

Community connectedness in the COVID-19 outbreak

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in partnership with:

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Executive summary

There was a strong sense of local community spirit and support during the pandemic across all age groups, but peoples initially positive responses started to fade between July and November 2020

- The majority of people said that they knew someone in their neighbourhood whom they could rely on for help if they could not leave their home during the pandemic. People aged over 70 years old were more likely to say this than people aged under 50 or aged 50 to 70 in both July and November 2020.
- Overall, people were just as likely to say that they knew someone in their neighbourhood whom they could rely on for help in the first lockdown of the COVID-19 outbreak (July 2020) as in the second lockdown (November 2020). However, people in some vulnerable groups, such as those experiencing financial difficulties, were more likely to say that they knew people in their neighbourhood who could help them later than early in the pandemic.
- Feelings of belonging to a local area were stable throughout the outbreak but tended to be higher among older than young people. In particular, older people were more likely than younger people to report a stronger sense of belonging later (November 2020) compared with earlier (July 2020) in the pandemic. Sense of belonging did, however, fall among those people living in local authorities with a high population turnover during this period.
- The number of people who said they were involved in helping out in their local area changed between the first and second lockdowns. After an initial emergency response during the first lockdown, people in all age groups were less likely to say they were helping out in November than in July 2020.

Over half of participants were classified as well-connected in November 2020

- Multiple measures of the ties and relationships participants had with their local communities in November 2020 were used to create a typology, or classification, of respondents based on community connectedness. This led to the identification of six groups of people.
- Three groups (Reciprocators, Kindred Helpers and Local Helpers) – who made up over half of all participants – were particularly well-connected in their local communities. These groups differed in the amount of help given or received from their neighbours and local community (as opposed

to family or friends whom all were involved in helping). People aged 50 or above were more likely than those aged under 50 to fall into one of these well-connected groups.

- The remaining three groups (Isolated, Disengaged and Wary Helpers) included people who were less connected with their local community. There were different levels of belonging, trust in neighbours and experiences of helping out in these groups. Younger people were more likely to be in the least connected groups.
- Giving and receiving help were mutual activities; no group only gave or only received help. Therefore, all the groups identified in the data contributed to mutual helping-out networks, although some were more limited.
- Across all groups, the primary network for support and assistance was made up of family and close friends, while community volunteers and neighbours were part of just some people's support networks.
- A person's community connectedness group was associated with their personal characteristics and economic situation. Of note, those with a long-term health condition or those living without another adult in their household were more likely to be in the Reciprocators group while those with additional health or economic needs, including older people with a limiting health condition or people struggling financially, were more likely to be in the Isolated group.
- People who used the internet less often during the pandemic were more likely to be Reciprocators than people who used it more often, regardless of their age. This may be because factors impacting internet access and community connectedness (such as having a limiting disability) affected people to a similar extent across all age groups.

Community networks were associated with wellbeing during the pandemic

- People who had a stronger bond with their local community were less likely to report that the COVID-19 outbreak had a negative effect on their physical and emotional wellbeing than those with weaker bonds. This was particularly the case for the oldest participants; amongst people over 70, those in the less well-connected groups were much more likely than those in the more well-connected groups to report a decline in their emotional wellbeing.
- There was also a strong relationship between community connectedness and quality of life for people aged 50 or older. During the pandemic, people aged 50 or over who were Kindred Helpers and Wary Helpers reported higher overall quality of life than those in less well-connected groups.

Introduction

The COVID-19 outbreak brought huge disruption to people's lives across England. In particular, the introduction of 'social distancing' measures changed the way people could interact with each other. These restrictions meant many people could no longer access long-standing social networks as easily as before the pandemic, with face-to-face interactions severely limited.

In this new social context, in which people were largely confined to their own area, local communities became one of the few viable routes for many people to access practical support. However, with restrictions specifically aimed at reducing in-person contact between people from different households, local communities were also forced to adapt to the new reality. Therefore, both individuals and the organisations trying to support them were forced to rethink how communities could work together and support each other when social contact was so strictly limited.

This report investigates how people across England related to their neighbourhoods as the COVID-19 pandemic challenged individuals and communities while reducing their access to traditional mechanisms of support. Specifically, it investigates people's feelings towards their neighbourhood, how those attitudes changed over time, and how people related to their family, friends and neighbours during the first nine months of the COVID-19 pandemic in England.

The data used in this report was collected at two time points, in July 2020 and November-December 2020. Each survey contained a core set of questions to enable responses to be compared between these time points (or survey waves). The surveys were completed by participants in the NatCen Opinion Panel, a probability-based sample of the broader population recruited from people who previously responded to the British Social Attitudes survey. The first wave of data was collected between 2 July and 26 July 2020. This fieldwork period coincided with the gradual easing of many restrictions after the first national 'lockdown'¹ during which contact with others was most strictly limited, but participants were asked to look back on their experiences during the first national lockdown (from 26 March 2020). Fieldwork for the second wave of the study ran from 19 November to 20 December. As the second national lockdown was imposed on 5 November, most of this data was collected during a period of lockdown.

1 Schools re-opened for all pupils in key academic years on 1 June 2020 and non-essential shops opened on 15 June before social restrictions were eased on 23 June. Additional services, including pubs, restaurants and hairdressers, were allowed to operate from 4 July

However, some respondents completed the survey after the national lockdown was replaced with the ‘three-tier’ system of restrictions which set rules depending on the severity of the outbreak in the area on 2 December (Haddon, Sasse and Tetlow, 2021).

This report contains three chapters of analysis. The first chapter focuses on **changes in experiences of local communities between July 2020 and November 2020**, looking at both differences in cross-sectional estimates between the two waves of the study and individual changes over time in participants who took part in both waves of the study. The second chapter looks at **attitudes towards activities within communities across England during the second national lockdown** (from November 2020). It uses data collected in the second survey wave to identify groups of people based on their connections to their community nine months after the beginning of the outbreak. The third and final chapter focuses on the **outcomes associated with different levels of community connectedness during the outbreak**. It explores differences in the health and wellbeing of groups of people with the different levels of community connectedness that are identified in chapter 2.

All the findings discussed in this report are statistically significant to a p-value threshold of 0.05. That is to say, statistical analysis suggests that there is less than a 5% likelihood that the relationships found in the data occurred by chance. Occasionally, non-significant findings are presented in the report to illustrate general trends in the data; if so, we explicitly highlight within the main text that this finding is not statistically significant.

One of the central dimensions this report explores is age. Age is considered in the analysis of community connectedness, but also together with other demographic elements, to understand if and how the relationship between such demographic elements and community connectedness changes across different age groups. We analysed three large groups to ensure a sufficient sample size in the subgroups: adults aged under 50, 50 to 69 and 70 or above.

1. Changes in the experience of local communities during the COVID-19 outbreak

This first chapter of this report examines the changes seen in local communities in England between July and November 2020. In both waves of the NatCen Panel, study participants were asked the extent to which they agreed with statements about their feelings of connection to their communities, including their contact with people in their local area; the assistance they offered or received from their local community; and their attitudes towards their local area, such as their level of trust towards neighbours and their sense of belonging to a community.

We selected three statements for analysis, each of which is an indicator of community cohesion or connection. These questions asked about:

- 1 **Local help available to the participant**, by asking respondents how much they agreed with the statement ‘If I were ill or unable to leave my home, I know people I could count on to help out’.
- 2 **Help offered by the participant** by asking how much they agreed with the statement ‘I am involved in helping out others in my local area’.
- 3 **Participants’ attitudes towards their local area** (rather than their activities and behaviours) by asking how much they agreed with the statement ‘I feel a sense of belonging to my neighbourhood/local area’.

The next three sections of this chapter review responses to each statement and changes over time in those responses.

People had generally positive views towards their local community when thinking about access to informal help and sense of belonging, and there was little change over time between the two study waves. However, study participants were more likely to say that they felt they belonged in their community than that they helped out in their local area during the pandemic. And people were more likely to report a change in the help they offered than in their sense of belonging between July and November 2020. Indeed, people were significantly more likely to say that they had offered assistance to their communities and neighbours in July 2020 (after the first national

lockdown) than in November 2020 (during the second national lockdown). While this was seen across all age groups, there were notable differences when levels of helping out were broken down by age at both time points.

1.1 Access to support networks

In both July 2020 and November 2020, the majority of participants agreed or strongly agreed with the statement:

‘If I were ill or unable to leave my home, I know people I could count on to help out’

There were no clear consistent differences in responses across the two waves for the whole population or for specific age groups (Table 1). Participants aged 70 and over were more likely than younger participants to say they knew people who would help them at both time points. This indicates that people of all ages were equally likely to have access to informal help in their local areas in both lockdowns.

Table 1: Level of agreement with the statement ‘If I were ill or unable to leave my home, I know people I could count on to help out’ in July and November 2020 by age group (%)

	All		Below 50		50 to 69		70 and above	
	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov
Strongly agree	37	39*	35	36*	37	40	44	46
Agree	42	41*	43	42	42	39	43	39
Neither agree nor disagree	12	11	13	11*	13	12	9	11
Disagree	5	6	7	6	6	7	3	4
Strongly disagree	2	3*	3	5	2	3	1	0
Strongly agree + agree	79	80	77	78	79	79	87	85
Strongly disagree + disagree	8	9	10	11	8	9	4	5
Unweighted count	3,390	3,277	883	809	2,010	1,972	492	493

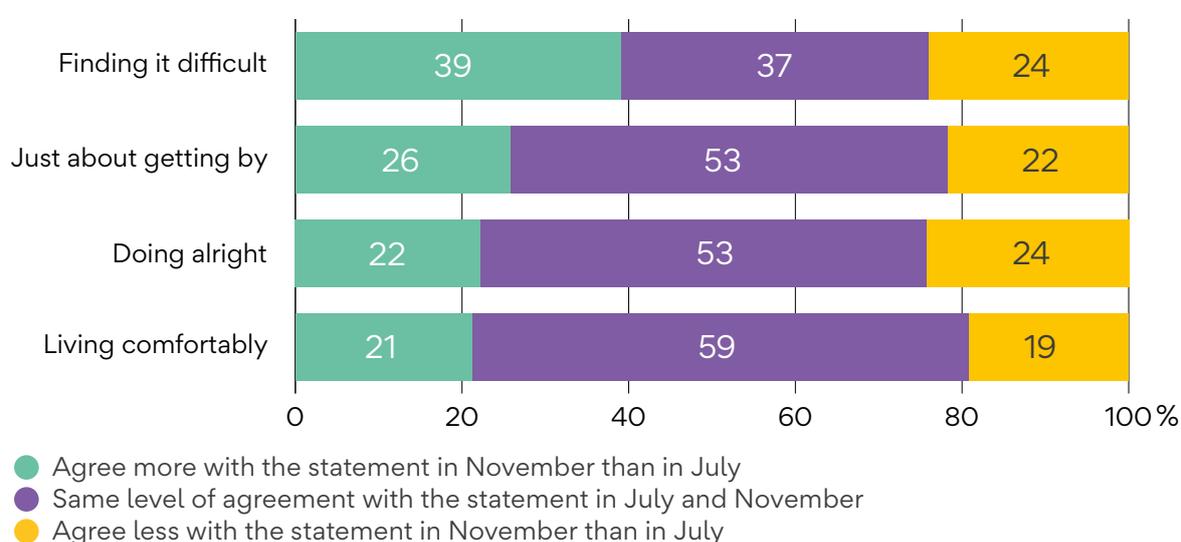
* Statistically significant change vs previous wave.

NatCen Opinion Panel Jul-2020 and Nov-2020. Base: population of England aged 18+.

Although there was little difference in the responses of specific population groups between July and November 2020, changes appear when comparing the

responses of the same individuals between survey waves (Figure 1)². Individual changes are particularly clear for people in difficult financial situations. Although the majority of people who said that they were living comfortably (59%) were as likely to agree or strongly agree that they knew people who would help them in July 2020 as in November 2020, this dropped to only 37% of study participants whose financial situation was challenging. However, participants whose financial conditions were difficult were more likely to agree that they knew people they could count on to help in November than in July (39%, compared to 21% of those living comfortably). This trend was apparent for all participants.

Figure 1: Changes in agreement with the statement ‘If I were ill or unable to leave my home, I know people I could count on to help out’ between July and November 2020, by financial situation



NatCen Opinion Panel Longitudinal data Jul-2020/Nov-2020. Base: population of England aged 18+. Unweighted count: Living comfortably, 771; Doing alright, 1,274; Just about getting by, 703; Finding it difficult, 303.

- 2 The survey samples used for each wave of this study were designed to offer insights into a representative sample of the adult population in England at the time. Therefore, the aggregate figures from the two cross-sectional samples are designed to offer a snapshot of society at the time of the survey: as such, they offer the best estimate of population parameters (such as the percentage of people who agreed with a particular statement) from this study. As the two survey samples overlap, with many participants taking part in both survey waves, individual-level analysis can also be carried out on this sub-group of participants. Although this offers a less representative sample of the population (as attrition between survey waves is not evenly spread throughout the sample) it allows us to explore individual-level changes in response to identical questions answered by the same participants at different time points. It is therefore possible for aggregated figures and individual-level analysis to tell a very different story: even if the average estimate of a parameter does not change over time, this could conceal high rates of change in individual responses given by study participants. Changes in individual-level responses include both large and small moves between categories and do not focus on the extent to which individuals agree with this statement at either time point. For example, people who agree more with a statement in November than in July may have moved from the agree to the agree strongly category or they may have moved from strongly disagree to the neither agree nor disagree category, as both changes in response options reflect a shift towards agreeing more with a statement.

These findings suggest that people in a difficult financial situation were more likely to have had access to local networks of informal help later in the pandemic than when the outbreak started. This may be because they asked for additional help as the lockdown persisted, or that it took them longer to access the help that they needed.

Lone parents were also significantly more likely to agree with this statement later in the pandemic; 36% of lone parents agreed more with this statement in November than they had done in July 2020 compared to only 28% of adults living alone, 22% of participants living with both adults and children and 28% of participants living with other adults. The same trends were also seen when responses were broken down by age, with similar findings for people aged 18-49, 50-69 and aged 70 and over.

Although we were unable to detect any significant differences between other groups of interest from this data (including any differences by ethnicity, disability and health conditions or living in high turnover communities), these findings suggest that people who may have been facing additional pressures (because of their financial situation or the support they needed to offer their children) had greater access to informal support networks later in the pandemic.

1.2 Offering help in the local community

Study participants were also asked in both July and November 2020 how much they agreed with the statement:

'I am involved in helping out others in my local area'

In the first lockdown, fewer than four out of ten people agreed or strongly agreed with this statement though this had fallen to under three out of ten by the second lockdown. Therefore, although people's access to help does not appear to have changed through the pandemic, the giving of help did, with fewer people offering help to their local communities in November 2020 than in July 2020. This pattern was seen across all age groups (Table 2).

Table 2: Level of agreement with the statement ‘I am involved in helping out others in my local area’ in July and November 2020, by age group (%)

	All		Below 50		50 to 69		70 and above	
	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov
Strongly agree	8	6*	8	4*	9	8	8	8
Agree	28	22*	26	21*	28	23*	32	25*
Neither agree nor disagree	28	30*	27	29*	31	30	26	31*
Disagree	28	32*	29	35*	26	29	31	27
Strongly disagree	8	10*	10	12*	7	10*	4	9*
Strongly agree + agree	36	28*	34	25*	37	31*	40	33*
Strongly disagree + disagree	36	42*	39	46*	33	39*	35	36
Unweighted count	3,390	3,277	883	809	2,010	1,972	492	493

* Statistically significant change vs previous wave.

NatCen Opinion Panel Jul-2020 and Nov-2020. Base: population of England aged 18+.

When comparing the individual responses of people who took part in the study in both July and November 2020, there was no evidence that any change in their level of helping out was related to their age, financial situation, limiting health conditions or disabilities, household structure or population turnover in the local area.

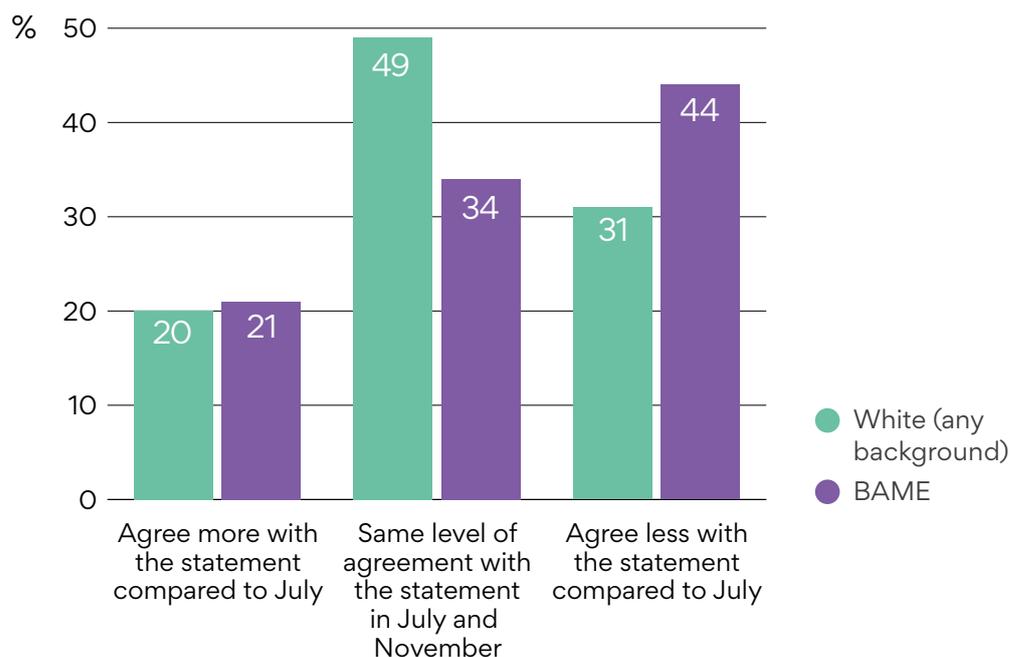
There were, however, significant variations by ethnicity (Figure 2). The biggest drop in agreement with this statement was seen amongst participants from Black, Asian and Minority Ethnic (BAME) communities³. In November 2020, 44% of participants from a BAME background agreed less with the statement ‘I am involved in helping out others in my local area’ than they had in July 2020. This is compared to 31% of participants from any white background. Although this trend appears to be stronger in younger than in older respondents, only a small number of respondents aged 70 or over were from a BAME community, so findings for this group should be treated with caution.

From the responses to these surveys, we cannot, however, determine the drivers of these changes. They may be related to people’s employment situation, particularly as the economy started to re-open more fully later in 2020 but may also be due to higher rates of COVID-19 recorded throughout

3 Although we acknowledge the diversity within the different ethnic minorities group, we were forced to reduce the data to two categories only due to the small sample size and compare participants from a White background (White British and Other White) with participants from other ethnic groups (Black, Asian, Mixed, Arab or other minorities). Hence, when we say that there were significant variations by ethnicity or no variation by ethnicity, we are referring simply to the comparison between White and BAME groups.

the pandemic amongst BAME communities, and greater burnout and grief experienced by people from some BAME backgrounds through the pandemic (Bergen and Wilkinson, 2021).

Figure 2: Proportion of participants from White and BAME backgrounds who agreed less with the statement ‘I am involved in helping out others in my local area’ in November 2020 than in May 2020,



NatCen Opinion Panel Longitudinal data Jul-2020/Nov-2020. Base: population of England aged 18+. Unweighted count: White (any background), 2,799; BAME, 207.

1.3 Sense of belonging to a neighbourhood

To measure how much study participants felt a sense of belonging to their local community, they were asked how much they agreed with the statement:

‘I feel a sense of belonging to my neighbourhood/local area’

While around half of participants under the age of 50 agreed or strongly agreed with this statement in both July and November 2020, this was significantly higher for older participants with around three quarters of respondents aged 70 or over agreeing or strongly agreeing that they felt a sense of belonging (Table 3).

Table 3: Level of agreement with the statement ‘I feel a sense of belonging to my neighbourhood/local area’ in July and November 2020, by age (%)

	All		Below 50		50 to 69		70 and above	
	Jul	Nov	Jul	Nov	Jul	Nov	Jul	Nov
Strongly agree	21	23*	16	18	21	25	34	38*
Agree	38	35	34	33	42	38	39	37
Neither agree nor disagree	28	28	32	30	26	27	21	20
Disagree	10	10	13	13	9	7	5	5
Strongly disagree	3	4*	5	5	2	2	1	1
Strongly agree + agree	58	58	51	51	63	63	73	75
Strongly disagree + disagree	14	14	18	19	11	10	6	5
Unweighted count	3,390	3,277	883	809	2,010	1,972	492	493

* Statistically significant change vs previous wave.

NatCen Opinion Panel Jul-2020 and Nov-2020. Base: population of England aged 18+.

A comparison of the responses in July and November suggests that, in general, overall feelings of belonging to a local area did not vary between the two timepoints. The only statistically significant change was a slight increase in the proportion of people aged 70 or above strongly agreeing with this statement.

Analysis of individual changes by age group (Table 4) shows that most people reported the same feeling of belonging to their local community in both July and November 2020. However, people aged between 50 and 69 years old were more likely than older or younger people to have the same feeling of belonging in both July and November (59% compared to 52% of people below the age of 50 and 55% of people aged 70 or over). There was no significant difference between the proportion of people in each group who reduced their agreement with this statement in November.

Table 4: Changes in agreement with the statement ‘I feel a sense of belonging to my neighbourhood/local area’ between July and November 2020, by age (%)

	Below 50	50 to 69	70 and above
Agree more with the statement compared to July	25	21	28
Same level of agreement with the statement in July and November	52	59	55
Agree less with the statement compared to July	23	19	17
Unweighted count	746	1,872	431

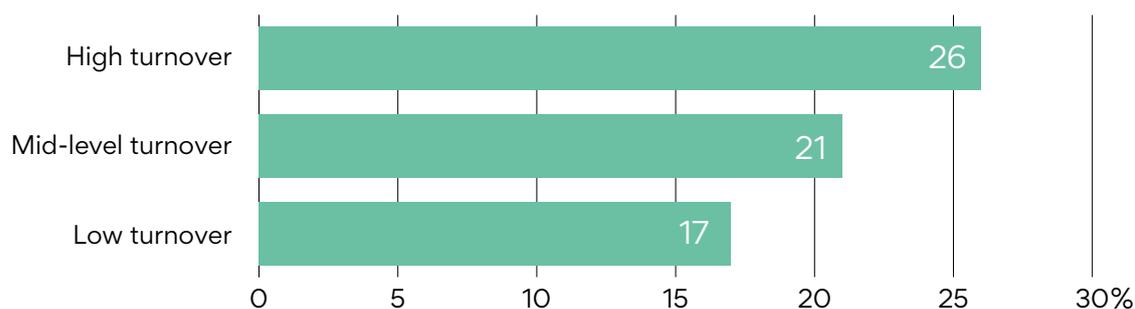
NatCen Opinion Panel Longitudinal data Jul-2020/Nov-2020. Base: population of England aged 18+.

Therefore, the pandemic does not appear to have had the same impact on people’s sense of belonging to their local community across all age groups. While people in later life were more likely to have a stronger sense of belonging in November compared to July, the sense of belonging to the local community in people below the age of 50 was more likely to have reduced. However, there were no significant differences in the sense of belonging reported when broken down by other individual characteristics (including their ethnicity, financial situation, health condition and household structure).

As well as personal characteristics, the environment in which people lived may explain changes in their sense of belonging between July and November 2020. To help explore this, levels of population turnover were calculated as a proportion of the local population who have moved into or out of the local authority area during the five years before the pandemic⁴. People living in local authorities with a high population turnover (where 15% or more of the population moved in or out of the area) were more likely to report a lower sense of belonging in November than in July 2020. In high turnover areas, 26% of people experienced a reduction in their sense of belonging between the two periods, compared with 21% of people who lived in areas with mid-level population turnover and 17% of low turnover areas (Figure 3).

This trend was consistent across every age group as people reported a lower sense of belonging if they lived in high turnover areas than if they lived in low turnover areas.

Figure 3: Proportion of participants who agreed less with the statement ‘I feel a sense of belonging to my neighbourhood/local area’ in November 2020 than in May 2020, by local population turnover rates



NatCen Opinion Panel Longitudinal data Jul-2020/Nov-2020. Base: population of England aged 18+. Unweighted count: Low turnover 1,165, Mid-level turnover 1,475, High turnover 413.

4 The level of turnover is aggregated in the main report in three bands: high (15% or more), mid-level (between 10% and 15%) and low (10% or less). The detailed list of local authorities, their level of turnover and the formula used to calculate the turnover are available in the appendix of this report.

A 2021 qualitative study carried out by the Manchester Urban Ageing Research Group (Philippson et al, 2021) looked at the difficulties encountered by people living in areas with a highly transient or more temporary population, and the challenges they experience in losing and having to rebuild emotional and practical support networks in their local area. They found that this generally translated into a higher sense of alienation towards, or separation, from their local community. While this qualitative study focused on smaller geographical areas, where the relationship between population turnover and alienation is likely stronger, our study also found that people in local authority areas with low population turnover were more likely to report a stronger sense of belonging to their local community than those in areas with high population turnover.

2. Experiences of connectedness during the COVID-19 outbreak

This chapter builds on the findings outlined in the previous chapter. While the previous analysis suggested little change in individual measures of community cohesion between July and November 2020, this chapter focuses on data collected in the second national lockdown (wave 2 of the study in November 2020) to explore people's overall sense of community connectedness after nine months of restrictions during the COVID-19 pandemic. This data provides insights into the longer-term impact of the COVID-19 outbreak on community relationships as people adjusted to the ongoing lockdowns, rather than the initial emergency response.

The first section of this chapter introduces a typology, or way of classifying community connectedness before describing the composition and characteristics of the groups we identified in this study and the experiences of study participants according to the groups they occupied.

2.1 Constructing a typology of community connectedness

To get a more complete picture of people's overall sense of community connectedness during the COVID-19 pandemic, a method called Latent Class Analysis was used to classify participants according to their responses to questions in the November 2020 study on attitudes towards their local community, the level and type of interactions with people living in their neighbourhood and the help they gave and received during the pandemic. Six distinct groups of people were identified, each with different experiences of community connectedness in England during the pandemic⁵.

5 The detailed output of the Latent Class Analysis can be found in the appendix of this report.

2.1.1 More connected groups

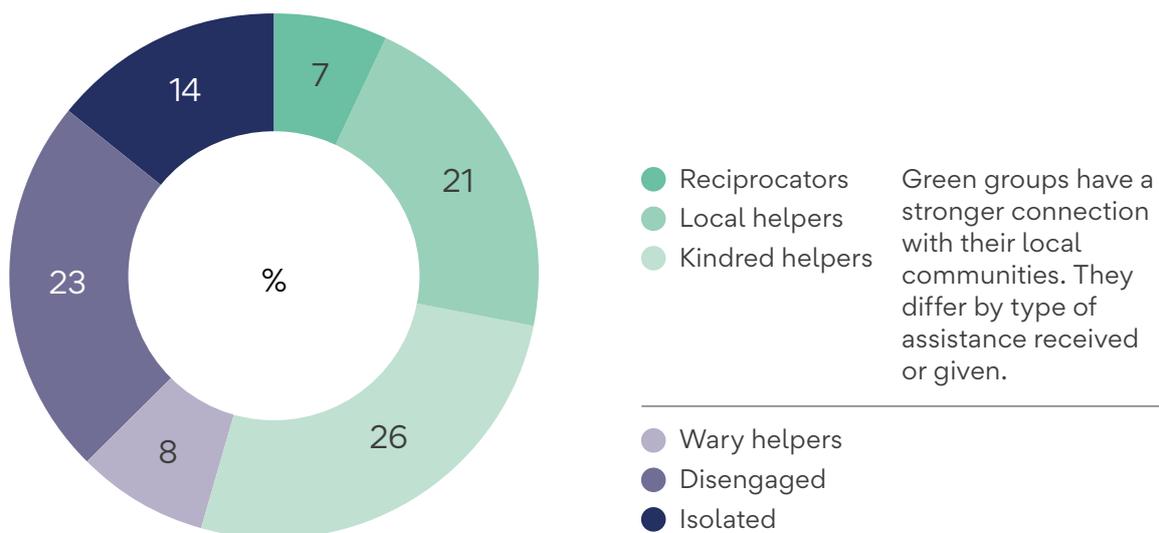
Three of the groups, representing just over half of all participants, were made up of people who were well connected within their local communities (Figure 4). When thinking about their neighbourhood, they all agreed that they knew people who could help them out in a time of need and people they would say ‘hello’ to; they also agreed that they had good contact with others and that they felt both trusting of their neighbours and a sense of belonging to their local area. They were all highly likely to have given help to family and friends during the pandemic, but they differed in the help they provided in their wider local community and in the help they received.

Reciprocators regularly received help from family and friends as well as from neighbours but were also extremely likely to offer assistance to both their close networks of family and friends and to their wider local community.

On the other hand, **Local Helpers** were not likely to receive any form of assistance but they were very likely to have offered assistance to their family and friends as well as to have helped out in their local communities.

Despite feeling a strong connection with their local community, **Kindred Helpers** did not tend to engage with it for assistance. Instead, they tended to offer and receive help only from family and friends.

Figure 4: Community connectedness groups in England in November 2020



NatCen Opinion Panel Nov-2020. Base: population of England aged 18+. Unweighted count 3,272.

2.1.2 Less connected groups

The three other groups also reported clear differences in the ways they engaged with and felt about their local community and neighbourhood, as well as different patterns of helping out during the pandemic. They had more negative experiences of community connectedness than the three groups described above (Table 5).

Disengaged people generally reported knowing people in the local area who could offer support in times of need. They also knew people to say ‘hello’ to in their local area but did not believe that they had a good level of contact with their neighbours. Although they reported a relatively high level of trust in people living in their neighbourhood, they did not feel they belonged to their local area and their network for giving and receiving help was largely restricted to family and friends.

Likewise, **Wary Helpers** were likely to agree that they knew people in their local area and could count on them if needed. However, they reported higher levels of contact with other people living in their local area than the Disengaged group but also reported lower levels of trust. Although they generally did not feel like they belonged to their local area, they were more likely to offer assistance to people in their local community than most other people; only Reciprocators and Local Helpers were more likely to assist the local community than this group of participants.

The final group, **Isolated** people, did not engage with their local community in any form. They were not particularly likely to know people in their local area and consistently reported low levels of contact with them. They generally did not trust their neighbours and felt strongly they did not belong to their local area. Their network of informal assistance was limited to family and friends and they were extremely unlikely to engage with help from and to the local community.

Table 5: Key characteristics of the groups of community connectedness in November 2020

Feeling towards the community	Connectedness group	Helping-out network
Extremely well connected with their local community.	Reciprocators	Extremely likely to have both received and given help to family/friends and the local community.
	Local Helpers	Not likely to receive any form of assistance. Extremely likely to help family/friends and local community.
	Kindred Helpers	Received help from, and offered assistance to, family and friends only.
Do not trust their neighbours and do not feel they belong to the local area.	Wary Helpers	Likely to have helped family/friends and local community.
Know and trust people, but do not have much contact and feel they do not belong.	Disengaged	Received help from, and offered assistance to, family and friends only.
Do not have any bond or connection with the local area.	Isolated	Received help from, and offered assistance to, family and friends only.

2.1.3 Key networks of support for connectedness groups

Across all groups, the primary network for support and assistance was made up of family and close friends. In other words, family and friends were always part of people's support networks but community volunteers and neighbours were not. This is supported by other studies on communities that were carried out during the outbreak (Phillipson et al, 2021). Family and friends were found to be particularly important in providing emotional support, while community networks appeared to be more important for practical support (e.g., helping people who were shielding or at high risk with shopping), especially for those people who did not have family and friends living nearby.

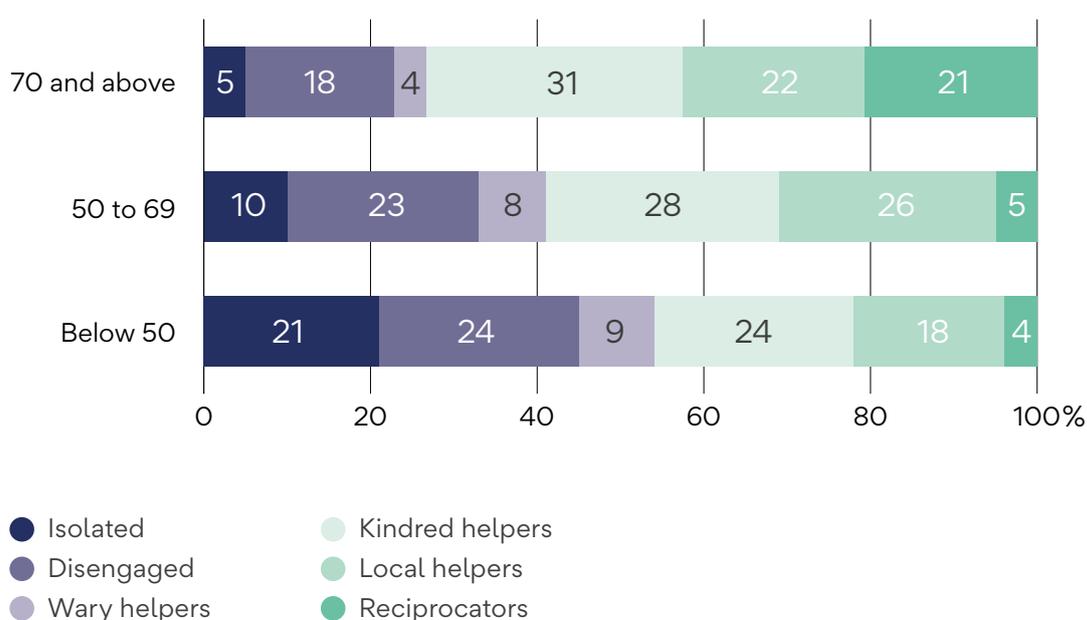
We also found evidence that suggests that giving help and receiving help are mutual activities rather than people either helping or receiving, which is consistent with previous findings in the current literature (Jopling and Jones, 2018). All the groups that we identified were part of mutual helping-out networks, which either included family and friends only or which also extended to neighbours and local community.

2.2 The relationship between connectedness and age

The groups have clear demographic differences, particularly as regards their age profiles (Figure 5). In particular, study participants below the age of 50 were much more likely to fall into the Isolated group than older participants. While one in five participants aged under 50 years old (21%) were classed as Isolated, only 10% of participants aged 50 to 69 and 5% of participants aged 70 or above fell into this group. A similar pattern can be seen in the Disengaged and Wary Helpers groups, although the differences in age for these two groups are not significant.

Study participants in later life were more likely to be Reciprocators than participants from younger age groups: only one in twenty people below the age of 69 (5%) fell into the Reciprocator group, but this increased to one in five people aged 70 or over (21%). The likelihood of being classed as a Kindred Helper also increased with age (31% of people aged 70 and above fell in this group, compared to 24% of people below the age of 50), but these differences are not statistically significant in this data. In fact, the Kindred Helpers group is the largest group across all the different age ranges (though this is equal in size to the Disengaged group for study participants below the age of 50; both with 24% of people in this age range).

Figure 5: Membership of community connectedness groups by age, all adults 18+



NatCen Opinion Panel Nov-2020. Base: population of England aged 18+. Unweighted count: Below 50, 809; 50 to 69, 1,969; 70 and above, 491.

People in mid-life were more likely than other age groups to be Local Helpers, and therefore were more likely to be more connected in their community without receiving any form of assistance themselves. While one in four (26%) of people aged 50-69 were classed as Local Helpers, this fell to only 18% of those below the age of 50 and 22% of those 70 and above.

There are many reasons, including individual characteristics and the type of area in which they live, that may help to explain these differences in group membership. While many of these factors may not be captured in this current study, it is clear that people under 50 years old were much more likely than older people to have a weaker connection to their local communities. This may suggest that people above the age of 50 play a key role in community development and cohesion, or that community bonds develop over time or that when older, people need to access a wider set of organisations and services in their local community. In addition, the higher likelihood of older people falling into the Reciprocators group might be a consequence of the shielding guidelines⁶ as people in later life were more vulnerable to the virus and Reciprocators received a relatively high level of help during the outbreak. Shielding from the virus could have made this group more likely to need regular emotional and practical assistance from their family, friends and neighbours as well as volunteers. But as this group is also above the retirement age in England, they may also have had additional time available when they could offer assistance and in turn build connections in their local communities.

2.3 The relationship between connectedness and individual characteristics

The make-up of the community connectedness groups was also associated with other socio-demographic characteristics. However, the relationship between these characteristics and group membership was not consistent across all age groups. In some cases, people's age affected the size and the direction of these relationships.

2.3.1 Sex

Although there was no significant relationship between sex and group membership across participants, there were significant links between sex and

6 ELSA COVID-19 sub-study data suggest that 16.8% of people above the age of 50 in England were contacted by the NHS and invited to stay at home at all times because they were considered at high risk of severe consequences from COVID-19. Therefore, 85.6% of the people in the high-risk group and 72.3% of the average risk group either shielded or stayed at home during the first lockdown (Steptoe and Steel, 2020).

group membership amongst the oldest subset of participants. Specifically, 24% of women above the age of 70 belonged to the Disengaged group, compared to only 10% of men aged 70 or older. However, there is no significant sex difference in this group for adults under 70.

2.3.2 Ethnicity

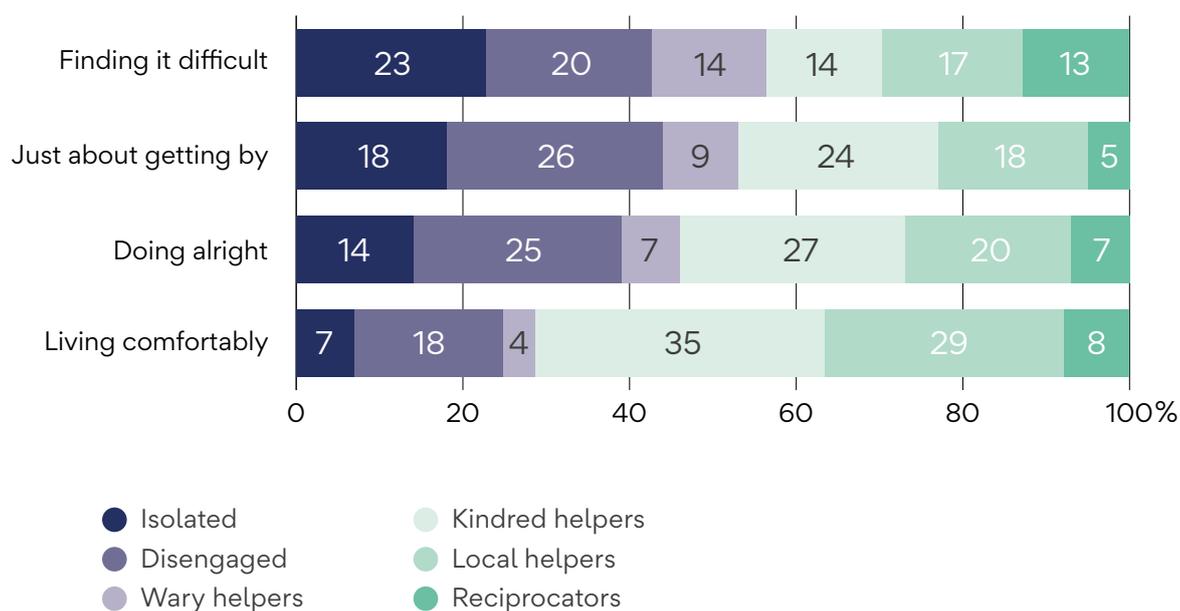
There is also a potential interaction between age and ethnicity when looking at the membership of the Reciprocators group in this typology. Membership of the Reciprocators group did not vary according to whether someone was from a White or BAME background for study participants aged under 70. However, participants over the age of 70 who were from a BAME community were much more likely to fall into the Reciprocators group than people above the age of 70 from any white background. However, due to the small number of participants over the age of 70 years old from BAME backgrounds, these results should be treated with care.

It is, however, worth noting that people in later life from BAME backgrounds were at higher clinical risk from the COVID-19 virus (Laurencin and McClinton, 2020; ONS, 2021; Platt and Warwick, 2020; IFS, 2020). Intense shielding and self-isolation might have played a role in defining membership to the Reciprocators group for people above the age of 70, particularly those from BAME backgrounds.

2.3.3 Financial circumstances

Participants' own evaluations of their financial conditions were also strongly associated with their connectedness group membership (Figure 6). People in a difficult financial situation were more likely to be classed as Isolated than those in a better financial situation. Of people who reported finding it difficult to get by 23% were classed as Isolated, compared to 18% of those just getting by, 14% of those doing alright and 7% of those living comfortably. The same trend can be seen for the Wary Helpers with 14% of those finding it difficult and 4% of those living comfortably in this group. Meanwhile, the proportion of study participants who were Kindred or Local Helpers decreased as financial difficulties increased; people living comfortably were the most likely to be Kindred or Local Helpers than any of the other financial groups (35% and 29%, respectively) while only 14% and 17% of those who were finding their financial situation difficult fell into these groups respectively. However, unlike sex and ethnicity, there was no evidence that this relationship varied between different age bands. The pattern observed here across the whole adult population was also seen in the 50-69-year age group.

Figure 6: Membership of community connectedness groups by financial situation, all adults 18+



NatCen Opinion Panel Nov-2020. Base: population of England aged 18+. Unweighted count: Living comfortably, 812; Doing alright, 1,367; Just about getting by, 759; Finding it difficult, 328.

2.3.4 Household structure

The structure of their household was also associated with study participants' likelihood of belonging to the Reciprocators group. A higher proportion of people from single-person households (13%) and lone parents (10%) fell into this group compared to people from households with multiple adults and no children (7%) or households with multiple adults and children (4%). However, the relationship between connectedness group and household structure did not differ by age.

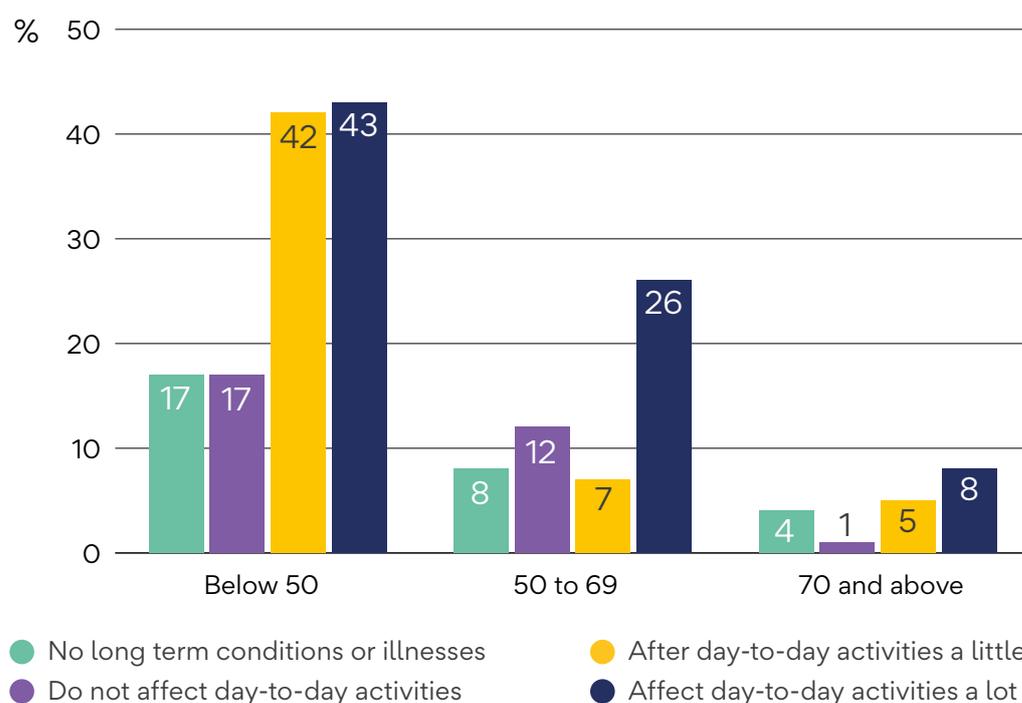
2.3.5 Long-term health conditions

The presence of a long-term health condition and how much this affected people's day-to-day life was strongly linked to which community connectedness group they belonged. Adults with long-term conditions which affected their day-to-day activities a lot or a little were more likely to be in the Isolated group (26% and 20%, respectively) than people with no long-term condition (12%) or those whose long-term condition did not affect their day-to-day activities (12%). This trend varied by age (Figure 7), with 42% of those aged 50 or below who had a long-term condition which affected their activities a little and 43% of those aged 50 or below with a

long-term condition which affected their activities a lot falling into the Isolated group (the numbers drop to 7% and 26%, respectively, for people aged 50 to 69 and 5% and 8%, for those aged 70 or above). Although the sample size is small in some subgroups and the estimates should be treated with caution, this may suggest that adults under 50 with a long-term health condition that affects their day-to-day activities may be particularly at risk from isolation within their local communities.

Conversely, people with a long-term condition that affected their daily activities a lot had the lowest likelihood of being classed as Local Helpers (9% belong in this group) while the likelihood of being a Local Helper was more than twice as large for people with a condition that affects them a little or not at all and for those without any long-term condition (21%, 20% and 23% were in the Local Helper group.)

Figure 7: Membership of the Isolated group, by age range and long-term health conditions, all adults 18+

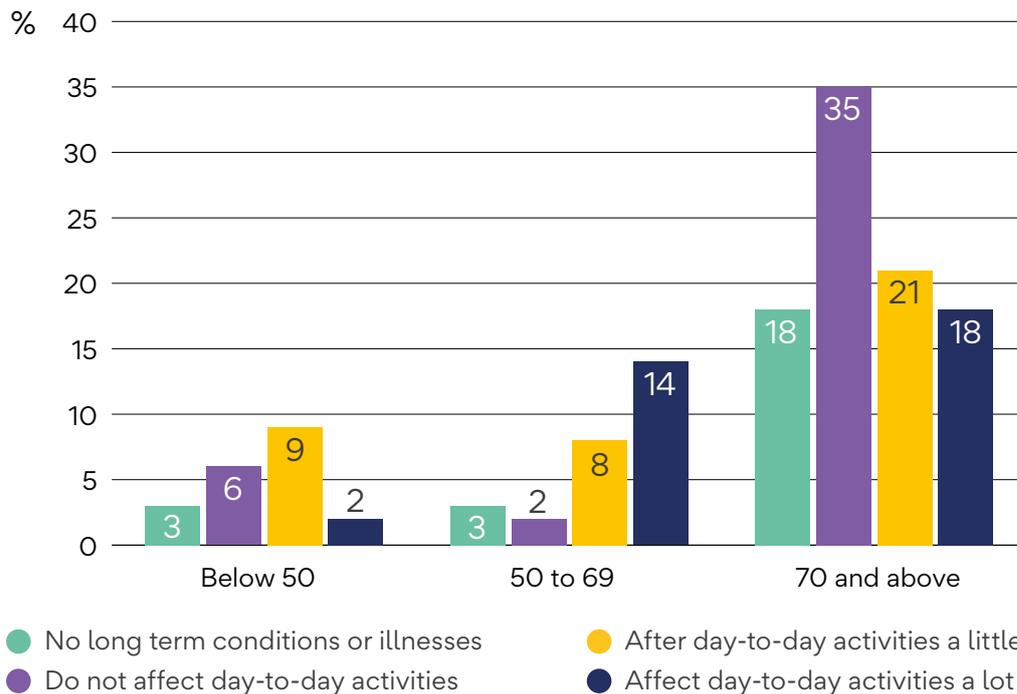


NatCen Opinion Panel Nov-2020. Base: population of England aged 18+. Unweighted count. Below 50: 809 (No long-term condition or illnesses 606; Long-term conditions or illnesses not affecting day-to-day activities, 71; long-term conditions or illnesses affect day-to-day activities a little, 82; Long-term conditions or illnesses affect day-to-day activities a lot, 50). 50 to 69: 1,969 (No long-term condition or illnesses, 1,208; long-term conditions or illnesses do not affect day-to-day activities, 236; long-term conditions or illnesses affecting day-to-day activities a little, 347; long-term conditions or illnesses affecting day-to-day activities a lot, 178). 70 and above: 491 (No long-term condition or illnesses, 251; long-term conditions or illnesses do not affect day-to-day activities, 66; long-term conditions or illnesses affect day-to-day activities a little, 124; long-term conditions or illnesses affect day-to-day activities a lot, 49).

People with a long-term health condition or illness, regardless of its effect on daily life, were more than twice as likely as those with no condition to be classed as Reciprocators (11% to 12% of those with a long-term condition, compared to 5% of those without). However, this varied by age (Figure 8; please note the small sample size). While the likelihood of being classed as a Reciprocator increased with the effect of the condition for people aged 50 to 69 (from 2% of people who are not affected to 14% of people who are affected a lot), the trend goes in the opposite direction for people aged 70 or above (from 35% of people who are not affected to 18% of people who are affected a lot).

Therefore, membership of this Reciprocators group does not appear to be driven by long-term conditions and disabilities affecting day-to-day activities alone. As outlined above, older participants were significantly more likely to fall into this group (no matter their long-term health status) and this may be driven by an increased need to shield in this group (even without a condition that affects their day-to-day activities) as well as having greater potential to be involved in helping out activities after retirement age.

Figure 8: Membership of the Reciprocators group, by age group and long-term health conditions, all adults 18+



NatCen Opinion Panel Nov-2020. Base: population of England aged 18+. Unweighted count: below 50, 809 (No long-term condition or illnesses 606; long-term conditions or illnesses do not affect day-to-day activities, 71; long-term conditions or illnesses affect day-to-day activities a little, 82; long-term conditions or illnesses affect day-to-day activities a lot, 50). 50 to 69, 1,969 (no long-term condition or illnesses, 1,208; long-term conditions or illnesses do not affect day-to-day activities, 236; long-term conditions or illnesses affect day-to-day activities a little, 347; long-term conditions or illnesses affect day-to-day activities a lot, 178). 70 and above, 491 (no long-term condition or illnesses, 251; long-term conditions or illnesses do not affect day-to-day activities, 66; long-term conditions or illnesses affect day-to-day activities a little, 124; long-term conditions or illnesses affect day-to-day activities a lot, 49).

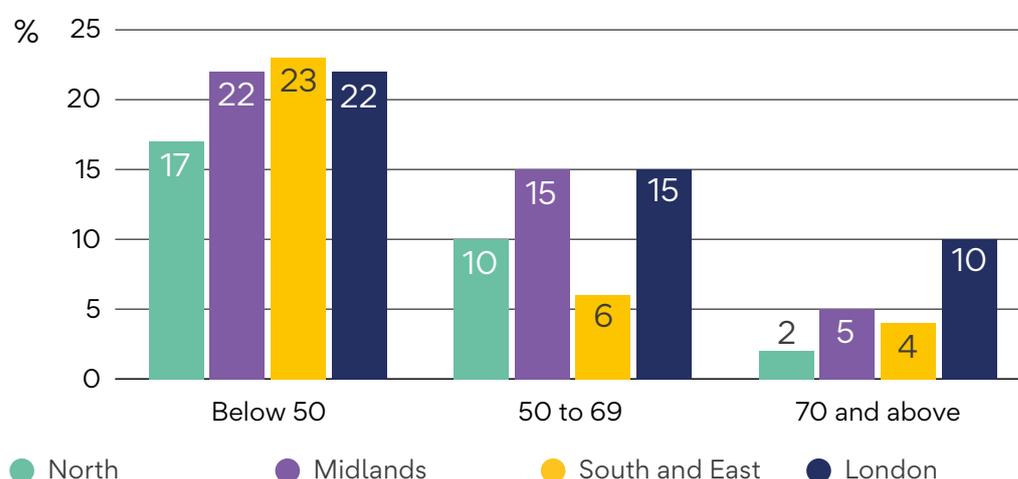
2.4 The relationship between connectedness and local area characteristics

As people's relationship with their community is likely impacted by the make-up of the areas in which they live, a number of geographical and contextual factors have been included in this analysis to investigate how this may impact people's experience of connectedness with their local community.

2.4.1 Region

There were strong regional differences in membership of the Isolated group for participants in different age ranges across England (Figure 9)⁷. People below the age of 50 were less likely to be classed as Isolated if they lived in the North (17% of people living in the North, compared to 22% and 23% in other regions). When looking at the connectedness group membership of people aged 50 to 69 years old only, participants in the Midlands and in London were the most likely to fall into the Isolated group (15% in both regions), but people aged 70 or older were most likely to be classed as Isolated if they lived in London (10% of whom fit into this group).

Figure 9: Membership of the Isolated group by age group and region, all adults 18+



NatCen Opinion Panel Nov-2020. Base: population of England aged 18+. Unweighted count: below 50, 809 (North 238, Midlands 161, South and East 314, London 96), 50 to 69 1,969 (North 593, Midlands 375, South and East 830, London 171), 70 and above 491 (North 128, Midlands 76, South and East 249, London 38).

⁷ In this analysis, England has been grouped in four regions. North includes the three northmost regions (Yorkshire and the Humber, North-East and North West), while West and East Midlands have been grouped in a single region (Midlands); the southern (East and West) regions have been grouped with the East of England (South and East); London was a separate region.

Furthermore, people living in London were less likely to be Kindred Helpers than people living in other regions of England. In London, 15% were classed as Kindred Helpers, while in all other regions, at least 25% of participants were in this group.

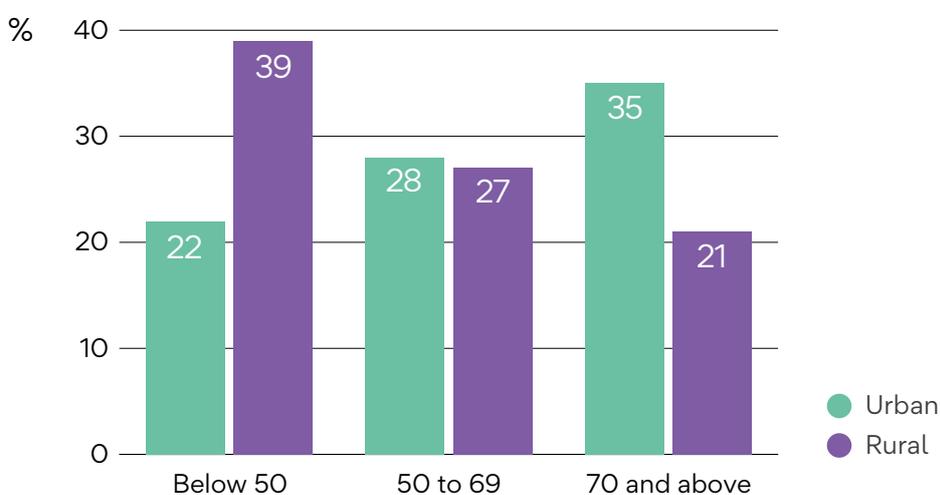
2.4.2 Urban and rural areas

Across the total population, people living in urban areas were more likely to belong to the Isolated group than people living in rural areas (16% of those in urban areas, compared to 8% living in rural areas) and this relationship did not differ by age. Hence, the larger proportion of Isolated people in London may be connected with being an urban area.

Another difference between the environments was that people living in rural areas were more likely to be Local Helpers than those in urban areas (26% in rural compared to 20% in urban areas). However, while this was clearly the case for participants aged 50 to 69 (35% in rural compared to 24% in urban areas in this group) and aged 70 or above (30% in rural compared to 18% in urban areas in this group), the reverse was true for the youngest subset of participants; people below the age of 50 were slightly more likely to be Local Helpers in urban than rural areas (18% vs 15%).

The proportion of Kindred Helpers also varied by age and level of urbanisation. Participants below the age of 50 were more likely to be Kindred Helpers if they lived in rural than in urban areas (39% of those in rural compared to 22% in urban areas). However, people aged 70 or above were more likely to be Kindred Helpers in urban rather than rural areas (35% in urban compared to 21% in rural areas). For people aged 50-69 years, the likelihood of being a Kindred Helper was the same whether they lived in a rural or urban area.

Figure 10: Membership of the Kindred helpers group by age group and urban/rural classification of local area, all adults 18+



Unweighted count: below 50, 222 (Urban 167, Rural 55); 50 to 69, 598 (Urban 445, Rural 153); 70 and above 162 (Urban 122, Rural 40).

2.4.3 Population turnover

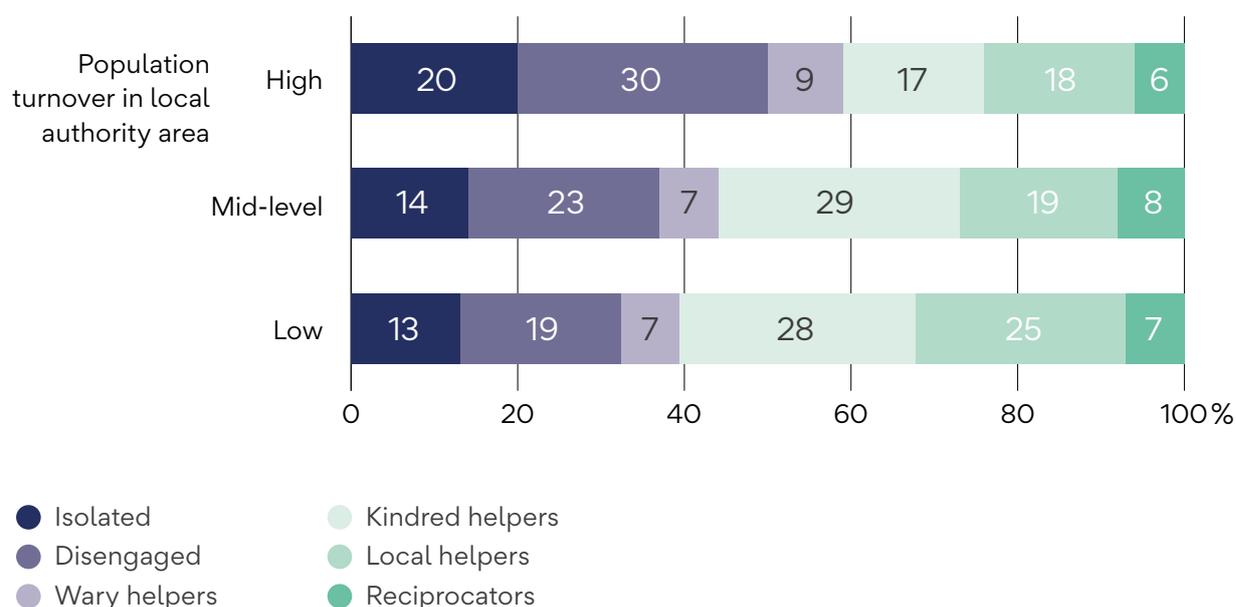
The stability of the local population, measured by population turnover in the local authority area,⁸ may also help to explain differences in connectedness. We found the relationship between population turnover and connectedness group suggests that more connected communities have developed in areas with lower turnover and a more stable population. However, population turnover is likely to also be linked with a range of other demographic and geographical factors that may affect community connectedness, including how urban or rural an area is or the age of the local population. Therefore, the relationship we have found between population turnover and connectedness could also be reflecting other differences between these communities and the areas in which they live.

People living in areas with more stable populations were more likely to be Kindred or Local Helpers than those living in high turnover areas. In low turnover areas, 28% of study participants were Kindred Helpers and 25% were Local Helpers. Among those living in high turnover areas, the likelihood of helping out decreases as shown by the fact that 17% were Kindred Helpers and 18% were Local Helpers. This association varies by age and is weaker for older participants: 53% of people below the age of 50 who live in low turnover areas were either Local Helpers or Kindred Helpers compared with 30% in high turnover areas. This difference was much smaller in other age groups: in areas with low population turnover, 56% of people aged 50-69 and 50% of people aged 70 and over were Local Helpers or Kindred Helpers while in high population turnover areas, 48% of 50-69-year-olds and 44% of those over 70 were in these groups.

In addition, people living in areas with higher population turnover were more likely to feel less connected. In such areas, 30% of participants fell into the Disengaged group, compared to 23% of people in mid-level turnover areas and 19% in low turnover areas (Figure 11). We found no evidence that the relationship between population turnover and membership of the Disengaged group varied by age.

⁸ The level of turnover is indicated in three bands: high (15% or more), mid-level (between 10% and 15%) and low (10% or less). The detailed list of local authorities, level of turnover and the formula used to compute it are available in the appendix of this report.

Figure 11: Membership of community connectedness groups, by level of population turnover in the local authority area, all adults 18+



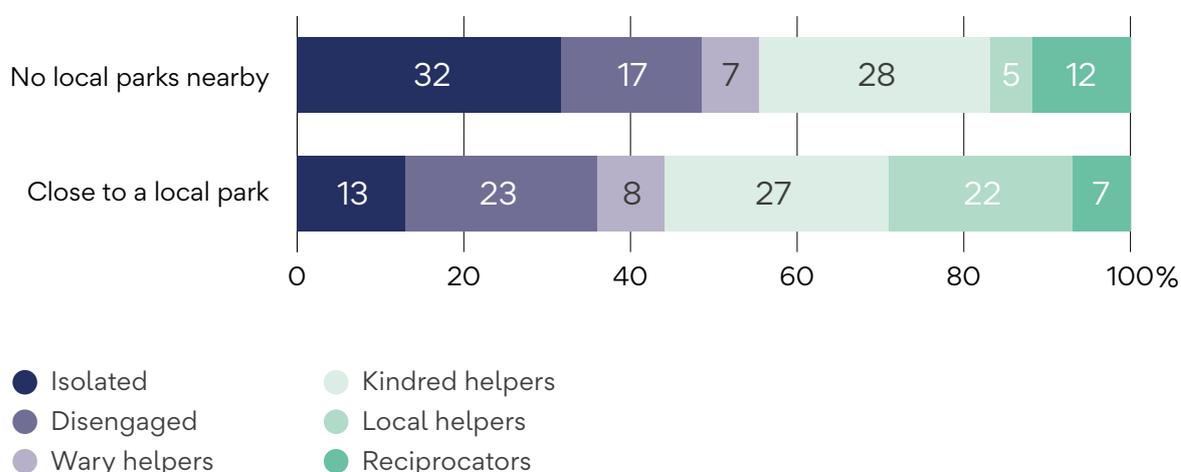
NatCen Opinion Panel Nov-2020. Base: population of England aged 18+. Unweighted count: Low turnover, 1,237; Mid-level turnover, 1,590; High turnover, 445.

The same trends also emerged clearly in qualitative studies carried out during the COVID-19 outbreak. Qualitative interviews carried out with NatCen panellists after the first wave of the study in July 2020 indicated that in areas with high population turnover people found it more difficult to connect with their neighbours (Mitchell et al, 2021). According to a 2021 report from the Manchester Urban Ageing Research Group, this sometimes led to a higher sense of alienation and increased difficulty in accessing support in the community due to the lack of local informal social ties (Phillipson et al, 2021). Although these earlier findings focussed on smaller areas, reflecting local neighbourhoods rather than larger local authority units, our analysis suggests that these relationships can also be detected within larger geographic areas.

2.4.4 Local amenities

Having a local park was also associated with feeling more connected for study participants (Figure 12). People with access to a local park were less likely to be in the Isolated group, (13% compared to 32% of people without access to a nearby park) and much more likely to be a Local Helper (22% compared to 5% of people who could not access a park locally). However, this association does not establish that having access to a local park causes community connectedness because having a park near where you live may be associated with a range of other factors, such as having a more active local community or living in a more affluent area.

Figure 12: Membership of community connectedness groups by access to local parks, all adults 18+



NatCen Opinion Panel Longitudinal data Jul-2020/Nov-2020. Base: population of England aged 18+. Unweighted count: Close to a local park, 2,906; No local parks, 143.

The connection between having a park locally and the likelihood of being in the Isolated or Local Helper groups was consistent across age groups. However, the relationship between living close to a park and being in the Reciprocators group did differ by age. People who were aged 70 or above and who lived within walking distance of a local park were less likely to be Reciprocators than people of the same age who lived in areas without local parks (19% of those close to a local park compared to 32% of those not close to one) although the proportion of Reciprocators in other age groups did not differ according to whether or not there was a park nearby.

The importance of parks and green areas in forming community networks is well established in the current literature (Baum and Palmer, 2016; Rosso, Auchincloss and Michael, 2011) and our analysis found strong evidence of this association. Yet, parks and green areas were also found to be important for providing relief from the limitations of the lockdown (Phillipson et al, 2021) and to offer a space for socialisation and some time away from other people in the household (Mitchell et al, 2021). This may have positively affected health outcomes during the COVID-19 outbreak as discussed further in the last chapter of this report.

2.5 The relationship between connectedness and digital exclusion

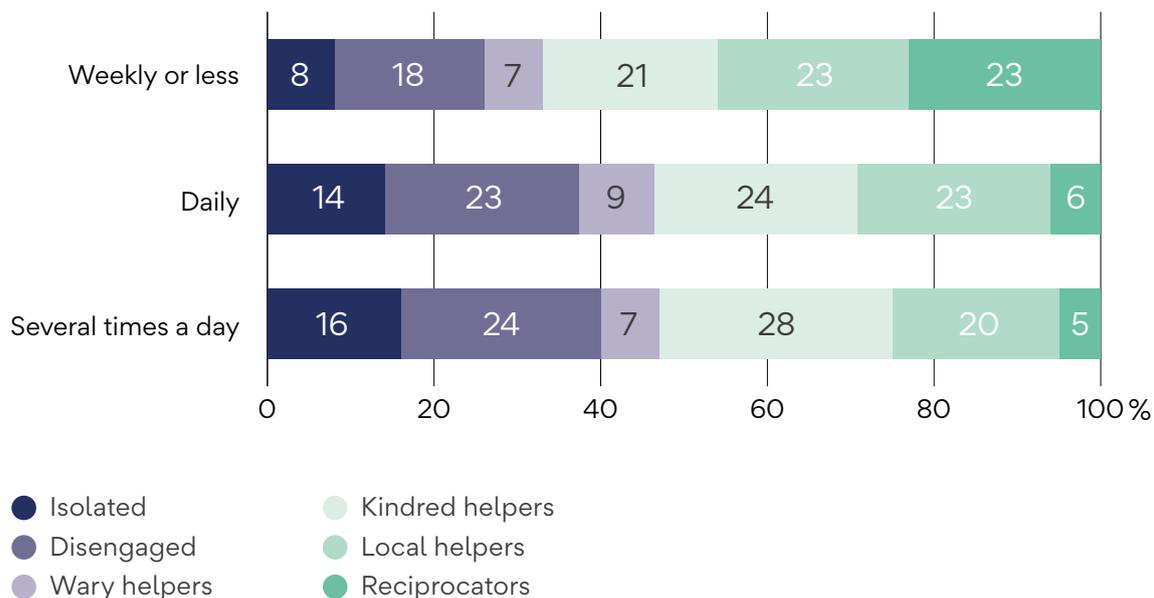
People's sense of connectedness was not, on the whole, significantly associated with their access to and use of the internet except in one regard: 23% of people who reported using the internet weekly or less often were Reciprocators, while this proportion dropped to 6% or under for people who used the internet at least once a day (Figure 13).

This trend is seen across all age groups. Therefore, like older and younger study participants, people aged 50-70 years old who used the internet less often were more likely to be Reciprocators. This may be because the factors impacting internet access (such as having a limiting disability) affected people in each connectedness group to a similar extent, regardless of their age.

Although the Reciprocators group was the most likely to experience digital exclusion, they did not experience a condition of absolute isolation – indeed they were able to regularly receive support from family and friends as well as local volunteering groups during the outbreak. Nevertheless, access to the internet was considered invaluable to people who were shielding or in at-risk groups, because it allowed them to maintain a strong link to family, friends and their local community whom they could not see face-to-face (Phillipson et al, 2021). The poorer outcomes measured in people in the Reciprocators group during the pandemic, highlighted in the next chapter, may therefore be connected to their greater digital exclusion.

Another observation that emerges from trends in internet usage across different groups is that 28% of people who reported using the internet several times a day were also Kindred Helpers – the most common group for people with this level of internet use.

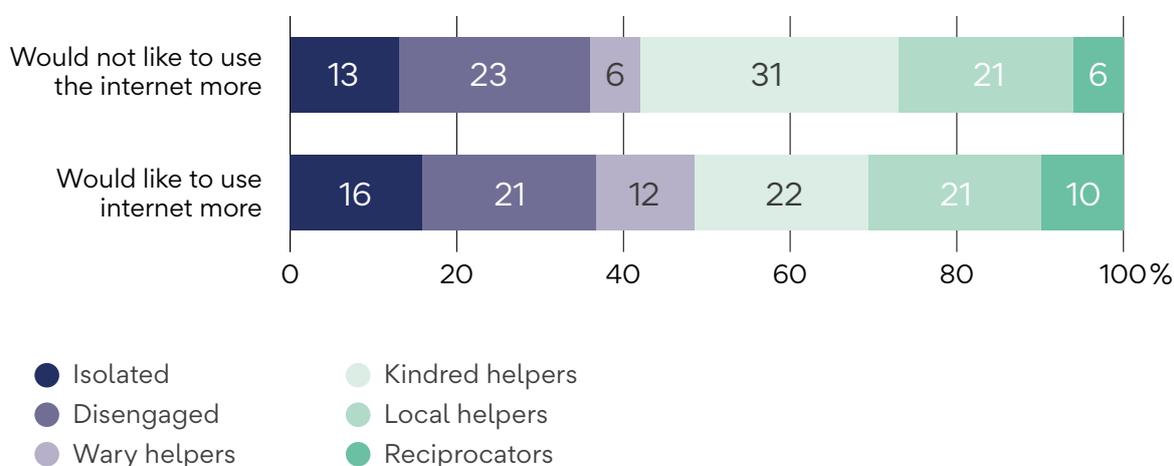
Figure 13: Membership of community connectedness groups by frequency of internet use, all adults 18+



NatCen Opinion Panel Nov-2020. Base: population of England aged 18+. Unweighted count: Several times a day, 2,229; Daily, 801; Weekly or less, 234.

Kindred Helpers were also more likely to be found among participants satisfied with their level of internet usage: specifically, 31% of people who said that they did not want to use the internet more were Kindred Helpers, compared to only 6% who were Reciprocators or Wary Helpers. In comparison, people who said they would like to use the internet more, were twice as likely as those who were happy with their internet usage to be Wary Helpers (12% vs 6%), and less likely to be Kindred Helpers (21% vs 31%).

Figure 14: Membership of community connectedness groups by satisfaction with level of internet use, all adults 18+



NatCen Opinion Panel Longitudinal data Jul-2020/Nov-2020. Base: population of England aged 18+. Unweighted count: Would like to use the internet more, 819; Would not like to use the internet more, 1,785.

3. The importance of community networks to wellbeing

The previous chapter focused on how the different groups in our classification or typology of community connectedness were built and the differences between them. This chapter will develop these findings to investigate how people's wellbeing varied between the different connectedness groups during the COVID-19 outbreak. The analysis in this chapter looks at negative outcomes reported by participants in a number of aspects of physical and emotional health and social interactions as well as participants' quality of life, which we measured using the CASP-12 scale, which is specifically designed to assess the quality of life of people aged 50 or above.

The findings in this chapter suggest that people who had a weaker bond with their local community were more likely to report that the COVID-19 outbreak had a negative effect on their physical and emotional wellbeing. They also reported poorer quality of life. This is generally aligned with findings from previous studies that found a strong correlation between people's physical health, mental health, quality of life and their levels of social interactions (Rafnsson, Shankar and Steptoe, 2015; Santini et al, 2015).

3.1 Impact of the COVID-19 pandemic on physical and emotional health

3.1.1 Effect of the COVID-19 outbreak on people's physical health

Study participants were asked to assess the impact of the COVID-19 outbreak on their physical health. In the second wave of the study (November 2020), 42% of respondents said it had had (either a fairly or very) negative effect on their physical health. Similar figures were seen across all age groups, with 43% of those below 50, 39% of those between 50 and 69 and 42% of those 70 and over reporting that the pandemic had negatively affected them physically.

However, this varied between the groups of people established in our community connectedness typology. Kindred Helpers and Local Helpers were the least likely to report negative effects on their physical health (reported by 35% and 38% of people in these groups, respectively).

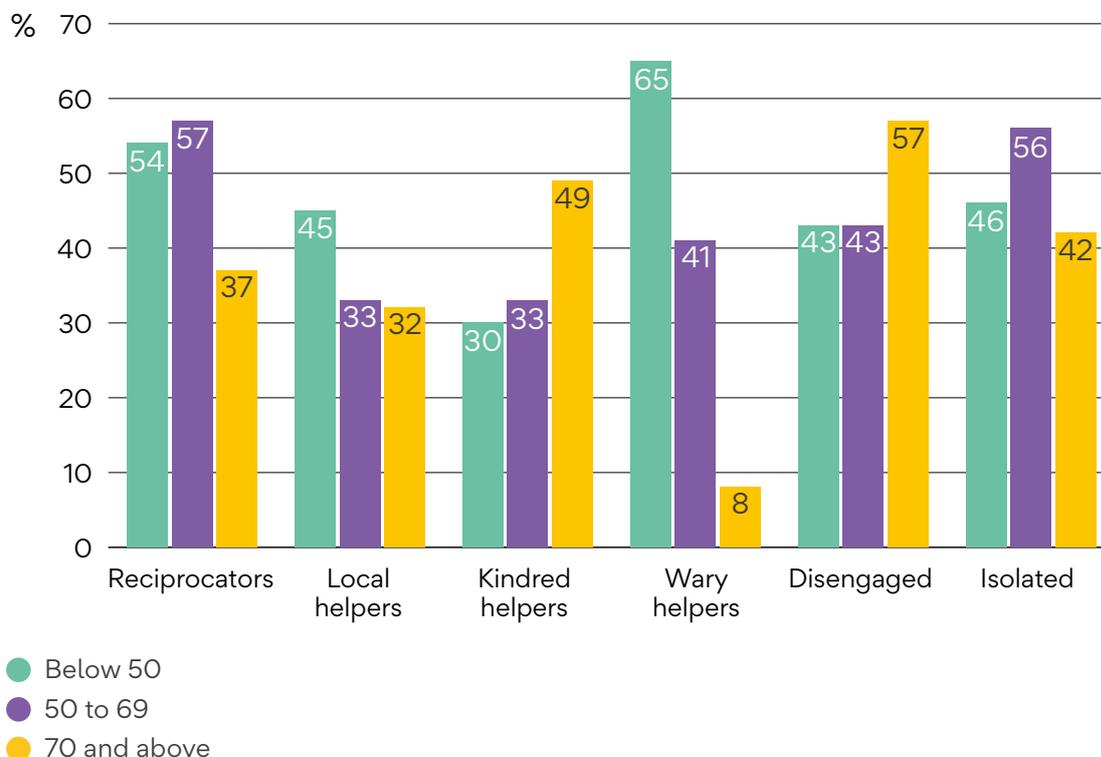
Moreover, within each group there were strong variations by age band (Figure 15). While the majority of people aged under 50 years old in both the Wary Helpers and the Reciprocators groups said that the COVID-19 outbreak had caused negative effects on their physical health (65% and 54% respectively), fewer than one in three Kindred Helpers in this age group (30%) reported such a negative effect. Wary Helpers below the age of 50 were also the group most likely to report negative effects on physical health, when compared to other age bands and other groups.

Amongst 50-69-year-old study participants, Kindred Helpers and Local Helpers were also the least likely to report a negative effect on their physical health (33% of participants in both groups), while negative effects were most often reported by Reciprocators and Isolated participants in this age group (57% and 56%, respectively).

In contrast, amongst people aged 70 or over, Wary Helpers were the least affected by the outbreak, but as this finding is based on a very small subgroup size, the data should be treated cautiously. Besides this small group of Wary Helpers, Local Helpers and Reciprocators were the groups least likely to report negative effects on their physical health in the oldest age group (32% and 37%), while Disengaged people were the most likely (57%). Almost half of Kindred Helpers aged 70 and over (49%), also reported a negative effect on their physical health. Among this group of those who helped out friends and family in the outbreak, fewer people under 50 (30%) or aged 50-70 (33%) reported a negative effect on their physical health.

However, even though a third of Reciprocators aged 70 or over reported negative effects on their physical health, younger Reciprocators were even more likely to report experiencing a negative effect of the COVID-19 outbreak. This may be because Reciprocators under the age of 70 were particularly likely to have a limiting disability or health condition, which may have compounded the impact of the COVID-19 outbreak on their physical health. In contrast, Reciprocators aged 70 or above were not particularly likely to have reported either limiting disabilities or health conditions.

Figure 15: Proportion of participants reporting that the COVID-19 outbreak had negative effects on their physical health, by connectedness group and age group



NatCen Opinion Panel Nov-2020. Base: population of England aged 18+. Unweighted count: Isolated, 354 (Below 50, 149; 50 to 69, 178; 70 and above, 27). Reciprocators, 208 (Below 50, 24; 50 to 69, 93; 70 and above, 90). Kindred Helpers, 982 (Below 50, 222; 50 to 69, 598; 70 and above, 162). Local Helpers, 769 (Below 50, 165; 50 to 69, 495; 70 and above, 109). Disengaged, 715 (Below 50, 189; 50 to 69, 442; 70 and above, 83). Wary Helpers, 243 (Below 50, 60; 50 to 69, 162; 70 and above, 20).

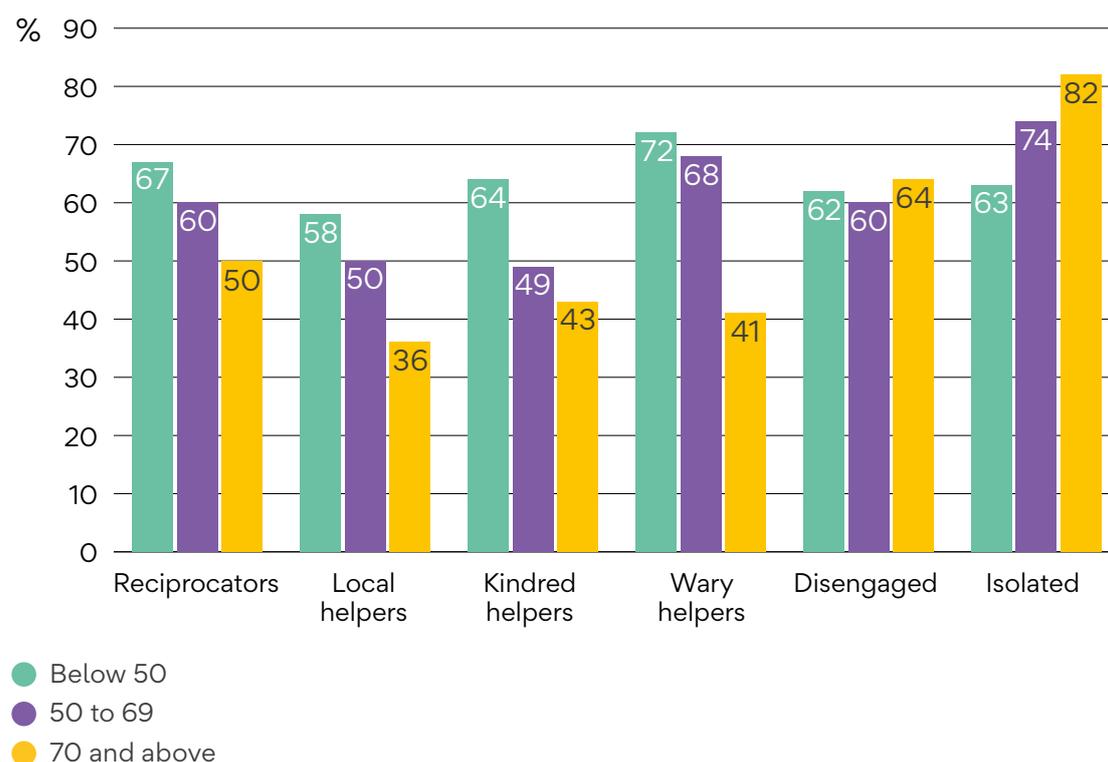
3.1.2 Effect of the COVID-19 outbreak on people’s emotional health

Study participants were also asked to evaluate the impact of the COVID-19 outbreak on their emotional health, with 59% overall saying it had had a negative effect. This was more likely among younger participants, with 63% of those below 50, 56% of those between 50 and 69, and 48% of those 70 and over stating that the pandemic had had a negative effect on their emotional wellbeing. While this may, to some extent, reflect an unwillingness amongst older people to report mental health difficulties, this question focussed on changes in individuals’ mental wellbeing, rather than an estimate of the level of difficulties they were experiencing.

Consistent with their responses about physical health, Local Helpers and Kindred Helpers were less likely to report negative effects on emotional

health due to the COVID-19 outbreak than other groups (but still a majority of 51% and 55% of people in these two groups, respectively). Like the findings on physical health, these trends varied across the three age groups (Figure 16). Among people under 50 years old, Local Helpers were the least likely to report negative effects on their emotional wellbeing, although 58% of them still did so, while an even larger proportion of people reporting negative effects were in the Wary Helpers and Reciprocators groups (72% and 67%). However, across all connectedness groups, a majority of this youngest age range of participants reported that the COVID-19 outbreak had a negative effect on their emotional wellbeing. They were also the most likely to report negative effects on their emotional wellbeing of all age groups in each connectedness group, except for the Isolated and Disengaged groups.

Figure 16: Proportion of participants reporting that the COVID-19 outbreak had negative effects on their emotional health, by connectedness group and age group



NatCen Opinion Panel Nov-2020. Base: population of England aged 18+. Unweighted count: Isolated, 354 (Below 50, 149; 50 to 69, 178; 70 and above, 27). Reciprocators, 208 (Below 50, 24; 50 to 69, 93; 70 and above, 90). Kindred Helpers, 982 (Below 50, 222; 50 to 69, 598; 70 and above, 162). Local Helpers, 767 (Below 50, 165; 50 to 69, 494; 70 and above, 108). Disengaged, 715 (Below 50, 189; 50 to 69, 442; 70 and above, 83). Wary Helpers, 243 (Below 50, 60; 50 to 69, 162; 70 and above, 20).

The importance of community networks to wellbeing

Among respondents aged 50 to 69, Kindred Helpers and Local Helpers were the least likely to report negative effects on their emotional wellbeing (49% and 50%). As with the under 50 age group, Wary Helpers aged 50-69 were much more likely to feel the pandemic had a negative effect on their emotional wellbeing (68%) but the biggest proportion of 50-69-year-olds reporting negative effects on their emotional health (74%) was in the Isolated group.

In the oldest age group, Local Helpers, Wary Helpers and Kindred Helpers were the least likely to report negative effects on their emotional wellbeing (36%, 41% and 43%, respectively). These were the only groups across all age and connectedness group breakdowns where the majority of participants did not report that the COVID-19 outbreak had impacted their emotional health negatively. In contrast, more than 8 in 10 participants aged 70 or over in the Isolated group reported negative effects on their emotional health, although a very small number of participants aged 70 or over fell into this group.

Across all three age bands, participants in the Local Helper group were the least likely of all groups to report negative effects on their mental health, while participants aged 50 years and over in the Isolated group were the most likely. For people aged below 50, it was those in the Reciprocators group who were most likely, at 67%, to report negative effects on their mental health. The proportion of Isolated people reporting negative effects increased with age (from 63% of those below 50 to a peak of 82% of those aged 70 and over).

Studies carried out during the lockdown suggested that people below the age of 50 were more likely to suffer worsening mental and emotional health during the outbreak (Phillipson et al, 2021). We can see evidence of this in all connectedness groups, with people below the age of 50 being consistently more likely to report negative effects than those in older age ranges. In fact, amongst all connectedness groups, the majority of people aged under 50 reported a negative effect on their mental health (ranging from 58% amongst Local Helpers to 72% amongst Wary Helpers under 50). In comparison, the negative effect of the pandemic on the mental health of older people was more concentrated in the Isolated group, where 74% of people aged 50-70 and 82% of those over 70 reported a decline in mental health. Among people aged 70 and over, people in the Isolated group were more than twice as likely as those in the Local Helpers groups to report a negative effect on their mental health (82% compared to 36%).

It is also evident that groups characterised by weaker bonds with their local community (the Isolated, Disengaged and Wary Helpers groups) were the most likely to report negative effects on their emotional wellbeing. This may be because members of groups with stronger connections to their local communities could maintain these bonds even during lockdown. They also appear to have had access to greater support networks on whom they could call for help, if needed, during the pandemic.

However, although the Reciprocators group is highly connected to their local community, a large proportion still reported negative impacts from the COVID-19 outbreak. This may be because their emotional wellbeing suffered from factors not linked to their community connectedness, or that their relationship with their local community was not enough to protect their emotional wellbeing during the COVID-19 outbreak. As Reciprocators were also the group most likely to experience digital exclusion, they might have suffered isolation in other areas of community socialisation, even if they regularly received help from the local community.

3.1.3 Effect of the COVID-19 outbreak on people's ability to do activities they enjoy

Study participants were also asked if the COVID-19 outbreak had affected their ability to do things they enjoy, with 67% saying it had negatively affected their activities. Across all study participants, Reciprocators were the least likely to agree that it had negatively affected their activities (although 55% of this group still said that it had) while the most likely were Isolated and Kindred Helpers (73% and 71% of those groups). There is no evidence from this data that the relationship between connectedness and people's ability to engage in activities they enjoyed during the outbreak differed by age.

Therefore, people in both a very connected (Kindred Helpers) and a very unconnected (Isolated) group were highly likely to say that the COVID-19 outbreak had a negative effect on their ability to participate in enjoyable activities, suggesting that this pandemic effect was not related to community connectedness alone. This may be because people's ability to do the activities they enjoyed during the pandemic was limited by external factors (the lockdown restrictions and closure of businesses and services may have made many activities impossible) or by internal factors (if individuals' own mental wellbeing was severely impacted by the outbreak).

There was no evidence from this data of significant links between participants' sense of community connectedness and any reported negative effects on their family relationships or friendships.

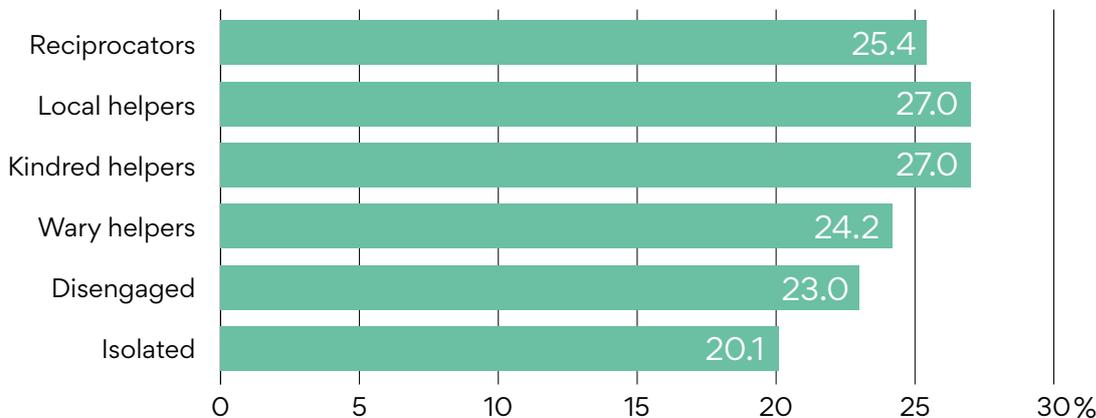
3.2 Quality of life during the COVID-19 outbreak

The NatCen Panel study also asked its participants aged 50 or older to answer 12 questions that together enable assessment of wellbeing and quality of life for people aged 50 or above. The composite scale, known as CASP-12 (Control, Autonomy, Self-Realization and Pleasure), provides a score ranging from 0 to 36, with a higher value reflecting a better quality of life.

Across all participants aged 50 or older, the mean CASP-12 score measured in November 2020 was 25.3. This was slightly lower for people aged 50-70 (24.9) than for those over 70 (25.8). However, there were significant differences in the mean CASP-12 score of participants in each connectedness group (Figure 17). Overall, study participants in groups with a stronger bond to their local communities recorded higher scores, suggesting better quality of life than those in groups with weaker ties.

In November 2020, the mean CASP-12 score for both Local Helpers and Kindred Helpers was 27.0 out of 36. Both groups were characterised by a strong sense of community connectedness. Reciprocators, who were also considered a more connected group, reported a mean score of 25.4. The relatively lower scoring of Reciprocators (those study participants who received help from family and friends as well as from friends and neighbours), may be explained by other factors relating to their ongoing quality of life (including a more precarious financial situation or higher likelihood of having a long-term health condition), though they nonetheless reported higher quality of life than those participants who were in less connected groups.

Figure 17: Mean quality of life (CASP-12) score for each connectedness group (age 50+ only)



NatCen Opinion Panel Nov-2020. Base: population of England aged 50+. Unweighted count: Isolated (194); Reciprocators (174); Kindred Helpers (718); Local Helpers (557); Disengaged (493); Wary Helpers (165).

Participants in the three less connected groups – Wary Helpers, the Disengaged and Isolated groups – all reported significantly lower mean CASP-12 scores (24.2, 23.0 and 20.1 respectively). While Wary Helpers maintained some form of interactions with people in their local areas (which may help to explain their slightly higher scores on this scale), Disengaged and Isolated study participants were less likely to be part of community networks and also reported the lowest quality of life of all groups.

Although the 12 questions used to generate study participants' scores were asked in both July 2020 and November 2020, there was no evidence that participants' connectedness group was significantly associated with changes in their quality of life over this period.

This suggests that, although people who were more connected were also more likely to have a higher quality of life than those who were less well connected, they experienced similar changes in their general wellbeing between July and November 2020. Therefore, there is no evidence from this data that the impact of the COVID-19 pandemic on the general wellbeing of people aged 50 or above was directly related to their community connectedness group.

4. Conclusions

Most people knew someone in their local community whom they could call on to help them out if needed in both the first and second lockdown.

However, while the oldest group of participants were more likely to strongly agree that they had someone they could call on in November than in July 2020, younger participants were not. People under 50 were the most likely to disagree with this statement at both points in time, suggesting local interventions to offer support should not be restricted only to older groups.

The number of people who said they were involved with helping out in their local area fell between July 2020 and November 2020, suggesting that initial enthusiasm to offer help to the local community at the start of the COVID-19 outbreak was not sustained. While this was particularly true for participants under 50 years old, a decline in helping out was seen across all age groups. This may be due to the additional time pressures on people as the outbreak persisted or because of a sense of lockdown fatigue. Additional efforts are therefore likely to be needed to sustain informal networks of support over the longer-term.

Older people were more likely than younger adults to feel like they belonged to their local community. This may be due to their own personal experiences (if, for example, they have lived in an area for a long period of time) or because of the particular characteristics of the areas in which older people are more likely to live (for example, urban centres tend to have a higher proportion of younger residents).

People living in areas with high population turnover were more likely to report a lower sense of belonging to their local community later in the pandemic. This may be because local networks and support systems established as an emergency response at the start of the COVID-19 outbreak were harder to sustain without the longer-term social infrastructure that existed before the pandemic. Nonetheless, as participants living in high population turnover areas were the most likely to report a lower sense of belonging in November than in July 2020, this suggests that policies and interventions designed to build a stronger sense of community in areas with more transient populations will face additional challenges.

About half of study participants felt a strong sense of connectedness to their communities and were willing to contribute to it. However, these participants differed in the amount and type of assistance they personally offered: it was either restricted to their existing networks of family and friends ('Kindred Helpers') or more broadly to a wider local network ('Local Helpers') or both to and from a wider local network ('Reciprocators').

Of these groups, Reciprocators were the most likely to be struggling financially or face challenges with their physical or mental wellbeing while Local Helpers were the least likely to report negative effects of the outbreak. Therefore, even within the more connected groups, there is a wide range of support needed and help on offer.

People under 50 years old were much more likely than older people to belong to groups with a weaker community connection. This may be because older people value community development and cohesion more; because community bonds become more established over a longer period of time; or because older people need to access a wider set of organisations and services in their local community. After the outbreak of COVID-19, older people were also more likely to be shielding to protect their physical health. This may have made this group more likely to need regular emotional and practical assistance from their family, friends, neighbours and volunteers, bonding them more to their local communities.

The Isolated group of people identified in this research are the least connected with their community and appear to have struggled the most through the COVID-19 outbreak. Members of this group are generally younger and more likely to report financial difficulties, but they are also more likely to live in areas with high population turnover and with fewer local amenities, such as parks. Despite their negative experiences during the pandemic, including the lowest quality of life recorded amongst participants over the age of 50, their low level of engagement with their local communities suggests that community-based interventions may need to find innovative solutions to offer successful assistance to them.

Even people with a lower sense of community connectedness were likely to report better outcomes during the COVID-19 outbreak if they had contact with and access to a broader network of people. Study participants in the Wary Helpers and Disengaged groups did not report a strong sense of belonging to their local area, like those in the Isolated group, but they were more likely to have wider support networks and tended to report fewer negative outcomes during the COVID-19 outbreak.

5. Appendix

5.1 Data collection and study design

In 2020, NatCen Social Research carried out a study of the impact of the COVID-19 outbreak on the lives of people across England, with a focus on people aged between 50 and 70, on behalf of the Centre for Ageing Better. The study focused on some key areas of primary policy importance for Ageing Better, including connected communities, volunteering and helping out, and satisfaction with the home.

For this study, adults across England were surveyed at two points during the pandemic; in July 2020 (at the end of the first national lockdown in response to the COVID-19 outbreak) and in November 2020 (just as England was entering into a second national lockdown). The questionnaires for both waves were developed by the Centre for Ageing Better, supported by NatCen survey specialists, and ensured that survey responses could be compared between the two waves and to reduce the risk of bias driven by survey error in the data collection process.

Fieldwork for both waves was conducted using the random-probability NatCen Opinion Panel (Jessop, 2018). The NatCen Panel is a panel of people recruited from the British Social Attitudes (BSA) survey, a high-quality, random probability face-to-face survey. For both waves of the study, we invited two groups of people to participate:

- all panel members living in England at the time of the survey, recruited from BSA 2018 and 2019 who had not subsequently left the panel (**main sample**);
- all panel members living in England and between 50 and 70 years old at the time of the survey, recruited from BSA 2015, 2016 and 2017 who had not subsequently left the panel (**age boost sample**);

Fieldwork for both waves of the study (July 2020 and November 2020) was conducted using a sequential mixed-mode web/telephone design over a three-week fieldwork period to allow those without internet access, those less likely to complete a study without being actively engaged by an interviewer, or those who might not be 'readily available' to take part (Table 6). Respondents were initially invited to take part online, with those not taking part online routed to telephone fieldwork.

Table 6: NatCen Opinion Panel Fieldwork summary

Study wave	Issued cases	Response rate	Completed cases	Web productive	Tel productive	Fieldwork start date	Fieldwork end date
1	4,744	72.8%	3,390	92.0%	8.0%	02/07/20	26/07/20
2	4,997	73.3%	3,377	92.3%	7.7%	19/11/20	2/12/20

3,054 study participants completed both wave 1 and wave 2 of the study.

5.2 Analysis notes

All the findings contained in this report were statistically significant to a p-value threshold of 0.05. That is to say, statistical analysis suggests that there is less than a 5% likelihood that the relationships we found in the data only occurred by chance. Occasionally, non-significant findings are presented in the report to illustrate general trends in the data; in any such case, we explicitly highlighted that this finding was not statistically significant within the main text of this report.

Bivariate descriptive analysis was carried out using bespoke NatCen Tables software, which uses a methodology called binary logistic regression to measure the level of association of a variable with one of two outcomes (e.g., whether someone did or did not agree with a statement).

Significance testing for time series analysis was carried out using binary multilevel statistical modelling. This allowed us to control for the clustering effect of analysing cross-sectional changes from datasets that are not generated by independent samples (3,054 study participants took part in both waves of the study).

All bivariate and time series analysis was conducted using weighted data.

5.3 Latent Class Analysis

The groups presented in this report were constructed using Latent Class Analysis, a statistical approach that identifies groups of respondents that are as similar as possible within each group and as different as possible between different groups based on the survey responses used in this analysis. For this report, multiple latent class models were estimated using different types and numbers of variables. The final latent class model reported here was selected based on the interpretability and meaningfulness of the groups produced and the comparative goodness-of-fit of the latent class model (identified with BIC, AIC and Chi-squared model parameters).

The latent class analysis was carried out using unweighted data. The output of the model was used to compute the community connectedness group variable used in the weighted descriptive analysis presented in this report. Variables relating to the respondents' attitudes and interactions with their local community were included in this process. The table below (Table 7) shows the questions included in this analysis, and the percentage of each group that selected each of the responses listed in the table.

Table 7: Latent Class Analysis – Question responses by group membership

Elements of community connectedness	Reciprocator	Local helpers	Kindred helpers	Wary helpers	Disengaged	Isolated
	%	%	%	%	%	%
Agree or strongly agree with the statement:						
'If I were ill or unable to leave my home, I know people I could count on to help out'	97	98	93	65	71	36
'I am involved in helping out others in my local area'	51	77	0	71	0	3
'I know people I say hello to in my local area'	98	100	98	83	81	36
'I feel trusting of my neighbours'	95	98	95	38	61	13
'I feel a sense of belonging to my neighbourhood/local area'	95	95	92	26	24	2
'I have a good level of contact with others in my local area'	95	94	83	32	9	3
Disagree or strongly disagree with the statement:						
'If I were ill or unable to leave my home, I know people I could count on to help out'	0	0	1	16	10	46
'I am involved in helping out others in my local area'	16	0	59	0	68	81
'I know people I say hello to in my local area'	0	0	0	5	5	36
'I feel trusting of my neighbours'	1	0	0	16	3	48
'I feel a sense of belonging to my neighbourhood/local area'	0	0	0	15	6	73
'I have a good level of contact with others in my local area'	0	0	0	16	24	81
Receiving help with shopping, help with obtaining medicines and/or telephone calls to check that I'm ok from family or friends	100	25	30	31	32	30
Receiving help with shopping, obtaining medicines or telephone calls from neighbours/volunteers, receiving things from local food bank or receiving help from local church/mosque/synagogue etc	100	3	3	7	5	6
Offering help with shopping, help with obtaining medicines and/or telephone calls to check that they are ok to family or friends	95	87	76	85	69	58
Helping neighbours with shopping, obtaining medicines or telephone calls, helping with the local food bank or assisting through the local church/mosque/synagogue etc	75	50	19	39	10	8

5.4 Turnover variable

As a measure of community stability, a new variable was generated using Office of National Statistics (ONS) data on population turnover for each local authority in England. This population change was calculated for each local authority area by dividing the number of people who moved in and out the area (through internal and international migration) by the total number of residents in the area. Data from the five years before the pandemic (from mid-2015 to mid-2019) were used to derive the turnover rate variable to measure better long-term changes in each area but also to reduce any impact of unusual years on an annual calculation. The 2021 administrative boundaries were used in this exercise (ONS, 2021).

The population turnover was grouped in categories to safeguard the identity and privacy of the people who took part in the study. This variable was banded to show areas with low turnover (where under 10% of the population moved in or out across the previous five years), mid-level turnover (where 10-15% moved in or out) and high turnover (where over 15% entered or left the area). The population turnover values by local authorities are listed below (Table 8).

Table 8: Five-year population turnover rates, by local authority

Local authority	Turnover	Local authority	Turnover
City of London	40.2%	Kensington and Chelsea	20.8%
Cambridge	32.1%	Isles of Scilly	20.6%
Oxford	29.3%	Reading	20.5%
Hammersmith and Fulham	26.7%	Newham	20.0%
Camden	26.4%	Merton	19.8%
Lambeth	25.8%	Manchester	19.8%
Westminster	25.7%	Brent	19.7%
Wandsworth	25.5%	Lewisham	19.5%
Islington	25.4%	Hackney	19.3%
Southwark	23.8%	Runnymede	19.3%
Tower Hamlets	23.0%	Guildford	19.2%
Haringey	22.6%	Ealing	19.1%
Exeter	22.1%	Welwyn Hatfield	18.6%
Nottingham	21.5%	Kingston upon Thames	18.6%
Lincoln	21.3%	Oadby and Wigston	18.4%
Norwich	21.2%	Canterbury	18.3%
		Brighton and Hove	18.1%

Local authority	Turnover
Bath and North East Somerset	18.0%
Waltham Forest	18.0%
Southampton	18.0%
Newcastle upon Tyne	17.6%
Hounslow	17.3%
Greenwich	17.2%
Winchester	17.2%
Bristol, City of	17.1%
Barking and Dagenham	16.9%
Richmond upon Thames	16.8%
Redbridge	16.6%
Watford	16.6%
Harrow	16.3%
York	16.3%
Barnet	16.1%
Cheltenham	15.9%
Hillingdon	15.9%
Charnwood	15.4%
Leicester	15.2%
Portsmouth	15.0%
Epsom and Ewell	15.0%
Warwick	15.0%
Coventry	14.9%
Hertsmere	14.9%
Cotswold	14.7%
Salford	14.6%
Preston	14.6%
Broxtowe	14.6%
Rushmoor	14.5%
Waverley	14.4%
Wokingham	14.4%
Chichester	14.3%
Lancaster	14.2%

Local authority	Turnover
Croydon	14.1%
South Cambridgeshire	14.0%
Vale of White Horse	14.0%
Worcester	14.0%
Woking	14.0%
Dartford	13.9%
Rutland	13.8%
Windsor and Maidenhead	13.8%
Enfield	13.8%
Surrey Heath	13.8%
Colchester	13.7%
Elmbridge	13.7%
Three Rivers	13.6%
Liverpool	13.6%
Tewkesbury	13.5%
Tandridge	13.4%
Rushcliffe	13.4%
South Oxfordshire	13.2%
Slough	13.1%
Epping Forest	13.0%
South Hams	12.8%
Spelthorne	12.8%
West Devon	12.8%
Leeds	12.7%
Bournemouth, Christchurch and Poole	12.7%
Mole Valley	12.7%
Uttlesford	12.7%
Reigate and Banstead	12.7%
Tunbridge Wells	12.7%
Luton	12.6%
Eastbourne	12.6%
St Albans	12.6%

Local authority	Turnover	Local authority	Turnover
Hart	12.6%	Sheffield	11.6%
Sutton	12.5%	Gloucester	11.6%
Sevenoaks	12.4%	Bedford	11.6%
Brentwood	12.4%	Dacorum	11.6%
Bracknell Forest	12.4%	West Berkshire	11.5%
Cherwell	12.3%	Bexley	11.5%
Newcastle-under-Lyme	12.3%	Maidstone	11.5%
South Norfolk	12.3%	Chelmsford	11.5%
East Hertfordshire	12.3%	East Cambridgeshire	11.5%
Malvern Hills	12.3%	Harborough	11.5%
Richmondshire	12.2%	Bromsgrove	11.5%
South Derbyshire	12.2%	Stevenage	11.5%
Tonbridge and Malling	12.2%	North Warwickshire	11.4%
Broxbourne	12.2%	Middlesbrough	11.4%
East Hampshire	12.2%	Fenland	11.3%
North Hertfordshire	12.1%	Worthing	11.3%
West Lindsey	12.1%	Babergh	11.3%
South Gloucestershire	12.1%	Birmingham	11.3%
Bromley	12.1%	Derby	11.3%
Stratford-on-Avon	12.0%	Horsham	11.2%
Plymouth	12.0%	Mid Suffolk	11.2%
Rother	12.0%	Peterborough	11.2%
West Lancashire	11.9%	Gedling	11.2%
Blackpool	11.9%	Lewes	11.1%
Blaby	11.9%	East Devon	11.1%
Test Valley	11.9%	Wychavon	11.1%
Central Bedfordshire	11.8%	Mid Sussex	11.1%
Mendip	11.8%	Eastleigh	11.1%
Torridge	11.8%	Harlow	11.1%
Mid Devon	11.8%	Buckinghamshire	11.0%
Adur	11.8%	Havering	11.0%
Ipswich	11.8%	Boston	11.0%
Fylde	11.7%	Bolsover	11.0%
North Kesteven	11.6%	Selby	11.0%

Local authority	Turnover
Wealden	10.8%
Teignbridge	10.8%
Gravesham	10.8%
Craven	10.8%
Crawley	10.8%
Thurrock	10.8%
Milton Keynes	10.8%
Ryedale	10.8%
Wyre	10.8%
Ribble Valley	10.8%
West Oxfordshire	10.8%
Newark and Sherwood	10.8%
Breckland	10.7%
Broadland	10.7%
South Kesteven	10.7%
West Northamptonshire	10.6%
Fareham	10.6%
Rugby	10.6%
Somerset West and Taunton	10.6%
North West Leicestershire	10.6%
East Lindsey	10.6%
Huntingdonshire	10.6%
Trafford	10.6%
Lichfield	10.6%
Hastings	10.6%
Maldon	10.5%
Forest of Dean	10.4%
West Suffolk	10.4%
Sandwell	10.4%
Ashford	10.3%
North Devon	10.3%
Stroud	10.3%

Local authority	Turnover
South Staffordshire	10.3%
Solihull	10.3%
South Lakeland	10.3%
Basingstoke and Deane	10.2%
Braintree	10.2%
Torbay	10.2%
Wolverhampton	10.2%
Southend-on-Sea	10.1%
Hambleton	10.1%
Arun	10.1%
Hinckley and Bosworth	10.1%
Basildon	10.0%
Medway	10.0%
Harrogate	10.0%
Mansfield	10.0%
Dorset	10.0%
Derbyshire Dales	10.0%
South Holland	9.9%
South Somerset	9.9%
Havant	9.9%
Ashfield	9.9%
Rochford	9.9%
Rossendale	9.9%
North Norfolk	9.8%
Sedgemoor	9.8%
Kingston upon Hull, City of	9.8%
Melton	9.7%
Stafford	9.7%
Cheshire West and Chester	9.7%
North East Derbyshire	9.6%
Stoke-on-Trent	9.5%
Erewash	9.5%

Local authority	Turnover	Local authority	Turnover
Chorley	9.5%	Tamworth	8.5%
East Staffordshire	9.5%	Shropshire	8.4%
Wiltshire	9.4%	North Northamptonshire	8.4%
Folkestone and Hythe	9.4%	Cannock Chase	8.4%
South Ribble	9.4%	Herefordshire, County of	8.4%
Bury	9.4%	Bassetlaw	8.4%
Castle Point	9.4%	Blackburn with Darwen	8.3%
New Forest	9.3%	Chesterfield	8.3%
Eden	9.2%	Redditch	8.2%
Gosport	9.2%	Rochdale	8.2%
Telford and Wrekin	9.2%	Darlington	8.2%
North Somerset	9.2%	Cornwall	8.2%
East Riding of Yorkshire	9.1%	Staffordshire Moorlands	8.2%
Amber Valley	9.1%	North Tyneside	8.1%
Gateshead	9.1%	Bolton	8.1%
Swale	9.1%	Warrington	8.1%
Burnley	9.0%	Stockton-on-Tees	8.1%
Nuneaton and Bedworth	9.0%	County Durham	7.9%
Scarborough	9.0%	Wyre Forest	7.8%
Tendring	9.0%	Kirklees	7.8%
Hyndburn	9.0%	Calderdale	7.8%
Knowsley	8.9%	Tameside	7.8%
King's Lynn and West Norfolk	8.9%	Carlisle	7.8%
Cheshire East	8.9%	Oldham	7.7%
High Peak	8.8%	Bradford	7.6%
Stockport	8.8%	Sefton	7.3%
Walsall	8.8%	Dudley	7.2%
Dover	8.8%	Wakefield	7.1%
Pendle	8.8%	North Lincolnshire	7.0%
Great Yarmouth	8.8%	Rotherham	6.9%
Swindon	8.7%	Redcar and Cleveland	6.9%
East Suffolk	8.7%	Isle of Wight	6.8%
Thanet	8.5%	St. Helens	6.8%
		Doncaster	6.7%

Local authority	Turnover
Barnsley	6.7%
Allerdale	6.6%
Northumberland	6.6%
Halton	6.5%
Wigan	6.3%
North East Lincolnshire	6.2%
Sunderland	6.2%
Hartlepool	6.0%
Copeland	5.7%
Barrow-in-Furness	5.6%
South Tyneside	5.6%
Wirral	5.5%

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