience and ageing
- the methodology of the research
- findings from our workshops, including the publication of a number of personas
- conclusion

## Section 2: Literature Review

### Literature review summary

Older adults are particularly vulnerable during large-scale disasters, and are at higher risk of social isolation compared to the rest of the population. However, they also possess assets that can contribute to preparedness for shocks. As a result of these barriers and personal attributes, it is important that older people are included in resilience planning.

Older people with less social capital due to experiencing social isolation are likely to be impacted more by shocks and stresses.

Older people with additional marginalising characteristics, such as those from minority ethnic backgrounds, older men or older LGBT people are likely to be even more at risk of social isolation, and therefore more vulnerable to the impacts of shocks. Additionally, people from marginalised communities are less likely to have the resources to rebuild communities following shocks and more likely to be distant from institutions and as a result less likely engage with planners.

Positively, many marginalised groups are likely to have high personal resilience in addition to high levels of bonding social capital (social networks that are built around similarities and reciprocity).

However, communities made up of marginalised people often lack the information, resources and connections to react adequately during times of shock, as they may struggle to make connections outside of their own community.

Shocks and disruptive events can open up new opportunities, allowing society to make changes about how to rebuild itself and generate a stronger sense of community between those affected (Paton & Johnson, 2006). As summarised in the Greater Manchester Preliminary Resilience Assessment:

*“Urban resilience can therefore be understood as the capacity of the city region to deal with shocks or disruptive events such as floods or flu pandemics that threaten our ability to keep on the path we have set for the future”.*

Through the day-to-day work of the Ambition for Ageing programme we are looking to validate the proposal that age-friendly neighbourhoods are more resilient neighbourhoods.

This report looks to further explore the experiences of older people, particularly those with marginalising characteristics, to explore their relationship with the concept of resilience and their perceptions of their individual, community and structural resilience.

*“Resilience is about surviving and thriving, regardless of the challenge. Urban resilience is the capacity of individuals, communities, institutions, businesses, and systems within a city to survive, adapt, and grow no matter what kinds of chronic stresses and acute shocks they experience” - 100RC definition*

## Ageing, Social Isolation and Resilience

Older people face additional barriers during, before and after shocks and as a result, it is imperative that their needs and experiences are included in resilience planning. Feeding into these plans is the concept of age-friendly communities and neighbourhoods, enabling people of all ages to participate in society and be treated with respect.

Policy on planning for shocks has experienced a shift over the last few years, focusing on the link between ageing populations and the impact on a communities' resilience (Gusmano, 2010). With these theories running throughout Greater Manchester's Preliminary Resilience Assessment (GMCA & 100 Resilient Cities).

Older adults are particularly vulnerable during large-scale disasters but also possess assets that can contribute to preparedness for shocks. For example older people can draw on experience, resources, and relationship-building skills to prepare themselves and to support others during an emergency. (Acost et al, 2018a; Bennett, 2010).

Acost et al (2018c) summarised that ageing-in-place efforts, such as the development of age-friendly communities, can be beneficial to the disaster planning process through keeping older people connected to their neighbourhoods and communities:

**“Improving the everyday engagement of older adults with family, friends, neighbors, and trusted institutions supports preparedness work by strengthening informal ties and building information networks. Likewise, the work of helping older adults become more resilient to disasters provides an opportunity for older adults to engage and learn skills that help them remain in their homes as they age.”**

In short, simply feeling connected to a community, through ageing in place initiatives, can improve resilience amongst older people.



Research examining resilience suggests that older adults are capable of high individual resilience and this has been significantly associated with positive outcomes, including successful aging, lower depression, and longevity (Walker I, 2015).

However, older people are also particularly vulnerable to social isolation and loneliness owing to loss of friends and family, mobility or income (SCIE, 2012; New Economy, 2017). A study by Age UK (2015) found that age appeared to be a factor when it comes to bouncing back after feeling lonely, having no control of things, or withdrawing from voluntary activities.

Social isolation is a major issue amongst older people. Large-scale national surveys suggest that approximately 1 in 6 older people identify as having less than weekly contact with family or friends (Victor, 2003). Although given that isolated people are less likely to take part in research, it is possible this number could be higher.

The more socially isolated a person is, the less social networks they have to rely on during times of need and research shows that strong social networks may promote resilience (Netuveli, 2008).

In March 2018, Greater Manchester was awarded age-friendly city region status by the World Health Organisation, showing a commitment to supporting people to age well in a place where ageing and life experience are valued, and older people are able to contribute to and benefit from sustained prosperity and enjoy a good quality of life. Across Greater Manchester, the Ambition for Ageing Programme delivers across 24 neighbourhoods, finding out what works well in developing age-friendly communities and reducing social isolation. However, there are still gaps across Greater Manchester where age-friendly activity is not taking place that may impact on the most socially isolated older people within those areas.

For older people who are socially isolated, but not receiving support, there is a risk to their levels of resilience. During the Paris Heat Wave of 2003, excess mortality rates were highest among dependent older people with lower levels of disability, the group least well cared for by nurses, social workers or home-helpers (Klinenberg, 2002).

As a result, research indicates that personalising resilience interventions, rather than using a one-size-fits-all approach, has the best potential for older adults (Walker, 2015). Research from Ambition for Ageing supports this, showing that viewing older people as a homogenous group is not practical when designing interventions and in doing so can further intensify existing inequalities (Ambition for Ageing, 2018).

## **Demographics of Older People in Greater Manchester**

Twenty years from now, 1.1 million people in Greater Manchester will be over the age of 50, representing 37% of the population. This reflects a substantial demographic shift taking place on a national level, as the proportion of older people is set to rise significantly in the coming years. By 2039, the number of people in Greater Manchester aged 65+ is expected to increase by over 50%, compared to an increase of only 5% in the number of people of working age. (Thorley, 2018)

Of these older people, 6.4% of over 50s in Greater Manchester are from BAME backgrounds, with 4.4% from Asian ethnic groups, 1.2% from Black ethnic groups and 0.8% mixed race or other ethnicities (New Economy, 2017). An increase in the ethnic diversity is anticipated in our population over time, resulting in a more diverse older population (ONS, 2011).

Significant concentrations of income deprivation affecting older people can be found across Greater Manchester. 45.8% of lower super output areas are within the 30% most income



deprived areas in England. More than half of these are in the 10% most deprived (New Economy, 2017).

Employment rates of people aged 50-64 are lower in Greater Manchester than the UK average. An additional 19,000 over 50s would need to be in work to meet the current national employment rate (New Economy, 2017).

Approximately 5-7% of the population identify as Lesbian, Gay or Bisexual (LGB), meaning there are approximately 54,420 LGB people in Greater Manchester (ONS, 2012).

Average life expectancy at 65 in Greater Manchester is lower than the national average for both men and women. Additionally, the estimated period of time that people can expect to live in good or very good health is lower in Greater Manchester than the national average. 30% of those aged 65+ in Greater Manchester will have a limiting long term illness that limits their day to day by activities by 2035, higher than the national average of 25% (Thorley, 2018b).

### **Intersectionality, marginalisation and social isolation**

Greater Manchester's population continues to grow and is likely to become more diverse as time goes on (GMCA/100 Resilient Cities, 2018). As a result, the part that intersectionality (how interlocking systems of power impact those who are most marginalised in society eg. race, gender, class) plays in individuals' lives needs to be recognised when considering resilience and designing support systems.

**“This capacity to navigate shocks and to maintain confidence in the city region is also dependent upon recognising and addressing chronic stresses such as poverty and social inequality that weaken its fabric and can undermine attempts to respond to crises and to create a stronger future in their aftermath”**

**- Greater Manchester Preliminary Resilience Assessment**

One of the key pieces of learning from the Ambition for Ageing programme has been a link between marginalisation, inequalities and social isolation (Ambition for Ageing, 2018; Lewis & Cotterell, 2018).

Research indicates that individuals are at a higher risk of experiencing social isolation if they have one, or a number of, marginalising characteristics (Ambition for Ageing, 2018; Matziol & Berry, 2017) including:

- Being older
- Being male
- Being single
- Identifying as LGBT+
- Being in poor health
- Being a carer
- Living in poverty
- Identifying as a minority ethnicity (BAME) or religion

Key to this is recognising that where age itself is a marginalising characteristic, additional inequalities, such as poverty, sexuality or ethnicity can further social isolate and bring further risks to individuals.

For example, in 61-70 year olds, 34% of White English people reported fair or bad health, compared to 63-69% for Indian, Pakistani and Caribbean, and rising to 86% of Bangladeshi people (New Economy, 2017).



### **Resilience of institutional and societal structures to support marginalised communities**

Looking to resilience, research into a 1995 heatwave in Chicago found that socially isolated older people had higher mortality rates in poor neighborhoods with abandoned areas than in equally poor, but more socially-connected neighborhoods (Klinenberg, 2002).

Similarly, an unpublished report from the United Neighbourhood Houses (UNH) of New York identified several community districts that were likely the most at risk for senior isolation. These were based on the amount of older people living alone and the level of need among the older residents using indicators such as having a disability or being linguistically isolated (Gusmano, 2010).

People who are marginalised are more likely to live in areas where shocks take place (Walker, 2003; Platt, 2007; Fielding, 2018) and be greater impacted during shocks (Bond, 2018). Support given after shocks may also differ according to race, per capita income, ethnicity, and education (McDonnell, 1995; Klinenberg, 2002).

These findings are also reflected within the Greater Manchester's Preliminary Resilience Assessment (GMCA/100 Resilient Cities, 2018), with shocks, such as the Boxing Day floods in 2015, hitting the most vulnerable and disadvantaged residents the hardest:

**“Too many of our residents are left behind, despite our economic growth, and resilience must be about building a future in inclusive and integrated ways”.**

As we have seen with Hurricane Katrina and the impact on New Orleans, those who are marginalised - in the case of Hurricane Katrina, black people in poverty - (BondGraham, 2007; Rivlin, 2016; Allen Greene, 2006) - can be disproportionately impacted when shocks take place (Bond, 2018).

Deprived communities are likely to experience disproportionate levels of pollution and other forms of environmental degradation, including an increased likelihood of flood risk (Walker, 2003).

Research has found that certain marginalised groups, such as; woman (Fulu, 2007; Cupples, 2007), older people (Bond, 2018; Horner, 2015; Morrow, 1999; R S Kovats, 2006), poor people (Morrow, 1999) and refugees (Vesely, 2017; Goodman, 2017a, Holt, 1981) are at greater risk throughout any shock response process. Social isolation plays a factor too, with older people living alone and homeless people at an increased risk of the negative impacts of a heatwave (Department of Health, 2018). BAME people are more likely to live in areas of poverty (Platt, 2007) and have less knowledge of individual actions that can be taken to mitigate risk (Fielding, 2012; Fielding 2018). Previous research has also concluded similar findings with the experiences of working class people compared to those in the middle classes. That it is the most deprived that are the least able to cope during a flood (Fielding, 2018) and other disasters (Buckle, 2000; Weber, 2015).

The Ambition for Ageing Programme has shown that the more marginalising characteristics a person has, the bigger the risk of social isolation (Matziol & Berry, 2017). As a result, during shocks, they are likely to be more negatively affected (Fielding, 2018) and during community shock risk reduction discussions, their voices are less likely to be heard.

There are many benefits to individuals and the community to get involved in disaster recovery including sustainability of recovery projects, efficiency in the use of resources and facilitation of psychological healing and reduction of mental health risks (Allen, 2006; Méheux, 2010; Pyles, 2018). However, an inability to get involved in disaster recovery due to marginalisation or inequalities may affect the ability of social isolated people to get involved in disaster recovery.

In order to ensure the voices of those most marginalised are included in community disaster risk reduction, targeted approaches should be identified to include their voices (Help Age International, 2014; Ambition for Ageing, 2018).

As summarized by Morrow (1999):

**“Effective disaster management calls for aggressively involving these neighbourhoods and groups at all levels of planning and response, as well as mitigation efforts that address the root causes of vulnerability.”**





### **Resilience of marginalised individuals and communities during and after shocks**

When shocks happen, research has shown that marginalised communities often lack the personal and structural support to deal effectively with crisis (Atallah, 2018). Yet, at the same time, feeling a sense of belonging to a community and having connections within and outside of an individual's own community can support individual resilience (ONS, 2018; MacDougall, 2014; Parés, 2018).

It must be noted that different marginalising characteristics can have different impacts on a person or communities resilience. For example, there is evidence in the UK that some people from ethnic minorities have a stronger sense of community and of belonging and therefore they are better able to recover from shocks due to a sense of community cohesion (Fielding, 2018). And within communities with the same marginalising characteristics, there can be differences in their ability to respond to shocks due to other elements in play such as the built environment, social capital and the community's relationship with statutory bodies (Parés, 2018).

A 2015 study by Age UK suggested financial and health resources in middle-age are good protectors against the negative outcomes from stressful events. However, these resources are not beneficial once an individual has experienced the negative effects, such as loneliness, lack of control or withdrawal from civic, social or cultural activities. In short, financial and health resources are good for preventing negative consequences, but not good predictors of resilience (Age UK, 2015).

Individual risk arises where marginalisation leads to social isolation, removing older people from their communities and therefore decreasing their ability to cope when shocks happen. Risk occurs at a community level where marginalised communities are unable to reach out for support from communities outside of their own.

Research from the US supports this, with a study on the impact of Hurricane Ivan in September 2004 finding that an integrated connection to community-level communication resources has a direct impact on the likelihood of engaging in pre-hurricane preparedness activities and an indirect effect during-hurricane preparedness activities (Kim & Kang; 2010).



## Resilience planning through a Social Capital lens

Resilience can be summarised as the result of resources on which people can draw (Age UK, 2015).

Often described as two forms, bonding and bridging (Putman, 2001), social capital represents social connections and networks, including relationships and trust (Martikke, 2017).

- Bonding social capital being the social networks that are built around similarities and reciprocity, typical of familial or close-knit community relationships.
- Bridging social capital described networks are often credited with creating community cohesion, making it easier to access information, resources and support outside of a person's own group.

It is important to recognise that social capital is linked to all forms of resilience, from individual mental welling to a community's response to shocks and stresses. Having someone to rely on in times of adversity can help people cope better and be more resilient (ONS, 2018; MacDougall, 2014; Parés, 2018).

Research has shown that socio-cultural relations, as well as people-centered approaches to preparations, appear to be an effective means of readying for, and ultimately responding to, shocks. As recognized by Melo Zurita (2018):

**“Social capital... is viewed as a critical component of mechanisms to help affected populations respond more effectively to disasters, as well as aiding their recovery during post-disaster reconstruction phases.”**

Older people are more likely to feel a sense of social support and belonging to their neighbourhood (ONS, 2018). However, as previously stated, the more marginalising characteristics a person has, the more at risk they are of social isolation. Those who are socially isolated are less likely to be able to grow social capital. This inability to move forward from bonding social capital with peers to bridging social capital (weaker ties with people dissimilar to themselves) may further exclude them from the benefits social capital can bring as a contributor to resilience.

For example, Bourdieu (1983) states that the ability to set aside the time and resources to acquire social capital depends on socio-economic position. Similarly, minority ethnic groups often experience a greater number of inequalities compared to white groups. Such inequalities accumulate over people's lives, increasing their vulnerability to social isolation in later life (Lewis & Cotterell, 2018). The impact that external negative perceptions and reactions to marginalising characteristics, such as racism, can have on the ability to build social connections also cannot be underestimated (Brondolo, 2012).

Research has found that communities characterised by higher levels of physical, human and social capital are better-prepared and more effective responders to disaster (Buckland, 1999; Elliott, 2010; Brouwer, 2016) and are able to pro-actively participate in reconstruction programs leading to speedier recovery and higher satisfaction in the recovery (Nakagawa, 2004; Akbar, 2018).

## Risks of community-based disaster preparedness

Although much of resilience planning still sits at a strategic and urban development level, policy approaches have evolved over the last decade to focus on community-based disaster preparedness - using the assets in a local community to prepare for disaster. Assets may include local people's knowledge, capabilities, local resources and social capital.

As summarised by Allen (2006):

**“In theory, local people can be mobilised to resist unsustainable (vulnerability increasing) forms of development or livelihood practices and to raise local concerns more effectively with political representatives.”**

However, as previous research by Ambition for Ageing has outlined, if implemented without an understanding of marginalisation, asset-based approaches risk contributing to existing inequalities, excluding those who are most socially isolated (2018). Allen's research into community-based disaster preparedness in the Philippines supports this work, warning against using a community-based approach as a one-size-fits-all solution to disaster management problems due to such initiatives having the potential to both empower and disempower.





## Section 3: Methodology

Our approach for this research was to identify and bring together older people from across identified areas of Greater Manchester (with an awareness of the differences in approach needed for different geographical areas), with a particular targeted focus on members of marginalised communities within ageing into a series of workshops and structured interviews.

Three marginalising characteristics were chosen for these conversations, which took place over a number of focus groups and workshops. These were:

- Retired older men from Salford.
- Older Asian Women in Oldham.
- Refugees.

We carried out workshops in areas that had experienced flooding, riots, explosions and fire.

These workshops and conversations focused on the stresses that can lead to the inability of communities to deal effectively with shocks, focusing on the key areas of social cohesion and population growth. In addition, they looked at the additional risks inequalities can bring to an ageing population in relation to building and maintaining resilience.

The workshops were designed to be interactive and engaging for participants, focusing on the positive outcomes of resilience and getting attendees to think about policy, community and individual responsibilities. A full outline of the workshops is available in Appendix i.

To minimise the risk in asking refugees to relive trauma, a literature review and a series of structured interviews were held with refugee-supporting organisations. In addition, interviews with workers were carried out in Rochdale, an area that had experienced floods, about the experiences of both White and Asian British people to help produce a rounded picture.

The outcome of the workshops are a series of personas representing a number of marginalised groups. These personas focus on how certain shocks and stresses disproportionately affect marginalised groups and how approaches to resilience can reduce these factors.





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## Section 4: Findings

### Workshop summary

The workshops supported the literature that shows many marginalised groups are likely to have high personal resilience in addition to high levels of bonding social capital. However, communities made up of marginalised people often lack the information, resources and connections to react adequately during times of shock, due to struggling to make connections outside of their own community.

This suggests that communities made up of people with higher levels of bridging social capital are more resilient due to having access to additional information, resources and support. Correspondingly, areas with higher levels of community cohesion and social infrastructure are often more resilient than areas with lower levels due to the support communities are able to offer to each other.

Narratives are important. The personal and cultural belief in the importance of 'grit' or 'hard graft', although referred to as different things within different cultures, is shared across the working classes across ethnicities. Similarly, resilience is often born from cultures that encourage lifelong learning. The promotion of a shift in perspective from glorification of wisdom to the value of lifelong learning could support older people to adapt better to change after shocks.

It cannot be assumed that exposure to shocks and stresses, such as discrimination in the form of racism or experiencing economic deprivation builds up resilience. There is a risk of negative impacts on older people's wellbeing as these experience build up over a lifetime.

Finally, it would be beneficial to explore cultural narratives and how experiences can be forgotten over time, yet still stay with individuals. Within the groups, there were conversations about shocks experienced by all attendees and the impact they had on their resilience. However, these shocks are often not taken into consideration during resilience planning, due to how long ago they took place.





## Older Asian Women in Oldham

### Shocks

- Shaw gas explosion in 2011
- Saddworth Moorland fires 2018
- Maple Mill fire in 2016
- Oldham Riots in 2001

### Stresses

- Poverty and inequity (Miller, 2015)
- Infrastructure (Oldham Council, 2011)

The first workshop was held in early September 2018 with a group of older Asian women in Oldham. The workshop took place in Oldham and all of the women were from the local community and were Punjabi-speaking Pakistani Muslim women in the age bracket 48-73. None indicated disabilities or caring responsibilities and the majority lived with family. Two younger women and an interpreter supported the six members of the group. All of the women knew each other prior to the formation of the group.

From the shocks raised during the discussions, attendees only had experience of the riots. As a result, the majority of conversations focused on these when referring to actual events, and on hypothetical shocks such as floods, or more riots, when talking about the future. Attendees also spoke about a neighbourhood shooting that occurred in Oldham 30 years ago that most identified as a real shock to the community.

As with the workshops with older men, a person's connections to community and family played a large role in developing and maintaining resilience according to the women in the group.

There was mixed feeling towards resilience of older people, with initial reactions that older people are more resilient than younger people due to having more life experience. Throughout the conversations, workshop attendees brought up the experiences of younger generations. The group raised concerns that younger people were less resilient, not having had the life experiences shared by older people.

**“When the riots happened we felt it was like the end of the world.”**

Members of the group spoke about growing up in a different country has allowed them to build personal and community resilience that younger generations who were born in Oldham do not have.

**“In India and Pakistan people live close to you and you get support. When we came here we live as sisters and we make it like a family here so we get support from each other.”**

Furthermore, sense of community and neighbourhood amongst the Punjabi community in Oldham came through strongly during the workshops, with one attendee commenting that you get to know each other and support each other, feeling part of a larger ‘family’.

However, all members of the group felt that older people needed more support in times of trouble, whether practical or emotional, particularly if they have become socially isolated.

Mutual understanding and trust, listening to each other’s problems and being able to support each other because they live close to each other were all seen as important to a sense of belonging to their local neighbourhood. Attendees linked this to resilience, that because they are part of a community, they are able to help each other for help and support when problems occur. Similarly, the group felt that people who are socially isolated and not able to be part of their local community were likely to be less resilient.

Reliance on family was also of particular importance to this group, understandable as most lived with family members.

The group agreed that being part of a social group (such as the one they all belonged to) had positively impacted their own resilience, by increasing their social ties, developing understanding of each other’s needs and tackling social isolation.

As people get older, they find it harder to deal with negative experiences such as racism, the group felt. They felt they were unable to tolerate negative comments and it would affect their ability to bounce back.

**“We can’t tolerate it if somebody says wrong things about us... as you get older you are less resilient and you can tolerate less.”**

On dealing with specific shocks, the group responded mostly around personal resilience and their own ability to cope when things go wrong. The group felt that institutional support should be relied on, but institutions such as the police and health services have ‘gotten worse’ over the years and they voiced concerns that if shocks happen, information is hard to find.

When discussing the neighbourhood shooting, research participants felt they were able to give personal support to each other, but were unable to do anything at a more strategic scale.

On the topic of the riots, respondents spoke about their children, focusing their responses on protecting their children and encouraging younger generations to live in peace with their neighbours.

Although they felt that it was the responsibility of the police to deal with the riots, many spoke about personal and community actions that were taken during the time. When questioned what was done at a community level, they spoke of the role of community leaders who spoke directly to White and Asian young people to deescalate the situation. Political leaders and civil servants were also spoken about as having a responsibility during times of shock.

The group shared a feeling that although a strong and resilient community can help in times of trouble with emotional support, there reaches a point where institutional support is needed. The group had a lengthy discussion around individual personal finances following a shock where property has been affected. The difference between experiences in India or Pakistan compared to England was highlighted, where communities would help others financially, whereas in England, this financial support needs to come from services.

Participants identified the circulation of information as a responsibility of service providers after a shock, as this type of information cannot be gained from neighbours. However, they expressed concerns with language barriers and lack of promotion as to how they could access this information. Participants suggested that the local Councillor or a community hub could be a point of contact during shocks.

**“People like us are often fine. Women like us give each other emotional support and this makes it easier to cope.”**



Following the focus group, we spoke to staff at an organisation that has a number of links with south Asian communities within Rochdale. They supported the feedback given within the focus group, in particular focusing on the importance of family in older South Asian people's networks and during shocks. For the large amounts of older adults in this group who do not speak English, their family are often their only reach into community and for information.

However, during times of shock, language becomes less of an issue as people are more likely to break down barriers to support each other.





## Retired men from Salford

### Shocks

- Boxing Day floods in 2015
- Church of Ascension Fire 2017
- Wardley Industrial Estate Fire 2017
- Irlam gas explosion 2010
- Manchester and Salford riots in 2011

### Stresses

- Poverty and inequity (Miller, 2015).

A focus group for retired men from Salford with experience of the Boxing Day floods in 2015 was held on 14<sup>th</sup> September 2018. Participants were aged between 65 and 81 and their living situations differed, with a mix of different relationship statuses, household composition and disability. All participants had lived in the area for ten years or more, with most living in the area for over 20 years.

The workshop took place in a social club in east Salford in the area where the floods took place. The social club itself had become a hub during the floods where people could come for shelter and support and community members donated clothing, toys and helpful items for those impacted by the floods.

All workshop participants had been actively involved during the Boxing Day floods in 2015 and therefore discussions mostly took place around this topic. On being asked if they were aware of any other shocks that had occurred in their area, all recalled a woman being hit by a car outside the social club, which had a big impact on the social club community. One participant had been involved in the Church of Ascension when the fire happened.

Salford has a long history of flooding, notably in 1946, 1954 and 1980, leading to a higher comparative level of resilience and sustainability planning from public agencies and communities. In 2015, three months before the Boxing Day floods of 2015 the UN Office for Disaster Risk Reduction recognised East Salford as one of eight Champions of Disaster Risk Reduction for multiple initiatives against the risk of flooding and for involving both youth and older people (The Daily Star, 2015).



As with the workshops with Older Asian Women, it became quickly obvious that a person's connections to community played a large role in developing and maintaining resilience. Specifically, for this group, their 'community' at the social club was more important to them than their physical neighborhood - although the two did intertwine.

The participants spoke passionately about the sense of community during the floods, with younger people offering support in the form of cleaning and people of all ages collecting food, clothes and toys at the social club for the community to use.

**“Some [older] people want help, and some are independent... but you give them that respect and let them do it. Then when they can't do it, then they ask you and you do it for them. That's the way it is.”**

Connection to community was brought up more frequently than family during the discussion, although all participants discussed family members as part of their community. There was an understanding amongst the group that family relationships in their neighbourhood could be fractured, with some family members not speaking to other members, leading to the inability to rely on family during times of trouble.

The group discussed resilience as a concept, with many feeling that a person's resilience is more to do with personality than characteristics.

Research by Ambition for Ageing (Thorley, 2018) has identified that rather than a need for strong social connections, older people often considered neighbourhoods to be age-friendly if there were weak but positive social ties with light touch support.

This was reflected in this workshop, where participants spoke about looking out for each other, and bringing people into the social club who were in need of help. These weak ties between the members of the club and their local neighbourhood become stronger during shocks. The interviewees all felt because of the strong sense of community built up around the social club, this helped with their resilience.

Self-reliance was high amongst the group, with all participants who had been affected by the floods talking about the personal actions they had taken as their houses had been flooded.

All participants took an active role in reacting to the flood, on both a personal and community level and many spoke about helping out those who were less active or able to help themselves.

**“There was a boat come down the street for old people. I told them to go across the road, and look after [my neighbour] 'cos he's about ninety-something. So I said, 'Look after him first, go over there'. And they went over there.”**

However, the group also spoke with pride of how everybody 'pitched in' and helped out or donated in the immediate aftermath of the floods, with people not personally affected traveling to help out. The impression received was that residents felt that the outpouring of support was both overwhelming and unexpected.

Based on their conversations it was clear that the sense of community spirit built up around the social club played a key part in the resilience of the community. Initially it was just a few club members leading local support, which soon escalated as the word spread.

There was some discussion on a generational difference in reactions to the floods, both during and after, with the young people who helped out having links to the local community, and in particular the social club, through their parents. The group spoke of a sense of community

growing up that has lessened through the generations. However, a physical space like the social club has allowed them to create and maintain a community based around it.

**We talk and discuss things better [at the social club]. We have a laugh. We hear each other's problems and solve them in one night. All age groups come here – there's a good community spirit."**

The social club as the hub for the community was woven through participants' answers, with participants saying that being a member of the social club helps them to feel like a part of the community. This strong community spirit shared by those that use the club helps build resilience and mitigate stresses that could cause shocks. Participants share their concerns and worries with other members of the club, having somebody there to listen and support and therefore building up their resilience.

The community built around the club is very much built around the building itself. The men in the group spoke about not knowing people who lived across the road because they don't come to the club, but feeling a close connection and sense of community with somebody from another area of Salford because they also use the club.

There was mixed feeling in the group towards the Local Authority's response to the 2015 floods, with some feeling they "did what they could" but with others feeling they reacted too late or could have done more to mitigate the risk in the first place.

The social club was able to act as a bridging organisation between the services - such as the Local Authority - the community and local people. The identification and recognition of such organisations is vital in resilience planning to allow for clear pathways into the local community both prior to and during shocks.

At a personal level, the participants felt that their experiences during the floods have prepared them for future shocks, although some did admit to feeling 'panicky' when the river waters rise after heavy rainfall. There was a general feeling amongst the group that the community built around the social club has grown since the floods, although it is unclear if this is down to the growth of community or other factors.

Following the focus group, we also spoke to Claire\*, who volunteered at the social club during the floods. Claire has been volunteering in the community for a number of years, holding charity events in the social club. Her own house had flooded, and as local authorities asked people to leave their homes she encouraged people to come to the Social Club. Helping others in the flood also helped her own resilience, having a purpose and keeping her mind off what was happening at home that she was unable to control.

She echoed many of the men's feelings about the club being a hub for the community and stated that the community is now better prepared should the area flood again.

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\* Name changed.



Photo credit: Mark Henderson under Creative Commons License

## BAME older people in Rochdale

### Shocks

- Boxing Day floods in 2015

### Stresses

- Poverty and inequity (Miller, 2015).
- Infrastructure and transportation network (Rochdale Borough Council, 2016).

To ensure a complete picture of older people’s experiences, interviews were carried out with staff supporting older people in Rochdale, in particular those from Asian backgrounds.

Similar to Oldham, 14.9% of Rochdale’s population is Asian or Asian British (Oldham’s population is 13.57% Asian or Asian British) and alongside Salford the area was impacted by the Boxing Day floods in 2015.

By carrying out these interviews, we aimed to identify where there are shared experiences between those interviewed as part of the focus groups.

**“Rochdale is the most deprived borough in Greater Manchester, and I think that resilience has been born out of having that label, not having the resources and just doing it themselves... people just didn’t grumble about it, they just pitched in and got on with it.”**

Staff members felt that individual resilience has been born out of the last ten years of austerity. In reaction to the Local Authority cuts, communities and the VCSE sector have taken ownership of their own communities.

The links that have been developed through the community working together to ‘plug the gap’ in public sector services have strengthened connections between individuals within a community and between disparate communities themselves.

The interviewees felt that people use the assets that are available to them to build resilience. Importantly, where there are less assets to support a community, that community is less resilient during times of shock.



**“It’s one thing doing this for your own community, but then doing it for a community that’s completely isolated from yours. It built up these relationships that weren’t there.”**

Staff voiced concerns about the risk that further cuts to the VCSE, leading to the disappearance of localised community assets, could have on resilience. With fewer available to older people at a local level, the more at risk of social isolation they become and the less resilient they are before, during and after shocks.

As with both focus groups, the theme of community in relation to resilience ran through the conversations.

In contrast to Oldham and the 2011 riots, staff in Rochdale felt that community cohesion was stronger due to the length of time the area has been multi-cultural and the number of community cohesion projects running within the VCSE sector.

Although community cohesion is strong in Rochdale, with younger generations growing up in multi-cultural environments, there are still geographic differences, with some neighbourhoods being predominantly White British and some being predominantly Asian.

The ability to build and foster community is also of note from a social capital perspective, where community links were strong, resilience was higher, yet the weak social ties between the White and Asian could be capitalised on in this time of shock.

The speed at which the Asian communities were able to act during the Boxing Day floods was in no small part down to a small number of key figures in the community who, through living and working in the area for many years, had the trust and connections within their local community.

Because of the speed at which they were able to help their own communities, they were then able to mobilise, reach out and bring aid to neighbouring areas with predominantly older White British populations. The interviewees felt that this helped further community cohesion.

The theme of building a narrative around shocks arose during the conversations. One staff member spoke about a White community, having received help during the floods, who helped others a few years later when a motorway near to Rochdale closed due to bad weather leaving motorists stranded. Although there is a lack of evidence to connect the two, this does support a wider theme of creating a narrative around the culture of supporting others to build resilience.

During the conversation, a thread also started to emerge between the groups interviewed for this research and their attitudes to resilience in relation to adversity.

One interviewee drew comparisons between the older white working classes in Rochdale and the cultural experiences of many older Asian people who had moved to the UK as adults. With both groups of people priding themselves on their high levels of resilience and being ‘stoic’. Culturally; people from south Asian communities appreciate hard work, with many having built up their businesses in the UK, or having seen their parents work long hours in difficult conditions.

**“There’s that Northern grit... when something bad happens it usually brings a defiant attitude. Most of the Northern towns have already had that resilience, embedded from the industrial age and grafting”**

They felt that shocks such as the Manchester area attack strengthen community in areas where community cohesion is strong, encouraging a defiant attitude amongst residents.



## Refugees

### Shocks

Prior to life in the UK, refugees are likely to have experienced war or repression amongst other shocks. Yet in the Greater Manchester, they are just as likely as others to experience any of the shocks identified as a risk for the city-region.

### Stresses

- Poverty/Inequity
- Political Turmoil
- Infrastructure

Interviews were carried out with four members of staff across two refugee-supporting organisations. The majority of staff had themselves been refugees, with some continuing to identify as refugees.

One organisation had been set up in response to the 2002 Home Office policy to disperse asylum seekers throughout the UK with an aim to offer support and build a community within the area, supporting refugees with over 80 different nationalities. The other organisation specialises in supporting, amongst others, Farsi speaking and Iranian refugees. As a result, they support many people who become refugees forty years ago during the Iranian Revolution in 1979 in addition to new arrivals to the UK.

What became clear from the interviews was the range of experiences of older refugees based on the country they had travelled from, the circumstances of their travel, who they had traveled with, and the age at which they had travelled.

Although these very complex experiences cannot be delved into at much depth in this report, it is helpful to view older refugees as belonging to one of three general groups:

- Settlers – older people who travelled when they were younger and have now settled in the UK. May or may not continue to refer to themselves as a refugee.
- Mid settlers – those who travelled at mid-age, often with children, and are now becoming older as they settle
- New arrivals – older people who have traveled as older people

All staff interviewed as part of this research spoke about refugees as having incredibly high levels of personal resilience. With refugees having to go through a number of shocks and stresses such as war, turmoil and oppression in their home country, to make the journey to the UK, go through a complicated and degrading asylum process when they reach the UK, then having to rebuild their life once they have been granted asylum.

**“It’s easier for a twenty-year-old to study something new. Their age supports it. For somebody already in their mid-40s or 50’s, restarting, it’s a scary thing to go for... they’re still known as the thing they were before. It’s losing face in your community”**

However, staff from both organisations also spoke about having to work with refugees to get them to recognise their own resilience and be proud in what they had achieved.

In both interviews, the ability to ‘start again’ as a refugee was highlighted. There is a high level of personal resilience needed for refugees to have built a life in their home country and then have to start again once they reach the UK.

The age at which a refugee comes to the UK appears to have an impact in finding work, with pride and community expectations playing a role. It was felt that it was easier for younger refugees than to re-invent themselves, retrain and build a new life. Yet, for older refugees, there is almost a feeling of hopelessness and loss, that the experiences that a person has had before coming to the UK have been lost. There is a feeling of life running out, which depending on an individual’s personal resilience and the communities support systems can either lead to giving up, or being propelled forward.

Work and work ethic was highlighted as a key part in personal resilience for refugees, with both organisations giving examples of refugees building their own businesses or finding work as part of both demonstrating and developing resilience. This echoed the responses from previous interviews and focus groups with other marginalised older people on their belief in ‘hard-graft’ and ‘grit’ as a form of resilience.

The glorification of the wisdom of age and the idea that once you reach 50, you stop learning is not unique to refugees and has been studied extensively in the UK (Age Concern London, 2009; Phillipson, 2017; Hyde & Phillipson, 2015). For refugees, this can lead to feelings of disappointment, grief for the version of yourself left behind and sometimes embarrassment at your predicament - especially if before coming to the UK, your job gave you a level of high status.

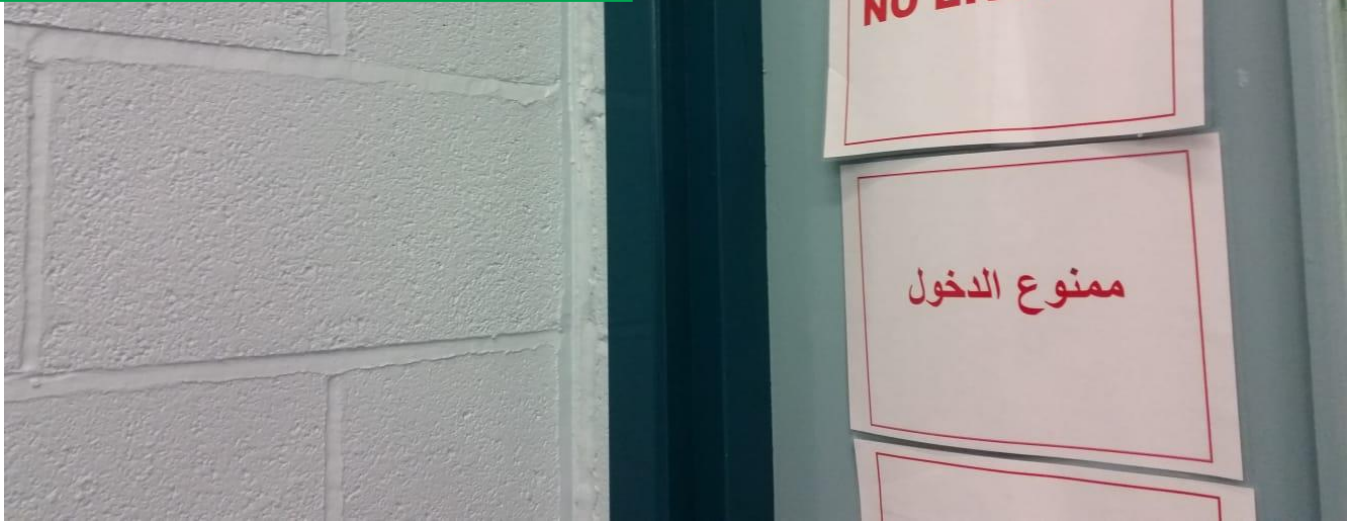
However individual’s personalities, often shaped by the culture of the country they travelled from can play a large role in their resilience. Similar to members of the focus group of Punjabi Asian women, one interviewee spoke about the Iranian culture encouraging people to be ‘driven’, supporting their personal resilience to continue going, developing and learning in their new country.

Both services spoke about supporting older refugees to recognise their own resilience, strengths and skills. Often, this will be working with individuals to re-connect them with their previous life. One interviewee spoke of the high numbers of refugees who previously had high senior identities and felt a sense of belonging in their home country. There is a period of grief over what is lost and support is often needed to recognise strengths and continue going.

**“As Iranians, we’re quite driven. We’re very ambitious thinkers. They want more from life than what is offered to them, or is available to them... Anywhere in the world they walk into, they learn the quickest to be independent rather than dependent.”**



**“It’s so easy to work with people who are so resilient and so strong. Half the job is done for you because they have that drive.”**



However, the individual resilience of refugees can only be stretched so far, with many pressure points throughout their lives.

Experiencing the asylum system has a major impact on many refugees, as covered at length by Refugee Action in their report *Waiting in the Dark* (2018). The report showed that almost half of asylum seekers were waiting more than 6 months for an initial decision, severely impacting on their wellbeing. In addition to this, poor handling of claims, attitudes of staff and lack of advice only added to the negative experiences of the system.

A two-year 2010 project ran by Refugee Action, which provided a case worker to refugees going through the asylum system found that having access to information, somebody to raise issues with and the ability to actively engage in their legal case improved the resilience of those going through the process.

During one interview, a worker spoke about positive decisions on asylum often becoming a catalyst for a downward spiral. The worker referred to refugees being in ‘fight or flight’ mode for so long, that when a positive decision finally happens, there is such relief that they go into meltdown.

Although many refugees settle and feel at home in the UK, for many older refugees, their concept of ‘home’ is in the country they have travelled from.

One interviewee who was herself a refugee spoke about this difference in attitude between her and her mother, with her mother wanting to be buried in Syria when she died. The interviewee felt that their integration into the UK had been strengthened by their ability to work, and the connections this had brought with it.

**“Within our community, [older people are] very protective of their Syrian passport. Even though they’re refugees and they can’t go back home, they still think they’re going to go back one day. I’ve never seen anyone buried here, they’re all buried back home.”**

For many older refugees, the community built amongst those who have had shared experiences of being a refugee, often (although not always) combined with a shared language had contributed towards their resilience. The ability to support each other within their own communities was seen as a positive thing by staff at the supporting services.

**“We all want to be cared for. A lot of people may talk to their parents or siblings if things are stressing them out... if that’s not available to you then you need to develop other support networks.”**

However, there was a gap in resilience when it came to reaching outside of these strong social networks into the wider community. There was a strong feeling that refugees had high levels of bonding social capital, building support based on shared experience. However, many lack bridging social capital, the ability to reach outside of their own communities for information, support or resources. During times of shock, it is this type of social capital that supports community resilience.

In resilience planning, refugees’ previous life experiences will often be an asset to their community. Having lived through war, turmoil and oppression, traveling to the UK, going through the asylum system and rebuilding their lives, refugees are often more resilient than others, being able to switch to ‘problem solving mode’ and becoming ‘solution focused’ based on previous experience.

For refugees experiencing shocks in the UK, there could be a triggering or normalising reaction and often both at the same time. One interviewee spoke of their experiences during the Gulf War in Iran compared to their daughter’s experiences watching the Manchester Arena attack on television. Explaining that although something like the Arena attack was shocking and brought back memories of life prior to moving to the UK, it also felt very normal, as just a part of life.

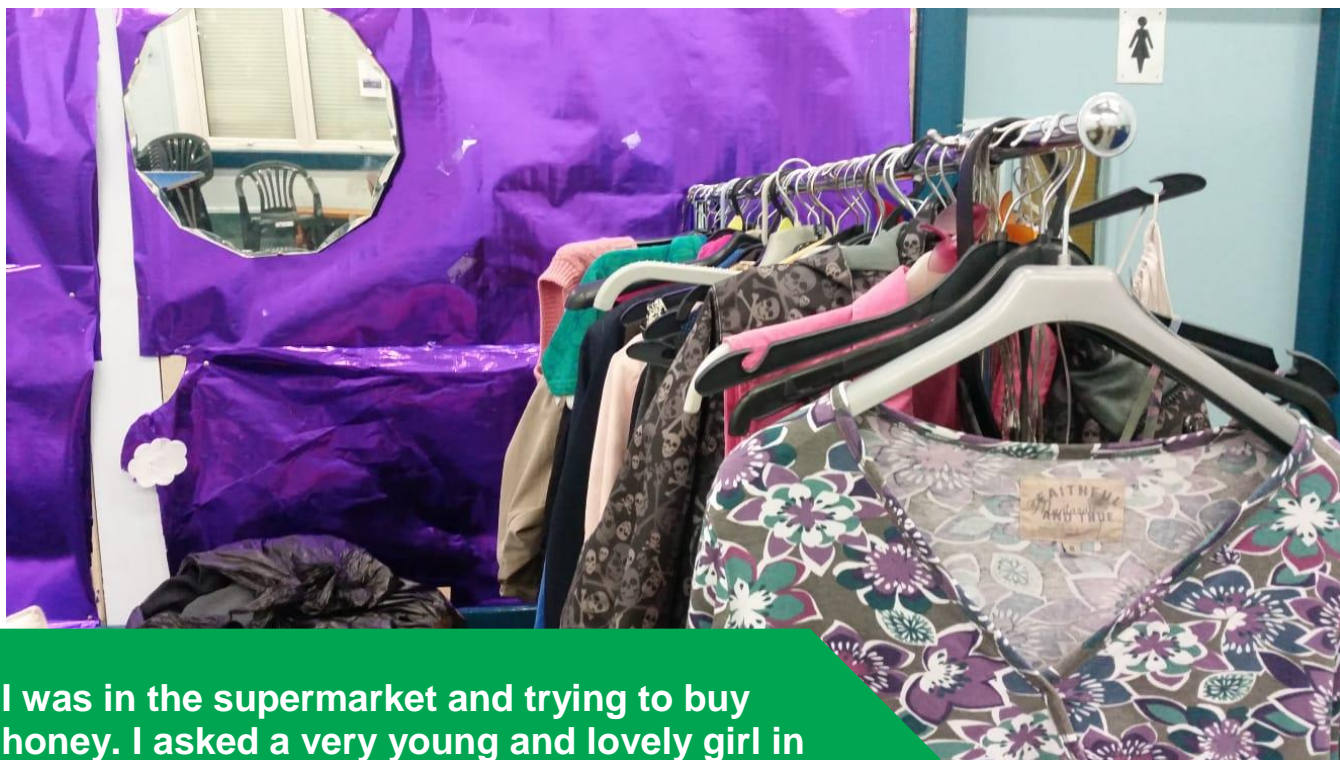
This normalising of shocks can both benefit and help individual resilience, with the potential for negative impact on an individual’s mental wellbeing, but also helping them to become ‘solution focused’ when shocks take place.

In times of trouble, refugees often idolise the western world. But this does mean that if shocks happen in the UK, which is perceived as ‘safe’, this can cause high levels of anxiety, which may impact on resilience.

There are also risks for refugees joining family who have already moved to the UK, where expectations can be raised that are not met once they move to the UK. Family in the UK are reluctant to share with those travelling the realities of life, which may include homelessness, poverty and hate crime. There are many urban myths that add to expectations so that when people arrive in the UK, they can often feel deflated by the reality. However, there is a flip side to this of the opportunities available after completing the asylum process that may not have been available to them in the country they have travelled from.

**“I grew up watching missiles... watching oil refineries being blow up... those were our lives in threat. So when the terrorist attack happened at the arena, for my daughter it was a really surreal and unreal thing happening, but for us it was ‘this is very real, this is life, this is part of what you grow up in’.**

**Do you know what, it was normal to us but it wasn’t?”**



I was in the supermarket and trying to buy honey. I asked a very young and lovely girl in the supermarket, 'Where is the honey?' and she started laughing because 'honey' can be your lover as well. I nearly killed her because the queue also laughed and I was embarrassed.

I was a big manager in my home country... I screamed and asked for her manager and at that point she apologised.

But to be honest, I think that built my confidence. Now, I can say that, but at that time it was horrendous, but now I think... that helped me to find out... that still I can use my skills here, never mind the language barriers.



## Section 5: Personas

The following personas represent a number of marginalised groups. They focus on how certain shocks and stresses disproportionately affect marginalised groups and how approaches to resilience can reduce these factors. These personas are not meant to be representative of every marginalised group, nor representative of all older people with these marginalising characteristics.

Rather, they are a snapshot of the barriers and opportunities to take into account when designing community shock risk reduction programmes. They are not based on any singular individuals and are an amalgamation of those spoken to and about during the focus groups and interviewees and findings from further research. Please note that in order to showcase a range of experiences, the potential number of personas could have been endless. As a result those produced should be taken for illustrative purposes only.



Linda

Linda is 85, White British and lives alone in a deprived area of Greater Manchester. Linda has had many jobs in her life, including factory and retail work. Her last job before retirement was as a floor manager at BHS.

She spends most of her time watching television and doing crosswords as she has trouble with her legs. A carer visits her twice a week to carry out physical therapy and do a spot of cleaning. She does not feel lonely as she has a cat and television and she will chat to her neighbours once a week when she is carrying out some light gardening.

Linda sometimes worries what will happen to her if there is a shock in her community, although she worries more about what will happen to her cat.

### During Shocks

Linda relies on others to help her during shocks, which puts her at risk. She needs the support of the local community or emergency services to be able to act in these situations. Although she currently lives in an area with a strong community, if Linda were to move house, she would lose this potential support.

### Strengths

- Lives in an area with strong community
- Previous experience in a managerial role
- Strong personal resilience to cope when things go wrong

### Barriers

- Socially isolated
- Unprepared for shocks happening

### Social Capital

Linda has very little social capital, which puts her at risk during times of shock.



Raziya

Raziya is 74 and moved from Pakistan when she was 27. Raziya is not confident speaking English and mostly speaks Punjabi. She attends a local social group that her son takes her to, where she meets up with other women from her area who also speak Punjabi.

Raziya lives with her husband and adult son in a deprived area of Greater Manchester with a high population of South Asian people. She worries that her son and future grandchildren do not have the life experience and have not experienced enough 'hard graft' to cope when things go wrong.

She sometimes feels vulnerable when she experiences racist comments, and this negatively impacts her confidence.

### **During Shocks**

When things go wrong, Raziya relies on her son and local community leaders for practical support. Following shocks, she is able to offer reciprocal emotional support to her friends at the social group, many of whom live in her neighbourhood.

She expects emergency services and the local council to help during times of shock, but worries that austerity has had an impact on their ability to act. She is unsure where to find information when shocks happen.

### **Strengths**

- Close relationship to family.
- Close relationship to community.
- Past experience living in a country where people support each other.
- Culturally values hard work.

### **Barriers**

- Language.
- Lack of access to information.
- Lack of access to support outside of immediate community and neighbourhood.

### **Social Capital**

Raziya has some level of bonding social capital, with strong relationships with her family and close community. However, she has no bridging social capital to those outside of her local community. This could put her at risk during shocks.



Aadil

Aadil is 69 and moved from India when he was 30. He is fluent in both English and Gujarati.

He lives in a deprived and multi-cultural area of Greater Manchester with his wife. His children live nearby with his seven grandchildren.

During his spare time, he volunteers for a local community youth organisation that runs activities for children from deprived backgrounds.

Before he retired, he worked at the same youth organisation and is known and respected in the local community.

He was recently diagnosed with hypertension and his doctor has recommended that he slows down.

### **During Shocks**

When things go wrong, Aadil reacts quickly. He uses social media and door knocking to alert other community leaders to the issue and they are able to support those in their community as shocks happen. Because he is well known, others rely on him for information and support, which he is able to provide alongside his strong social network.

He has worked alongside emergency services in the past as part of his youth work and knows several neighbourhood emergency service workers by name.

### **Strengths**

- Close relationship to family.
- Close relationship to community.
- Past experience living in a country where people support each other.
- Culturally values hard work.

### **Barriers**

- Lack of external support from services.
- Fears austerity will lead to more cuts in the voluntary sector.
- Stressed at weight of responsibility and worries about what will happen if he gets ill.

### **Social Capital**

Aadil has high levels of bonding and bridging social capital, being able to work within his own communities and reach out to others. He is closely connected to local services and has the knowledge and ability to act quickly when shocks happen.





Henry

Henry is 72 and lives in a deprived area of Greater Manchester. He was born in the area and has lived there all his life. Henry is a widower and identifies as White working class. He has two children, both of whom live in the south of England and visit him a few times a year, particularly around Christmas.

Prior to retirement Henry worked in construction and he still meets up with old friends from time to time in a pub close to his house. He belongs to the local social club, where he spends a few nights a week. When he is not at the social club, he often watches television or goes fishing.

Henry lives in an area that is prone to flooding and his own house has flooded twice. He has never given moving from the area serious thought.

### **During Shocks**

Henry has previous experience of floods so is knowledgeable on how to react in an emergency. He is able to support himself and when help arrives, he often puts those he perceives as more vulnerable before himself. He does sometimes worry about how he will cope as he gets older.

Being a member of his social club means that Henry is able to access support from his community immediately when shocks happen. He does not see himself as a leader, but will pitch in, helping with cooking, cleaning and whatever needs to be done to support others and keep himself busy.

### **Strengths**

- Close relationship to community
- Industrious and hardworking due to his culture and previous work
- Has previous experience of shocks so is knowledgeable on how to react

### **Barriers**

- Lack of external support from services
- Lives in an area that is prone to floods with no financial capital to move
- Distrust of some levels of authority

### **Social Capital**

Henry has fairly high levels of bonding social capital, being involved in community activities and having a few of close friends. Although he does not see people every day, he is connected to his community through weak ties, which, although does not give him bridging capital, allows him to access the benefits this form of social capital brings.



Khorshid

Khorshid is 64 and was granted asylum in the UK after moving from Iran thirty years ago. He travelled with his wife and young children. He sought asylum in the UK due to the Iranian Revolution and hoped that by moving, it would give his children a better life.

When he lived in Iran, Khorshid was an IT manager. After gaining asylum, Khorshid and his wife set up their own grocers' business and he still works at the business alongside his wife and adult son. However, it is getting harder for him to run the shop and he worries about retirement, as he has not put any money aside.

When they first moved to their house, Khorshid's new neighbours provided them with a care package and the two couples have remained friends ever since.

### **During Shocks**

Khorshid is able to emotionally deal well with shocks in the UK as he has previous experience of experiencing shocks in Iran, which he feels normalises the shocks.

However, he is unsure who to contact and how to act during times of shock.

When experiencing shocks in the UK, Khorshid will sometimes become triggered and emotional as they remind him of his experience prior to moving to the UK.

### **Strengths**

- High levels of personal resilience
- Strong personal resilience to cope when things go wrong.

### **Barriers**

- Due to previous experience, there is a risk of triggering during shocks
- Lack of knowledge of what to do during shocks
- Risk of experiencing hate crime following racially-connected shocks
- Has a lack of financial capital

### **Social Capital**

Khorshid's bonding social capital grew as he settled into the UK. He is known by his neighbours and as the owner of the grocers', he has some bridging social capital due to being known by many in his local community.



Mohamed

Mohamed is 54 and is currently seeking asylum in the UK after moving from Somalia a year ago to flee the ongoing civil war and unrest. He travelled alone to join his brother with whom he is currently living. He is still waiting to hear the outcome of his asylum application, when he hopes to bring his wife and children to the UK.

When he lived in Somalia, Mohamed trained as a dentist, however he is currently unable to work in the UK. This upsets him as he was very well known and respected in Somalia and he feels embarrassed having to ask for help.

He visits a charity for refugees where he has a hot meal and works with staff on identifying his strengths and speaks in English with other refugees from different countries.

### **During Shocks**

Mohamed idealised the UK prior to moving, and is not coping well with the asylum process. Due to this, he is ill equipped to deal with shocks in the UK. Mohamed is unsure who to contact and how to act during times of shock.

However, Mohamed is hopeful and looking forward to the time when his asylum application is processed. He wants to retrain in another profession, but is concerned that time is running out.

### **Strengths**

- High levels of personal resilience based on previous experience
- Determination to succeed

### **Barriers**

- Language
- Lack of knowledge of what to do during shocks
- Unaware of own resilience
- Risk of experiencing hate crime following racially-connected shocks

### **Social Capital**

Currently, Mohamed has very little social capital. He has very few connections outside of his immediate family and those who also attend the local refugee charity



## Section 6: Conclusion

### Challenges

Throughout this research, one concept kept coming up time and time again, and that was the concept of community. Often relating not to place, but to familiarity of like-minded people. The benefits that being part of a community has to an older person appear to far outweigh all other support systems an older person may be connected to.

This is not unique to this research, the thread of age-friendly communities underpins the work of Ambition for Ageing and is echoed in current ageing work across the city-region and beyond.

This is where the challenge lies. Social isolation is a major issue amongst older people, with approximately 1 in 6 older people identifying as having less than weekly contact with family or friends.

With Greater Manchester's population continuing to age, this raises risks to the resilience of older people in the city-region.

Older people experience many of the same feelings and needs as people of other ages during times of shock, in particular the need to be part of a community and receive reciprocal support.

There is a risk that older people with less social capital, due to experiencing social isolation, will be impacted more by shocks and stresses. To build resilient communities, there is a need to reduce social isolation and build links between individuals and communities.

Further complicating the issue is the impact that inequalities can have on a person's risk of social isolation and resilience. Previous Ambition for Ageing research suggests that the more marginalising characteristics a person has, such as identifying as BAME, having a disability or being working class, the more at risk they are of social isolation.

Older people with additional marginalising characteristics who are not socially isolated often have high levels of bonding social capital (social networks that are built around similarities and reciprocity). However, they may struggle to make connections outside of their own community, which are beneficial during times of shock. Although many marginalised groups have high personal resilience, communities made up of marginalised people often lack the information and resources to react adequately during times of shock.

It is those communities made up of people with higher levels of bridging social capital (connections to those outside of a person's own group) that are likely to be more resilient due to having access to additional information, resources and support. It is more likely that these communities would be made up of people with less marginalising characteristics.

Most, if not all, people from marginalised groups will experience stresses, such as discrimination in the form of racism or experiencing economic deprivation. It cannot be assumed that exposure to such stresses builds up resilience, as there is a risk of negative impacts on older people's wellbeing as these experience build up over a lifetime.

Correspondingly, areas with higher levels of community cohesion and social infrastructure are often more resilient than areas with lower levels due to the support communities are able to offer to each other.

## Solutions

So, what can be done? A focus on building age-friendly communities, and working with existing communities to reduce social isolation is one step.

Narratives are important. As with the Rochdale neighbourhood who, after experiencing support carried out actions of their own, supporting communities to tell their own stories and support their own narratives can help to build a culture of resilience.

Similarly, resilience may be strengthened in cultures that encourage lifelong learning. The promotion of a shift in perspective from glorification of wisdom to the value of lifelong learning could support older people to adapt better to change after shocks.

Older people hold many strengths, although referred to as different things within different cultures, the personal and cultural belief in the importance of 'grit' or 'hard graft' is shared across the working classes across ethnicities. This attitude, and the cultural trend that it inspires, has the potential to help boost an individual's resilience.

To avoid further marginalising people, it is vital to include a range of marginalised groups in resilience planning. Including marginalised voices in planning means their needs will be met before, during and after shocks and they can play more of an active role in their own and their communities' resilience.

It is important to recognise the value of community institutions and bridging organisations and people, such as social clubs or community leaders. The beneficial nature of these organisations and people to bridge the gap between institutions and the local community is invaluable. These structures often need support to survive, whether physical spaces such as a social club or a network such as a community group, VCSE organisation or an informal friends group.

## Further Research

Due to the scope of this research, there are many areas left unexplored.

This research focuses on the experiences of only a few of many marginalised groups. Further research could look into the experiences of older carers, people living alone, LGBT+ older people, people in poor health or other BAME older people as examples. Further research has the potential to identify both shared and unique experiences, barriers and strengths of these groups in relation to resilience.

This report just scratches the surface on a number of areas relating to the experiences of older refugees that deserve deeper focus. More research is needed into the full experiences of older refugees in relation to resilience.

Further research is also needed into the impact of a lifetime of discrimination on later life transitions. One focus of this could be the impact life experiences have on older people and whether there may be links to their ability to live independently.

Finally, it would be beneficial to explore cultural narratives and how experiences can be forgotten over time, yet still stay with individuals. Within the groups, there were conversations about shocks experienced by all attendees and the impact they had on their resilience. However, these shocks are often not taken into consideration during resilience planning, due to how long ago they took place.

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## Appendix i: Workshop Outline

### Workshop Design

All workshop attendees will be asked to complete a demographics form asking for:

- Year born
- Gender
- Gender identity
- First part of postcode
- Length of time lived in area
- Annual household income\*
- Employment status.
- Religion
- Ethnicity
- Sexual Orientation
- Marital Status
- Disability
- Carer status
- Living situation

\*Salford only

**Materials needed:** Audio recorders, biro pens, sharpies, post-it notes (green, pink, blue and yellow), notebook, flipchart paper, blue tack, cellotape, cake.

### Introduction and Ice breaker

Ask attendees to introduce themselves and the area they are from.

Although we hope that these sessions will be positive and interesting, we understand that discussions of traumatic events can be difficult. If, at any point during the sessions, you feel uncomfortable or want to take a moment, then you can leave without giving a reason. We've also brought along some information and contact details of places where you can get help.

We're speaking to you because we want to know about the experiences of older people to feed into Greater Manchester's resilience strategy. We are particularly interested in your experiences as [groups people belong to].

We will be looking at resilience on an individual, community and societal (or institutional) resilience. This is:

- Individual resilience (self-belief, sense of community, sense of place)
- Community resilience (reciprocal social support, collective self-belief) and
- Societal/institutional resilience (the ability of government, council and organisations).

### Activity 1

I'm going to go through some statements and I'd like you to tell me whether they are true or false.

1. Older people are more resilient than people of other ages.
2. Older people feel like they belong in their neighborhood.
3. Older people need less help in times of trouble (eg. floods, fire, riots)
4. The more somebody feels like they are included in a community, the more they are able to deal with problems when they occur.
5. Having negative experiences (such as racism, sexism or homophobia) makes people less resilient / Experiencing poverty makes people less resilient.
6. Socially isolated people are less resilient than people who spend a lot of time in their community.
7. These days, older people can't rely on family or friends during times of trouble (eg. floods, fire, riots).
8. Being part of a club or group makes people less resilient.

### Activity 2

Activity: Major shocks from the area over the last ten years

**List all shocks on one sheet. Write down the side: Individual (green pen), Community (pink pen) and Institutions (blue pen) written on it**

- For Salford this will be: Boxing Day floods in 2015, Church of Ascension Fire 2017, Wardley Industrial Estate Fire 2017, the Irlam gas explosion 2010 and the Manchester and Salford riots in 2011
- For Oldham this will be: the Shaw Gas Explosion in 2011, Dovestone Reservoir fire 2018, Maple Mill fire in 2016 and the Oldham Riots in 2001.

Throughout the questions, check in as to whether their experiences are that of an older person, or if their cultural identity also play a part. Ask supplementary questions: Do others feel this way? Do your neighbours feel the same way?

- Has anybody not experienced these? Has anybody got any shocks to add that they feel would be good to discuss? [add these to the lists]
- Did anybody experience these first hand or know people who did?



- What actions did you take on a personal level to deal with these shocks? [**green post its, on individual**]
  - What was done at a community level? [**pink post-its on community**]
  - What support was given by institutions, like the council or government? [**blue post-its on institutions**]
- Whose responsibility should it be to do these things? Are any of these responsibilities in the wrong place? [**move post-its around the flipchart as changes are made.**]
  - What did you expect to happen when these shocks happened? Who should have done this? Was it different to what did happen? [**yellow post-its**]
  - Do you feel your life experiences have made you more or less resilient? What about your neighbours? What kind of experiences and why?
  - Do you feel that you and people like you are part of your local wider community?
  - In a time of emergency, is it better to know lots of people like you, or a range of people from different backgrounds?
  - Do you feel other people are able to cope better or worse when shocks like this happen? What kind of people and why?
  - Has anything happened between these shocks and now that may make things better or worse if there were similar shocks in the future (eg. Closure of community organisations, change in personal circumstances)? What could be done to change this?

## Appendix ii: Interview Outlines

### BAME Interview Structure

#### Introduction

**Q)** Tell me more about [organisation]. What kind of work do you do?

**Q)** I know that you worked specifically with BAME older people during the Rochdale Floods of 2015. Can you tell me more about this?

**Q)** Were there any experiences unique to the older people you were working with compared to the non-BAME population?

**Q)** How do you feel an individual's previous experience (such as experiencing racism) impacts on their personal resilience? Does their age change their experience and resilience?

**Q)** Do people's expectations play a role in this? Does their age change their experience and resilience?

**Q)** Does community resilience play a role for older people from BAME backgrounds? What about institutional resilience? How?

**Q)** Do you feel there is a point where being part of a community of similar people becomes a barrier to resilience? Where people need to be able to get support from other in their wider community?

**Q)** For older BAME people, how do they view responsibility for taking action during times of turmoil? Do they feel personal, community or institutional resilience is needed during these times?

**Q)** Are there any positive outcomes on resilience of experiencing shocks? Do you feel that older people who have experienced shocks are more resilient to others that then happen?

**Q)** Do you think that resilience is transferable? Do older people learn and adapt, or do things just happen and become harder to deal with the more things happen?

**Q)** Have you seen any changes that impact positively or negatively on the personal, community or institutional resilience of older BAME people (eg. Closure of community organisations, change in personal circumstances)? What could be done to change this?

## Refugee Interview Structure

- Q)** Tell me more about your organisation. What kind of work do you do?
- Q)** My desk-based research so far appears to show a continuation of trauma once refugees and asylum seekers have reached the UK due to the treatment they receive when they're here. What has been your experience of this? Does the age of people play a factor here?
- Q)** How do you feel an individual's previous experience (a person's reason for seeking asylum) impacts on their personal resilience? Does their age change their experience and resilience?
- Q)** How do you feel an individual's experience once they reach the UK impacts on their personal resilience?
- Q)** Do people's expectations play a role in this? Does their age change their experience and resilience?
- Q)** Does community resilience play a role for older refugees? What about institutional resilience? How?
- Q)** For older refugees, how do they view responsibility for taking action during times of turmoil? Do they feel personal, community or institutional resilience is needed during these times?
- Q)** As displaced people, how important is community for older refugees? Does this impact on resilience?
- Q)** Are there any positive outcomes on resilience of experiencing shocks? Do you feel that older people who have experienced shocks are more resilient to others that then happen?
- Q)** Do you think that resilience is transferable? Do older people learn and adapt, or do things just happen and become harder to deal with the more things happen?
- Q)** Have you seen any changes that impact positively or negatively on the personal, community or institutional resilience of older refugees (eg. Closure of community organisations, change in personal circumstances)? What could be done to change this?





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